

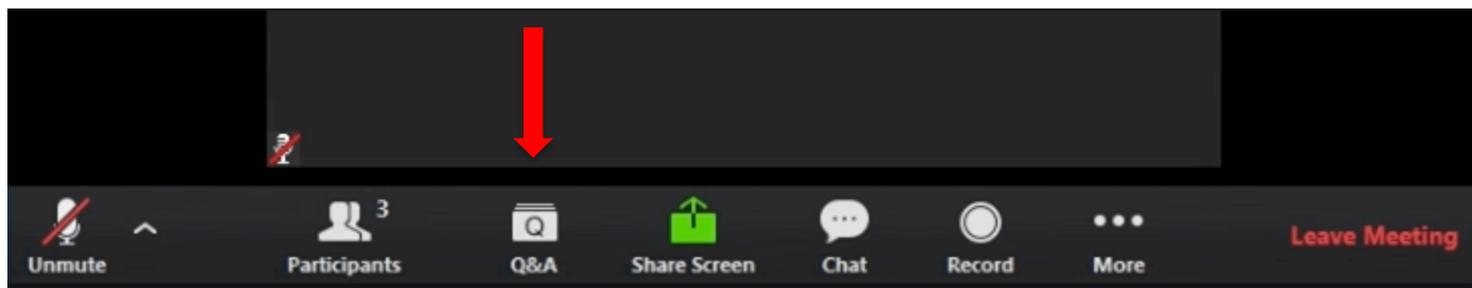
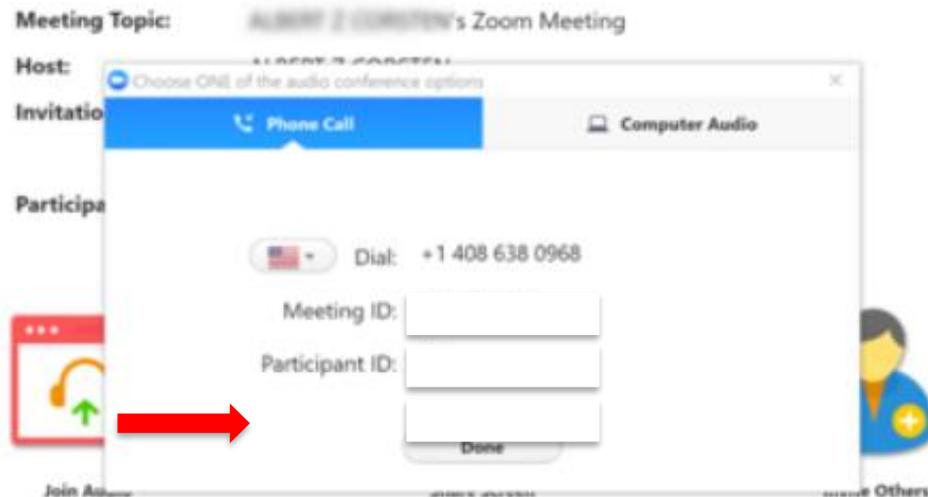
Medication for Opioid Use Disorder in Jails and Prisons: Lessons from the Field

February 25, 2020

National Council for Behavioral Health
Vital Strategies



Welcome!



Introduction and Overview



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Senior Practice Improvement Advisor
National Council for Behavioral Health

Today's Presenters



Shannon Mace



Dr. Anne Siegler



Dr. Tyler Winkelman



Warden Karen Taylor



Annie Ramniceanu



AGENDA

- Introduction and overview
- Toolkit findings
- Examples from the field:
 - Camden County Department of Corrections
 - Hennepin County, Minnesota
 - Vermont Department of Corrections
- Questions and answers

Common Acronyms

- **BJA:** Bureau of Justice Assistance
- **CC:** closed custody
- **DOC:** department of corrections
- **FDA:** U.S. Food and Drug Administration
- **MAT:** medication-assisted treatment
- **MOUD:** medication for opioid use disorder
- **OTP:** opioid treatment program
- **OD:** opioid use disorder
- **RHU:** restricted housing unit
- **ROSC:** recovery-oriented system of care
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SUD:** substance use disorder
- **TAC:** technology assisted care
- **XR-NTX:** extended-release injectable naltrexone

What are medications for opioid use disorder (MOUD)?

- Three FDA-approved medications to treat opioid use disorder (OUD):
 - Methadone
 - Buprenorphine
 - Extended-release naltrexone (XR-NTX)
- The **gold standard** treatment for individuals with OUD.
- Underutilized in general and within jails and prisons.
 - **It is estimated less than 1% of jails and prisons provide MOUD to patients who are incarcerated.**¹

Salt Lake County program aims to combat the opioid crisis from inside jail

By Kyle Dunphey, KSL | Posted - Jan 23rd, 2020 @ 7:02am

FEATURED

Culture change for Corrections Middleton jail unveils new addiction treatment center

By Paul Leighton Staff Writer Feb 6, 2020



Essex County Sheriff Kevin Coppinger speaks to guests. The Essex County Sheriff's Department unveiled the new Comprehensive Treatment Center (CCTC) which will provide Methadone, Buprenorphine and Naltrexone treatments as well as behavioral health counseling and aftercare planning for release to incarcerated individuals. RYAN MCBRIDE/Staff photo 2/6/20 Ryan McBride

GOVERNMENT

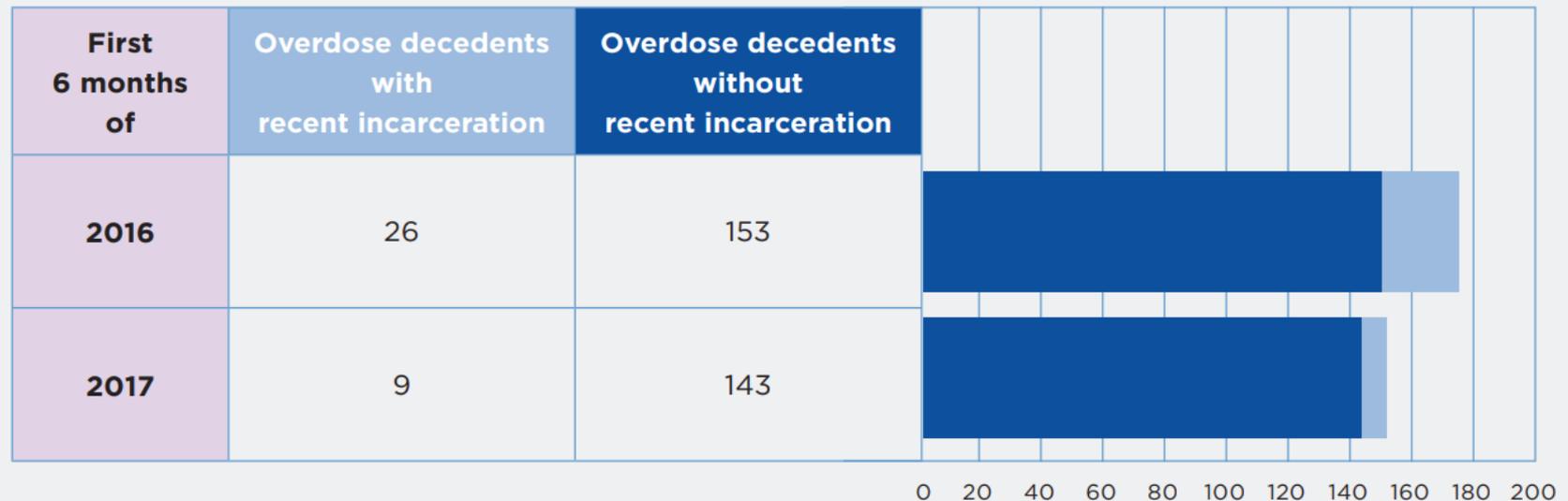
Press Releases

Murphy Administration Awards \$7.8M to County Jails to Support Opioid Addiction Treatment

By NJ DEPARTMENT OF HUMAN SERVICES
January 15, 2020 at 9:31 AM

Rhode Island Department of Corrections²

FIGURE 1. RHODE ISLAND OVERDOSE DEATHS BEFORE AND AFTER STATEWIDE CORRECTIONAL MAT PROGRAM IMPLEMENTATION ^{ix}



Types of MOUD

Medication	Frequency	How it works	Route of administration	Who may prescribe or dispense
Methadone	Daily	Full opioid agonist: binds to and activates opioid receptors in the brain activated by the drug, but in a safer and more controlled manner.	Orally, as liquid concentrate, tablet, or solution of diskette or powder	SAMHSA-certified opioid treatment programs dispense methadone for daily administration either on-site or, for stable patients, for taking at home.
Buprenorphine	Daily	Partial opioid agonist: binds to and activates opioid receptors but with less intensity than full agonists.	Oral tablet or film dissolved under the tongue	Physicians, nurse practitioners and physician assistants with a federal waiver may prescribe and dispense. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waived physician.
Buprenorphine implant (Probuphine)	Every 6 months		Subdermal	
Buprenorphine injection (Sublocade)	Monthly		Monthly injection	

Types of MOUD

Medication	Frequency	How it works	Route of administration	Who may prescribe or dispense
Buprenorphine and naloxone (Suboxone)	Daily	Partial opioid agonist: binds to and activates opioid receptors but with less intensity than full agonists.	Sublingual film	Physicians, nurse practitioners and physician assistants with a federal waiver may prescribe and dispense. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waived physician.
Extended release naltrexone (XR-NTX) (Vivitrol)	Monthly	Antagonist: binds to and blocks the activation of certain receptors on cells, preventing a biological response.	Intramuscular injection	Any individual licensed to prescribe medicines (e.g., physician, physician assistant or nurse practitioner) may prescribe and/or order administration by qualified staff.

Evolving Language and Terms

- There is increasing recognition that certain terms related to substance use are stigmatizing or inaccurate.
- Presenters may use different terms to refer to medications for opioid use disorder, including “medication-assisted treatment.”
- Other terms that have been used include:
 - “Medications for addiction treatment”
 - “Pharmacotherapy”



Why implement MOUD in jails and prisons?

- The need:
 - Individuals who are incarcerated have very high risks of opioid overdose upon release.^{3, 4}
 - Individuals with opioid use disorder (OUD) have higher risk of being involved in the criminal legal system.⁵
- Benefits:
 - Reduces return to use of illicit opioids.^{6, 7}
 - Reduces risk of opioid overdose death.⁸
 - Increases retention in treatment.^{6, 7}
 - Reduces recidivism.⁹
 - Reduces risk of suicide during incarceration.¹⁰
- Legal imperative:
 - Increasing judicial recognition that MOUD should be standard care in jails and failing to provide MOUD violates individuals' rights.^{11, 12, 13}

Note: Demonstrated effectiveness and outcomes of medications varies by medication type.

Standard of Care

“Jails can minimize the risk of post-release overdose by facilitating continued access to MAT for individuals who are on prescribed FDA-approved MAT and by facilitating initiation of MAT prior to release for individuals with OUD who were not receiving MAT prior to arrest — taking into account individual preferences, clinician judgment and medication diversion potential.”

National Sheriffs' Association

Numerous organizations have called for the adoption of MOUD within correctional settings, including:

- National Commission on Correctional Health Care
- National Sheriffs' Association
- American Correctional Association
- American Society of Addiction Medicine
- National Governors Association



Challenges to MOUD Implementation

Demonstrated in published research:¹⁴

Lack of funding and space and institutional design.

Challenges in changing cultural perception of all treatments.

Excluding or discontinuing treatment based on patient factors.

Movement or transfer of individuals.

Inability to sustain care coordination at time of release.

Key informant interviews with experts:

Stigma and myths related to MOUD and substance use disorder.

Risk of medication diversion.

Funding.

Training.

Staffing.

The Toolkit

- Project team:
 - Vital Strategies
 - The National Council for Behavioral Health
 - Faculty from Johns Hopkins University
- Funders:
 - Centers for Disease Control and Prevention
 - Bloomberg Philanthropies



This publication was made possible by grant number NU38OT000318 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Key Informants

More than 40 experts in the field, including:

- Sheriffs
- Physicians
- Social workers
- Peer workers
- Psychologists
- Researchers
- Correctional administrators
- Behavioral health administrators
- State Medicaid administrators
- National technical assistance providers



Toolkit Findings



Anne Siegler, DrPH
Consultant, Vital Strategies

Key Components

1. Preparing for Change
2. Program Planning and Design
3. Workforce Development and Capacity
4. Delivery of Treatment
5. Linkages to Care and Services Upon Release
6. Data Monitoring and Evaluation
7. Funding and Sustainability

Elements of the Toolkit

Key Component		Critical planning and implementation strategies to consider when implementing MAT in correctional settings.
Action Steps		Planning and implementation steps that appear at the beginning of each Key Component section.
Tools and Resources		Tools to guide the Implementation Team to successfully implement the action steps and recommendations.
Implementation Questions		Detailed questions to consider during implementation efforts.
Checklists		Checklists of items that facilitate implementation, such as implementation tools for each change concept.
Quick Tips		Information and quick insights into approaches and ideas for planning and implementation.
Example from the Field		Real-world examples of MAT programs in correctional settings.



COMPONENT 2

PROGRAM PLANNING AND DESIGN

An early step in the planning process is to determine the type of model best suited for your facility. As described in [Table 4. MAT Models in Correctional Settings](#), there are several different types of MAT models within correctional facilities and the design of each model can affect subsequent planning and implementation decisions. Discuss key implementation considerations based on your patient population, available resources, facility type and existing policies and procedures. This section describes considerations related to program planning and design.



ACTION STEPS

- Determine which program model is best for your facility.
- Determine which medications your facility will offer.
- Determine eligibility criteria.
- Determine program capacity.
- Develop protocols to control medication diversion.
- Develop recommendations for counseling.

#	Model type
1	Off-site medication administration
2	On-site medication administration by an external provider
3	On-site XR-NTX
4	Licensed correctional prescribers provide buprenorphine on-site
5	Facility becomes a licensed OTP
6	Facility becomes a licensed health care facility

Adapted from NCCHC. (2016, November). Treatment. Retrieved from <https://www.ncchc.org>

Location	Type of Correctional MAT Model(s)	Medications Offered	Description	Utilization
Rhode Island DOC	Model #2 (On-site medication administration by an external provider) and Model #3 (On-site XR-NTX)	Buprenorphine, methadone and XR-NTX	Rhode Island DOC was the first in the nation to offer all three FDA-approved medications for OUD in their correctional facilities. Rhode Island partners with a community-based treatment provider to provide MAT within their correctional facilities.	Between January and June 2017, 303 patients received MAT: 180 received methadone, 119 received buprenorphine and four received XR-NTX.
Vermont DOC	Model #2 (On-site medication administration by an external provider) and Model #3 (On-site XR-NTX) and Model #4 (Licensed correctional prescribers provide buprenorphine on-site)	Buprenorphine, methadone and XR-NTX	Correctional facilities in Vermont offer all three FDA-approved medications, with a predominance of buprenorphine dispensed.	Between 575 and 620 individuals receive buprenorphine daily, five to 60 people receive methadone and 10 to 15 people receive oral naltrexone system-wide.
Franklin County Jail and House of Correction, Massachusetts	Model #3 (On-site XR-NTX) and Model #4 (Licensed correctional prescribers provide buprenorphine on-site) and Model #5 (Facility becomes a licensed OTP)	Buprenorphine, methadone and XR-NTX ⁱⁱⁱ	Franklin County Jail and House of Correction has provided buprenorphine since 2016. In August 2019 the facility was approved to provide methadone as an OTP.	Out of an average daily population of 225, 40 people receive buprenorphine. Additionally, two to three individuals are given XR-NTX each month.



Undetermined Release Dates

A common concern among jails is whether to provide MAT to individuals for whom a release date is unknown. The concern, particularly among jails with a short average length of stay, is related to patients released prior to stabilization.

There are several jails that serve a large population of patients who are pre-trial with unknown release dates that successfully administer MAT.

Both methadone and buprenorphine stabilization occurs in a few days, which is often less than the average length of stay, even among pre-trial detainees. For facilities that primarily serve pre-trial detainees, restricting MAT to those with a known release date may dramatically hinder the uptake of your program.

Who Should receive MOUD?

Depending on your facility's capacity and resources, you may need to consider additional eligibility restrictions. Criteria that some jails have applied include:

- Individuals previously on MAT in the community prior to arrest.
- Individuals diagnosed with a moderate or severe OUD.
- Individuals at the highest risk of return to use or overdose, according to a validated risk assessment.
- Individuals who are within a few weeks of release to the community.

Workforce Dev

ALL STAFF TRAINING TOPICS CHECKLIST

- Overview of...
- Overview of...
- Overview of...
- Avoiding st...
- MAT policie...
- Signs of me...

STAFF DIRECTLY INVOLVED

- Science of SUD, including OUD
- Science of opioid withdrawal
- Recovery-oriented principles
- Trauma-informed principles and practices
- Science of MAT, including the role of...
- Benefits and risks of MAT
- Medication management
- Security issue program implementation
- Federal, state and local administration
- Culture change

TRAINING CHECKLIST

- Security...
- Critical...
- Overvi...
- MAT p...

APPENDIX C: Staff Training Resources

Term	Source	Content	Learning Objectives
Opioid overdose response	Narcan Class Video (Rhode Island DOC)	Recorded training on how to administer naloxone (Narcan) during an overdose (33 minutes in length).	Understand the basics of administering naloxone to an individual experiencing an opioid overdose.
Stigma and discrimination	Module 2: Changing Language to Change Care: Stigma and Substance Use Disorder (PCSS)	Self-guided online module, including a video presentation and pre- and post-tests. Continuing education credits for health care professionals are available.	<ol style="list-style-type: none"> 1. Describe three examples of stigma in the way the medical system approaches substance use disorder (SUD). 2. Explain the importance of using medically appropriate language for SUD. 3. Utilize effective terminology when discussing SUD.
Overview of SUD	Module 1: Overview of Substance Use Disorders (PCSS)	Self-guided online module, including a video presentation and pre- and post-tests. Continuing education credits for health care professionals are available.	<ol style="list-style-type: none"> 1. Identify the spectrum of substance use. 2. Describe neurobiological responses to substances. 3. Assess existing theories regarding SUD. 4. Use accurate clinical terminology. 5. Describe the basic epidemiology and public health impact of the disorder. 6. List common comorbidities in people with SUD. 7. Describe how chronic disease treatment applies to addiction.
Understanding SUD	Understanding Substance Use Disorders (HealthKnowledge)	A two-hour self-guided course on SUD and SUD treatment. Continuing education credits for health care and social work professionals are available.	<ol style="list-style-type: none"> 1. Understand the basic science of SUD. 2. Understand the basics of SUD treatments.

Medication Diversion

“I constantly hear from prison administrators that ‘I already have (illicit) buprenorphine in the facility. I’m trying to get it out.’ But the irony is when you bring it in clinically all that diversion and illicit use goes away because you’re actually meeting a medical need and implementing controls. You take away the illicit market.”

Michael White, Director of Community Programs, Community Medical Services, Arizona

- Developing a diversion control policy
- Importance of a Diversion Protocol
- Sample diversion policies and protocols
- Examples from facilities
- Link to other resources

Strategies to Reduce Medication Diversion

- 1) Counseling patients on diversion protocol and having patients sign a patient contract that clearly explains the rules and responsibilities of taking MAT and the consequences of medication diversion.
- 2) Separating medication lines for MAT.
- 3) Dispensing medications in areas with video surveillance.
- 4) Housing all MAT patients together in one housing unit or facility.
- 5) Choosing medications (buprenorphine/naloxone combination instead of mono-buprenorphine) and formulations that are more difficult to divert (such as a crushed buprenorphine tablet instead of a film or a methadone diskette mixed with water).

Strategies to Reduce Medication Diversion (continued)

- 6) Requiring patients to drink, eat or talk and open their mouths, in the presence of correctional or health care staff after ingesting medication.
- 7) Conducting random urine drug screening to confirm people who are prescribed MAT are taking it.
- 8) Using automatically unlocking pill boxes that only unlock at pre-set times and only dispense a designated amount of medication.
- 9) Conducting medication inventory weekly, at a minimum, and ensuring procedures are in place to control diversion and accounting of all medications.

Linkage to Care and Services upon Release



IMPLEMENTATION TOOLS AND RESOURCES

- Resources for identifying community-based MAT providers



EXAMPLE FROM THE FIELD: PSIMED, WEST VIRGINIA



In West Virginia prisons, peer recovery specialists provided in-reach services to MAT participants pre-release. The peer recovery specialists worked with a case manager who established patients' first appointment in the community. The peer recovery specialist and case manager then worked with patients to make sure they can get to their first appointment as transportation is a major barrier. The case manager also worked with patients' parole officers to coordinate services and care. Peer recovery specialists helped patients with everyday problems that can arise and interfere with care continuity.

Data Monitoring and Evaluation

APPENDIX I: Formulas for Monitoring and Evaluating MAT Programs in Correctional Settings

Question 1: How many incarcerated individuals have an opioid use disorder (OUD)?

Relevant Monitoring Metrics

- 1a.** Percent of individuals screened for OUD:
$$\frac{\text{\# of individuals screened between Time 1 and Time 2}}{\text{Total \# of individuals who entered facility between Time 1 and Time 2}}$$
- 1b.** Percent of positive OUD screens:
$$\frac{\text{\# of individuals who screen positive between Time 1 and Time 2}}{\text{Total \# of individuals screened between Time 1 and Time 2}}$$
- 1c.** Percent of individuals assessed for OUD:
$$\frac{\text{\# of individuals assessed for OUD between Time 1 and Time 2}}{\text{Total \# of individuals who screened positive}}$$
- 1d.** Percent of OUD among new intakes:
$$\frac{\text{\# of individuals diagnosed with OUD between Time 1 and Time 2}}{\text{Total \# individuals screened between Time 1 and Time 2}}$$
-

Question 2: How many patients with OUD participate in the correctional medication-assisted treatment (MAT) program?

Relevant Monitoring Metrics

- 2a.** Percent of individuals with OUD offered MAT:
$$\frac{\text{\# of individuals offered MAT between Time 1 and Time 2}}{\text{Total \# of individuals diagnosed with OUD between Time 1 and Time 2}}$$
- 2b.** Percent of individuals initiated on MAT:
$$\frac{\text{\# of individuals initiating MAT treatment between Time 1 and Time 2}}{\text{Total \# of individuals offered MAT between Time 1 and Time 2}}$$
- Among individuals initiating MAT treatment between Time 1 and Time 2:
- ▶ Percent of individuals continued on treatment from community:
$$\frac{\text{\# of individuals who initiated MAT treatment between Time 1 and Time 2 AND were on MAT treatment at time of arrest}}{\text{Total \# of individuals initiating MAT treatment between Time 1 and Time 2}}$$
 - ▶ Percent of new treatment inductees:

Download the toolkit here:

<https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>

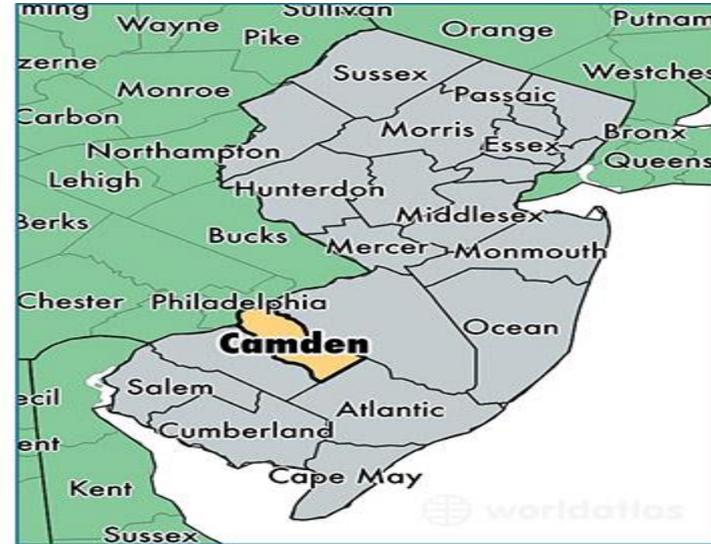
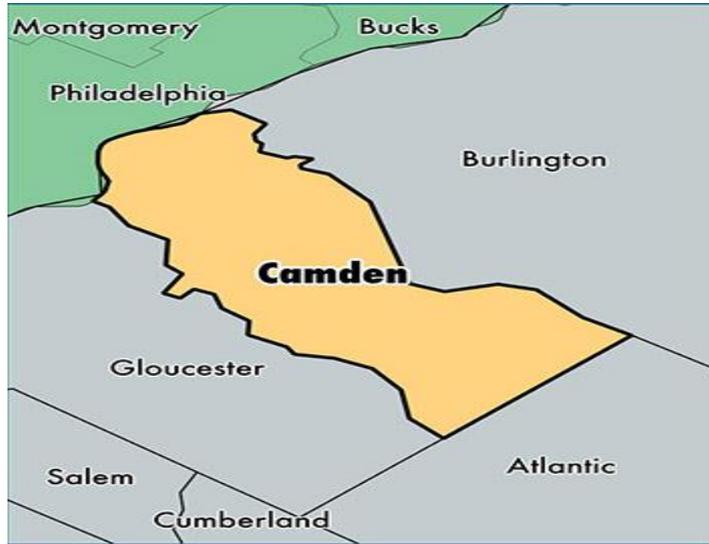


Camden County Department of Corrections



Karen Taylor, Warden, Jail Administrator
Camden County Department of Corrections
Camden, New Jersey

Camden County Department of Corrections



County Population: 506,343

County Median Income: \$67,118

County Seat: Camden City

Camden City Population: 77,344

Camden City Median Income: \$26,105

36.8% Persons below poverty line

Overdose Fatalities 2017-2019

Camden County is experiencing a **serious** opioid epidemic.

Camden County has the largest number of heroin deaths in New Jersey from 2004 to 2016: A total of **937 from Heroin alone**.

Every municipality in Camden County has seen an increase in the number of overdose deaths from 2014-2016.

2017: 271 Fatalities

2018: 308 Fatalities

2019: 322* Fatalities

* tentative pending toxicology

Camden County Department of Corrections Origin and Development

- For the past fifteen years or more the Camden County Department of Corrections (CCDOC) policy regarding Medication Assisted Treatment (MAT) was that:
 - Individuals who were committed while on buprenorphine, methadone, or other MAT were not treated but were provided with a medical protocol for comfort while withdrawing.
 - Detoxication was policy.
 - Pregnant women who were being treated in the community with methadone or pregnant women on opioids not on a treatment protocol were offered methadone treatment for the duration of their pregnancy or incarceration.

Camden County Department of Corrections

- Implementation – Phase 1
 - Education and Policy Development
 - Identify MAT Champion(s)
 - Staff Education
 - Identified Participants – Expanded Participant Group-Jail
 - Participant Education and Group Counseling
 - Extended-release Naltrexone (i.e. Vivitrol)
 - Naloxone (i.e. Narcan)
 - Facility Campaign promoting MAT
 - Assigned Custody Staff to MAT Program
 - Jail Management System
 - Coordinated release time
 - Created MAT Committee

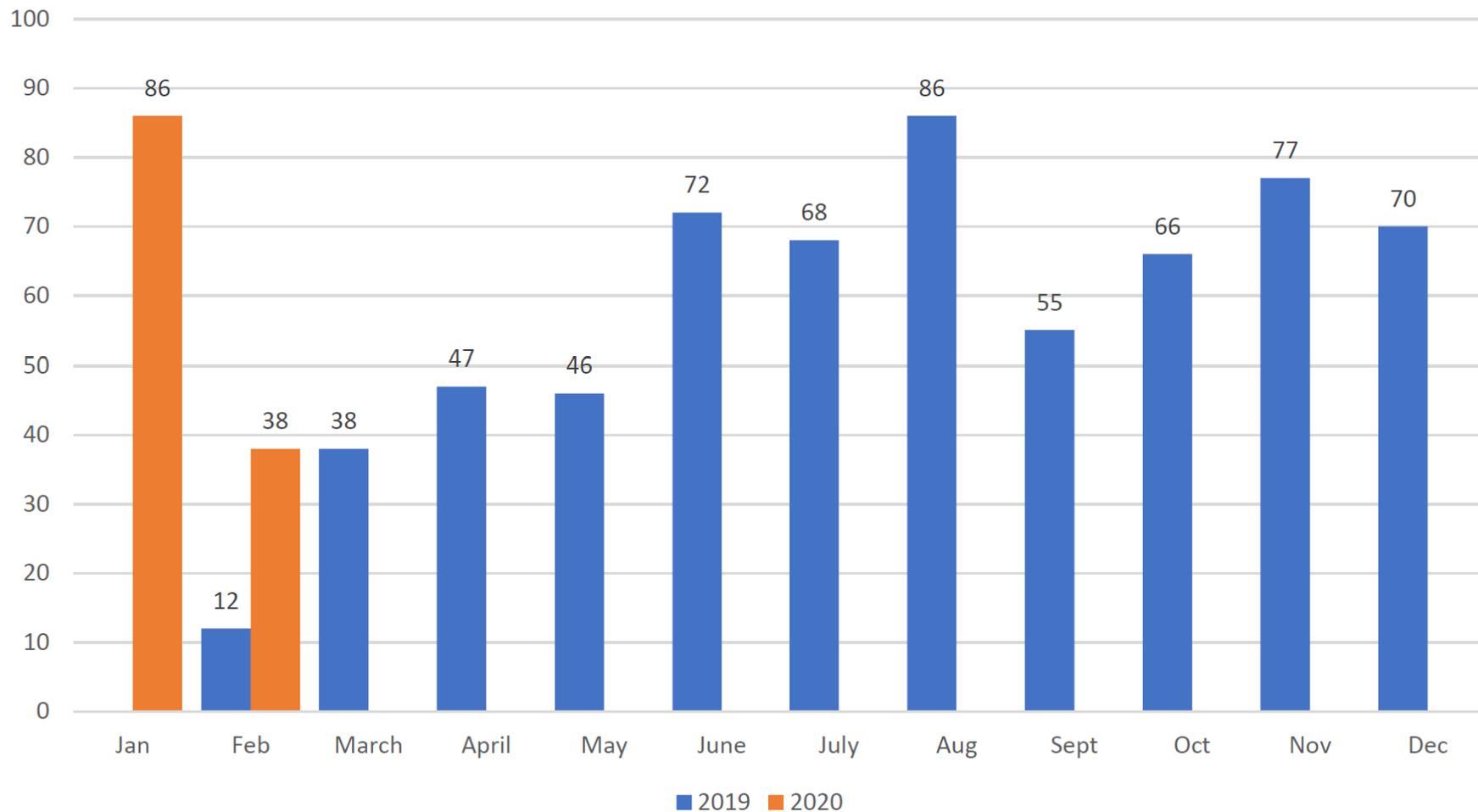
Camden County Department of Corrections

- Implementation – Phase 2 and 3
 - Developed Policy and Logistics
 - Developed Community Providers for Referrals
 - Increased Education Format
 - Increased Group Counseling
 - Expanded Participant Group-Jail
 - Inducted/Continued Maintenance Buprenorphine (i.e. Suboxone)
 - Continued Maintenance Methadone
 - Established partnerships with various opioid treatment program (OTP) providers
 - Applied for Technical Assistance on MAT
 - Developed Individual Counseling Format
 - Collaboration

Camden County Department of Corrections

- Metrics that are being measured include:
 - Numbers and percent of individuals screened
 - Number and percent of individuals assessed
 - Numbers and percent of individuals eligible for MAT
 - Numbers and percent of individuals started on MAT
 - Percent compliant with MAT (medication, treatment groups, programs etc.)
 - Percent continuing with a provider for MAT on release
 - Number of bookings (fights/breaking prison rules)
 - Suicides
 - Fatalities before and after the initiation of the CCDOC MAT program

Camden County Department of Corrections New Patient Admissions to Suboxone Treatment Program



Camden County Department of Corrections

Warden Karen Taylor

Jail Administrator

Camden County Department of Corrections

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Hennepin County Jail



Tyler Winkelman, MD, MSc
Health, Homelessness, and Criminal Justice Lab
Hennepin Healthcare Research Institute



Treating Opioid Use Disorder in the Hennepin County Jail

Tyler Winkelman, MD, MSc
Health, Homelessness, and Criminal Justice Lab

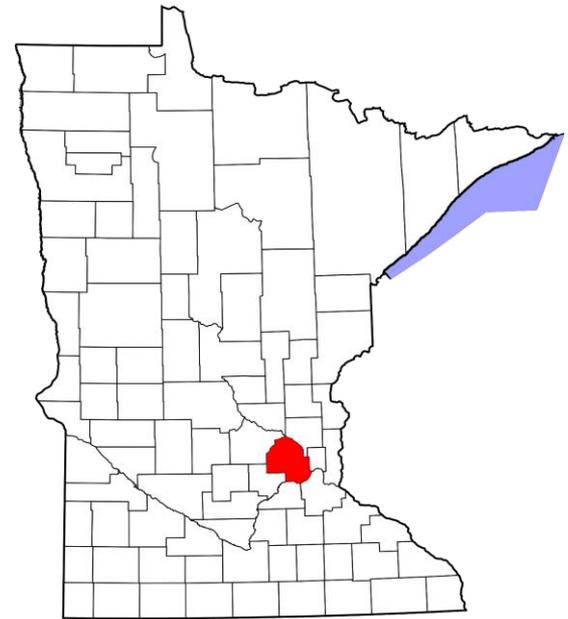


Outline

- **Hennepin County/Minnesota Overview**
- **Leveraging Data to Accelerate Change**
- **Building our MAT Program (from scratch)**

Hennepin County, Minnesota

- **1.25 Million Residents**
 - 1 in 5 Minnesotans
- **30,000 jail admissions per year**
- **100 admissions & 100 discharges per day**

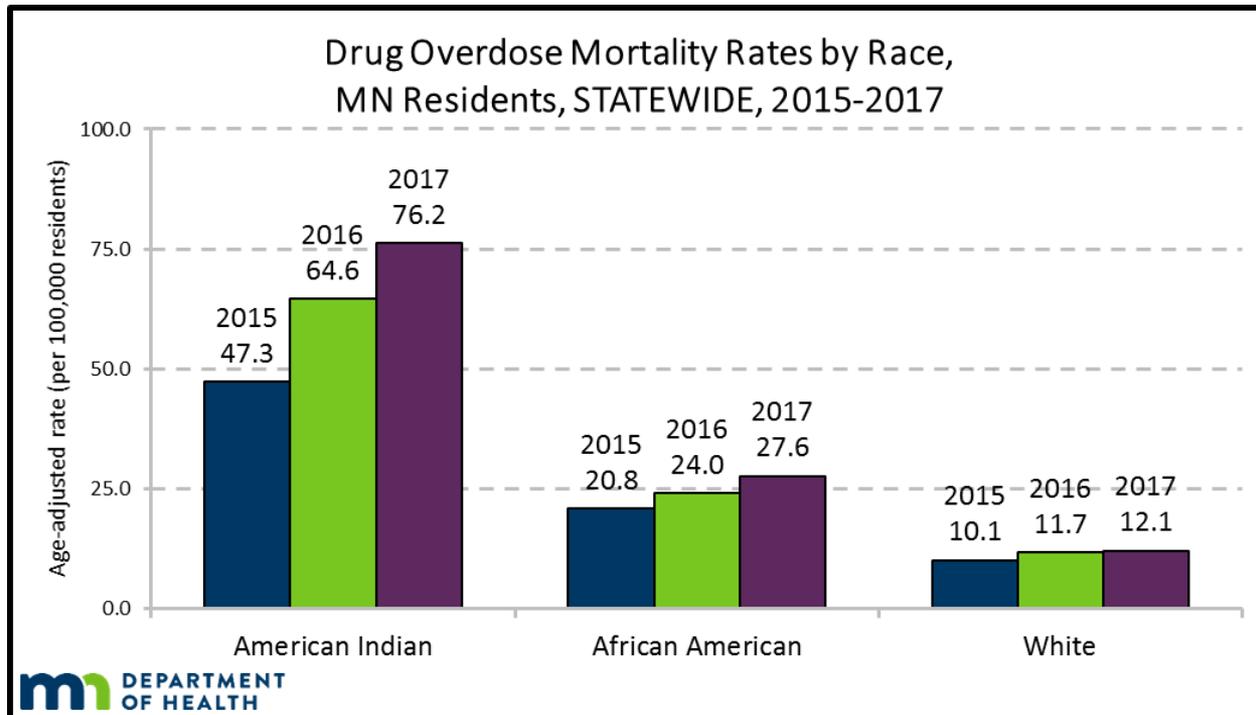


Minnesota

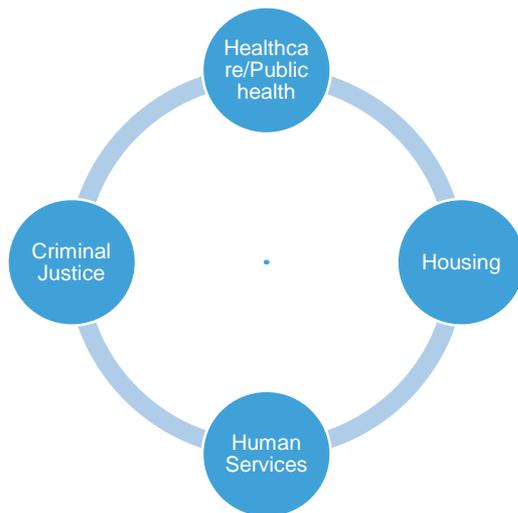
- **Fifth lowest state incarceration rate**
- **Fourth highest white-black disparity in incarceration rates**
- **Fourth highest probation rate**



Racial disparities in Minnesota



Overdose Deaths After Release in Hennepin County



Overdose Deaths After Release in Hennepin County



Hennepin County Data Linkage Study

- **Linked mortality data with jail and prison data across Minnesota from 2015/2016**
- **Impact on Hennepin County residents**
- **Impact of Hennepin County facilities on all Minnesota residents**

Hennepin County Data Linkage Study

- **One-third of opioid deaths in MN occurred in Hennepin County (252/775)**
- **30% of deaths (71) occurred within 12 months of release from prison or jail**
- **1 in 10 opioid deaths across Minnesota occurred after release from Hennepin County Jail**

WEST METRO

Hennepin County jail and workhouse to tackle opioid addiction deaths head on

A study revealed that large numbers of the inmates overdose and die shortly after they are released from custody.

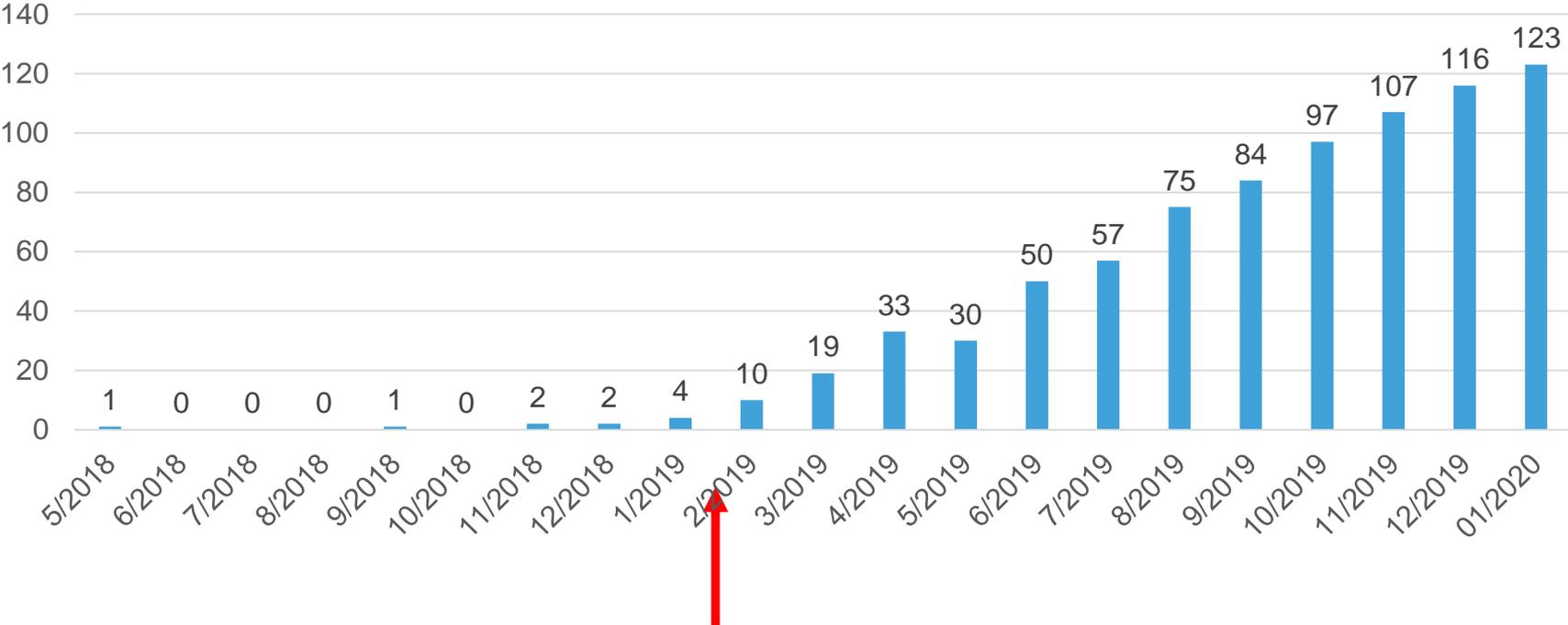
By **Randy Furst** Star Tribune | FEBRUARY 2, 2019 — 7:28PM

Building our MAT Program

Hennepin County Jail MAT Program

- **Began treating opioid use disorder end of January 2019.**
- **Team building:**
 - 2 physicians completed training and obtained X-waivers
 - Intake nurses
 - Day nursing staff
 - Addiction nurse
 - Nurse practitioner (0.5 FTE)
- **Patients can be continued or started on buprenorphine during their jail stay. Naltrexone is offered but rarely patient preference.**
- **Methadone will be continued beginning in 2020 through guest dosing**

Patients receiving buprenorphine



Hennepin County Jail MAT Program

- **Nurses provide buprenorphine during afternoon rounds**
- **Telemedicine is used for follow-up visits to avoid delays in dose adjustments**
- **Bridge scripts are provided for seven days upon release**
- **Conversations to educate and dispel myths and stigma (attorneys, judges, jail staff, nurses, treatment providers)**

Justice Community Opioid Innovation Network (JCOIN)

- **Transitions Clinic Network Hub at Yale**
- **Test ways to improve opioid treatment retention after release**
- **Clinics designed to care for people upon release from jail and/or prison**
- **Community Health Worker with lived experience**

Conclusions

- **Local data can help build your case for MAT**
- **Put reasonable safeguards in place and get started**
- **Communication with stakeholders and discharge planning are critical**

Thank you

Tyler Winkelman, MD, MSc

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@tylerwinkelman

Vermont Department of Corrections



Annie Ramniceanu, LCMHC, LADC
Addiction and Mental Health System Director
Vermont Department of Corrections

History Of Medication Assisted Treatment

- ❑ Act 76 (2013): Demonstration Project
 - Pilot in 2 facilities. M/F
 - MAT Continuation for up to 90 days

- ❑ Act 195 (2014)
 - Establish workgroup to evaluate Act 76 and propose a plan to expand MAT in Corrections
 - Also included implementation of Naloxone/Narcan for all pilot participants

- ❑ 2016-2017 Legislative session: Report and Recommendations
 - Increased dosing to 120 days based on medical necessity on a case by case basis across all facilities
 - Legislature appears committed to expansion

2017 - 2018 Legislative Session: Act 176: Parity for all

- First law and legal definition for Medication Assisted Treatment for all citizens of Vermont in VSA Title 18:

" the use of US Federal Drug Administration approved medications in combination with counseling and behavioral therapies to provide a whole person approach to the treatment of substance use disorders."

(Substance Abuse and Mental Health Services Administration)

- First law establishing legislative intent for correctional population:

"It is the intent of the General Assembly that MAT offered at or facilitated by a correctional facility is a medically necessary component of treatment for inmates diagnosed with opioid use disorder. " "...and that MAT in corrections shall have the same meaning as in Title 18."



Act 176 Summary: Vermont DOC shall:

- Continue all inmates with verified prescription- FDA approved MAT and all MH psychotropics (parity).
- At any time during incarceration, provide OUD screening/assessment and determine medical necessity for MAT (consistent w/ community standards).
- If buprenorphine specific MAT is not clinically indicated and assessment for methadone is...then facilitate access to methadone induction and maintenance (consistent w/community standards).
- Induct all patients, if medically necessary, pre-release as part of release planning.
- Provide care coordination at release: VT Hub & Spoke Provider System (consistent w/community standards).
- Behavioral component is required if medically necessary.
- Evaluate effectiveness by 2022.



VT DOC By the Numbers and Health Services

➤ Delivered via contract

➤ 6 facilities 

➤ 2nd smallest integrated system in the US

➤ Average daily population 1750+/-

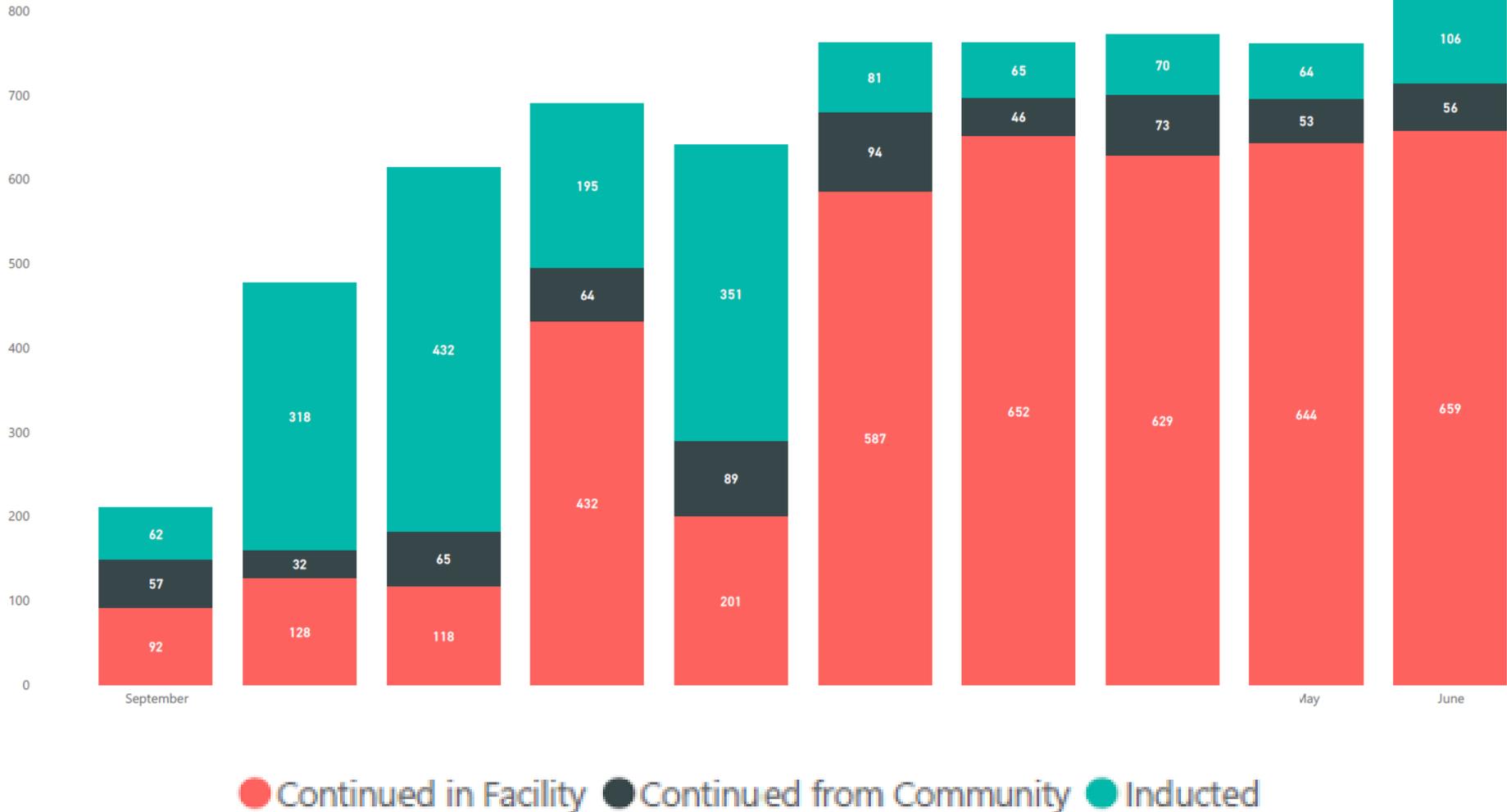
➤ Male- 1350+/-; Female 150+/-; Transgender 10 +/-

➤ Small facilities: 120- 366

➤ Out of state pop: 250+/-

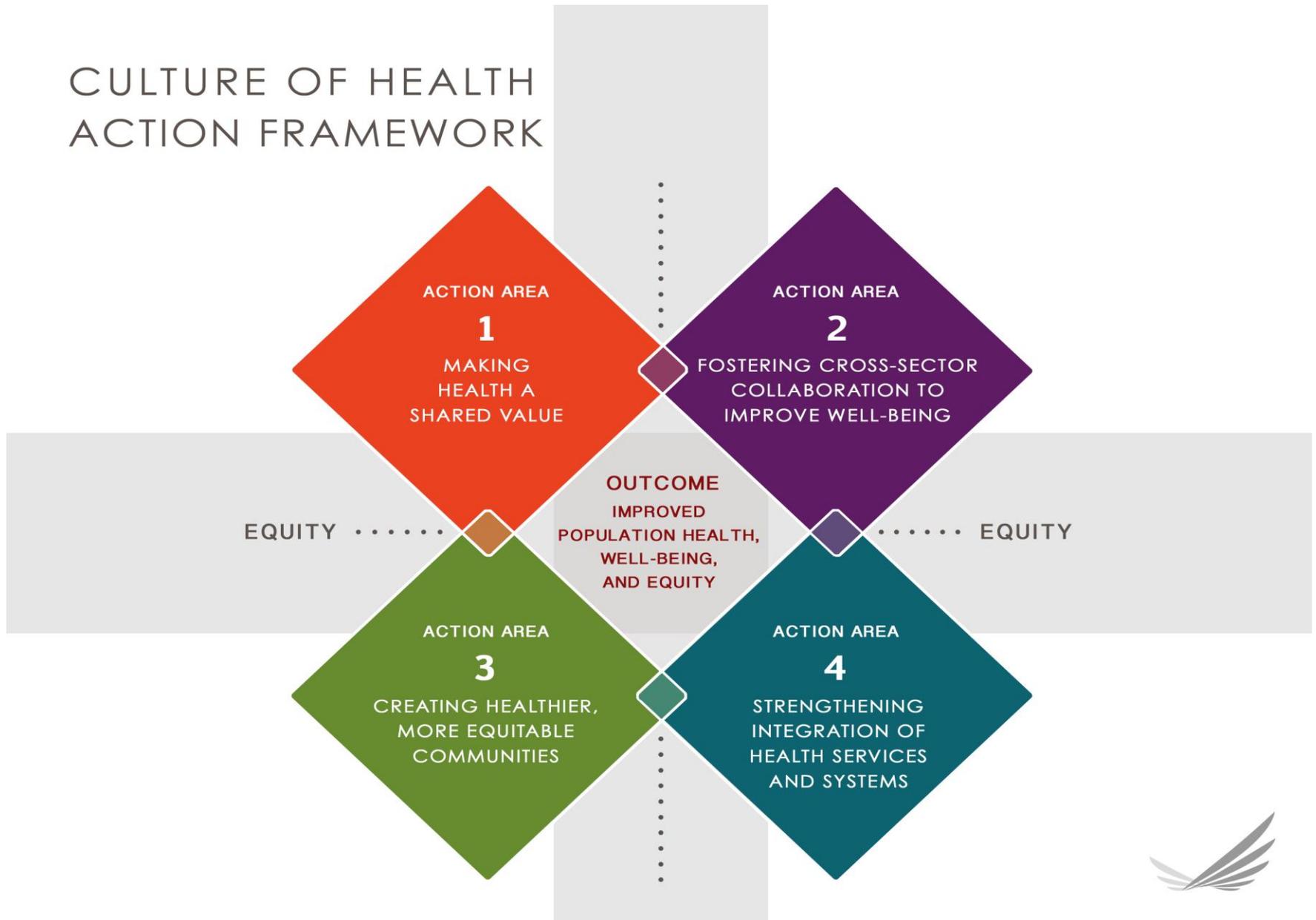
➤ US Marshall/Federal: 65+/- also eligible for MAT

Inducted on MAT in Correctional Facilities FY 2019, Monthly



Vermont DOC Guiding Principles for Wellbeing

CULTURE OF HEALTH
ACTION FRAMEWORK



Developing a Recovery Oriented System Of Care (ROSC) in Vermont Department of Corrections

SAMHSA ROSC Framework - Recovery is:

- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. To get to this goal, it is also important to:
 - Manage one's disease(s) or symptoms- and for everyone in recovery- making informed, healthy choices that support physical and emotional wellbeing.
 - Have a stable and safe place to live.
 - Have meaningful daily activities and prosocial participation in your community- unit life and/or how you decide to "show up" in the facility you are serving time in.
 - Have healthy relationships and maintain social networks that provide you with support, friendship, love, and hope- community and facility.

VT DOC ROSC: Pathways to Recovery

Well Being and Resilience

- Treatment/recovery services are voluntary until medically necessary.
- Individual and group counseling
 - Group Counseling: Integrated Change Therapy: 16 session Group Tx: Cognitive Behavioral Therapy (CBT) and Motivational Enhancement Therapy (MET).
- Forensic Peer Recovery Coaches: Open Ears Program:
 - 1,300+ individual meetings.
 - Seg, restricted housing unit (RHU), closed custody (CC), infirmary, orientation, pre and post emergent situations.
 - Coach facilitated re-entry.
 - Connection to recovery coaches in the community prior to release.
 - Self-directed CBT material on tablets.
 - Mind Body practices – coming soon.
 - Technology assisted care (TAC) via tablets – being explored.

Questions?



AUSTIN | TEXAS | APRIL 5-7, 2020

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PRECONFERENCE: APRIL 4, 2020

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Kaleidoscope



NATIONAL COUNCIL
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Thank you!

Additional resources:

- [Implementing Medication-Assisted Treatment in Jails and Prisons: A Planning and Implementation Toolkit](#)
- [Implementing MOUD in Corrections](#) event materials, Opioid Response Network
- [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources from the Field](#), National Sheriffs' Association and the National Commission on Correctional Health Care
- [Medication-assisted Treatment Inside Correctional Facilities](#), Substance Abuse and Mental Health Services Administration (SAMHSA)