

## **12/14/16: Implementing Medication Assisted Treatment Programs for Justice Involved Populations**

Presenter:

- Sheriff Peter J. Koutoujian, Middlesex County, Massachusetts

Relevant Attachments:

- Presentation for the Middlesex Sheriff's Office MATADOR Program

Key Takeaway:

- Middlesex County did not let failure stop them. They learned from what did not work in the first design of their program to reboot, improve services and achieve promising results.

To tackle opioid addiction issues facing Middlesex County, the Sheriff's Office began the MATADOR (Medication Assisted Treatment and Directed Opioid Recovery) Program. The program employs a unique opioid and heroin addiction treatment model that deploys the use of an injectable form of a non-habit forming, long lasting medication that blocks the effects of opioids. Medication is combined with counseling /programming to address the substance abuse issues. Sheriff Koutoujian defines the success of the program by a person that is in compliance with counseling and programs.

The Sheriff's Office was a unique position to provide medication assisted treatment (MAT) because they could address those factors that led to incarceration by providing 24/7 access to medical care, having medical staff on hand who specialized in substance use treatment and removing individuals from their toxic living environments. Close to 88 percent of program referrals are self-referrals. Their data show that self-referrals are a large contributor to the program's success because those individuals are motivated to stay with the program.

The program uses a combination of medication treatment, counseling and health insurance. Participants are given an injection 48 hours prior to release. Health insurance is used as a reentry tool to improve access and create continuity. The expansion of Medicaid in Massachusetts has allowed the Sheriff's Office to suspend rather than terminate Medicaid for their justice-involved population. Additionally, prior to release individuals are enrolled in Medicaid, given an appointment with a health care provider and provided with counseling and a second injection is scheduled. After release, program participants are not obligated to maintain contact with staff but many have built a rapport that allows them to feel comfortable to maintain contact, which in turn allows the Sheriff's Office to collect and track data and outcomes.

The program encountered many challenges both administratively and from stakeholders. The administrative coordination was burdensome due to HIPPA issues and health insurance. Another challenge was program buy in from stakeholders such as parole/probation and community health care providers. The county was creative with resources to address funding challenges, but the program did not cost as much money as they thought. The first injection given to a participant is provided at no cost from the manufacturer.

The initial attempt at the program was not successful because they lack motivated staff and stakeholders. At that time 99 percent of their participants failed to continue the program post release and they lack a methodology for data collection and evaluation.

Their second attempt at the program was a success. They retooled their program with motivated staff, including a Recovery Support Navigator. The Sheriff's Office also met with community health care providers to establish working relationships and established data collection parameters and a team to regularly review progress. They found that the real time data helped them to make real time decisions because they could monitor the trends daily and were able to realize their relapse numbers were rising as a result of taking too many people on. They were able to make immediate adjustments to focus on those individuals in the program and their success. "Vision without data is just a hallucination."

### **Questions and Answers:**

**Q.** How are the services funded and paid for? How do you pay for the subsequent injections and services that are provided in the program?

**A.** The first shot is donated by the manufacturer. To address the staffing, they repurposed someone already on staff to do the work in house and out house. They are currently using one and a half employees to do the work on the programs so it didn't really impact their budget or their staffing. They are able to fund subsequent injections through Medicaid. The state of Massachusetts has expanded Medicaid and allowed for the suspension rather than the termination when individuals are in jail. They now sign up individuals while they are inside, suspend it and then have it reactivated when they are released. It is important because it covers the shots and lowers recidivism rates.

**Q.** What is Vivitrol? How does it work? How do you use it?

**A.** There are two types of medicated assisted treatment: (1) antagonists which are a lower dosage form of an opioid that helps to stabilize the individual and over time the dosage amount is tapered down, or (2) Vivitrol works to block the opioid receptors so an individual can't get high and then reduces the cravings. This provides harm reduction because it blocks the effect as opposed to a graduated lower dosage. Since 2015, they have enrolled 450-500 new justice-involved individuals in Medicaid.

**Q.** To what extent is homelessness prevalent in the population? How are you working to provide services to those individuals when released?

**A.** They are not really looking at homelessness; the addicted individuals they are working with are functioning working people. This population is not always a homeless population. Homelessness has not been something they have seen. But they do have a reentry team to address those needs if they arise.

**Q.** What role does the navigator play and how do they fit into the program?

**A.** Many people end up incarcerated because of their social network. The navigator or recovery coach is a person who cares deeply for the person. The navigator mentors, coaches and supports the individual. The navigator is someone they can call and help them to address the reasons they ended up incarcerated. They do not work in the same way as a probation/parole compliance officer.