

Treatment of Individuals with Serious Mental Illness and Co-Occurring SUD Using Long-Acting Injectable Medications

Hampden County Sheriff's Office

Bureau of Justice Assistance (BJA)







Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



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Learning Objectives

Upon completion of this presentation, participants will be able to:

- Understand how mental health treatment and substance use disorder treatment can be integrated to improve quality of care and outcomes.
- Identify 3 advantages and 3 challenges associated with the use of long acting injectables in correctional facilities.
- Explain the importance of continuity of care and aftercare planning while providing co-occurring disorder treatment.

Today's Moderator




Pamela O'Sullivan

Senior Director, Public Affairs
Advocates for Human Potential, Inc.

Treatment of Co-Occurring Mental Health and Substance Use Disorder and RSAT

Treatment of Co-Occurring Disorders and RSAT

- Per the [Bureau of Justice Assistance's RSAT FAQs](#), treatment of co-occurring mental illness and SUD is one of the main purposes for RSAT grants
- The [Promising Practices Guidelines](#) state that eligibility criteria into RSAT programs is primarily based on substance use and co-occurring mental illness



FAQs

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) FOR STATE PRISONERS PROGRAM

What is the RSAT for State Prisoners Program?

The RSAT for State Prisoners Program's objectives are to enhance the capabilities of state, local, and Indian tribal governments to provide residential substance use disorder (SUD) treatment to adult and juvenile populations during detention or incarceration; prepare them for their reintegration into a community by incorporating reentry planning activities into their treatment programs; and assist them and their communities throughout the reentry process by delivering community-based treatment and other broad-based aftercare services.

What is the authorizing legislation for the RSAT State Prisoners Program?

The RSAT Program was created by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322) and codified at 34 U.S.C. § 10421 et. seq. To view this, follow this link: [https://uscode.house.gov/view.xhtml?req=\(title:34%20section:10421%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:34%20section:10421%20edition:prelim)).

What entity is eligible to receive funding?

Only states, as defined by this program, are eligible to apply and must designate a single State Administering Agency (SAA) that has authority to apply on their behalf. States often rely on a single entity within the state (e.g., SAA, Department of Corrections, Department of Public Safety, Governor's Office) to oversee the RSAT for State Prisoners Program and its subgrantees.

For purposes of this program, "state" means any state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Eligible entities must provide a 25 percent cash or in-kind match to the grant award.

Can states award subgrants?

Yes, states may award subgrants through a competitive or noncompetitive process to state agencies and units of local government, including

<https://bjaojp.gov/doc/rsat-faq.pdf>

Prevalence of Mental health in Prisons and Jails

From the Bureau of Justice Statistics:

- 74 percent of people incarcerated in prison and 76 percent of people incarcerated in jail who report having a mental health problem also report having substance dependence or abuse.

High prevalence of mental health problems among prison and jail inmates

Selected characteristics	Percent of inmates in —			
	State prison		Local jail	
	With mental problem	Without	With mental problem	Without
Criminal record				
Current or past violent offense	61%	56%	44%	36%
3 or more prior incarcerations	25	19	26	20
Substance dependence or abuse	74%	56%	76%	53%
Drug use in month before arrest	63%	49%	62%	42%
Family background				
Homelessness in year before arrest	13%	6%	17%	9%
Past physical or sexual abuse	27	10	24	8
Parents abused alcohol or drugs	39	25	37	19
Charged with violating facility rules*	58%	43%	19%	9%
Physical or verbal assault	24	14	8	2
Injured in a fight since admission	20%	10%	9%	3%

*Includes items not shown.

James, Doris J., & Lauren E. Glaze, September 2006, *Mental Health Problems of Prison and Jail Inmates*, Special Report, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, NCJ 213600, retrieved January 25, 2023 from <https://bjs.ojp.gov/library/publications/mental-health-problems-prison-and-jail-inmates>.

RSAT: Integrated Care is the Standard

From the Promising Practices Guidelines:



Treatment planning begins with a full biopsychosocial assessment



Collaboration between residential SUD treatment program staff and mental health treatment staff



*“... people in integrated treatment programs **show more improvement** in the following areas **than those in non-integrated programs: reduced substance use, improvement in mental health symptoms and functioning, decreased hospitalization, increased housing stability, fewer arrests, and improved quality of life.**”*



Medications play an important role:

“Individuals diagnosed with OUD, AUD, and mental health disorders should be prescribed FDA approved medically appropriate medications that conform to contemporary standards of care for those conditions.”

Considerations in Treating individuals with Serious Mental Illness

Medication adherence is challenging

- Doses may be missed, skipped or discontinued
- Consequences of nonadherence¹
 - Relapse
 - Hospitalization
 - Longer time to remission
 - Suicide
 - Higher costs to the healthcare system

Reentry and aftercare planning are more complicated

- Transitions of care can be disruptive
- Insurance enrollment/activation
- Connections to medical and psychiatric services
- Access to medication

All of this can impact the stability and the outcomes for the individual and the system.

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3805432/>

Long-Acting Injectable (LAI) Antipsychotics

- Given by injection
- Longer duration of therapeutic effect
 - 2-24 weeks with one dose



Medications Include:

- Fluphenazine decanoate
- Haloperidol decanoate
- Abilify Maintena (aripiprazole)
- Aristada Initio (aripiprazole lauroxil)
- Aristada (aripiprazole lauroxil)
- Invega Sustenna (paliperidone)
- Invega Trinza (paliperidone)
- Invega Hafyera (paliperidone)
- Risperdal Consta (risperidone)
- Perseris (risperidone)
- Zyprexa Relprevv (olanzapine)

Long-Acting Injectable (LAI) Antipsychotics

Benefits

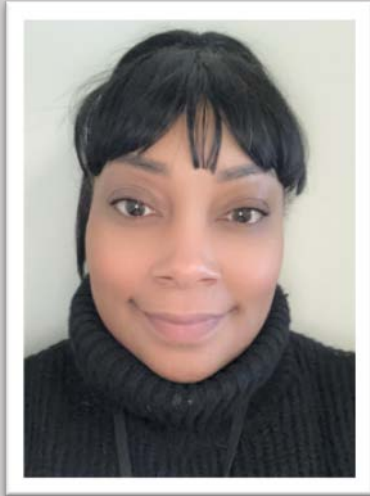
- Simplify medication regimen
- Improve adherence
- Delay and prevent relapse, and further neurodegeneration
- Support continuity of care
- Reduce hospitalization

Challenges

- Patient and provider bias/acceptance
- Lack of education
- Access

1. [An update on recently approved long-acting injectable second-generation antipsychotics: Knowns and unknowns regarding their use - PMC \(nih.gov\)](#)
2. <https://www.aristada.com/downloadables/ARISTADA-INITIO-PI.pdf>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8955244/>

Today's Speakers



Keisha Williams, MSN, RN, BS, CCHP

Responsible Health Authority/Director of Nursing
Hampden County Sheriff's Office
Massachusetts



Danielle Mimitz, LMHC

Clinical Manager II
Hampden County Sheriff's Office
Massachusetts

Long Acting Injectables at the Hampden County Sheriff's Office

Hampden County Sheriff's Office (HCSO)



Facilities

- Hampden County Correctional Center (Main Institution)
- Western Massachusetts Recovery & Wellness Center
- Western Massachusetts Regional Women's Correctional Center
- Stonybrook Stabilization & Treatment Center
- All-Inclusive Support Services (AISS)

Mental Health Services

- Behavioral Health Model
- Screening
- Assessment
- Evaluation and Stabilization Unit (ESU)
- Mental Health Unit (MHU)

Evaluation and Stabilization Unit

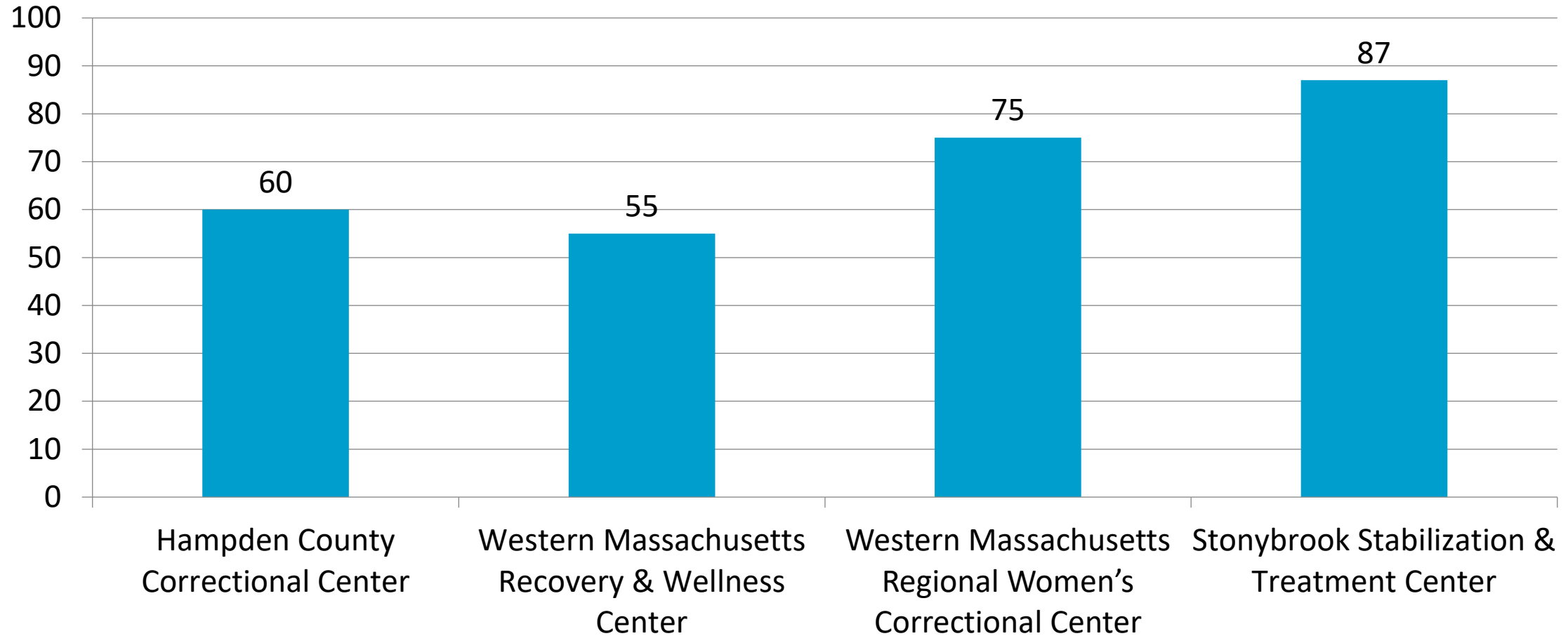


- Men's Facility: 15 admission beds, 16 step down/respice beds
- Western Massachusetts Regional Women's Correctional Center (WMRWCC): admission beds, step down/respice beds
- Regional program
- Supported by mental health counselors and officers
- Level system (Level 1, 2, 3)
- Treatment team



Photo: Hampden County Sheriff's Office

Individuals Receiving Formal Mental Health Services



ESU Levels Of Care



Level 1

- Individuals placed on a level 1 status are assessed to be at a high risk for suicide

Level 2

- Individuals placed on a level 2 status are presenting with signs or reporting symptoms that are currently impeding their ability to function in general population.

Level 3

- Individual is not considered at risk to harm self or others and needs medication evaluation and/or increased mental health support.



Step Down

- Individuals on this status have been discharged from the ESU, no longer need to meet with treatment team, and are in need of further support and monitoring.

Respite

- A brief stay, designed for individuals who are in need of extra support or decreased stimulation.

Hampden County Sheriff's Office



FY 2023 Stats

	Men's Facility	Women's Facility
ESU Admission	530	236
ESU Admissions (DMH)	202	55
ESU Respite	113	0
Amount of Bed Days	2491	1037
Average Length of Stay	4.5	4.8
18a Petitions	10	9
Out of County Admissions	26	0

Mental Health Unit



- Main Institution opened in 2019
 - 39 beds
- Women's Correctional Center opened in 2023
 - 11 beds
- Medium security housing unit
- Designed to support individuals living with serious mental illness (SMI)
- Unit Management Model



Photo: Hampden County Sheriff's Office

Long Acting Injectables (LAIs) used at HCSO



LAI	FY2023
Aristada Initio	0
Aristada Lauroxil 662 mg	1
Aristada Lauroxil 882mg	5
Abilify Maintena 400mg	7
Invega Sustenna 156mg/ml	18
Haldol Decanoate 100mg/ml	5
Risperdal Consta 25mg/ml	1

Medication Costs



HCSO Costs 7/1/22 – 12/31/23:

- Total departmental spending for this reporting period:
 - \$252,323.12
- Highest expenditure:
 - Paliperidone Palmitate 156mg/ml
\$89,915.86
 - Note: \$28,397.15 transferring from a DOC facility
- Haldol much less popular and inexpensive
- Vivitrol:
 - \$74,483.98



Photo: Hampden County Sheriff's Office

Medication Funding



Photo: Hampden County Sheriff's Office

- Funding Resources
 - Grants
 - State monies
- Budget
 - Medication line item
 - Supplemental
- State office of Pharmacy Services (SOPS)
 - Medicaid rates

Staff Training/Education



- Education is the key to successful therapy with LAI's
- Starts with Nurses and Providers
 - All people who work in a correctional environment should have some level of understanding about LAIs
- LAI's can be life changing and sustaining for people living with an SMI
- Managing injection side effects



Advantages and Challenges of LAIs



Advantages

- Increased medication adherence
- Not a daily medication regimen
- Post admission compliance
- May be preferred treatment option for some patients
- Used as treatment option when oral medications are unsuccessful
- Decreased return or exacerbation of symptoms

Advantages and Challenges of LAIs



Challenges

- Clinic visit or nursing visit required for injection
- If missed dose over time, may need to start over
- Insurance (some may require a prior authorization)
- Education and comfort level of provider
- Potential site reactions or other side effects
- Must have compliance with oral prior to start of injectable

Nursing and LAI's



- Medication delivered in a concentrated formula
- Slow release over set time
- Given intramuscularly
 - Patient education is crucial
 - Clear explanation of side effects and review of injection timelines
- Long half-life of medication
 - Reduces risks of poor efficacy associated with missed doses
- Less interference with swallowing or indigestion concerns
- Common side effects & adverse reactions



Photo: Hampden County Sheriff's Office

Aftercare



- Aftercare begins on day one
- Medicaid vs. Private Insurance
- Medicaid Inmate Exclusion Policy (MIEP)
- Community Appointments/Community Partners
- Department of Mental Health(DMH) Worker – continuity of care
- Post release prescriptions
- All Inclusive Support Services (AISS)



Photo: Hampden County Sheriff's Office

QUESTIONS

▶ Type your questions in the Q&A box on your screen.



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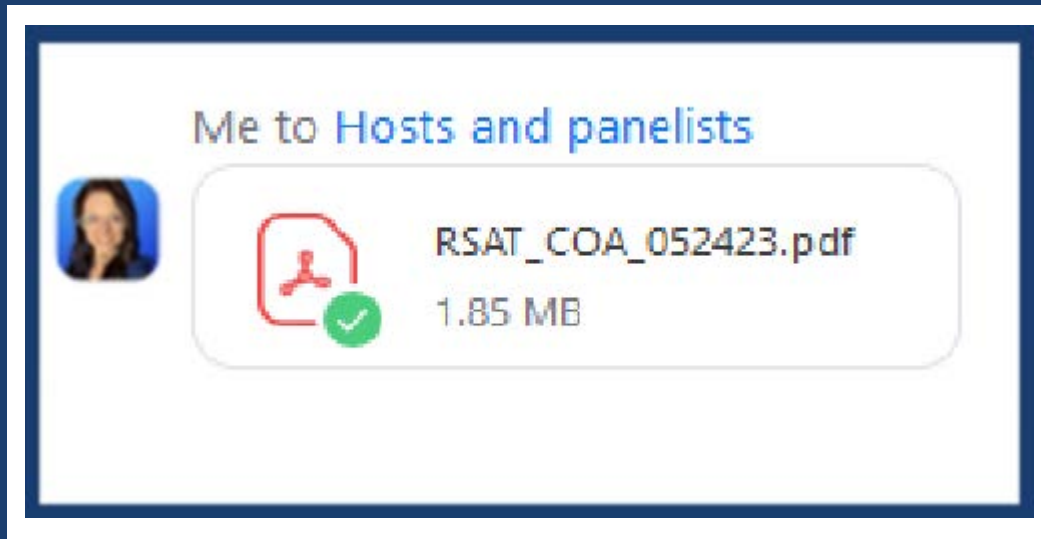
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References and Resources

- National Association of Counties. Bipartisan Legislation Introduced in House and Senate to address Medicaid Inmate Exclusion Policy. May 9, 2023. <https://www.naco.org/blog/bipartisan-legislation-introduced-house-and-senate-address-medicaid-inmate-exclusion-policy>
- National Library of Medicine, NIH. Long-Acting Injectable Antipsychotics: A Systematic Review of Their Non-Systemic Adverse Effect Profile. June 14, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8214363/>
- The Commonwealth of Massachusetts. Circular: DCP 19-6-1071. www.mass.gov/doc/circular-letter-dcp-19-06-107

You can download the certificate of attendance from the chat.





CERTIFICATE OF CONTINUING EDUCATION



1 Continuing Education Hour (CEH) approved by NAADAC, the Association of Addiction Professionals



Pass 10-question quiz with 7 correct answers



Download certificate upon completion of the quiz

March 27, 2024 RSAT webinar CEH quiz link:

<https://survey.alchemer.com/s3/7762989/March-27-2024-RSAT-Webinar-CEH>

CONTACT



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