

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



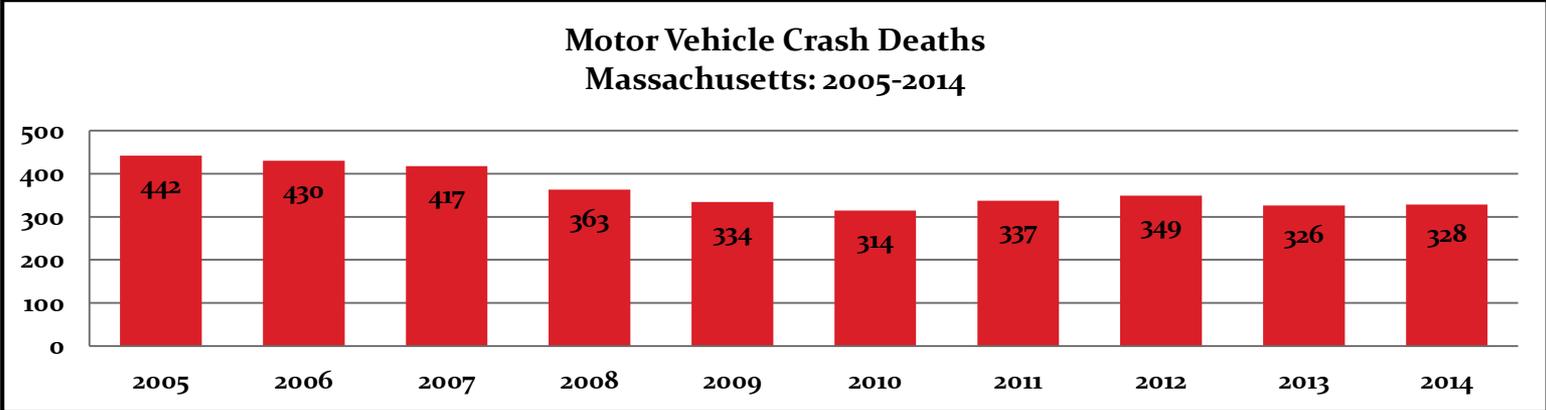
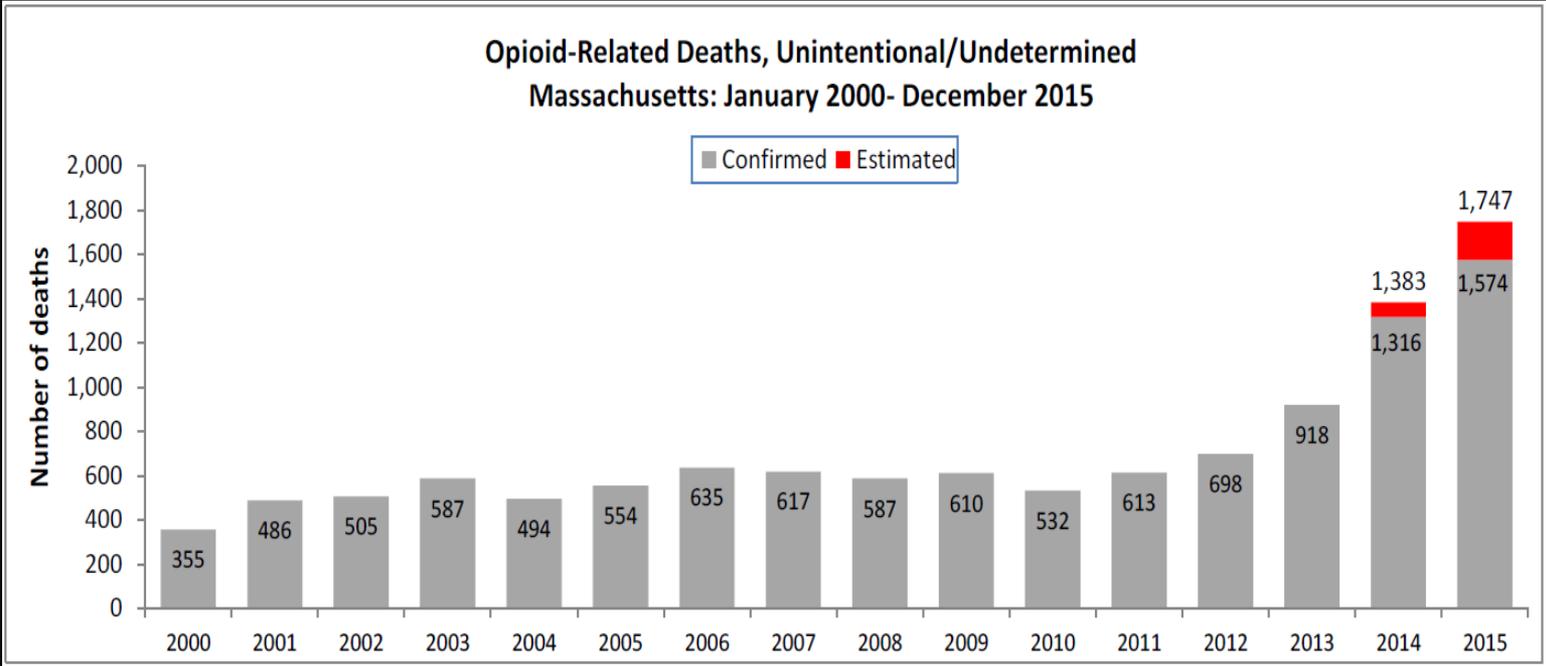
**THE MIDDLESEX SHERIFF'S OFFICE
MATADOR PROGRAM
Sheriff Peter J. Koutoujian
December 14, 2016**

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THE PROBLEM: Massachusetts

Massachusetts is at the epicenter of the overdose epidemic

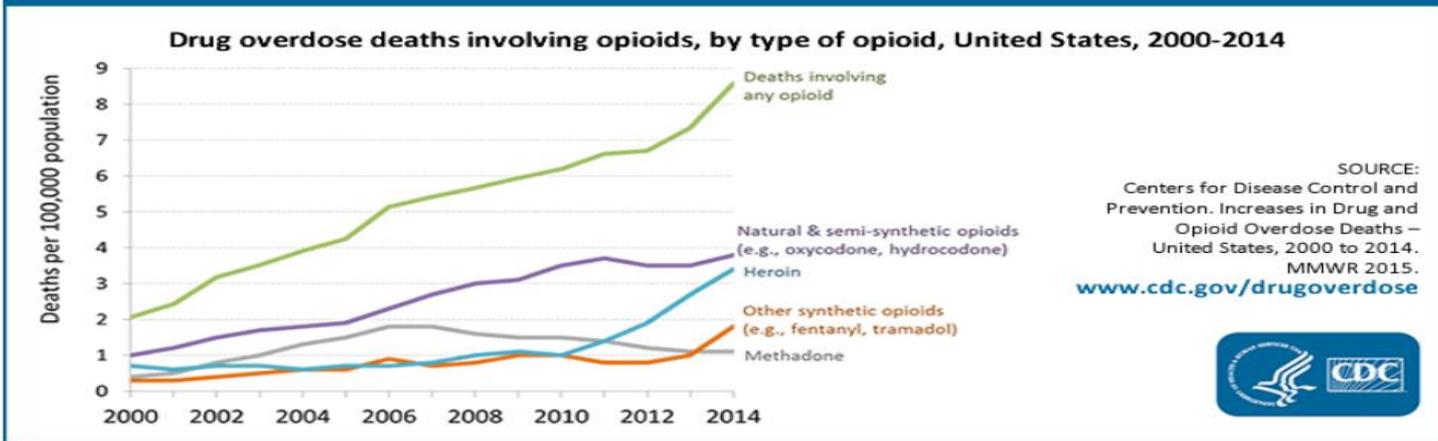


THE PROBLEM: United States

The Epidemic is spreading

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

Opioid overdoses driving increase in drug overdoses overall



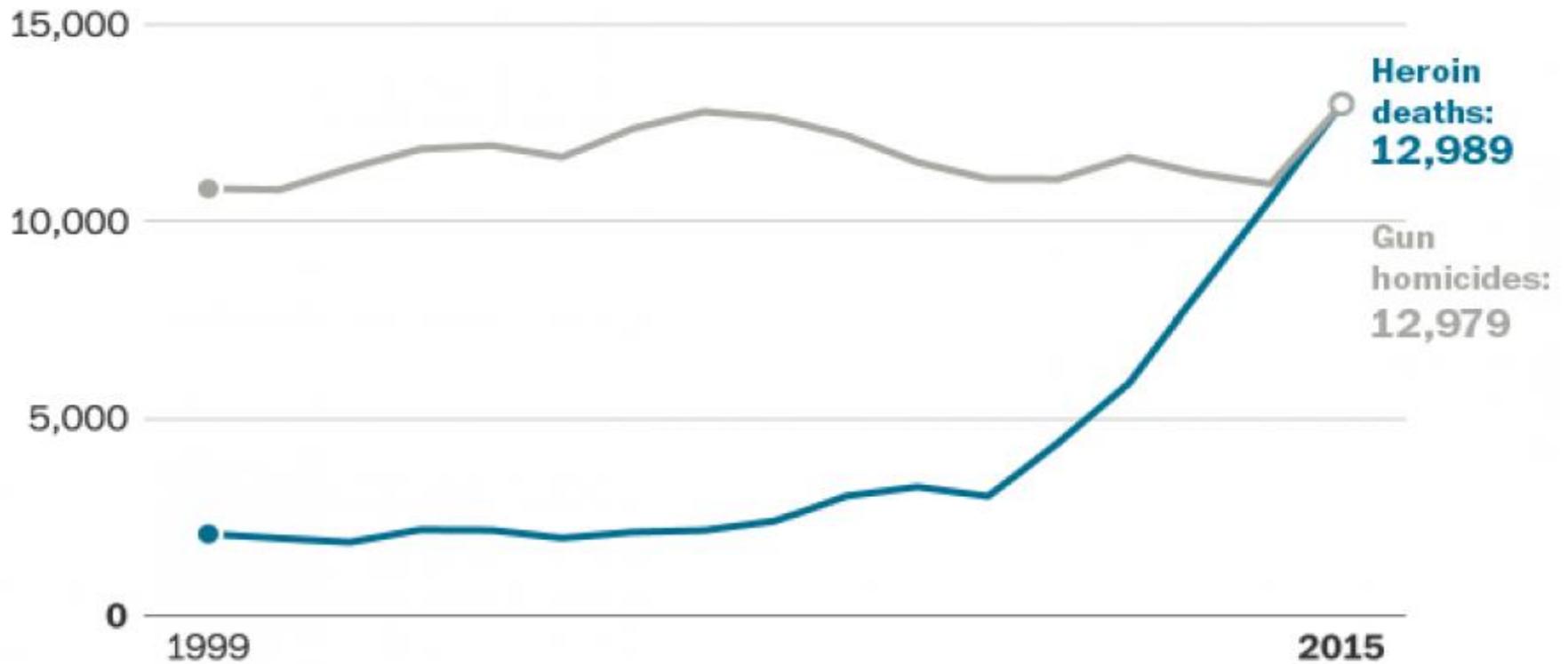
Opioid overdoses have quadrupled since 2000.

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

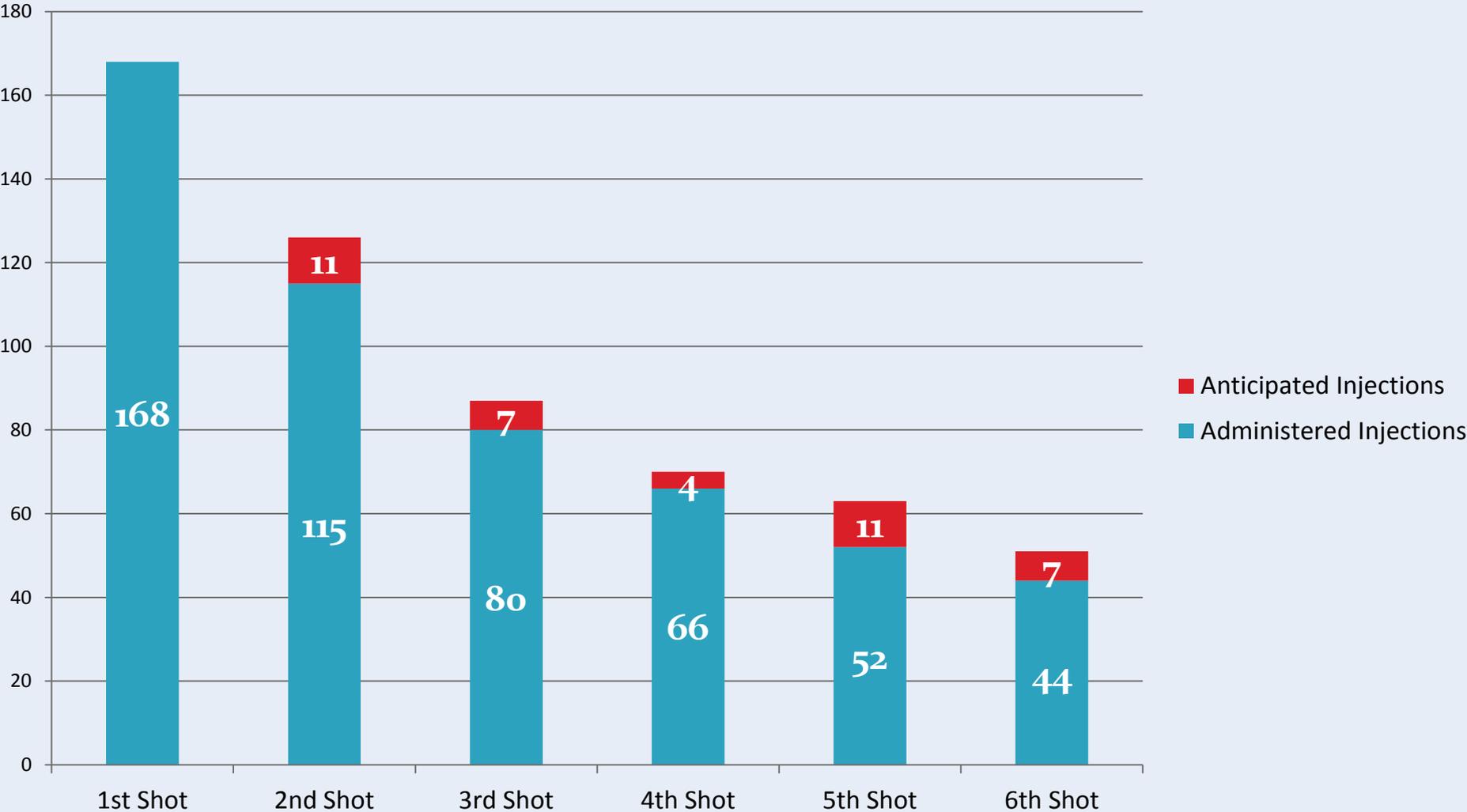
MATADOR Program Goals and Overview

- **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.

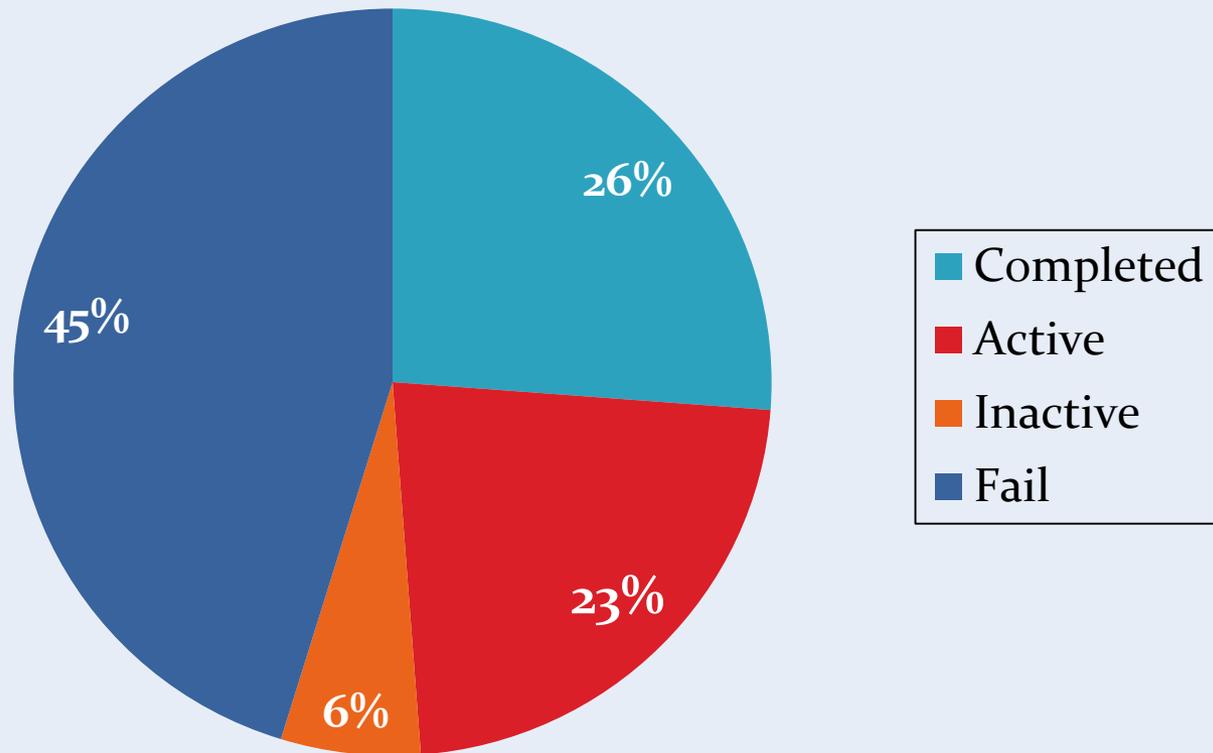
MATADOR Program Overview Continued...

- **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

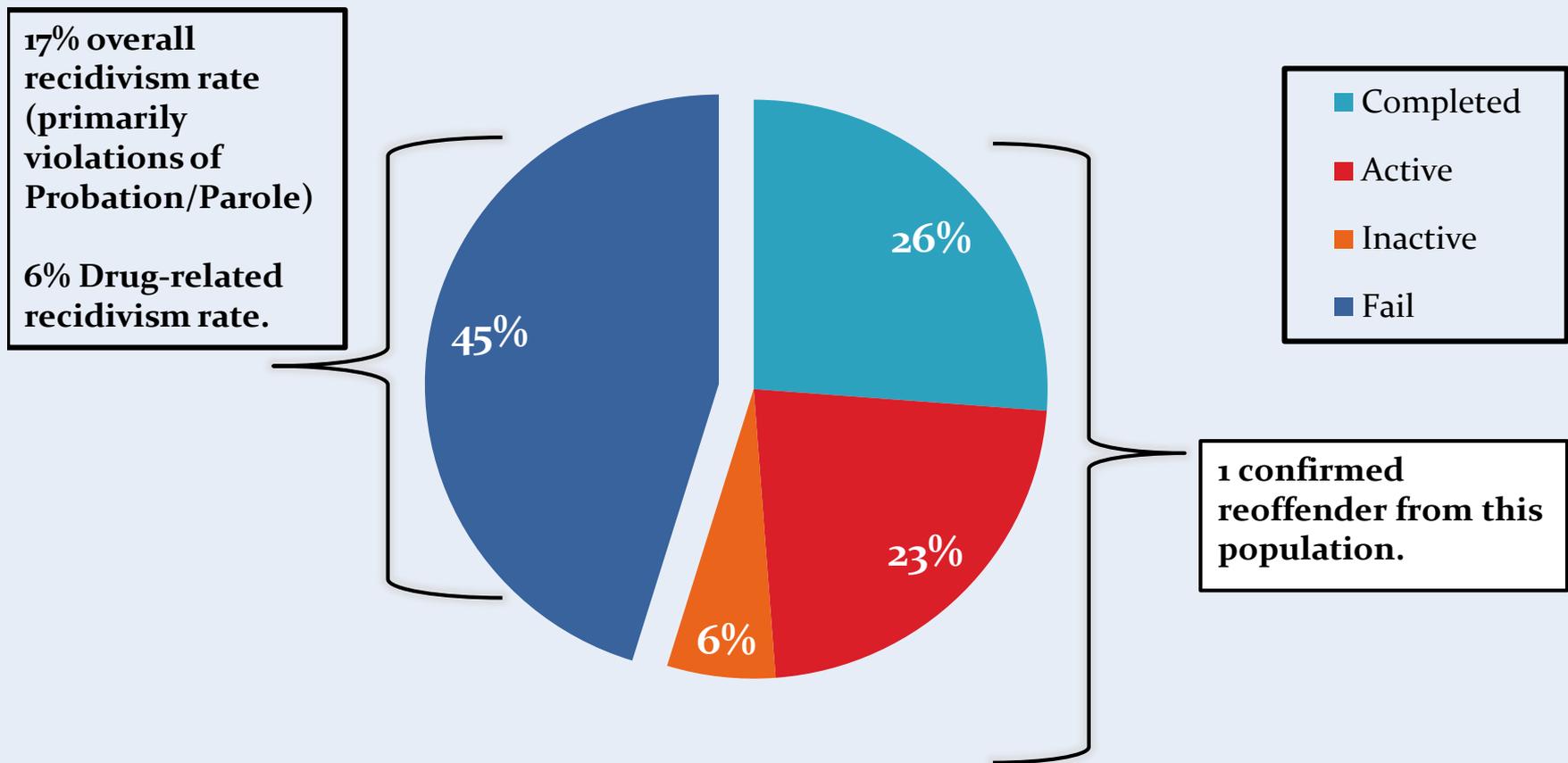


Current Program Status #2: Program Participant Status*



*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*