

Maine Department of Corrections

Medication Assisted Treatment Services Two Year Summary

July 1, 2019 – June 30, 2021



This report is a summation of the first two years of medication assisted treatment for opioid use disorder in MDOC adult correctional facilities.

Randall Liberty, Commissioner
Ryan Thornell, Deputy Commissioner
Maine Department of Corrections
Correctional Programming Division
25 Tyson Drive
State House Station 111
Augusta Maine 04333-0111
207-287-2711



Medication Assisted Treatment

Medication Assisted Treatment (MAT) is considered the gold standard of care for individuals diagnosed with opioid use disorder (OUD). In addition to reducing opioid related deaths, recidivism, and dangerous injection behaviors that can lead to infectious diseases, engagement with MAT helps individuals sustain long-term recovery more effectively. This report provides an overview of the first two years of the MAT initiative at the Maine Department of Corrections (MDOC).

MAT Roll Out at Maine Department of Corrections

On July 1, 2019, in response to the opioid epidemic in Maine, and in accordance with Governor Mills' Executive Order, a pilot was launched for residents in MDOC adult correctional facilities diagnosed with OUD. Upon pilot initiation, it was anticipated that up to 100 residents in three adult facilities would be treated in the first year. By the end of June 2020, however, 621 residents engaged in MAT services at all five adult facilities.

MDOC's MAT services utilize buprenorphine and naltrexone as primary medications. Additionally, during year two, MDOC had five residents who were receiving methadone at the time of admission, and each of those residents received ongoing treatment with this medication.

Clinical indication, medical appropriateness, and resident preference are primary components of the eligibility determination for MAT services. During the pilot stages of the initiative, treatment eligibility was initially based on timeframe to community transition. Over the course of the second year of the MAT services initiative, MDOC engaged in robust planning for transitioning to universal expansion (open enrollment) for residents meeting diagnostic and clinical criteria regardless of release date.

A second component of the strategic planning entailed implementation of a normalized MAT medication administration process. With a normalized medication pass, MAT medications are administered alongside other medications rather than being administered in a separate medication line using highly structured security protocols. This shift is a way of better reflecting normalized medication administration practices, reducing stigma associated with substance use disorders, and specifically reinforcing that opioid use disorder is a chronic disease.

The timeline of implementation and expansion of the initiative is laid out below:

- January 2021: Normalized medication administration process initiated. Expansion plans announced to staff, residents and broader community.
- February 2021: Eligibility criteria expands to include those 12 months from transition to the community. Normalized medication administration continued (implementation conducted in phases between facilities).
- May 2021: Eligibility criteria expands to include those 24 months from transition to the community as well as anyone receiving active treatment of Hepatitis C infection regardless of community transition date.
- July 2021: All adult correctional facilities offer fully normalized MAT medication administration.
- August 2021: Universal access (open enrollment) available in all adult correctional facilities for clinically indicated residents regardless of timeframe to community transition.



MDOC and Department of Health and Human Services Collaboration—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 active benefits in place upon release. Coverage upon release ensures discharged residents receive continuity of care for MAT and other vital medical and behavioral health services covered by this insurance.

Annually, on average, 77% of residents releasing to a Maine community have MaineCare in place at the time of their release from a MDOC facility. For those transitioning on MAT, 100% of releasing residents have MaineCare coverage in place.

	Participants
MAT Participants Transitioned to Community in 24 months	737
MAT Participants receiving MaineCare at release	737

Discharge Planning for Residents Receiving MAT

For releasing residents participating in MAT, MDOC uses a multidisciplinary team-based approach to conduct comprehensive discharge planning that includes linkages to community-based continuity of care services. Those teams are led by MDOC’s MAT Director, and consist of a case manager, the facility Deputy Warden of Programming, MDOC’s Manager of Evidence Based Practices, and when appropriate, Adult Community Corrections, behavioral health clinicians and representatives from the medical team. Community partners are also part of the team including Groups Recover Together and Day One, who assist MDOC with securing post-release MAT services and appointments; and local community recovery organizations, who provides linkages to recovery coaches and other recovery-based community programming.

Adult Community Corrections and Transitioned Clients— Collaborative Efforts

In the 2-year period of MAT services, 316 residents participating in MAT services transitioned to Adult Community Corrections.

Prior to the availability of MAT services in MDOC facilities, Adult Community Corrections staff would often have clients relapse while waiting extended periods of time to secure appointments for community-based MAT services. In response, MDOC’s comprehensive community release planning for residents on MAT has eliminated gaps in services and established a solid foundation for a successful transition to community corrections. Through their case planning process, Adult Community Corrections supports clients in maintaining and strengthening their recovery by helping them meet MAT services requirements such as participating in individual and group counseling sessions, attending medical provider appointments, and engaging in recovery community activities.

One probation client, a formerly incarcerated MAT participant who transitioned to community care, shared her experience:

“If I didn’t do the Suboxone program while I was in prison and then when I released, I think I would’ve gone right back where I started and just kept using. I had only started using within the last five years



after being taken off the pain meds I was on due to a medical issue.” When asked what treatment she had done prior to the prison program, she reported, “I’ve never done any and probably wouldn’t have gotten into treatment on my own.”

Harm Reduction

Harm reduction incorporates practices employed to reduce the negative consequences of using drugs. MDOC utilizes multiple harm reduction strategies to promote the positive impact of receiving MAT services. For example, the MDOC Language Matters Campaign is aimed at using words and terms that promote the dignity and well-being of all residents and incorporates a focus on residents in recovery. Another harm reduction strategy involves education and planning for what to do in case of relapse. At discharge, all residents receiving MAT services receive a naloxone (Narcan) kit and hands on teaching for responding to an overdose. The kit contains an education resource on overdose response for family and friends. MDOC has also been working with community leaders to provide harm reduction training to staff in 2021 and into 2022.

Collaboration with Yale University

In 2020, MDOC began participating in a three-year change project with researchers from Yale University. MDOC is one of seven organizations across five states participating in the project, which is aimed at enhancing the streamlining and bundling of OUD, HIV, and Hepatitis C services. Participation entails monthly coaching sessions on the NIATx model of change along with periodic multi-state learning collaboratives to share lessons learned. The NIATx model employs small tests of change using Plan-Do-Study-Act (PDSA) cycles to enhance practice outcomes. One example of using PDSA cycles to inform procedures was related to assessing and tracking MAT medication administration in late 2020 and early 2021. Specifically, the secure MAT medication administration line for one facility offering MAT services to approximately 50 residents per day took between 4.5-5.0 hours per day to complete. Over the course of several months, the facility transitioned their medication administration protocol and created medication lines by housing unit and custody level to a phased-in normalized MAT medication pass. As a result of the normalization of the medication pass process with distribution of both MAT and other regularly distributed medications, the administration time decreased to 2.25-2.75 hours per day (which also included an increase to approximately 80 residents receiving MAT).

As part of this change project, Yale University provides grant funding that allows MDOC to offer residents transitional assistance in an effort to increase the probability of clients continuing services and decrease the potential risk of relapse. For instance, funds have been allocated to assist residents with transitional services such as transportation, housing, basic needs and cell phones to more effectively access services.

Evaluation of MDOC MAT Services by Tufts University School of Medicine Intern

During the spring/summer of 2021, a Tufts University School of Medicine’s MD/MPH student conducted research to evaluate the impact of MAT services on individual participants and also analyzed overdose data available (please see Overdose Deaths in Maine section for further information). The research evaluation was conducted at two MDOC sites (Maine Correctional Center and Southern Maine Women’s Reentry Center), with a total of 15 residents, 7 males and 8 females, who participated in a semi-structured



interview followed by a questionnaire. While all had participated in MAT, 13 of the 15 were current recipients of the treatment.

The following quotes obtained during the interviews demonstrate the impact MAT services have had for MDOC residents:

- “...MAT literally helped me change, I literally have no desire to get high when I am leaving and that’s a first. Because every other time in the last 5 years since I have been locked up, I only wanted to get out and get high. This is the first time I have no interest in getting high.”
- “When I say it was life changing, it changed my whole entire life. [The medication] made it [possible for me to] eat, it made it so I gain weight, it made it so I could do a lot of things.”

Overdose deaths in Maine

MDOC receives a biannual listing of drug overdose deaths that occur in the State of Maine. MDOC utilizes the biannual list to identify individuals who have died from an overdose who had transitioned to the community from one of MDOC’s adult correctional facilities. For every identified overdose death, MDOC conducts a clinical review of the case record (treatment through discharge to continuity of care) to identify lessons learned and strategies for enhancing services, including if there were common threads or programmatic areas that could be enhanced moving forward.

In addition to the MDOC case reviews, Tufts University Intern, conducted an in-depth statistical analysis of overdose deaths among residents released from MDOC custody. Data was compared from the State of Maine Medical Examiner’s Office for all unintentional deaths from overdose occurring from July 1, 2019 to December 31, 2020 to the list of MDOC residents released during that timeframe with a confirmed OUD diagnosis. Decedents were defined as individuals who were recently incarcerated if they died within 12 months of release from a MDOC facility.

Between July 1, 2019 and December 1, 2020 there were 874 residents released with a confirmed OUD diagnosis, 13 of whom died from an overdose within one year of release. Of the 874 released, 528 received MAT services and continuity of care upon release, while 346 did not receive MAT services. Out of the 528 released residents receiving MAT services, four (0.76%) died from an overdose within one year of release. Of the 346 not receiving MAT services, nine (2.6%) died from an overdose within one year of release. Among those who died all but one was male. The one female decedent did not receive MAT services while incarcerated. Altogether, the relative risk for overdose death was reduced by 60% for those who participated in the MDOC MAT services as compared to those who did not.

	Residents with an OUD Who Received MAT During Incarceration	Residents with an OUD Who Did Not Receive MAT During Incarceration	Decedents with and OUD Who Received MAT During Incarceration	Decedents with an OUD Who Did Not Receive MAT During Incarceration
Number of Residents	528	346	4 (0.76%)	9 (2.6%)

Despite concentrated efforts put toward release planning, lack of stable housing at release is a common theme amongst those who died as a result of drug overdose. Securing housing prior to release is a high



priority; however, due to limitations in the availability of affordable housing stock and bed availability at recovery residences that accept MAT services, this remains an ongoing challenge. Another finding is that several residents who overdosed had started MAT, but stopped prior to release. As a result of this finding, a concrete change in the release planning process was initiated. Every resident who was once receiving MAT services and then stopped is now seen prior to their release to determine if they have any interest in being connected to recovery resources or if they would like to revisit initiating MAT services in the community. Those requesting additional help receive assistance making community connections, and for those who decline services, the Groups Recover Together toll-free intake number is included on their release plan, should they later change their mind.

Since this data was analyzed, four additional overdose deaths of former MDOC residents who participated in MAT services occurred between January 1, 2021 and June 30, 2021. This data will be fully analyzed and reported in future publications, once information from the full calendar year of 2021 is made available.

MAT and Associated Wellpath Medical & Behavioral Health Treatment Services

MDOC residents who receive MAT services often have comorbidities, and/or are dually diagnosed with both mental health disorders and substance use disorders (inclusive of OUDs). The percent of total MDOC residents with a SUD is just over 60% (79.73% of those diagnosed with a SUD have an OUD). Just below half of the total MDOC population (48%) are diagnosed with an OUD. The population receiving MAT services is currently approximately 35% of the total MDOC population. Below is a breakout of residents with SUD and OUD diagnoses for MDOC’s current population of 1,579 (as of 9/30/21).

	OUD on MAT (no other known non-OUD SUDs)	SUD on MAT (All SUDs, including OUDs)
% of MDOC Residents	73.79%	58.84%

Additional Information on Substances

Further breakdown of the current population gives insight into the complexity of prior substance use by residents. The totals have crossover between categories.

	SUD	OUD	Stimulants	Alcohol	Cannabis	Other
Number of Residents	962	767	428	374	225	119

Hepatitis C Treatment (Hep C)

Residents diagnosed with Hep C frequently also have a diagnosis of SUD/OUD. Treatment for Hep C is provided to residents at all adult MDOC facilities. During the first two years of MAT services being available, there were a total of 214 residents receiving Hep C treatment, with 165 also receiving MAT services.

	Received Hep C Treatment	Received Hep C Treatment and Participated in MAT
Number of Residents	214	165 (77%)



Maine Department of Corrections Correctional Programming Division

November 2021

MAT Participants and Mental Health Treatment

The prevalence of those with OUD and a co-occurring mental health diagnosis is quite high. The table below depicts the presence of mental health diagnoses for the total MDOC population as compared to those currently receiving MAT services (the MH diagnoses category below excludes those who had only SUD or OUD listed as a diagnosis).

Population (9/30/2021)	MH Diagnosis	Total Residents on MAT	MH Diagnosis & on MAT
1579	882 (56%)	562 (36%)	380 (24%)

Transitioned Participants and Return to Custody Rate

All first-year participants who transitioned from MDOC facilities into the community have now been out of a facility for greater than one year since their release date. The below return to custody data is based only on those who released during the pilot year (7/1/2019 through 6/30/2020). The one-year return rate to a MDOC adult correctional facility for transitioned participants who received MAT services is 7.29%. The rate for all MDOC releases for the same timeframe was 7.24%. The similarity in return to custody rates for MAT participants compared to all releases is an indicator that participation in MAT services does not increase the risk of recidivism. The table below demonstrates a comparison of return to custody data for MAT participants versus the broader MDOC population during the pilot year timeframe.

	Return to Custody Rate for MAT Participants			Return to Custody Rate for all Releases		
	Facility to Probation	Straight Discharge	All Release Types	Facility to Probation	Straight Discharge	All Release Types
< 1 Month	0.00%	0.71%	0.30%	1.49%	1.64%	2.23%
1-3 months	0.62%	0.00%	1.22%	0.66%	0.00%	0.77%
3-6 months	1.24%	0.00%	0.91%	1.98%	0.00%	1.08%
6-12 months	8.70%	0.71%	4.86%	5.45%	0.73%	3.16%
No Return	89.44%	98.58%	92.71%	90.43%	97.63%	92.76%
1 Year Rate	10.56%	1.42%	7.29%	9.57%	2.37%	7.24%

Demographics of Those Transitioned to Community Continuity of Care

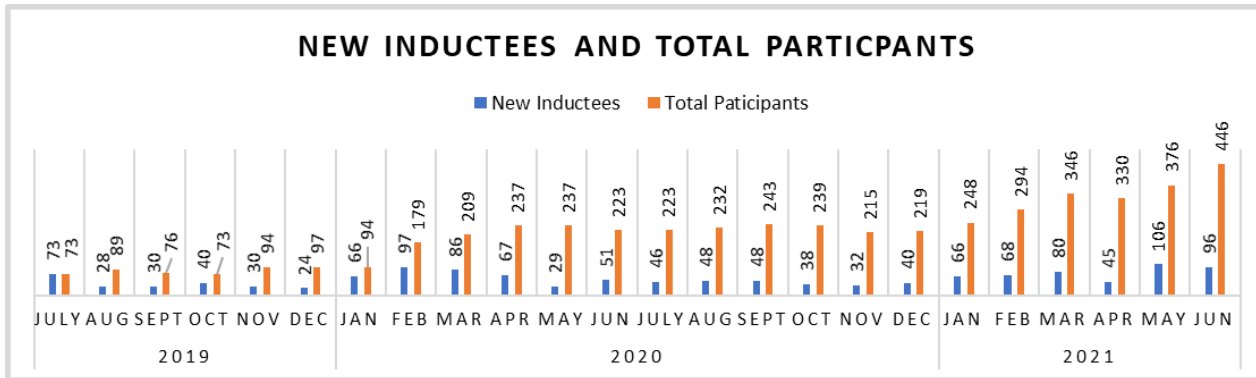
The following table delineates the total number of residents by year and quarter for the first 24 months of MAT services who started treatment and discharged with a continuity of care plan in place.

Transitioned to Continuity of Care	2019		2020				2021		Grand Total
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Female	15	17	17	20	17	3	14	13	116
Male	28	53	72	116	86	87	89	90	621
Grand Total	43	70	89	136	103	90	103	103	737



New Inductees by Month

The following graph outlines the total number of newly inducted participants receiving MAT services for each month since roll out in 2019, as compared to the total number of overall participants during each month. These numbers include all who started, continued, or were terminated¹ during a month, regardless of outcome. At the end of year two (June 30, 2021), there were 446 residents continuing in treatment.



Race

When comparing to MDOC’s average daily population by race for the same timeframe, residents receiving MAT services and identified as “White” made up a greater percentage of MAT participants relative to the general MDOC population [92.11% and 92.24% (men and women) versus 80.42 and 86.36% of the entire population]. Residents on MAT identified as “Black or African American” were disproportionately lower than average (3.06% and 0.86% (men and women) versus 11.47% of total population for men, and 4.04% for women). MDOC is committed to the ongoing study of effective outreach and engagement in MAT services for all MDOC residents and especially Black or African American residents. The Department is working to identify ways to be inclusive and identify potential barriers to recovery services, participation patterns, and treatment effectiveness that may differ by race and culture.

Participation in MAT by Race	DOC Population		MAT Participants	
	Men	Women	Men	Women
Asian	0.68%	0.25%	0.48%	0.00%
Black or African American	11.47%	4.04%	3.06%	0.86%
Native American	2.58%	5.30%	3.22%	5.17%
Native Hawaiian or Pacific Islander	0.12%	0.00%	0.00%	0.00%
Two or More Races	1.28%	3.03%	0.64%	0.86%
Unknown	3.45%	1.01%	0.48%	0.86%
White	80.42%	86.36%	92.11%	92.24%

¹ In this context, “termination” from MAT services refers to either of the following: A resident is released from MDOC custody or a resident stops participating in MAT services for any reason, including resident choice or clinical decision. Termination simply removes a resident from the running count of those participating in MAT services at a given point in time.



The First Two Years in Review - Highlights

MDOC has well exceeded the goals and expectations associated with the implementation of MAT services. While MDOC set out to serve approximately 100 residents for the first year, MDOC offered these services to 621 residents (more than 6 times the anticipated number). MDOC continued to surpass implementation goals throughout the past two years.

MAT services are provided to all adult MDOC residents who request to participate and who meet clinical need, regardless of release date. On an average per day, MDOC has over 600 MAT participants throughout all adult correctional facilities. Furthermore, MDOC has treated and transitioned 737 residents to the community for continuity of care since July of 2019.

The review of overdose deaths in Maine brings light to the importance of MAT services at MDOC. With the addition of this evidence-based treatment, the risk of overdose death among MDOC participants with an OUD has decreased by 60%.

Strategic planning and engagement in research initiatives, inclusive of a partnership with Yale University, have contributed to both the expansion of MAT services as well as the move to a normalized MAT medication administration process. Collaboration with community partners, including Groups Recover Together, Day One, the greater Maine Recovery Community, and Adult Community Corrections continues to enhance release planning efforts that support recovery. The relationship forged with DHHS providing MaineCare to residents upon their release further supports residents in overcoming barriers to care in the community.

While MDOC has achieved a number of milestones in the first two years, there continues to be opportunities for growth, including improvements related to racial disparities in the engagement in recovery-based services, enhancement of harm reduction practices, and expansion of recovery services to incorporate more peer recovery supports. Moving forward, MDOC will continue to evaluate the delivery of MAT services in an effort to maintain and improve effectiveness and outcomes.