

Comprehensive Medication Assisted Treatment Programming in Justice Settings: The National Model Outcomes That Support Adoption

presenter

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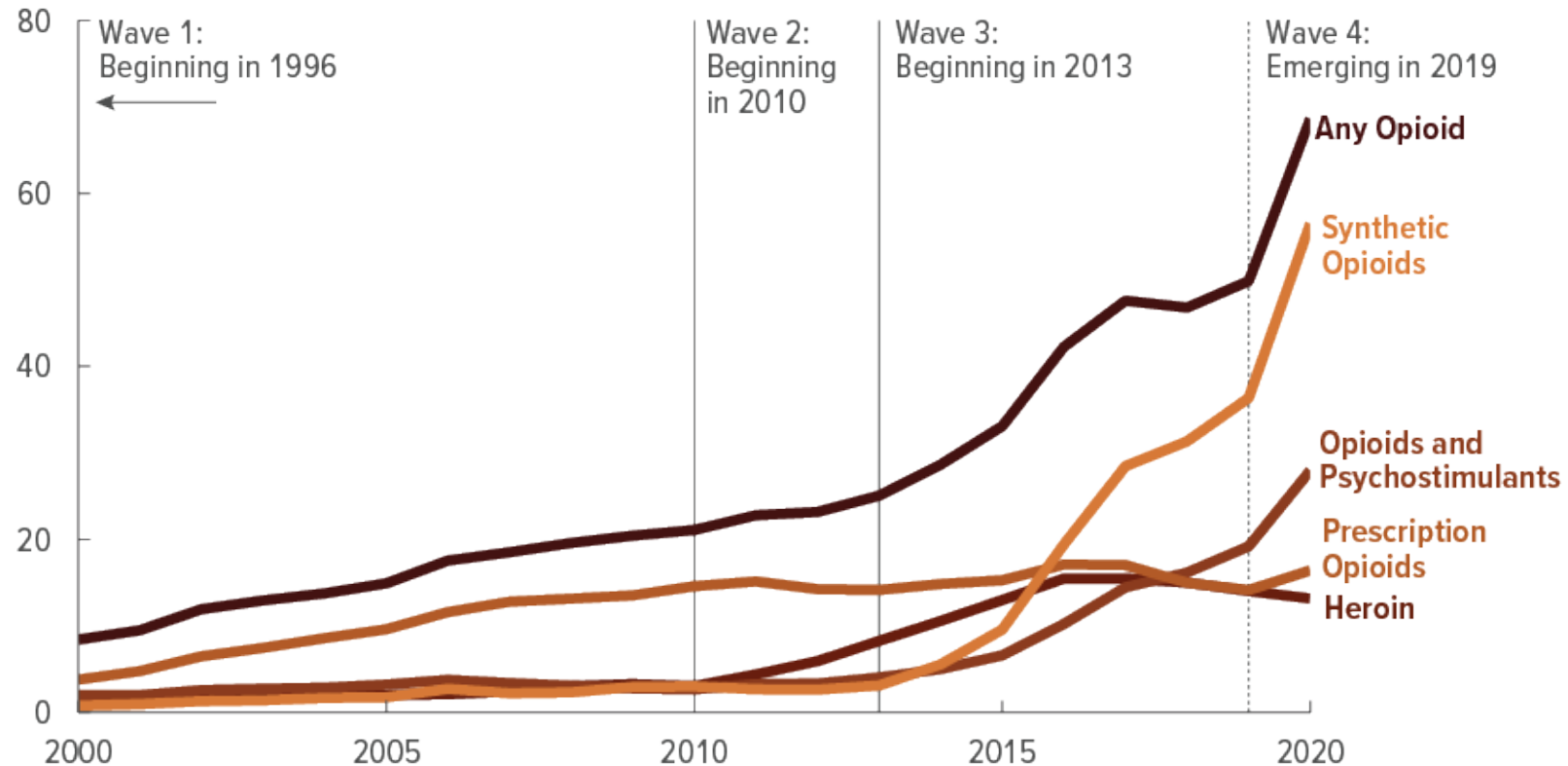


Goals for Today

1. Opioid overdose epidemic
2. Evidence-based practice in criminal legal settings
 1. Medications to treat opioid use disorder
3. Four principles to guide evidence-based practice
4. Four models of care
 1. Examples from around the US
5. Lessons learned from Rhode Island
6. Implications and next-steps

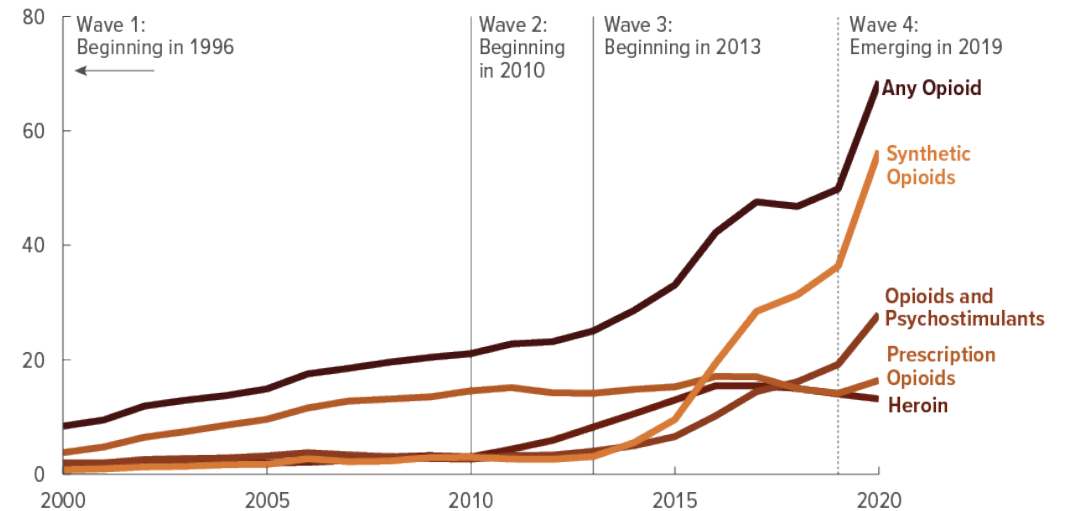
Evolution of Drivers of Overdose Deaths, All Ages

Analgesics → Heroin → Fentanyl → Stimulants



Interventions in the Criminal Legal System

The criminal legal system represents one of the highest impact settings for intervention in addressing the overdose crisis.



nearly 112K

People lost their lives due to overdose in 2022

1 in 4

Overdose decedents had prior year justice involvement

Ray et al., 2023

31%

Projected reduction in overall overdose deaths when all 3 MATs are offered in jails

Macmadu et al., 2021

13-29x

Heightened risk of relapse during 2 weeks of re-entry after incarceration

Binswanger et al., 2013
Ranapurwala et al., 2018



Criminal Legal System in the US

Incarceration is a profound societal burden and contributes to health inequity

\$20,000-\$50,000

Local, state, and federal governments spend annually to keep 1 individual behind bars.

10 X

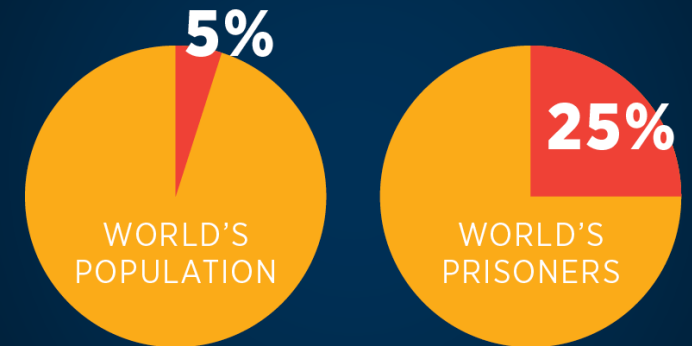
Black people incarcerated for drug offenses than white people, when both use drugs at roughly the same rates.

\$80 billion

Is spent on incarceration in the United States each year.



THE UNITED STATES HAS:



US = 4.23% of world population 2023

Incarceration is the Progression of the Disease of Addiction

>75% of
individuals
using heroin

Winkelman TNA, Chang VW, Binswanger IA. Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Netw open*. 2018;1(3):e180558. PMID:PMC6324297

>33% of
individuals
with OUD

Boutwell AE, Nijhawan A, Zaller N, Rich JD. Arrested on heroin: A national opportunity. *J Opioid Manag*. 2007;3(6):328-332. PMID:18290584

MEDICATIONS FOR OPIOID USE DISORDER SAVE LIVES

*The National
Academies of*

SCIENCES
ENGINEERING
MEDICINE

Medications for opioid use disorder (MOUD), or medications for addiction treatment (MAT) or medication assisted treatment (MAT)

“Treatment with FDA-approved medications is clearly effective in a broader range of care settings (e.g., office-based care settings, acute care, and criminal justice settings) than is currently the norm”

“Therefore, to withhold treatment or deny services under these circumstances is unethical”



Amendment VIII

EXCESSIVE FINES, CRUEL AND UNUSUAL PUNISHMENT

Passed by Congress September 25, 1789. Ratified December 15, 1791. The first 10 amendments form the Bill of Rights

Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

RCT show benefits of MAT in carceral settings

↑ community Tx engagement

Mattick et al., 2009

↓ substance use, overdose

Deck et al., 2009

↓ criminal behavior, recidivism

Degenhardt et al., 2011; Kerr et al., 2007

↓ HIV risk behaviors

MacArthur et al., 2012

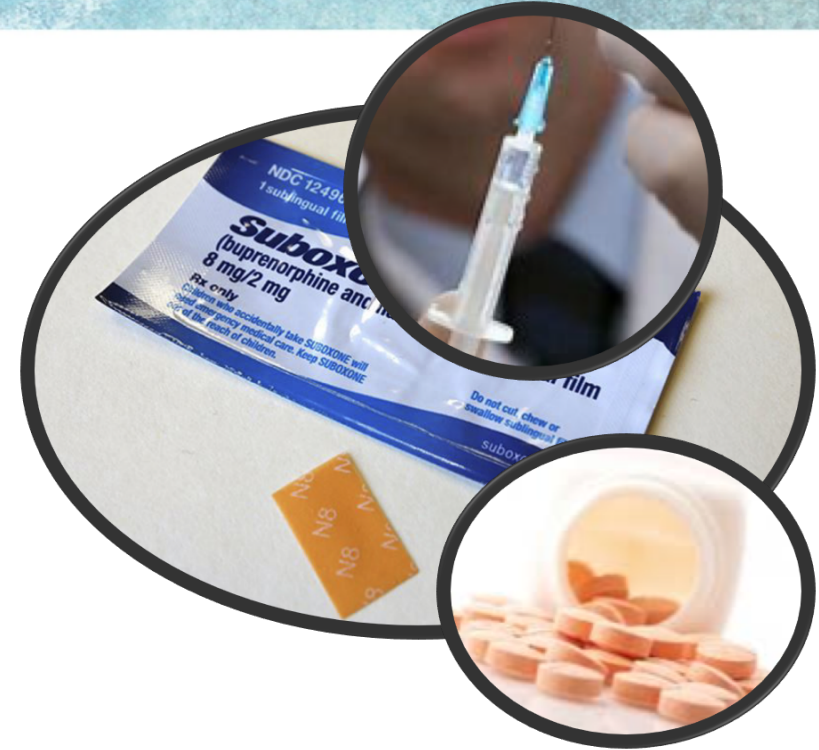
Why is MAT so hard to put in place?



Methadone



Naltrexone



Buprenorphine

Progression of Disease



Why is MAT so hard to put in place?

Logistics

- Staff oversight of administration, med-line burden

Stigma

- Harassment from peers and/or medical, security personnel

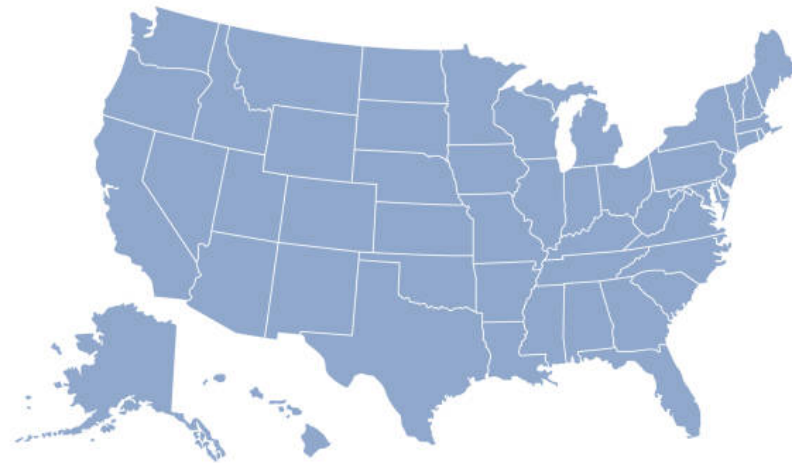
Diversion

- Mis-use of medication, security concerns of black market/hierarchies

*** AND ***

**Public Will
The Will of Policy Makers
Funding**

Some US correctional facilities are providing MAT



There are four essential best practices

Four Crucial Principles of Providing MAT

Under the umbrella of immediate access

1. All FDA approved medications are available based on patient choice and clinical input
2. For all who demonstrate need
3. The chosen medication is available upon commitment and for as long as the patient is sentenced
4. **Immediate** follow up for care is available upon release

Models of Delivery in Carceral Settings

1. **Mobile medication unit** goes to jails to deliver medication
2. Medication is transported from community OTP to DOC for daily administration (**external vendor**)
3. The DOC licenses its **own OTP program**, dispensing and administering medication daily
4. An OTP vendor **co-located** a licensed OTP inside the walls of the DOC, dispensing and administering the medication daily

Model #1: Mobile Medication Unit

- Mobile medication unit (modified van) goes directly to jails to deliver buprenorphine to individuals during incarceration
- Much interest in this model, as it could reduce obstacles and expand care (NAS, 2022)
- Limited data on this model (Chan et al., 2021)

Model #1: Mobile Medication Unit



Project Kickstart

Atlantic County
Justice Facility
partnered with John
Brooks Recovery
Center

- Daily methadone administration
- Anyone with opioid use disorder
- Initiates and continues medication during incarceration; provides medication after release
- Coordinates with jail for screening and logistics
- Staffed by doctor and nurse
- Serves ~450 patients annually

Model #1: Mobile Medication Unit

Benefits

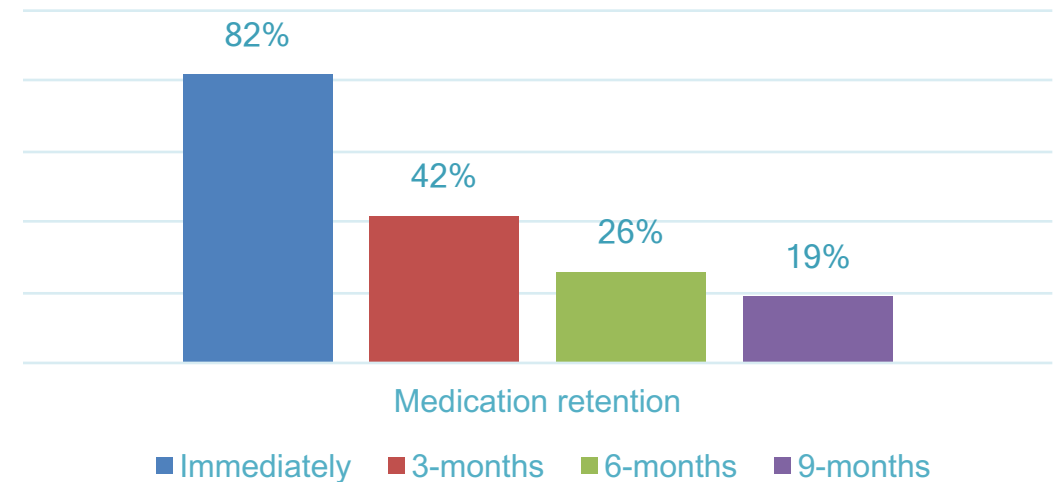
- Low threshold access
- Reduces logistical barriers for partnered community-based OTP and the facility

Challenges

- Determine appropriate physical model of the unit
- Funding for unit and services

Outcomes

- 1613 total served
- 1419 released from jail on medication



- Potential decreases in recidivism

Model #2: External Vendor

- External vendor provides couriered medicine to facility



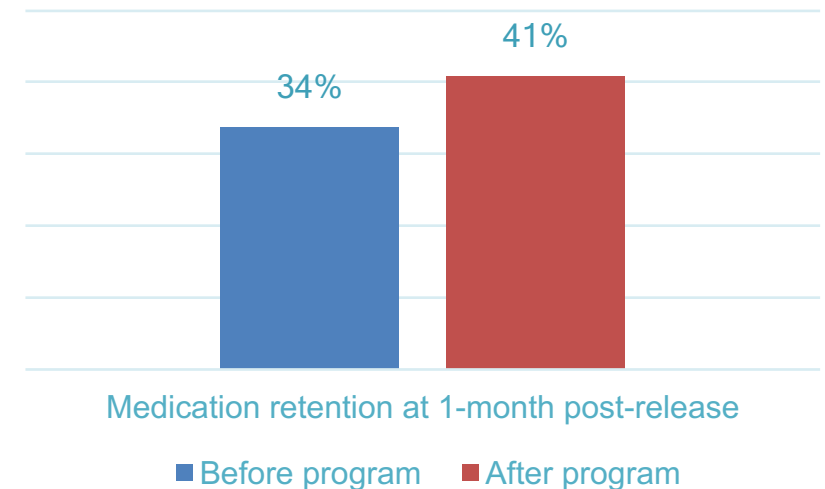
Vermont Department of
Corrections

- Implemented in 2018
- Hub and spoke system
 - Spoke: Facility administers buprenorphine and naltrexone; employs medical and behavioral health staff
 - Hub: Community-based OTPs provide methadone
- Serves ~650 patients daily

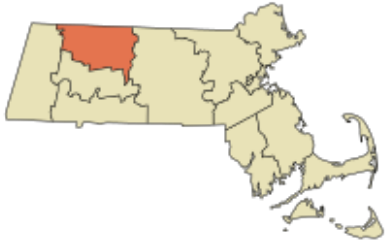
Model #2: External Vendor

- **Outcomes**

- After implementation of the program in 2018:
 - Increased receipt of MAT while incarcerated (0.8% to 33.9%)
 - Increased receipt of MAT post-release
 - Decreased non-fatal overdoses within 1-month post-release (1.2% to 0.8%)
 - Decreased fatal overdoses within 1-year post-release (27 to <10)
- Pandemic impacted several of these outcomes



Model #3: Facility Becomes Licensed OTP



Franklin
County Jail
in
Greenfield,
Massachusetts

- Facility obtains licensure and is approved to be a DEA registered OTP within facility
- Approved as an OTP in August 2019
- Emphasizes holistic, evidence-based care during incarceration and upon release into the community
- Serves ~40 patients daily
 - ~\$27 daily cost per person

Model #3: Facility Becomes Licensed OTP

- **Lessons learned**

- Obtaining OTP licensure is a time consuming and complex process
- The process to deliver and administer methadone has adapted over time, as the facility has gained more experience
- Importance of a team-based approach with security personnel and medical staff

- **Outcomes**

- No published outcomes since the facility obtained OTP licensure

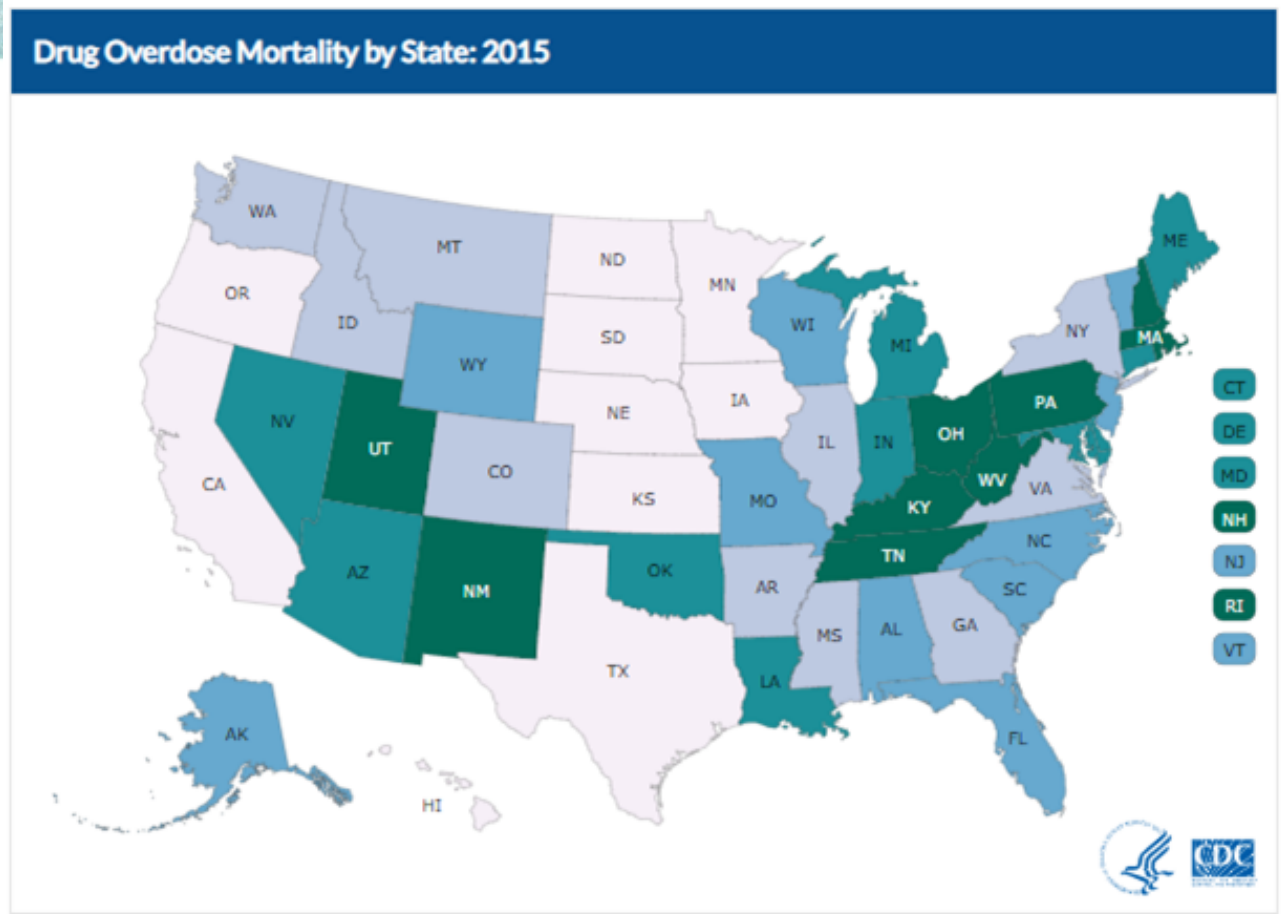
Model #4: Co-Location of Vendor

- Co-location of a fully DEA approved vendor within the correctional facility

The Rhode Island Example



Rhode Island Stats in 2015



Age-Adjusted Death Rates¹

United States 16.3

- 6.9 - 12
- 12.3 - 15.4
- 15.5 - 17.9
- 19 - 22.1
- 22.2 - 41.5

Location	Drug Overdose Death Rate (Click for Rankings) ▾	Deaths (Click for Rankings)
West Virginia	41.5	725
New Hampshire	34.3	422
Kentucky	29.9	1,273
Ohio	29.9	3,310
Rhode Island	28.2	310
Pennsylvania	26.3	3,264
Massachusetts	25.7	1,724
New Mexico	25.3	501
Utah	23.4	646
Tennessee	22.2	1,457

Source: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

Rhode Island Strategic Plan in 2015



Treatment Strategy: Increase the number of people receiving medication-assisted treatment each year.



Rescue Strategy: Increase the number of naloxone kits distributed in the community each year.



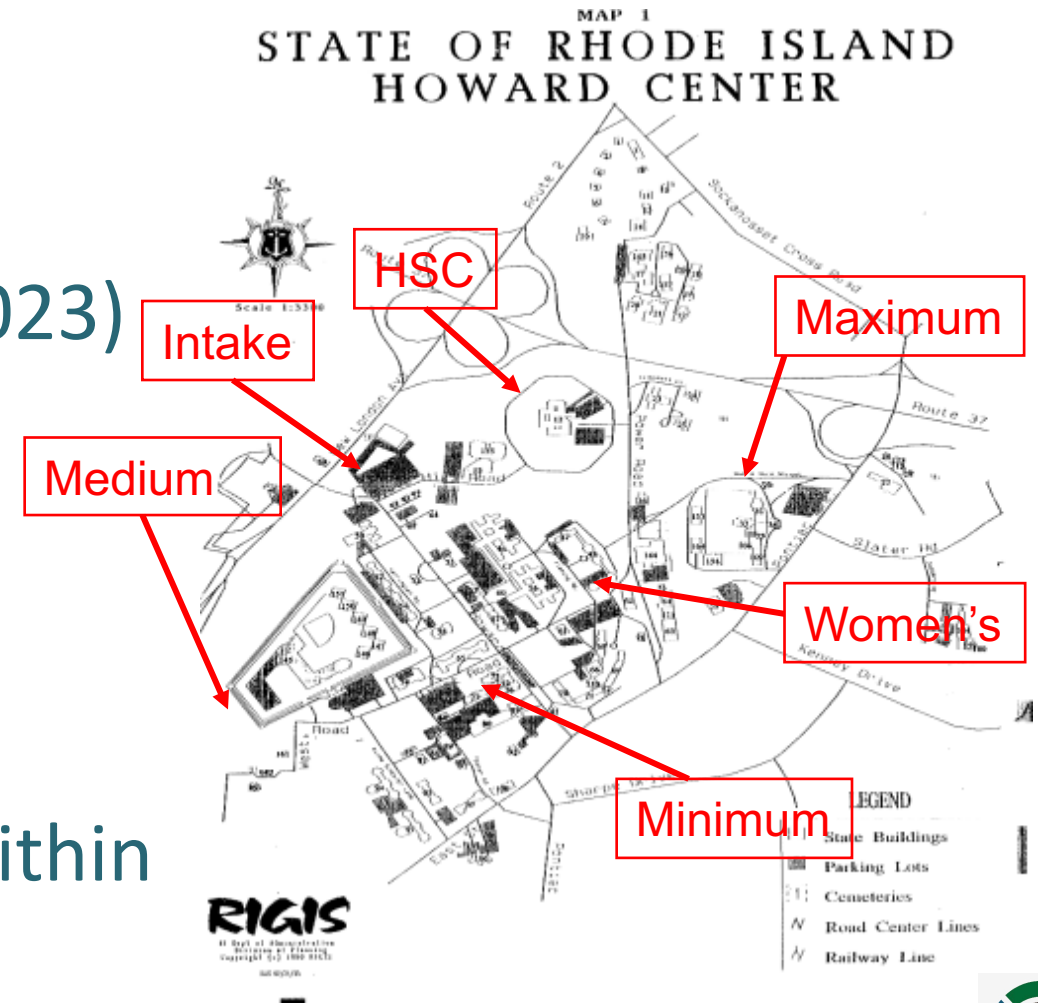
Prevention Strategy: Decrease the number of patients receiving opioid/benzodiazepine prescriptions.



Recovery Strategy: Increase the number of peer recovery coaches and contacts each month.

RIDOC Overview

- Unified Correctional system
- 6 Facilities
- Average daily census 2,298 (FY 2023)
- 10,252 commitments (CY 2022)
 - 6,413 unique individuals
- Average sentence length 16.2 months (FY 2023)
- >50% of awaiting trial released within 6 days of commitment



Finding a Community Partner

MAT in the correctional environment...

Good security vs. good programming –
cannot have one without the other

Getting Buy-In & Working Through Resistance

- Correctional staff
 - “Why prescribe medication if inmate has already gone through detox?”
 - Have seen it smuggled in – several security procedures taught to intercept buprenorphine films from coming into facility
 - “Causes more harm & should not be a taxpayer expense!”



Identify a Champion



Getting Buy-In & Working Through Resistance

The Bottom Line

- Federal Court Cases—American Disabilities Act & 8th Amendment
 - You can write the story or have it read to you.
 - The MAT Program is just another program
 - Medical decision
 - Culture shift is required—Staff buy-in

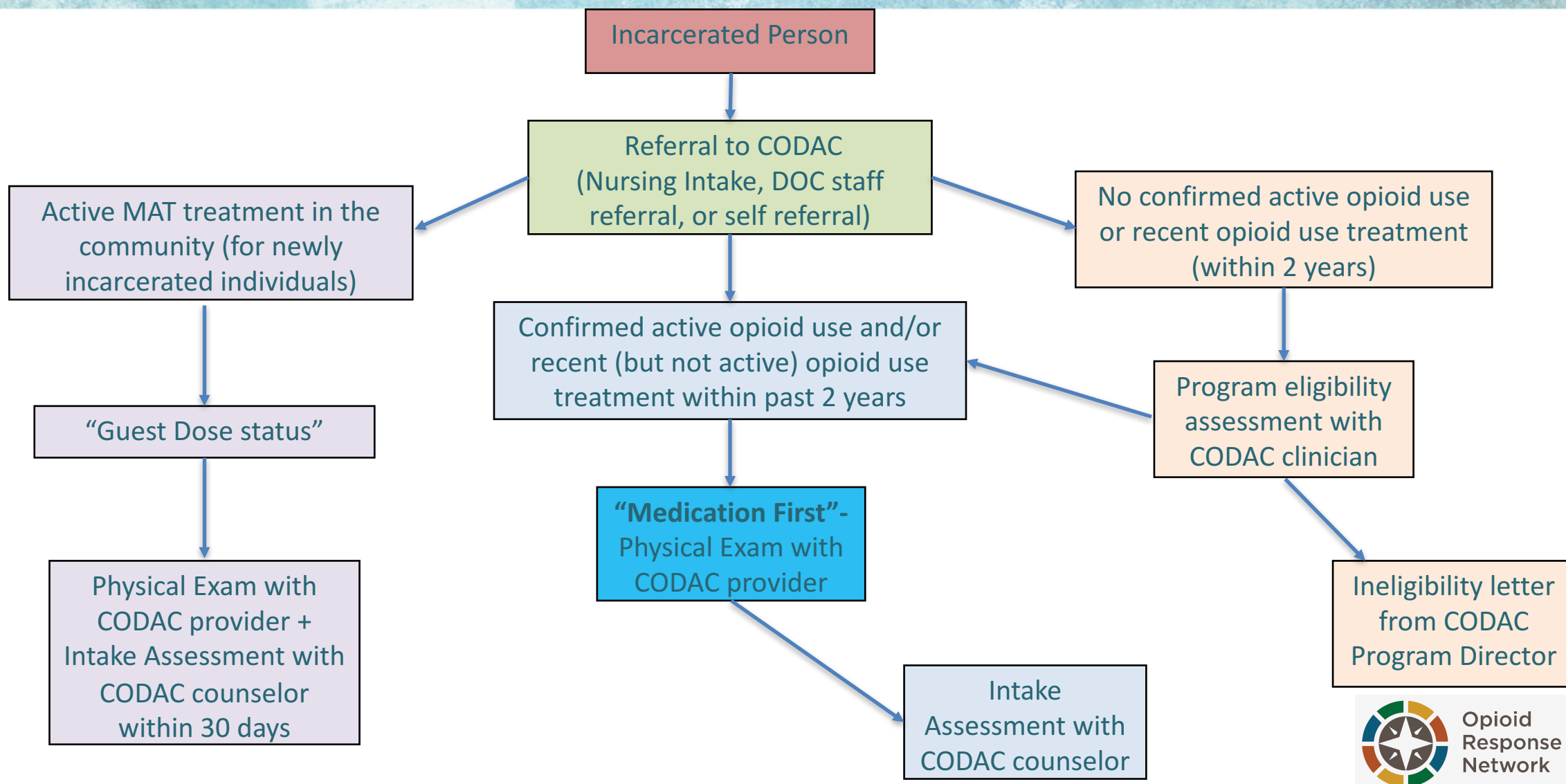
CODAC at the RIDOC today

Recovery can happen
anytime and **anywhere**-
including in correctional settings!

CODAC Follows the 4 Comprehensive MAT Principles at the RIDOC

1. CODAC provides MAT services to all individuals who need and are requesting treatment
2. CODAC provide MAT services without stopping or interrupting treatment due to length of incarceration
3. CODAC provides all FDA approved medications for the treatment of Opioid Use Disorder (Buprenorphine, Methadone, and Naltrexone)
4. CODAC provides MAT services in the corrections setting with the intention of transitioning the individual to a community-based provider

Principle 1: CODAC provides MAT services to all individuals who need and are requesting treatment*



Principle 1: CODAC provides MAT services to all individuals who need and are requesting treatment*

Special Considerations for CODAC Referrals and Inductions:

- **Program Criteria**
 - Moderate to Severe OUD
 - Mild OUD on a case-by-case basis
 - Voluntary
- **Documentation is key- need verification of opioid use and/or treatment**
 - Positive toxicology screening for opioids
 - Treatment of opioid withdrawal
 - Evidence of continued opioid use while incarcerated
 - Treatment for opioid overdose
 - Medical/prescription records for MAT medication
- **Medical and Mental Health Comorbidities**

Principle 1: CODAC provides MAT services to all individuals who need and are requesting treatment*

Why Medication First?

- Rhode Island's DOC is a Unified System
 - Includes awaiting trial, sentenced, and probation/parole individuals
- Approximately half of MAT participants are awaiting trial
 - Over 50% of all awaiting trial individuals are released within 6 days of commit and 78% are released within 31 days
- Time is of the essence!

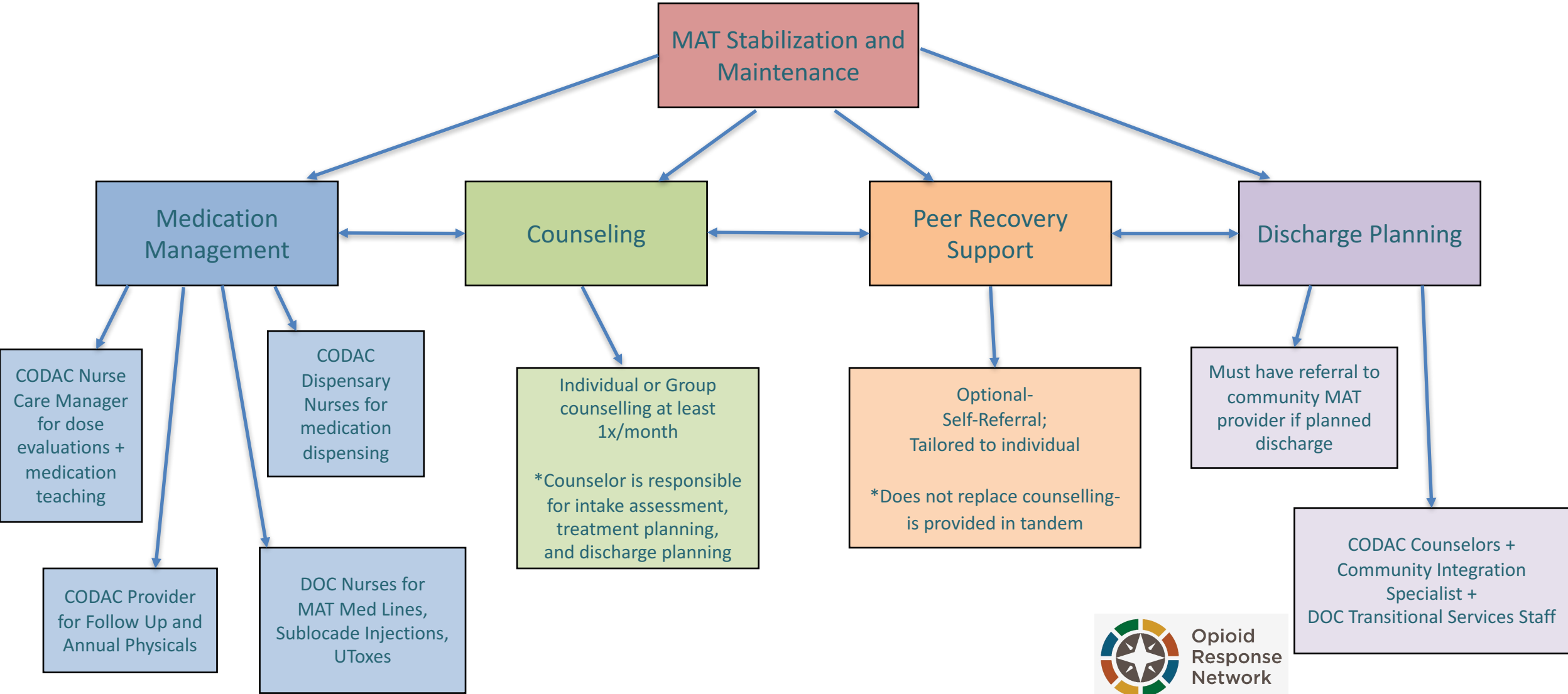
*The average time from commitment at RIDOC to starting medication decreased by 43% from 7 days in FY22 to 4 days in FY23
Now same day of committment to 2 days*

Principle 1: CODAC provides MAT services to all individuals who need and are requesting treatment*

Medication First = Program Growth

- FY22 to FY23: average number of individuals treated per day increased by 31% from 237 to 310
- Closing the gap on untreated Opioid Use Disorder
 - Between **15% and 25%** of incarcerated individuals nationwide screen positive for Opioid Use Disorder
 - Current CODAC MAT participants = **16%** of the total RIDOC jail and prison facilities population
 - Womens Facility MAT = **27%** of the facility's total population
 - Men's Intake Center MAT = **22%** of the facility's total population

Principle 2: CODAC provide MAT services without stopping or interrupting treatment due to length of incarceration



Opioid Response Network

Principle 2: CODAC provide MAT services without stopping or interrupting treatment due to length of incarceration

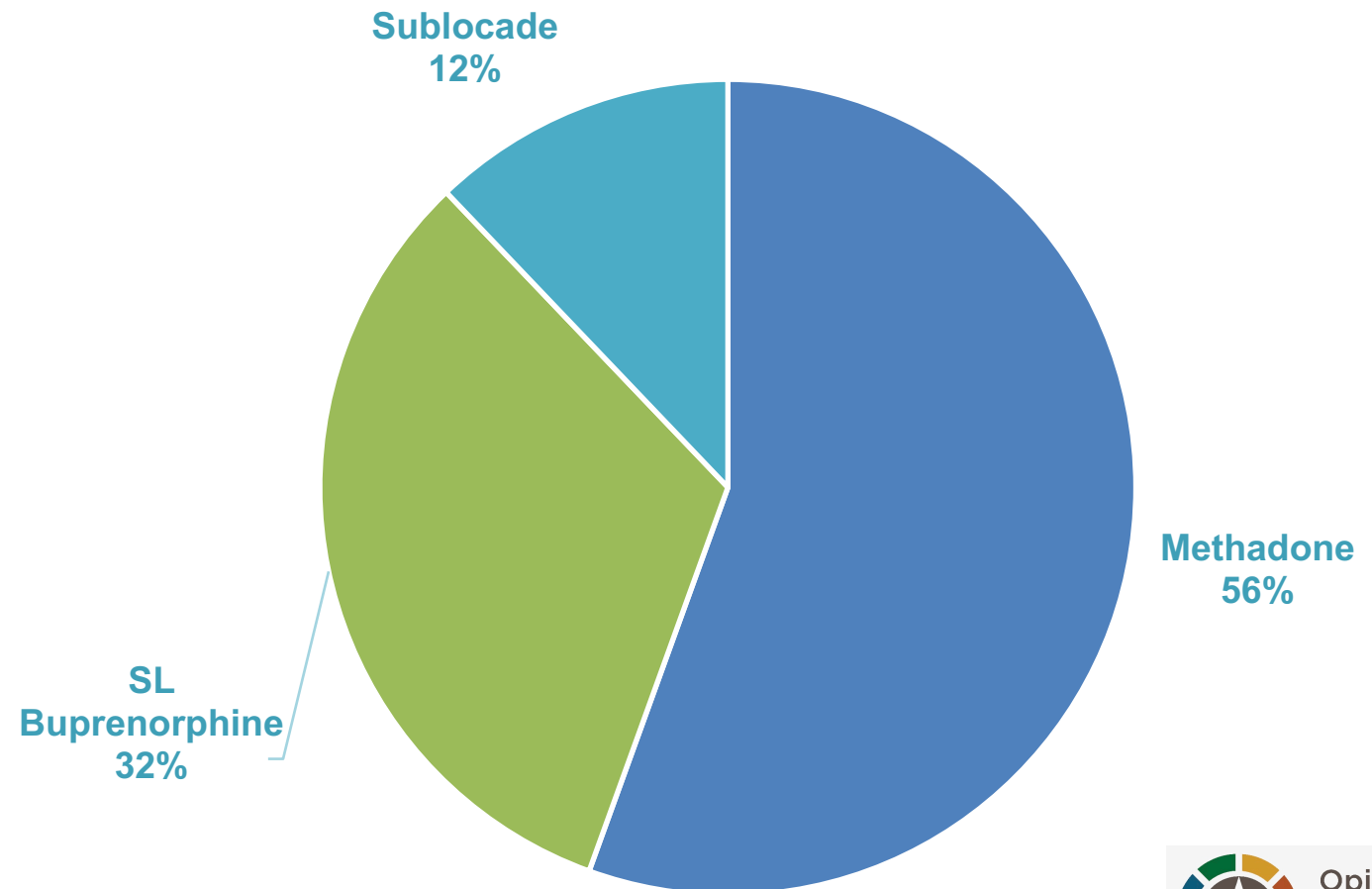
Building a Recovery-Oriented System of Care Within the Walls

- **CODAC Peer Recovery Specialists**
 - 1st PRS hired 7/31/23, currently meets with approx. 57 individuals each month (15% of current census)
 - 2nd PRS hired with goal to increase Peer Recovery services to at least 1/3 of program participants
 - Clients are accepted by self-referral only, mostly new or newly returned to the early recovery stage
- **1/3 of CODAC program are bilingual/bicultural**
 - Counseling, medical, and discharge planning interpreting services provided by team staff
- **Additional supports within RIDOC**
 - 6 Month Substance Use Intensive hosted by The Providence Center
 - AA and NA Meetings hosted by outside volunteers

Principle 3: CODAC provides all FDA approved medications for the treatment of Opioid Use Disorder

Available MAT Medication:

- Methadone
- Sublingual Buprenorphine
 - (mono* and combination products)
- Injectable Buprenorphine (Sublocade)
- Oral Naltrexone
- Injectable Naltrexone* (Vivitrol)



Current RIDOC MAT Census

- Total current program census: 371 individuals
- 337 men (91%) and 34 women (9%)

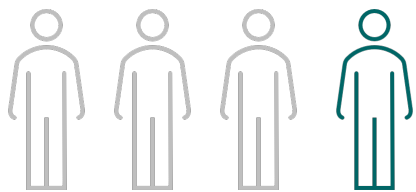
Census Breakdown by Medication			
Facility	Methadone	Suboxone/ Subutex	Sublocade
High	15%	71%	15%
Max	28%	34%	38%
Medium	51%	38%	11%
Minimum	50%	46%	4%
Mens Intake	61%	28%	11%
Womens	76%	21%	3%
% of Total Census	56%	32%	12%

Census Breakdown by Facility		
Facility	% of MAT Census	% of Facility Census
High	2%	9%
Max	8%	10%
Medium	24%	11%
Minimum	7%	14%
Mens Intake	50%	22%
Womens	9%	27%
% of Total DOC Census		16%

Principle 3: CODAC provides all FDA approved medications for the treatment of Opioid Use Disorder

Sublocade: The Bipartisan MAT Medication

Sublocade End-of-Year Report		
	2022	2023
At least 1 injection received for the year	49	103 (increase of 110%)
On Sublocade d/t diversion	14 (28.6%)	14 (13.5%)
New induction for the year	38	90 (increase of 137%)
Started Sublocade d/t diversion	10 (26.3%)	11 (12%)
Total # diversions	51	52
# Unique Patients	41	44
Changed medication to Sublocade	10 (24.3%)	11 (25%)



1 in 4 individuals on Buprenorphine now receive Sublocade- up from 1 in 5 individuals one year ago

Principle 3: CODAC provides all FDA approved medications for the treatment of Opioid Use Disorder

A Word About Diversion

- Cannot ignore- need to maintain program integrity + safety and security for all
- Each report of diversion is referred to CODAC for review and management on an individualized basis
- FY23- approx. **113,150** doses of medication administered for the MAT program- **67** reports* of diversion

Proactive planning + strong communication between security and healthcare staff is the key to successful diversion management

Principle 4: CODAC provides MAT services in the corrections setting with the intention of transitioning the individual to a community-based provider

- Discharge planning is critical to successful reentry and reduced recidivism
- As of 2021, RI has the **2nd highest rate of community corrections supervision** and the **3rd highest rate of probation supervision** in the nation
- As of 2018, RI has the **3rd longest average probation term** in the nation (44 months)
- CY19 Release Cohort: Within 3 years of release, **45%** of individuals returned to RIDOC as sentenced offenders
 - Lowest reported rate since tracking began in 2004

Principle 4: CODAC provides MAT services in the corrections setting with the intention of transitioning the individual to a community-based provider

- **Whole-person approach to discharge planning**
 - Community MAT services and Harm Reduction
 - Healthcare (Medical, Behavioral Health, Insurance)
 - Basic Needs (Housing, Transportation)
- **Multidisciplinary approach to discharge planning**
 - CODAC staff (Counselors, Community Integration Specialist)
 - RI Public Defender and other legal agencies
 - RIDOC Reentry Services
 - Community agencies
- **RIDOC discharges may come with little to no advance notice**



Focus on the first 24 hours- *pass the baton, not the buck*

Cost

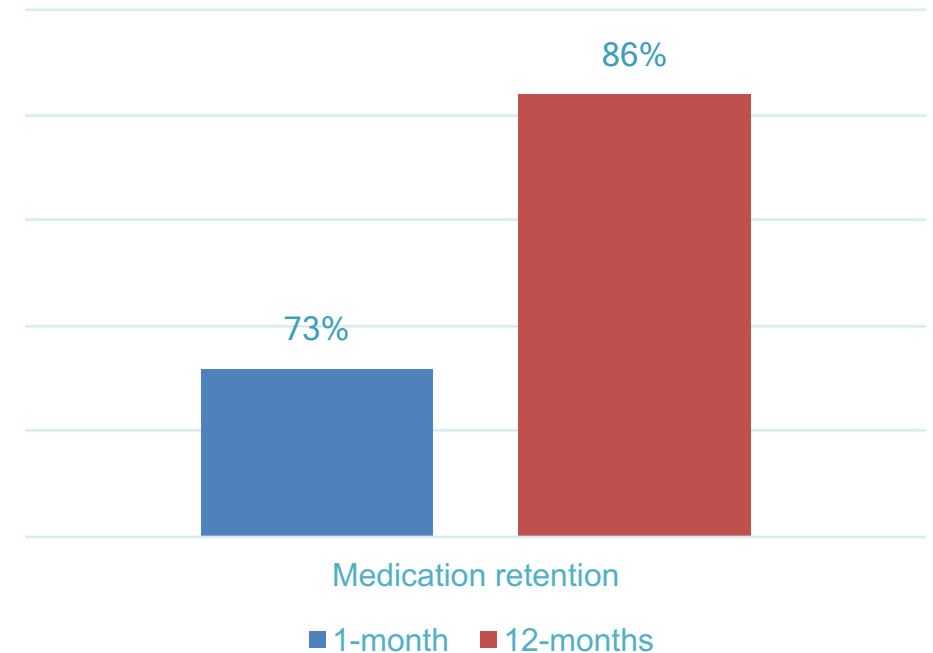
1 Program Director
1 Program Administrator
1 Clinical Supervisor
1.40 Assessment clinicians
5 Counselor/Discharge Planners
.30 Medical Director (physician)
.60 APRN
3 Dispensing Nurses
1 Nurse Care Manager
1 Community Integration Specialist
2 Peer Recovery Support Specialists
Dr on call 7 days/wk

Medicine and supplies
Administrative oversight

\$2,600,000

Key Results from RIDOC MAT Program

- Average daily population on MAT increased from less than 40 to >300
- >75% follow up in the community
 - 86% MOUD retention at 12 months post-release
- Community follow up 93.8% for those entering on MAT



Key Results from RIDOC MAT Program

Significant decline in overdose mortality among those recently incarcerated

- After implementation of the program, preliminary data suggests there was a 60% reduction in mortality within 1 year of release (2016 to 2017)
- For releases from 2016 to 2018, only twelve overdose deaths (0.75%) within 1 year of release

No significant differences in reincarceration, compared to the general RIDOC population

- Decreased recidivism - commitment for new charges



Lessons Learned & Keys to Continued Success

- Corrections MAT ≠ Community MAT
 - Consider the nuances inc. budget, staffing, program demographics, environment
- Relationship building is critical
 - Communication, Consistency, Culture
- Time and Resource Constraints
 - Access to individuals is limited by the daily schedule of the facility
 - Induction dosing process differs from the community
- Start where you can and focus on program sustainability

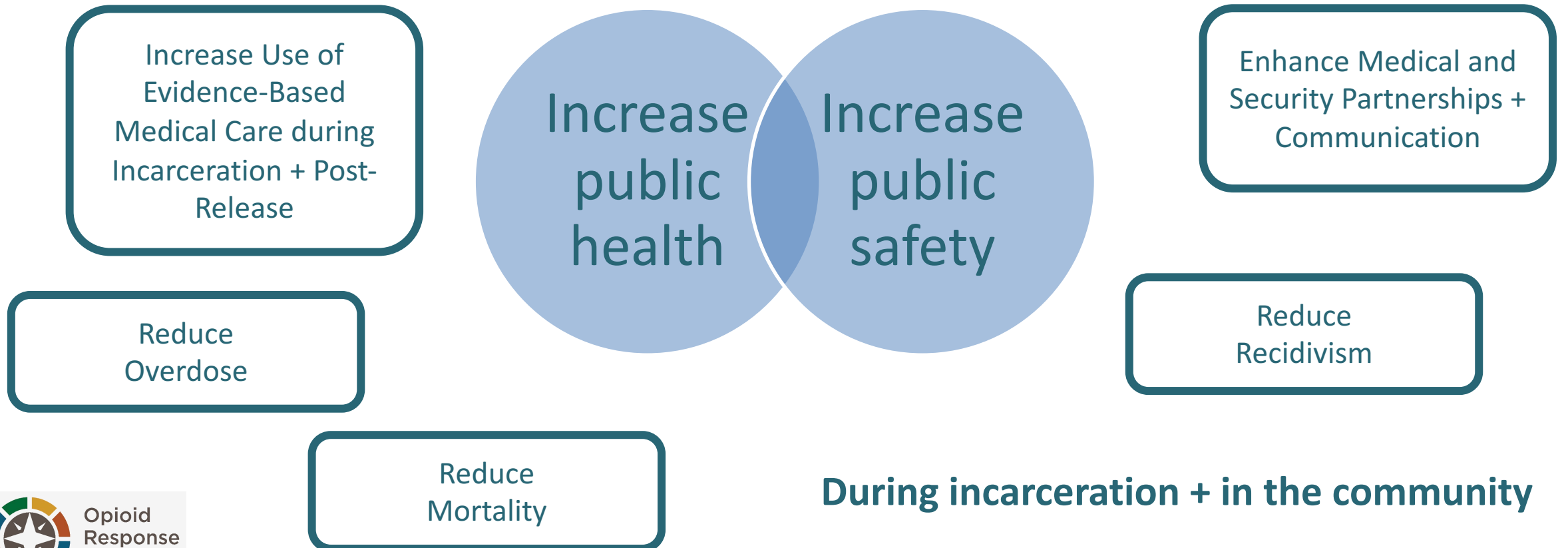
“Give the world the best you have, and it may never be enough; give the world the best you’ve got anyway.” – Mother Theresa

Essentials for Success

- History of understanding your states environment
- Flexible
- Understands system change
- Competence is respected in the communities you serve
- Can commit to comprehensive re-entry services
- Flexible
- Ability to meet workforce demands
- Understands the challenges in mission integration: safety and rehabilitation as opposed to safety vs rehabilitation
- And did I mention flexible?

Implications of Innovative Care Models

- **Providing this care produces short- and long-term benefits**



Implications of Innovative Care Models

- **Largely positive experiences for all involved, including patients, medical and security staff, and administration**
- **Reduce health disparities in access to treatment**
 - This population faces many barriers to good health and treatment access
 - Carceral-based MAT can enhance treatment retention in the community
 - Reduce risk of overdose
 - Potentially reduce other social determinants of health (employment, housing, etc. ...)

In Summary

- There are four models of carceral-based MOUD delivery that meet the four guiding principles
- Selection of model depends on several factors, including jail and prison organizational characteristics
- More research is needed on participant outcomes resulting from these programs, especially mobile unit-based programs

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