Maine Department of Corrections

Medication Assisted Treatment Services First Year Review



This report is a review of the pilot year of medication assisted treatment for opioid use disorder in MDOC adult correctional facilities.

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Medication Assisted Treatment

On July 1, 2019, in response to the current opioid epidemic in Maine and in accordance with Governor Mills' Executive Order, the Maine Department of Corrections (MDOC) launched a pilot for residents in MDOC adult correctional facilities diagnosed with opioid use disorder (OUD). MDOC's medication assisted addiction treatment (MAT) services were implemented in collaboration with Wellpath (MDOC's comprehensive medical care provider) and Groups Recover Together (a community agency serving those with OUD). Pilot year funding for the program in FY20 totaled \$1.2 million, including \$450,000 from Maine's Office of Behavioral Health (OBH). Funding for FY21 totals \$1.7 million of which \$830,000 is from Maine OBH.

MAT is considered one of the highest standards of care for individuals diagnosed with OUD, and the purpose of addressing addictions with medication is to reduce cravings for opiates which helps individuals more effectively manage personal triggers and engage in prosocial activity, including counseling/treatment. MDOC's MAT treatment services utilize buprenorphine and naltrexone as the primary medications prescribed by medical providers.

In July, MAT was initiated at Maine Correctional Center (men and women), Southern Maine Women's Reentry Center, and Bolduc Correctional Facility. The pilot treatment served both male and female residents who were within three months of discharge from MDOC custody and determined to be clinically eligible by a medical provider. Participation in MAT was and is strictly voluntary and requires informed consent and acknowledgment of the risks and benefits of treatment. Treatment started in the facility, and continuity of care upon discharge was assured with MDOC's community partner, Groups Recover Together.

After an effective launch and early successes, MAT was initiated at Mountain View Correctional Center (in partnership with Day One) on November 4, 2019, and at Maine State Prison, in February 2020 and is now available throughout our adult correctional facilities. Also, in February 2020, the timeframe to start treatment increased from three months of discharge to six months of discharge. At that same point in time, the program was expanded to include all those newly admitted to MDOC who were receiving MAT prior to entry, thus providing continuity of care regardless of sentencing. Beginning in February 2020, all residents admitted to MDOC on new charges from a county jail or as a probation return who were receiving MAT upon admission, were provided with continuity of care. This accounted for 16 residents during the pilot year.

Prior to discharge from MDOC custody MAT residents are provided with comprehensive discharge planning including linkages to community-based continuity of care services. Groups Recover Together and Day One assist MDOC with securing post-release services and linking residents with MAT providers in local communities, and when appropriate, by making connections to out of state providers as well. At discharge, along with a copy of their release plan and MAT bridge prescription, residents receive a naloxone (Narcan) kit and hands on teaching for responding to an overdose. The kit also contains an education resource on overdose response for family and friends.



MaineCare Upon Release

Through a collaborative effort between MDOC and Maine Department of Health and Human Services (DHHS), all residents who qualify for MaineCare insurance have an active account in place upon release. Prior to this collaboration, it could take weeks for MaineCare benefits to begin post discharge. With the new process, discharged residents are assured continuity of care for MAT and other vital services covered by this insurance.

Numbers Served During Pilot Year

The following information, charts and tables show breakdowns of the numbers served throughout the first year of MAT, categorized by various demographics.

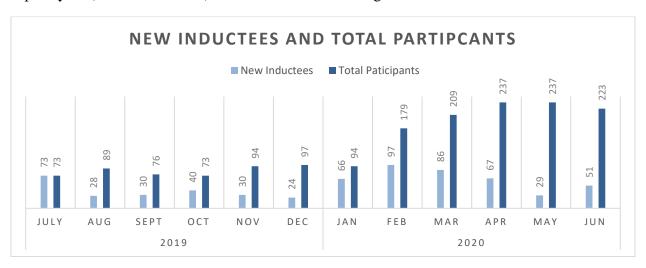
- 333- Total residents who started MAT and continued treatment through discharge
 - o Men 264
 - o Women 69
- 86- Total determined appropriate for MAT by clinical staff, but did not complete treatment, or never started due to patient choice or issues such as early release prior to entering the induction timeframe
 - o Men 67
 - o Women 19

Residents on MAT at Admission

Beginning in February 2020, residents admitted to MDOC on new charges from a county jail or as a probation return who were receiving MAT upon admission, were provided with continuity of care. This accounted for 16 residents during the first year.

First Year Inductees by Month

The following table indicates the total number of newly inducted participants for each month during the pilot year (n=621) compared to the total number of participants during each month. These numbers include all who started, continued, or were terminated during a month, regardless of outcome. At the end of the pilot year (end of June 2020) there were 202 continuing in treatment.





Demographics of Transitioned Participants

Transitioned Participants (n=333) are defined as those who started treatment while in a facility and were discharged to the care of a community provider for continued medication assisted treatment.

Race and Age Although minority groups seem disproportionally represented in the breakdown below, treatment was offered based on the following requirements: resident request, clinical assessment, and applicable diagnostic criteria, in addition to timeframe to discharge. Upon a review of the eligibility requirements those who requested to participate in treatment and met all criteria had equitable access to the program.

Race	Men	Women
Asian	1%	0%
Black or African American	1%	0%
Native American	1%	6%
Two or More Races	<1%	1%
Unknown	<1%	0%
White	96%	93%
Total	100%	100%

Age Group	Men	Women
20's	20%	14%
30's	50%	55%
40's	23%	28%
50's	6%	4%
60's	1%	0%
Total	100%	100%

Most Recent Education Level known to MDOC

According to education data tracked by MDOC, greater than 50% of those transitioned to community MAT are high school graduates.

Most Recent Edu level	Men	Women
Unknown	12%	13%
0-5th	0%	0%
6-8th	6%	10%
9th-11th	24%	23%
GED/HiSET	57%	51%
Associate	1%	1%
Bachelor	0%	1%
Technical/Trade	1%	0%
Total	100%	100%

Risk Rating by Assessment Tool- Men's tool- Level of Service Indicated-Revised (LSI-R) Women's tool-Service Planning Instrument for Women (SPIn-W)

The charts show transitioned participants by assessed risk scores. When combining high and maximum ratings, the tables demonstrate the appropriate focus on higher risk residents, accounting for 59% of men and 50% of women. Lower risk participants only account for 10% or less.

Men's LSI Rating	%
Low/Administrative	10%
Moderate	31%
High	48%
Maximum	11%
Total	100%

Women's SPIn-W Rating	%
Low	7%
Moderate	43%
High	41%
Maximum	9%
Total	100%



Transitioned Participants by Controlling Offense Group

Controlling Offense- Men	%
Assault	9%
Burglary/Theft/Robbery	36%
Drugs	22%
Domestic Violence	8%
Forgery	2%
Sex Offenses	2%
OUI/Vehicular Offenses	9%
Violation of Release/Tampering with Witness	3%
All Other Misc. Charges	8%
Total	100%

Controlling Offense- Women	%
Assault	3%
Burglary/Theft/Robbery	36%
Drugs	43%
Forgery	3%
OUI/Vehicular Offenses	3%
Violation of Release	4%
All Other Misc. Charges	7%
Total	100%

A controlling offense is the most serious crime committed carrying the greatest amount of sentencing. When looking at controlling sentences of "Drugs" between men and women. women with substance use disorder are nearly twice as likely (men 22%, women 43%) to be incarcerated on these charges. When adding charges sometimes associated with supplying a means to support drug addiction (Burglary/ Theft/Robbery) the number for men increases to 58% and women to 79%.

Transitioned Participants and Return to Custody Rate

First year pilot participants who transitioned to community services (n=333) returned to DOC custody in 6% of cases. They had been in the community between 6 to 18 months as of December 2020. The 6% represents 21 who returned to custody. 15 returned from probation (14 men/1 woman) and 6 returned from straight release (5 men and 1 woman). One-year return to custody rate for all DOC releases for calendar year 2018 was 8.3%. Considering pilot participants transitioned are assessed mostly high-risk residents, 6% is a positive outcome. A more accurate comparison can be made when all pilot participants can be measured at 1-year post discharge in July 2021.

Overdose deaths in Maine

During the first six months of 2020 (Jan 1st-June 30th) there were 237 overdose deaths in the State of Maine. In the same timeframe a year previous (2019) there were 178. This is an increase of 59 deaths (33%) for the same timeframe from one year to the next. None of those deaths included any of the first year MAT pilot program participants.

MDOC cross-referenced the list of those deceased with its Correctional Information System to understand any relationship they may have had to our Department. In the cohort from 2019, we identified 80 (45%) who had some relationship to MDOC, and in the 2020 cohort, 110 (46%).

The following charts display demographic characteristics for 2019 and 2020 cohorts identified as having



some relationship to MDOC. The totals represent the full count of those identified in our Correctional Information System for each year, except for "Months from Discharge to Death" and "County of Primary Address" which are both missing between 4-7 members from the total. *Overdose deaths in Maine, continued.*

Age at Death	2019		2020	
Under 20	2	3%	0	0%
20-29	10	13%	15	14%
30-39	30	38%	39	35%
40-49	22	28%	25	23%
50-59	14	18%	28	25%
>59	2	3%	3	3%

Months from D/C to Death	2019		2020	
Active on Day of Death	23	32%	11	11%
1-6 months	4	6%	4	4%
7-12 months	8	11%	4	4%
13-24 months	2	3%	6	6%
25-36 MONTHS	3	4%	3	3%
37-48 Months	5	7%	9	9%
49-60 months	2	3%	4	4%
> 60 months	24	34%	62	60%

	Race		2019		2020	
	Black or African American	1	2%	3	4%	
	Native American	1	2%	1	1%	
ıle	Two or More Races	1	2%	0	0%	
Male	Unknown	0	0%	10	12%	
	White	59	95%	70	83%	
	Total Males	62	100%	84	100%	
-	Native American	1	6%	2	8%	
nale	Unknown	0	0%	1	4%	
Female	White	17	94%	23	88%	
	Total Females	18	100%	26	100%	



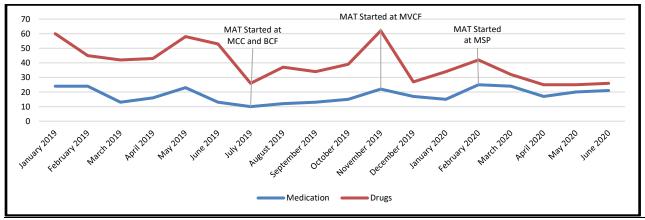
Overdose deaths in Maine, continued.

Controlling Sentence	20)19	2020		
Arson	1	1%	0	0%	
Assault/Threaten	6	8%	18	16%	
Bail	0	0%	1	1%	
Burglary	4	5%	8	7%	
Civil/Human Rights	0	0%	1	1%	
Conspiracy	0	0%	1	1%	
Drugs	21	26%	26	24%	
Forgery	0	0%	1	1%	
Liquor	2	3%	0	0%	
Manslaughter	1	1%	0	0%	
None	7	9%	8	7%	
OUI	5	6%	8	7%	
Property Damage	3	4%	2	2%	
Public Admin	3	4%	2	2%	
Public Order	0	0%	1	1%	
Robbery	3	4%	2	2%	
Sex Offenses	0	0%	5	5%	
Stalking/Terrorize	1	1%	1	1%	
Theft	12	15%	17	15%	
Traffic Criminal	9	11%	5	5%	
Traffic Infraction	0	0%	1	1%	
Trespass	1	1%	2	2%	
Weapons	1	1%	0	0%	

County of Address	2	019	2020		
Androscoggin	7	9%	8	8%	
Aroostook	1	1%	7	7%	
Cumberland	23	30%	17	17%	
Franklin	1	1%	3	3%	
Hancock	2	3%	3	3%	
Kennebec	6	8%	9	9%	
Knox	1	1%	6	6%	
Lincoln	1	1%	2	2%	
Oxford	1	1%	0	0%	
Penobscot	12	16%	22	21%	
Piscataquis	1	1%	2	2%	
Sagadahoc	2	3%	1	1%	
Somerset	3	4%	4	4%	
Waldo	1	1%	2	2%	
Washington	5	7%	5	5%	
York	9	12%	12	12%	

Facility Disciplinary Data

This chart shows the number of disciplinary violations related to medication, and drug possession/use, and/or trafficking for the six months prior to MAT rollout through the end of the pilot year. The timeline shows when each adult facility began administration of MAT. In comparing the six months prior to MAT implementation to the pilot year, there does not appear to be sustained negative impact in these violations. Comparing additional data in the future will provide further insight.





Community Partners and Continuity of Care

Since initial rollout **Groups Recover Together** has been involved with providing transition services to residents during incarceration through discharge by connecting participants to post-release Groups providers or other community-based MAT providers.

Of the 333 treated and discharged to community care:

- 74% made it to the first community follow up appointment (Groups cohort only)
 - o Groups received and handled 70% of discharged resident referrals, and connected the remaining 30% to other community providers
- In addition to those listed above, Groups also coordinated aftercare for 34 residents who chose not to initiate services but did want connection to a community provider after their release.

Day One, MDOC's substance use disorder service provider serving the population at Mountain View Correctional Facility started continuity of care referrals in November 2019. They do not provide MAT services in the community, but rather assist residents to connect with community service providers at the time of discharge. Since November and throughout the pilot year, Day One provided 64 continuity of care referrals for facility MAT participants desiring to receive services upon release. Connections were made to 30 different community providers statewide.

Pilot Year Conclusions

MDOC's initial goal with providing MAT treatment was to serve up to 100 residents from 3 pilot sites who would discharge to community aftercare. This goal was exceeded threefold, as 333 residents were served and transitioned with community MAT services in place. In addition, due to efficiencies identified during implementation and operation, the pilot year came in well below budget: Less than half (\$482,000) the budgeted amount (\$1.2 million) was expended.

Other successful milestones included the expansion from three to five adult correctional facilities within the first six months; an early expansion of the induction window from three months to discharge to 6 months; and beginning in February 2020 extending treatment to include all new admissions who came in on MAT regardless of their sentencing. Although there was a 33% spike in overdose deaths in Maine in the first six months of 2020 compared to the same timeframe in 2019, none of the 333 who transitioned to community care were among the deceased.

The introduction of MAT to MDOCs adult facilities also brought some challenges. These were all met or mitigated with well-planned strategies including sending teams of administrators and correctional staff to visit and study another state's program (Rhode Island); forming interdisciplinary facility planning teams; providing intensive staff training and team building to create buy in; and the use of dry-runs prior to rollout.

MAT is considered one of the highest standards of care for individuals diagnosed with OUD. MDOC is on the cutting edge of using this treatment to provide corrections involved individuals an opportunity to begin addressing their addiction before transitioning back into the community. Furthermore, offering MAT treatment in a correctional setting, including the use of medications to address addiction triggers combined with comprehensive discharge planning and the provision of Narcan kits and education may serve as a community overdose mitigation strategy.