Medication Assisted Treatment (MAT) in Jails and Community-Based Settings

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National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by the best available evidence
The National Reentry Resource Center

- Authorized by the passage of the Second Chance Act in April 2008
- Launched by the Council of State Governments in October 2009
- Administered in partnership with the Bureau of Justice Assistance, U.S. Department of Justice
- The NRRC has provided technical assistance to over 600 juvenile and adult reentry grantees since inception
Overview

Introduction to Medication Assisted Treatment (MAT)

Implementation in Texas

Implementation in Washington County, MD
Introduction to Medication Assisted Treatment (MAT)

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Introduction to Medication Assisted Treatment (MAT)

• A treatment option for opioid dependence/opioid use disorder used in combination with counseling and social support

• Considerations for individuals with opioid use disorder in the criminal justice system:
  – While incarcerated: potential for opioid withdrawal syndrome
  – Upon release: risk of relapse and overdose (sometimes fatal) and return to incarceration
Methadone

• Opioid agonist that reduces cravings for opioids and blocks euphoric effects of other opioids if they are used
• Taken orally
• Administered by Opioid Treatment Programs (OTPs) certified by the Substance Abuse and Mental Health Services Administration (SAMHSA)
• Evidence that starting methadone maintenance during incarceration compared to after release is associated with higher rates of treatment initiation in the community
Buprenorphine

• Partial opioid agonist that requires a lower maximum dose than methadone and does not produce euphoria or withdrawal
  – Can be combined with naloxone (opoid antagonist) to prevent misuse
  – Taken orally
  – Can be prescribed as part of OTP or by physicians who have completed 8 hours of training
  – Rates of relapse and rearrest for jail inmates on buprenorphine are similar to outcomes for jail inmates on methadone
Naltrexone

- Opioid antagonist that binds to opioid receptors in the brain and blocks the euphoric effects of opioids
  - Can be used for treatment of alcohol dependence/alcohol use disorder
  - Administered as a tablet or by intramuscular injection
  - No potential for misuse
  - Can be prescribed by health care providers licensed to prescribe medications
  - A pilot randomized controlled trial found lower rates of relapse for inmates who began naltrexone treatment pre-release compared to those who did not receive medication
Audience Poll

- Where is your agency based?
  - Jail
  - Community
  - Both

- Does your agency use medication assisted treatment?
  - Yes
  - No

- If yes, which medication option do you use?
  - Buprenorphine
  - Methadone
  - Naltrexone
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Texas Strategies to Address Care for Pregnant & Postpartum Opioid Dependent Inmates
Texas Jailers Deny Pregnant Navy Vet Medication Needed to Continue Her Pregnancy

Advocates for 30-year-old Jessica De Samito, who is 24 weeks pregnant, say a Texas county jail is withholding the methadone treatment she needs to sustain her pregnancy.

Rick Perry’s “pro-life” hypocrisy: How Texas puts pregnant women at risk

UPDATED: Jessica De Samito has been released to her home where she will remain under electronic supervision

Pregnant woman denied methadone while incarcerated

Locking Up Pregnant Drug Users Has Devastating Consequences

By Mary Emily O’Hara

If you're pregnant in the US, use drugs, and don't do exactly what your doctor says, you could go to jail, harming mother and baby alike.

Texas Loves Babies, So Long as their Mothers aren’t Former Drug Users

Jessica De Samito is a military veteran who suffers from PTSD. She is expecting her baby in November.

She is being denied her prescribed, federally-recommended methadone treatment, putting her at risk of suffering a stillbirth.

Help her avoid a stillbirth. Call the Guadalupe County Jail Medical Department at (830) 379-1224 and demand that she be given her medication or released to her treatment provider to get the care she needs.
Partnership to Provide Integrated and Collaborative Care

Pregnant and Postpartum Intervention Program

NAS Opioid Treatment Services

County Jail
Services

• County Jails
  – Referral
  – Access to services

• NAS OTS
  – Methadone—currently the gold standard in the treatment of pregnant opioid dependent women established by NIH since 1998
  – Counseling
  – Medications will be delivered and administered daily to eligible inmates by qualified provider staff
  – Zero cost to eligible pregnant and postpartum women and county jail system

• PPI
  – Motivational interviewing
  – Case management—coordination with CPS and hospital systems
  – Education—Overdose Prevention, Mommies Curriculum
  – Outreach—Home visitation, transport, risk reduction
  – Free of charge
  – Co-location with NAS OTS
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Funding

• Second Chance Grant – Family Based Prisoner Substance Abuse Treatment

• State of Maryland, Department Health and Mental Hygiene, Alcohol and Drug Abuse Administration
Program Goals

• Decrease recidivism

• Increase engagement and retention in community based behavioral health treatment

• Reduce opioid overdoses
Program Partners

• Washington County Health Department
• Washington County Detention Center
• Conmed Healthcare Management, Inc.
• Alcohol and Drug Abuse Administration
Existing Program Components

• Established jail based treatment for substance use disorders

• Established outpatient treatment for substance use disorders

• Established outpatient medication assisted treatment

• Prevention Program offering Parenting Services
Program Components

- Behavioral Health Services
- Telemedicine
- Medication Assisted Treatment
- Criminogenic Assessment
- Trauma-Informed Parenting
- Structured Video Family Visitation
- Family Needs Assessment
- Parenting Services
- Participation Incentives
- Care Coordination
Program Uniqueness

• Structured Video Family Visitation
• Telemedicine
• Medication Assisted Treatment
Medication Assisted Treatment

• Assessment
• Referral
• Medical Evaluation
• Blood Work
• Prescribe the Medication
• Drug Test
• Administer Injection
Program Challenges

- Obtaining a fully executed Qualified Service Organization Agreement
- Prescribing of the medication
- Release date from the detention center
- Coordinating services once the individual is released from the detention center
- Enrolling the individual for health benefits
Sustainability

- Behavioral Health Services
- Telemedicine
- Medication Assisted Treatment using Vivitrol
- Care Coordination
- Recovery Services
Results After One Year

• 21 individuals participated in medication assisted treatment
• 92% receiving medication continued in treatment upon release, prior to program implementation, 50% would continue in treatment upon release
• 80% of those individuals remained in treatment 90 days or longer
• 85% reported a reduction in substance use
Results After Two Years

• 44 individuals participated in medication assisted treatment
• 75% (18 individuals) receiving medication continued in treatment upon release
• 82% ( 28 individuals) remained in treatment 90 days or longer
• 8% (2 individuals) tested positive for substances while in treatment
• 4% (1 individual) received legal charges while in treatment
Recidivism Outcomes

As of December 2015

• 92% participating inmates have not returned to the detention center one year after release.
Science to Service Award

May 20, 2013, The Washington County Health Department was awarded the Substance Abuse & Mental Health Services Administration Science to Service Award for Office-based Opioid Treatment
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Additional Resources on MAT

- “Medication Assisted Treatment,” Substance Abuse and Mental Health Services Administration
- “Medication Assisted Treatment for Opioid Addiction,” National Institute on Drug Abuse
- “Medication Assisted Treatment for Opioid Addiction in a Criminal Justice Context,” TASC-ATTC
- “RSAT Training Tool: Medication Assisted Treatment (MAT) for Offender Populations,” AHP-TASC-ACJS-BJA
Thank You

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