

Maine Department of Corrections

Medication for Substance Use Disorders (MSUD) Treatment Services

Four Year Summary

July 1, 2019 – June 30, 2023



This report is a summation of the first four years of Medication for Substance Use (MSUD) treatment for opioid use disorder in MDOC adult correctional facilities.

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Maine Department of Corrections Correctional Programming Division

July 1, 2022-June 30, 2023

The use of medications to treat substance use disorders 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 in medication for substance use disorder (MSUD) treatment helps individuals sustain long-term recovery more effectively. This report provides an overview of the past four years of the MSUD initiative at the Maine Department of Corrections (MDOC).

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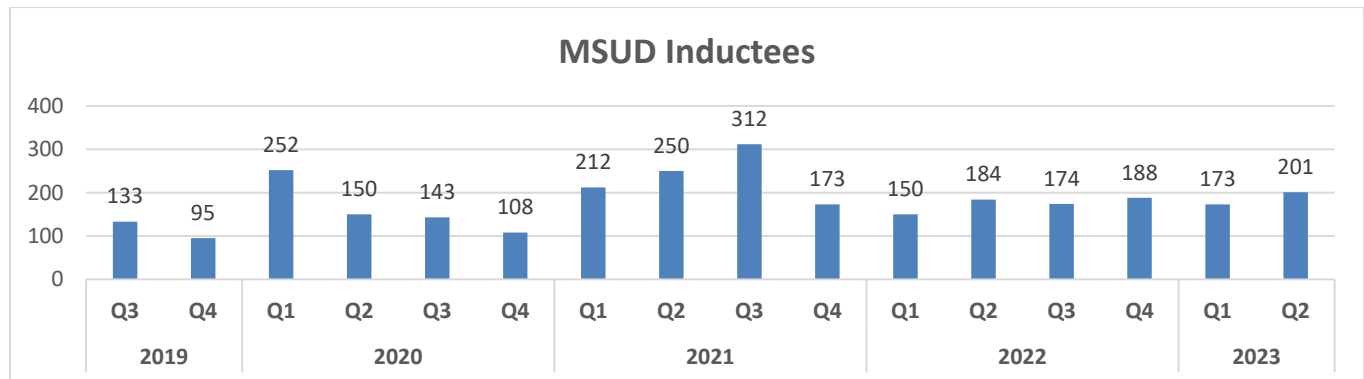
Introduction

MDOC provides access to MSUD treatment services to all residents meeting diagnostic and clinical criteria regardless of release date. Eligibility for enrollment in MSUD treatment and medication selection is based on a shared decision-making model that incorporates past medical history, treatment, substance use history, clinical presentation, and resident treatment goals. MDOC provides all three forms of MSUD treatment, which includes Buprenorphine-naloxone, naltrexone/Vivitrol, and methadone continuation.

Medication delivery continues to occur in a normalized fashion. MSUD medications are administered alongside routine medications rather than in a separate medication line using highly structured security protocols. Normalized medication delivery aligns more closely with community-based administration practices, is aimed at reducing the stigma associated with substance use disorders, and reinforces that opioid use disorder is a chronic disease.

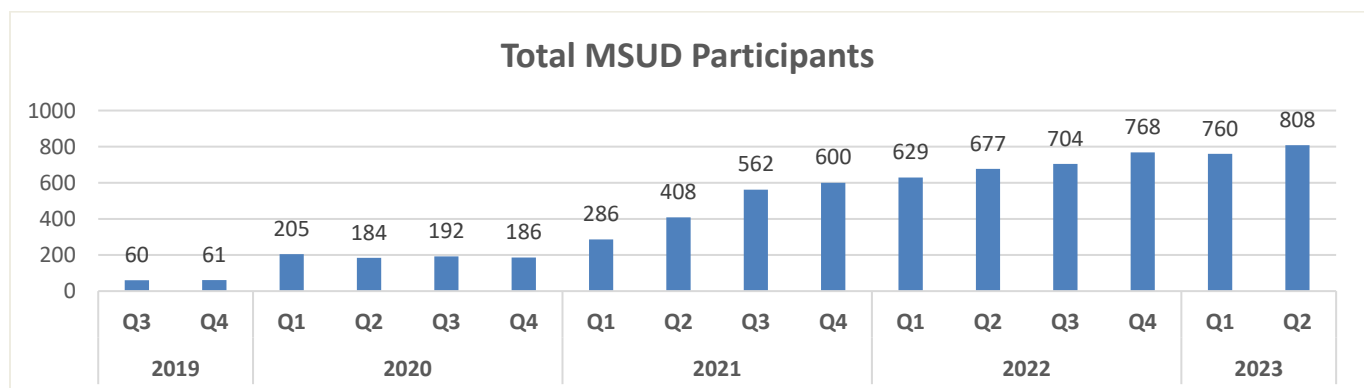
MSUD Participation

The following graph presents newly inducted participants by quarter since roll out in 2019. This data includes all who started treatment for the first time, regardless of the outcome. Outcomes include continuing the medication through release and into the community or stopping the medication before release to the community.



CORIS MSUD Program data

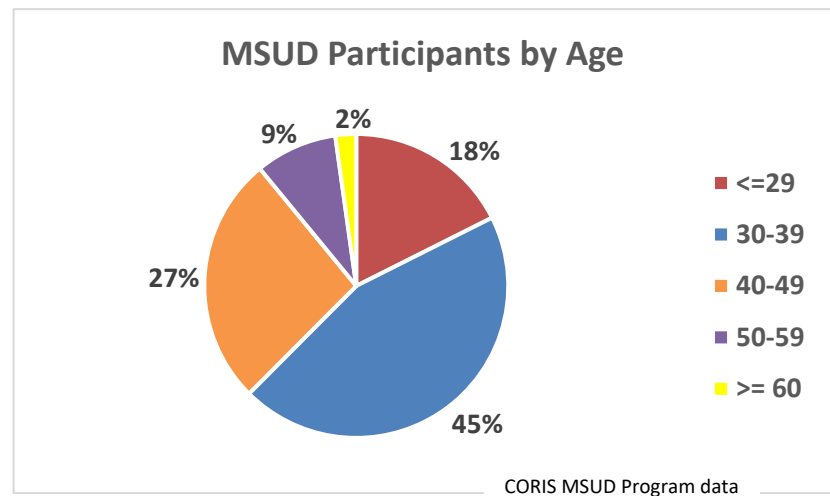
The following graph shows the total MSUD participants at the end of each quarter. At the end of the 2nd quarter 2023, 808 residents received daily treatment.





Basic Demographics of MSUD Participants

Breakdown of MSUD participants by age, as of 7/1/2023:



Race

MDOC convened a stakeholder group, including the Diversity, Equity, and Inclusion Manager, to review MSUD participation rates through the lens of race. In reviewing the data, no discrepancy was identified in SUD diagnosis rates; however, there is a disproportionately lower rate of those who are Black or African American with substance use disorders who are choosing to receive MSUD treatment services as compared to other races. The Department continues to identify ways to be inclusive and potential barriers to recovery services, which may be influenced by race and culture. As of July 1, 2023:

	Current DOC Population	Current SUD	Current Active in MSUD
Asian	0%	0%	0%
Black or African American	11%	9%	3%
Native American	3%	3%	4%
Native Hawaiian or Pacific Islander	0%	0%	0%
Two or More Races	1%	2%	1%
Unknown	2%	2%	1%
White	82%	84%	91%

MSUD and Associated Behavioral Health Treatment Services

MDOC residents who receive MSUD services often have comorbidities and/or are dually diagnosed with both mental health disorders and various substance use disorders (SUDs), including opioid use disorder (OUD).

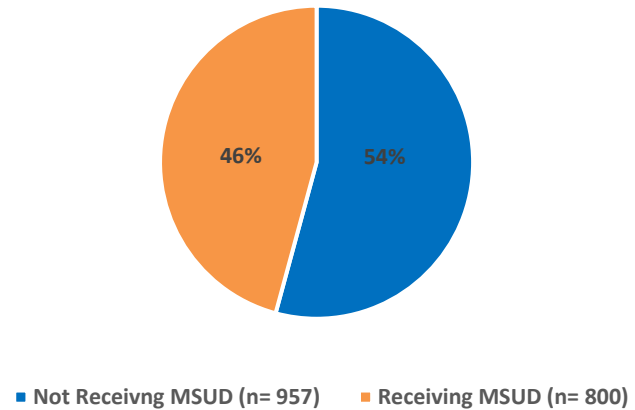


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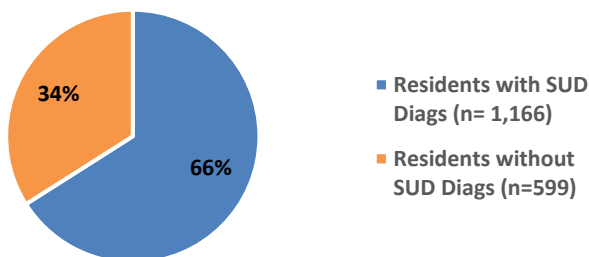
46% of the total MDOC population receives MSUD services as of 7/1/2023.

MDOC Population: Not Receiving vs. Receiving MSUD Services



CORIS MSUD Program data

Residents with SUD Diagnosis

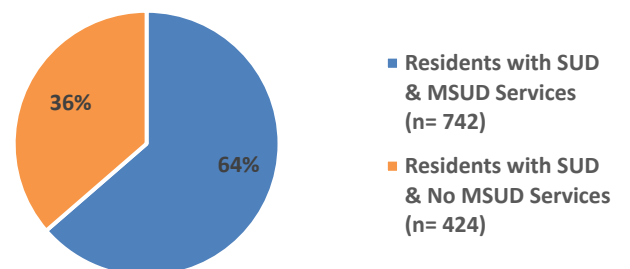


66% of the total MDOC population had an SUD diagnosis.

ERMA Diagnosis data

Among residents with any SUD diagnosis (including OUD), 64% receive MSUD services.

Residents with SUD Diagnosis Receiving MSUD



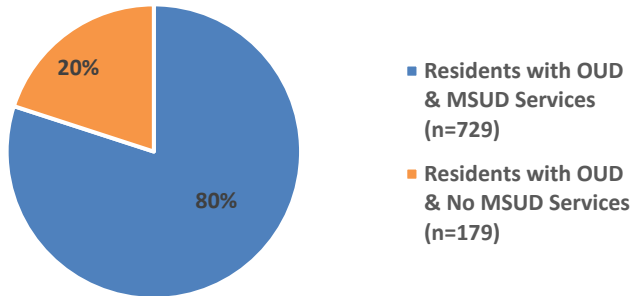
ERMA Diagnosis data



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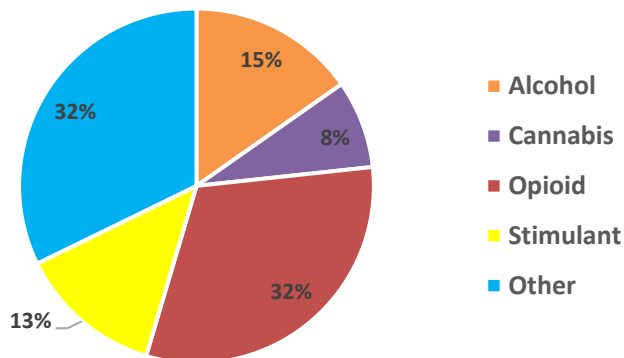
Residents with OUD Diagnosis Receiving MSUD



Among residents with an OUD, 80% receive MSUD services.

ERMA Diagnosis data

SUD Diagnosis



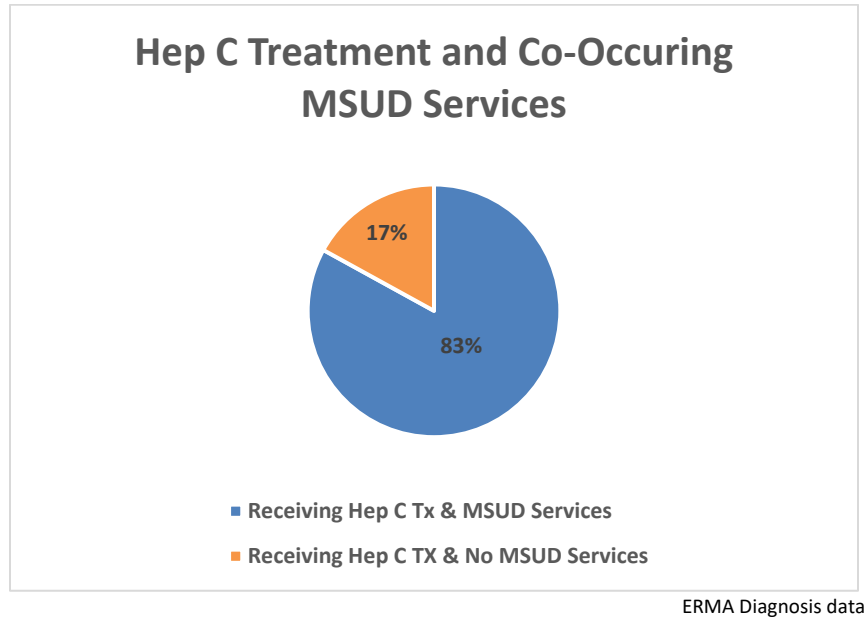
Considering that many residents have multiple SUD diagnoses, this chart indicates that OUD represents 32% of all SUD diagnoses.

ERMA Diagnosis data



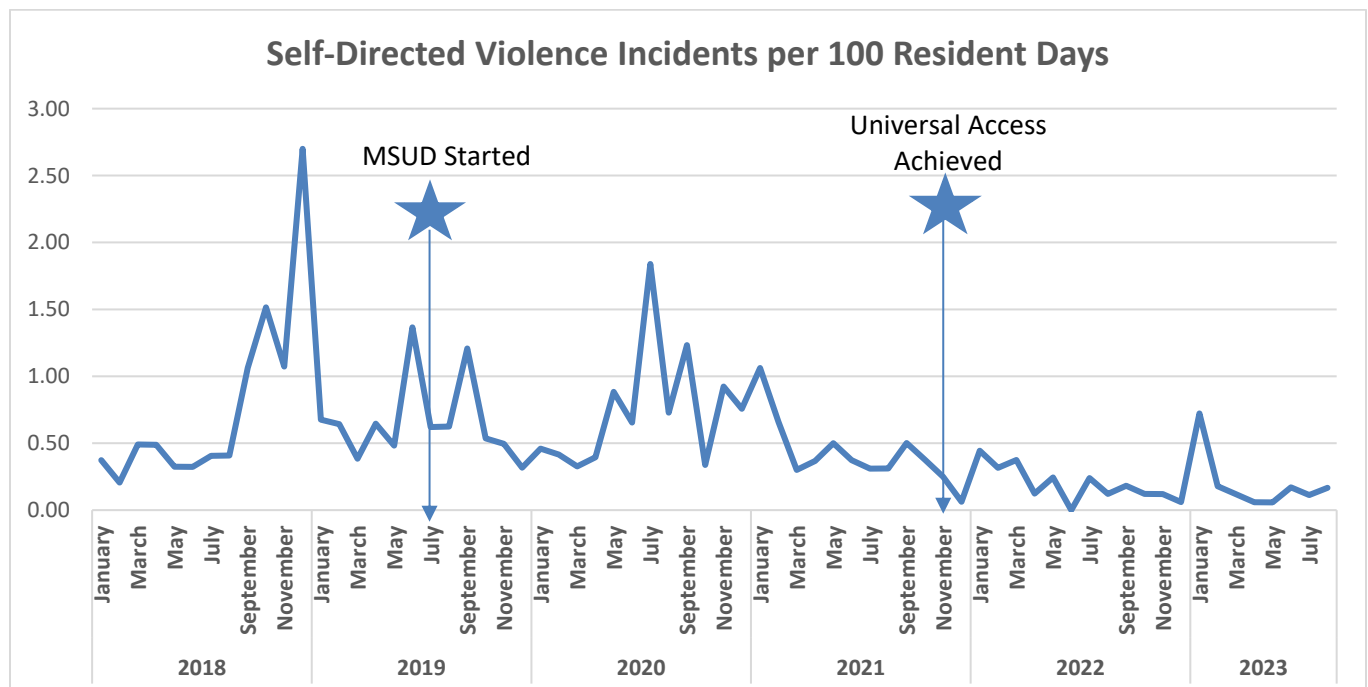
Hepatitis C Treatment (Hep C)

Residents diagnosed with Hepatitis C often have a substance use disorder. All MDOC adult facilities offer Hepatitis C treatment for all eligible residents.



MSUD and Self-Directed-Violence Incidents

The following chart shows monthly incidents of self-directed violence adjusted by the total resident population (or per 100 Resident Days). Preliminary data indicates a negative correlation between MSUD treatment and self-directed violence.



CORIS Incidents of Self-Directed data

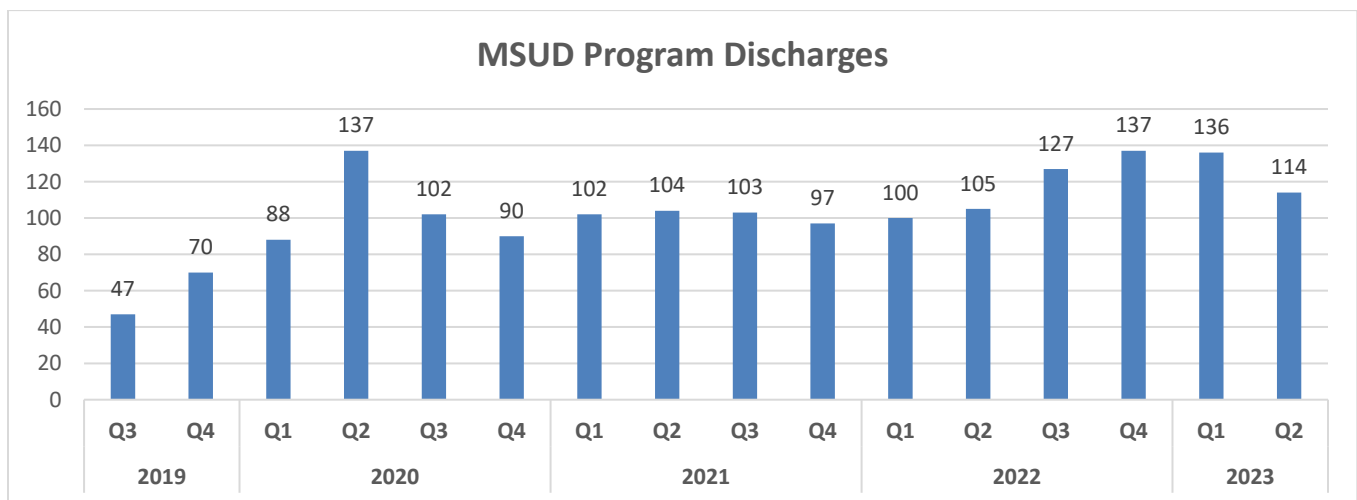


Continuity of Care

Through a collaborative effort between MDOC and the Maine Department of Health and Human Services (DHHS), all residents who qualify for MaineCare insurance have active benefits upon release. Coverage upon release ensures discharged residents receive continuity of care for MSUD and other vital medical and behavioral health services covered. During year four, 96% of those transitioning to the community receiving MSUD have MaineCare in place at the time of their release from a MDOC facility.

For MSUD program residents preparing for release, the MDOC employs a multidisciplinary team approach for thorough discharge planning. This process ensures connections to community-based continuity of care services. The team comprises medical and behavioral health staff, MDOC caseworkers, Deputy Wardens, MDOC's Manager of Evidence-Based Practices, and Adult Community Corrections (ACC) representatives. Community partners, such as Groups Recover Together, also participate in helping the MDOC secure post-release MSUD services and appointments.

The following table shows the number of discharged residents with a Continuity of Care Plan who received MSUD services since the beginning of the MSUD program.



CORIS MSUD Discharges

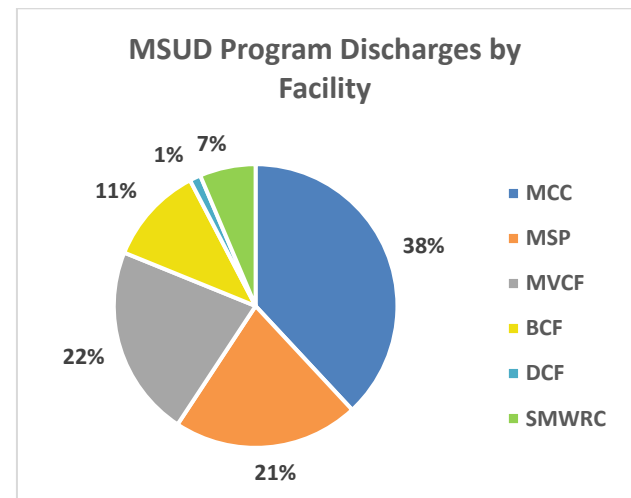


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The following shows the total MSUD program discharges since the program's inception, broken down by facility:

Facility	MSUD Discharges
Maine Correctional Center	632
Maine State Prison	352
Mountain View Correctional Facility	363
Bolduc Correctional Facility	186
Downeast Correctional Facility	21
Southern Maine Women's Reentry Center	106



CORIS MSUD Discharges

MSUD and Return-to-Custody Rates

The chart below compares the one-year return-to-custody rates between individuals receiving MSUD treatment and the general population. This data encompasses residents who received MSUD treatment between July 1, 2019, and June 30, 2023, tracking those who returned to custody within one year of release. The one-year return rate to an MDOC adult correctional facility for those who participated in the MSUD program is 4%, compared to 6% for all MDOC releases within the same period.

	Facility to Probation	Straight Discharge	All Release Types
One Year Return to Custody Rate for those completing MSUD Treatment	6%	3%	4%
One Year Return to Custody Rate for All Releases	8%	3%	6%

Harm Reduction

Comprehensive system-wide training on the philosophy and benefits of harm reduction strategies has been provided to hundreds of correctional staff in adult facilities and community field offices. A foundational understanding of MSUD treatment continues to be a key component of the curriculum at the Basic Corrections Academy.

Harm reduction kits are now offered to all individuals released from MDOC facilities or those involved in Adult Community Corrections. These kits, developed through a collaboration among residents, staff, and students from the University of New England, include a range of products such as naloxone, fentanyl test strips, safe sex supplies, and various hygiene items. Each kit also contains a comprehensive resource guide with information on reducing the risk of overdose, preventing infectious diseases like HIV and Hepatitis C, and contact details for accessing vocational training, employment opportunities, and housing. Over 4,000 backpacks containing these kits have been distributed to date. Although not every person released from MDOC custody has a substance use disorder, many individuals released into the community are affected directly or indirectly by Maine's opioid crisis and can benefit from receiving a harm reduction kit.



Resident Recovery Council and Peer Recovery

Recovery opportunities have significantly expanded within our adult facilities. The Resident Recovery Steering Committee continues to hold weekly meetings and is vital in coordinating Recovery Month events across all MDOC facilities. A new recovery program, the Recovery and Writing (RAW) initiative, was introduced at the Maine State Prison and the male population at the Maine Correctional Center. This virtual group, led by author Ed Kressy, featured weekly guest speakers from the recovery community—nationally renowned actors, athletes, or authors—who shared their experiences, strengths, and hope and then engaged in Q&A sessions with the residents. Each session included a writing prompt aligned with the evening’s message, providing a therapeutic outlet for participants. In early 2024, the RAW program was also launched at the Long Creek Youth Development Center.

Our Memorandum of Understanding (MOU) with the Portland Recovery Community Center (PRCC) continued, enabling another 75 residents to be trained as Recovery Coaches. These individuals received comprehensive training, including Ethics and Motivational Interviewing, and have since provided hundreds of hours of support to their peers in recovery. Furthermore, the MDOC hired its first Recovery Coordinator, who facilitates connections for releasing individuals to appropriate and necessary recovery support in the community. This coordinator also collaborates closely with probation staff to develop similar support plans for individuals on probation.

MSUD and Fatal Overdoses

MDOC receives a biannual listing of fatal overdoses that occur in the State of Maine. The total number of deceased individuals on the 2023 complete Medical Examiner's list was 569. The MDOC uses the biannual list to identify individuals who have died from an overdose after transitioning from a correctional facility to the community. To determine those from this list who were previously in MDOC custody, the department cross-referenced the information of the deceased with records in the MDOC Correctional Information System (CORIS). Of the identified 569 deceased individuals, 280 (49.2%) had MDOC Correctional Information System (CORIS) records. Overall, Maine experienced a reduction in fatal overdoses from 2022 to 2023, showing a decline of 17.7%. Similarly, there was a 23.7% decrease in fatal overdoses among individuals with CORIS records during the same period.

The following table outlines data reflecting fatal overdoses in Maine from 2020 through 2023:

	2020	2021	2022	2023	% Increase 2020 to 2021	% Increase 2021 to 2022	% Decrease 2022 to 2023
Fatal Overdoses in Maine	508	622	691	569	22.4%	11.1%	17.7%
Deceased has a Record in CORIS	237	313	367	280	32.1%	17.3%	23.7%
% with a CORIS Record	46.7%	50.3%	53.1%	49.2%	3.6%	2.8%	3.9%

As shown above, in 2023, there were 21 fatal overdoses among residents who had been released from custody while remaining on MSUD. For each identified fatal overdose, the MDOC conducts a retrospective clinical review of the case record, from treatment to discharge and continuity of care, to identify common



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patterns or areas for programmatic improvement.

The first variable reviewed was age at the time of death. As outlined below, the frequency of each age category remained relatively consistent between 2022 and 2023, with a decrease noted in the 41–50-year-old age group.

Age at Time of Death	2020	2021	2022	2023
18-20 years old	0%	0%	0%	0%
21-30 years old	0%	17%	12%	19%
31-40 years old	40%	33%	36%	48%
41-50 years old	60%	50%	40%	19%
50+ years old	0%	0%	12%	14%

Securing housing before release is a high priority; however, due to limitations in the availability of affordable housing options and bed availability at recovery residences that also accept MSUD services, this remains an ongoing challenge. In 2023, 78% of MSUD participants had secured housing at the time of release, but the nature of the housing is often temporary and/or unstable. The table below identifies fatal overdose residents who had secured housing upon release from incarceration.

	Fatal O/D Residents with Addresses at Release
2020	80%
2021	67%
2022	88%
2023	90%

Access to PCP services provides an opportunity to maintain treatment for illness, prevent disease, and address social determinants of health. In 2023, 87% of all MSUD participants secured PCP appointments before release, with 13% refusing or on a waitlist. The table below identifies fatal overdose residents who had secured an appointment with a primary care physician upon release from incarceration.

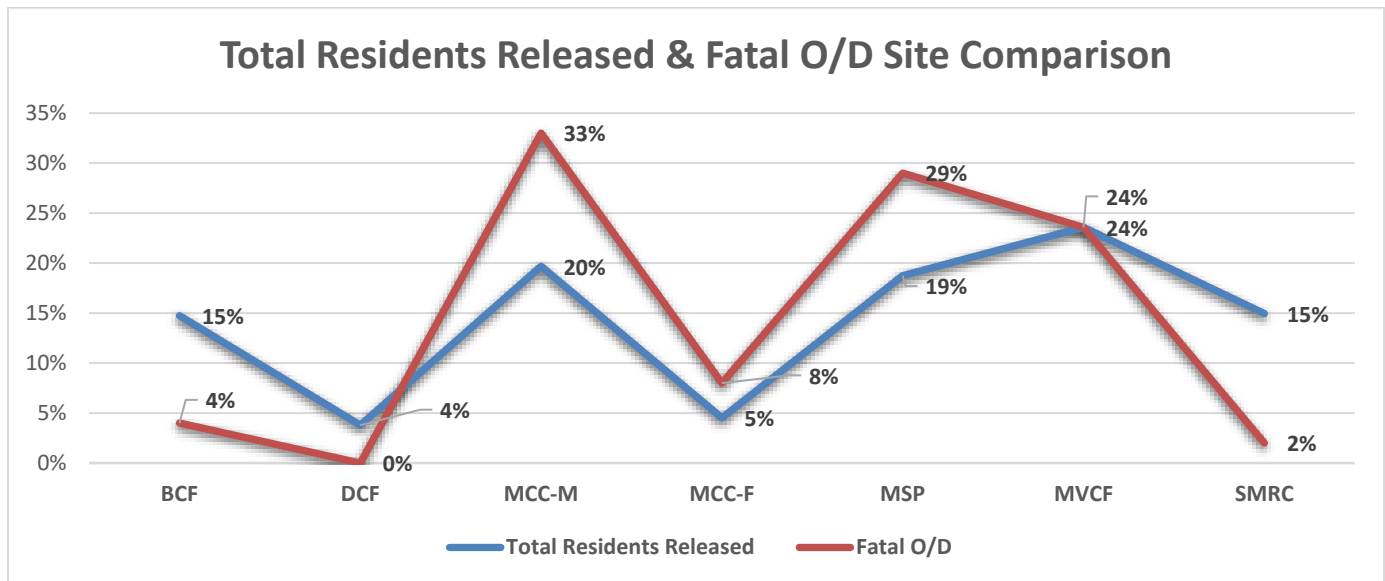
	Fatal O/D Residents with PCP Appts. Upon Release
2020	60%
2021	50%
2022	72%
2023	81%

The data below examines total MDOC facility release rates as compared to rates of release from those in the fatal overdose group.* Results indicate lowered rates in the fatal overdose group when being released from a minimum-security facility within the MDOC (i.e., BCF, DCF, and SMRC).**



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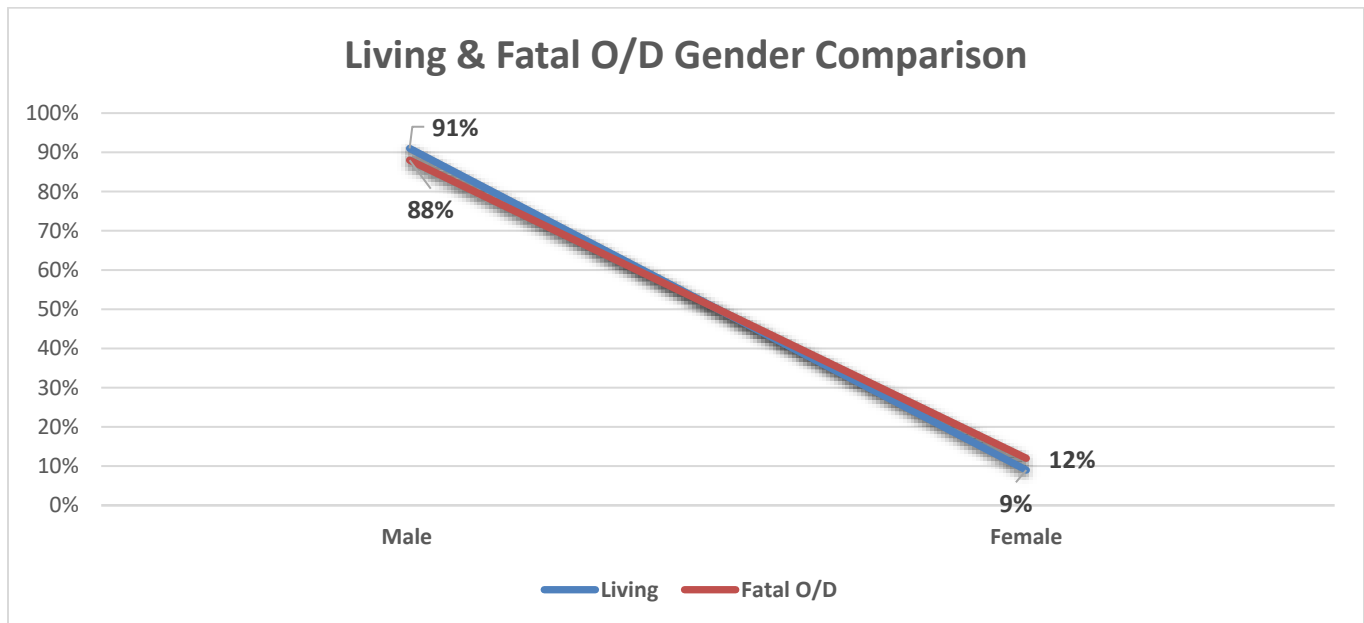
* The fatal overdose group is included in the total MDOC facility release rates

**Mountain View (MVCF) includes both the medium and minimum sites together, as separate data was unavailable

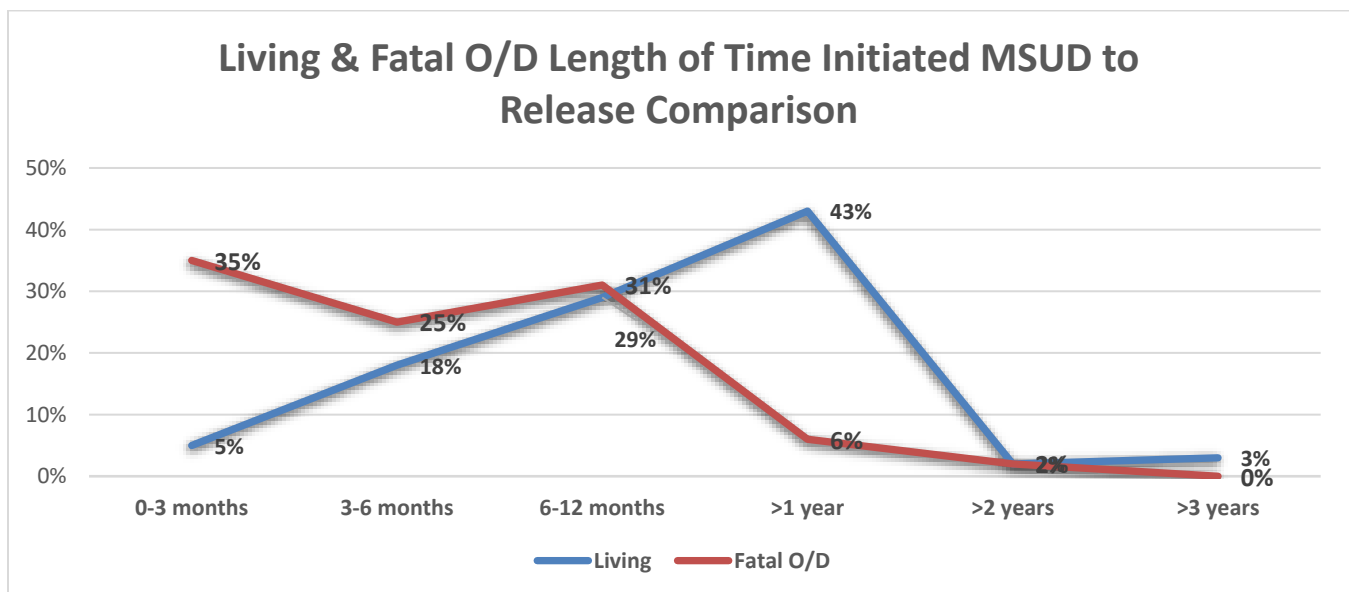
In addition to the above, comparisons were made between individuals prescribed medication for a substance use disorder who died from a fatal overdose after release from custody (“fatal O/D”) and those who remained alive post-release (“living”). Several potential contributing factors were reviewed to gain deeper insights into these groups.

For the “fatal O/D” group, aggregate data from July 1, 2021, to June 30, 2023, was combined to enhance the statistical integrity of the sample size. Minimal differences were observed between the first and second years within the identified date range; where differences existed, they are noted in the data description. For the “living” group, a randomized sample was drawn from individuals released during this two-year period who had been discharged with MSUD (n=100; the first 100 names were selected based on DOC-assigned numbers). This “living” sample constituted approximately 18% of the individuals released during that timeframe.

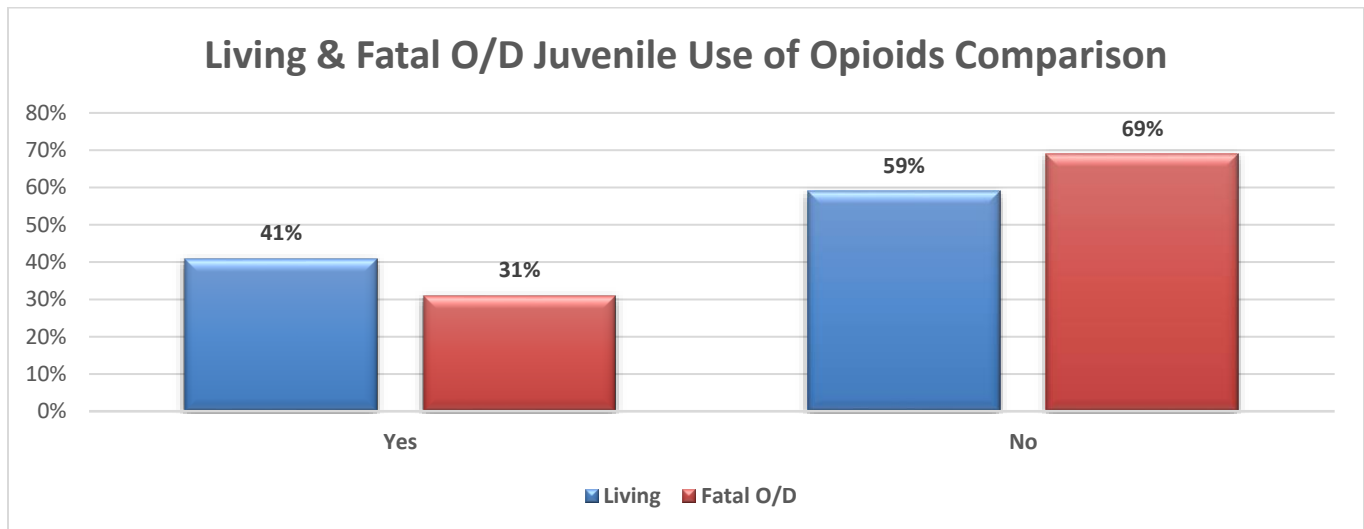
Another variable examined was gender, which was determined based on the housing placement at the time of the resident's release from custody. As shown below, there was no significant gender difference between individuals who were released and later experienced a fatal overdose and those who were released and remained alive.



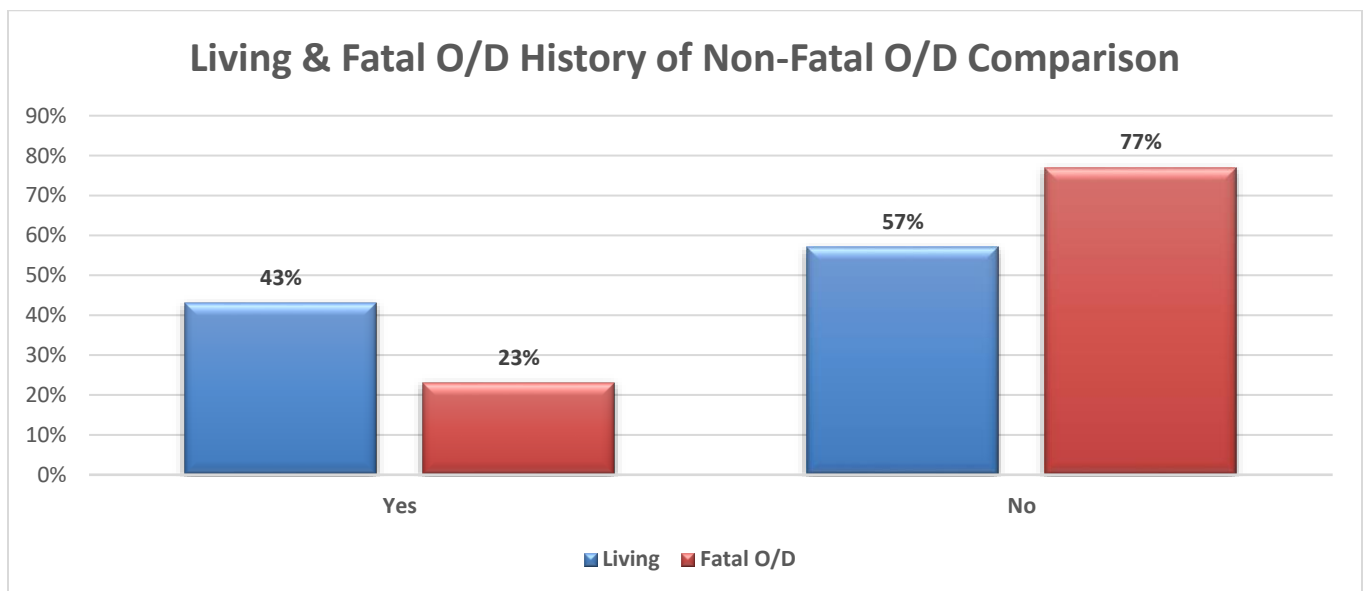
The next variable reviewed was the time prescribed medication was initiated before release. Significantly, 91% of those who died from a fatal overdose had been on MSUD for a year or less. In contrast, 54% of those who remained alive post-release had been prescribed for a year or less. Conversely, only 8% of those who died from a fatal overdose had been on MSUD for over a year before release, while those who survived were 49%. Various factors influence the initiation of medication prescription, including sentence structure, individual interest, and medication appropriateness. Most notably, the data below reveals that individuals prescribed medication for a substance use disorder (MSUD) for at least one year before their release from custody were statistically more likely to survive as compared to those prescribed for less than a year.



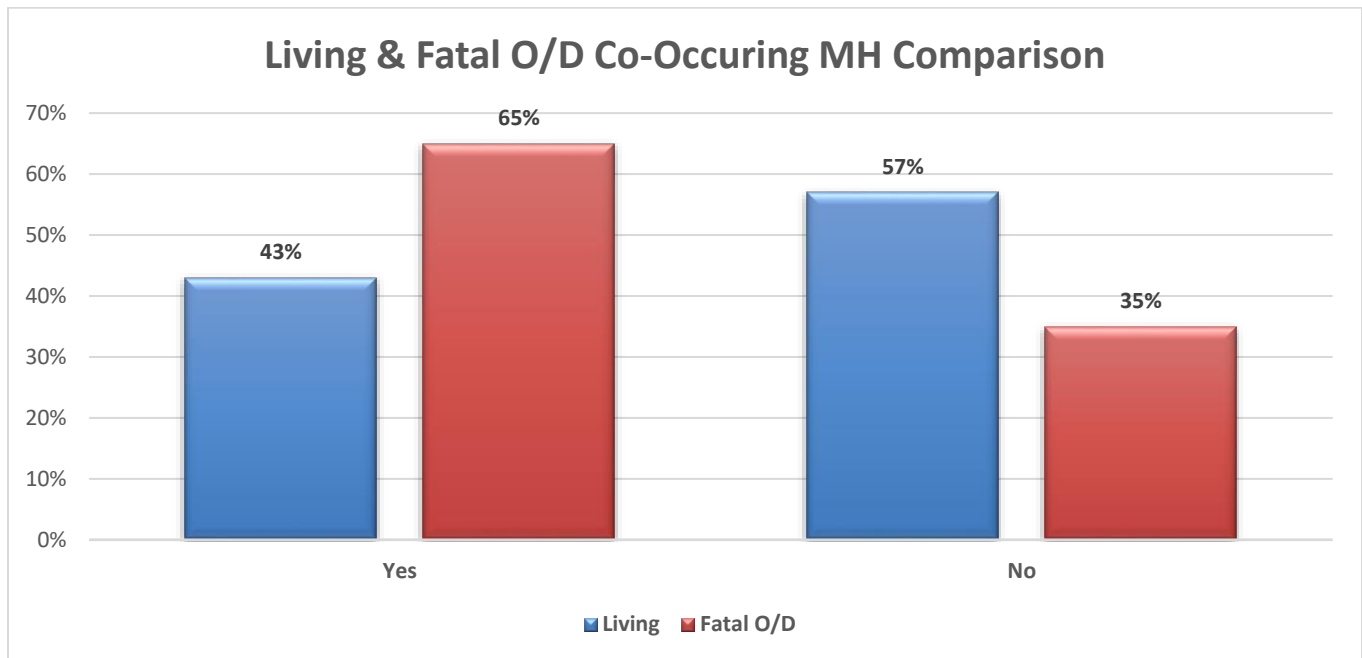
The following table demonstrates similar rates of early age of onset of opioid use (under age 18) between groups:



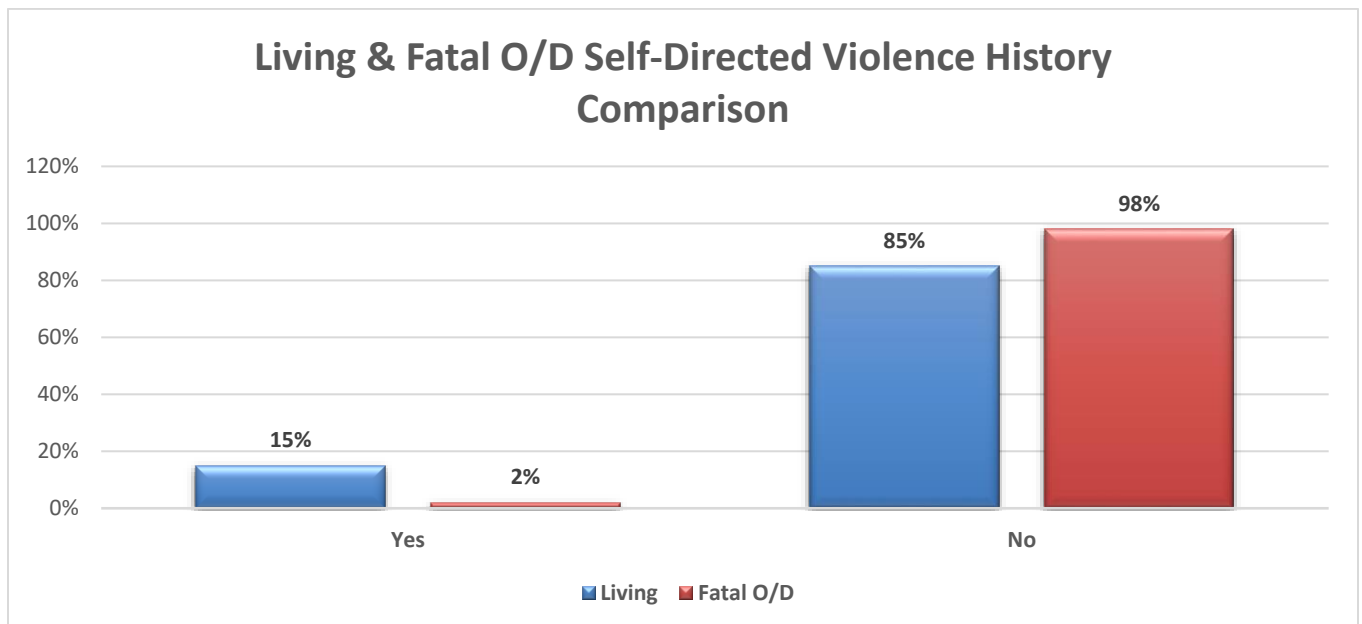
There was no significant difference between those who died from a fatal overdose and those who survived following discharge from custody with respect to having a documented history of non-fatal overdoses in their medical records. However, those who survived were more likely to have had recorded non-fatal overdoses in their medical histories.



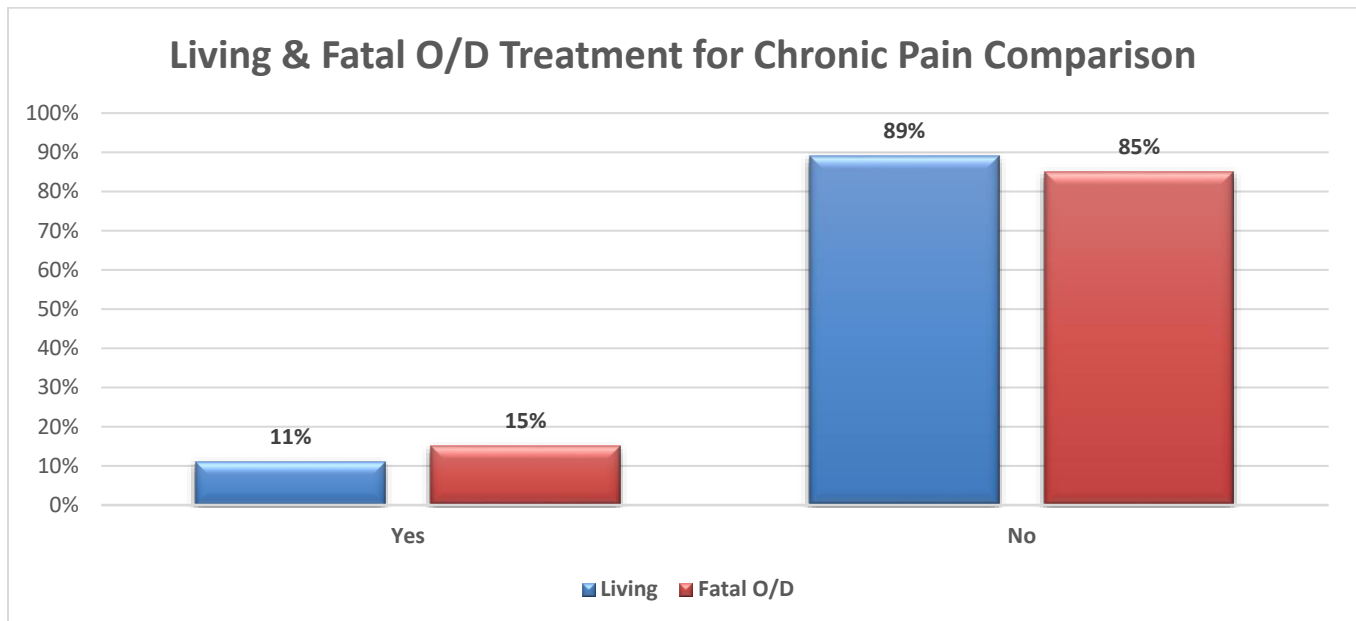
Those prescribed MSUD at the time of discharge who had been receiving mental health treatment for a co-occurring mental illness during their time in custody were more likely to die from a fatal overdose following discharge.



When evaluating a history of self-directed violence, there was nothing notable between the groups; however, those who were in the “living” group had a higher frequency of historic self-directed violence.



The frequency of those being treated for chronic pain while in custody was not significantly different between groups.



The First Four Years in Review - Highlights

The MDOC maintains open enrollment for MSUD services, offering support to all who request participation and meet clinical needs, irrespective of their release date. MDOC provides all three forms of MSUD treatment, which includes Buprenorphine-naloxone, naltrexone/Vivitrol, and methadone continuation. MDOC serves over 800 MSUD participants daily across all correctional facilities. Since July 2019, MDOC has inducted 2,898 residents into the program and transitioned 1,569 residents back into the community.

Data related to MSUD participants during the 4th year was gathered and analyzed. Specifically, MSUD participation and age, race, type of substance use disorder, treatment for Hepatitis C, and incidents of self-directed violence were evaluated. For data related to age, almost half of all MSUD participants are in their 30s, which is consistent with the age rates in the MDOC population. No differences were found between rates of substance use disorder between races; however, there is a disproportionately lower rate of those who are Black or African American who receive MSUD treatment services as compared to other races. The Department continues to identify ways to be inclusive and potential barriers to recovery services, which may be influenced by race and culture. When evaluating MSUD participants and rates of substance use disorders, findings showed 66% of the total MDOC population had a substance use disorder diagnosis, and 46% of the total MDOC population received MSUD services. Among residents with an opioid use disorder, 80% received MSUD services. Further analysis showed that 83% of those receiving Hepatitis C treatment throughout the prison facilities are also receiving MSUD. Lastly, preliminary data indicates a negative correlation between MSUD treatment and self-directed violence.

For MSUD program residents preparing for release, the MDOC employs a multidisciplinary team approach for thorough discharge planning. This process ensures connections to community-based continuity of care services. MDOC continues to adopt a harm reduction approach within its substance use disorder programming. Since 2022, harm reduction kits, including Naloxone, Fentanyl test strips, and safer sex supplies, have been distributed to all residents upon release and made available to individuals involved in adult community corrections. During year four, 96% of those transitioning to receiving MSUD had



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MaineCare in place at the time of their release from a MDOC facility. The one-year return rate to an MDOC adult correctional facility for those who participated in the MSUD program is 4%, compared to 6% for all MDOC releases within the same period.

MDOC's Resident Recovery Council has made significant contributions to aiding residents in their recovery and has expanded the availability of recovery coaches within MDOC's adult facilities. The Resident Recovery Council has initiated services to support residents transferring between facilities and continues to work towards helping discharging residents connect with recovery communities upon release.

The MDOC uses the State of Maine biannual list to identify individuals who have died from an overdose after transitioning from a correctional facility to the community. Analyses were conducted to compare those who died from an overdose to those who did not die from an overdose post-release. Data suggests that MDOC should continue to put forth efforts to reduce the length of time between specified interest/need, assessment, and implementation of treatment services. Additional results demonstrated the continued need for enhancing communication with providers, utilizing discharge planners for individualized continuity of care, providing intensive case management for residents with short sentences, and encouraging residents to begin counseling even if they may not have enough time to complete the programs while in custody.

In response to data demonstrating those who are prescribed medication longer before release are less likely to have a fatal overdose after discharge, the Department starts the process of evaluating the appropriateness of medications right at the beginning of residents' time in custody. Another consideration for the future is to educate residents on this data to better inform them of the importance of having more time to engage in MSUD services before leaving. As a next step, the Department is considering ways to provide enhanced pre-release services to those who initiate medication services for substance use disorders within a year of their upcoming discharge from custody.

Evidence showed those receiving MSUD who also received treatment for co-occurring mental illnesses are more likely to have a fatal overdose after discharge than those released without a co-occurring mental illness. As a result, the Department is working hard with community agencies and providers to forge partnerships that foster continuity of care. One notable concern is that waitlists for services have been lengthy, and many of those released from custody have difficulty connecting with mental health and substance use disorder counseling services. Additionally, there is a need for access to higher intensity services to align residents with the appropriate level of continued care following their release. Although community resources are thin and challenges are present, a future consideration is to start services with community providers before discharge so that services have been established before release. An additional consideration is to increase the amount and intensity of services for those with co-occurring disorders before release. Overall, MDOC leverages data to inform and drive intervention strategies.

Looking ahead to next year, MDOC plans to continue collecting and analyzing MSUD data and encompassing all recovery services within its facilities. This effort will help to inform and develop new and improved strategies to address the ongoing opioid crisis, mainly targeting the identified risk factors for fatal overdoses. Furthermore, MDOC will dedicate efforts to identifying protective factors for residents and those released from custody.