CMAT-C
Comprehensive Medication Assisted Treatment for Corrections

Implementing & Sustaining Enhanced MAT in Corrections: Considerations for Diversion, Recidivism & Saving Lives

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codac
Behavioral Healthcare

Learning Objectives

- History of implementation
- Principles of the CMAT-C
- Outcomes

THEN

(Medication Assisted Treatment prior to 2016)

- Prior to 1994, those receiving MAT in the community were not medicated upon commitment.
- Later, those prescribed methadone in the community were withdrawn at a fairly rapid, better but still uncomfortable rate with the exception of pregnant individuals.
- Those prescribed buprenorphine in the community were not provided medication upon commitment. Those individuals received a “comfort protocol”
- In 1994, pregnant individuals were maintained on their medicine of methadone to protect the fetus. A withdrawal protocol began following the birth of her child.

Fast Forward 2015

RIDOC MAT Implementation Timelines

August 2015	November 2015	June 2016
Governor Raimondo issued an executive order 15-14 to establish a Task Force to develop strategies to address the opioid epidemic.	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”.	DOC received 2 million dollars to support the strategic plan.

Budget to Support FY 2016/2017

- Legislature approved $ 2 million effective July 1, 2016 to be used to:
- Screen everyone in the system upon commitment and prior to release
- Initiate MAT upon commitment or continue for 48 months if individual is already receiving MAT
- Initiate MAT 3 months prior to release if at risk of relapse
- Create a seamless community transition

Poll Questions

What medication do you believe is most effective?
NALTREXONE
BUPRENORPHINE
METHADONE
Answer: What ever the individual is willing to take

What medication do you believe is the medication of choice for patients who are incarcerated?
NALTREXONE
BUPRENORPHINE
METHADONE
Answer: Methadone 60%, Buprenorphine 40%, Natrexone < 1%

What medication do you believe is most accepted by correctional staff (including medical, administrative and security)?
NALTREXONE
BUPRENORPHINE
METHADONE
Answer: Naltrexone because it is an injectable

NOW
Principle Elements of the CMAT program in RI:

- All FDA approved medications for the treatment of Opioid Use Disorder are provided- Patient choice
- To all inmates/patients in need regardless of length of stay or sentence- All are screened at commitment and prior to release
- Through a fully staffed, DEA approved, fully credentialed, co-located OTP on-site at the prison
- With intensive, seamless discharge planning and re-entry services

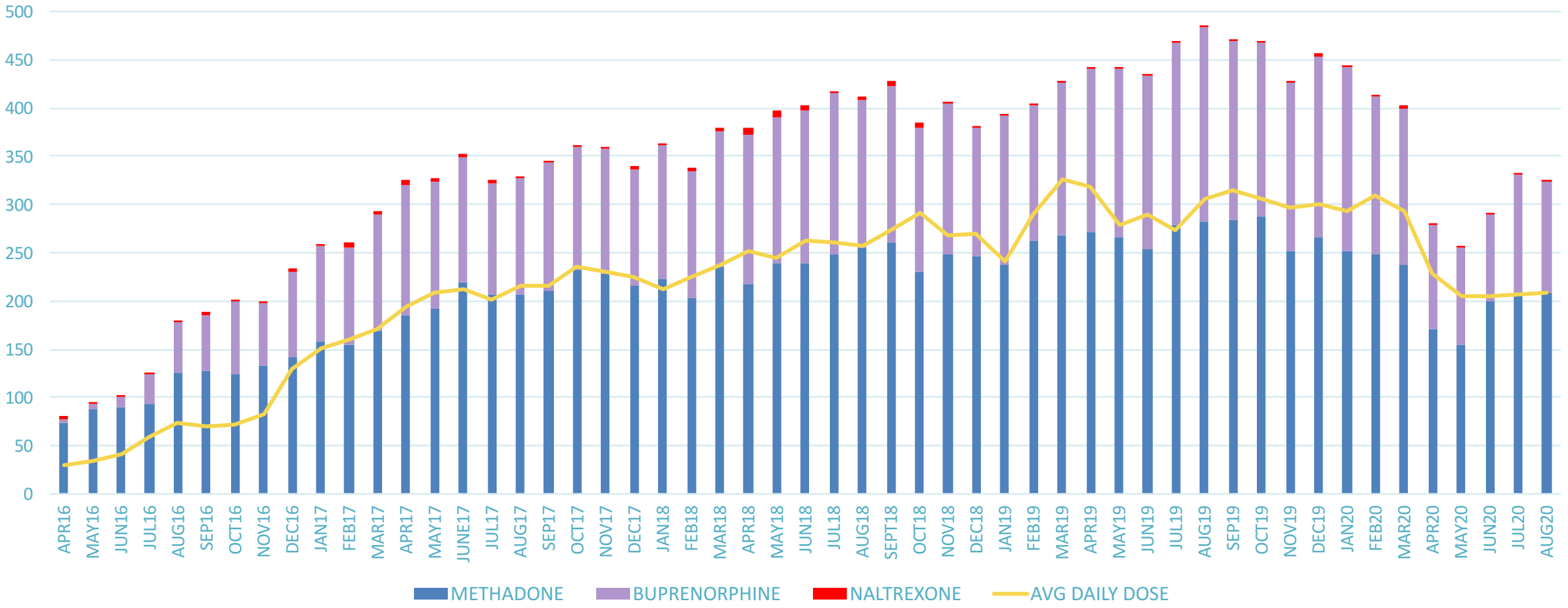
CODAC Co-located Dispensary

- February 2018 – CODAC opened dispensary inside RIDOC Intake Service Center
- Benefits:
  - Shorten time between commitment & receiving medication
  - Real time response for indicated dose changes

Providing patient choice in all FDA approved Medications: Lets look at the science

- AMA 2011: chronic relapsing disease of the brain
- The disease occurs as a progression the rate of which is highly individual
- Healing occurs as a progression which is also highly individual
- This is a highly complex disease effecting all aspects of life
- Effective treatment requires highly skilled providers/experts
- We know that often the efficacy of medications and other treatment is positively impacted by patient perception

Medication Type



Why MAT?

- **Humans have brain systems that motivate us to seek out pleasure, avoid distress, and learn the behaviors that help us do these things.**
- Addictive substances hijack these basic systems by activating them more powerfully than any natural experience.
- Substance use disorders involve long-term changes in the brain that decrease pleasure and increase distress when the substance is not used.
- Substance use disorders are chronic conditions, like asthma or diabetes, with similar rates of relapse and opportunities for successful management.

Complexity of this Disease
OUD + Polysubstance and Medical and Behavioral Health Comorbidities

2015–2017 National Survey on Drug Use and Health found among adults with OUD:

- Co-occurring substance use disorders range from 26.4% for alcohol to 10.6 for methamphetamine
- Prevalence of annual mental illness was 64.3% and serious mental illness was 26.9%.
- Receiving both mental health and substance use treatment services in the past year was reported by 24.5% with OUD and AMI and 29.6% of adults with OUD and SMI.

Jones, C. M., & McCance-Katz, E. F. (2019). Co-occurring substance use and mental disorders among adults with opioid use disorder. *Drug and alcohol dependence*, *197*, 78-82.

Bio-psycho-social-spiritual complexity of the disease

1. Patterns of polysubstance use disorders are now the norm

- Past-year OUD misuse is associated with other substance use and AUD. [1]
- Alcohol and anxiety disorders are linked and often lead to increased detox readmissions, however polysubstance abuse results in the most readmissions.
- Without treatment the comorbidity of panic and alcohol use disorders could lead to treatment-resistant AUD. [2]

[1]Grigsby, T. J., & Howard, J. T. (2019). Prescription opioid misuse and comorbid substance use: Past 30-day prevalence, correlates and co-occurring behavioral indicators in the 2016 National Survey on Drug Use and Health. *The American journal on OUDs*.

[2]Tómasson, K., & Vaglum, P. (1998). The role of psychiatric comorbidity in the prediction of readmission for detoxification. *Comprehensive Psychiatry*, *39*(3), 129-136.

- Co-occurring substance use disorders range from 26.4% for alcohol to 10.6 for methamphetamine*OUD increasing to >87% in RI

*Jones, C. M., & McCance-Katz, E. F. (2019). Co-occurring substance use and mental disorders among adults with opioid use disorder. *Drug and alcohol dependence*, *197*, 78-82.

2. Medical co-morbidities are increasing:

- as onset is occurring later and earlier in lifespan
- as the population receiving care is aging
- OUD patients (64.4%) also have chronic pain conditions [3]

[3]Hser, Y. I., Mooney, L. J., Saxon, A. J., Miotto, K., Bell, D. S., & Huang, D. (2017). Chronic pain among patients with opioid use disorder: Results from electronic health records data. *Journal of substance abuse treatment*, *77*, 26-30.

- New from the CDC: growing incidence in bacterial and fungal infections in those who inject drugs: endocarditis, invasive staph MRSA, strep, candidemia
- Widespread outbreaks of Hep A in drug using and/or homeless nation wide
- Official CDC advisory was posted March 25, 2019

Health Alert Network (HAN) advisory released on June 11, 2018 titled Update: Widespread Outbreaks of Hepatitis A among People Who Use Drugs and People Experiencing Homelessness across the United States. (https://emergency.cdc.gov/han/HAN00418.asp).

- OUD is higher among those with PTSD than those without.
- PTSD and musculoskeletal pain increase the odds of OUD
- Patients with comorbid PTSD/OUD use more health care services and have more comorbidities than patients with PTSD

Bilevicius, E., Sommer, J. L., Asmundson, G. J., & El-Gabalawy, R. (2018). Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American nationally representative survey. *Drug and alcohol dependence*, *188*, 119-125.

3. Co-occurring mental health/psychiatric disorders are high

- Dependent upon the study, anywhere from 43% to 80% of those with OUD have a co-occurring mental health disorder
- 50% + of those with a mental health diagnosis also suffer from SUD

- OUD is higher among those with PTSD than those without.
- PTSD and musculoskeletal pain increase the odds of OUD
- Patients with comorbid PTSD/OUD use more health care services and have more comorbidities than patients with PTSD
- Without treatment the comorbidity of panic and alcohol use disorders could lead to treatment-resistant AUD. [2]

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[2]Tómasson, K., & Vaglum, P. (1998). The role of psychiatric comorbidity in the prediction of readmission for detoxification. *Comprehensive Psychiatry*, *39*(3), 129-136.

- Patients in recovery from heroin use are 3X more likely to have Dissociative Disorders [1]
- 33% of individuals with SUD are diagnosed with dissociative disorder [2]
- The majority of past month opioid misusers report using other substances. [3]
- Prescription opioid and polydrug users have the greatest odds of suicidal ideation and major depressive episodes compared to all other categories of prescription opioid misuse. [3]

[1]Somer, E., Altus, L., & Ginzburg, K. (2010). Dissociative psychopathology among opioid use disorder patients: exploring the "chemical dissociation" hypothesis. *Comprehensive psychiatry*, *51*(4), 419-425.

[2]Karadag, F., Sar, V., Tamar-Gurol, D., Evren, C., Karagoz, M., & Erkiran, M. (2005). Dissociative disorders among inpatients with drug or alcohol dependency. *The Journal of clinical psychiatry*.

[3]Grigsby, T. J., & Howard, J. T. (2019). Prescription opioid misuse and comorbid substance use: Past 30-day prevalence, correlates and co-occurring behavioral indicators in the 2016 National Survey on Drug Use and Health. *The American journal on OUDs*

- Patients seeking substance use treatment have high rates of psychiatric, depression, and anxiety diagnoses and symptoms. [1]
- The closest linked addiction and anxiety includes those diagnosed with antisocial personality disorder, 84% also meet the criteria for SUD. [2]**********

[1]Goldner, E. M., Lusted, A., Roerecke, M., Rehm, J., & Fischer, B. (2014). Prevalence of Axis-1 psychiatric (with focus on depression and anxiety) disorder and symptomatology among non-medical prescription opioid users in substance use treatment: systematic review and meta-analyses. *Addictive behaviors*, *39*(3), 520-531.

[2]DuPont, R. L. (1995). Anxiety and addiction: A clinical perspective on comorbidity. *Bulletin of the Menninger Clinic*, *59*(2).

Summary of Needs

- Treatment for complex polysubstance disorder: competent, comprehensive and compassionate
- An full and competent understanding of the utilization of medication for these diseases
- Informed and immediate access to care for comorbidities
- A system to address social determinants

- access to all levels of care at the time of request
- informed and immediate access to care for all medical co-morbidities- including pain management
- Recognition that this disease does not occur in a vacuum: individuals, families and communities are all impacted *and* changed

Treatment Inside the DOC

Services Provided

- Counseling
- Medication Management
  - Medication Choice – the one the patient is going to take!
- Discharge Planning
  - *Starts at admission!
- Aftercare Follow-up-immediate and based on patient choice

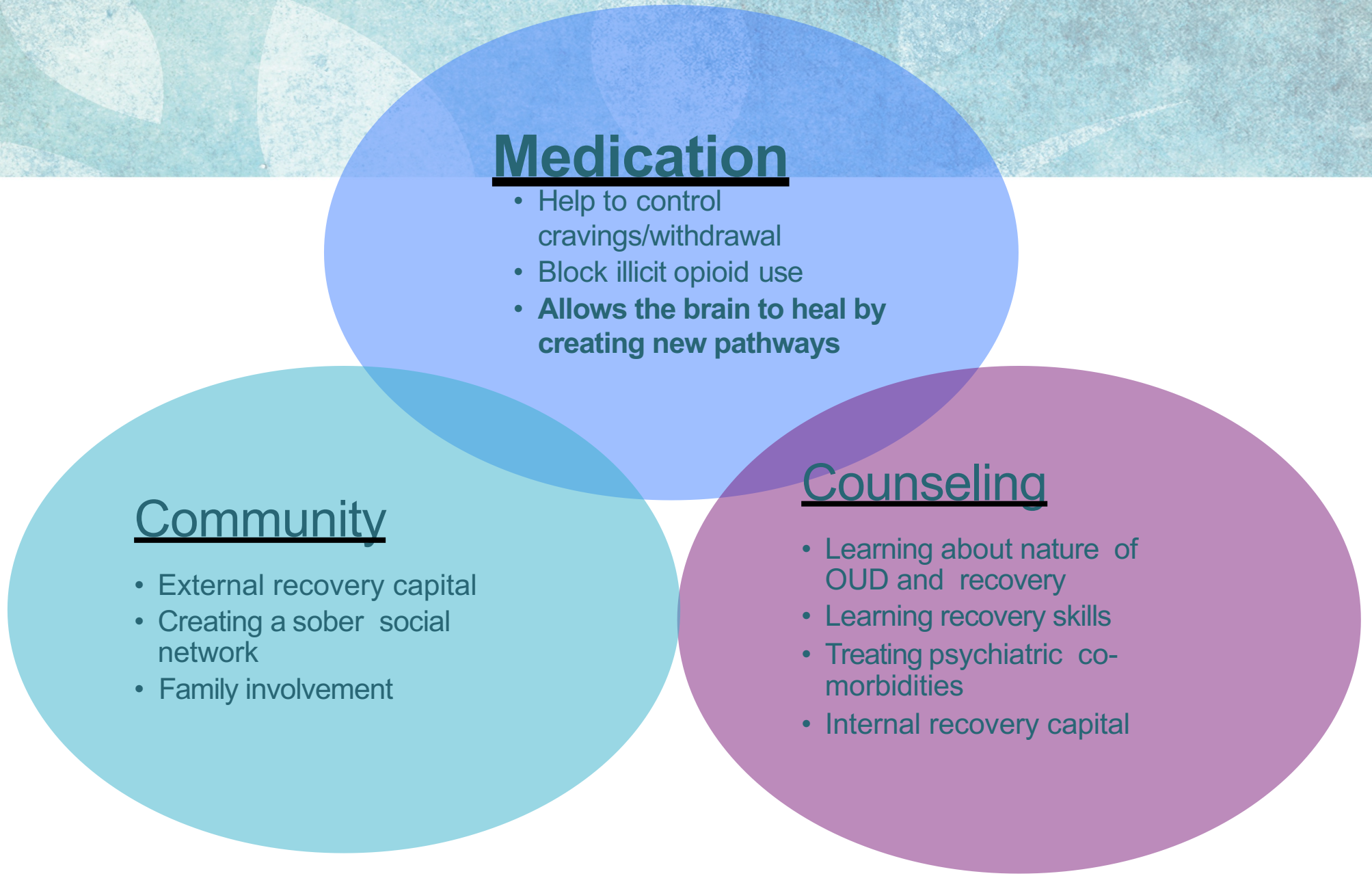
Treatment Inside the DOC

COUNSELING

MEDICATION MANAGEMENT

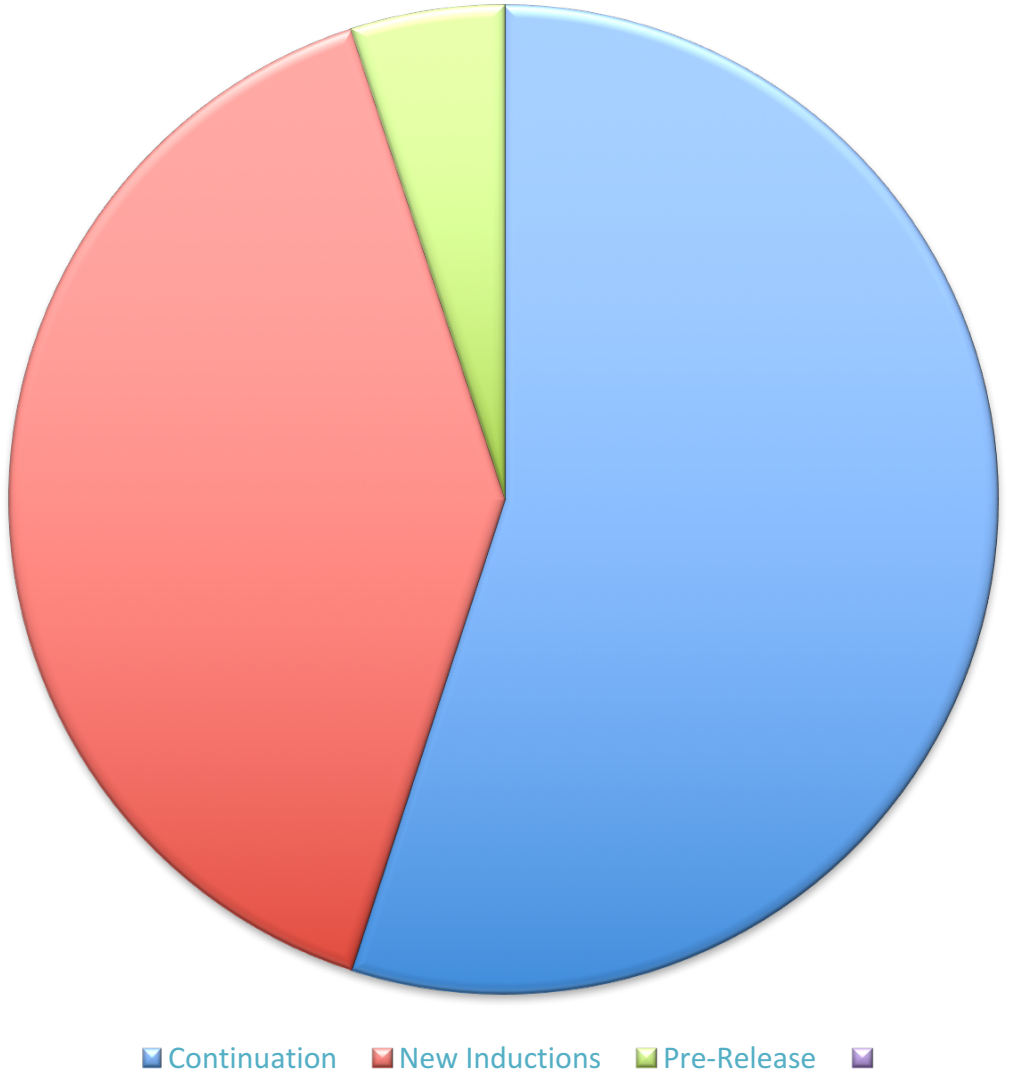
COMPREHENSIVE DISCHARGE PLANNING

AFTERCARE FOLLOW-UP


Medication
• Help to control cravings/withdrawal
• Block illicit opioid use
• Allows the brain to heal by creating new pathways
Community
• External recovery capital
• Creating a sober social network
• Family involvement
Counseling
• Learning about nature of OUD and recovery
• Learning recovery skills
• Treating psychiatric co-morbidities
• Internal recovery capital

Populations Served

1. Continuation: 55%
2. New Inductions: 40%
3. Pre-Release: 5%



Conclusions

- MAT is part of a comprehensive treatment program
- Opioid Use Disorder is a chronic brain disease, not an acute illness
- MAT helps by blocking opioids, but also satisfying the cravings
- Maintenance treatment leads to improved outcomes
- Choice of medication is ***highly individualized***

The best medication is the one that the patient will take

Rhode Island Department of Corrections Overview FY 2018

- Unified System which includes probation & parole
- All 6 facilities are within 1 square mile
- Average population: 2,784
- 13,000 commitments per year
- Average Pre-Trial length of stay is 2 days.
- 60% of fatal overdose victims in 2014 had been incarcerated
- 25% of all fatal overdose victims in RI had been recently incarcerated

Rhode Island, the DOC, and Opioid Problems

- 12% (254 of 2062) of sentenced inmates residing at the RIDOC as of April 2015 screened for substance misuse indicated an opioid as their drug of choice this number has increased 408 in January 2020.
- 15% – 25% of people committed have an opioid use disorder

Clarke, J.G., Martin, R.A., Gresko, S.A., & Rich, J.D. (2018). The first comprehensive program for opioid use disorder in a statewide correctional system. *American journal of public health*.

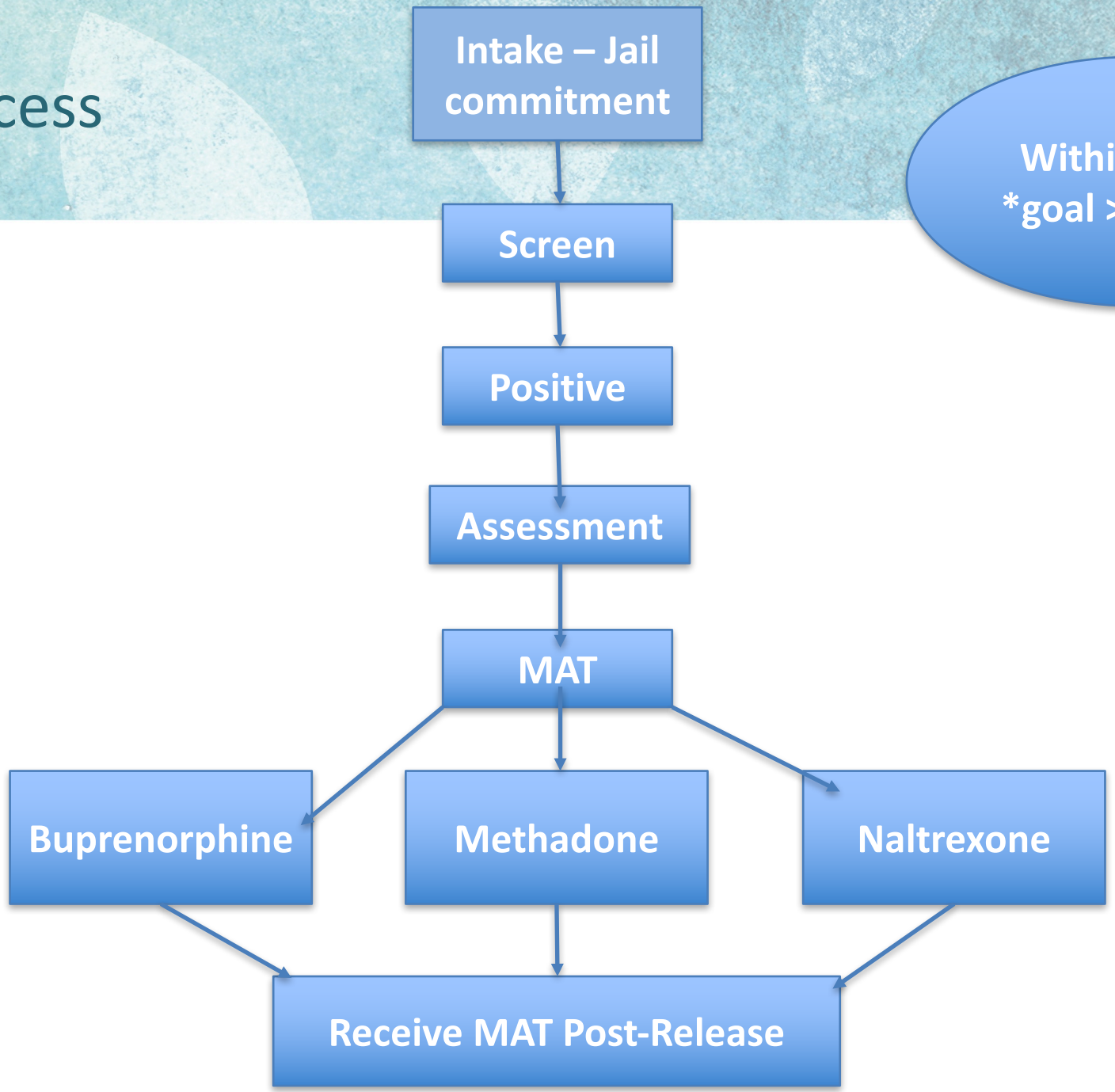
Montanaro, M., & Alexander-Scott, N. (2015). Rhode Island's strategic plan on addiction and overdose: four strategies to alter the course of an epidemic. *Rhode Island Department of Health (RIDOH) and Department of Behavioral Healthcare Developmental Disabilities and Hospitals (BHDDH)*.

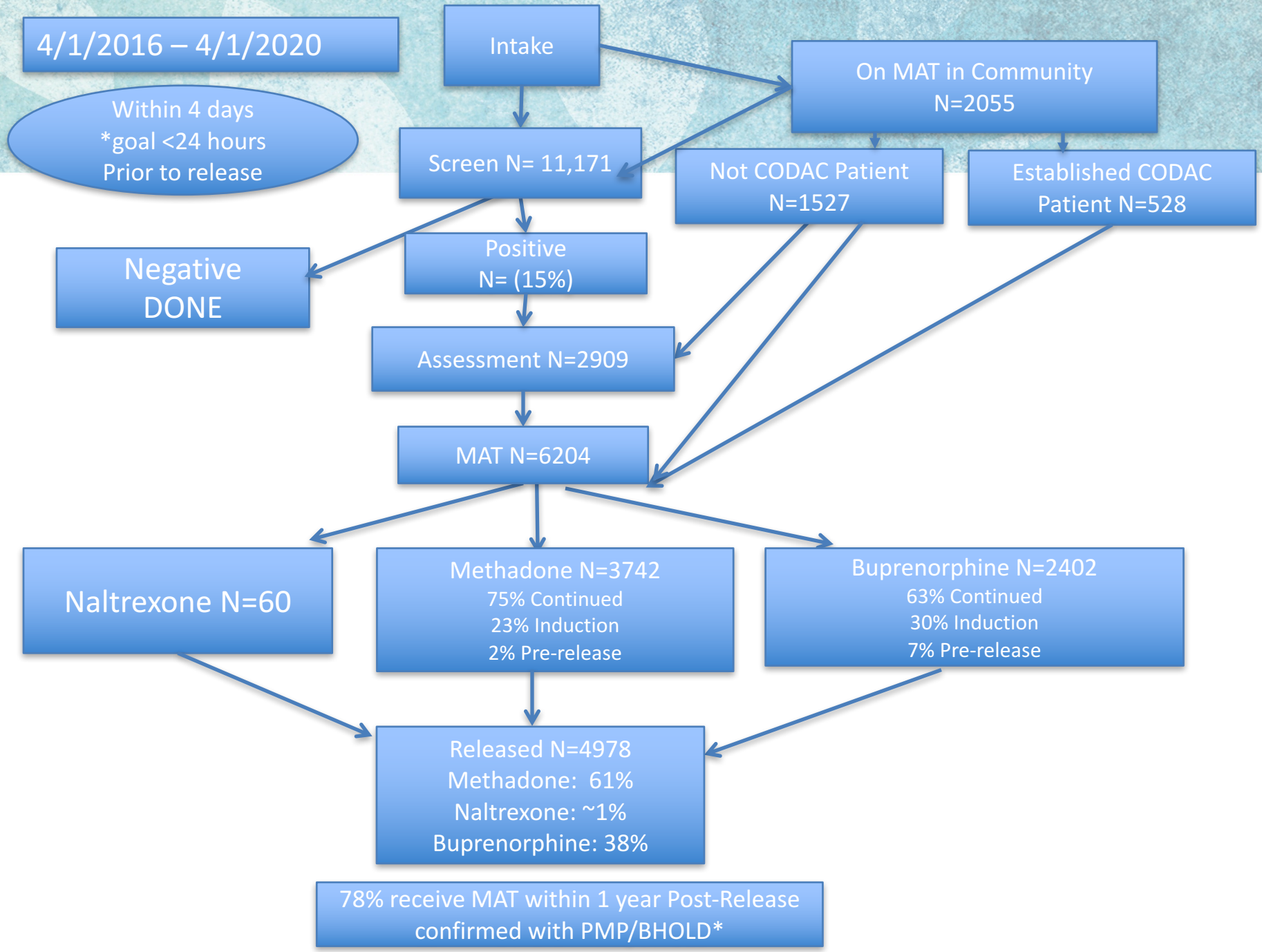
What to look for in selecting your vendor and community partners

- Flexibility
- Demonstrated capacity: Infrastructure that can support growth and programmatic change
- Demonstrated understanding of correctional mission and ability to integrate rehabilitation into that setting
- Demonstrated competence in MAT and in the provision of services (EBP's) in the corrections setting
- Collaborative leadership
- Understanding of national relationships and regulations; DEA, CSAT, and your State

Treatment Team Inside the DOC

Program Process




4/1/2016 – 4/1/2020
Intake
On MAT in Community
N=2055
Within 4 days
*goal <24 hours
Prior to release
Screen N= 11,171
Not CODAC Patient
N=1527
Established CODAC
Patient N=528
Negative
DONE
Positive
N= (15%)
Assessment N=2909
MAT N=6204
Naltrexone N=60
Methadone N=3742
75% Continued
23% Induction
2% Pre-release
Buprenorphine N=2402
63% Continued
30% Induction
7% Pre-release
Released N=4978
Methadone: 61%
Naltrexone: ~1%
Buprenorphine: 38%
78% receive MAT within 1 year Post-Release
confirmed with PMP/BHOLD*

Diversion

- Cannot ignore
  - Maintain integrity of program
  - Maintain relationships with security staff
- Patients disciplined for diverting are referred to OTP medical for review
  - **Always** handled case by case
- Special Investigation to determine if the diverting was a result of extortion
- Communication amongst security staff and medical staff is key

Video 4
- from beginning to 41

Challenges & Lessons Learned

- Focus on sustainability of the Program
  - Most difficult: budget and contracting flexibility in establishing new program
    - Provider time
    - Other staff time
    - Patient Census
    - Lost resources/unanticipated costs relative to mission integration & culture change

Challenges for providing service in a correctional institution

- Culture – safety or rehabilitation? How to integrate the missions
- Non Traditional Costs: for example, shifting implementation timelines
- Staffing competencies beyond the science: strong interpersonal skills and professional maturity
- Culture change: ”patient” vs. “inmate”
- Systems change: internal security schedules impact on staff utilization
- Thoughtful timelines: the time it takes to turn the Titanic

Challenges for OTPs providing service in a correctional institution

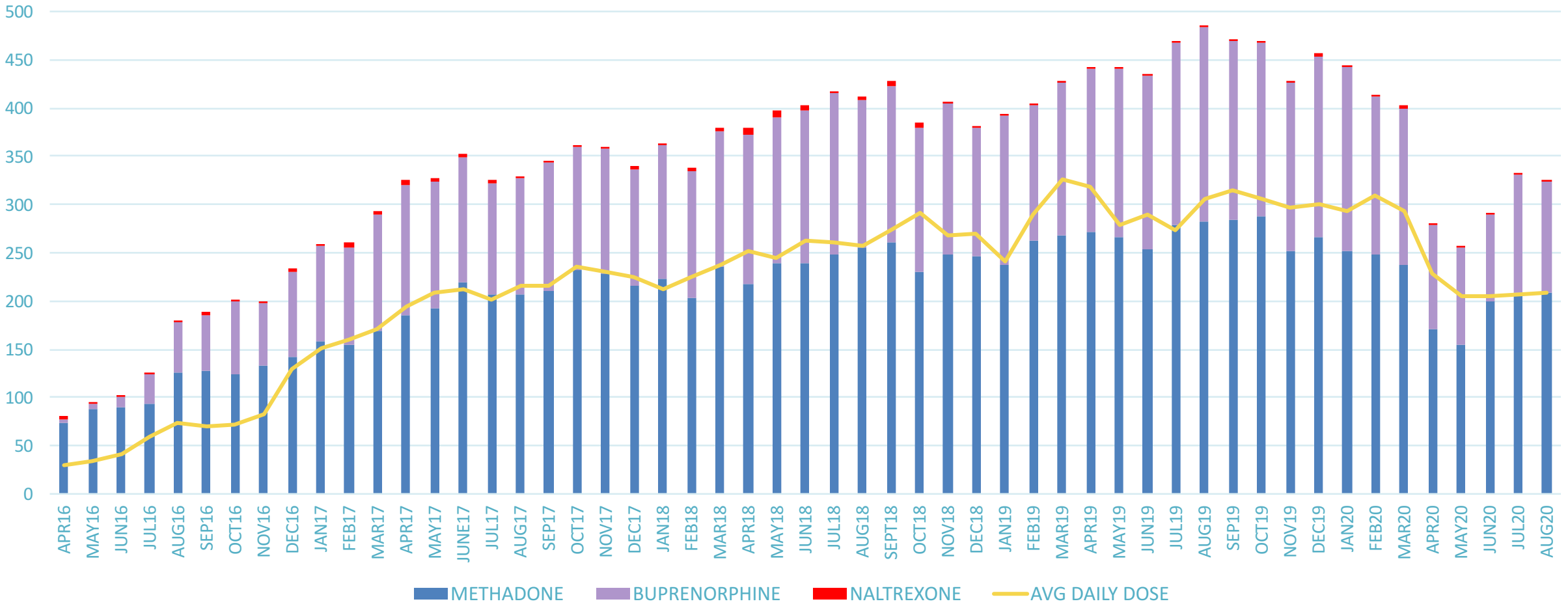
- Culture – safety or rehabilitation? How to integrate the missions
- Non Traditional Costs: for example, shifting implementation timelines
- Staffing competencies beyond the science: strong interpersonal skills and professional maturity
- Culture change: ”patient” vs. “inmate”
- Systems change: internal security schedules impact on staff utilization
- Thoughtful timelines: the time it takes to turn the Titanic

Metrics

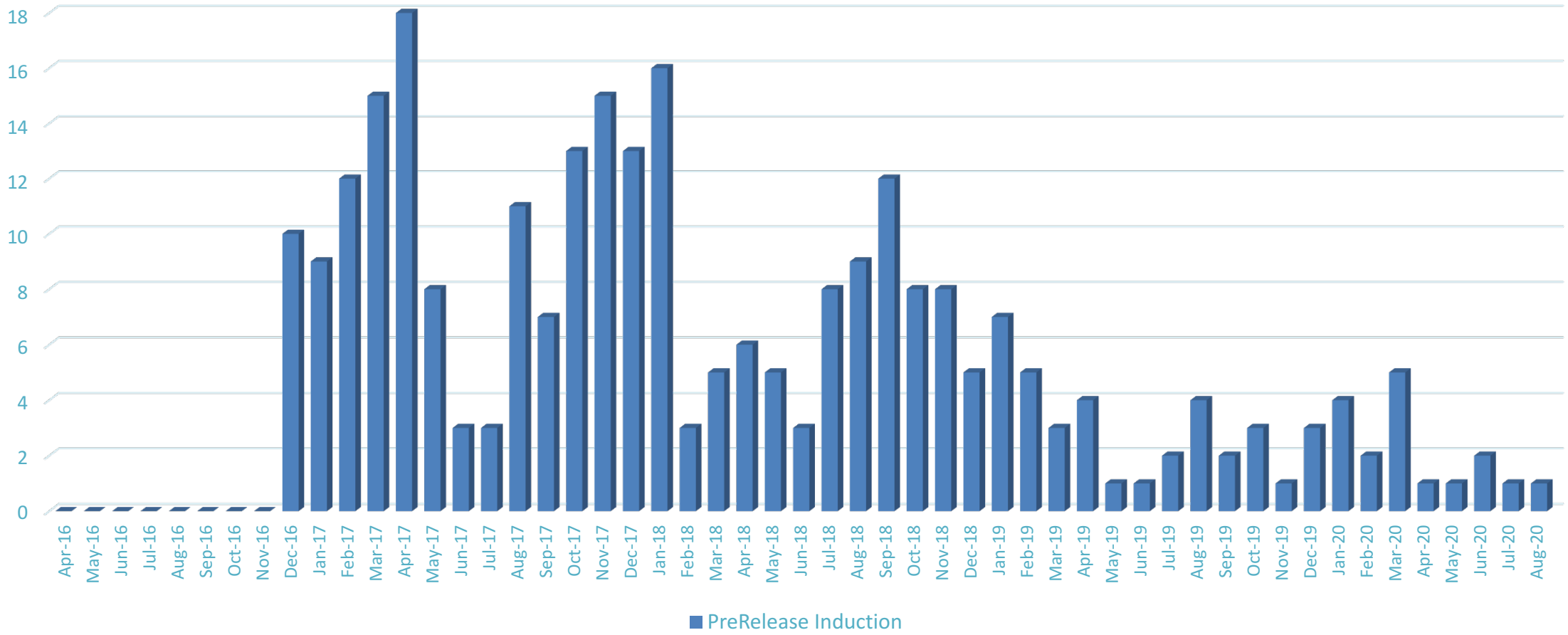
- Numbers screened
- Numbers eligible for MAT
- Numbers started on MAT
- % compliant with MAT (medication, treatment groups, programs etc.)
- Discipline
- % continue after release

- Recidivism
- Mortality
- Other Funding
  - Medicaid data
  - Recovery coach

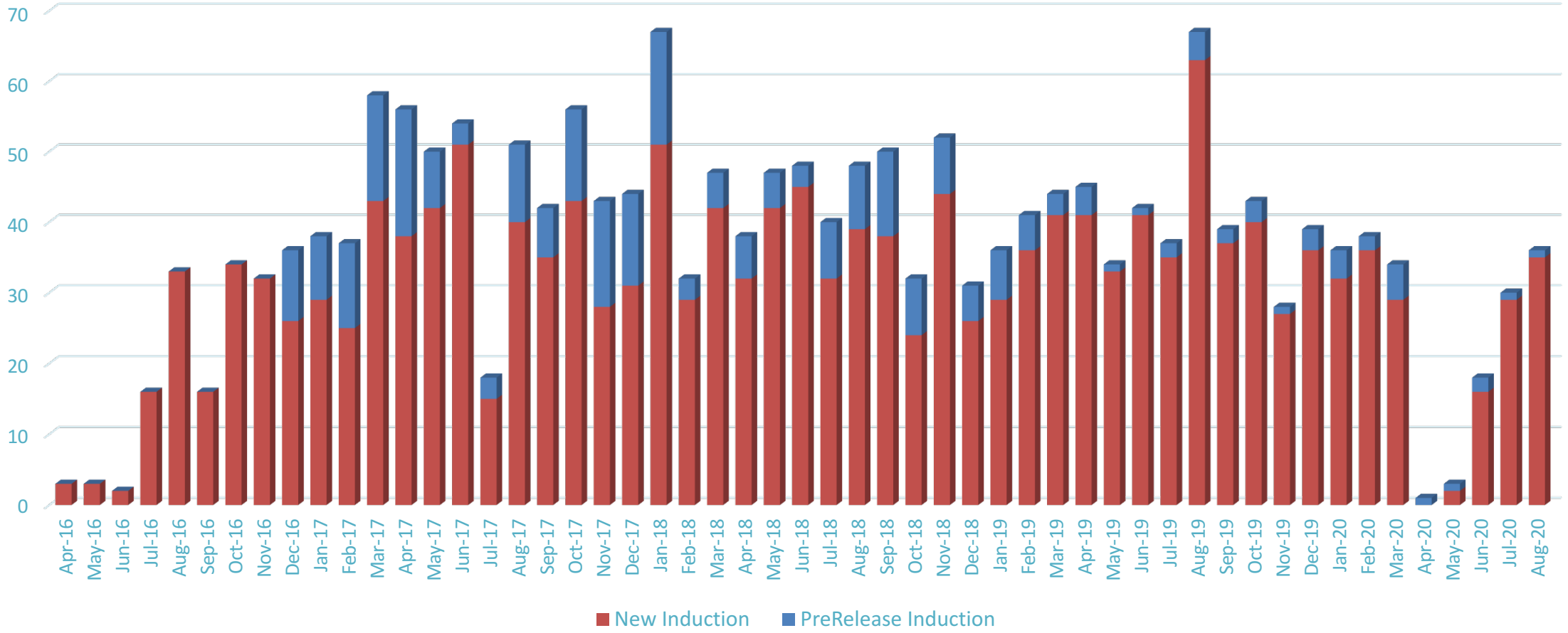
Medication Type



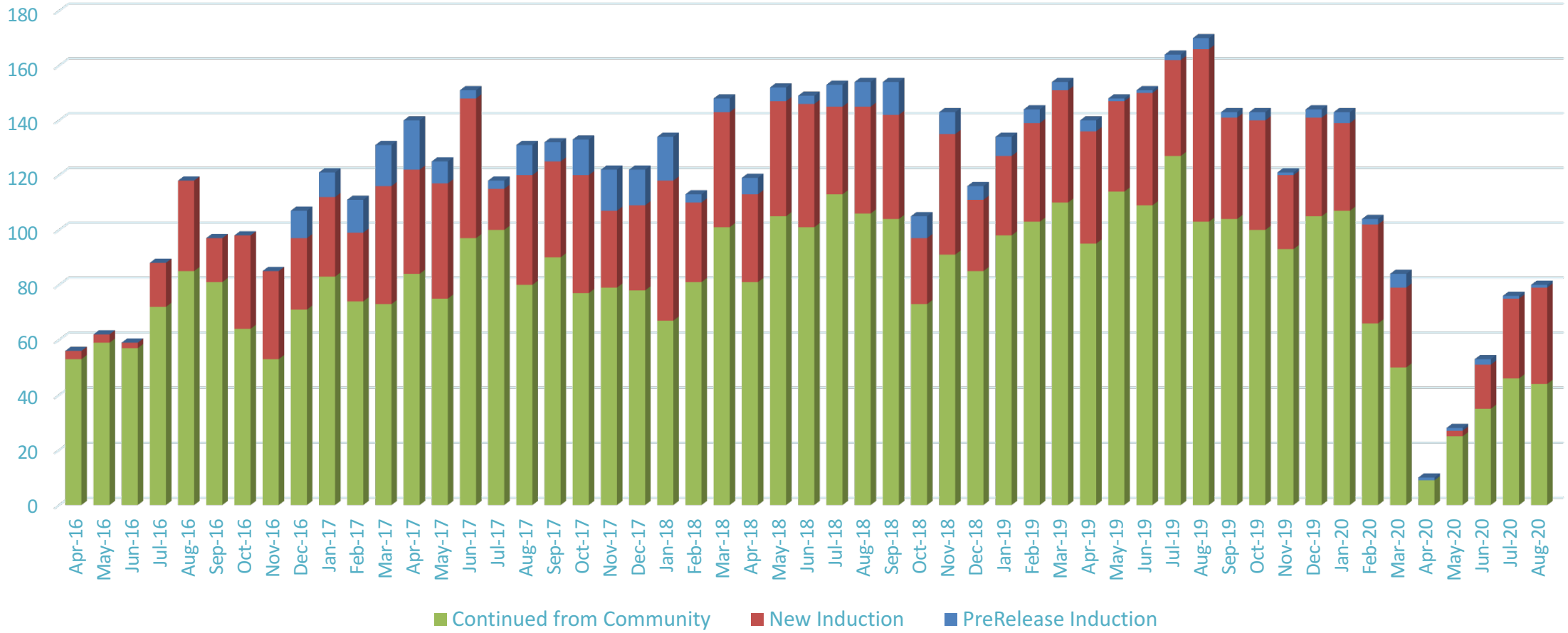
Medication Assisted Treatment Inductions at RIDOC



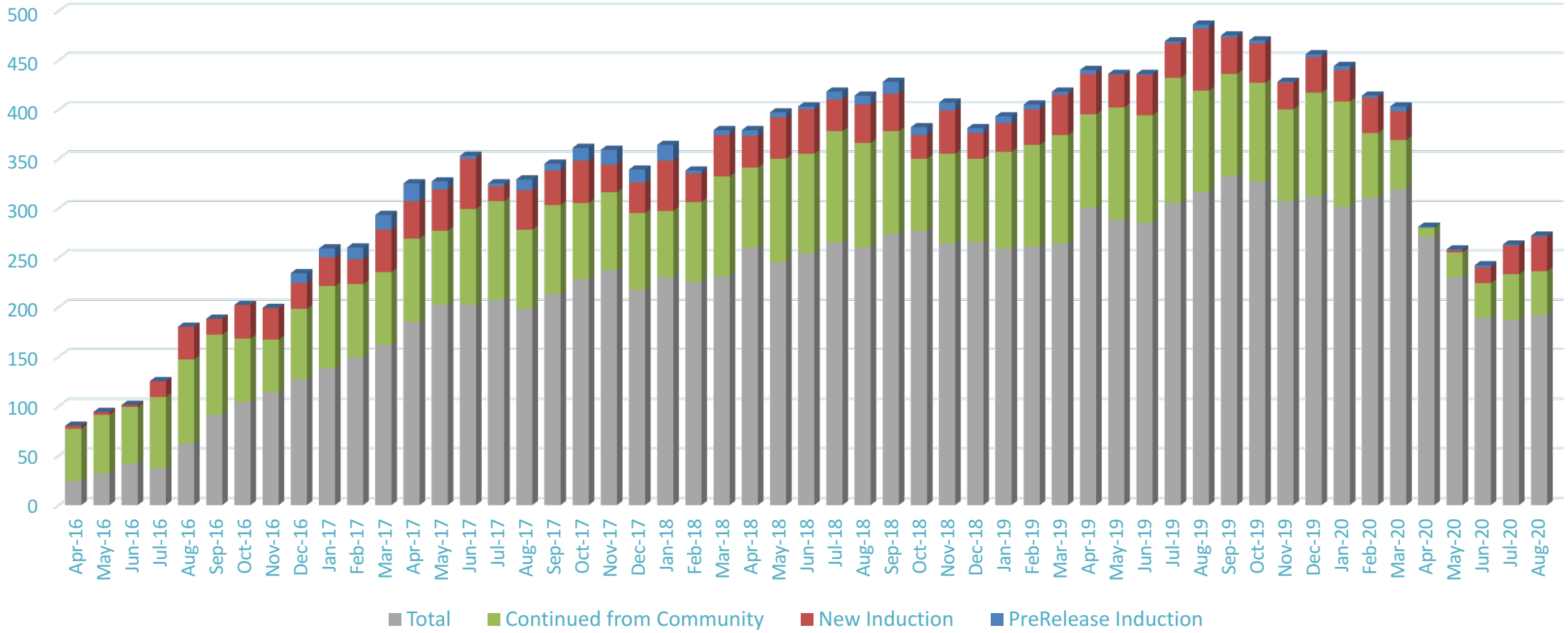
Medication Assisted Treatment Inductions at RIDOC



Medication Assisted Treatment Inductions/Continuation at RIDOC



Medication Assisted Treatment Inductions/Continuation at RIDOC



Overdose Deaths

JAMA Psychiatry

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

Significant Relative opioid overdose death Risk Reduction for individuals with recent incarceration

Green, T. C., Clarke, J., Brinkley-Rubinstein, L., Marshall, B. D., Alexander-Scott, N., Boss, R., & Rich, J. D. (2018). Postincarceration fatal overdoses after implementing medications for addiction treatment in a statewide correctional system. *JAMA Psychiatry,* 75(4), 405-407.

Overdose Deaths – Results continue

Decedents: Recent Incarceration	1.5 years before program	1.5 years after program
YES	88	55
NO	381	425
TOTAL	469	480
Risk of death	19%	11%
Decrease in risk	39% after program	

Significant Relative opioid overdose death Risk Reduction for individuals with recent incarceration

% Engaged in Post-Release Treatment

	Did patient engage in Treatment within 7 days?	
Disposition	% Within 7 Days	% Within 30 Days
Continued from the Community	84	88
New Induction	35	37

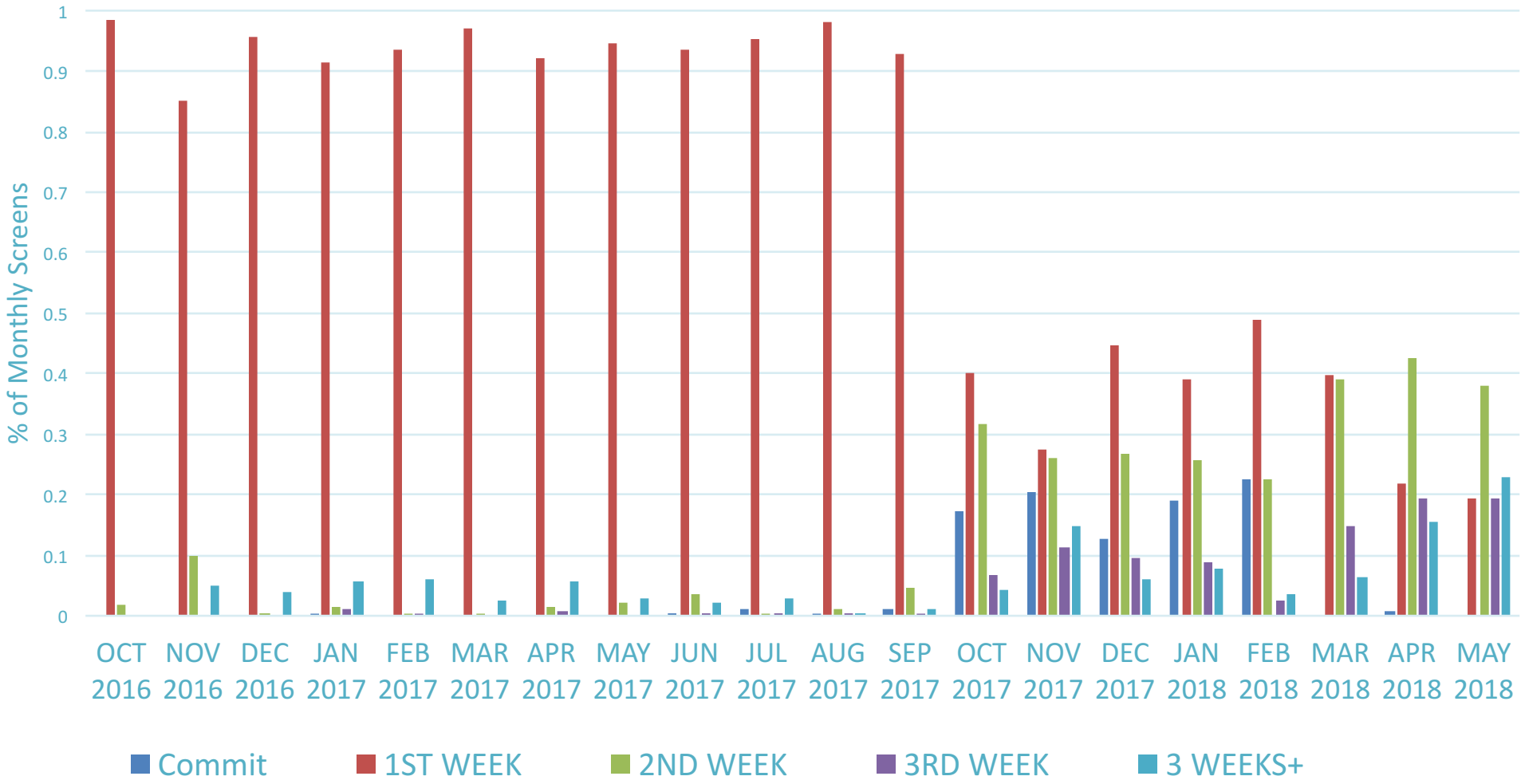
	Did patient engage in Treatment within 7 days?	
Medication Type	% within 7 days	% within 30 days
Methadone	74	73
Buprenorphine	48	58

Recommitment & Reincarceration

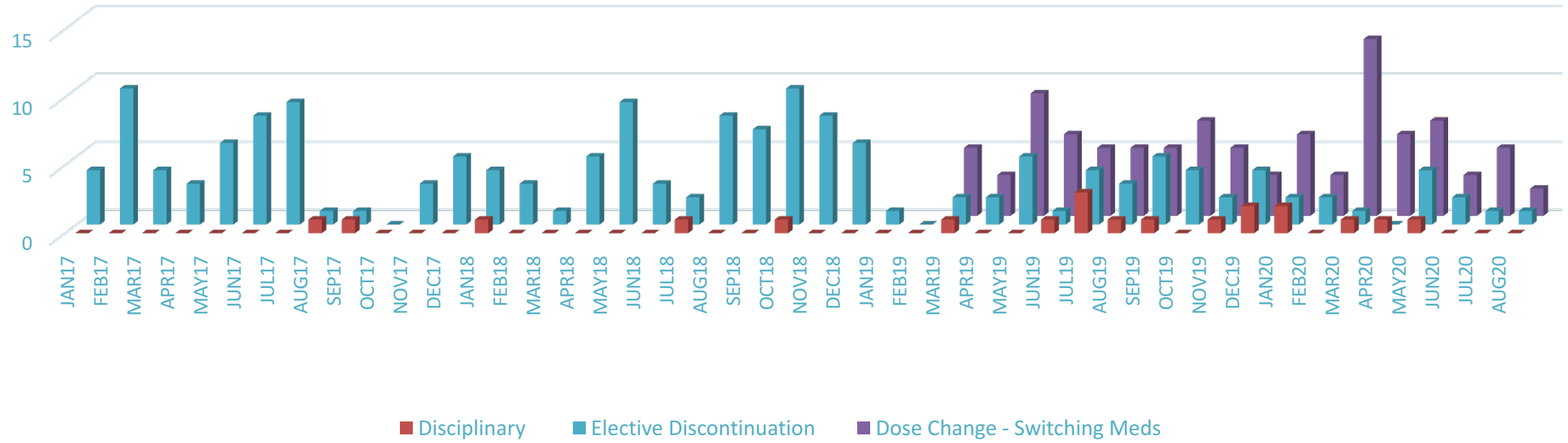
- Recommitment: *arrested and sent to intake service center*
- Re-incarcerated: *arrested, convicted, & sentenced*

	% within 7 days	% within 30 days	% within 90 days	% within 365 days
Recommitted	2	9	25	59
Re-incarcerated	0	5	15	41

TCU Screen by Month



MAT Events


15
10
5
0
JAN17
FEB17
MAR17
APR17
MAY17
JUN17
JUL17
AUG17
SEP17
OCT17
NOV17
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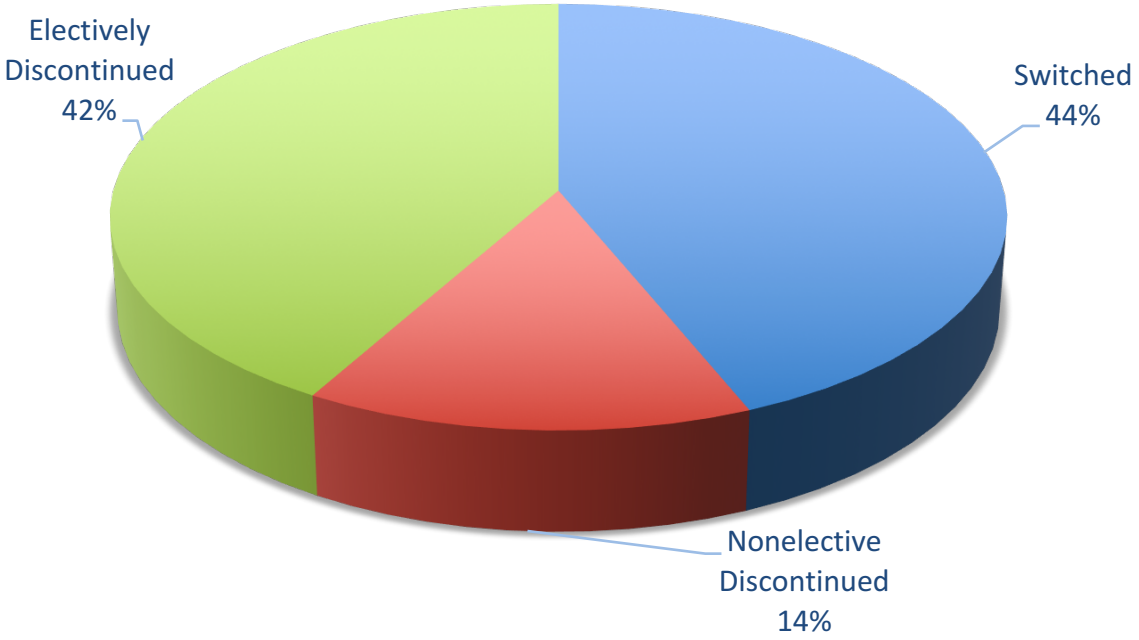
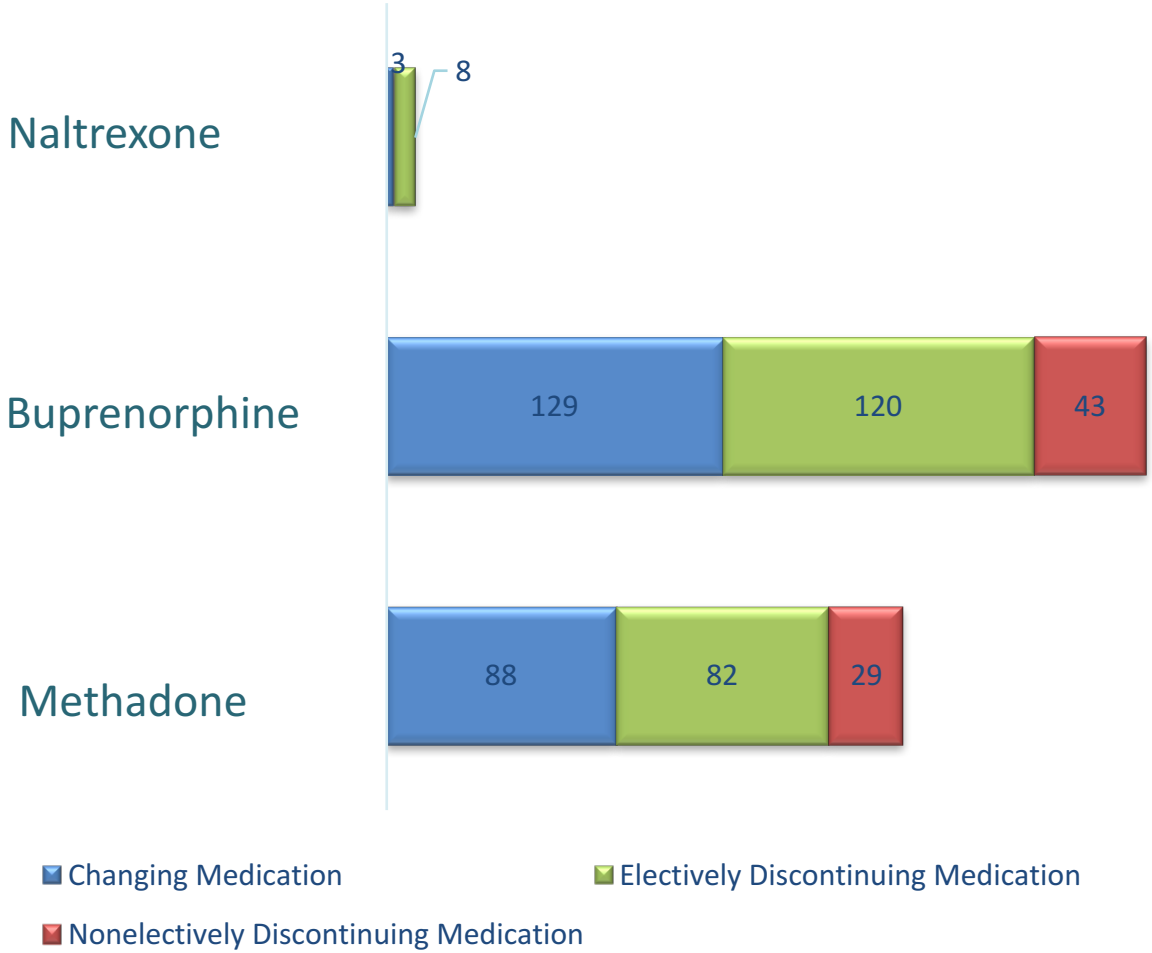
JUN20
JUL20
AUG20
Disciplinary
Elective Discontinuation
Dose Change - Switching Meds

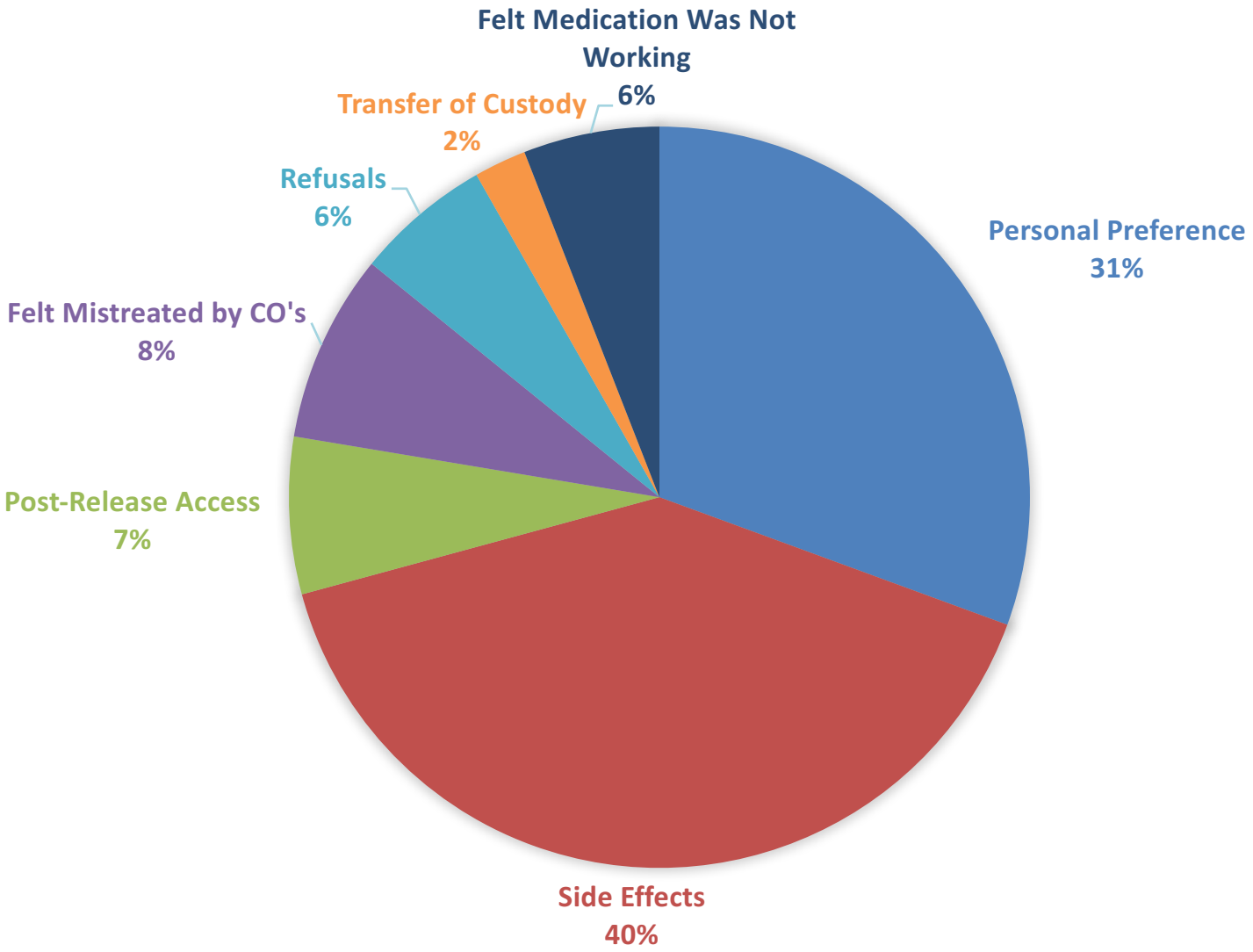
Out of 5500 Total Cases of MAT at RIDOC (2730 total individuals)

500 include Discontinuation or Switching of Medication (371 unique individuals)

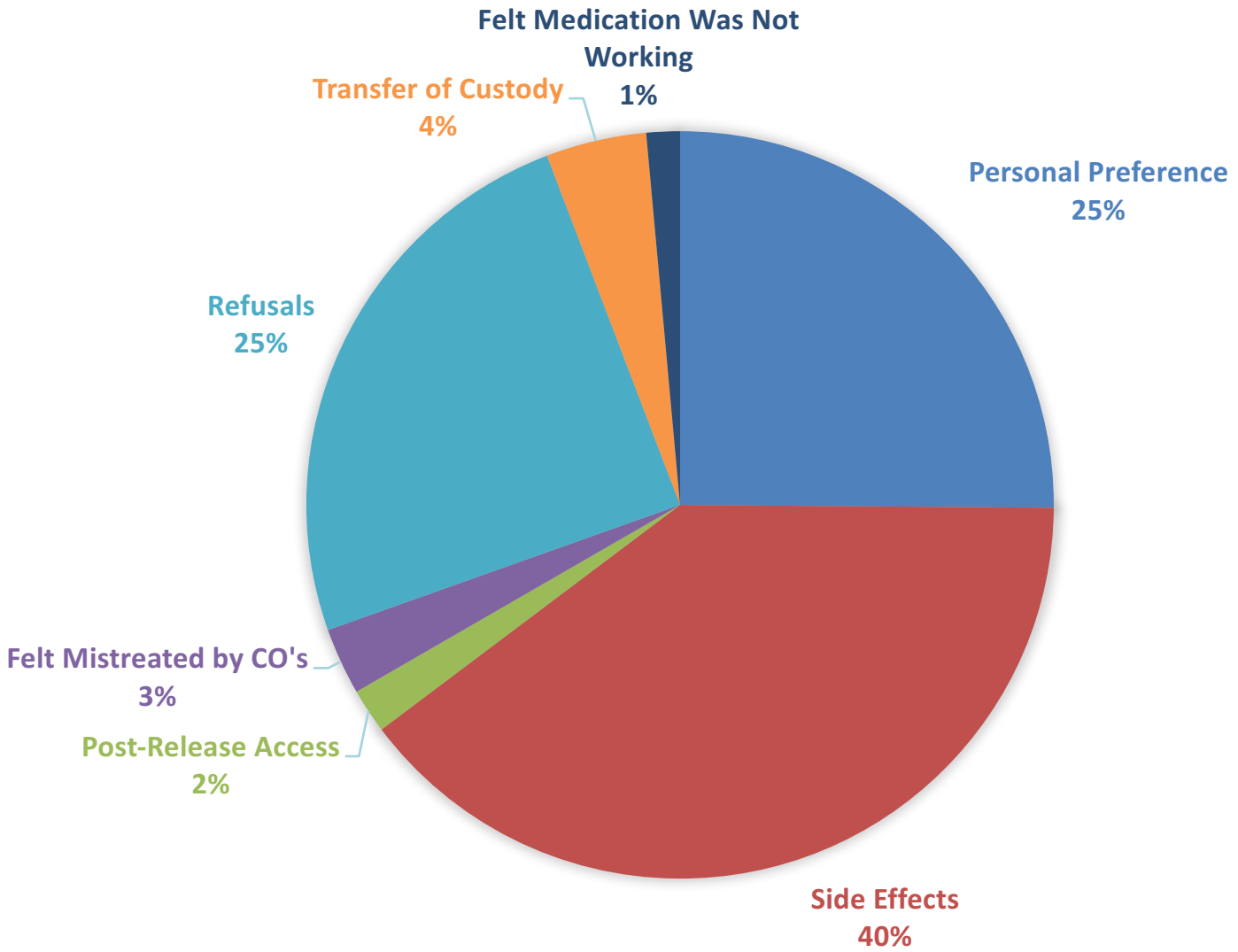




Switch Medications (N = 219)

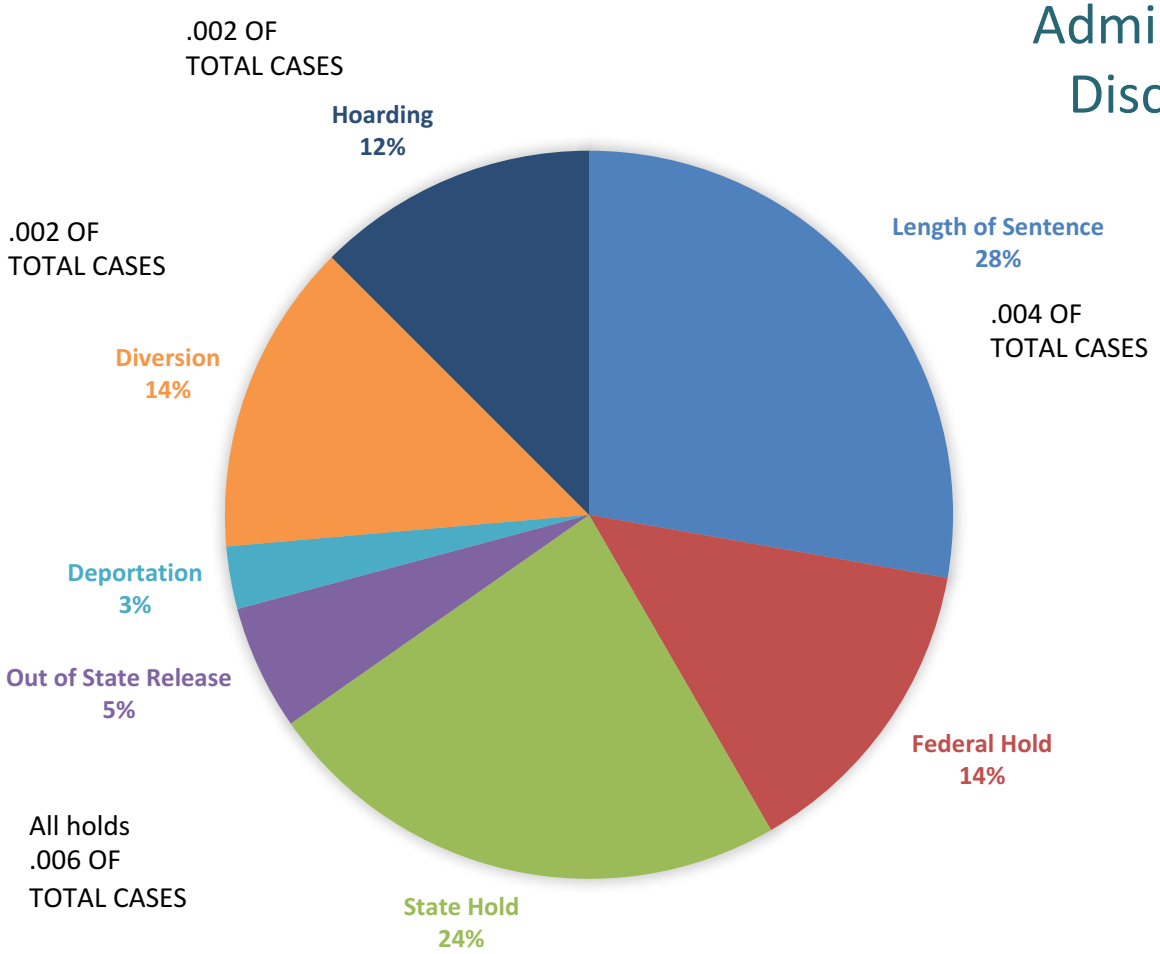


Electively Discontinue Medication (N = 209)



Nonelective Discontinue Medication (N = 72)

Administrative Discharge (N = 54)
Disciplinary Discharge (N = 18)



Security Enhancements

Less violence/erratic behavior within facility

Cleaner environment

Less conveyance of contraband into facility to avoid detox

Safer for all staff

Less disciplinary infractions

The Wardens' Project

Diversion Deep Dive

Facility Incident Reporting System 4/1/19 to 6/14/2020

Facility Incident Report

Rhode Island Department of Corrections

(Facility Incident data for a month is not considered final until the 15th of the following month.)

Facility - ALL **Date Range - 6/1/2019 through 6/17/2020**

Physical Violence

Inmate-on-inmate assaults by throwing subst.
Inmate-on-inmate assaults w/o serious injury
Inmate-on-inmate assaults with serious injury
Inmate-on-inmate fights
Inmate-on-staff assaults by throwing subst.
Inmate-on-staff assaults w/o serious injury
Inmate-on-staff assaults with serious injury
Total Physical Violence: [redacted]

Escapes and Absconds

Attempted escapes from a secure facility
Attempted escapes from outside a secure fac.
Attempted unauth. abs. from a non-secure fac.
Escapes from a secure facility
Escapes from outside a secure facility
Unauthorized absences from a non-secure fac.
Total Escapes and Absconds: [redacted]

Uses of Force

Immediate uses of force
Planned uses of force
Total Uses of Force: [redacted]

Suicides

Inmate attempted suicides
Inmate suicides
Total Suicides: [redacted]

PREA-Related Incidents

Sexual Abuse by Inmate [redacted]
Ongoing
Substantiated
Unfounded
Unsubstantiated
Sexual Abuse by Staff [redacted]
Ongoing
Unfounded
Unsubstantiated
Sexual Harrassment by Inmate [redacted]
Ongoing
Substantiated
Unfounded
Unsubstantiated
Sexual Harrassment by Staff [redacted]
Ongoing
Substantiated
Unfounded
Unsubstantiated
Total PREA-Related Incidents: [redacted]

Contraband Related to Inmates / Facility

[redacted]
Contraband (general / other)
Contraband Finds of a Cell Phone
Contraband Finds of an Illicit Substance
Contraband Finds of Weapons
Total Contraband Objects / Incidents: [redacted]

Other / Misc. Incidents

Accident (general / other) [redacted]
Denial of Visit (general)
Enemy Issue (general)
Gender Housing Request Form
Housing (general)
Inappropriate touching
Maintenance Issue (general)
Masturbation
MAT Diversion 22
Medical (general)
Other / Misc. Incident
Prescribed Medication
Self-Mutilation (non-suicidal action) [redacted]

(Facility Incident data for a month is not considered final until the 15th of the following month.)

Facility - ALL **Date Range - 6/1/2019 through 6/17/2020**

MAT Diversion [redacted] 22

The Wardens' Project

- 22 diversion incidents (1 individual not part of MAT program)
- All buprenorphine
- # doses delivered 126,610
- 0.0000079%

And now COVID-19 To mitigate exposure….

76 early releases of patients utilizing medication for OUD

- MAT delivered to community shelter in place location for 2 weeks
- Only 4 re-incarcerations and those were not directly connected OUD
- No evidence of misuse of medicines (RI State Police)labs and police reporting systems and medical examiners reports
- **Indicates a need for conversation relative to stigma as it is demonstrated in regulation**

Quarantine with comfort medications at commitment—decrease of census by 30% in both RI and Mass

Patient Feedback Survey

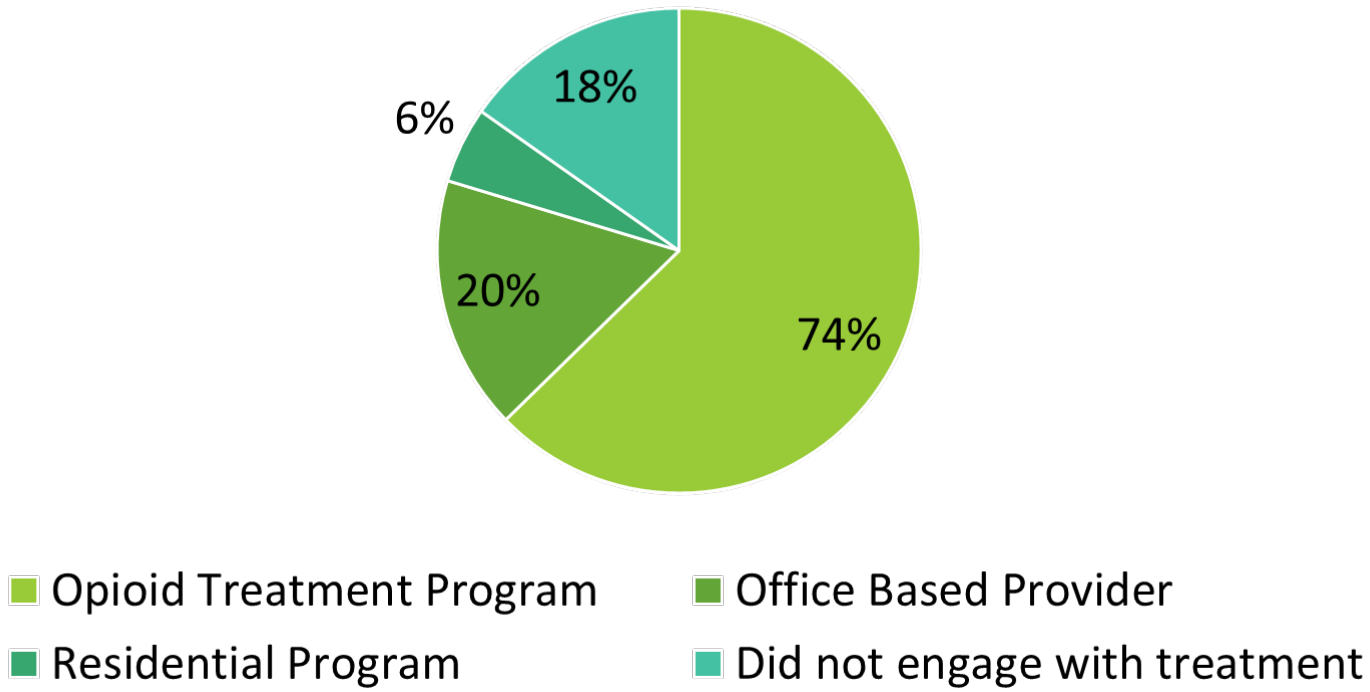
- A telephone survey was conducted from Feb 2017 to Aug 2018
  - 227 surveys were completed (558 eligible)
    - Surveys were completed within 28.8 days of Release (SD = 7.4)

Living Situation	%
With family	44%
With partner/spouse	28%
Temporary Housing (Homeless)	20%
Sober Housing/Residential Treatment	8%

Martin, R. A., Gresko, S. A., Brinkley-Rubinstein, L., Stein, L. A. R., & Clarke, J. G. (2019). Post-release treatment uptake among participants of the Rhode Island Department of Corrections comprehensive medication assisted treatment program. Preventive Medicine. Advance on-line publication, July 4, 2019, doi 10.1016/j.ypmed.2019.105766

Patient Feedback Survey – ACI

N = 187 (82.4%) of individuals surveyed continued MAT treatment post-release



Feedback Survey – Post-Release

Plans for Medication Assisted Treatment

	Number of People
Continue MAT long term	44
Eventually discontinue MAT	37
Discontinue MAT soon	2
Not on MAT, wants to start	9
Not on MAT, does not want to start	5

Of the 40 who did not continue treatment after release:

Transportation issues	23%
Not wanting to continue MAT	21%
Perceiving treatment as a hassle	8%
Time lapse between release and connecting with provider	8%
Experience of side effects	5%
Cost	5%
Family/friends not wanting them to continue	3%

Patient Feedback Survey

Negative Feedback (N = 43)

- Time between commitment and receiving treatment (18%)
  - Took a week before got methadone, was getting ready to leave before put on methadone, going through withdrawals, took almost a month to get treatment
  - Didn't see a doctor once, uncomfortable the whole time he was there, went in on a dose but was never seen, put in 20 slips for a higher dose
- Timing of dosing (12%)
  - We should get buprenorphine in the morning, not at night, because it keeps him awake, or to split dose-1 in AM and 1 in PM
- Stigma from RIDOC staff (10%)
  - Liked the CODAC part of the program, but said the COs made offensive remarks, might not know the full effect of the program. As for medical staff (nurses) he said they need to be more knowledgeable about MAT, said that some of the staff acted like the COs in terms of MAT.

Positive Feedback (N = 40)

- Happy that they started doing it in the RIDOC, a lot of people came in sick and ended up as a butterfly in the chapel
- It was great, helped when needed it, able to stay in OTP program after release
- It's helping a lot of people! Really big help. Used the same day when he was released before the program started, but thought the program was amazing!

Patient Feedback Survey Results - Implications

- **Improving linkages** to community-based treatment post-release
- **Education** about **side effects**
- **Education** about **alternative types of MAT**
- Expand campaigns to **reduce MAT stigma**
- **Partnerships** with **Probation/Parole** Officers and Peer Support Specialists

Take Aways…

- **Decrease in mortality**
- **Decrease in recidivism**
- >75% follow up in the community
- Culture change MUST be a guiding principle in creation and implementation and sustainability

No longer a question of “will we?” but “how will we and when?”

MAT Services in a Corrections Setting

What was once a barrier to recovery is now the intervention

Additional Information

CODAC President/CEO Linda Hurley:
lhurley@codacinc.org

School of Public Health, Brown University Dr. Rosemarie Martin
rosemarie_martin@brown.edu

Also available:
Implementation guidance (culture and systems change)
Operational guidance
Medication guidance
Certification guidance
RI experience in COVID related relaxation of Take Home medication regulation

THE END

Thank You and Be Well

Patient Feedback Survey Results - Implications

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