BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Financing and Sustaining Medications for Opioid Use Disorder Programs in Jails and Prisons: Lessons from the Field

August 10, 2021

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Welcome and Introductions

Welcome

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Vice President, Mental Health America of Indiana

Nicole Banister

Policy Analyst, National Governors Association

Learning Objectives

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- Describe how Medication-assisted Treatment (MAT) programs are financed in different jurisdictions.
- Identify existing funding streams to support MAT services within correctional settings.
- Describe the role of partnership building, collaboration, and advocacy in sustaining correctional MAT services.
- Apply existing resources and tools to your MAT program planning and implementation efforts.

Financing Medications for Opioid Use Disorder in Jails and Prisons

Tyler Winkelman, M.D., M.Sc.
Health, Homelessness, and Criminal Justice Lab

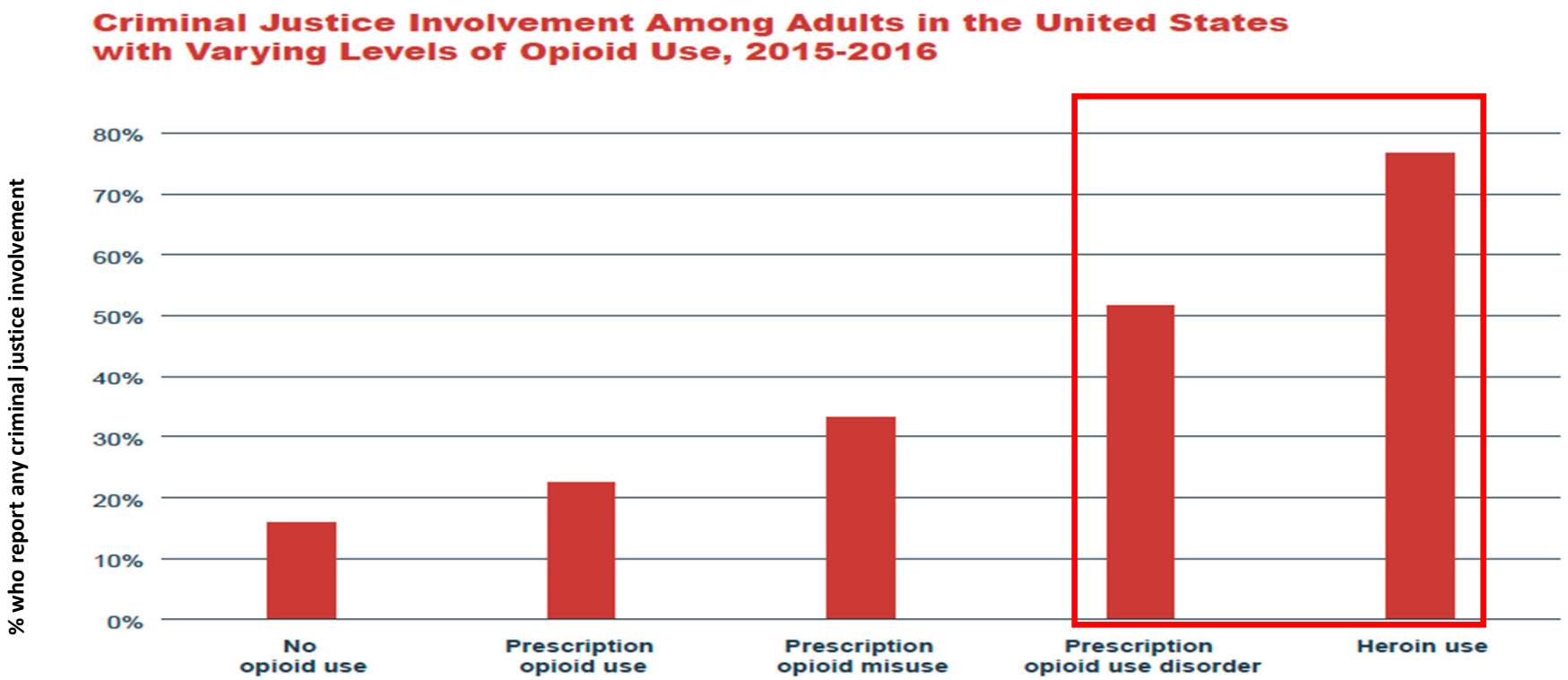
HennepinHealthcare
Research Institute

BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program

Outline

- Opioid Use Disorder (OUD) and Criminal Justice Involvement
- MAT Financing Considerations
- Medicaid and Criminal Justice Involvement
- Conclusions

Opioids and Criminal Justice Involvement



Source: Winkelman et al. (2018). All pairwise comparisons significant at $p < .05$.

(Winkelman et al., 2018)

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Release from Prison — A High Risk of Death for Former Inmates

Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D.

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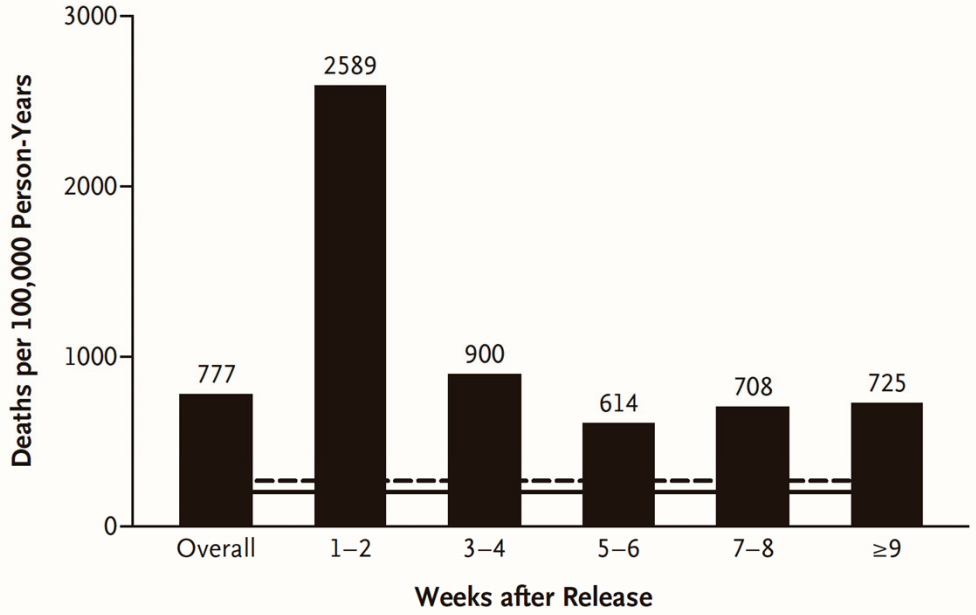

Figure 1. Mortality Rates among Former Inmates of the Washington State Department of Corrections during the Study Follow-up (Overall) and According to 2-Week Periods after Release from Prison.

The dashed line represents the adjusted mortality rate for residents of the State of Washington (223 deaths per 100,000 person-years), and the solid line represents the crude mortality rate among inmates of the state prison system during incarceration (201 deaths per 100,000 inmate person-years).

HennepinHealthcare Research Institute

(Binswanger et al., 2007)

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MAT Evidence Summary

1. Forced withdrawal reduces treatment entry after release.

2. Starting medication during incarceration is superior to community referral or counseling.

3. Results are similar for buprenorphine and methadone.

4. Naltrexone is effective compared to a placebo but may not be cost effective or reduce overdoses relative to buprenorphine.

(Degenhardt et al., 2014; Rich et al., 2015; Murphy et al., 2018; Gordon et al., 2008; Kinlock et al., 2009; Magura et al., 2008; Gordon et al., 2014; Lee et al., 2016; Morgan et al., 2019)

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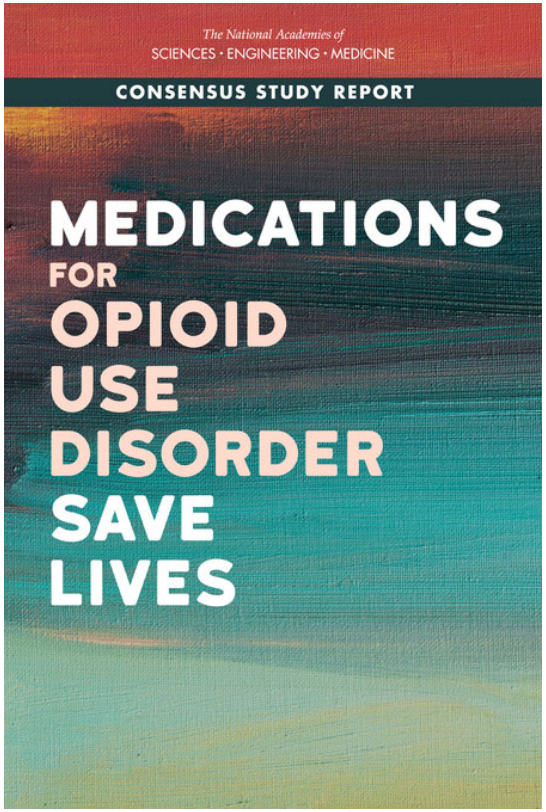
MAT is the standard of care in jails and prisons.



(National Academies of Sciences, Engineering, and Medicine, 2019)

Conclusion 6:
Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all U.S. Food and Drug Administration–approved classes of medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment.

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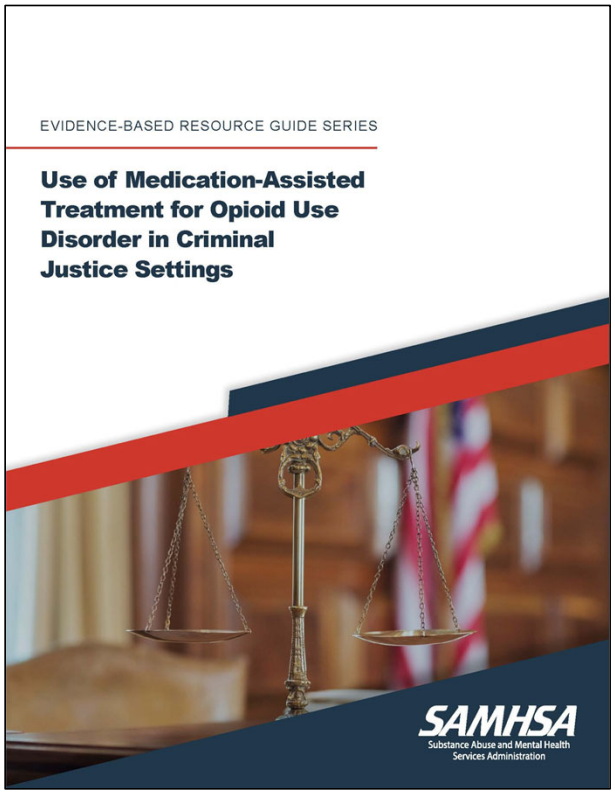
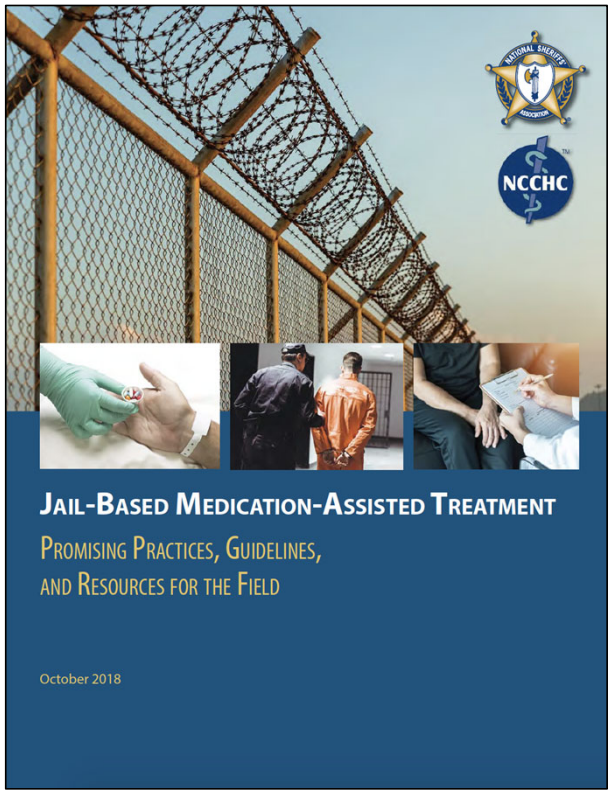
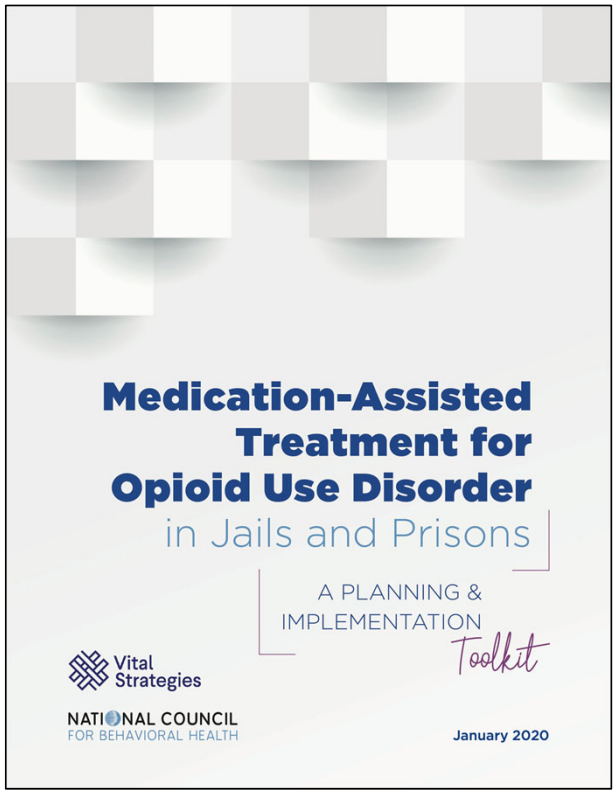
Guidelines and Toolkits for MAT



(SAMHSA, 2019)



(NSA, NCCHC, BJA, 2018)



(National Council for Behavioral Health, 2020)

MAT Financing Considerations

1. **Grants are very helpful with start-up costs and implementation**
   - How are you going to sustain your program after the grant funding ends?

2. **Need long view for financing**
   - How are you going to expand the medical budget?

3. **Funding needs to meet the changing and evolving needs of people in jails and prisons.**

Medicaid Inmate Exclusion Policy

- Follows federal law

> SEC. 1905. [42 U.S.C. 1396d] For purposes of this title—

- Bars states from receiving federal matching funds for care provided to individuals in jail or prison

- Reduces ability of correctional facilities to respond to public health crises

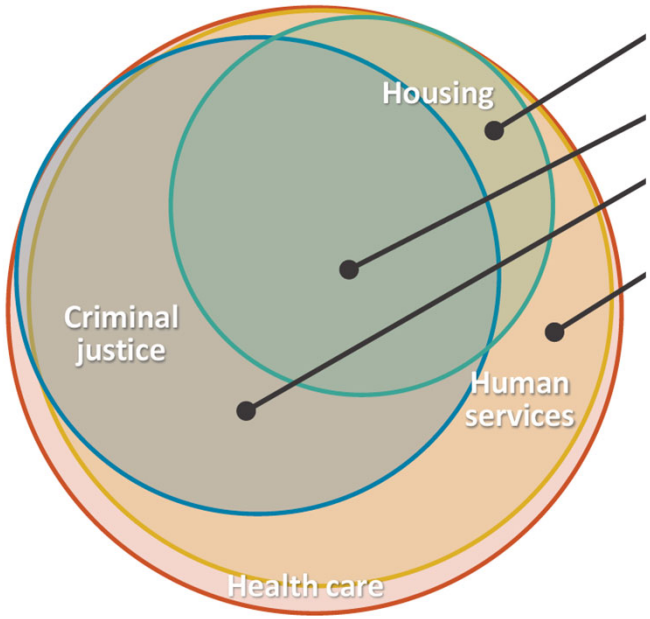
Medicaid Expansion and Criminal Legal Involvement

Among those covered by Medicaid expansion:

- 30% had criminal legal involvement

Among those with a substance use disorder (SUD) or mental illness:

- 60% had criminal legal involvement



(Bodurtha et al., 2017)

Options for Medicaid

- **Medicaid 1115 Waivers** *(Guidance from Support Act forthcoming)*
- **Medicaid managed care contracts**
- **Modification of the Medicaid Inmate Exclusion Policy**
  - Medicaid Reentry Act of 2021
    - National Association of Counties (NACo), National Commission on Correctional Health Care (NCCHC), National Sheriffs' Association (NSA), and other organizations support the Reentry Act
  - Repeal of Medicaid Inmate Exclusion Policy (MIEP)

Conclusions

- MAT is a standard of care in jails and prisons. People with moderate to severe opioid use disorders should have access to all three U.S. Food and Drug Administration (FDA)-approved medications. (NIDA, 2016)

- Short-term funding mechanisms are beneficial for startup costs, but MAT should be incorporated into global health care budgets over time.

- Medicaid reforms are essential to broader uptake and sustainability of MAT in jails and prisons.

Medication-Assisted Treatment Philadelphia Department of Prisons

Bruce Herdman
Chief of Medical Operations, Philadelphia Department of Prisons (PDP)

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Who We Serve

15,000 Citizens Annually	
African American	66%
Hispanic	19%
Caucasian	12%
Other	3%
Average Age	34
Average School Grade Completed	11th Grade
Average Reading Level	5th Grade
Homeless	30%
From Medically Underserved Areas (MUAs)	80%
Percentage Released Medical Assistance Coverage	95%
Average # of Incarcerations	6.5 – 7.9
Average # of Aliases	2.6

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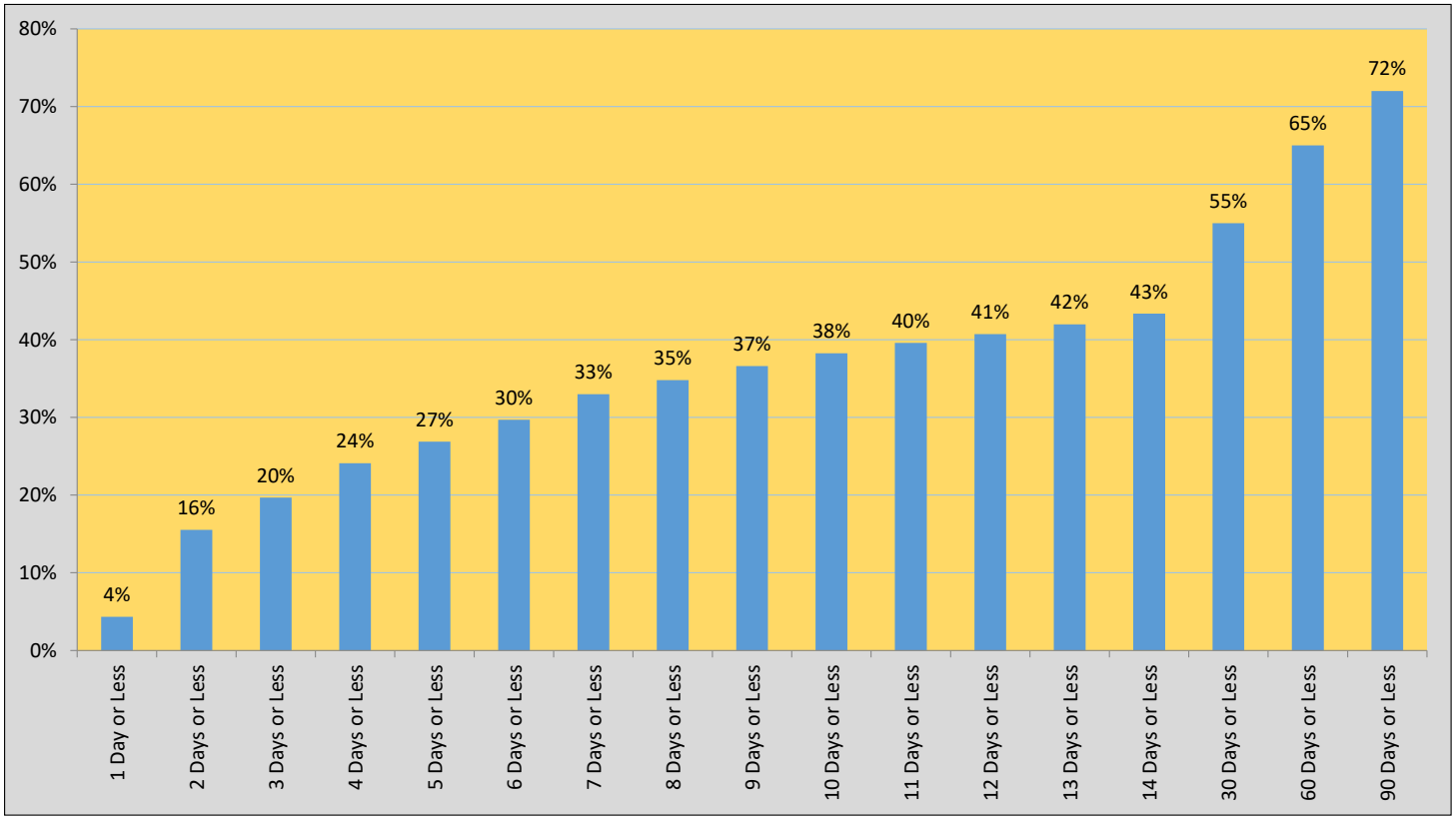
Days to Release (2020)



The Illness "Opportunity"

Seriously Mentally Ill	16 %
Behavioral Health Caseload	37 %
Chronic Physical Illness	28 %
HIV	2.5 %
Hep C	10 %
Diabetes	5 %
Hypertension	12 %
Seizure Disorders	6 %
Substance Use Disorders (SUD)	75 %
Opioid Use Disorders (OUD)	25 %

Providers

Corizon Physical health care	250 FTEs
Centurion Behavioral health care	119 FTEs
AmeriHealth Third Party Administrator (TPA)	All Hospitals / 90% of All Physicians

Fentanyl / Heroin Deaths in Philadelphia

2015	702
2016	907
2017	1,074
2018	939
2019	1,000
2020	1,214

(Philadelphia Department of Public Health, 2021)

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SUD Programming

1993 *OPTIONS*

2004 *Methadone maintenance*

2017 *Mayor's Task Force recommendations*

PSAs for inmates, visitors, and employees

Narcan distribution to patients screened via COWs/CIWA/BWS

2018 *Buprenorphine induction pilot with women*

Release with care/medical assistance enrollment program

Buprenorphine induction – expanded to all inmates

2019 *Vivitrol offered*

Suboxone induction (pills)

2020 *Suboxone induction (film)*

1993: “Options”

Evidence-based

Abstinence Model/Therapeutic Community

Cognitive Behavioral Therapy (CBT)

2004: Methadone Maintenance

- Delivered by community treatment provider
- CBT required
- Pre-poured doses delivered daily to all PDP facilities
- Suboxone maintenance added 2018
- About 700 patients/year

2008: Intake Screening

- All completed within 4 hours of arrival
- Medical assistant takes specimens
- Registered nurse administers intake screen
- 120 to 140 questions
- Recorded in electronic health record (EHR)
- EHR-generated appointments
- 1st business day after admission: Evaluation for Suboxone (4 mg from stock—8 mg thereafter)
- 2nd business day after admission: Referral to community MAT provider
- 1st business day after release (MA activated; discharge summary sent to community provider)

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July 2017: Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia

Recommendations

- Philadelphia Department of Public Health (PDPH) distribution of Narcan
- Education of staff, inmates, and visitors
- Expansion of PDPH MAT program

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August 2017: Public Service Announcements (PSAs)

Topics:

- Opioid overdose risks
- What Narcan does
- How to administer Narcan
- How to obtain Narcan

➢ Presenters are lived-experience survivors.

➢ PSAs are shown daily on all housing units and in each visitor area.

October 2017: Narcan Kit Distribution

Highest Risk Inmates: COWS, CIWA, BWS*

Distributed After Release

Medical Assistance Pays for 90%

About 5,000 Kits Per Year

* Clinical Opiate Withdrawal Scale (COWS)
Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
Benzodiazepine Withdrawal Screening

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February 2018: Suboxone Pilot Program

- Women's jail
- Women with OUDs not maintained on methadone/Suboxone
- 90% participation rate
- Crushed 8 mg Suboxone pills
- Optional CBT
- Prescription for 5-day Suboxone supply on release
- Preliminary findings:
  - 50% of prescriptions were filled
  - 46% of individuals engaged in community treatment

July 2018: "Release With Care" Program

- 3rd business day of incarceration
- Patients prescribed Suboxone choose community MAT provider
- Choices limited to MAT "Centers of Excellence"
- Referrals sent immediately
- Discharge summary sent on release
- Medical assistance enrollment

February 2020: Conversion to Suboxone Film

- 8mg Suboxone film
- CBT optional
- Group dispensing
- 5-day supply of film on release

What's Next

- Municipal photo ID
- Expansion of Narcan distribution
- In-reach by release with care community providers
- Methadone induction
- Sublocade administration
- Continued rigorous evaluation
- Increased coordination with behavioral health
- Wraparound services/benefits data trust

Financing MAT in Corrections: Practice vs Policy

Brandon George
Vice President, Mental Health America of Indiana
Director, Indiana Addiction Issues Coalition

Mental Health America of Indiana

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A wave is coming…

- Court rulings
- Increased education (specifically judicial)
- Department of corrections implementation
- Mounting precedent
- Federal and state support

Multiple Responses to Initiating MAT Programs in Jails

- Jails are unprepared and need support
- “We don’t believe in MAT”

Advocacy Alert

If a facility is withholding medication for OUD, it may be illegal.

(Americans With Disabilities Act of 1990 [Pub.L. No. 101-336, 104 Stat. 328], 1990)

(Rehabilitation Act of 1973 [29 U.S.C. 794a, Pub.L. 93–112, 87 Stat. 355], 1973)

MHA Mental Health America of Indiana

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Response 1: For Those That Need Support

- Stakeholder group
- Correctional medicine or community?
- Continuity of care
- Who pays?
  - ✓State grants
  - ✓Federal grants
  - ✓State unrestricted

MHA Mental Health America of Indiana

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So much funding!!!!

Mental Health America of Indiana

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Available Funding

A. SAMHSA Substance Abuse and Mental Health Block Grants
B. SAMHSA State Opioid Response (SOR)
C. Bureau of Justice Assistance (BJA/COSSAP)
D. Stimulus funding
E. President's budget?

What is the Long-Term Answer?

Medicaid?

Advocacy Alert

- Why do we separate people from their payor source once incarcerated?
  - Impacts to individuals
  - Impacts to community
- Most jails are full of “pre-trial” defendants.
  - Innocent until proven guilty?
- Release dates are often set quickly with little to no warning.
  - Difficult to mandate when happening 30 days prior to release (The Re-Entry Act)

MHA Mental Health America of Indiana

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Response 2: “We Don’t Believe In MAT.”

Speaks to misconceptions, concerns, and prevailing stigma about addiction, medications for substance use disorders, and MAT implementation

Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings

Nicole Banister
Policy Analyst, National Governors Association

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Overview of the Roadmap

- Developed in partnership with American Correctional Association, with support from Centers for Disease Control and Prevention
- Informed by lessons learned from governors' offices, corrections directors, and senior state officials
- Provides step-by-step guide for governors and state officials who are pursuing initiatives to address OUD among people in the justice system
- Includes strategies and policies for expanding access to MAT and other needed supports with the goal of reducing recidivism, improving individual health and public safety

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(National Governors Association, 2021)

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Why Now?

- The National Governors Association (NGA) has supported governors combatting the opioid crisis since 2012 and released a roadmap in 2016 on *Finding Solutions to the Prescription Opioid and Heroin Crisis for States*.
- The American Correctional Association (ACA) has been at the forefront in supporting state correctional leaders in providing SUD treatment and issued a public policy in 2018 placing MAT as a priority in effective treatment .
- NGA and ACA hosted a series of regional workshops, with 14 states, on MAT in correctional settings.
- This roadmap is specifically written for governors' offices and corrections officials on the importance of and how to build support and increase access to MAT.

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Key Considerations

Roadmap Development

1. Access to evidence-based medications is a priority; medication should not be delayed in the absence of counseling or behavioral supports.
2. Offering a choice among all forms of the FDA-approved medications for OUD treatment and providing behavioral health services and supports whenever possible represents the best practice.
3. Fully implementing evidence-based MAT requires making multiple forms of medication available and thoughtful coordination.
4. Collaboration among the justice system and health systems at every touch point of the justice system ensures access and continuity of treatment.
5. Needs, gaps, and strengths assessments of policies and practices across agencies help state leaders identify a plan of action.

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Key Considerations (Continuation)

Roadmap Development

6. Treatment plans tailored to individuals prepare people and systems for continuity of treatment upon release.
7. Addressing possible barriers to success in supervision systems can improve outcomes and reduce recidivism upon release.
8. Training on diversion of medications in corrections settings should be complemented with education and training on access.
9. Strategic use, alignment, and braiding of state and federal funds is key to ongoing stability and success of programs and initiatives.
10. Developing a robust evaluation approach at the outset with clearly defined outcome metrics, data collection, and analysis processes can inform implementation.

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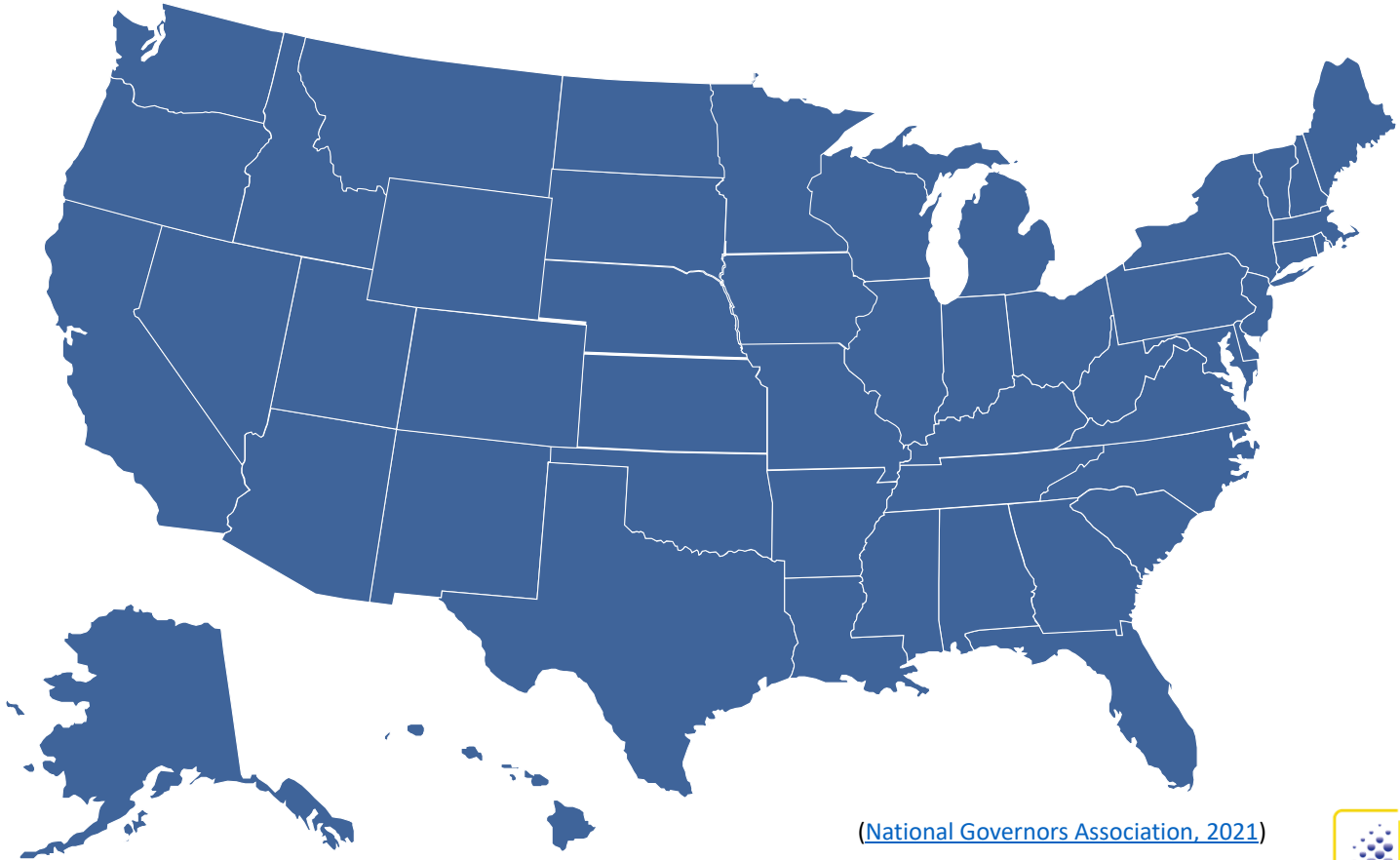
Lessons Learned from States

Regional Workshops



(National Governors Association, 2021)

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Identifying Success

(National Governors Association, 2021)

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Identifying Common Barriers

Roadmap Development

Garnering buy-in from leadership and staff

- Addressing security and diversion issues (e.g., trainings, protocols)

Structuring of health-care treatment and delivery in the correctional facility

- Contracting challenges with internal and external treatment providers
- Establishing drug pricing
- Ensuring continuity of treatment post-release

Securing sustainable funding, and determining how to most effectively leverage existing funding

- Having inadequate screening processes and failing to identify co-occurring disorders/substance use

(National Governors Association, 2021)

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Garnering Buy-In

- Educating and informing staff of benefits and success (example: **Rhode Island**)
- Starting with a pilot and proving concept (example: **Vermont**)
- Demonstrating medical necessity (research, evidence, and lawsuits)

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Models for Providing Treatment

- **Opioid Treatment Program Model (OTP).** Becoming an OTP by obtaining a license from the U.S. Drug Enforcement Administration, accreditation by a SAMHSA-approved accrediting body, and certification by SAMHSA.
- **Contract Service Provider Model.** Contracting with community-based MAT providers to bring medications to the facility daily for dispensing, operating within facilities, transporting individuals to receive medications and treatment, or providing treatment through telehealth services.
- **Hybrid or Combination.** There are several combinations of these service models available, and state and facility leaders may determine which model may be best based on the facility and population.

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(National Governors Association, 2021)

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Models for Providing Treatment

Iowa. The state set up an agreement with a provider to expand services through a live clinic. The DOC worked with providers and legal counsel to draft an MOU specifying the services and processes.

North Dakota. The provider dispenses daily doses of methadone and delivers to each site once weekly in a secure chain-of-custody. Community providers are utilized in communities where residents would be discharged to help facilitate transition.

Connecticut. The DOC uses two different models in their prisons and jails. In its women's facility, which is a combination jail-prison, methadone, buprenorphine and naltrexone are provided through an internal fully licensed OTP. Its other programs provide MAT services through contracts with community-based opioid treatment programs.

(National Governors Association, 2021)

Funding

- CDC Overdose Data to Action (OD2A)
- SAMHSA State Targeted Response to the Opioid Crisis Grants (STR)
- SAMHSA State Opioid Response Grants (SOR)
- DOJ, Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
- DOJ, BJA Residential Substance Abuse Treatment (RSAT)
- SAMHSA Block Grants
- Medicaid

(National Governors Association, 2021)

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Questions?

https://cossapresources.org/Program/TTA

If you are interested in requesting training and technical assistance, please complete the form at https://www.cossapresources.org/Program/TTA

COSSAP Resources

Tailored Assistance—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis. ***You do not need to be a COSSAP grantee to request support***. TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at https://cossapresources.org/Program/TTA/Request.

Funding Opportunities—Current COSSAP and complementary funding opportunities are shared at https://www.cossapresources.org/Program/Applying.

Join the COSSAP community! Send a note to COSSAP@iir.com with the subject line "Add Me" and include your contact information. We'll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

Resources

- *Americans with Disabilities Act of 1990*, Public Law 101-336, *U.S. Statutes at Large* 104 (1990): 328, §1.
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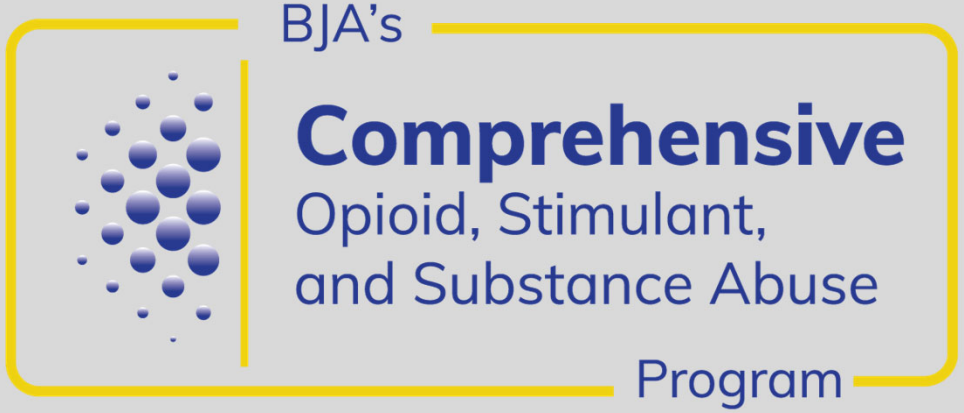
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