

# 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

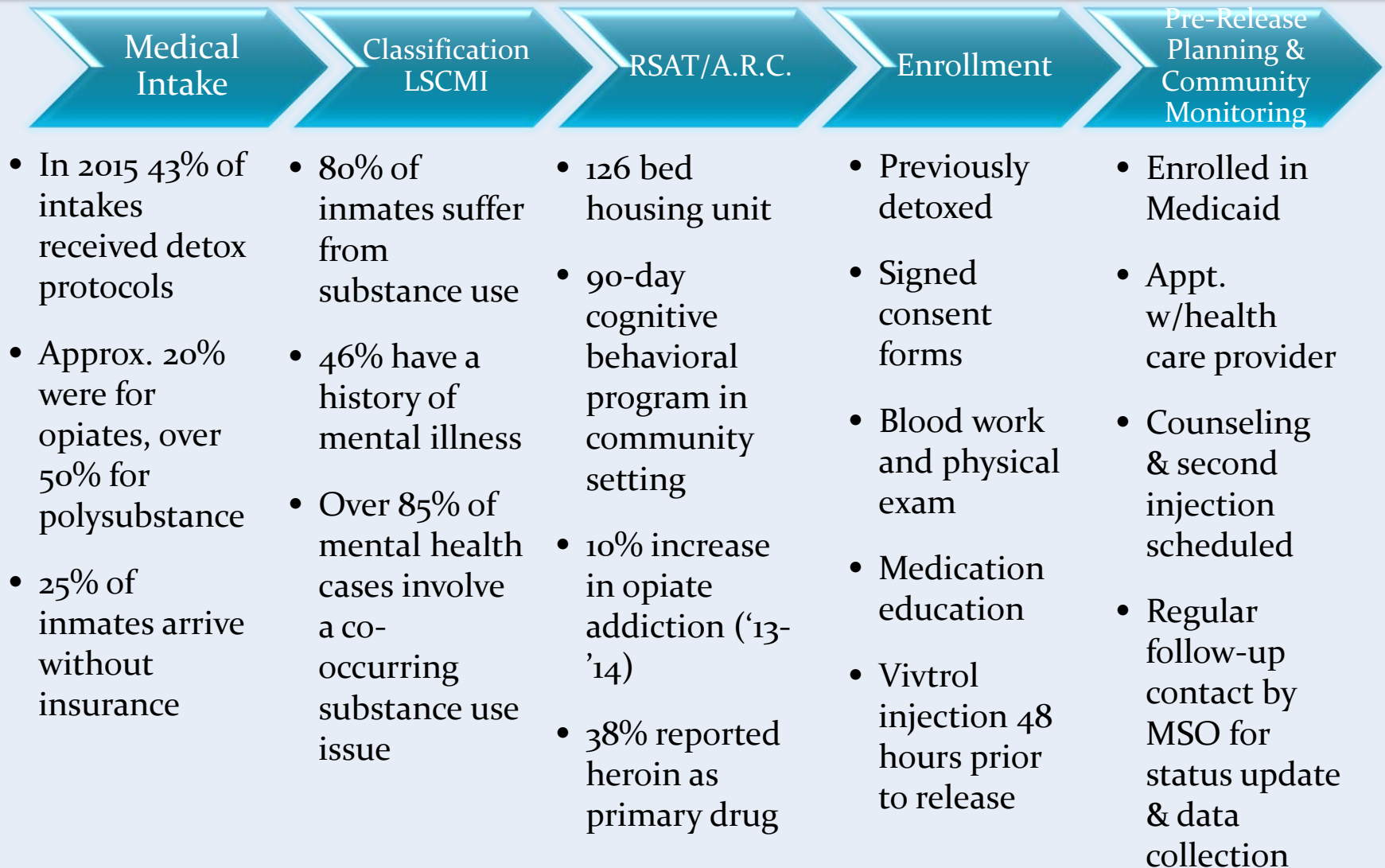
- Served in the Legislature for 14 years
  - Spent 10 years chairing Public Health and HealthCare Committees
  - Served on the Commonwealth's Oxycontin Commission 10 years ago
    - Traveled the Commonwealth and learned of the depths of the crisis
    - Advocating for changes in public health policies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

# **MAT IN CORRECTIONS: TACKLING ADDICTION TO IMPROVE PUBLIC SAFETY**

## **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



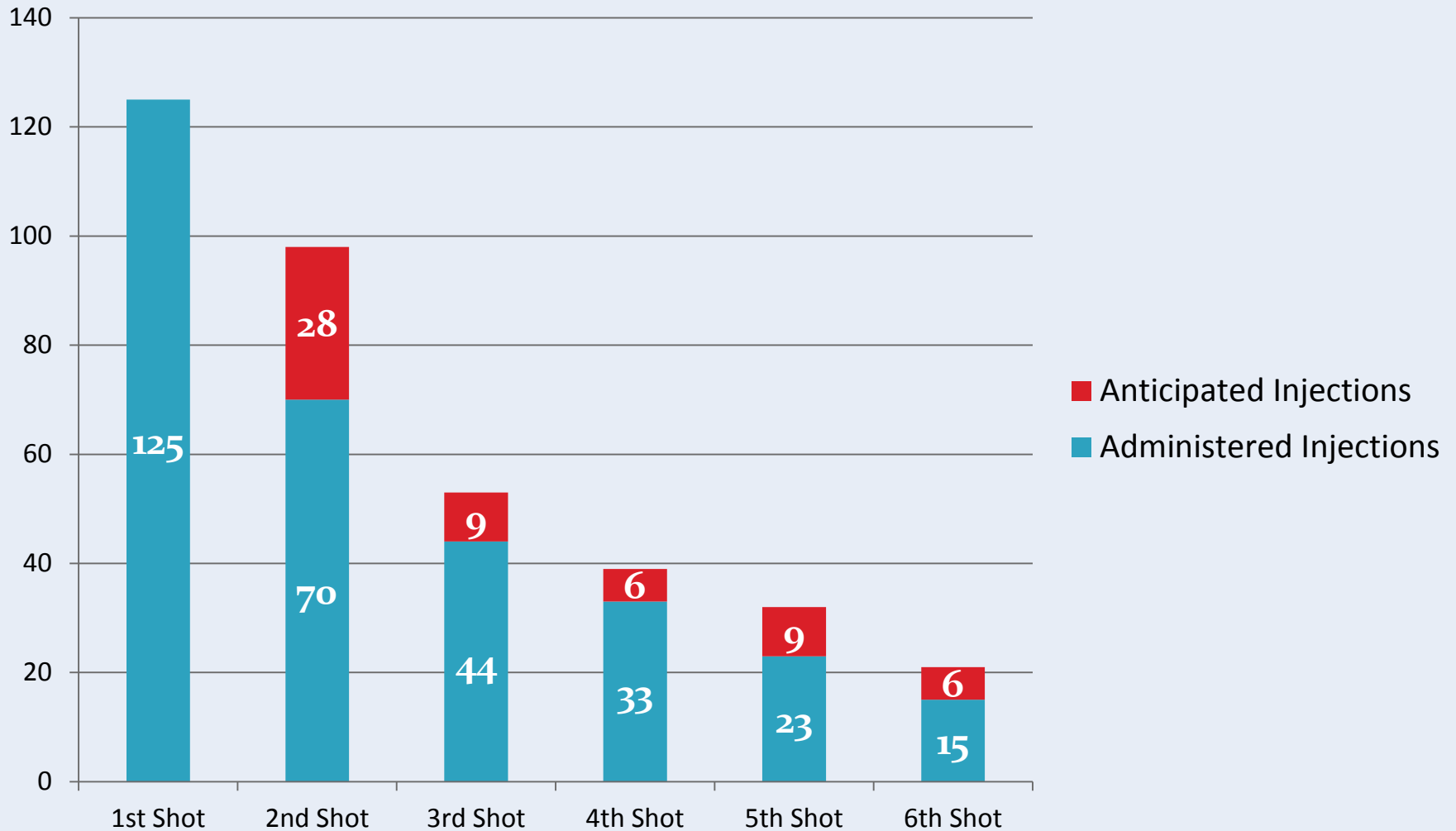
# MATADOR Program Goals and Overview

- **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)

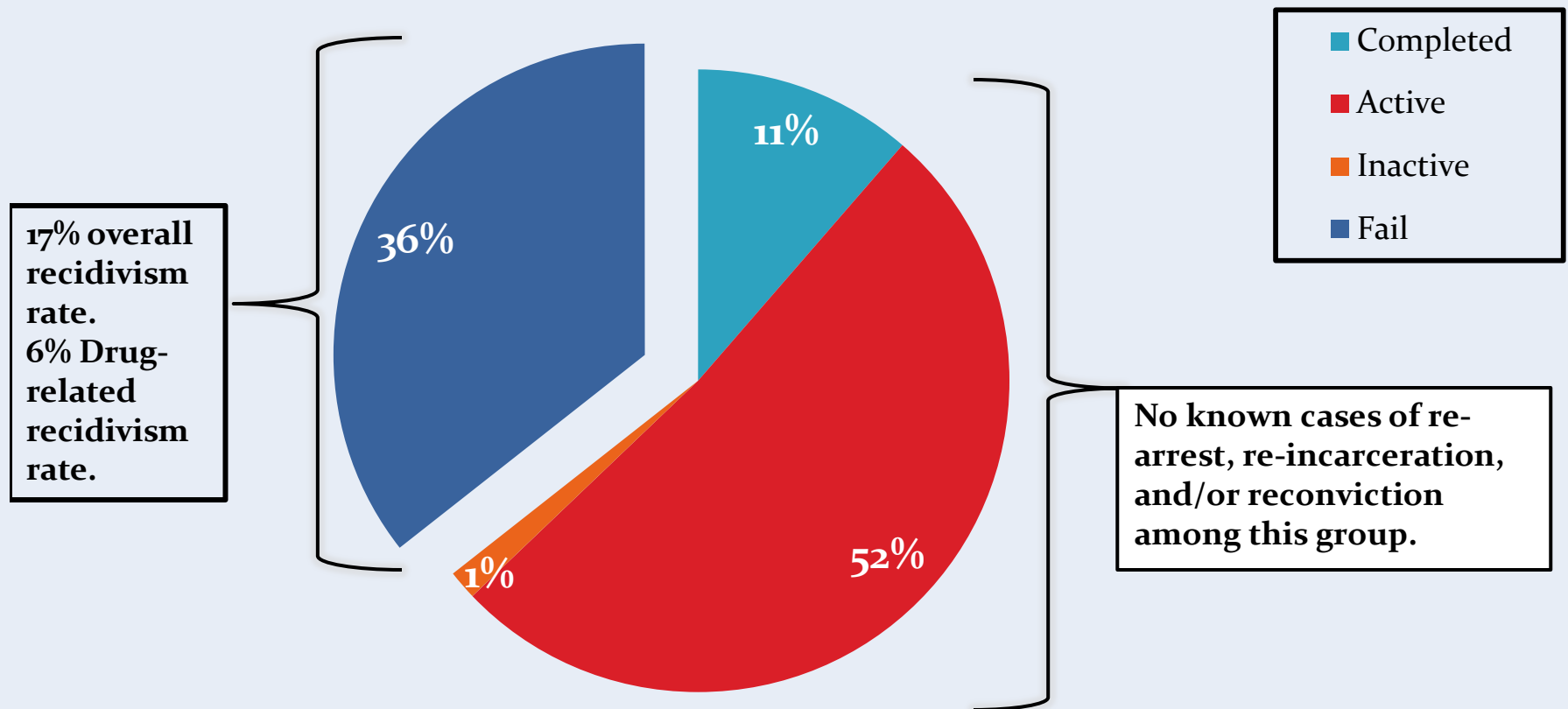
# MATADOR Program Overview Continued...

- **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



# What the numbers mean: A Public Safety Perspective





Thank you