Law Enforcement & Corrections Track

Expanding Access to Treatment for Justice-Involved Populations: Lessons Learned from States

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Disclosures

- Joann Kang, JD; Jeffrey Locke, MPP, JD; Benjamin Watts, MBA; Jennifer Clarke, MD, MPH, FACP; and David Tapp, JD, MS, have disclosed no relevant, real, or apparent personal or professional financial relationships with proprietary entities that produce healthcare goods and services.
Disclosures

- All planners/managers hereby state that they or their spouse/life partner do not have any financial relationships or relationships to products or devices with any commercial interest related to the content of this activity of any amount during the past 12 months.

- The following planners/managers have the following to disclose:
  - Kelly J. Clark, MD, MBA, FASAM, DFAPA – Consulting fees: Braeburn, Indivior
Learning Objectives

- Describe the use of medication assisted treatment in state correctional institutions
- Describe supportive programming and services to improve success of medication assisted treatment in correctional institutions.
- Explain how to address challenges to implementing medication assisted treatment programs in correctional institutions.
Expanding Access to Treatment for Justice-Involved Populations: Lessons Learned from States

Joann Yoon Kang, JD, Policy Lead
Division of Unintentional Injury Prevention
CDC
RISE IN OPIOID DEATHS: Overlapping, Entangled, but Distinct
Pillars of CDC Activity

- Improve data quality and track trends
- Strengthen state efforts in scaling up effective public health interventions
- Supply healthcare providers with resources to improve patient safety
- Collaborate with public safety to respond quicker and more effectively
- Empower consumers to make safe choices
What is Medication Assisted Treatment (MAT)?

- The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders
Three FDA-Approved MAT Medications

- Methadone-opioid agonist
- Buprenorphine-partial agonist
- Naltrexone-opioid antagonist
How MAT relates to CDC’s Work as an Agency

- Within the context of CDC Programs:
  - Prevention for States
  - Data-Driven Prevention Initiative
- Study of contextual factors that influence MAT implementation and patient wellbeing
- Heroin Response Strategy within High Intensity Drug Trafficking Areas (HIDTAs) in partnership with public safety colleagues
- CDC Partnership with the National Governors Association
Expanding Access to Treatment for Justice-Involved Populations: Lessons Learned from States

Jeffrey Locke, Program Director, National Governors Association
About the National Governors Association

Conference of Governors
The White House, 1908
NGA’s Work With States in Addressing the Opioid Epidemic

- Partnership between NGA’s Health Division and Homeland Security & Public Safety Division
- Have provided technical assistance to over 30 states since 2012
- Published *A Road Map for States*, around finding solutions to the prescription opioid and heroin crisis, and *A Compact to Fight Opioid Addiction*
Substance Use & Justice-Involved Populations

- Governors are committed to improving public safety outcomes for their citizens.
Substance Use & Justice-Involved Populations

- Governors are tasking public safety and public health agencies to improve reintegration efforts and community services to help people be productive citizens:
  - getting jobs;
  - supporting their families;
  - paying for housing; and
  - paying taxes
NGA’s Work with States on Expanding MAT Justice-Involved Populations

- NGA supports states in developing and implementing evidence-based strategies to expand access to all forms of Medication Assisted Treatment (MAT) in correctional facilities and upon re-entry into the community.


- Continued to provide assistance for states to implement action plans, for 6 months.
Expanding MAT in corrections

- Identify target population of offenders with opioid use disorders (OUD) and risk of overdose and improve treatment effectiveness, including the use of MAT.
- Develop and evaluate MAT pilot projects to gain buy-in for additional state funding.
- Explore innovative grant other funding sources to implement MAT program in state prisons and jails.
- Change payment policies to expand access to evidence-based MAT and recovery services MAT in prisons.
Initial Outcomes & Takeaways from States

- Reentry and Community Reintegration
  - Enhance focus on opioid use disorders (OUD) when developing reentry plans and continuum of care needs.
  - Develop plans for reentrants that facilitate connection to treatment providers and provide wrap-around services.
  - Expand access and availability of naloxone kits, and provide training for use by community corrections support personnel (probation, parole, treatment providers).
  - Develop local partnerships between prison, jail, transition staff, and local treatment providers to coordinate services for reentrants.
Initial Outcomes & Takeaways from States

- **Tools and Training**
  - Provide educational materials on the opioid epidemic and use of MAT in a correctional setting for staff, offenders, and the families of those incarcerated.
  - Conduct training for all medical personnel within correctional facilities related to MAT, SUDs, and the importance of treating addiction with parity to mental health and medical health disorders.
Initial Outcomes & Takeaways from States

Data-driven Decision-making

- Implement screening and assessment tools at intake to better understand the level of need for treatment for offenders SUDs.
- Monitor outcomes of persons receiving MAT within facilities.
- Provide outcome data on MAT programs to legislators and other criminal justice stakeholders to inform decision-making and budget considerations.
Initial Outcomes & Takeaways from States

- **Relationship Building with Stakeholders**
  - Increase engagement between departments of corrections, medical services providers, and community-based providers.
  - Establish a collaborative information-sharing environment that breaks down silos across state agencies to better understand trends.
  - Convene criminal justice stakeholders and providers to continue to support the expansion and use of MAT.
  - Seek opportunities to share information, outcomes, and findings across states.
Continued State Challenges

- States face a variety of data-related challenges, including:
  - Problems with data use agreements
  - Agency territory issues
  - Questions about personally identifiable information
  - Intergovernmental challenges
  - Privacy concerns
  - Medical examiner and coroner issues
Continued State Challenges

- States are facilitating data as quickly as they can for tracking outcomes and to push prevention and treatment resources toward overdose spikes
- New state and federal funding streams and potential innovative application of such funding to expand access to treatment
Expanding Access to MAT for Justice-Involved Populations: Lessons Learned from States

Ben Watts, Health Services Administrator, Vermont Department of Corrections
Overview

- Why Provide MAT?
- Improving Access to MAT in Corrections
  - Continuity of Care
  - Screening, Brief Intervention, & Referral to Treatment (SBIRT)
  - MAT Initiation
- Lessons Learned
Why Provide MAT?

- 8th Amendment, which protects inmates from cruel and unusual punishment.
- *Estelle v. Gamble*, correctional jurisdictions cannot be deliberately indifferent to the serious medical needs of inmates.
- Opioid related disorders are medical and psychiatric conditions for which treatment (in a correctional setting) is required.
- Sequential Intercept Model
Why Provide MAT?: SIM

Improving Access to MAT in Corrections

- Continuity of Care
- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- MAT Initiation
Continuity of Care

- Coordinating care across settings.
- Inmate asked if they were on community MAT program. If “yes”…
  - Inmate signs “MAT Patient Agreement”
  - Medications are verified
  - Continued for as long as possible, up to 120 days
    - Methadone → Community prescriber
    - Buprenorphine → DOC prescriber
  - Ongoing coordination between the multi-disciplinary treatment team
  - Discharge Summary & Insurance Enrollment
Continuity of Care: Total Patients on MAT

Number Currently on MAT

0  10  20  30  40  50  60  70

Screening, Brief Intervention, & Referral to Treatment (SBIRT)

- Evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
- CAGE-AID
- NIDA-ASSIST
SBIRT Workflow

CAGE-AID
- Done at intake
- “YES” response leads to…

NIDA-ASSIST
- Within 7 days of intake.
- Moderate- to high-risk opioid use leads to…

Treatment/Referral
- Substance abuse assessment(?)
- Initiation of MAT and/or…
- Referral to community-based treatment provider
MAT Initiation

- Currently, only initiate with extended-release naltrexone 24 hours prior to discharge -- overdose protection!
- Only initiate if a community-based provider will continue treatment.
- Developing a policy environment for initiation of buprenorphine and extended-release buprenorphine
- Substance abuse assessments(?)
MAT Initiation

- Early evidence is that there are a substantial number of moderate-high risk opioid users not connected to treatment.
- Unknown discharge dates complicate care coordination and planning.
- Establish referral pathways
- Considering “Opioid Treatment Program” certification to initiate methadone and provide psycho-social interventions.
Lessons Learned

- Data collection and QA
- Involve Stakeholders
- SBIRT and an electronic health record
- MAT alone is not enough…
  - Safe injection sites
  - Reduce morbidity and mortality
  - Reduce injecting behaviors
  - Increase access to treatment
  - Cost savings (e.g., reduce hep C and HIV transmission)
Thank you!

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RI Department of Corrections’

Expanding Access to Medication Assisted Treatment for Justice-Involved Populations

Jennifer Clarke MD MPH
Medical Program Director RIDOC
Associate Professor of Medicine Brown University
Objectives

- Describe medication assisted treatment at RI Department of Corrections.
- Describe supportive programming and services to improve success of MAT in correctional institutions.
- Explain the challenges and how to address implementing MAT programs.
RIDOC Overview

- Unified Correctional system
- 6 Facilities
- Average daily census 3,100
- FY 2015
  - 12,650 commitments/year
  - Large percentage of <1yr sentence
  - Monthly awaiting trial census 600-700
- Median length of stay 2-3 days for awaiting trial

RIDOC MAT Implementation Timeline

- **8/2015**: Governor Raimondo established a Task Force to address the opioid epidemic
- **11/2015**: Task Force presented the Governor with a strategic plan with the long term goal “To reduce opioid overdose deaths by one-third within three years”
- **6/2016**: Funding approved to support the strategic plan
RIDOC MAT HISTORY:

- Vast majority of prisons provide NO MAT
- Methadone maintenance only for pregnant women
- Methadone withdrawal for the past 20 years
- Buprenorphine (Suboxone™) rarely provided – mostly immediate withdrawal
- ~15% of people committed have an opiate use disorder
- 60% of fatal overdose victims in 2014 had been incarcerated
RIDOC PROGRAM OBJECTIVES:

- Collaborate, communicate and educate security personnel on the need for MAT
- Identify people in need of treatment
- Initiate MAT for patients in need
- Increase retention in treatment post release
- Decrease mortality
RIDOC PROGRAM GOALS:

- **Screen** everyone upon commitment and prior to release and assessments as appropriate
- **MAT** if appropriate for 3 populations:
  1. **Continue** MAT for up to 12 months
  2. **Initiate** MAT upon commitment
  3. **Initiate** MAT prior to release
- Seamless community **transition**
- Comprehensive **MAT** services – Medication, Residential Treatments, Recovery Coaches, Group Therapy etc.
RIDOC PROGRAM INITIATION:

- Governor Raimondo
- Strong support from Director A.T. Wall and continued with acting Director Coyne-Fague
  - Assistant Directors
  - Wardens
  - Correctional Officers
  - Nurses and Physicians
- CODAC – vendor providing MAT
  - Enroll people during incarceration
  - Treatment continued ‘seamlessly’ in the community
Intake N=6558

Screen Attempt N=4224
   (64%)
   Screen Complete N=3207

Negative DONE

Positive N=853 (25%)

Assessment N=708

On MAT in Community N=1,044

Established CODAC Patient N=329

Not CODAC Patient N=715

MAT N=1550

MAT Induction N=506

Naltrexone N=10

Methadone N=942
   73% Continued
   26% Induction
   2% Pre-release

Buprenorphine N=598
   60% Continued
   34% Induction
   6% Pre-release

70% receive MAT Post-Release confirmed with PMP/BHOLD

No Confirmation for N=10 Naltrexone.
MAT Medication Type

Average daily dose

- METHADONE
- SUBOXONE
- NALTREXONE

Goal Average Daily

#Rx Summit   www.NationalRxDrugAbuseSummit.org
Released to Community per Month

CODAC onsite should eliminate those discharged before receiving MAT

Elective Discontinuation  Discharged before receiving MAT  Total

#Rx Summit  www.NationalRxDrugAbuseSummit.org
## MAT After Release 10/2016 – 9/2017

**N=1339 releases**

<table>
<thead>
<tr>
<th>Disposition</th>
<th>METHADONE</th>
<th>NALTREXONE</th>
<th>SUBOXONE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued from community</td>
<td>481</td>
<td>1</td>
<td>258</td>
<td>740 (55%)</td>
</tr>
<tr>
<td>Induction at commitment</td>
<td>271</td>
<td>8</td>
<td>216</td>
<td>495 (37%)</td>
</tr>
<tr>
<td>Pre-release induction</td>
<td>35</td>
<td>12</td>
<td>57</td>
<td>104 (8%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>787 (59%)</strong></td>
<td><strong>21 (2%)</strong></td>
<td><strong>531 (39%)</strong></td>
<td><strong>1339</strong></td>
</tr>
</tbody>
</table>
## MAT Community Follow-up

<table>
<thead>
<tr>
<th>MAT after Release</th>
<th>Disposition</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Continued</td>
<td>Induction</td>
</tr>
<tr>
<td>No</td>
<td>46 (6.2%)</td>
<td>318 (64.2%)</td>
</tr>
<tr>
<td>Yes</td>
<td>694 (93.8%)</td>
<td>177 (35.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>740</td>
<td>495</td>
</tr>
</tbody>
</table>

- N=74 (5.5%) additional releases received MAT at CODAC post release but were not in B Hold or PMP.
- Missing people in treatment out of state
- Naltrexone poorly documented
Mortality due to opioid overdose in RI
January-June 2016 vs. January-June 2017
Compared opioid overdose mortality general population to individuals with an incarceration in the 12 months prior to death
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|

**Time of Mortality**

- Y
- X

**Time of Incarceration**

- Y
- X

**Vivitrol**

**MAT Funds**

**CODAC**

**Full MAT Program**
<table>
<thead>
<tr>
<th>Decedents: Recent Incarceration</th>
<th>First 6 Months 2016</th>
<th>First 6 Months 2017</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>26</td>
<td>9</td>
<td>17 (65%)</td>
</tr>
<tr>
<td>NO</td>
<td>153</td>
<td>148</td>
<td>5 (3%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>179</td>
<td>157</td>
<td>22 (12%)</td>
</tr>
</tbody>
</table>

Relative Risk Reduction = 61%

$$\frac{((9/157)-(26/179))}{(26/179)}$$
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THANK YOU

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