

# **DATA-DRIVEN JUSTICE: DISRUPTING THE CYCLE OF INCARCERATION**

Biweekly Call  
December 14, 2016

# Data-Driven Justice Initiative

## Implementing Medication Assisted Treatment Programs for Justice Involved Populations



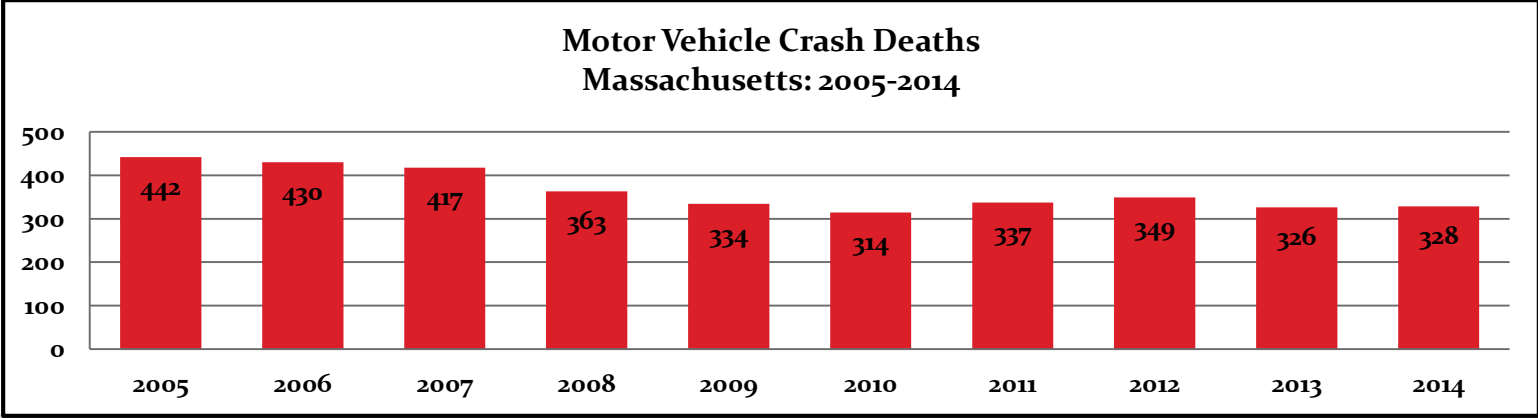
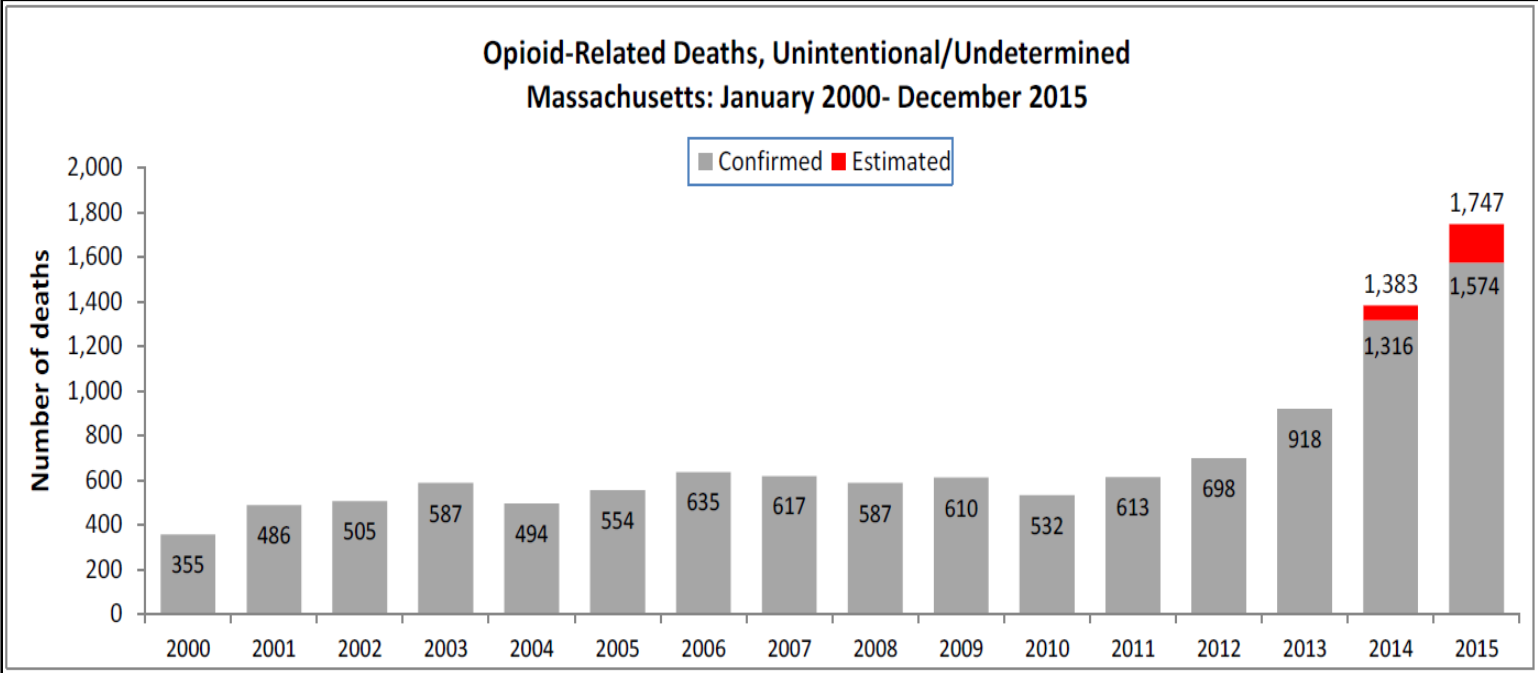
**THE MIDDLESEX SHERIFF'S OFFICE**  
**MATADOR PROGRAM**  
**Sheriff Peter J. Koutoujian**  
**December 14, 2016**

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# THE PROBLEM: Massachusetts

## Massachusetts is at the epicenter of the overdose epidemic

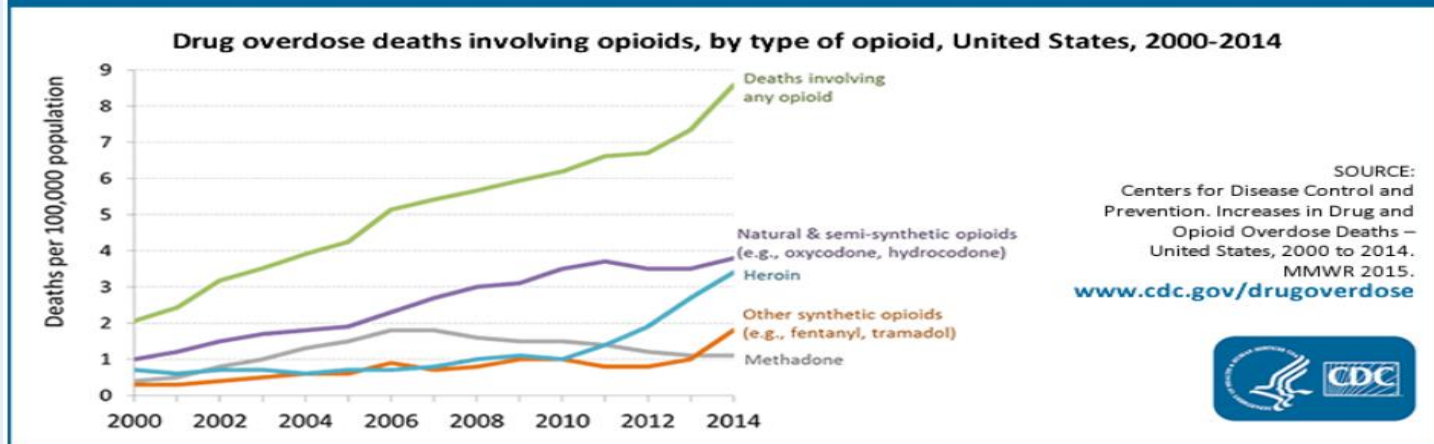


# THE PROBLEM: United States

## The Epidemic is spreading

Motor Vehicle Crash Related	Drug Overdose Related
32,675	47,055

### Opioid overdoses driving increase in drug overdoses overall



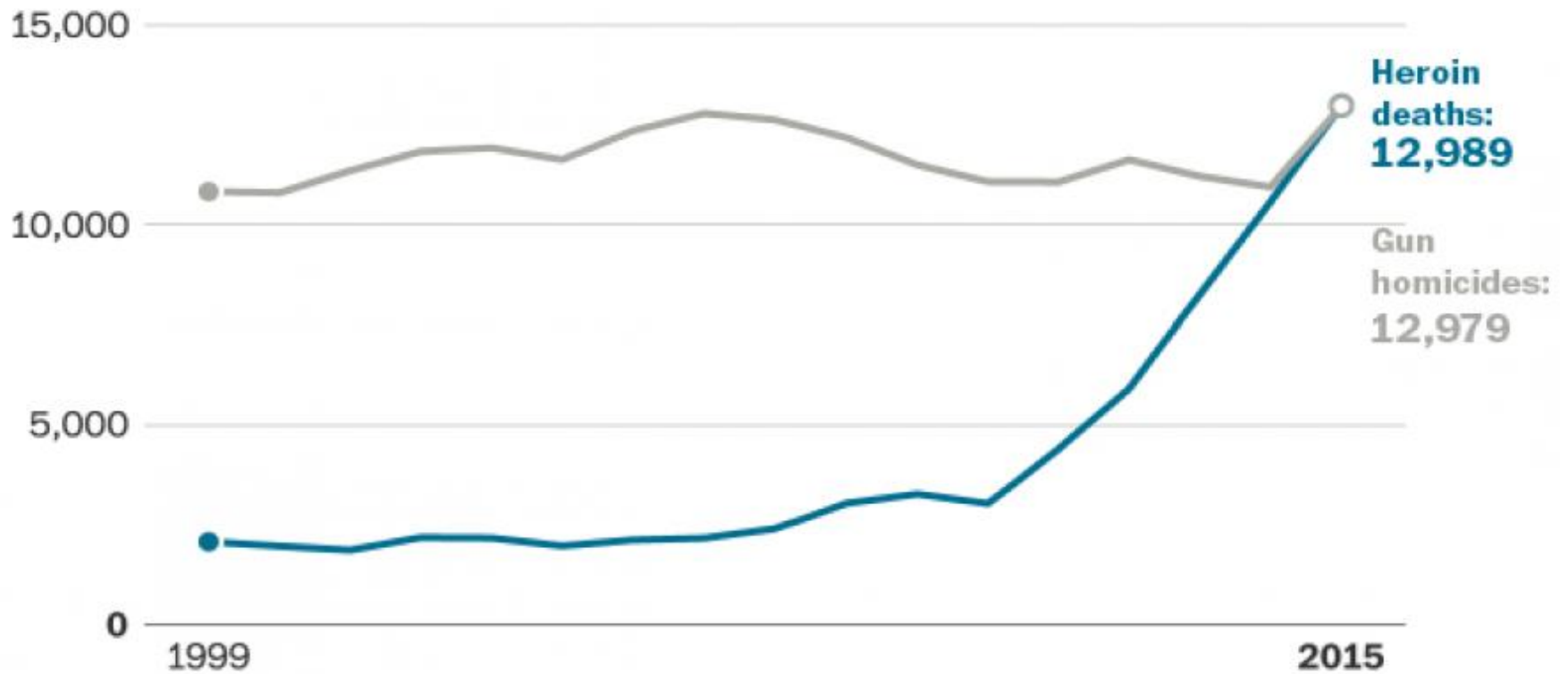
Opioid overdoses have quadrupled since 2000.

### Overdose Deaths by Census Region of Residence

Region	2013	2014	Percentage Change
Northeast	8,403	9,077	+8.8
Midwest	9,745	10,647	+9.6
South	15,519	16,777	+6.9
West	10,315	10,554	+0.7

# THE PROBLEM: Overdose Deaths are the New Normal

## Heroin deaths surpass gun homicides in 2015



Source: CDC WONDER

WASHINGTON POST

# **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
  - ✓ 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

# Medication Assisted Treatment And Directed Opioid Recovery Program MATADOR Day One to Re-entry

## Medical Intake

- In 2015 43% of intakes received detox protocols
- Approx. 20% were for opiates, over 50% for polysubstance
- 25% of inmates arrive without insurance

## Classification

- 80% of inmates suffer from substance use
- 46% have a history of mental illness
- Over 85% with mental health issues have a co-occurring substance use issue

## RSAT/A.R.C.

- 126 bed housing unit
- 90-day cognitive behavioral program in community setting
- 10% increase in opiate addiction ('13-'14)
- 38% reported heroin as primary drug

## Enrollment

- Previously detoxed
- Signed consent forms
- Blood work and physical exam
- Medication education
- Injection 48 hours prior to release

## Pre-Release Planning & Community Monitoring

- Enrolled in Medicaid
- Appt. w/health care provider
- Counseling & second injection scheduled
- Regular follow-up contact by MSO for status update & data collection



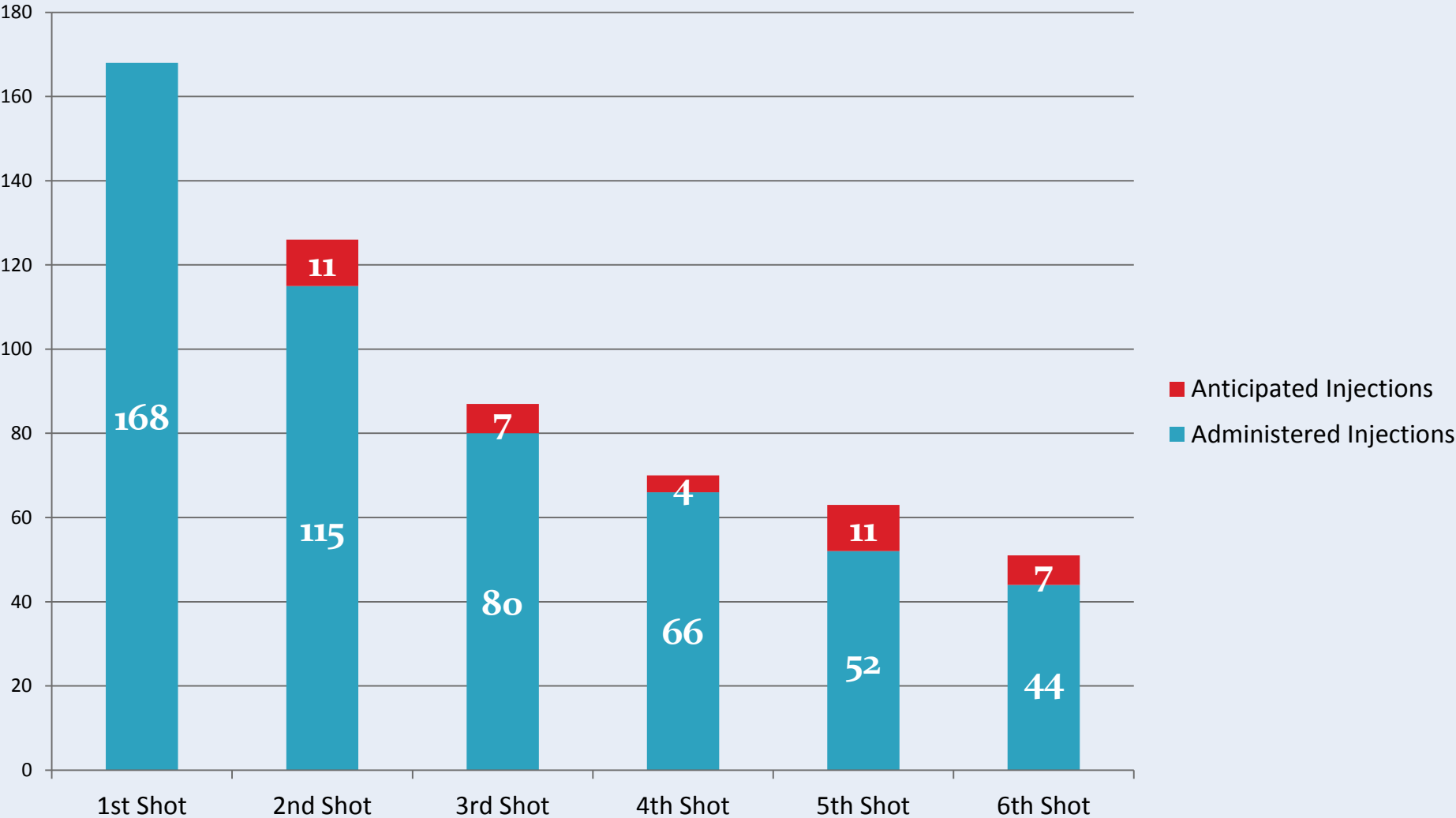
# MATADOR Program Goals and Overview

- **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)
- **Personal Connection and MSO Staff Follow Up is Key**
  - After their release, participants are not legally obligated to maintain contact with the program staff (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.

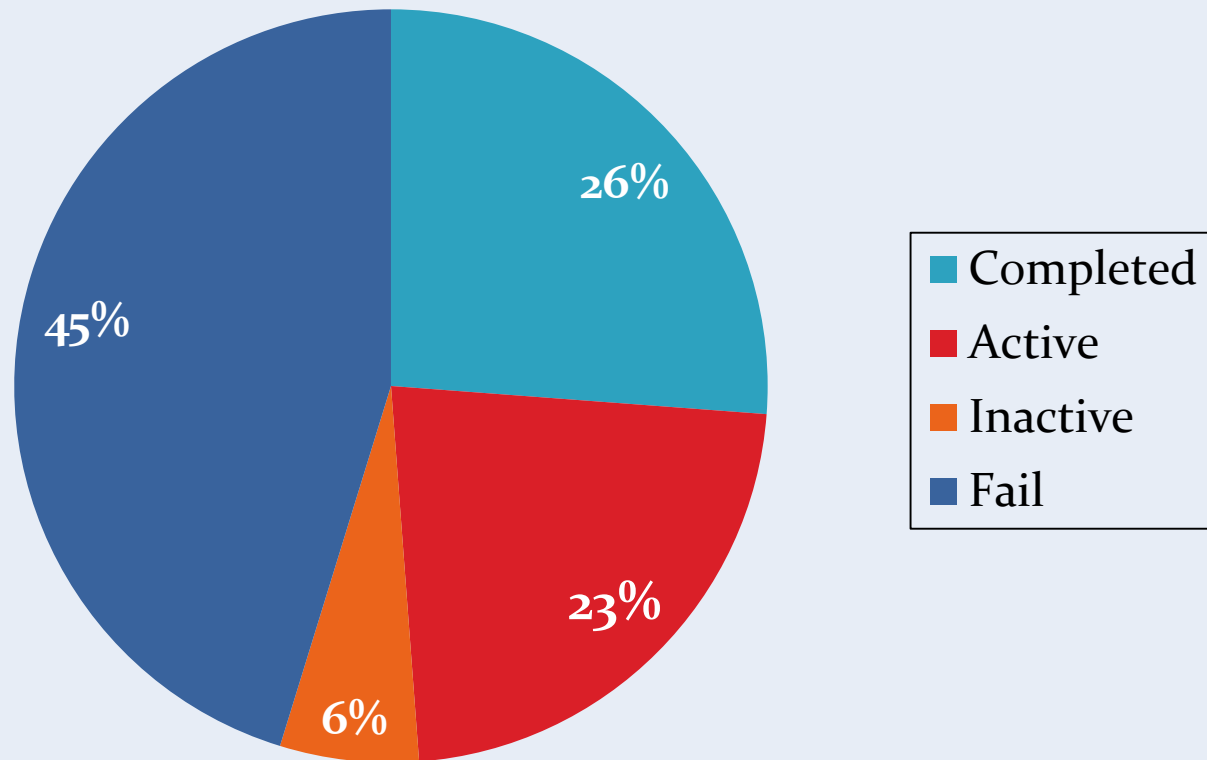
# MATADOR Program Overview Continued...

- **Robust, real-time data provides direction and correction**
  - MATADOR program staff work collaboratively with Sheriff's Office researchers to identify data trends.
  - Analysis provides critical, timely feedback to consistently monitor program performance.
  - Allows MATADOR team to constantly assess what's working and quickly adjust to the needs of the program and its participants.
- **How do we define success?**
  - MATADOR staff communicates with participants for **six (6) months** post release, allowing for the oversight of injections and 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.

# Current Program Status #1: Injections Administered

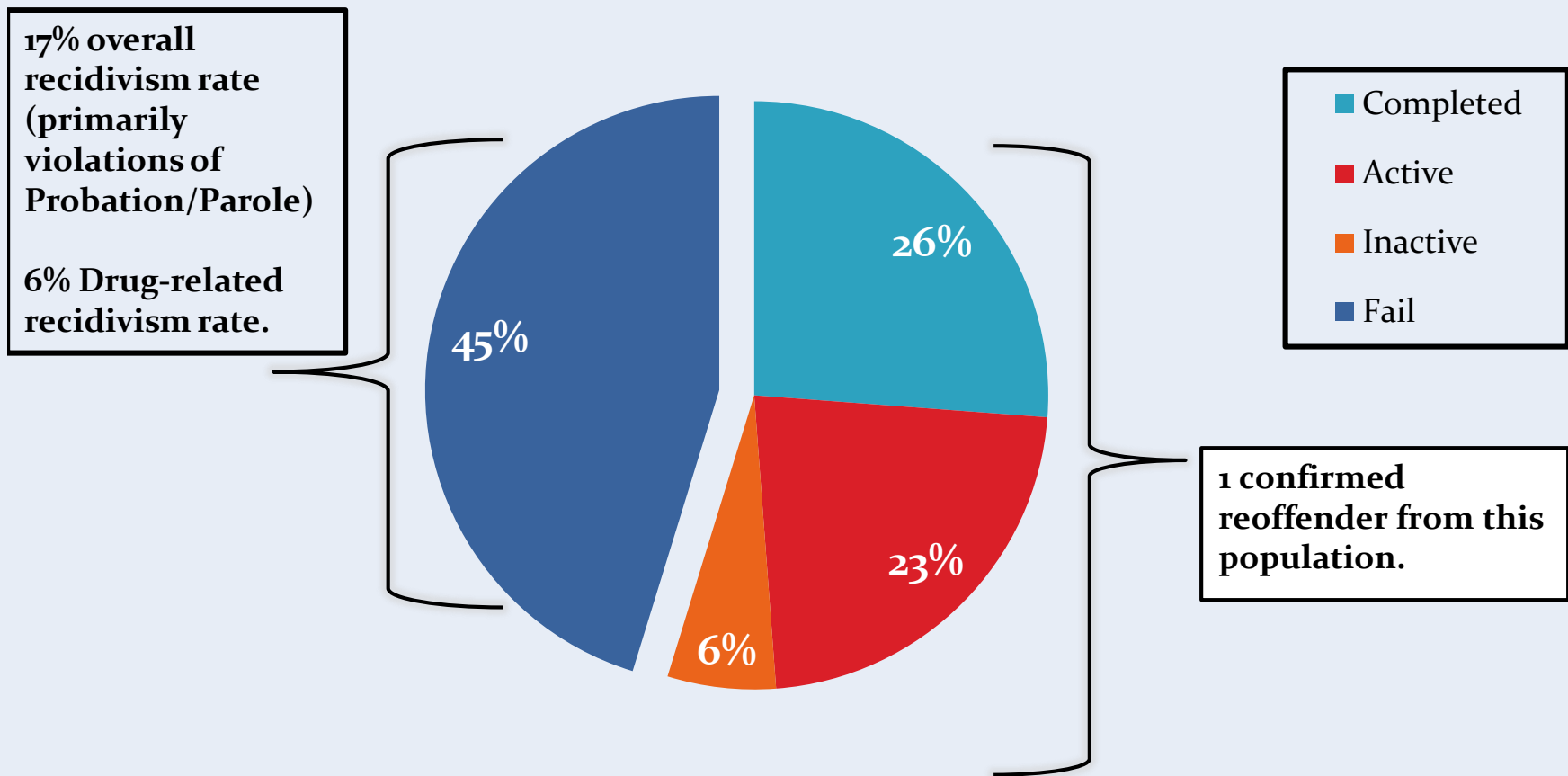


# Current Program Status #2: Program Participant Status\*



\*MATADOR participants receiving treatment for alcohol and/or opioids. 12

# What the numbers mean: A Public Safety Perspective



# Conclusion

## What our data shows

- Of the **83** individuals who remain active in MATADOR or have completed the program, **one** has reoffended.
- **Self-referrals** are the largest contributor to the program population.
- The time between **Month 1** and **Month 3** is the most vulnerable to relapse and re-incarceration.
- Capacity must reflect resources:
  - The more the program grows, the less individual contact with participants, driving up the failure rate
  - Lapse in outreach to participants = relapse/re-offense
  - Model fails when you're stretched too thin

# Program Challenges and Reboot

- Buy in from stakeholders can take time
  - Corrections professionals/Medical team
  - Community health care providers
  - Parole/Probation
  - Inmates themselves
  
- Administrative coordination can be burdensome
  - Health insurance
  - HIPAA
  - Other associated medical documents
  
- Funding for program can be an obstacle – creative with resources, challenges remain
  - Receive first injection at no cost from the manufacturer
  - Altered job function of senior medical staff person to navigator
  - Program interest outpacing staff capacity

# Program Challenges and Reboot continued...

## First Attempt: Failure

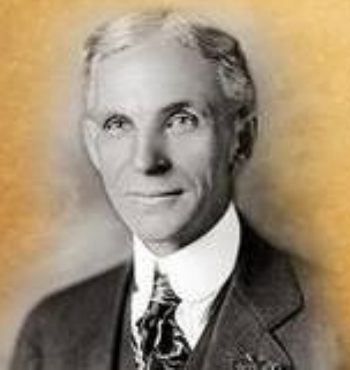
- Initiated in 2012 and provided 60 naltrexone injections.
- Program was an “abject” failure – 99% of participants failed to continue program post-release.
  - Lacked communication with community health care providers, criminal justice partners
  - Lacked buy-in from motivated program staff
  - Lacked methodology for data collection and program evaluation
  - Challenges with access to treatment options post release

## Second Attempt: Success

- Retooled the program with motivated personnel including a **Recovery Support Navigator**
- Met with community health care providers to establish working relationships
- Benefitted from increased MAT awareness in correctional settings
- Established data collection parameters and team of staff to review progress regularly
- Real-time data helps to make real-time decisions
  - Identified a statistically significant increase in inactive participants
  - Monitored the trend daily
  - Altered the program to temporarily suspend enrollment to focus on current participants



**Failure is simply the  
opportunity to begin  
again, this time more  
intelligently.**



**Henry Ford**  
*American industrialist,  
the founder of the Ford Motor Company*