Implementing Medication Assisted Treatment Programs for Justice Involved Populations

THE MIDDLESEX SHERIFF’S OFFICE
MATADOR PROGRAM
Sheriff Peter J. Koutoujian
October 31, 2016
Professional Background Provides Unique Perspective

- **Served in the Legislature for 14 years**
  - Spent 10 years chairing Public Health and HealthCare Committees
  - Served on the Commonwealth’s Oxycontin Commission 10 years ago
    - Traveled the Commonwealth and learned of the depths of the crisis
    - Advocating for changes in public health policies

- **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
    - 2015: 1,659 Opioid related deaths
  - Saw the epidemic with a different lens as Sheriff
    - 85-90% of inmates have a drug or alcohol addiction
    - 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
Utilizing our window of opportunity to address the factors that led to incarceration, including drug use

- Individuals are away from toxic living environment
- Have access to medical care 24/7
  - Health Services Unit had 147,000 contacts in 2015 (Lowell General ER had 100,729 visits in 2014)
  - We are the largest mental health facility in Middlesex County – many diagnosed with mental illness for the first time while incarcerated.
- Traditional health care barriers are eliminated
  - Access to health insurance
  - Access to a primary care physician
  - No financial barriers to receiving care
  - No distractions or obstacles, such as lack of transportation or work/family obligations
- Treatment beds are available
- Medical staff specializes in substance use treatment
- Access to programs and services that address addiction
The **Medication Assisted Treatment And Directed Opioid Recovery Program -- Day One to Re-entry**

<table>
<thead>
<tr>
<th>Medical Intake</th>
<th>Classification LSCMI</th>
<th>RSAT/A.R.C.</th>
<th>Enrollment</th>
<th>Pre-Release Planning &amp; Community Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2015 43% of intakes received detox protocols</td>
<td>• 80% of inmates suffer from substance use</td>
<td>• 126 bed housing unit</td>
<td>• Previously detoxed</td>
<td>• Enrolled in Medicaid</td>
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<tr>
<td>• Approx. 20% were for opiates, over 50% for polysubstance</td>
<td>• 46% have a history of mental illness</td>
<td>• 90-day cognitive behavioral program in community setting</td>
<td>• Signed consent forms</td>
<td>• Appt. w/health care provider</td>
</tr>
<tr>
<td>• 25% of inmates arrive without insurance</td>
<td>• Over 85% of mental health cases involve a co-occurring substance use issue</td>
<td>• 10% increase in opiate addiction (‘13-’14)</td>
<td>• Blood work and physical exam</td>
<td>• Counseling &amp; second injection scheduled</td>
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<td>• 38% reported heroin as primary drug</td>
<td>• Medication education</td>
<td>• Regular follow-up contact by MSO for status update &amp; data collection</td>
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MATADOR Program Goals and Overview

• Use the window of opportunity to tackle drug addiction by:
  ➢ Increasing MAT to the most vulnerable and at risk populations
  ➢ Combining MAT with counseling and MSO critical casework follow up
  ➢ Utilizing health insurance as a re-entry tool to improve access to and continuity of health care
  ➢ Tracking performance measures to determine program success

• Program participants are referred from many avenues:
  ➢ Self referrals from inmates/detainees (self motivation is key)
  ➢ Attorneys and family members
  ➢ Drug Court candidates (not as successful)
**MATADOR Program Overview Continued...**

- **Personal Connection and MSO Staff Follow Up is Key**
  - After their release, participants are not legally obligated to maintain contact with the MSO (unless under probation or parole supervision).
  - Building a rapport and establishing trust with participants is a key component. Without that, it is unlikely that participants remain in contact to ensure they are receiving care, as well as allowing us to collect data and performance measures.

- **How do we define success?**
  - MATADOR staff communicates with participants for **six (6) months** post release, allowing for program compliance.
  - At the six month mark, participants are well into their reintegration back into the community, have established routines and the continuity of care is established.
Injections Administered Since 10/01/15

Anticipated Injections
Administered Injections

<table>
<thead>
<tr>
<th>Shot</th>
<th>Anticipated Injections</th>
<th>Administered Injections</th>
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</thead>
<tbody>
<tr>
<td>1st</td>
<td>125</td>
<td>80</td>
</tr>
<tr>
<td>2nd</td>
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<td>44</td>
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<tr>
<td>3rd</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>4th</td>
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<td>33</td>
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<tr>
<td>5th</td>
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<td>23</td>
</tr>
<tr>
<td>6th</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>
What the numbers mean: A Public Safety Perspective

- 17% overall recidivism rate.
- 6% Drug-related recidivism rate.

No known cases of re-arrest, re-incarceration, and/or reconviction among this group.
Thank you