

MAT within correctional settings

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Medication Assisted Treatment Statewide Coordinator
PA Department of Corrections



Dose	How Much and How Often Take
100 mg	1.5 every A.M.
4 mg	1 every P.M.
40 mg	1 every A.M.
7.5 mg	1 AM - 1 PM
100 mg	1 every AM
50 mg	1 every PM
0.5 mg	prn

My medication assisted treatment...

American Society of Addiction Medicine (ASAM)

- Addiction: Chronic disease of brain reward, motivation, memory and related circuitry.
- Like other chronic diseases, addiction often involves cycles of **relapse** and **remission**.

Expanding Access to Evidence-Based Treatment

Why is this important for justice-involved
individuals?

There are very high rates of fatal overdose¹
and non-fatal overdose² among those
leaving incarceration

¹ Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med.* 2013 Nov 5;159(9):592-600.

² Kinner SA1, Milloy MJ, Wood E, Qi J, Zhang R, Kerr T. Incidence and risk factors for non-fatal overdose among a cohort of recently incarcerated illicit drug users. *Addict Behav.* 2012 Jun;37(6):691-6.

Medication Assisted Treatment reduces:

- Morbidity and mortality
- Overdose deaths
- Transmission of infectious disease
- Criminal activity

Medication Assisted Treatment improves:

- Treatment retention
- Social functioning

Source: Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication-assisted therapies—Tackling the opioid-overdose epidemic. *New England Journal of Medicine*, 370(22), 2063–2066.

Barriers

- Stigma against **agonist** medications (Security Staff, Physicians, Family Members, Community-Based Providers)
- Stigma against medication in general
- Lack of board-certified addiction specialists
- Common themes for avoiding treatment:
 - Navigating treatment system
 - Insurance coverage
 - Lack of awareness or knowledge

WHAT ARE THE COURTS SAYING?

**IN THE UNITED STATES DISTRICT COURT
OF THE DISTRICT OF MASSACHUSETTS**

GEOFFREY PESCE,

Plaintiff,

v.

KEVIN F. COPPINGER, in his official
capacity as Essex County Sheriff,
AARON EASTMAN, in his official
capacity as Superintendent of the Essex
County House of Corrections - Middleton,

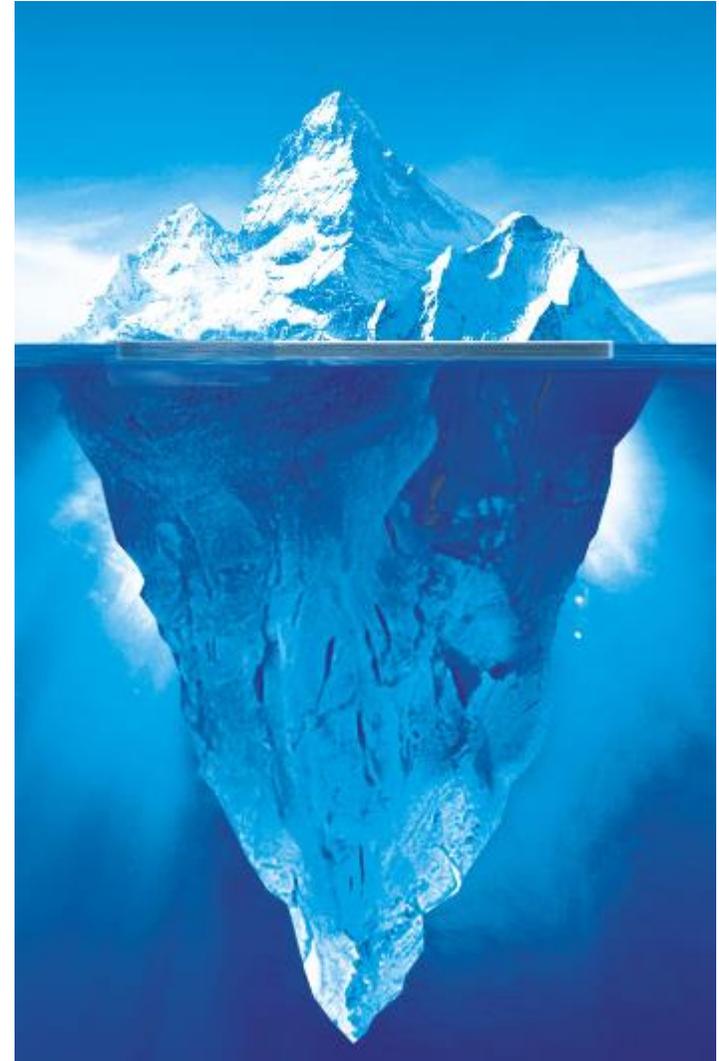
Defendants.

C.A. No. _____

https://www.aclum.org/sites/default/files/field_documents/20180919_pesce_g.pesce_declaration.pdf

Americans with Disabilities Act

November 2018: A federal judge issued a preliminary injunction requiring Essex County Jail to provide methadone to a man recovering from opioid addiction.



UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

BRENDA SMITH,)
)
 Plaintiff,)
)
 v.) Docket No. 1:18-cv-352-NT
)
 AROOSTOOK COUNTY and SHAWN)
 D. GILLEN in his official capacity as)
 Sheriff of Aroostook County,)
)
 Defendants.)

- In an April 30 (2019) decision, the First Circuit Court of Appeals agreed with a lower federal court that the Americans with Disabilities Act did indeed require that Smith be allowed to continue taking buprenorphine while incarcerated. **The decision joined a November ruling from a federal judge in Massachusetts in *Pesce v. Coppinger*.** As in Smith's case, the judge in the *Pesce* case held that denying medication-assisted treatment to an opioid-dependent prisoner likely violates the ADA.

So far rulings have been narrow, pertaining only to the individuals who sued...

...offering all three (3) FDA approved medications (buprenorphine, methadone, naltrexone) **is going to become the new standard.**

Expanding Access to Evidence-Based Treatment

National Drug Control Strategy

NATIONAL DRUG CONTROL STRATEGY

THE WHITE HOUSE
EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY



The Biden-Harris Administration's Drug Policy Priorities for Year One

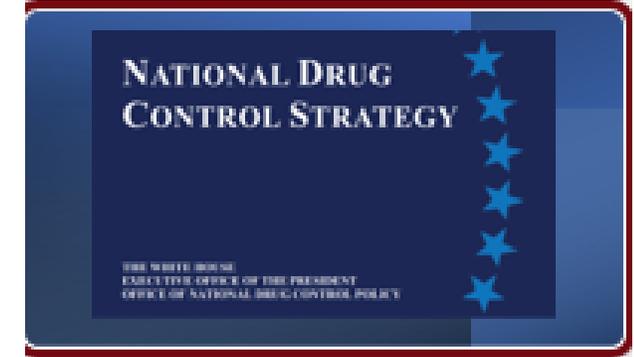
The passage and signature of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act in 2018 required the Office of National Drug Control Policy to produce a statement of drug policy priorities by April 1 of the first year of an Administration and an inaugural *National Drug Control Strategy* in the second year.

President Biden understood the urgency of the issue when he took office and the Biden-Harris Administration submitted its first-year drug policy priorities to Congress on April 1, 2021.

These seven priorities proposed specific and targeted actions to reduce overdoses and promote recovery, including expanding access to quality treatment, reducing an increasingly lethal supply of illicit substances, and enhancing harm reduction services that engage and build trust with people who use drugs, among others.

The seven Biden-Harris Administration drug policy priorities for the first year were:

1. Expanding access to evidence-based treatment, particularly medication for opioid use disorder.
2. Advancing racial equity in our approach to drug policy.
3. Enhancing evidence-based harm reduction efforts.
4. Supporting evidence-based prevention efforts to reduce youth substance use.
5. Reducing the supply of illicit substances.
6. Advancing recovery-ready workplaces and expanding the addiction workforce.
7. Expanding access to recovery support services.



C. **Simplify the regulation of methadone and buprenorphine to create the necessary flexibility for jails and prisons to offer MOUD.** (*Agencies Involved: DOJ/DEA; HHS/SAMHSA*)

Regulatory changes are needed to offer these services in jails and prisons in a safe and legal way. SAMHSA should continue its efforts to adopt a more flexible “take home” medication rules for people in jail or prison when appropriate, and make the COVID-19 pandemic emergency regulations permanent, including allowing for remote prescribing. While HHS released updated buprenorphine prescribing guidelines expanding access to treatment,³⁸⁵ it is important to recognize that many jail providers serve both facility- and community-based populations, leading to issues when prescribers have a patient limit. ONDCP should work to resolve this issue. ONDCP should also work with DEA to clarify the application of the “72-hour rule” to providers in the criminal justice system and explore the possibility of increasing the time length that allows trained practitioners to administer MOUD properly in the criminal justice setting when appropriate. The 72-hour rule, or three-day rule, allows practitioners to administer methadone (or other Schedule II medication approved for the treatment of OUD) for a 72-hour period while arranging referral to treatment through an OTP.³⁸⁶

Organizational Buy-In

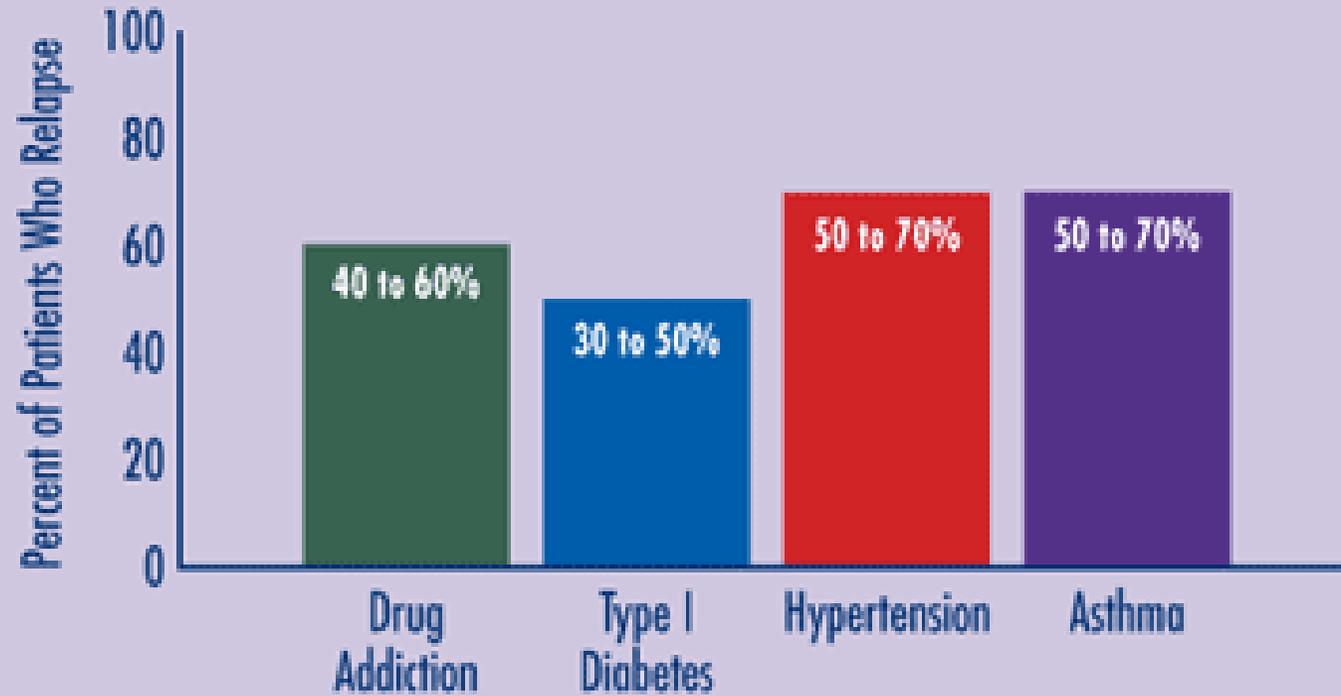
- There must be support within **top management** for the program.
 - This will provide the authority needed to ensure all aspects are completed.
 - It also shows the importance of the program to the entire facility.
- Buy-in begins with staff having a clear understanding what you are implementing.
 - You must have the right person in the organization present the information.
 - This staff member must be trusted and respected.

Commonly Used EBPs

- ▶ Motivational Interviewing
- ▶ Cognitive–Behavioral Therapy
- ▶ Contingency Management (CM): *Sometimes called Motivational Incentives*
- ▶ **Medication Assisted Treatment** (MAT/MOUD)
- ▶ Trauma–Related Counseling

...dependent on good clinical practice with good clinical supervision

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



- **Relapse Rates: Similar across chronic diseases, as is adherence/non-adherence to medication.**

PA-DOC 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
- 2018: All PA State Prisons able to offer Vivitrol upon release
- 2019 {June 1st}: Suboxone Maintenance Implemented
- 2021 {April 1st}: Sublocade Maintenance Implemented

Program Infrastructure

- Physicians (*board certified in addiction medicine*): Tim Kross, Amanda Hartwell
 - Medical Vendor (Wellpath)
- MAT Program Specialists: At least one MAT Specialist for each state prison (24)
 - Community Corrections: At least one MAT Specialist for each region (3)
- Grant Coordination: Kelly Martini (RSAT, SOR, Act 80)
- MAT Statewide Coordinator: Steven Seitchik
 - Assistant Coordinators: Amanda Rhoads, Katlyn Wyant
 - Oversight: Tracy Smith, Daniel McIntyre, Kelly Evans

*Methadone only available at SCI-CBS

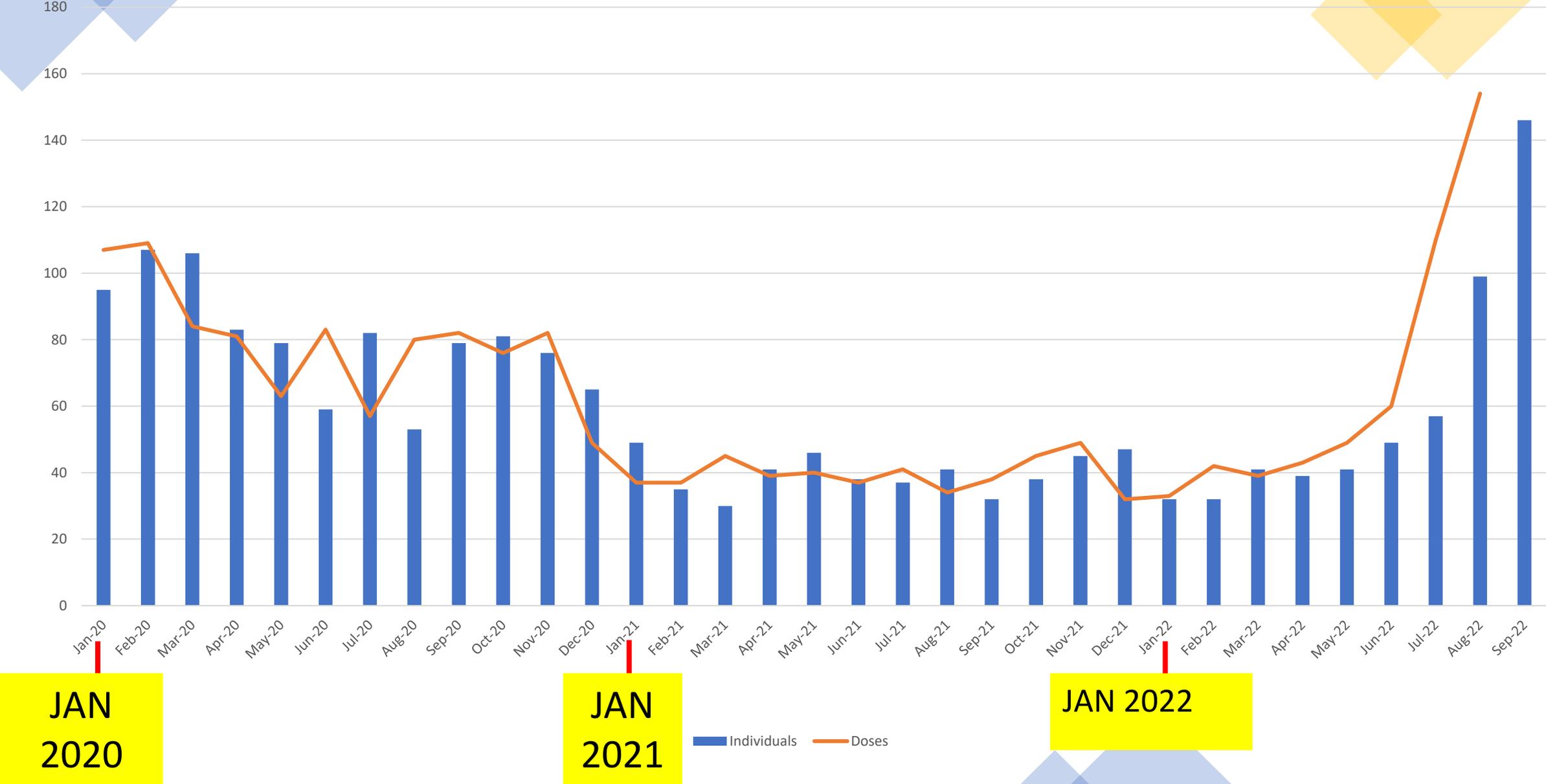
Monthly MAT Committee Meetings

- Communication must be constantly monitored and improved
- Agenda items from last month
 - Updated procedures in Sapphire
 - Case Reviews (problem cases)
 - ✓ Diversion update (current rate is 3.6 %)
 - Injectable buprenorphine expansion
 - Inmate's being released w/o appropriate Suboxone scripts
 - Documentation processes (i.e., DC472-Y)
 - Email distribution lists.

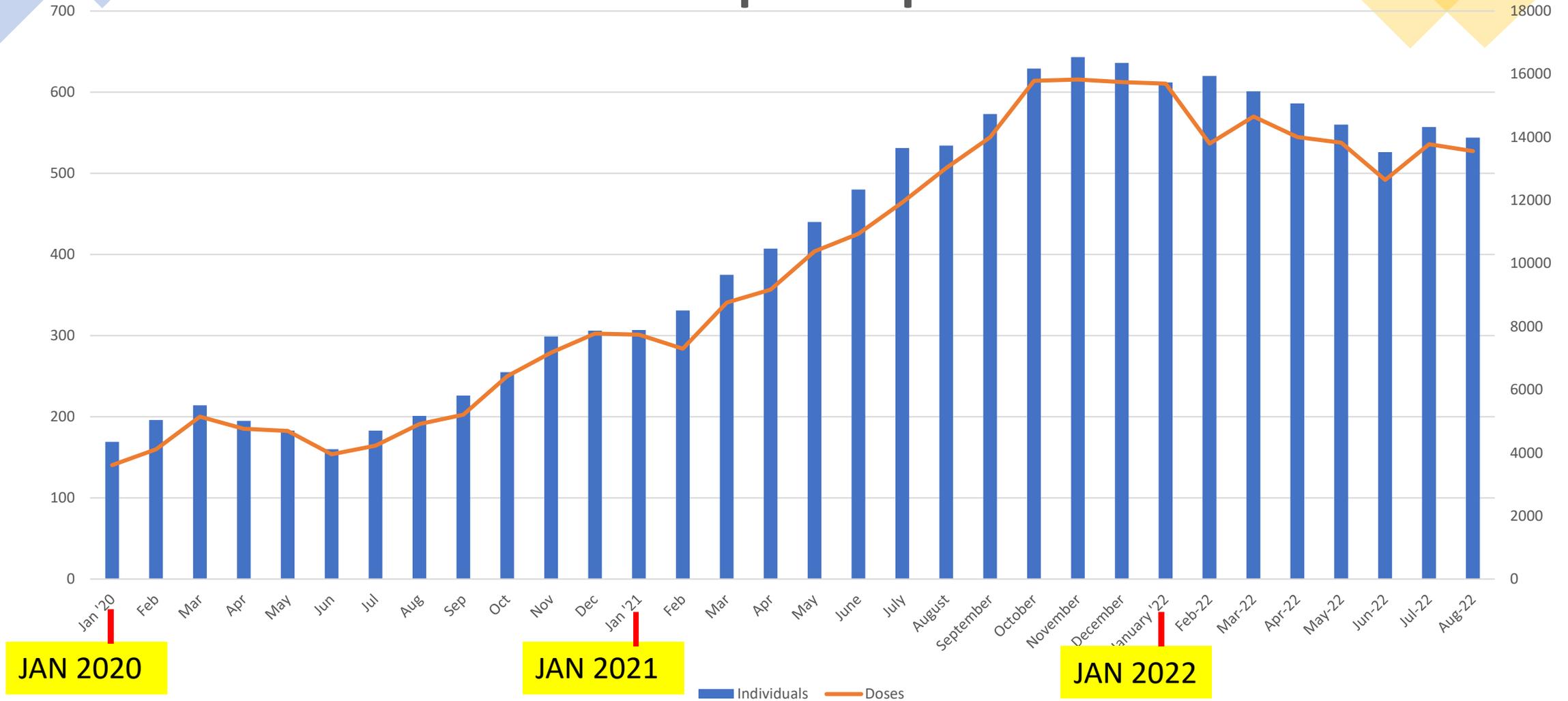
Expanding Access to Evidence-Based Treatment

Participation in Medication Assisted Treatment

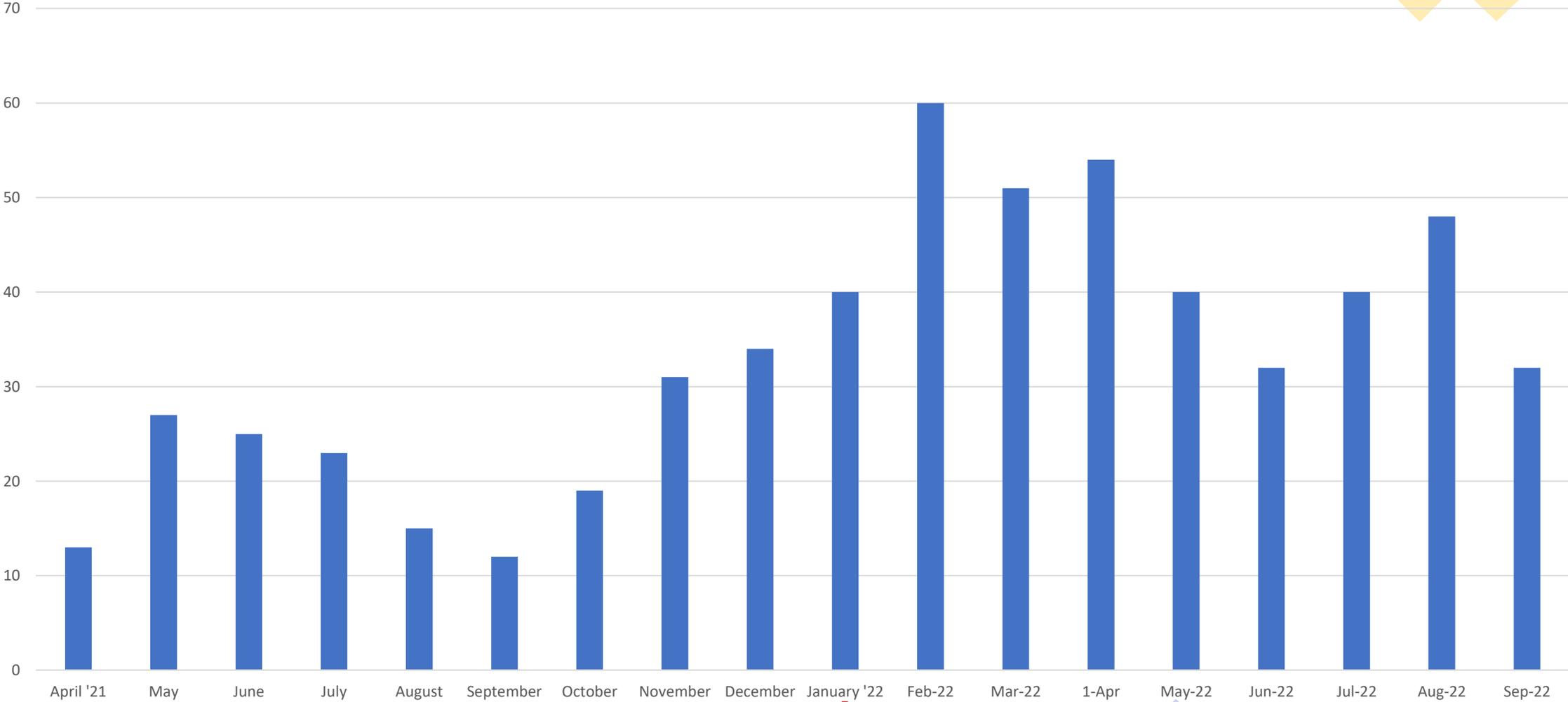
Vivitrol



Oral Buprenorphine

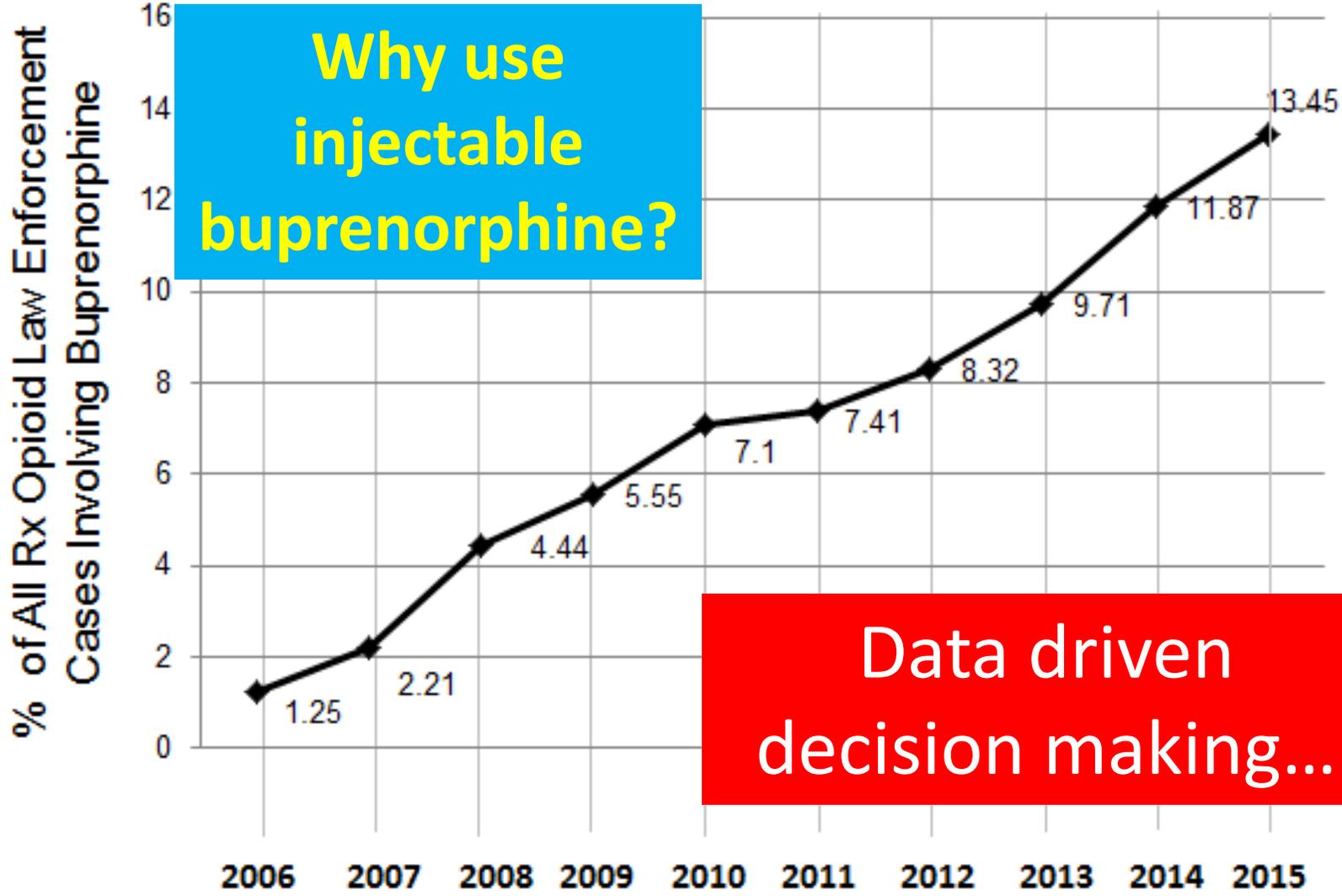


Injectable Buprenorphine



JAN 2022

Growth of Law Enforcement Cases Involving Diverted Buprenorphine (2006-2015)



Why use injectable buprenorphine?

Data driven decision making...

Source: Department of Justice, Drug Enforcement Administration, Office of Diversion Control, National Forensic Laboratory of Information System (NFLIS), 2015 Midyear Report

Implementing MAT Inside SCIs

- **Signs of Success**

- Staff Initiative
- Staff Buy-In
- Teamwork
- Sense of Urgency
- Communication
- COMPASS Application (Accuracy and Timeliness)
- Prior Authorization (Accuracy and Timeliness)

Implementing MAT Inside SCIs

- **Obstacles:**

- Lack of Buy-In
- Lack of Motivation
- Staff Turnover
- Lack of Teamwork
- Poor Internal Communication
- Lack of Training/Education

Implementing Injectable Buprenorphine Inside State Correctional Institutions

Eligibility:

- Inmates being sent to County Jails
- Inmates caught diverting
- Inmates who prefer injectable for Pre-Release
- Inmates who prefer long acting injectables over oral tablets (threats, extortion)



Continuity of Care

Community-Based Referrals

Medicaid

With many serious mental and physical health conditions, including SUD, reentrants require essential health care immediately upon release from incarceration.

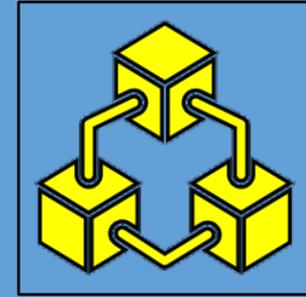
To address this issue, PA DOC and PA Department of Human Services (DHS) have collaborated to create a process ensuring that Medical Assistance (MA) benefits will be in place for reentrants on the date of their release.

Included in the mission will be **automated processing** of Commonwealth of Pennsylvania Access to Social Services (COMPASS) applications for all of these reentrants.

Medication-Assisted Treatment (MAT) Participant Information Form

Reentrant Name		Release Date	
DOC Number	Parole Number	Reentrant MA ID #	
Reentrant Address and Phone #		County of Release	
Date of Last MAT Injection/Dosing:		Type of MAT (i.e., Vivitrol, Sublocade, Suboxone)	
Name and Location of Community-Based MAT Provider		Date of 1st Community-Based MAT Appointment	
Name and Location of Community-Based Counseling Provider		Date of 1st Community-Based Counseling Appointment	
SCI Name and Address		SCI Social Worker Name	
Single County Authority Name	Date SCA Was Informed	Initial GPRA Date	
Comments			

Wolf Administration Announces Partnership, **April 2021**



Governor Wolf announced a partnership developed by the departments of Human Services (**DHS**) and Corrections (**DOC**) that will better connect people who are being released from state correctional institutions with one of Pennsylvania's Centers of Excellence (COE).

COLLABORATION: PRIORITY STATUS

Priority Status: Individuals who are returning to the community after incarceration are to be prioritized for intake and admission. This population should only defer to the Department of Drug and Alcohol Program's five (5) priority populations: pregnant women, women with children, persons who inject drugs, overdose survivors, and Veterans. **Individuals returning to the community after incarceration will be treated as a sixth priority population by COEs.**

COLLABORATION: CONTACT INFORMATION

Point of Contact: To eliminate potential barriers, each COE will identify primary and secondary contacts for DOC referrals. **Primary and Secondary contacts will be provided to DOC social workers for referral facilitation** ensuring that the COE adheres to the expectation of treating individuals who are returning to the community after incarceration as a priority population.

COLLABORATION: FLEXIBILITY

Flexibility: COEs are expected to be flexible in their coordination with correctional facilities. COEs will be expected to make concessions when typical COE protocol does not align with what is feasible for DOC referrals.

Example: Requiring face-to-face interaction prior to intake; Requiring a personal email address; Requiring only one form of communication (e.g., phone calls only).

Social Capital

- ▶ Complexity theory posits that **relationships between individuals** may be more important than individual attributes and building these relationships can positively influence implementation.
 - These relationships may manifest to build a sense of 'teamness' or 'community' that may contribute to implementation effectiveness



Erica Francis

Program Director

Penn State Project ECHO®

Penn State College of Medicine

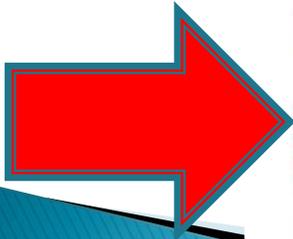
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Project ECHO prepares doctors to manage addiction care closer to home

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

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