

Middlesex Sheriff's Office

MATADOR Program White Paper

April 2018

THE MATADOR PROGRAM

Utilizing Incarceration to Tackle
Addiction and Save Lives:

Implementing Medication Assisted Treatment Programs in Jails

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Introduction

The opioid epidemic is a crisis that threatens both our public health and public safety. Not only because drug addiction is closely tied to criminal activity, but just as important is the vulnerability of those involved in the criminal justice system once released back into the community. “Inmates are arguably the most vulnerable population caught up in the opioid crisis gripping the region,” the Boston Globe reported. According to the Massachusetts Department of Public Health’s Chapter 55 Opioid Overdose Report, **“Compared to the rest of the adult population, the opioid-related overdose death rate is 120 times higher for persons released from Massachusetts prisons and jails”**.¹

Nationwide, approximately half of all inmates at jails and prisons meet the criteria for substance abuse or dependence² which is often a significant contributing factor in criminal activity. In an effort to improve both public health and reduce drug-related crime, the Middlesex Sheriff’s Office (MSO) has sought to utilize incarceration as an opportunity to connect inmates with an effective opioid addiction treatment program, and put this population on a path to continued success post release. The goal: save lives, reduce crime and improve public health.

In 2015, under the leadership of Sheriff Peter Koutoujian, the MSO launched the Medication Assisted Treatment and Directed Opioid Recovery (MATADOR) program. This voluntary program helps inmates avoid relapse into addiction – and potentially related criminal activity – by combining several strategies: medication assisted treatment in the form of extended release injectable Naltrexone prior to release, post release recovery support navigation from MSO staff, and the collection of real time data to inform program performance. As of April 2018, MATADOR has enrolled more than 337 inmates who have been in the custody of the MSO; among those who have completed the program, 82% have not recidivated.

This paper is designed to be a resource for other law enforcement agencies hoping to learn from the experience of the MSO; it will discuss key elements of the MATADOR program, budget and staffing, successes and challenges that remain.

The Evolution of Medication Assisted Treatment

Introduced as a concept nearly 100 years ago,³ medication assisted treatment (MAT) combines the use of medications with counseling and behavioral therapies to provide a ‘whole-patient’ approach to the treatment of substance use disorders, according to the Substance Abuse and Mental Health Service Administration (SAMHSA).⁴ Approaches to MAT have evolved significantly since the initial introduction of methadone as a treatment in the 1950s; in addition to methadone, extended release injectable Naltrexone (brand name Vivitrol) and buprenorphine (brand name Suboxone) are now commonly used as part of MAT programs.

¹ “An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011 – 2015), Massachusetts Department of Public Health, August 2017

² “Incarceration, Substance Abuse, and Addiction,” The Center for Prisoner Health and Human Rights, accessed 8/14/2017

³ “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs: Chapter 2. History of Medication-Assisted Treatment for Opioid Addiction,” Substance Abuse and Mental Health Services Administration (SAMHSA), 2005

⁴ “Medication and Counseling Treatment,” Substance Abuse and Mental Health Service Administration (SAMHSA), 9/28/2015

Among the medications commonly used in MAT programs today, methadone and Suboxone are both low-dose opioids (“opioid agonists”) that help individuals who are addicted to or dependent on opioids manage withdrawal symptoms.⁶ Unlike methadone and Suboxone, Vivitrol is an opioid “antagonist,” it blocks receptors in the brain to prevent users from getting a euphoric high if they use any opioid for the 28-30 days the medication is active following the injection.⁷

The specific medication, however, is only one important element of MAT programs. Equally – or perhaps even more important – is ensuring a support system to help program participants address the challenges inherent in recovering from addiction, including co-occurring medical conditions, social and family pressures, and continuity of health care post release. Building trust and establishing open lines of communication between program participants, healthcare providers, and other key stakeholders is essential to participant retention and achieving positive outcomes.⁸

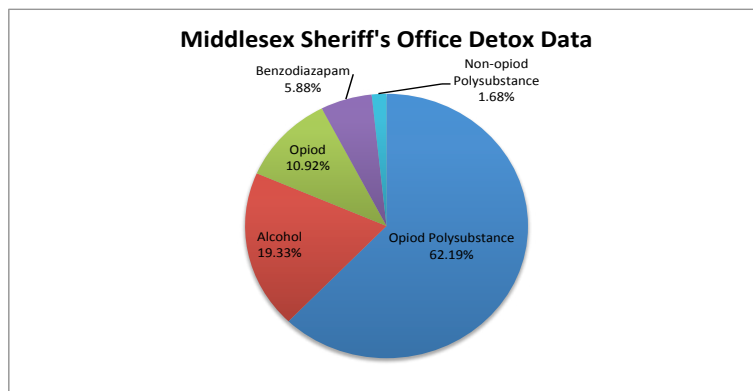
Opioid Crisis in Middlesex County

Middlesex County – comprised of communities north and west of Boston and extending to the New Hampshire border – is the most populous county in both Massachusetts and New England, home to more than 1.5 million people. Including large urban centers like Lowell, Cambridge, and Framingham, as well as smaller, rural communities, Middlesex – like much of the rest of Massachusetts and the country – has been decimated by the opioid epidemic.

In 2016, 392 residents of Middlesex County died as a result of opioid-related overdoses, an increase of more than 300% since 2010, and representing almost 20% of all fatal overdoses in Massachusetts in 2015.⁹

The MSO is responsible for the care, custody, and control of approximately 1,000 inmates – both sentenced inmates (those convicted and serving 30 months or less), and pre-trial detainees. According to intake data collected at the Middlesex Sheriff’s Office in December of 2017, 40% of all new intakes had a drug or alcohol addiction so severe they need to be detoxed immediately – of these, 73% involved opioids.

December 2017 Snapshot:



⁶ “Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder,” Substance Abuse and Mental Health Services Administration (SAMHSA), 2/25/2016

⁷ “Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder,” Substance Abuse and Mental Health Services Administration (SAMHSA), 2/25/2016

⁸ “Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs: Chapter 8. Approaches to Providing Comprehensive Care and Maximizing Patient Retention,” Substance Abuse and Mental Health Services Administration (SAMHSA), 2005

⁹ “Number of Opioid-Related Overdose Deaths, All Intent, by County, MA Residents: 2000-2016,” Massachusetts Department of Public Health, May 2017

The MATADOR Program

The MATADOR program was established to respond to this alarming trend. The goal of the program is to utilize incarceration as a tool to address underlying issues that lead to criminal behavior, including drug use.

Here is how the program works:

1. Intake/Identification

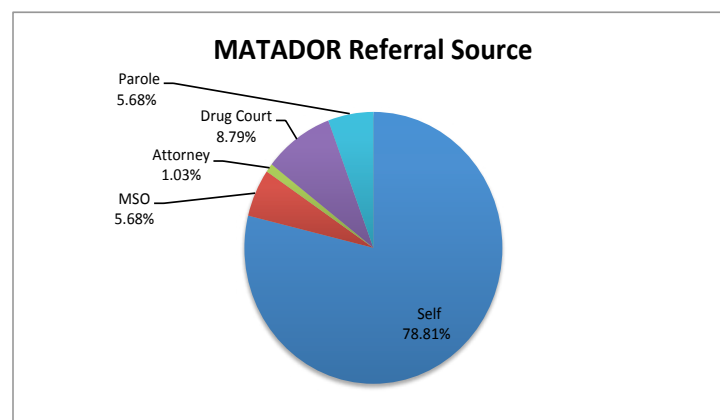
All individuals entering the MSO receive a thorough medical screening at intake to provide health services professionals and casework staff a medical assessment for each individual.

As noted earlier, just under half of the individuals who come into the custody of the MSO have a substance use disorder so severe they need to be medically detoxed when they arrive – about three quarters of whom (73%) have some type of opioid in their system. These individuals are monitored regularly by health services staff and are prescribed appropriate medication designed to assist with withdrawal symptoms.

While being monitored by medical personnel to address the physical symptoms associated with addiction, MSO casework staff begin to engage individuals on drug treatment programs offered at the Middlesex Sheriff's Office. As part of this process, inmates are educated on all forms of medication assisted treatment, including the MATADOR program which utilizes Vivitrol.

2. Program Enrollment

MATADOR is voluntary, which is an important component to its success. As of April 2018, 79% of program participants were self-referrals. Motivation for recovery appears to be one of the best drivers for participants' success.



Individuals interested in participating in the program are educated on program specifics and receive medical screening prior to enrollment to test for medication side effects. A key element to participation involves receiving consent via medical clearance forms as well as additional paperwork to allow the MSO to coordinate care with providers post release and

track performance measures. The approval of participants to allow the MSO to access medical documentation as well as the ability to monitor program compliance post release is essential in tracking program performance.

A second key element in enrollment in MATADOR involves health insurance. All inmates who qualify for MassHealth (Medicaid) are enrolled pre-release to ensure continuity of care. The MSO provides cutting edge programming to all those incarcerated and re-entry staff works with each individual to access similar services in the community post release. Once medically cleared and associated paperwork is complete, participants receive their initial injection of Vivitrol 48 hours prior to release.

3. Navigation Services/Casework Follow-Up

Medication assisted treatment options are an important tool for recovery, but the success of the MATADOR program relies on the support services that begin during incarceration and extends after program participants are released from custody.

Participants are connected with a navigator/recovery coach while at the Middlesex Jail and House of Correction and, once the inmate is released, the navigator serves as a key resource for that individual's re-entry needs. The navigator is both an advocate for the program participant – ensuring he has critical information, is scheduling and attending medical and program appointments, and has emotional/mental support during a crisis. The navigator also helps ensure clear and timely communication between community healthcare providers, support program locations, drug courts, and the MSO. This communication allows for, when necessary, the adjustment of treatment options, services, and even health insurance plans, as well as ensures that program compliance is maintained.

While medication is a key component of the MATADOR program, the “treatment” is really the ongoing healthcare services and network of support that navigators are able to assist with post release. A participant in the program is deemed “successful” after six months when they are well into their integration back into the community, have established routines, are familiar with the network of healthcare and other resources available to them, and the continuity of care has been established. However, based on the needs of some individuals, the MSO is exploring expanding the program to one year.

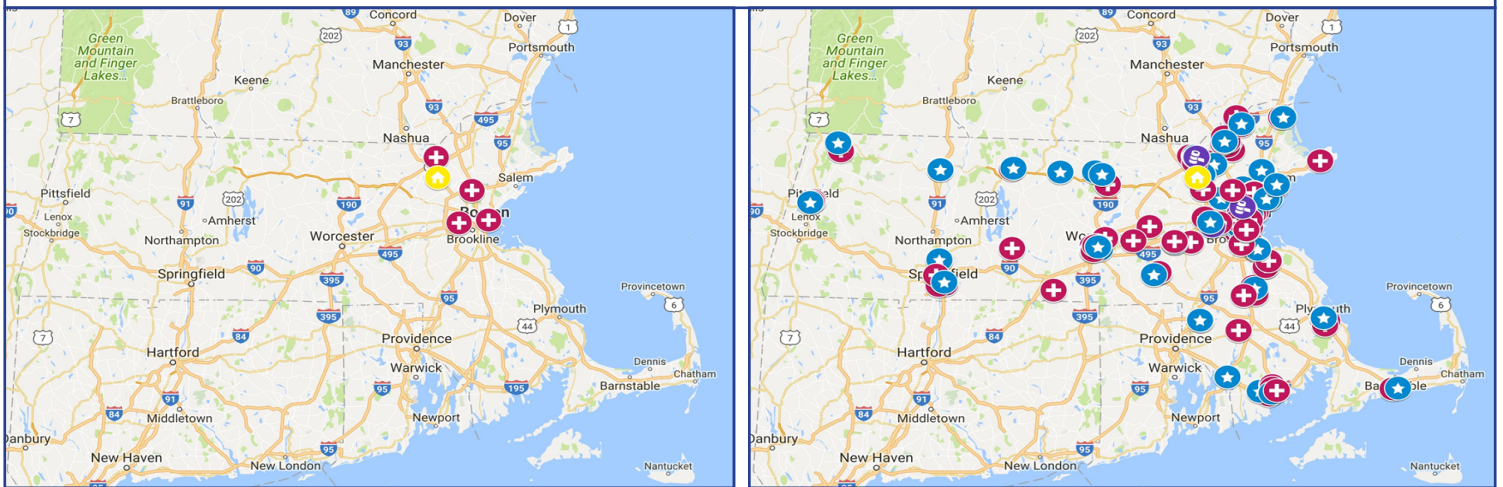
Staffing and Community Support

The MSO's MATADOR team currently includes a Program Director – a Licensed Practical Nurse who also functions as a navigator – along with another full time recovery support navigator. These two individuals are the “boots on the ground,” and are responsible for educating and enrolling participants, completing necessary medical screenings, keeping in touch with program participants post release, serving as a point of contact for community healthcare providers and other support programs, and reaching out to reengage program participants who are no longer participating in the program. An administrative support staffer assists with necessary program forms, inputs notes from navigators, and is the point of contact for medical paperwork from providers.

These individuals work closely with Sheriff Koutoujian and other staff members responsible for the overall operation of the MATADOR program, including the Special Sheriff, the Chief of Staff, and the Statistician responsible for data collection and analysis.

Along with the core program staff, a large part of the success of the MATADOR program has been the increasing number of community resources available to program participants. The program began with four community healthcare providers willing to accept patients and administer Vivitrol injections. As of April 2018, that number had expanded to 50 healthcare providers, 75 support program locations and four drug courts located throughout the Commonwealth. The MATADOR team has identified a primary point of contact at each of these providers in order to facilitate communication throughout the duration of the program.

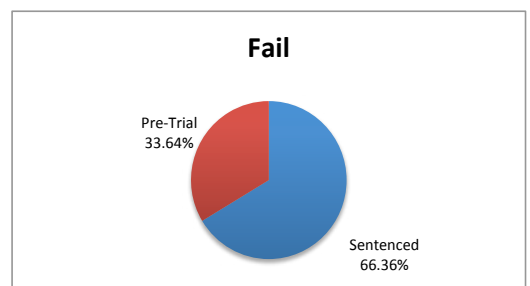
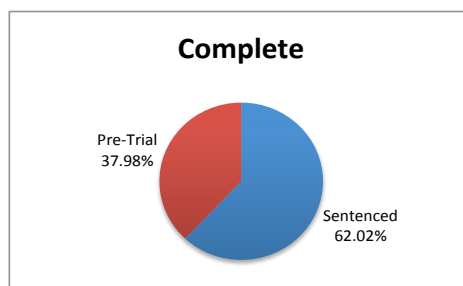
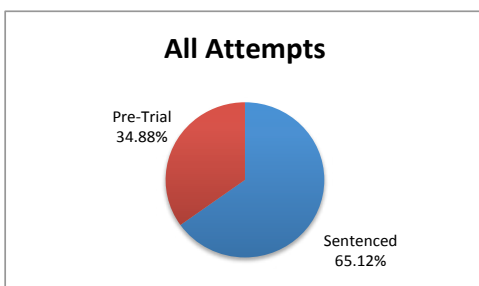
MATADOR POST RELEASE SUPPORT SYSTEM: THEN AND NOW



Real Time Data Provides Real Time Decisions

Collection of data is a hallmark of the MATADOR program. Navigators work closely with the statistician at the MSO to regularly identify and track the progress of each enrolled participant and, while the navigator concentrates on working on an individualized treatment plan for each participant, the statistician is in touch with MSO administrative staff and each healthcare provider to ensure program compliance as well as monitor any interaction with law enforcement.

MATADOR PROGRAM PARTICIPATION BY CLASSIFICATION



The MSO regularly collects data on:

- How individuals are connected to the program (i.e. self-referrals, referrals from drug courts, MSO staff, or through lawyers/family members);
- Rates of recidivism;
- Demographic information of participants;
- Participant appointment history (including injection status and future appointments scheduled);
- Drug screen results; and
- Qualitative information from program participants about their status and experience with the program.

This data is critical for the MATADOR team to identify individual participants who may need immediate intervention to be successful and to make real time adjustments on the programmatic level. Data collection also helps staff to identify what is working and what changes need to be made in the program. The MATADOR team is constantly working to find and utilize new performance metrics to ensure the program is being evaluated at many different levels. This helps the MSO recognize areas of success and adjust areas that are challenging.

Outcomes

In order to assess the impact of the MATADOR program on recidivism, the MSO defines recidivism in accordance with national models – as reconviction, re-incarceration, and/or a violation of probation/parole that leads to additional jail time.

The MSO measures success in the program primarily by using recidivism data. In terms of performance measures, the MSO has found that using recidivism data as opposed to relapse data as a barometer for program success or failure is preferred for several reasons:

- As a law enforcement based program, it is an industry tool that reflects impact on public safety.
- Recidivism data is a static, clearly-defined measure that allows compare and contrast.
- Program success is measured by lives saved and dollars saved.

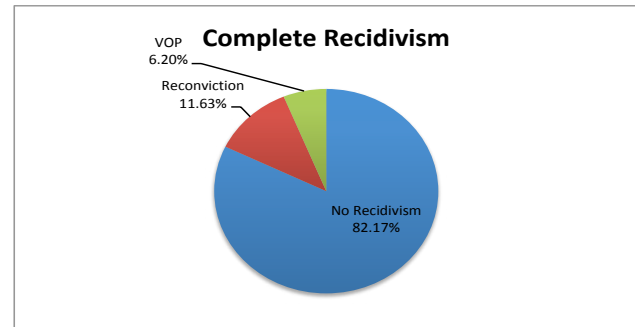
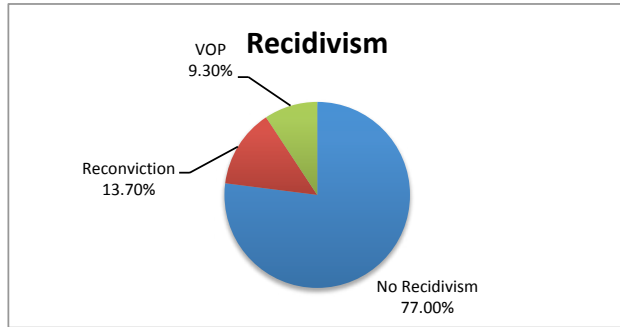
To date, the MATADOR program has achieved a non-recidivism rate of 77% among all 383 attempts in the program, and 82% among the 125 participants who have successfully completed six months of the program.

Beginning in 2007, the Middlesex Sheriff's Office has utilized the Level of Service/Case Management Inventory (LS/CMI). Since then, the LS/CMI has provided evidence-based programming and case management recommendations for many inmates and has played a major role in helping to establish financial priorities by providing guidance regarding expanded programming options. The LS/CMI is a validated and fully functioning case management and assessment tool that measures the risk factors and needs of late adolescent and adult offenders. It is also used to create case management plans for inmates and categorizes them into very low, low, medium, high, or very high risk levels for recidivism.

As of April 2018, nearly 90% of MATADOR participants have been classified as high or very high risk level

for recidivating. LS/CMI data indicates that an individual classified as very high risk has approximately a 61% chance of recidivating. MATADOR's 77% non-recidivism rate suggests that the program is working to reduce recidivism among a high risk population.

MATADOR RECIDIVISM DATA

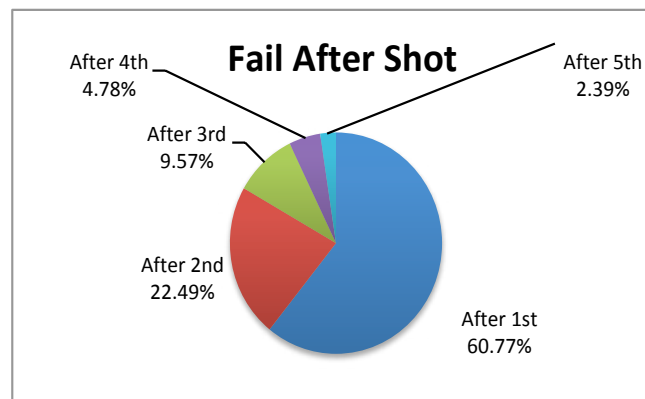


*As of 3/18/18

Program Challenges

Since its inception in October 2015, demand for inclusion in the MATADOR program has quickly outpaced staff capacity. In 2016, the MSO began to see a trend where failures steadily increased due to lack of contact between program staff and participants. Demand for MAT at the MSO continues to be a challenge for the program, with 56% of those enrolled not completing the program. Data shows that follow up after the first shot is the most critical, with 60% of those who failed the program doing so after receiving their first shot.

PARTICIPATION FAILURE RATE POST NUMBER OF INJECTIONS



With the expansion of the MATADOR team, we hope to address the primary challenge of bringing MAT programs to scale in a corrections setting – the strong relationship between the program participant and the recovery navigator is the key to success, but with limited financial and staff resources, it can be difficult for law enforcement agencies to provide the necessary level of individual attention for each participant. Departments and agencies operating MAT programs should be cognizant of appropriate staff-participant ratios, in order to help prevent failure among participants and appropriate case load for staff.

In an effort to use data to drive changes to the program, the MSO has used federal funding to add additional recovery navigators to keep up with demand.

Funding

Funding for the MATADOR program comes from several sources:

1. Given the program's relatively low cost, much of the funding comes directly from the MSO operating budget. For example, when the program was started in 2015, Sheriff Koutoujian made the decision to repurpose an existing staff member as the MATADOR Program Director, emphasizing the MSO's commitment to seeking public health solutions to public safety challenges.
2. The initial dose of Vivitrol – administered while program participants are still incarcerated – is provided free of charge by the manufacturer.
3. MassHealth – the Massachusetts program that combines Medicaid and the Children's Health Insurance Program (CHIP) – covers most or all of the cost of subsequent Vivitrol injections. Individuals are enrolled in MassHealth by MSO staff prior to release in an effort to maintain continuity of care.
4. The MSO receives two grants that support the MATADOR program:
 - a. An Edward Byrne Memorial Justice Assistance Grants Program (Byrne JAG) award – Federal funding through the Massachusetts Executive Office of Public Safety (EOPSS) – that allows for the purchase of two long-term substance abuse beds, as well as a research assistant to help gather critical data on the MATADOR program. This grant provides \$139,000 per year for two years.
 - b. 21st Century Cures Act funding in the amount of \$97,000 from the Massachusetts Department of Public Health to develop strategies for expanding the MATADOR program, provide more navigation and services post release.

Things to Consider When Starting an MAT Program

- Rapport building prior to and after release is the key to a successful program. Correctional professionals may not always be comfortable with this thought process but collaborative processes that strive to rehabilitate people and treat addiction are essential to lowering recidivism rates and preventing overdose deaths.
- Incarceration is a window of opportunity for individuals that may have spent years, even decades, using opioids, to be clean for the first time. People should not have to come to jail to get good treatment but while there, it should be viewed as an opportunity.
- Data collection can be daunting for some but it should not be feared. Collecting baseline data that includes demographics and basic performance measures is essential.
- Relapse is a part of recovery. MATADOR may not work for every individual, but the potential positive outcomes regarding harm reduction should not go unnoticed.

Conclusion

This document began by underscoring the need to address overdose deaths post incarceration: The comprehensive evaluation spearheaded by the Massachusetts Department of Public Health revealed that recently incarcerated individuals are 120 times more likely to die from an opioid overdose than the general population.

As of April 2018, 98.5% of MATADOR participants - regardless of their success or failure in the program - have not succumbed to a fatal overdose post release.

Incarceration presents a unique window of opportunity to break the cycle of addiction. Corrections was not designed for addressing substance use disorders, but given the chance, law enforcement officials have the opportunity to provide incarcerated individuals with the treatment and tools to save lives and lower reoccurrences of crime. Evidence of the link between addiction and crime is evident based on data collected through the program, and also confirmed using our evidence based LS/CMI assessment tool which concluded that nearly 90% of MATADOR participants are at risk of committing new offenses.

Leveraging this opportunity serves a public health need – reducing the risk of fatal overdoses – and addresses the underlying cause of criminal activity that poses a threat to public safety. Medication assisted treatment combined with recovery support and access to community healthcare providers has proven itself to be crucial in reducing overdose deaths and recidivism rates. MATADOR strives to find the balance between public health and public safety to improve outcomes on both ends.

The MATADOR program created by the MSO represents a viable model for tackling opioid addiction among incarcerated individuals. The program’s focus on developing strong connections between participants, recovery navigators, and community resource providers is essential to keeping participants on the path to recovery after they are released from a correctional setting. The regular collection of data both directs and corrects care for current participants and helps identify program trends.

We hope that other law enforcement agencies can be able to adapt the lessons learned of the MATADOR program for their own communities and can give them the tools to effectively tackle the opioid epidemic as it continues to impact our communities, friends and loved ones.

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