



Fighting Opioid Use Disorder in Jails: How Medication Assisted Treatment Can Save Lives & Improve Public Safety

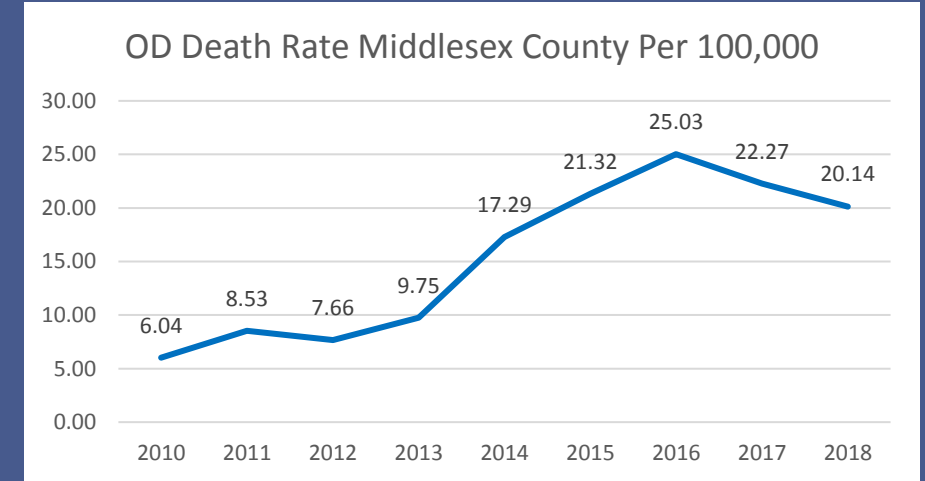
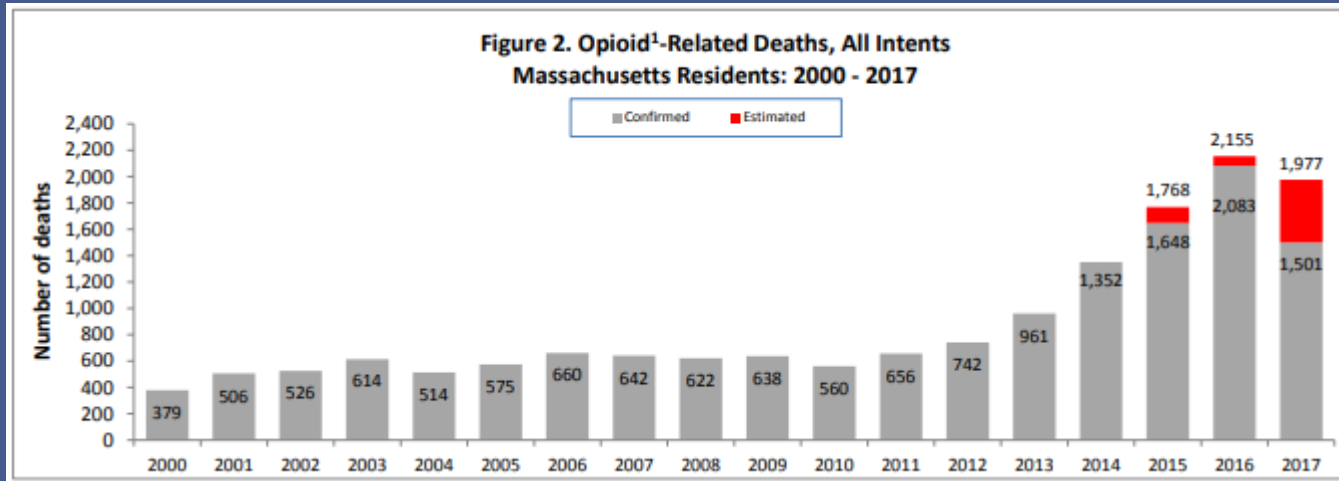
Peter J. Koutoujian
Sheriff
Middlesex County, MA

Public Health Experience Provides Unique Approach to Law Enforcement

- Served in the Legislature for 14 years
 - Spent 10 years chairing Public Health and Health Care Committees
 - Chaired the Commonwealth's Oxycontin & Drug Abuse Commission from 2004-2005
 - Traveled the Commonwealth and learned of the depths of the crisis
 - Advocated for changes in public health policies that will still grapple with today
- Sworn in as Middlesex Sheriff in 2011
 - Opioid epidemic exploded over the last decade in Middlesex and MA.
 - More aggressive sense of urgency
 - 2005: 554 Opioid related deaths
 - 2019: 2,015 Opioid related deaths
 - Saw the epidemic with a different lens as Sheriff
 - 80% of inmates have a drug or alcohol addiction, 42% need immediate detox
 - 25% did not have health insurance
 - Spending staff resources and funding on medication and addiction services inside, then sending people back on the street unable to find care.
 - No follow up, continuity of care or guidance

The Problem in My Backyard

Middlesex County and Massachusetts



- Massachusetts – and particularly Middlesex County – have reported a decrease in overdose deaths in the since 2016
- This is the result of a combined effort between law enforcement, legislators, community health services, and human service agencies

Medication Assisted Treatment (MAT) in Corrections: The Intersection of Public Safety and Public Health

Opioid addiction has created a dual public health and public safety crisis: it is the cause of countless overdose deaths as well as a major driver of crime.

Benefits of providing MAT in Jail

- Improves re-entry options
- Improves public safety (lowers rates of recidivism)
- Improves public health (lowers rates of overdoses, overdose deaths, and officers responding to critical incidents)
- Expands network of community-based providers
- Generates positive feedback
- Promotes innovation in corrections (from both successes and failures)
- Encourages program sustainability

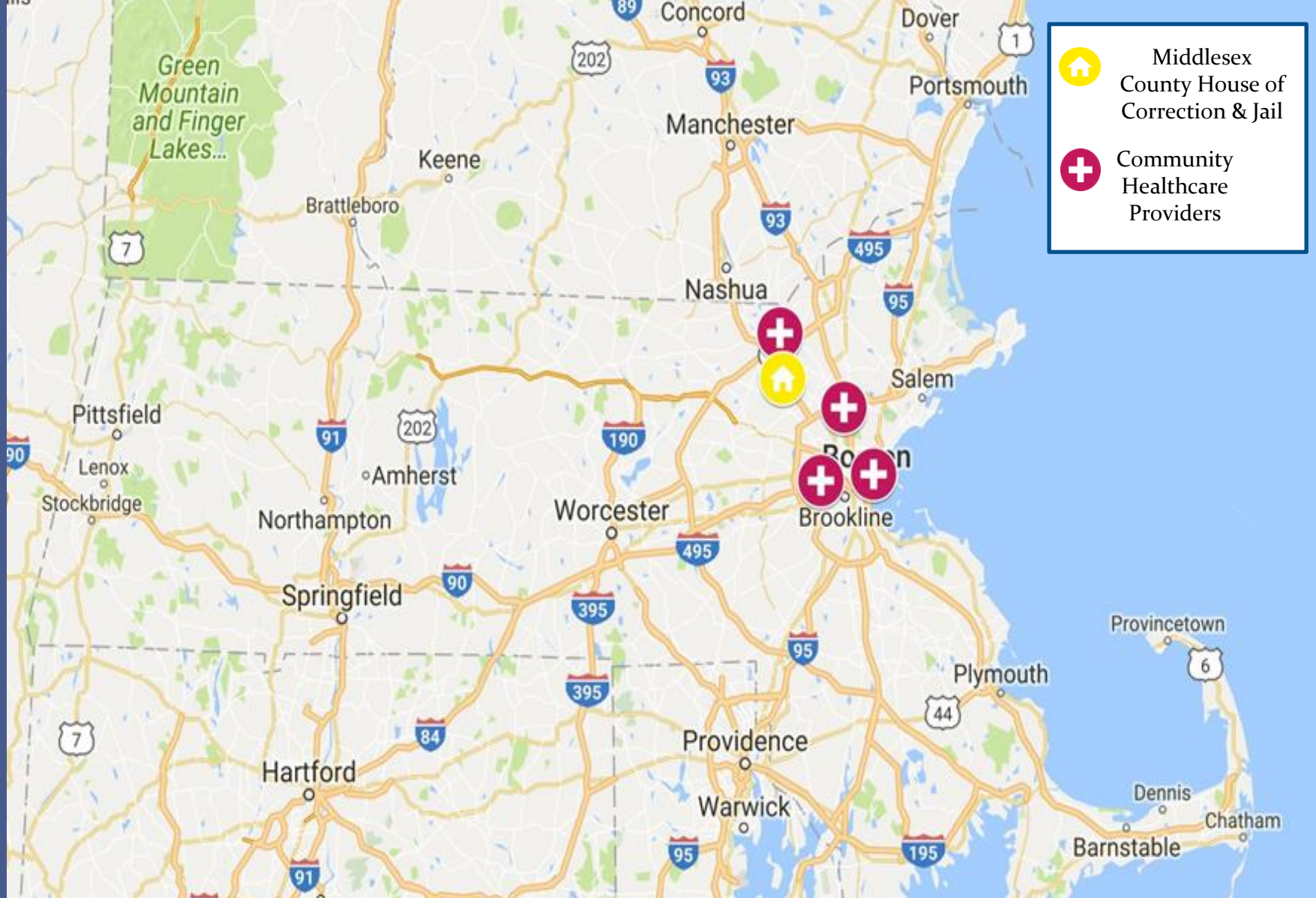
MATADOR 1.0

“The Amateur”

First Attempt: Failure

- Initiated in 2012 and provided 60 naltrexone injections
 - Initial program was an “abject” failure
 - Lacked communication with community health care providers
 - Lacked buy-in from motivated program staff
 - Lacked methodology for data collection and program evaluation

Shut the program down completely to learn from our mistakes. Retooled and relaunched in 2015

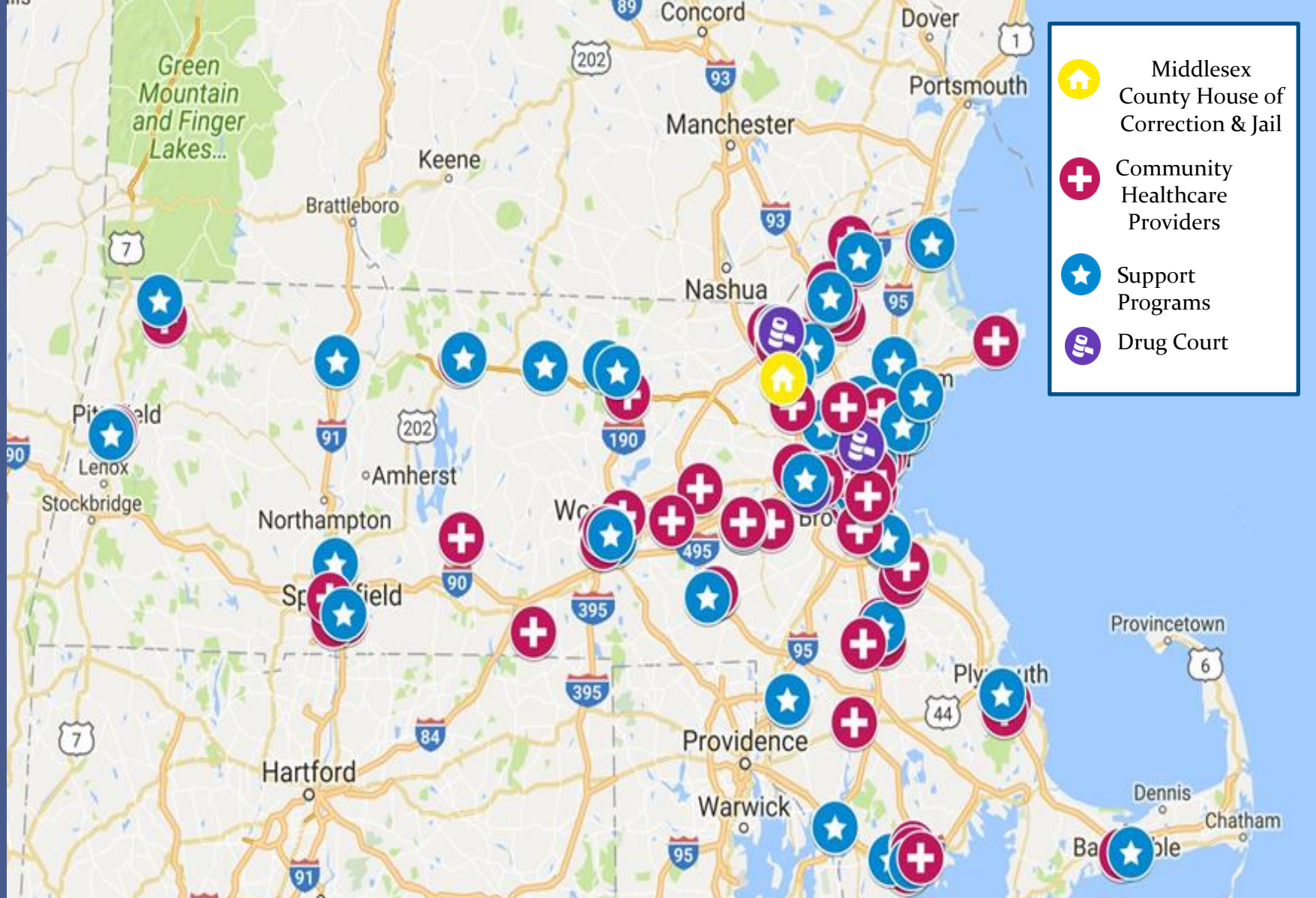


MATADOR 1.0 Resource Map

MATADOR 2.0

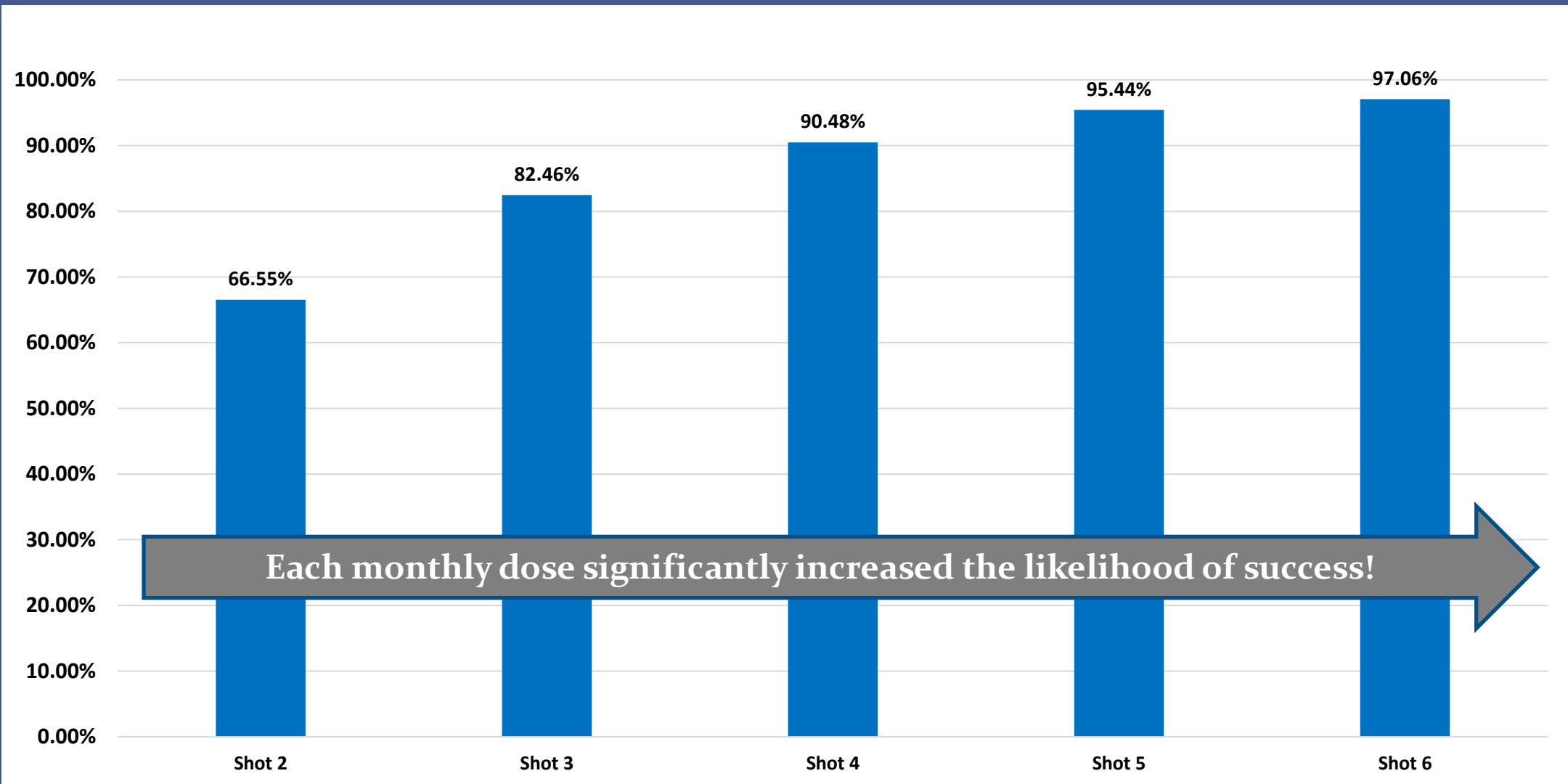
“The Pro”

- One of first jails in the country to offer any form of Medication Assisted Treatment
- For over 4 years, the Middlesex Sheriff’s Office established a benchmark
- Provided Vivitrol to sentenced and pre-trial men prior to release from custody; established the standard of utilizing Navigators to maintain a link to care
- Success revealed through data collection and requests for replication
- Original MATADOR 2.0 Program cited as a National Model for implementing MAT in Jails by:
 - Substance Abuse and Mental Health Services Association (SAMHSA)
 - National Sheriff’s Association (NSA)
 - National Commission on Correctional Health Care (NCCHC)
 - National Governor's Association (NGA)



MATADOR 2.0 Resources

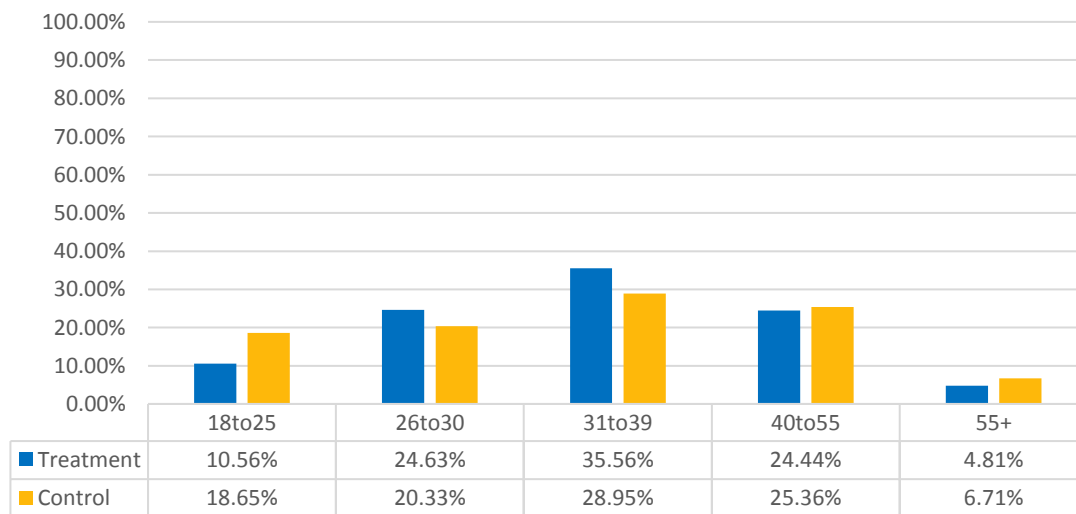
Using Data to Address Needs and Overcome Challenges



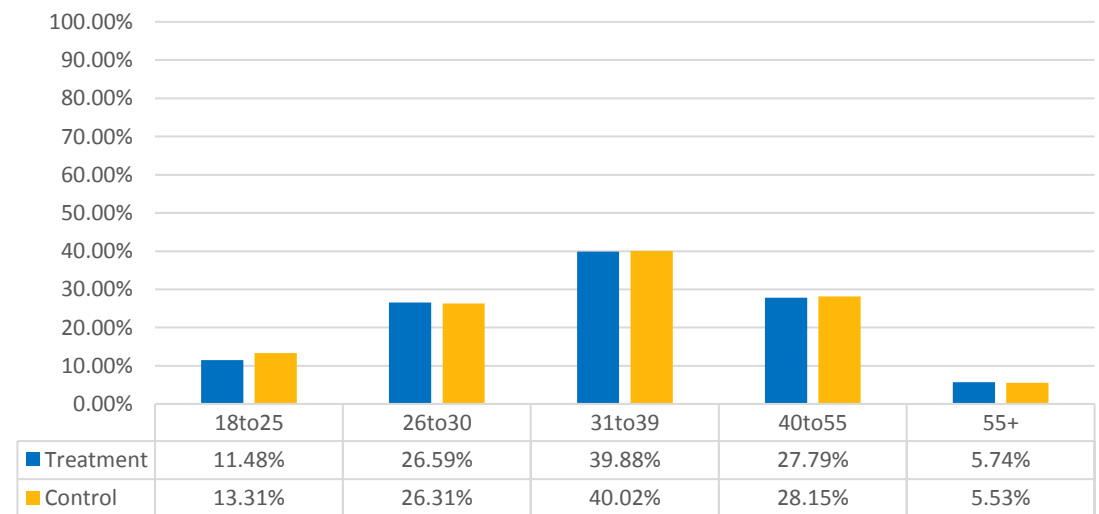
Medication Assisted Treatment and Directed Opioid Recovery: Program Evaluation Methodology

- An apples-to-apples comparison to gauge the impact of MAT on those with Substance Use Disorder.
- Using a statistical matching technique known as **Propensity Matching**, we created a comparison group that closely resembles the MATADOR group
- The goal is to make samples as similar as possible to gauge with statistical precision how effective MATADOR is at reducing recidivism and increasing public safety.

Age Groups (Before Matching)



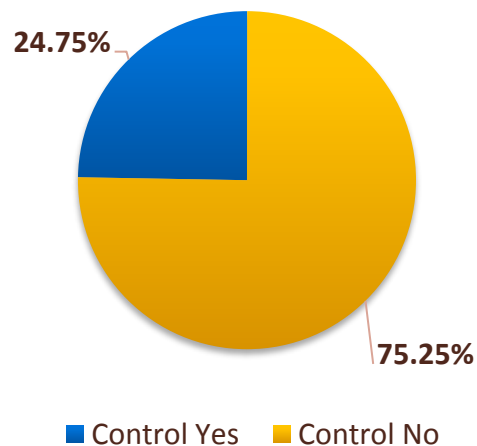
Age Groups (After Matching)



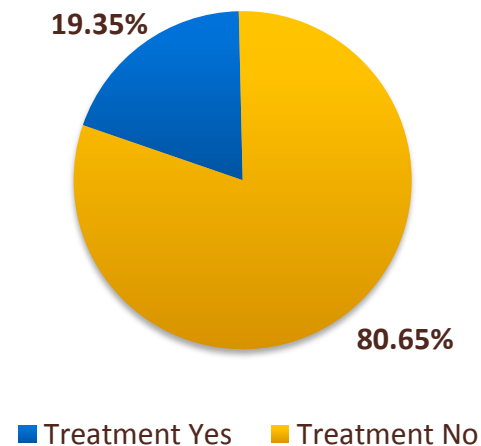
Medication Assisted Treatment and Directed Opioid Recovery: Reducing Crime

- A comparison between recidivism rates between MATADOR Participants and a similar sample of MAT eligible non-participants shows a statistically significant (<math><0.01</math>) difference.
- MATADOR Participants that completed the program had a 1- year post release recidivism rate of 10.87% vs. the comparison group (24.75%).
- 44.36% reduction in recidivism between the CONTROL group and the COMPLETED group.

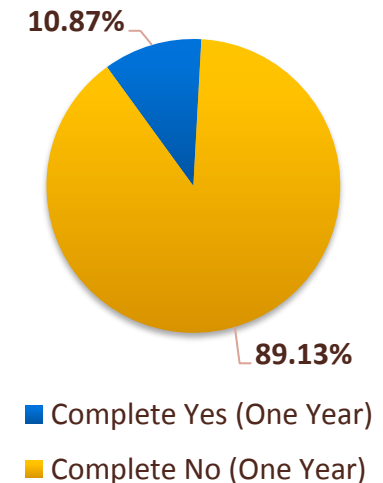
Control Group (n=986)
One Year Recidivism



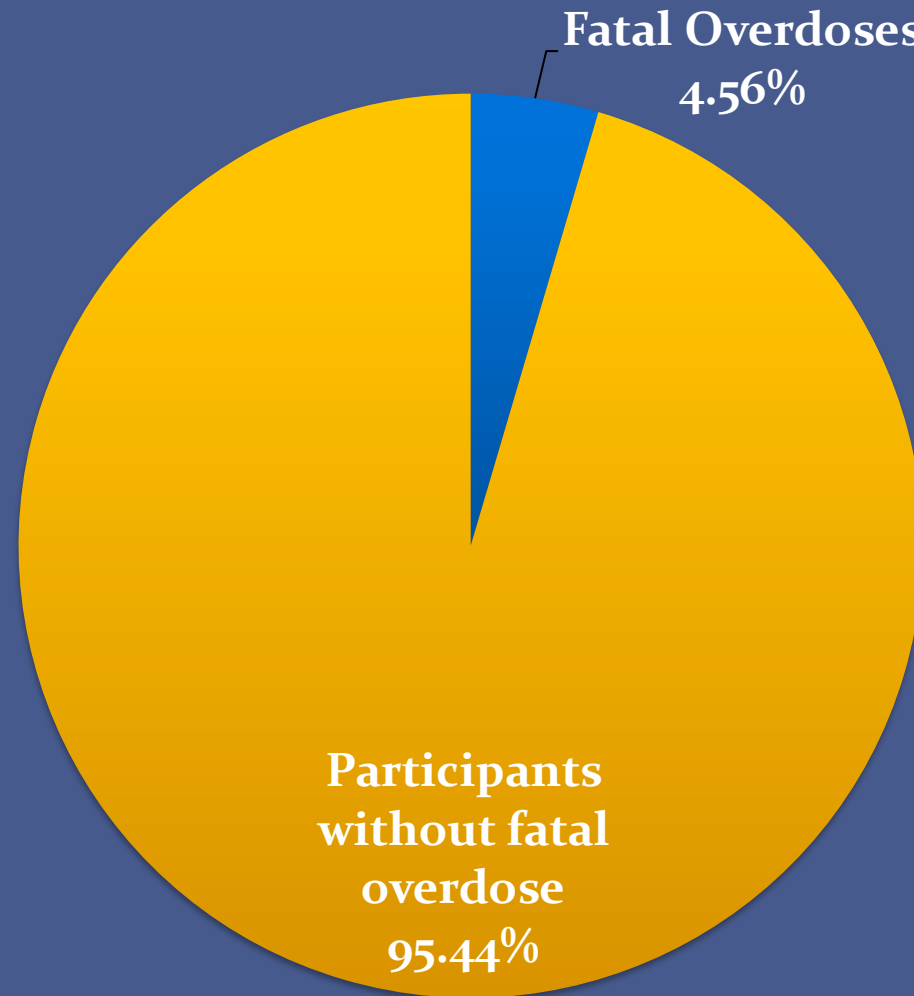
Treatment Group (n=310)
One Year Recidivism



Completed MAT (n=130)
One Year Recidivism



Medication Assisted Treatment & Directed Opioid Recovery Reducing Harm



Source: Massachusetts Office of the Chief Medical Examiner (OCME)

Introducing: MATADOR 3.0

“The MVP”

MATADOR 3.0

Overview/Update

- Massachusetts passed legislation establishing an expansive medication assisted treatment pilot program in partnership with seven Sheriffs' offices and the Massachusetts Department of Correction
- The three year pilot funded by the Commonwealth to:
 - Offer all FDA-approved forms of MAT
 - Provide post release navigation services for participants
 - And includes a robust data collection component for policy analysis and long term planning
- Launched September 1, 2019

Legislative Initiative

- Chapter 208 of the Acts of 2018:
“An Act of Prevention and Access to Appropriate Care and Treatment of Addiction”
 - Section 98 codifies corrections-based response: pilot program to address substance use-related factors that lead to criminality
 - Middlesex, Franklin, Hampden, Hampshire, Norfolk (*Essex & Suffolk later requested participation)
 - Permits jail-based MAT (all three FDA-approved MOUD/MAT options available on-site)
 - Verified Rx can be maintained; inductions available 30-days prior to release from sentence

MATADOR 3.0

Overview/Update

Medication and Program Participation

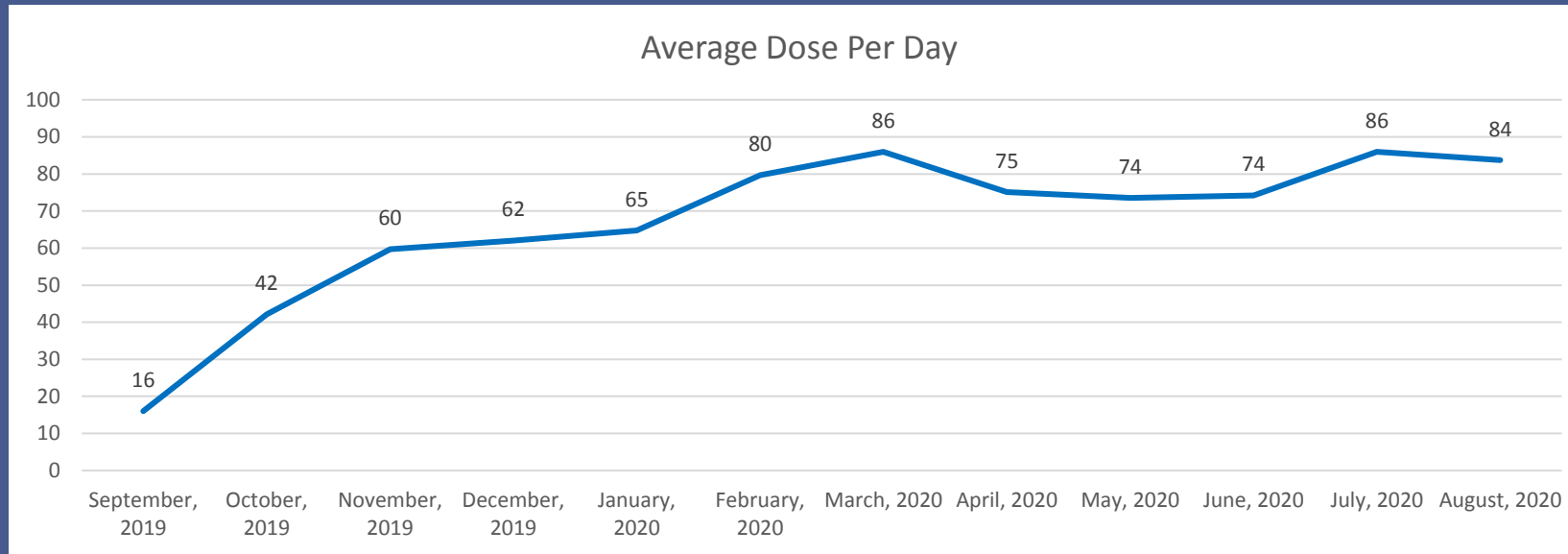
- Provide maintenance to those *on any status* with a verified MAT prescription.
 - Unless determined otherwise by a qualified addiction specialist:
- Provide induction 30 days prior to release to any *sentenced* inmate deemed medically appropriate by a qualified addiction specialist.

Treatment/Programming

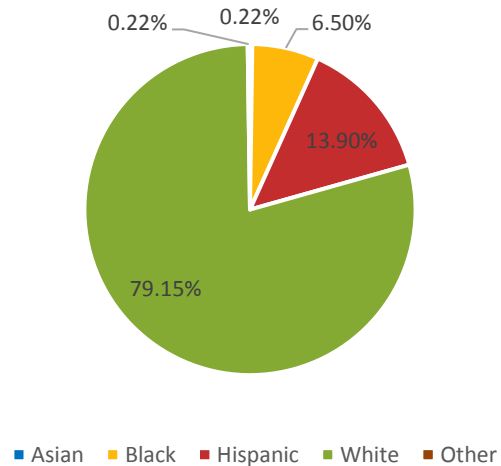
- Provide behavior health counseling (as defined by section 1 of chapter 127 of the MA General Laws) consistent with standards in the community.
- Endeavor to connect all participants (both receiving maintenance and induction) to care post-release in the community they intend to reside.
- Enroll in Medicaid 30 days prior to release.
 - Suspension vs. Termination of benefits

Collect and Submit Data to DPH Every Six Months

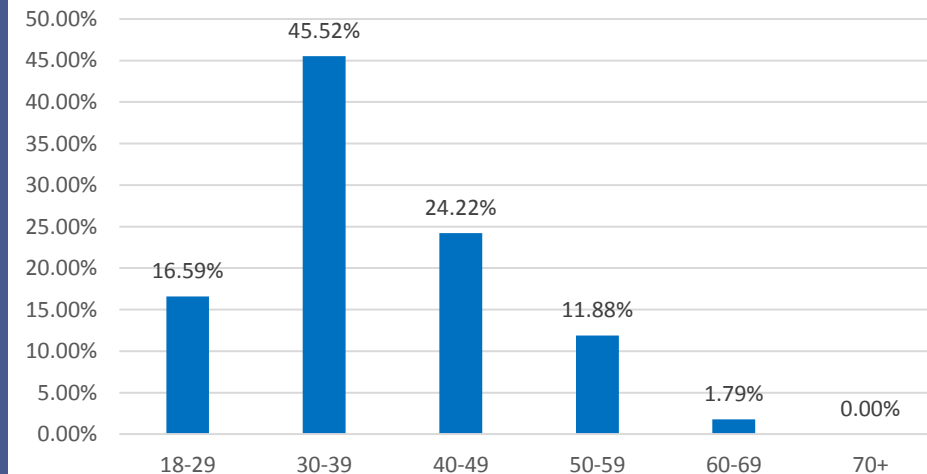
MSO MATADOR 3.0: A One Year Snapshot



MAT 3.0 Racial Breakdown

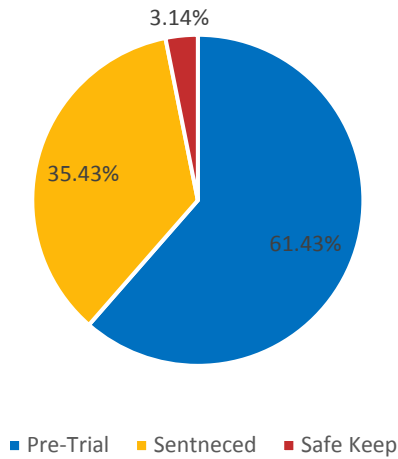


MAT 3.0 Age Range

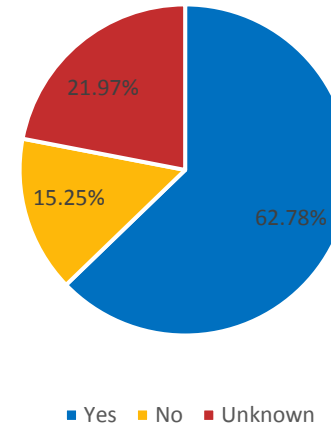


MSO MATADOR 3.0: A One Year Snapshot

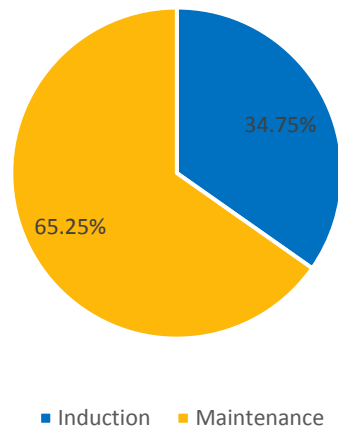
MAT 3.0 Pre-Trial and Sentenced



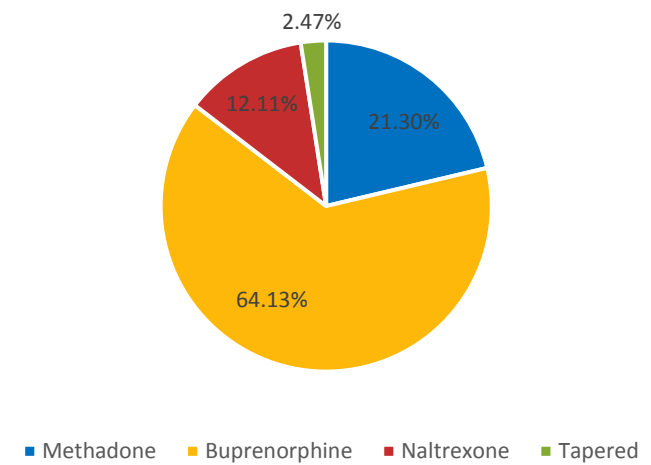
Confirmed Previous MAT Prescription



MAT 3.0 Induction or Maintenance



Most Recent Medication



MATADOR 3.0

Lessons Learned Since September 1, 2019

Medication

- Providing methadone to clients inside of a jail setting is large undertaking.
 - Federal Regulations and the Opioid Treatment Program (OTP) application process is a commitment that requires work and buy-in from all levels of the organization.
- Dosing inside a correctional setting is not the same as dosing in the community.
 - Varying opinions from medical professionals on dosing levels

Treatment

- The three options of MAT are different and each option should be presented to the participant.
 - The pros and cons of each MAT option need to be outlined clearly and bias towards one form or another should be mitigated.
 - Individuals with a history of attempts/challenges with one form of MAT should be presented with alternatives.
 - Education, rapport building, health insurance, and navigation are the key to success. The medications are supplements to the intensive programming.

Data Collection

- Keeping data is imperative to ensuring the sustained success of a MAT program.
 - Data allows for direction and correction of the program and is critical in pursuing resources at local, state, and federal levels.
 - Having a comparison group from the beginning is critical. Data on individuals that are positive for SUD but don't engage in MAT provides the 'apples-to-apples' comparison group.

Thank you



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