



Learning Lab on Expanding Access to Opioid Use Disorder Treatment for Justice-Involved Populations

Key Takeaways: Massachusetts: Medication Assisted Treatment Reentry Initiative (MATRI)

Origin and Development of the Program

- Please briefly describe the program (e.g., when did it start, what problem(s) is it designed to address, how has it evolved, etc.).

The Medication Assisted Treatment Re-Entry Initiative (MATRI) is a partnership between the Massachusetts Department of Correction (DOC) and the Department of Public Health's Bureau of Substance Abuse Services in response to the opioid epidemic. MATRI shifts prison based substance abuse treatment from a strict evidence based public safety model to a hybrid model that incorporates the elements of a public health approach. In 2012, the Massachusetts Department of Public Health (DPH), Bureau of Substance Abuse Services identified increasing access to MAT as one of six planned strategies to reduce and prevent opioid overdoses in the Commonwealth.¹ Through this program, the DOC has increased access to community-based medication-assisted treatment (MAT) for opioid-dependent individuals being released from the state's prison system to communities statewide. MATRI was implemented at the DOC in September 2014.

- Who was involved in developing the program? Please identify state leads and any external partners or stakeholders.

An interdisciplinary workgroup comprised of the medical/mental health vendor (Massachusetts Partnership for Correctional Healthcare-MPCH), prison based substance abuse treatment provider (Spectrum Health Systems), community based substance abuse treatment provider, biopharmaceutical company (Alkermes, Inc.) and correctional staff developed and implemented a MATRI protocol for full implementation in September 2014.

- How does this effort fit into larger drug treatment court/DOC/house of corrections reentry strategies or programming?

The Department's reentry continuum includes a comprehensive network of integrated programming designed to address the unique needs of each offender. MATRI strengthened our continuum of substance abuse treatment services from prison based services to one year post release in the community. One collateral benefit of the introduction of MATRI was the expansion of the availability of Vivitrol in the community across the Commonwealth. Additionally, a much broader dialogue between internal and external stakeholders resulted in

stronger collaborations between agencies and service providers who historically operated on parallel tracks without much communication.

Implementation

- Please briefly identify key implementation milestones and a high-level timeline.

The establishment of the MATRI Clinical Guidelines in August 2014 was the most significant milestone because it guided each step of the process to include training, implementation and future expansion. The Clinical Guidelines created a standardized approach ensuring consistency across each institution and discipline regardless of their role within the process.

In October 2016, DOC formalized an agreement with Parole that made MATRI available to potential parolees. This agreement enabled MATRI to be made available to a released cohort that previously did not have this opportunity. Unlike most other states, Massachusetts is not a completely integrated criminal justice system. The MA Parole Board and Department of Correction operate as separate agencies.

In November 2016, MATRI was expanded to the Department's maximum security prison ensuring all inmates, regardless of their custody level, have access to MATRI.

- What local, state, and/or federal funding and staff resources are required for this program?

In September 2014, the Department entered into an Interagency Service Agreement (ISA) with the Department of Public Health's Bureau of Substance Abuse Services. This agreement provided the Department \$1,000,000.00 to expand access to medication assisted treatment. The ISA has been renewed in each subsequent year and the Department has allocated approximately \$250,000 to expand and maintain additional Recovery Support Navigators.

- How are you identifying/screening participants for the program (e.g., individuals identified as part of RSAT work)?

The Department utilizes an evidence based validated assessment tool to assess each offender's risk and criminogenic need areas to include substance abuse. The Department also utilizes a secondary substance abuse specific assessment, Texas University Drug Screening (TCUDS), which is administered at reception. These tools in combination with structured interviews by substance abuse counselors are utilized to identify inmates who have a history with alcohol and/or substance abuse. A list of inmates who have participated in or completed substance abuse treatment for all inmates within nine months to release is generated. This list is reviewed by the substance abuse provider to determine who has a documented alcohol or opioid addiction. Those offenders are invited to an informational session.

- How are you educating prospective participants, staff and other stakeholders about Vivitrol or other forms of MAT?

The MATRI workgroup provides frequent training for staff, inmates are invited to attend informational sessions, ex-offenders who have been successful with Vivitrol are invited to speak to inmate groups and posters and pamphlets are distributed throughout the institution. Recovery Support Navigators reach out to family members of potential

participants to educate about Vivitrol. A group of interdisciplinary professionals from each discipline was established to manage the implementation and continuous quality improvement of the MATRI program. This group meets monthly to identify trends, review data and determine and respond to training needs.

- How are you working with case managers/navigators or other team members to help individuals access treatment and services in the community?

Recovery Support Navigators meet with the offenders up to one year post release. The Recovery Navigator model provides non-clinical services that engage, educate and support individuals seeking treatment and their families in order to motivate and maintain them in culturally relevant behavioral health services in the community. This service includes working with the client to develop and implement an individualized action plan, scheduling intake and coordinating medical appointments, arranging transportation to and from medical appointments, providing education about MAT and other recovery strategies, providing access to wrap around services, facilitating communication with behavioral health providers, and maintaining contact between clients and behavioral health providers.

- How are you working with external stakeholders, such as medical and behavioral health providers in the community?

Our Recovery Support Navigators (RSNs), who work for our substance abuse vendor, work with medical and behavioral health providers in the community. The RSNs have established relationships with various community providers by setting up face to face meetings to discuss our population and their needs. Representatives of the multidisciplinary committee interface with their counterparts in the community to forge new processes, strengthen communication and collaborative problem solving.

- What other challenges have you encountered, and how are you addressing them (e.g. financing, staffing, etc.)?

One major challenge was the reluctance of the offender population to participate in MATRI. As a new initiative some offenders were very skeptical and some were being advised by loved ones not to participate because they did not understand or support the premise of medicated assisted treatment. Another challenge was coordinating with the recovery home community to create a seamless transition from prison to long term residential substance abuse treatment programs for MATRI participants. Identifying outpatient clinics that supported Vivitrol in combination with counseling was also a challenge. Initially, we were limited to the twelve Spectrum Health Systems clinics however that number has since almost tripled.

Outcomes

- How does your court system or correctional system define recidivism?

“The MA DOC defines a recidivist as any criminally sentenced inmate released to the community from MA DOC jurisdiction during a given year who is re-incarcerated for a new sentence or violation of parole or probation to a Massachusetts state or county facility or to a federal facility within a specific follow-up period. Types of re-incarceration include technical violation of parole, parole violation with a new arraignment, return to county custody, return to state or federal custody, technical violation of probation, and probation violation with a new arraignment. An inmate who is re-incarcerated due to a technical violation of parole or

probation is re-incarcerated for violating the terms of the conditions set forth regarding their release in the community, not for committing a new offense.”

- How are you tracking your data (e.g., personnel, length of time, resources required) and what results are you seeing so far – good, bad or otherwise?

Since the inception of MATRI, the attached report is updated each month as a means to identify trends, track participation and to establish benchmarks regarding pre and post release participation. In the future, our goal is to utilize the 2016 MATRI release cohort to complete a three year recidivism study and include overdoses as a potential outcome.

- Feel free to include attachments with outcome information.

See attached report – Medication Assisted Treatment Reentry Initiative Report

- How are you communicating your outcomes to your various stakeholders, including the media and your state legislature?

Funding to the Bureau of Justice Assistance was allocated to produce a video featuring Massachusetts, Missouri and Pennsylvania’s Medication Assisted Treatment (MAT) programs. The video was featured at the annual National RSAT Workshop in New Orleans, Louisiana in July, 2015. Based on the interest generated from the presentation, the Bureau of Justice Assistance requested that a follow up presentation be facilitated via a national webinar. On September 16, 2015, MATRI was featured on a webinar titled “Medication Assisted Treatment: Changing Correctional Paradigms”. In addition, MA DOC’s MATRI was featured at the 2016 National RSAT Workshop in Cranston, RI on July 25, 2016, the NIJ Conference in Philadelphia, PA on August 9, 2016 and the ACA Conference in Boston, MA on August 9, 2016. MA has also hosted training for representatives from other states interested in implementing MATRI.

Lessons Learned for Other States

- What are three insights you would share with other states as they pursue this type of program? What pitfalls and opportunities should states be aware of? Please be specific.
 1. Must have support from the highest level of the organization;
 2. Create a committee with senior level staff from medical/mental health provider, substance abuse provider and DOC administration;
 3. Formulate strong partnerships with community service providers.

State Contacts and Additional Resources

- Identify 2-3 people states can follow up with for more information (include name, title, email and phone number).
 1. Jaileen A Hopkins, Director of Program Services,
Jaileen.hopkins@massmail.state.ma.us 508-422-3309.
 2. Mark Waitkevich, Director of Clinical Services,
mark.waitkevich@massmail.state.ma.us 508-422-3473.
 3. Holly Rossi, Program Coordinator III,
holly.rossi@massmail.state.ma.us 508-422-3348.

- Provide 3-5 links or attachments to secondary resources, such as reports, websites and forms (e.g., provider reporting form or protocols for Vivitrol administration).
 1. **See attached Clinical Guidelines;**
 2. **Go to <https://drive.google.com/file/d/0B-dSCyDsuKfnY3V5enFvZ1oxaFE/view?usp=sharing> for a video featuring an ex-offender's experience with Vivitrol;**
 3. **See attached monthly report.**