



# **From Incarceration to Recovery: Providing MAT through the Continuum of Care**

## **“How To” Webinar Expanding the Use of Mobile Vans August 11, 2021**

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# Recovery On Wheels (ROW) Bus

## Mobile Unit Includes:

- **Counseling Space:** For counselor to complete a full admission - with WIFI computer.
- **Physical Examination Space:** For medical provider to complete a face-to-face examination - with WIFI computer.
- **Dosing Space:** With pump linked to Electronic Health Record (via WIFI computer), water supply and safe to store methadone.
- **Bathroom:** With toilet and sink.

## Licensing/Certification:

- **DEA approval is linked to main (bricks and mortar) site.**
- **State license is also linked to main (bricks and mortar) site with a special designation (license #2000275-MV1).**
- **Separate SAMHSA Certification.**

# Original Use - Recovery On Wheels (ROW) Bus

- In 2008 – 7 agencies in NJ were awarded contracts for Mobile Methadone Units.
- ROW Bus was parked in an easily accessible spot in the community where methadone and Suboxone inductions could take place on demand.
- Individual and group counseling, and other ancillary services were provided in the main (brick and mortar) site / OTP.
- After JBRC opened two new outpatient locations, there was no need for the ROW Bus.
  - ◆ The ROW Bus and funding was not being used.

# Why have MAT in a Correctional Setting?

- **An estimated 63 percent of sentenced jail inmates meet criteria for substance use disorders (SUD) compared to 9 percent in the general population**
- **Individuals with SUD are more likely to have additional contacts with the criminal justice system and re-offend upon release compared to those without SUD**
- **After a stay in corrections, the risk of overdose is enhanced due to reduced tolerance after a period of abstinence**
  - ◆ **Research in Washington State found a relative risk of death from overdose within the first two weeks after release from prison was 12.7 times greater than similar individuals in the general population**

# Why have MAT in a Correctional Setting?

- In a meta-analysis examining six studies, it was found that those with opioid use disorders (OUD) are three to eight times more likely to overdose within two weeks of their release
- Acute withdrawal symptoms due to substance dependence are common in jails that require detoxification from illicit drugs upon admission
  - ◆ The Supreme Court ruled that withdrawal symptoms are a medical condition. Under the Eighth Amendment, correctional facilities, including jails, are required to provide proper medical care to detainees
- Individuals with OUDs have a higher chance of success - retention in treatment and avoidance of continued illicit opioid use - when they receive medication and behavioral therapy, or medication-assisted treatment



# Why have MAT in a Correctional Setting?

- **States have reduced opioid overdose death among people released from incarceration through jail-based MAT programs. These include California, Kentucky, Maryland, Massachusetts, New Jersey, New York, Ohio, Rhode Island, Texas, Utah, West Virginia; however, most offer only naltrexone. Rhode Island offers all three medications and has since reported a 60 percent reduction in post-release opioid overdose deaths**
- **New research has found buprenorphine and methadone to be associated with reduction of opioid-related death, but naltrexone was not**
- **In addition, research indicates that providing only injectable naltrexone in a correctional setting is not cost effective due to the high cost of the medication**

# Project Kickstart Program Goals

## Project Kickstart Goals

- ◆ Program participants will continue MAT after release from jail. The goal is not to manage opioid withdrawal symptoms.
- ◆ Program participants will have a reduced recidivism.
- ◆ Program participants will have reduced rate of overdose after release from jail.

## Original Target Populations

- ◆ Pregnant inmates with opioid use disorder or already on Methadone/Subutex.
- ◆ Inmates who enter the jail already assisted in their recovery with MAT.
- ◆ Inmates with opioid use disorder who will be in the jail a minimum of ten days.

## Revised Target Population

- ◆ Anyone with an opioid use disorder.

# Project KickStart Outcomes

## Participant characteristics:

- **Median age 34**
- **57% Male**
- **43% Female**
  - ◆ **Females were over-represented due to the program's emphasis on targeting pregnant individuals**
- **50% were either new to MAT or were re-starting MAT after a period off the medication. 50% were already assisted in their recovery with MAT**
  - ◆ **Guest dosing - JBRC clients: 14%**
  - ◆ **Guest dosing – other agencies: 36%**



# Project KickStart Outcomes

- **1,328 individuals have participated in the program.**
- **1,169 individuals were released to the community on MAT.**
- **82% have begun treatment in a community-based MAT program.**
- **For all persons released to the community, length of time continued MAT:**
  - ◆ ***3 months after release: 43%***
  - ◆ ***6 months after release: 26%***
  - ◆ ***9 months after release: 19%***

# Project KickStart Outcomes

## Recidivism

- **44% recidivism rate for Jail MAT population**
- **An average of 65% to 68% recidivism rate for the Atlantic County Jail population for the prior 10 years.**

**Number of persons known to have overdosed (fatal or non-fatal) post release:**

- ***Fatal: 0***
- ***Non-fatal: 1***
- ***65% decrease in suicide attempts.***
- **75% decrease in withdrawal complications requiring ED visits.**

# Overview of Project KickStart

- **The JBRC driver (also a person in long-term recovery) will drive the bus from the overnight parking site at our residential facility to our OTP located in Pleasantville, NJ for the transfer of the methadone to the safe on the bus and then to the jail.**
- **In addition to the driver, there is an RN stationed on the mobile unit who is responsible of the methadone transfer and dispensing.**
- **After dosing is completed, the bus is driven back to Pleasantville to transfer the methadone back to the OTP.**
- **JBRC uses the mobile unit (ROW bus) for dispensing of methadone five days a week at the jail.**



# Overview of Project KickStart

- **The inmates are given “take homes” for Saturday and Sunday which are dispensed by the CFG nursing department (contracted medical provider from the Atlantic County Jail).**
- **Dosing occurs in the early afternoon. Established clients are medicated first and returned to their cells.**
- **New clients then enter the bus one by one and receive a more comprehensive nursing assessment and physical examination by the JBRC MD/APN. If they are appropriate for treatment, they will be medicated that day.**

# Overview of Project KickStart

- **The identification of potential clients occurs during the admission physical exam and nursing assessment by the CFG Health Systems medical team. Alerts are entered into the computer system and a report is generated daily to identify current methadone clients and anyone entering the jail in opioid withdrawal.**
- **The JBRC counselor will conduct a screening to determine the probable length of time the inmate will be in the jail.**
- **Eligible candidates who want to be in the program are scheduled for an admission interview.**

# Overview of Project KickStart

- **The JBRC counselor will conduct an admission interview that includes a biopsychosocial, education regarding methadone as well as other admissions forms as appropriate. This will be completed in the JBRC electronic health record and NJSAMS.**
- **The inmates are moved from their living areas and staged in the court transfer station prior to the bus arriving and locked in holding cells.**
- **The JBRC MD/APN performs full physical and lab work on the dispensing bus and the client receives methadone that day.**



# Overview of Project KickStart

- **Inmates are scheduled for weekly individual and group counseling sessions provided in designated/licensed areas within the jail.**
- **In addition to traditional counseling services, pre-release and post-incarceration care coordination and peer recovery support services are provided.**
- **Upon discharge from the jail inmates are referred to the most convenient MAT program for them.**

# Ongoing Challenges

- **Inmate movement and dosing can be time consuming; this restricts availability for counseling.**
- **Officer bias/stigma regarding MAT and especially methadone, officers involved in this project had to be carefully chosen and trained.**
  - ◆ **Ongoing in-service training for corrections staff.**

# Potential Opportunities for Mobile Vans

- **Residential Treatment Programs**
- **Halfway Houses (ASAM Level 3.1)**
- **Recovery/Sober Living Residences**
- **Outpatient Programs**
- **Rural Areas**