State Approaches to Incarceration-Based Treatment for OUD

October 7th, 2020
2:00 pm-3:00 pm ET

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  - The “chat” function will also be available to communicate if you are having technical difficulties
- Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience.
- Thank-you!
Today’s Speakers

Jodi Manz, MSW
Project Director, NASHP

Ryan Thornell, PhD
Deputy Commissioner,
Maine Department of Corrections

Steve Seitchik
MAT Statewide Coordinator, Pennsylvania Department of Corrections,
Bureau of Treatment Services
Lay of the Land: How Opioid Use Disorder Affects Incarcerated Populations

Jodi Manz, MSW
Project Director, NASHP

October 7, 2020
Rates of SUD and OUD in Incarcerated Populations

According to the most recent data made available by the National Inmate Survey (NIS), 41.7% of state prison inmates and 47.2% of sentenced jail inmates met the criteria for drug dependence between 2007-2009.

- 15.2% of male and 22.3% of female state prisoners reported regular use of heroin and other opioids.

- 16.8% of male and 24.7% of female sentenced jail inmates reported regular use of heroin and other opioids.
Different Kinds of Medications for OUD

• Three FDA-approved medications are used to treat OUD:
  o Methadone
  o Buprenorphine
  o Naltrexone

• Benefits of these medications:
  o Minimize or eliminate withdrawal symptoms
  o Reduce or stop the effects of illicit opioids
  o Ease or eliminate cravings to use opioids

Source: SAMHSA’s Treatment Improvement Protocol 63 – Medications for Opioid Use Disorder
Elements of Successful Incarceration-Based Treatment Programs

- **Build programs incrementally**
  - Approach DOC-based MOUD initiatives as pilot or single-facility/population programs and capitalize on their successes to develop system-wide standards and policies

- **Address correctional workforce needs**
  - Recognize staff concerns about the provision of MOUD, including issues of security and diversion, and address such concerns through open, honest, and evidence-based engagement

- **Ensure continuity of care upon re-entry**
  - Take steps to support Medicaid enrollment upon release to ensure continued access to treatment services in the community, and partner with community treatment and recovery organizations

- **Coordination among state leadership**
  - Formalize relationships and communication across systems to optimize funding, policy development, and best practices
Maine DOC’s Medication Assisted Treatment Services

Ryan Thornell, Ph.D.
Deputy Commissioner
Leadership Kickstart and Buy-in

- Governor Mills expands Medicaid/MaineCare in January 2019
- Governor Mills appoints Director of Opioid Response in February 2019
- Governor Mills signs Executive Order (February 6, 2019)
  - Identify effective ways to integrate MAT in the criminal justice system, emergency rooms, and recovery efforts across Maine.
  - Help incarcerated Mainers access MAT services during and after incarceration.
- “Greenlight” — allowed for fast rollout timeline
Why It’s Needed in Maine

• In 2018, Maine experienced 355 overdose deaths
  • At least 122 overdoses (34%) were former DOC clients
• In 2019, Maine experienced 386 overdose deaths
  • At least 174 overdoses (45%) were former DOC clients
  • 134 males, 40 females
• During the first half of 2020, Maine experienced 237 overdose deaths
  • At least 110 overdoses (46%) were former DOC clients
• To date, no overdose deaths were DOC MAT participants
• Most former DOC clients were discharged more than 5 years before overdose
Why It’s Needed in MDOC?

• Male admissions into the DOC on new sentences with a primary sentence for a drug crime:
  • Account for 29% of the total new admissions
  • At least 70% of males assess as needing SUD treatment

• Female admissions into the DOC on new sentences with a primary sentence for a drug crime:
  • Account for 57% of the total new admissions
  • At least 85% of females assess as needing SUD treatment
Pilot Project - Development

• Began researching/preparing in December 2018
  • Relied on VT and RI, amongst others
• Established MAT steering committee in February 2019
  • Administration, providers, facility/field, security/programming
• First visit to RI DOC in February 2019
• Sub-committees formed in March 2019
  • Training, operations/logistics, medical, community, and data
• Partnered with GROUPS Recover Together
  • Focus: Continuity of care
• Survey / Focus groups / training
  • Focus: Tailor education to staff survey responses
Pilot Project - Implementation

• Second visit to RI DOC
  • Focus: security, dispel concerns/myths and enhance SOP
• Policy and SOP development
• Weekly phone calls and test runs
• **Launch – July 1**
  • Continual evaluation and weekly phone calls
• Expansion #1 – November 2019
• Policy revision in December 2019
• Expansion #2 – January 2020
• MDOC teams to RI Conference – January 2020
Key Lessons Learned

• Importance of including (champions) and surveying staff
• Utilization of focus groups instead of training
  • Make it relevant
• Rely on line-level champions and include them
• Learn from other states – focused site visits
• On-going communication and education
  • Share successes and obstacles
• Practice / dry-runs ahead of rollout
• Accept that diversion will occur
Project Funding

• Rollout has not required any new GF appropriation

• FY2020 (2019/2020) Funding
  • DOC GF (Medical Contract): $800,000
  • SAMHS Grant Funds: $455,000

• FY2021 (2020/2021) Funding
  • DOC GF (Medical Contract): $949,000
  • SAMHS Grant Funds: $803,000

• Normalization of process reduces staff costs
MDOC MAT Services

• Pilot Services (first year)
  • Men and women, 90 days to release (ERD)
    • Screen for Opiate Use Disorder
    • MAT is medically necessary
    • Voluntary participation
  • Offered at MCC (M/W), SMWRC (W), and BCF (M)
  • Partnered with Groups Recover Together
• Medications
  • Buprenorphine - primary
  • Naltrexone
  • Naloxone provided upon release (along with training)
• Partnership with MaineCare
MDOC MAT Services

- Pilot Services (quickly expanded to non-Pilot)
  - Expansion #1 - Added another secure facility (MVCF)
  - Expansion #2 - Policy revisions
    - New admissions on MAT will be continued on MAT services;
    - Current clients – eligible at 180 days of discharge (versus 90 days initially piloted)
    - Other possible routes of induction, when necessary, outside of timeframes
  - Expansion #3 - Added last secure facility (MSP)

- Expanded faster than planned:
  - Funding went further, early successes, legal landscape evolving
  - Target enrollment – 225 participants
  - Muskie report
Year #1 in Review

- July 1, 2019 – June 30, 2020
  - Daily average - 175 active MAT clients (MDOC pop. 1,775)
  - 333 men and women released from incarceration on MAT services (264 men, 69 women)
    - More than 50% were between 30-39 years old
    - To date, only 6 have returned to DOC custody (1.8%)
  - 74% of MAT releases attended their first community follow-up appointment upon release
  - All MAT releases received Naloxone kit (and training) as part of discharge/transition process
Obstacles and Next Steps

• Obstacles
  • Community resources available (rural areas)
  • Normalization of MAT
  • Overdose deaths have increased in Maine – impact of pandemic

• Looking Ahead
  • Continue push for normalization of MAT
  • De-stigmatization campaign
  • Expansion – availability of methadone
  • TA to county jails
PA DEPARTMENT OF CORRECTIONS

MEDICATION ASSISTED TREATMENT PROGRAM
DOC MAT Program Timeline

- 2014: Vivitrol Pilot starts at SCI Muncy
- 2015: Vivitrol expanded to five (5) PA State Prisons
- 2016: DOC hires a Full-Time MAT Coordinator
DOC MAT Program Timeline

■ 2018: All PA State Prisons able to offer Vivitrol upon release

■ 2019: Up to three (3) Vivitrol injections offered prior to institutional release

■ 2019 {June 1st}: 1st **Suboxone** Participant
To date: 3,000+ Vivitrol injections have been given (roughly 65% males – 35% females)

Currently 174 inmates maintained on Suboxone

Sublocade Pilot Program at SCI Muncy {7 total cases}
Methadone: Cambridge Springs

Greenfield Counseling Services

FURTHER EXPANSION DELAYED UNTIL NEW VENDOR {MEDICAL} CONTRACT (January 2021)
LACK OF METHADONE PROVIDERS

~ 200+ miles

Greenfield Counseling
June 1, 2019
Policy Change.
Notice given to County Jails.

TO      Wardens
County Correctional Facilities

FROM    John E. Wetzel
Secretary of Corrections

DATE    April 15, 2019
RE      Medication Assisted Treatment (MAT)

In January 2018, Governor Wolf declared the opioid crisis in Pennsylvania as a disaster emergency and directed that Medication Assisted Treatment (MAT) be provided within our prison system. These medications include methadone, naltrexone (Vivitrol and Revia), and buprenorphine (Suboxone, Subutex, and Sublocade).

MAT is not new to the PA Department of Corrections (DOC). We have always provided methadone maintenance to pregnant inmates to protect the fetus from withdrawal. Newer programs include Vivitrol injections for inmates being released and most recently oral naltrexone for select new intakes with short minimums who will be admitted to one of our Opioid Use Disorder Therapeutic Communities (OUDTC).

On April 1, 2019, we began a Sublocade Pilot Program at SCI-Muncy. Select parolees who are diverted to an SCI for a 14-day “detox only” placement will be prescribed Suboxone induction and then a long-acting Sublocade injection prior to being continued on parole in an outpatient or inpatient treatment setting. Once the pilot program concludes, it will be rolled out gradually throughout other institutions.

The purpose of this memo is to alert you to the next expansion. Beginning June 1, 2019, inmates received into our institutions (PV or new intakes) who are enrolled in a verified MAT Program (community or county jail) will continue on MAT. Suboxone and oral naltrexone will be available immediately and will also be offered to those on methadone until methadone can be added at a later date. Any instances of an inmate entering our system on an MAT that is not available, or who does not meet criteria for continuing MAT, will be forwarded to the DOC’s Bureau of Health Care Services (BHCS) for review on a case-by-case basis.
Positive Recovery Solutions
{MOBILE VIVITROL UNIT}
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COVID: lower #’s
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## SUBOXONE 2020
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SUBOXONE MAINTAINED IF THEY ENTER THE DOC ON A VERIFIED SCRIPT. NOT AFFECTED BY COVID
MAT SOCIAL WORKERS

■ EDUCATION
  – STAFF/INMATES

■ SCI MEDICAL REFERRALS
  – ALL INMATES MUST BE REFERRED TO MEDICAL TO RECEIVE MEDICATION

■ MAKES COMMUNITY REFERRALS FOR ALL MAT RELEASES
  – CONTINUITY OF CARE
    ■ MEDICAL ASSISTANCE (Medicaid)
    ■ D/A COUNSELING
    ■ MAT MAINTENANCE
Barriers

- Stigma against agonist medications (Security Staff, Physicians, Family Members, Community-Based Providers)
- Physician knowledge with addiction science
- Diversion of Suboxone
- Logistics and cost of injectable buprenorphine
- Despite pharmacologic treatments based on a generation of research, most treatment programs have minimal (if any) physician involvement.
Erica Francis
Program Director
Penn State Project ECHO®
Penn State College of Medicine
90 Hope Drive
Suite 1103, Mail Code A145
Hershey, PA 17033
Ph: 717.531.0003 ext.289862
Fax: 717.531.0942

Project ECHO prepares doctors to manage addiction care closer to home

February 20, 2019 at 10:00 am | pennstatemedicine | Leave a comment

Recent Posts
- New man at the tiller
- Spinal trauma patient views injury as just another steep hill to climb
• **Sublocade** = Buprenorphine injection (monthly)
  • Start with 7-day stabilization on oral buprenorphine

DECEMBER 2020: Weekly and Monthly dosing with no need for refrigeration.
Contact Information

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Email: sseitchik@pa.gov
To ask a question, please use the ‘Q&A’ feature.
Thank You!

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