

Residential Substance Abuse Treatment (RSAT)

Training and Technical Assistance

Prison/Jail Medication Assisted Treatment Manual



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PREAMBLE

The evidence is unambiguous. Treatment for persons suffering from substance and alcohol use disorders is more successful with Food and Drug Administration (FDA)-approved medications than treatment without it.

Substance Abuse and Mental Health Services Administration (SAMHSA), Division of Pharmacologic Therapies, 2015: Research shows that, when treating these use disorders, “a combination of medication and behavioral therapies is most successful.”¹

National Institute on Drug Abuse (NIDA), December 2012: “...(M)ethadone, buprenorphine, and naltrexone (including a new long-acting formulation) are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use.”²

National Association of State Alcohol and Drug Abuse Directors (NASADAD), January 2013: “In all cases, the use of addiction medications should be considered and supported as a viable treatment strategy in conjunction with other evidence-based practices and as a path to recovery for individuals struggling with substance use disorders.”³

Office of National Drug Control Policy (ONDCP), August 2015: “Research shows that, when treating substance use disorders, a combination of medication and behavioral therapies is most successful. Therefore, ONDCP continues to support MAT as a clinically driven whole-patient approach to the treatment of substance use disorders.”⁴

National Association of Drug Court Professionals (NADCP), 2011: The use of MAT, including antagonist medications such as naltrexone, agonist medications such as methadone, and partial agonist medications such as buprenorphine, “have been proven through rigorous scientific studies to improve addicted offenders’ retention in counseling and to reduce illicit substance use, rearrests, technical violations, re-incarcerations, hepatitis C infections, and mortality.”⁵

Appendix A contains a short bibliography of research on the application of MAT, specifically in correctional settings.

MAT may be especially indicated for high-need/high-risk populations, justice-involved populations, and, especially, incarcerated populations. More often than not, these offenders have already failed abstinence-only treatment programs, in many cases multiple times. In addition, it is estimated that up to 45 percent of people who are incarcerated have both substance use disorders and mental health conditions, representing a significant number of people in need of effective treatment for substance use disorders in jails and prisons. MAT is particularly appropriate for these offenders, along with integrated treatment for their disorders that includes monitoring for possible medication interactions.⁶

Notwithstanding their proven effectiveness, addiction medications are underused in the treatment of drug users within the criminal justice system.⁷

¹ <http://www.samhsa.gov/medication-assisted-treatment>

² <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

³ <http://atforum.com/2013/04/nasadad-issues-consensus-state-ment-endorsing-medication-assisted-treatment/>

⁴ ONDCP Newsletter - August 2015

⁵ <http://www.nadcp.org/sites/default/files/nadcp/NADCP%20Board%20Statement%20on%20MAT.pdf>

⁶ Miller, N. (2013). *RSAT training tool: Medication-assisted treatment (MAT) for offender populations*. Washington, DC: Office of Justice Programs, Bureau of Justice Assistance.

⁷ NIDA. (2006, revised 2014). *Principles of drug abuse treatment for criminal justice populations: A research-based guide*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

INTRODUCTION

This manual is designed to supplement the Residential Substance Abuse Treatment (RSAT) Prison/Jail MAT Training Video. It is recommended that the video be viewed first, so that viewers become broadly acquainted with the state prison and jail programs presented, meet some of their key personnel, and see how inmates and those recently released from prison view MAT. Both the training video and the manual are designed to assist correctional administrators to establish quality MAT programs for re-entering inmates struggling with substance and alcohol use disorders.

The RSAT Prison/Jail MAT Training Video features three state departments of correction and one county jail MAT program that are pioneering MAT programs for inmates with substance and alcohol use disorders before their release to the community. All four offer inmates the opportunity to receive an injection of naltrexone immediately before their release. Naltrexone is a FDA-approved medication that blocks receptors in the brain, preventing the euphoric effects of opioids or alcohol and reducing cravings for these drugs. After being injected, the medication remains effective for 28 days. Naltrexone taken orally in pill or film form, like methadone and buprenorphine, is effective for only one day.

While the four correctional institutions provide injected naltrexone to those inmates who desire it, the programs also educate and refer inmates to post-release substance and alcohol treatment programs that offer other FDA medications, including methadone and buprenorphine for opioid use disorders and disulfiram, acamprosate calcium, and naltrexone for alcohol use disorders. Unlike the injected naltrexone, these medications are provided to inmates **after** release from these correctional programs and, as a result, are not featured in the training video. Although inmates in these three state programs all receive an injection of naltrexone prior to release, they may elect to substitute methadone, buprenorphine, disulfiram, or acamprosate calcium afterwards.

Like all medications, the decision of which medication is most beneficial for an individual is best decided by the individual, in consultation with a

physician and/or treatment provider. Correctional officials, however, find naltrexone has several advantages for use in correctional institutions. First and foremost, because it is not a natural or synthetic narcotic, it is not subject to diversion within the prison. It is not sought-after contraband among inmates. Users cannot overdose on it and there is no withdrawal experienced by those who stop taking it. Finally, correctional institutions are ideal places for individuals to be introduced to injected naltrexone, because it requires at least seven days of abstinence before its use for opioid users (but not alcoholics) to prevent those injected from experiencing withdrawal. Abstinence, especially for participants in institutional RSAT programs that require drug testing, can be more easily secured in correctional institutions, so that the first injection can be safely administered.

Injected naltrexone is produced by Alkermes under the name “Vivitrol” and is generally referred to under this trade name. Similarly, buprenorphine is often referred to under its original trade name, “Suboxone,” although Suboxone combines both buprenorphine and naloxone. Naloxone reverses the effects of narcotics. The trade name for naloxone is “Narcan” and it is widely used by emergency first responders to prevent deaths by opioid overdose. “Subutex” is the trade name for a buprenorphine medication that does not contain naloxone; Subutex was developed as the initial product. Subutex is generally given during the first few days of treatment, whereas Suboxone is used during the maintenance phase of treatment. Most prescriptions are for Suboxone. Unlike methadone, which must be provided through a licensed clinic, Suboxone may be prescribed by specially trained physicians outside a clinic.

It should be noted that in-prison MAT programs that provide methadone and buprenorphine to appropriate inmates have proven effective, significantly increasing the likelihood of inmate participation in treatment after release. In addition, many prisons offer these medications to pregnant addicted inmates during the course of their pregnancies. The four correctional programs covered in the video and this manual, however,

are specifically designed to provide medication for inmates about to re-enter the community after they have completed prison substance use treatment and other required programs.

Though the video focuses on the administration of medication in these three state prisons and one county jail, the medication only *assists*, but does not replace, other substance use-related treatment, whether it be self-help 12-step programs, cognitive behavioral therapy, therapeutic communities, or other evidence-based treatment modalities and recovery supports in the community. Further, to be eligible for the injected naltrexone, inmates in all four institutions have to complete an in-prison substance use treatment program.

More detailed information on the FDA-approved medications for substance and alcohol use disorders can be found in the *RSAT Training Tool: Medication Assisted Treatment (MAT) for Offender Populations* by Niki Miller. It is available on the RSAT Training and Technical Assistance website, <http://www.rsat-tta.com/Files/Trainings/FinalMAT>.

PRISON/JAIL MAT PROGRAMMING

The three state and one county corrections programs featured differ in some detail, but are broadly similar in their fundamentals. In the following sections, we will focus on the Massachusetts Department of Correction program, noting major differences with the other programs at the end of each section. It should be noted that all three Departments of Corrections conducted pilot programs first to test the efficacy of their MAT programs. As a result of these pilot programs, all three have or are in the process of developing wider roll-outs of their programs to make MAT available to more inmates in their systems. We feature Massachusetts because its program has developed beyond the pilot stage in one prison and has already been rolled out to the entire state prison population, now operating out of multiple prisons within the state.

The Massachusetts Department of Correction's program is called the Medication-Assisted Treat-

ment Reentry Initiative (MATRI). It is designed to provide pre-release treatment and post-release referral, treatment, and support for opioid-addicted and alcohol-addicted offenders at participating sites in the Department of Correction. Its goal is to facilitate transition into an outpatient substance use treatment program that employs a multi-faceted approach to treatment, including the use of medication, counseling, and aftercare referral to community-based providers. Like all prison and jail MAT programs, it represents movement away from a strictly public safety model for substance-using individuals to a public health model.

MATRI currently operates out of eight different state prisons, as well as the Boston Pre-Release Center. Offenders housed at the other Massachusetts prisons who elect to participate and qualify are reclassified and transferred to a participating prison in order to enter the program.

Which inmates are eligible for MATRI?

Inmates must be screened for substance or alcohol use disorders and complete an in-prison treatment program.

The program is available to inmates suffering from substance or alcohol use disorders. Massachusetts uses the Texas Christian University Drug Screen II (TCUDSII) to identify these inmates. All new Massachusetts prison admissions are assessed for substance use using TCUDSII. Any inmate who scores two or greater is recommended for the Department's substance use treatment program. After being referred, the inmate must participate in the treatment program provided.

Note: The Department's program was established to respond to the statewide opioid crisis and prevent the state's increasing rate of overdose deaths. For this reason, although the Department-validated risk screening instrument (Correctional Offender Management Profiling for Alternative Sanctions [COMPAS]) indicates that 25 percent of inmates who suffer from substance or alcohol use disorders are low risk for recidivism, they are at high risk for drug overdose and are also targeted for the Department's treatment program.

What substance use treatment is offered by the state's prisons?

Massachusetts prisons' treatment program is consistent with federal Bureau of Justice Assistance (BJA) RSAT standards. The program offers a six-month intensive residential substance use treatment program for male and female offenders. In addition to the counseling and other activities offered in RSAT programs, it provides inmates information on medications for substance and alcohol use disorders. According to the Department's *Clinical Guidelines*, "The lesson plan shall include objective information pertaining to various medications used to treat addiction. It shall also focus on the importance of non-medicinal treatment methods, such as counseling and addiction meetings as an essential component of medication assisted recovery." Specific information is provided on Vivitrol. Information includes an overview of the Department's MATRI program. After being informed, inmates must choose to participate in MATRI.

In none of the four sites in the training video is an inmate ever coerced or mandated to participate in the MAT program.

In Pennsylvania, inmates must complete treatment within a state correctional institution. They must have 2 to 18 months until their release date, be medium to high risk to reoffend, and be medically able to take naltrexone. Similar to Massachusetts, institution drug and alcohol treatment staff conducts information sessions on MAT during treatment groups and refers interested inmates to a social worker or designated staff member for further eligibility determination.

How are inmates screened for MAT program participation?

After being informed of MATRI, inmates must apply to participate within a prescribed time period before release and agree to participate in a prescribed post-release outpatient aftercare program. Screening includes mental and physical health screens for the medication. They are warned of the possible adverse effects of Vivitrol.

The initial screening of inmates and the information sessions on MATRI are handled by special personnel called Recovery Support Navigators

(RSNs), provided by Spectrum Health Systems, Inc. (Spectrum) under a contract with the Department of Correction.

Inmates who are interested in participating in MATRI submit a request to program staff or the person assigned to reentry planning. Inmates must apply at least one month before they are to be released. If the inmate is deemed suitable, the inmate must agree to participate in the MATRI program and sign a "MATRI Counseling Attendance Agreement." The agreement commits the inmate to attend weekly group counseling sessions of 90 minutes in length and individual counseling as part of a treatment plan determined by a counselor.

Program staff review the inmate's case file and decide whether or not to recommend the inmate's participation in MATRI. If recommended, the inmate must first complete a mental health evaluation to determine whether there are acute mental health contraindications to proceeding with a subsequent required medical screening. Mental health contraindications may include acute psychiatric distress (psychosis, mania, depression, etc.), risk of suicide, or significant cognitive limitations that prevent the inmate giving knowing consent to participation in MATRI.

A medical examination follows to determine potential contraindications and appropriateness for MAT. Contraindications include

- patients receiving opioid analgesics,
- patients with current physiological opioid dependence,
- patients in acute opioid withdrawal, or
- any individual who has failed the naltrexone challenge test (administration of oral naltrexone, a pill that blocks the effects of opioids or alcohol for one day) or has a positive urine screen for opioids; patients must be opioid-free for at least seven days before they can be administered Vivitrol.

The medical examination is conducted 30 to 60 days before the inmate is released. The medical evaluation includes an assessment of overall health and liver function tests.

Inmates receive detailed warnings and precautions relevant to taking Vivitrol. First and foremost, they are warned about increased vulnerability for opioid overdose. Vivitrol treatment reduces the patient's tolerance for opioids. As a result, patients are vulnerable for potential fatal overdoses at the end of the dosing interval (28 days), after missing a dose, or after discontinuing Vivitrol treatment. Attempts to overcome the blockade effects of the Vivitrol may also lead to fatal overdoses. Secondly, if the patient on Vivitrol requires pain medication, they cannot have commonly employed pain management drugs and must opt for alternatives, like regional analgesia or the use of non-opioid analgesics.

In addition, the injection of Vivitrol can result in injection site reactions, even very severe reactions, in some cases requiring surgical intervention. Cases of hepatitis and clinically significant liver dysfunction were observed in association with Vivitrol treatment during the clinical development program.

Patients must also be monitored for depression and suicidal thoughts.

Adverse events have been found to occur mostly in association with Vivitrol used for alcoholism, including nausea, vomiting, injection site reactions, muscle cramps, dizziness or syncope, somnolence or sedation, anorexia, decreased appetite, or appetite disorders. For opioid treatment, the adverse reactions seen most often were hepatic enzyme abnormalities, injection site pain, nasopharyngitis, insomnia, and toothache. Both sets of adverse reactions are rare, but are twice as common for those administered Vivitrol than those taking a placebo.

Programs are clear and emphatic with potential enrollees. One of the forms they must sign contains the following, in bold print:

WARNING: IF I ATTEMPT TO SELF-ADMINISTER LARGE DOSES OF ALCOHOL, HEROIN, OR ANY OTHER NARCOTIC WHILE ON VIVITROL, I MAY DIE OR SUSTAIN SERIOUS INJURY, INCLUDING COMA.

After one year of the Massachusetts program, only 20 percent of eligible inmates who have completed the treatment program have elected to participate in MATRI. Many express concern that the drug will adversely affect their liver. Others fear it will increase their chance of a lethal overdose, indicating either fear of relapsing or intent to use in the future. Some are advised by family members or others who are opposed to the use of medication to treat substance use or alcoholism.

It should be noted that the experience of the Barnstable House of Correction Vivitrol program, one of the oldest in the country, indicates that inmate participation increases dramatically as they receive positive feedback from peers. As of September 2015, for example, of the 17 inmates scheduled for release that month with substance or alcohol use disorders, 12 elected to enroll in the Vivitrol reentry program (70.6 percent) and either had their first injection or were scheduled for one prior to their release. This included both inmates who were being released on parole and those that were finishing their sentences and would not be under any correctional supervision after release.

Unlike Massachusetts, the Pennsylvania MAT program staff is in-house. A correctional social worker or another designated staff member is employed to determine eligibility and inform the inmates about the program. Six weeks prior to institutional release, they meet with eligible inmates and provide them with information on the use of Vivitrol to aid in their recovery and reentry efforts. Inmates are provided with a Vivitrol Information Sheet (Appendix B). The social worker or designated staff member is responsible for coordinating all program-related activity while the participant is an inmate, including coordination with medical and treatment staff, notification of institutional parole staff regarding treatment

completion and release dates, and establishing aftercare services following release. Unlike the Massachusetts RSNs, they do not follow the inmates post release.

How is the MAT program coordinated with parole?

If the inmate is to be released on parole, the parole board is informed of the inmate's participation in MATRI and may choose to include MATRI as a condition of parole. The parole officer in the field is notified in advance of the inmate's release that the inmate will be participating in the program and to which outpatient center the inmate will be going, as arranged by the RSN.

In Pennsylvania, the Board of Probation and Parole has designated parole agents and/or contract facility coordinators to monitor the MAT participants, depending where the ex-inmates will be living—in residential facilities or on their own. They oversee attendance in recommended treatment, as well as continuation of the Vivitrol injections, and serve as the liaison with the Department of Correction.

What happens after an inmate is accepted into MATRI?

Inmates continue to attend prison treatment programs that also prepare them for release and MAT. They have a final urine test to ensure abstinence and are given an oral dose of naltrexone before receiving their first injection days before release.

After being accepted into MATRI, inmates must attend periodic individual counseling sessions, weekly self-help programming, and any other recommended programming. The counseling sessions focus on motivation, commitment to treatment, and supportive/reinforcing counseling to strengthen both. Inmates may be terminated from the program if they fail to attend these sessions. Because the MATRI program is offered in multiple facilities, inmates who are housed in facilities without substance use programs are reclassified and transferred to a prison offering the treatment.

The weekly groups are run by Spectrum, which also provides the RSNs.



Figure 1. Inmate Vivitrol ID bracelet given to MAT participants in Massachusetts

If the inmate has no adverse reaction to the oral dose of naltrexone, they receive their first injection about a week prior to their release. The facility's medical director, physician, nurse practitioner, or physician's assistant prescribes the medication. The facilities keep the Vivitrol medication with hypodermic needles in each facility's health service unit. The injections are administered by licensed health care staff trained to administer Vivitrol. The administration of the medication is documented in the inmate's medical record.

How do the Massachusetts prisons pay for the first Vivitrol injections?

Alkermes contributes the first injections to the Department of Correction.

When the Massachusetts program began, the policy of Alkermes was as follows: Departments of Correction may request the first 50 doses of Vivitrol (380 mg/vial carton) free from Alkermes. The prison program, however, must certify that it is "conducting a comprehensive reentry program" that includes the following:

- The treatment of medically appropriate adults, ages 18 and older, with a diagnosis of opioid dependence and/or alcohol dependence
- The medication is provided as a voluntary component of the reentry program and, in all instances, in combination with psychosocial support, such as counseling
- Education is provided with respect to the risks and benefits of the medication

- A continuity of care plan is developed for post-release services to promote lasting recovery
- Inmates/clients participate in pre-and post-release programming
- Program assessments are conducted in order to evaluate the program's overall effectiveness
- The treatment is limited to one dose of medication per inmate
- The product will be handled and stored in accordance with the package labeling for the product

Alkermes continues to provide free Vivitrol doses to the Massachusetts Department of Correction, even after the first 50 inmates were released after receiving the shot.

How is MATRI case management handled both inside and outside the prison?

As previously mentioned, the Massachusetts Department of Correction has created the position of RSN to work with the inmate before they are released and then for several months after release. Months before the inmate's release, the RSN introduces the inmate to MATRI in general, and Vivitrol specifically, and works to set up their transition to the community, including aftercare treatment and services, as well as general discharge planning.

The RSN also coordinates the post-release substance use counseling component of the MAT with one of the outpatient treatment centers to which the inmate is referred. The RSN is charged with getting the specific treatment center all of the documents required from the prison and the inmate to provide for continuity of care post release.

In Massachusetts, the RSN and the aftercare treatment are provided by Spectrum. Founded in 1969, Spectrum is a New England-centered addiction treatment provider. It maintains inpatient services, as well an array of outpatient services, including counseling and MAT at clinics across Massachusetts. As its website proclaims, "Spectrum offers affordable drug-free housing and peer recovery support services for adults at varying stages of recovery. Spectrum's full range of

services presents individuals with mental health and substance use disorders the opportunity to transition to less intensive treatment modalities as their recovery progresses."

In the other sites, these functions may be handled by correctional social workers or reentry coordinators who may be state employees instead of contractors. In Pennsylvania, as mentioned, the parole agent and/or contract facility coordinator take over, ensuring that the participants complete the community-based treatment, which consists of at least one weekly substance use group therapy session and one monthly individual counseling session for up to eleven months following release, in conjunction with Vivitrol injections, as determined on a case-by-case basis. Referrals are also made as needed for occupational assistance, housing assistance, counseling, and other needs, such as mental health and family needs.

In its initial pilot program, the Pennsylvania Department of Corrections only provided for six months of injections. It is now increasing that for the appropriate released inmates.

What is involved in MATRI inmate discharge planning?

The RSN ensures that each inmate's insurance eligibility has been ascertained. Massachusetts is a Medicaid Expansion state, so inmates' Vivitrol injections after release are covered by MassHealth, the name for the state's Medicaid program. Similarly, most of the private and subsidized plans cover the cost of medication in the state.

The RSN obtains the inmate's signature, which authorizes the medical vendor to release medical and treatment information to the designated outpatient treatment center. The RSN sets up the first appointment for the inmate with the designated outpatient treatment center.

In Pennsylvania, the participants must reside at an approved home plan residence or a selected residential program.

Who provides the medication and substance counseling after the inmate is released?

To ensure released inmates participating in MATRI have convenient access to continuing care in the community that provides medication and counseling, the RSNs coordinate the post-release substance use counseling component with one of two dozen outpatient treatment centers that have agreed to collaborate with the Department on MATRI. Spectrum maintains 13 intake centers, as well as clinics serving multiple cities and towns in more than a dozen of the state's larger cities, and it has established relationships with other service providers to ensure access across the Commonwealth. In addition, the Department of Correction has recruited another dozen community treatment providers so that inmates who return to almost any part of the state will have close access to follow-up treatment, support, and medication.

In other states, an array of different substance use agencies is identified, as well as clinics where medication can be obtained, if not provided directly by the counseling agency. In Missouri, the female inmates released on Vivitrol from the Women's Eastern Reception, Diagnostic and Correctional Center in Vandalia, for example, receive their counseling in St. Louis at New Beginnings CSTAR, Inc., whereas they receive follow-up injections at a nearby medical facility.

In Pennsylvania, participants residing in selected residential programs meet with an onsite physician who is responsible for assessing the continued use of Vivitrol, ordering the medication, and administering further injections. If the former inmates are not in such facilities, they go to the contract facility coordinator within a week of release to be seen by a physician. If the participant is eligible for medical assistance, the coordinator seeks reimbursement for the costs of the medication. If third-party payment is not available, the Department pays. The selected community corrections facilities provide nursing or other qualified staff to facilitate the drug screening specific to alcohol and/or opiate use, including Suboxone, and administers the injections 28 days from the previous injection. If more than 28 days have elapsed, a liver test is completed to rule out liver failure and active hepatitis. Drug screens are conducted, as well as instant pregnancy tests. If a drug screen indicates use of opiates, the participant is referred to detoxification. All positive drug screens are sent to the parole agent and/or contract facility coordinator.

Missouri is not a Medicaid Expansion state, so in that state appropriations pay for post-release Vivitrol. The state's legislature has been supportive to date, although shortfalls in funding have prevented some former inmates from continuing to receive injections they would have otherwise opted for.

MATRI Time Table: Pre- and Post-Release		
Program component	Responsible	Timeline (time until release)
Initial screening	Spectrum Health Systems	9–6 months (before release)
Mental health screen	Massachusetts Partnership for Correctional Health	90 days
Medical screening	Health Services Unit	90–60 days
MassHealth application	Housing Search Specialist	30 days
Weekly groups	Spectrum Health Systems	Ongoing
Recovery support navigator	Spectrum Health Systems	90 days
Urine screen	Inner Perimeter Security	10 days
Tolerance trial	Health Services Unit	After urine drug test
Naltrexone injection	Health Services Unit	7 days
Referral	Discharge Planner	7–4 days
Release		Release day
Warm hand-off to		
Community treatment	Spectrum RSN	+24 hours
Second injection	Community Prescription Provider	+21–28 days
Meeting with RSN	Spectrum RSN	+30 days
Meetings with RSN	Spectrum RSN	+Every 90 days for 11 months

How are the prison MAT inmates doing?

Since the inception of Massachusetts' program in September 2014 through mid-September 2015, 1,082 inmates were screened, 521 declined to participate, 286 were found ineligible, and 54 inmates have been released after receiving their in-prison injection. Another 171 inmates were in the treatment program awaiting release and participation in MATRI.

It is too early to evaluate MATRI outcomes. However, one of the oldest ongoing county jail MAT programs providing Vivitrol to reentering inmates, established in Barnstable County, Massachusetts, demonstrates the promise of such correctional MAT reentry programs. The first inmate was released from the Barnstable House of Correction after receiving an injection of naltrexone in April 2012. As of March 18, 2015, 137 followed. Unlike most addicts leaving incarceration, 78 percent made it to aftercare and counseling, showing up for their first injection after release. Other studies have found that the rate of released inmates that show up at aftercare can be as low as 19 percent for graduates of a jail's drug treatment program. After much effort and a federal grant, that jail was able to increase it, but only to 50 percent. Another jail, with a 53 percent show rate, through effort and federal money, increased their aftercare rate to 60 percent, still well below Barnstable's rate.⁸

Up to three years later, the majority of those from Barnstable's MAT program who entered treatment upon release are either still in treatment and/or known to be drug free. Of all those released on Vivitrol, only 18 percent have been re-incarcerated for either a new crime or violation of parole or probation. This includes those who failed to show for their first appointment post release.

For comparison, a prior study of the jail's substance use program before MAT found that those who completed the program had a 32 percent

probability of a new arrest within just one year of release.⁹ It should be noted that the 32 percent re-arrest rate was for those who had completed Barnstable's RSAT program. The re-arrest rate was approximately twice as high for those that did not complete the RSAT program. In other words, it appears that RSAT with MAT cut re-arrest rates almost in half and that was compared to RSAT inmates whose re-arrest rate was already half that of inmates who failed to complete the RSAT program while in jail.

A study of Massachusetts' prison population of inmates released during the same time period found that 43 percent were re-incarcerated within three years.¹⁰ Some were re-incarcerated for technical parole or probation violations. The re-incarceration rate for those convicted of new crimes was 35 percent.

A very small pilot conducted by the Missouri Department of Corrections in 2014, done in tandem with Texas Christian University, found 10 out of 10 female prisoners in that state's Vivitrol pilot program remained in treatment in St. Louis for at least three months, compared to 5 out of 15 of those who were not on Vivitrol. Those using Vivitrol reported "significantly less cravings, higher self-esteem, and were more likely to meet scheduled visits." A little more than a third of the Vivitrol-treated patients in the study stayed in treatment six months without using drugs, compared to 23 percent in the placebo group. Following the study, the state increased funding for Vivitrol to expand the program.

What do these correctional MAT programs mean for corrections in general?

Pennsylvania, Missouri, and Massachusetts represent three very different states. Two, Pennsylvania and Massachusetts, have expanded Medicaid to reach the majority of indigent inmates, but Missouri has not. In terms of imprisonment, Missouri has a prison count of 31,247 as of 2013, with an imprisonment rate of 521 per

⁸ *Bring NIATx to Corrections: Lessons Learned from Three Pilot Studies.* Bureau of Justice Assistance.

⁹ Klein, A., & Wilson, D. (2003). *An outcome evaluation of a residential substance abuse program, Barnstable House of Correction.* U.S. Department of Justice, 99-RT-VX-K026, National Institute of Justice, 196142 <https://www.ncjrs.gov/pdffiles1/nij/grants/196142.pdf>

¹⁰ Montgomery, A. & Mathews, H. (2012). *Recidivism rates 2007 release cohort.* Massachusetts Department of Correction, <http://www.mass.gov/eopss/docs/doc/research-reports/recidivism/recidivism-rates-2007-release-cohort.pdf>

100,000 population. Pennsylvania has 51,125 inmates, with a rate of 391 per 100,000, and Massachusetts has 11,308, with a rate of 192 per 100,000. Whereas Massachusetts admitted 2,855 inmates into its prisons in 2013, including 236 parole violators, Missouri admitted 18,983, of whom 8,737 were parole violators, and Pennsylvania admitted 20,455, of whom 8,201 were parole violators. That same year, Missouri released 29,830, of whom 1,621 were released unconditionally; Massachusetts released 2,825, of whom 2,062 were released unconditionally; and Pennsylvania released 19,463, of whom 3,690 were released unconditionally. In terms of prisons, Missouri lists 21 institutions on its website, Massachusetts lists a dozen correctional institutions and correctional centers, and Pennsylvania lists two dozen state correctional institutions.

In short, as these three Departments of Correction MAT programs operate in three different states and prison systems, and the Barnstable MAT program operates in a county jail, collectively, they demonstrate that any and all Departments of Correction and county jails can develop a program to provide evidence-based MAT for reentering inmates struggling with substance and alcohol use disorders to both enhance their successful reintegration into the community and to increase public safety.

As indicated by the Commissioner of Mental Health in Missouri, what is necessary to succeed is that the Departments of Correction be “open minded,” “willing to move ahead,” and made up of “smart, caring people who really care about the people they serve.”

Where do I go for assistance to implement a jail or prison MAT Reentry Program?

The Bureau of Justice Assistance RSAT TTA program offers training and technical assistance to county and state RSAT programs. If your program involves inmates from these programs, assistance is available free of charge. For more information, please go to <http://www.rsat-tta.com/On-Site-TA-Teleconferences/Training-and-Technical-Assistance-Request-Form>. Also on the RSAT TTA website, you will find a link to the *RSAT Training Tool: Medication-Assisted Treatment (MAT) for Offender Populations* (<http://www.rsat-tta.com/Files/Trainings/FinalMAT>).

APPENDIX A

Bibliography of Studies of MAT for Justice-Involved Populations

Partial listing of references on research of use of MAT specifically in correctional settings

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APPENDIX B

Pennsylvania Department of Corrections MAT Expansion Plan



Background of MAT and PA DOC

As part of its ongoing mission to better equip offenders as they return to their communities, the PA Department of Corrections (PA DOC) began providing Vivitrol, a medication used to reduce drug cravings, for female offenders at SCI-Muncy (MUN). Eligible offenders were those diagnosed with co-occurring disorders; addicted to opiates or alcohol; and returning to Allegheny, Dauphin, or Philadelphia Counties. A Second Chance Act grant-funded initiative with an evaluation component, the Vivitrol pilot program included a process evaluation conducted by Penn State University researchers, who ultimately recommended that the PA DOC consider expanding the initiative to men’s institutions. As of July 2015, Vivitrol (injectable naltrexone) has been maintained at MUN and has been expanded to the following male institutions: SCI-Chester (CHS), SCI-Graterford (GRA), SCI-Mahanoy (MAH), and SCI-Pittsburgh (PIT). The PA DOC has targeted those offenders returning to Allegheny, Dauphin, or Philadelphia counties, with the addition of Lehigh County, as potential Vivitrol recipients. PA DOC officials have determined that the sites chosen for initial expansion appear to coincide with encounter data, overdose data, and death reports that were presented at an August 2015 meeting hosted by the Physician General.

Planning for Future Expansion

Because of its lack of addictive properties and a proven ability to help sustain recovery, Vivitrol will be even further expanded throughout the PA DOC. Expansion will begin with SCI-Laurel Highlands (LAU), a “short min” facility, where those with minimum sentences of less than 12 months at time of PA DOC commitment are initially transferred to participate in recommended treatment programs in an expedited fashion. These plans will also include expansion to SCI-Dallas (DAL), SCI-Retreat (RET), and SCI-Waymart (WAM), which are consistent with initial target sites for the Clean Slate strategy for quality MAT service delivery through the Physical Health MCO system.

Counties to which participants are returning will continue to include Allegheny, Dauphin, Philadelphia, and Lehigh, but will now include Luzerne and Lackawanna as well. Expansion to additional SCIs and returning counties will be planned/executed as well. Since it is a less expensive option than Vivitrol, Revia (oral naltrexone) will also be considered for administration during the incarceration period. Over the long term, the PA DOC plans to include in MAT expansion methadone and Suboxone (buprenorphine + naloxone) or Subutex (buprenorphine) as standards of care where determined appropriate.

Options for MAT after expansion will include:

- **Medication-Assisted Opiate Detoxification:** For new commitments, parole violators, and diversion cases.
- **Maintenance:** For those offenders who are committed to the PA DOC and who are already receiving MAT.
- **Initial Prescriptions:** For those offenders who are committed to the PA DOC and who are not in need of detoxification, but who could benefit from MAT from the time of PA DOC commitment.

Vivitrol Survey Issues and Highlights

Between 2/16/15 and 4/15/15, the PA DOC administered a preliminary, IRB-approved survey of a target population comprising individuals who were both under PA DOC supervision and assigned to a Therapeutic Community (TC) inside of a PA DOC facility.

Highlights of the study’s findings indicate the need for further efforts in education to support expansion:

- **Knowledge:** Baseline levels of knowledge about treatment specifics are relatively low, even among PA DOC residential substance abuse treatment programs.
- **Awareness:** Approximately 25% of respondents were aware of the treatment at any level.
- **Attitudes:** Overall ambivalent or weak preferential attitudes were expressed toward this form of treatment, indicated throughout other areas of the survey.
- **Interest:** Approximately 1/3 of respondents were interested in exploring this treatment option, with 2/3 of those interested indicating preference for single, monthly injection rather than daily dose, emphasizing the need for more thorough education about treatment options.

The PA DOC plans to provide supportive treatment programming, with the clear goal of weaning participants off of methadone, Suboxone, or Subutex, and then introducing Revia or Vivitrol, as long as is medically indicated. If weaning is not indicated in a given case, the PA DOC will continue methadone, Suboxone, or Subutex throughout the offender’s incarceration and into the community. In these cases, close monitoring protocols will be established and maintained by qualified medical staff (both within the institution and in the community), as guidelines must be followed closely by participants due to potentially severe and long-lasting symptoms of withdrawal.

Coordination of Efforts

The PA DOC is currently working closely with Correct Care Solutions (CCS), the current provider of health care services to the DOC, to establish MAT expansion in accordance with applicable federal and state regulations. The expansion will require approval from the Pennsylvania Department of Drug and Alcohol Programs (DDAP) Division of Drug and Alcohol Program Licensure, the Drug Enforcement Agency (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Social workers, which will be in place at every SCI and in each Regional Office in Community Corrections, shall be the main points of contact for coordination between internal and external stakeholders in this initiative. These stakeholders will involve, but are not limited to:

- **Internal:** Drug and alcohol staff based in the SCIs, medical staff, community corrections staff, etc.
- **External:** PA Board of Probation and Parole (PBPP) staff, treatment providers, other service providers, etc.

The PBPP shall consider adding a social worker to each district office. These social workers shall be the MAT coordinators for offenders not placed in community corrections but instead have approved home plans.

A Statewide Coordinator of MAT will be embedded in the PA DOC Bureau of Treatment Services (BTS) and will be detached from DDAP. This individual will coordinate training and provide technical assistance to site coordinators (i.e., social workers), as well as liaison with the Bureau of Community Corrections (BCC), PBPP site coordinators, Single County Authorities (SCAs), and treatment/other service providers, as necessary.

Considerations

Further considerations must necessarily include, but will not be limited to, the following:

- From a clinical perspective, a national consensus on how to provide MAT inside corrections facilities does not exist. The pros and cons of each one of these medications need to be fully reviewed before a final PA DOC protocol is adopted.
- A shift in treatment program delivery to the front-end of incarceration rather than at the back-end must be considered in order for delivery to occur in conjunction with MAT.
- Consider programming low-risk offenders with moderate to high Alcohol and Other Drug (AOD) treatment needs, as those who present a low recidivism risk but who have existing AOD needs may not be excluded from this initiative. Currently, the PA DOC reserves treatment resources for only those who are at moderate-to-high risk to recidivate. If the PA DOC moves in this direction, separate program waiting lists will need to be developed in order to ensure fidelity to the risk principle.

About the Medications - Quick Reference

GENERIC NAME	TRADE NAME
naltrexone (injectable)	Vivitrol
naltrexone (oral)	Revia
buprenorphine	Subutex
buprenorphine + naloxone	Suboxone
naloxone	Narcan
methadone	multiple trade names

- Consider providing Narcan (naloxone) to opiate-addicted offenders for reentry, regardless of MAT status. This will include the expansion of Narcan availability at all CCCs and CCFs, and will support reductions in number of deaths due to overdose. (For an article on Narcan and its ability to save lives, refer to [page 14](#) at the end of this document).
- Consider how to minimize cost of MAT expansion, such as applying strategies similar to those used in reducing costs for the Vivitrol program.
- Any decisions regarding MAT expansion should take DDAP licensing restrictions into account. Ongoing collaborations with DDAP should occur in order to ensure no adverse impact on licenses to provide AOD programming.

Criteria for Current MAT Participation

Criteria for MAT participation currently address the following:

- **Risk to Recidivate:** Moderate-to-high, as per the Risk Screen Tool (RST). **NOTE: Treatment-related resources are typically reserved for those who are at moderate-to-high risk to commit crimes in the future.*
- **Criminogenic (or Crime-Producing) Need:** Moderate-to-high AOD treatment need (i.e., substance abuse/dependence indicated), as per the Texas Christian University Drug Screen II (TCUDS II). **NOTE: Only those addicted to opiates/alcohol are eligible to participate.*
- **Treatment Program Participation:** Successful completion of Outpatient or Inpatient (i.e., Therapeutic Community) Program.
- **Returning County:** Allegheny, Dauphin, Lehigh, or Philadelphia
- **Minimum Sentence:** Two-to-12 months to minimum sentence in order to allow for reentry planning and processing.
- **Voluntary** on the part of potential participants.
- **Medical Testing:** Participants must have no liver problems, such as liver failure or acute hepatitis.

Pilot Issues

To date, there has been a low number of participants in the PA DOC's MAT Expansion Initiative. Issues that have been brought to light include, but may not be limited to, the following:

- Staff working in the field have expressed a lack of support for MAT (which was previously an issue).
- No guaranteed offender release date.
- Staff in Community Corrections Facilities (CCFs) have expressed that their corporate offices do not support the use of MAT and are therefore hesitant to personally participate in the MAT expansion initiative.
- Participation criteria may be too restrictive.

Criteria Revised for MAT Participation

Current criteria have been revised as follows in order to maximize participation:

- **Risk to Recidivate:** Any risk level (i.e., low, moderate, or high)
- **Criminogenic (or Crime-producing) Need:** Moderate-to-high AOD treatment need (i.e., substance abuse/dependence indicated), as per the Texas Christian University Drug Screen II (TCUDS II). Staff may also use the pre-parole LSI-R (AOD Subdomain score of two or above) as an indication of a need for AOD treatment. **NOTE: Only those addicted to opiates/alcohol are eligible to participate.*
- **Treatment Program Participation:** Successful completion of Outpatient or Inpatient (i.e., Therapeutic Community) Program *is not required.*
- **Returning County:** Allegheny, Dauphin, Lehigh, or Philadelphia
- **Minimum Sentence:** Past minimum to 12 months to minimum sentences. Shall include Technical Parole Violators (TPVs) and may also include max-out cases.
- **Voluntary** on the part of potential participants.
- **Medical Testing:** Participants must have no liver problems, such as liver failure or acute hepatitis.

Community Contract Facilities (CCFs) Offering MAT to Date

INPATIENT

AOD IN PATIENT				
County	ReferredTo	Administer		
		Methodone	Suboxone	Vivitrol
Philadelphia	CEC-Luzerne (135)	N	N	N
Philadelphia	Gaudenzia DRC (116)	N	N	Y -Pilot Participant
Chester	Gaudenzia West Chester (106)	N	N	N
Lehigh	Keenan House (189)	N	Y - While Detoxing	N
Philadelphia	Self Help Movement (124)	N	N	N
Berks	ADAPPT (218)	N	N	N
Dauphin	Conewago Place (222)	N	N	N
Schuylkill	Conewago Pottsville (236)	N	N	N
Snyder	Conewago Snyder (237)	N	N	N
Dauphin	Gaudenzia Common Ground (217)	N	Y -Detox Only	Y -Pilot participant
Dauphin	Gaudenzia Sienna House (225)	N	N	N
Erie	Gateway Erie (322)	N	N	N
Beaver	Gateway Sheffield (324)	N	N	N
Indiana	Conewago Indiana (329)	N	N	N
Erie	Crossroads (309)	N	N	N
Beaver	Pen Pavilion (313)	N	N	N
Allegheny	Renewal #2 (327)	N	N	Y -Pilot Participant

OUTPATIENT

AOD OUT PATIENT				
County	ReferredTo	Administer		
		Methodone	Suboxone	Vivitrol
Allegheny	Gaudenzia Erie, Inc. Pittsburgh OP (314)	N	N	N
Allegheny	Renewal, Inc. (320)	N	N	Y
Beaver	Penn Pavilion, (305)	N	N	N
Berks	ADAPPT, (212)	No Response Received at this time.	No Response Received at this time.	No Response Received at this time.
Chester	Gaudenzia, Inc. -Coatesville OP (109)	N	N	N
Chester	Gaudenzia, INC. -West Chester OP (113)	N	N	N
Cumberland	Gaudenzia, Inc -West Shore OP (219)	N	N	N
Cumberland	NHS Human Services -NHS Stevens (233)	N	N	N
Dauphin	Gaudenzia, Inc. -Harrisburg OP (215)	N	N	N
Delaware	NHS Delaware County (123)	N	N	N
Erie	Gateway Rehab Center -Gateway Erie (312)	N	N	N
Franklin	GEO- Franklin County Day reporting Center (222)	N	N	N
Lackawanna	Habit OPCO- Dunmore (117)	Y	N	N
Lehigh	Habit OPCO-Allentown (116)	Y	N	N
Lehigh	Treatment Trends -Confront (131)	N	N	N
Luzerne	GEO- Luzerne County Day Reporting Center (224)	N	N	N
Lycoming	Genesis House (220)	N	N	N
Montgomery	Gaudenzia, Inc. -Montgomery OP (112)	N	N	N
Montgomery	Habit OPCO -Pottstown (118)	Y	N	N
Northumberland	Gaudenzia, Inc. -Sunbury OP (218)	N	N	N
Northumberland	Habit OPCO -Watsonstown (226)	Y	N	N
Philadelphia	Community Education Centers, Inc. -Erie OP (134)	N	N	N
Philadelphia	Gaudenzia, Inc. -Gaudenzia Outreach 1 (110)	N	N	N

Medical Assistance/COMPASS

With many serious mental and physical health conditions, including substance addiction, offenders require essential health care immediately upon release from incarceration. To address this issue, PA DOC and PA Department of Human Services (DHS) have collaborated to create a process ensuring that Medical Assistance (MA) benefits will be in place for offenders on the date of their release. This partnership will result in the development of a more effective and expedited continuum of care. Included in the mission will be automated processing of Commonwealth of Pennsylvania Access to Social Services (COMPASS) applications for all of these offenders. The project is, however, still in its infancy; to date, an analysis of data elements required by PA DHS for application for MA vs. data elements available in DOC and PBPP systems has been conducted. The explanation of this process is listed below and is excerpted from the DHS OPS Memo.

ABOUT THE PROCESS

The process begins when an individual's release date from the SCI is established. The SCI Health Care Release Coordinator will ensure completion of the COMPASS application for the individual prior to the scheduled release date. Upon receipt, the County Assistance Office (CAO) will process the application.

If the individual is eligible, MA will be authorized no sooner than seven days prior to the individual's release date from the SCI, **using the release date as the MA begin date**. Authorization must occur prior to the release date. This process will require close cooperation and communication between DOC and CAO staff.

PROCEDURES

Implementation of the following process requires actions by the SCI and CAO staff:

1. Verify the individual's release date.
2. Complete an Employability Assessment Form (PA 1663) for all disabled individuals. If the PA 1663 indicates that the individual is permanently disabled or will be disabled for a period of 12 months or longer, a Disability Advocacy Program (DAP) Referral Form (PA 731) will be completed and signed by the individual.
3. Complete a Health-Sustaining Medication Assessment Form (PA 1671) for individuals who require a health-sustaining medication and are Lawful Permanent Residents (LPRs) subject to the five-year bar.
4. Submit an application through COMPASS prior to the individual's release date using the assigned SCI provider number.
 - When possible, submit the application no sooner than 15 calendar days prior to the individual's release date and no later than five calendar days prior to the individual's release date.
 - The application will be submitted to the CAO in the individual's county of residence.
 - Indicate the individual's release address on the application. If the individual is homeless or does not have an established release address, the CAO address may be used. The individual will be instructed to report any address change to the CAO.
 - In the comments section of the COMPASS application, include the following:
 - A statement indicating that the application is "For expedited determination of MA eligibility for inmate being released from SCI."
 - The release date as the requested MA begin date.
 - Scan and attach, or send via fax, all necessary documentation.
5. Immediately contact the CAO if any change to the release date is expected or occurs.

Detoxification Protocol

CURRENT DETOXIFICATION PROTOCOL

Opioid withdrawal, while extremely uncomfortable, is not usually a life-threatening condition (as opposed to alcohol withdrawal). Unless the patient is pregnant or has a serious medical condition, the standard for opioid dependency in a correctional setting is to permit withdrawal and ameliorate the major symptoms. These symptoms begin with runny nose, tearing, and sweating. They can progress to fever, nausea, vomiting, diarrhea, and cramping. As withdrawal peaks, the patient shivers uncontrollably, develops an elevated pulse and blood pressure, becomes agitated and restless, and experiences severe muscle and bone pain. The PA DOC currently practices the following detoxification protocol:

- The identification of offenders who may need treatment for opiate withdrawal begins at intake. If brought in by a parole officer, the offender's current drug use or withdrawal symptoms may already be known. Upon arrival, every inmate receives a complete medical screening by the nurse on duty. This screening includes questions regarding drug use (e.g., specific drugs used, amount and frequency of drugs used, date and time of last time drugs were used, noting any visible signs of drug withdrawal, such as sweating, pinpoint pupils, nausea, shakes).
- Once the patient is identified as possibly needing medical treatment for withdrawal symptoms, the nurse calculates a Clinical Opiate Withdrawal Scale (COWS) score. COWS is a nationally accepted score based on symptoms and vital signs. The absolute value can provide the clinician with the severity of the process, ranging from mild to severe. It also allows staff to objectively document improvement or deterioration of the patient's medical condition. The COWS calculation is repeated as ordered by the clinician and is compared with previous scores.
- Depending on the severity of symptoms, the clinician may elect to treat the patient in the infirmary or in general population. If the patient's condition deteriorates such that it is critical, he or she may be transported to the local emergency department.
- The following medications are available to treat specific symptoms:
 - Imodium (Loperamide) for diarrhea
 - Meclizine for vomiting
 - Tylenol (acetaminophen) or Motrin (ibuprofen) for pain
 - Muscle relaxant for muscle cramps that do not respond to Tylenol or Motrin
 - Clonidine for hypertension or uncontrolled gastrointestinal symptoms that do not respond to any of the above medications.
- Women who report current drug usage, or show signs of withdrawal, will be tested for pregnancy. If positive, they will immediately be ordered methadone to prevent withdrawal, which if not treated, could result in a spontaneous abortion (miscarriage). The onsite medical provider is permitted by the Drug Enforcement Agency (DEA) to prescribe three days of methadone for detoxification. During that time, the patient is scheduled for evaluation at a local offsite licensed methadone clinic. The patient will be followed at the clinic until after delivery and will then be allowed to withdrawal from opiates according to the above protocol.



Detoxification Protocol (Cont'd)

PROPOSED MODIFICATIONS TO CURRENT DETOXIFICATION PROTOCOL

Currently, MAT is not generally administered long term for detoxification purposes in the PA DOC. Moving forward, however, the PA DOC will ensure that the detoxification protocol includes MAT. Specifically, the PA DOC will consider the administration of Suboxone or Subutex as the standard protocol for aiding in the detoxification process. The intended goal is to use Subutex over a more extended period of time during incarceration, slowly weaning the offender off of Subutex and subsequently introducing Revia or Vivitrol if indicated. Medical staff will continue to closely monitor all stages of detoxification.

Proposed modifications to the detoxification protocol are general considerations in the incorporation of MAT. Ongoing collaboration among the Physician General (Dr. Rachel Levine), the DOC's Chief of Clinical Services (Dr. Paul Noel), and DHS's Chief Medical Officer (Dr. Dale Adair) will continue in order to develop a more detailed protocol. The PA DOC also intends to develop an advisory for county jails on both MAT detoxification and reentry-supported MAT.

Maintenance Protocol

No MAT is currently maintained long term or for the duration of incarceration except in the cases of women who are pregnant. Moving forward, the PA DOC will be maintaining MAT (to include methadone, Suboxone or Subutex, and Revia or Vivitrol). This maintenance will occur as long as is medically indicated for those who are newly committed to PA DOC and are already receiving MAT. The standard protocol will be to eventually wean the individual off of methadone, or off of Suboxone or Subutex, after which Revia or Vivitrol would be introduced as is medically indicated. Medical staff will closely monitor all stages of maintenance for all MAT.

Initial Prescription Protocol

The PA DOC will be administering MAT to newly committed individuals who are not undergoing detoxification, are likely to benefit from the treatment, and who are not currently receiving it. Treatment medications will include methadone, Suboxone or Subutex, and Revia or Vivitrol. Initial consideration shall be given to Revia or Vivitrol unless another medication is determined to be more appropriate. The standard protocol will be to eventually wean the individual off medications other than Revia or Vivitrol, and then to introduce Revia or Vivitrol (unless contraindicated). Medical staff closely monitor all stages of maintenance for all medications.



Moving Forward

The PA DOC plans to take a sharply focused approach in its plans to expand MAT both now and into the future. In order to bring this mission to fruition, the PA DOC will undertake the following strategic measures as it advances its expansion plans:

SOLUTIONS FOR PILOT-SPECIFIC ISSUES

- Revise eligibility criteria (See page 3).
- Treatment staff shall take advantage of the training and educational information made available to them, and will work with Central Office and other institutional/facility staff to overcome any personal biases toward use of MAT.
- The PA DOC will no longer do business with service providers who do not, at all levels, support the use of MAT.
- Weekly call-ins to the PA DOC's Central Office will be made in an effort to monitor the referrals. During this time, the issues that may be restricting the number of MAT referrals will be addressed.
- PA DOC Central Office staff will regularly schedule and perform site visits. During this time, face-to-face dialogue with field staff who are directly involved in MAT referral and administration processes will occur.

NEXT STEPS FOR FULL EXPANSION

- Establish advisory groups with the mission of ensuring best practices for (1) Medication Assisted Opiate Detoxification and (2) MAT-assisted reentry. Areas represented may include, but may not be limited to, the following: PA DOC BTS, PA DOC Bureau of Health Care Services (BHCS), PA DOC BCC, PA DOC Office of Psychology, PBPP, PA Department of Human Services (PA DHS), Physician General/PA Department of Health (PA DOH), and PA DDAP. Each affected area will be responsible for fulfilling its specific mission within the overall initiative.
- Determine a schedule for fully realized MAT expansion within the PA DOC.
- Contact other Departments of Corrections that are currently utilizing MAT (e.g., Connecticut, Missouri) as resources in the development of further MAT expansion in PA.
- Train/Educate all counseling and other treatment staff in the SCIs so that they may serve as resources to then educate offenders and their loved ones about MAT.
- Determine regulations and licensure requirements for MAT administration, specifically for that of methadone, Suboxone, or Subutex.
- Determine whether SCI- and community corrections-based physicians meet licensure requirements. If they do not, determine all necessary steps that must be taken to ensure that they do.
- Develop a detailed protocol for administration of methadone, Suboxone, and Subutex. Reentry methodologies in the context of these medications shall be thoroughly delineated in the protocol. (A DOC-authored protocol for Vivitrol-assisted reentry currently exists.)
- Amend existing BCC Reentry Services contracts to include the use of MAT.
- Determine the existence of a listing that specifies community-based physicians (by location) who are licensed to administer methadone, Suboxone, and Subutex. At present, this type of resource is available online for Vivitrol (See "Find a Doctor" at Vivitrol.com.)
- Create more educational materials and fact sheets about MAT for widespread distribution. These materials include an informational video and fact sheets for inmates, family members, and staff, emphasizing the PA DOC's commitment to MAT expansion, as well as why MAT is a key piece of successful reentry. The following pages include several of these materials.

New MAT Informational Materials for Distribution

The PA DOC has created numerous educational materials, including a video, which will provide more widespread information about MAT. These materials are intended for multiple audiences with the intention of reaching as many individuals as possible and increasing MAT awareness. Audiences include:

- ▣ Staff working with justice-involved individuals
- ▣ Justice-involved individuals
- ▣ Friends and family of justice-involved individuals
- ▣ General public

INFORMATIONAL VIDEO

To view the MAT educational video, click the following link:

http://www.pacast.com/players/cmsplayerHD.asp?video_filename=13445_Wetzel_Vivitrol.m4v



MAT in the DOC:

Medication-Assisted Treatment (MAT) for Justice-Involved Individuals

What is MAT?

The term MAT stands for Medication-Assisted Treatment, and has gained huge momentum as a modern, successful, and research-proven way to help lighten the weight of addiction recovery, especially from opioids. Because of the intense cravings, detox, and withdrawal symptoms involved in quitting, addiction is difficult to overcome. For those who have been incarcerated or released from prison, addiction recovery can present an additional barrier to success. MAT relieves some of the struggles that come with controlling addiction, eliminating substance abuse, recovering from symptoms, managing relationships, and moving on with life in the community. Because it involves both behavioral therapy and FDA-approved medication that can help addicted individuals curb their cravings, MAT can make quitting drugs easier so that they can start life over without addiction weighing them down.

Why is it Necessary?

Over the last decade, the use of opiates in the United States has risen so much that it has become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the PA DOC alone, approximately 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of new commitments with an assessed heroin problem has doubled, accounting for 6% of new commitments ten years ago to 12% of new commitments today. Research has shown that traditional approaches, such as “just saying no” are just not working. Using data to drive policy and practice, the PA DOC is tackling a prominently long-overdue change in approach, treating addiction while it addresses crime - doing so before, during, and after an individual’s transition home. Traditional, one-dimensional abstinence programming has proven ineffective. Instead, MAT sheds some light on what has been a dark outlook for many years, approaching addiction like the chronic disease it is and proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who are trying to recover need multiple types of help in order to beat the disease. MAT offers a comprehensive, two-dimensional model of treatment. Using medications, such as methadone, Vivitrol, Revia, Suboxone, and Subutex, MAT allows individuals to receive customized treatment to address the physical challenges of recovery. To address the mental challenges of recovery, MAT includes behavioral health treatment to change thinking patterns and old habits. While no single treatment is right for all individuals, MAT offers the same benefits for offenders all who qualify:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- Type of medication varies depending on the addiction, but all types of medications can be safely taken (as long as is indicated) under close monitoring for the duration of treatment.
- Consistent counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

About the Medications - Quick Reference

GENERIC NAME	TRADE NAME
naltrexone (injectable)	Vivitrol
naltrexone (oral)	Revia
buprenorphine	Subutex
buprenorphine + naloxone	Suboxone
naloxone	Narcan
methadone	multiple trade names

Moving Forward

The PA DOC believes that in order for individuals to *sustain* recovery success in the community, they must first be *supported* in their recovery success. To ensure that it enables all individuals to receive the best, medically indicated treatment available to address their addictions, the PA DOC will be expanding its use of MAT to its full potential - which, in the end, means sending home individuals who are who are not left on their own in their recovery and who have been afforded the understanding that the disease is not the crime.

LIGHTEN THE WEIGHT OF ADDICTION

WHY ENCOURAGE MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

When you see incarcerated individuals struggling with an opioid or other drug addiction, let them know that they don't have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, these individuals can get the relief they need by considering MAT, which offers the same benefits for all who qualify¹:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
- Scientifically proven to work in reducing problem addiction behavior.
- Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

¹<http://www.samhsa.gov>

Justice-involved individuals who are interested in MAT should send a request slip to their Drug and Alcohol Treatment Specialist Supervisors (DATSS) or assigned counselor/case manager. For more information about MAT, call 1-877-726-4727.

WHAT IS MAT?

The term MAT stands for **Medication-Assisted Treatment**, and has gained huge popularity as the most modern and successful way to help lighten the load of addiction recovery, especially from opioids. Because of the intense cravings, detox, and withdrawal symptoms involved in quitting, addiction is difficult to overcome. For those who have been incarcerated or released from prison, addiction recovery can present an additional barrier to success.

MAT relieves some of the struggles that come with eliminating substance abuse, controlling addiction, recovering from symptoms, managing relationships, and getting on with life in the community. Because it involves both behavioral therapy and FDA-approved medication that individuals take to help curb cravings, MAT can make quitting drugs easier so they can start life over without addiction weighing them down.

For Staff Working with Justice-Involved Individuals

PA Department of Corrections, 2015

LIGHTEN THE WEIGHT OF ADDICTION

WHY CONSIDER MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

If you're struggling with an opioid or other drug addiction, you don't have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, you can begin to get the relief you need by considering MAT, which offers the same benefits for all who qualify²:

- Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
 - Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
 - Scientifically proven to work in reducing problem addiction behavior.
 - Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.
- ²<http://www.samhsa.gov>

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For Justice-Involved Individuals

PA Department of Corrections, 2015

LIGHTEN THE WEIGHT OF ADDICTION

WHY ENCOURAGE MAT?

Over the last decade, the use of opiates in the United States has risen so much that it's become an epidemic. Fatal drug overdose is now the number one cause of accidental death, with deaths caused by opiate-based drugs increasing the most. In the Pennsylvania Department of Corrections (PA DOC) alone, 65% (two thirds) of the population has been assessed as having an alcohol or other drug problem. In fact, the number of people annually incarcerated in the PA DOC with a heroin problem has doubled.

Research has shown once and for all that traditional approaches to address this problem, such as "just saying no," are just not working. Instead, MAT sheds some light on what's been a dark outlook for many years. It treats addiction like the chronic disease that it is, proving to be a strong solution in the modern age of addiction treatment. And because opioids are so powerful, those who try to recover need different types of help in order to beat the disease. With its focus on both medication and counseling, MAT can prevent people from relapsing and improve their chances for long-term recovery.

Loved ones who are struggling with opioid or other drug addiction no longer have to carry this weight alone. The PA DOC wants to ensure that it enables everyone to receive the best, medically indicated treatment available to address their addictions. While no single treatment is right for everyone, your loved ones can begin to get the relief they need by considering MAT, which offers the same benefits for all who qualify.¹

- ▣ Provides safe, carefully introduced, physician-controlled medication that blocks, reduces, or alters the potent effects of addiction, such as cravings, tolerance, dependence, detoxification, and withdrawal.
- ▣ Type of medication varies depending on the addiction, but all types of medications can be safely taken as long as is necessary under close monitoring for the duration of treatment.
- ▣ Scientifically proven to work in reducing problem addiction behavior.
- ▣ Consistent behavioral counseling and programming focus on healthy thinking patterns, lifestyle changes, coping skills, overcoming setbacks, and improving connections with family and friends.

For more information about connecting a justice-involved friend or family member to MAT, contact his or her assigned counselor/case manager, or call 1-877-726-4727.

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For Friends and Families of Justice-Involved Individuals

PA Department of Corrections, 2015