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OF ADVANCING
**PUBLIC
HEALTH**

Massachusetts Department of Public Health

Update on MOUD in Correctional Settings and Other Correctional/Re-Entry Efforts

1/5/2022

Presentation Overview

Background

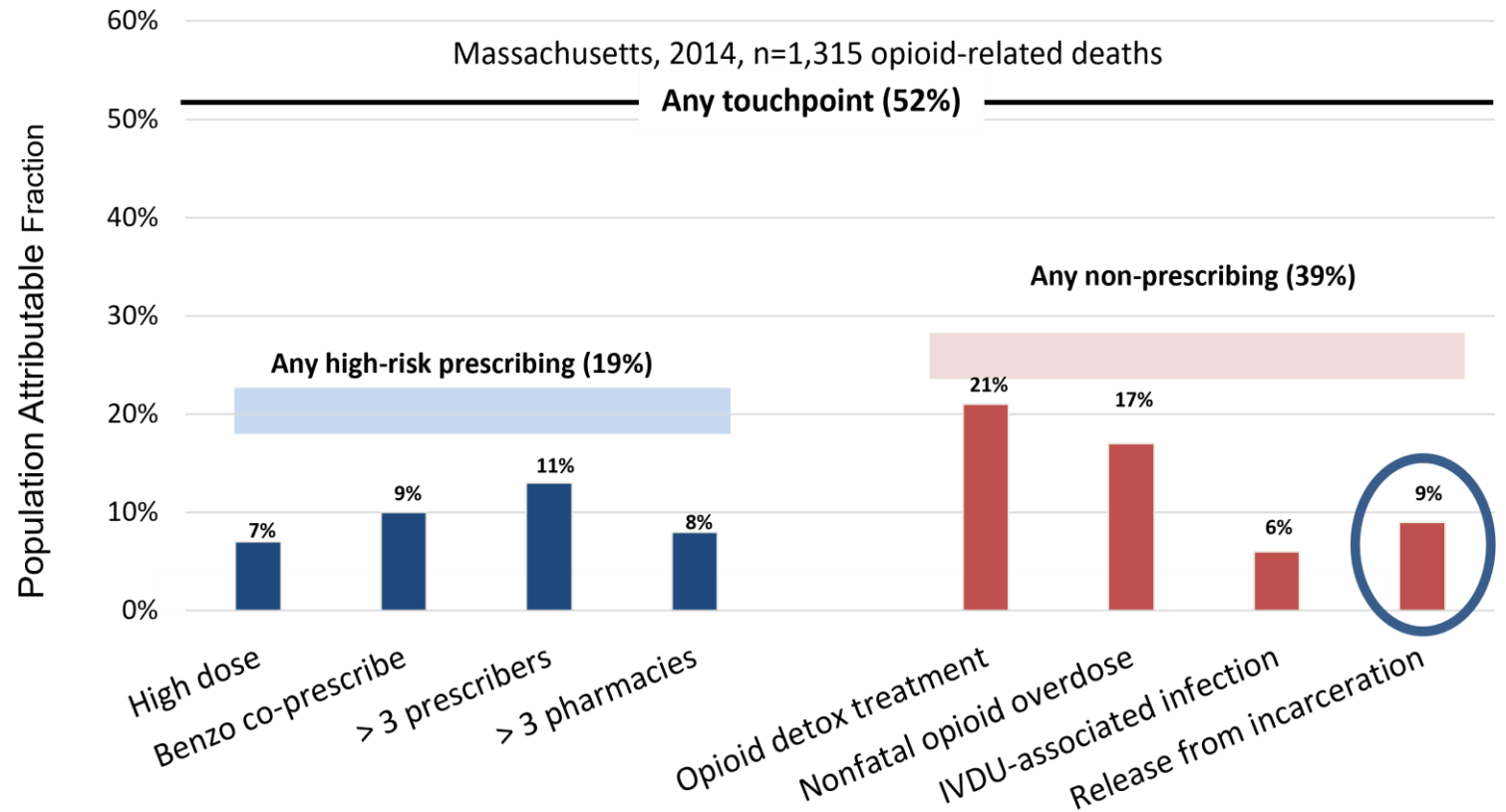
Updates on Key Initiatives

- MOUD and Other SUD Treatment in Correctional Settings
- Black and Latino Men's Re-Entry Program
- Behavioral Health Supports for Justice Involved Individuals (BH-JI)

Q&A

Opportunities for Intervention

- Based on data from the landmark Chapter 55 report, our systems touch over half of the individuals who die from opioid-related causes in the 12 months prior to their death.
- Each of these touchpoints are opportunities for intervention.
- People being released from incarceration represent 9% of these individuals.



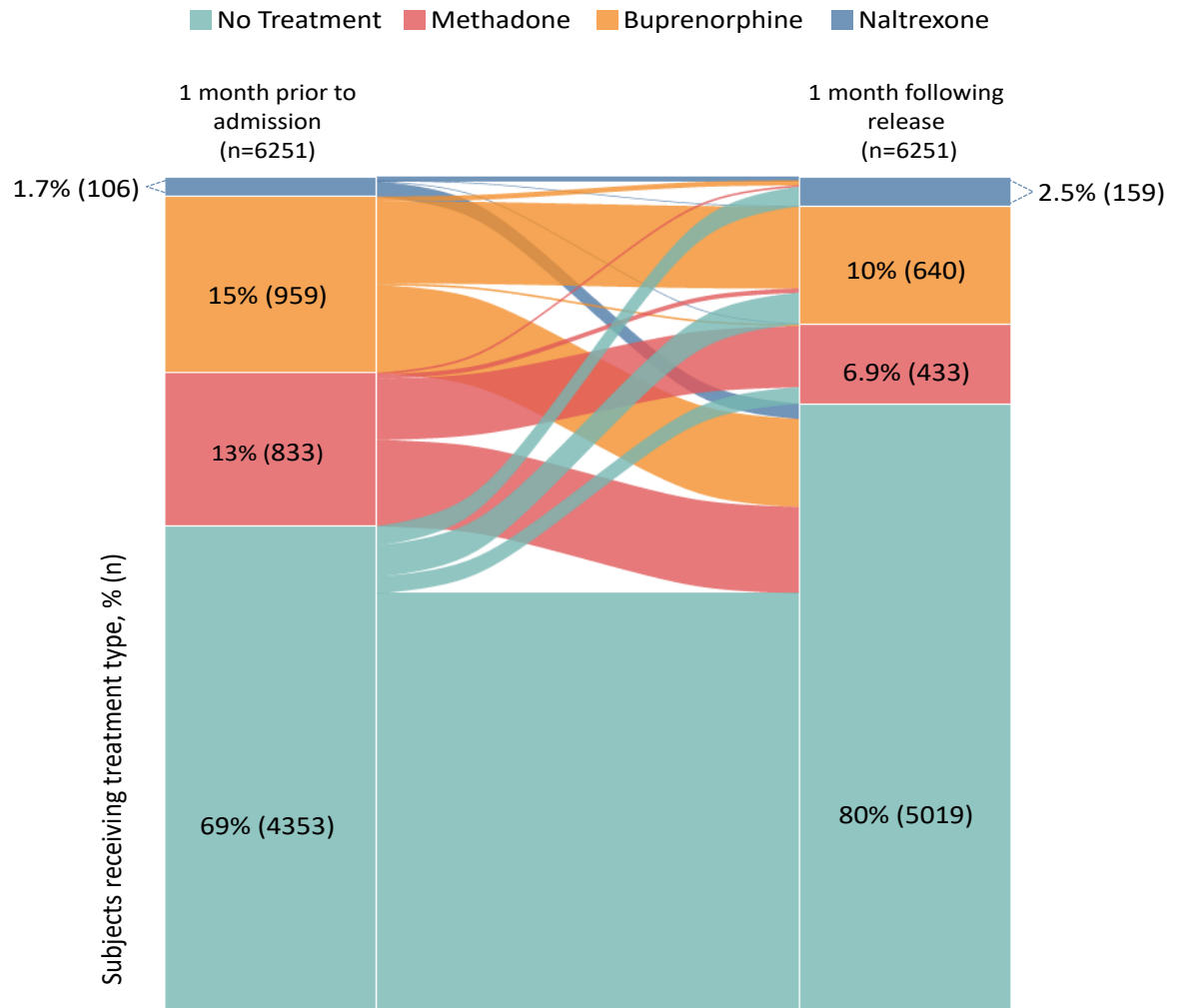
Source: Larochelle MR, Bernstein R, Bernson D, Land T, Stopka TJ, Rose AJ, Bharel M, Liebschutz JM, Walley AY.

Touchpoints—opportunities to predict and prevent opioid overdose: a cohort study. Drug and Alcohol Dependence. 2019 Sep 3

Release from Incarceration: A Missed Opportunity

- Incarceration represents a missed opportunity for intervention with the number of individuals receiving MOUD actually decreasing once a person becomes incarcerated.
- These individuals are also less likely to re-initiate their medication when they are released.

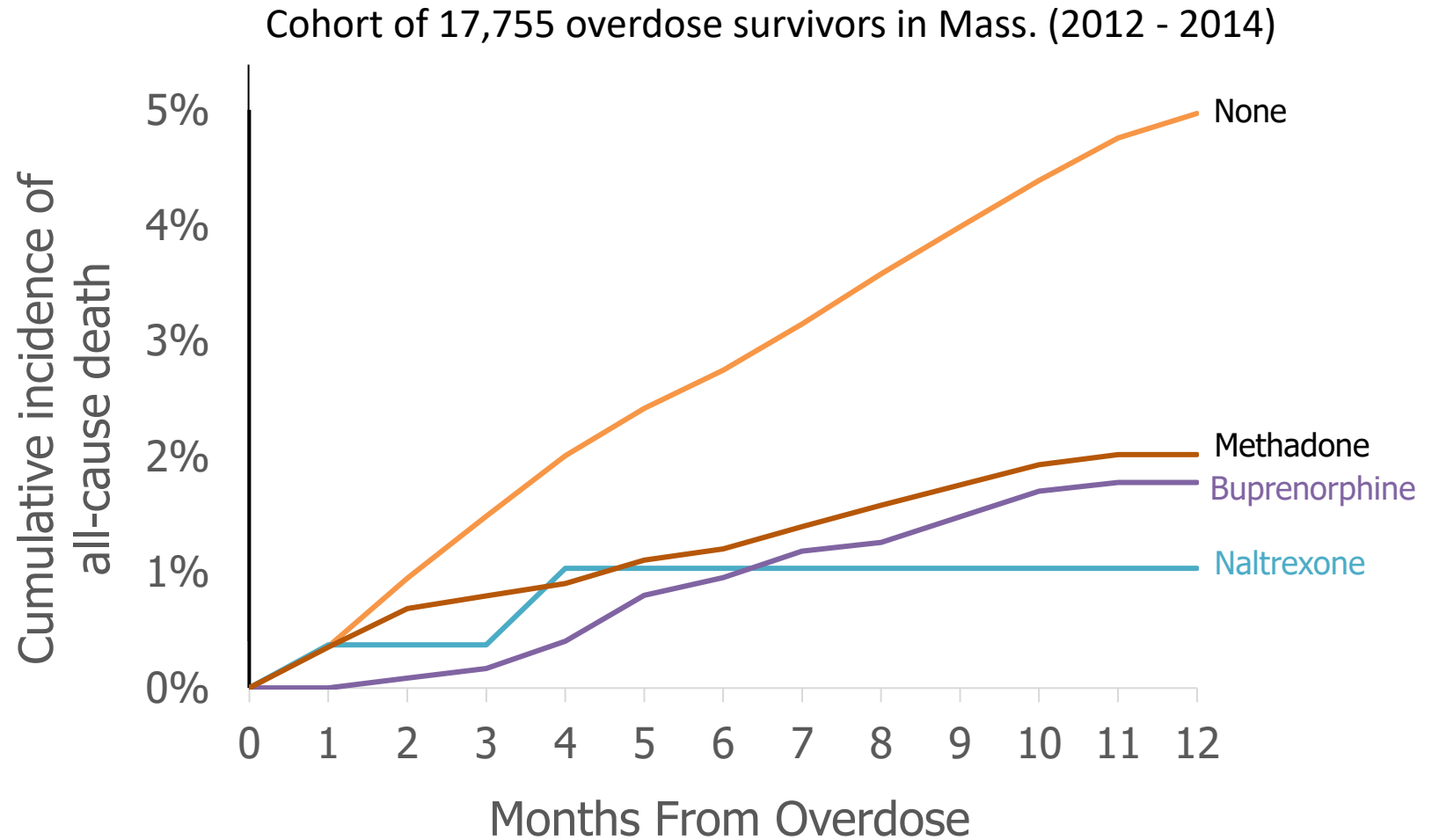
Treatment transitions from 1 month before to 1 month after short-term incarceration (Massachusetts 2011 – 2015)



Source: Analysis from Massachusetts Public Health Data Warehouse. Medication for opioid use disorder before and after short-term incarceration Walley et al, Poster at College on Problems in Drug Dependence

Overdose Survivors Who Receive MOUD Live longer

- Individuals who have previously overdosed and are receiving any of the three FDA-approved MOUD have at least twice the survival rate while they receive the medication.
- This data emphasizes the importance of not only initiating people on MOUD, but retaining them on these life-saving medications.



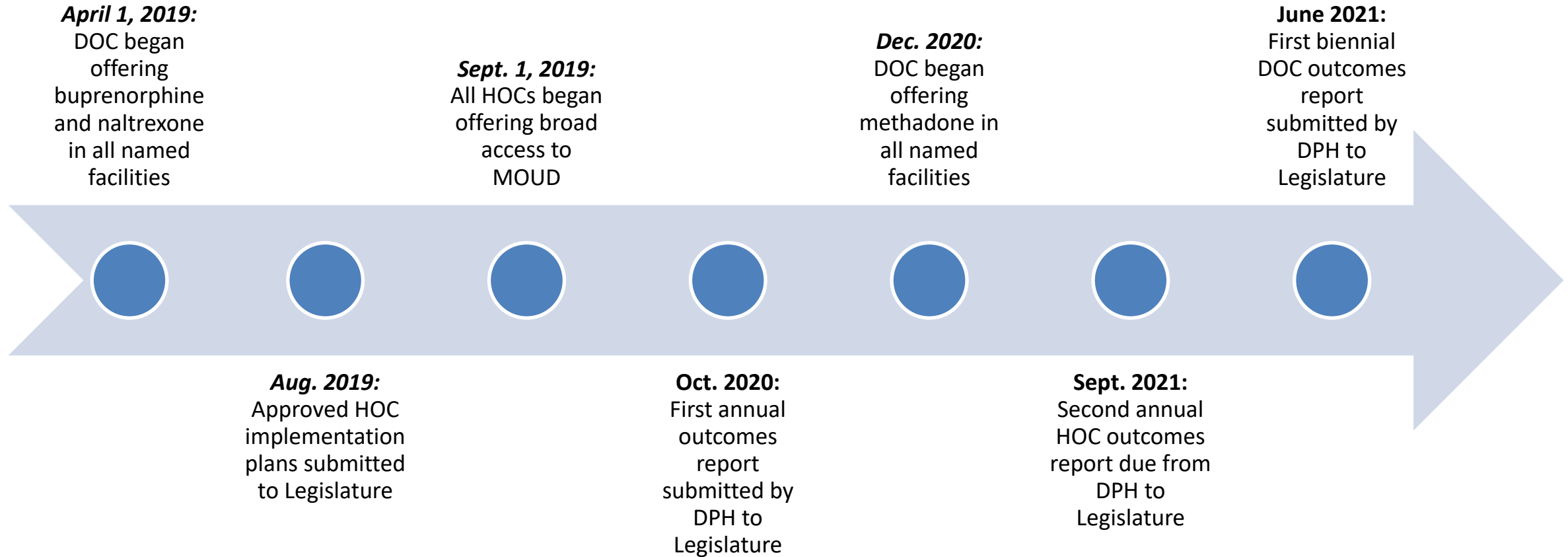
Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of Internal Medicine*. 2018 2018 Aug 7;169(3):137-145.

Piloting MOUD in Correctional Settings

- On August 9, 2018, Governor Baker signed into law Chapter 208 of the Acts of 2018, *An Act for Prevention and Access to Appropriate Care and Treatment of Addiction* (often referred to as the CARE Act).
- The legislation named five county houses of correction (HOC) and four department of corrections (DOC) facilities to participate in a pilot to offer broad access to all three forms of FDA-approved MOUD to individuals housed in these institutions regardless of release date and/or adjudication status.
- Two additional Sheriffs Departments were later named in the supplemental budget.

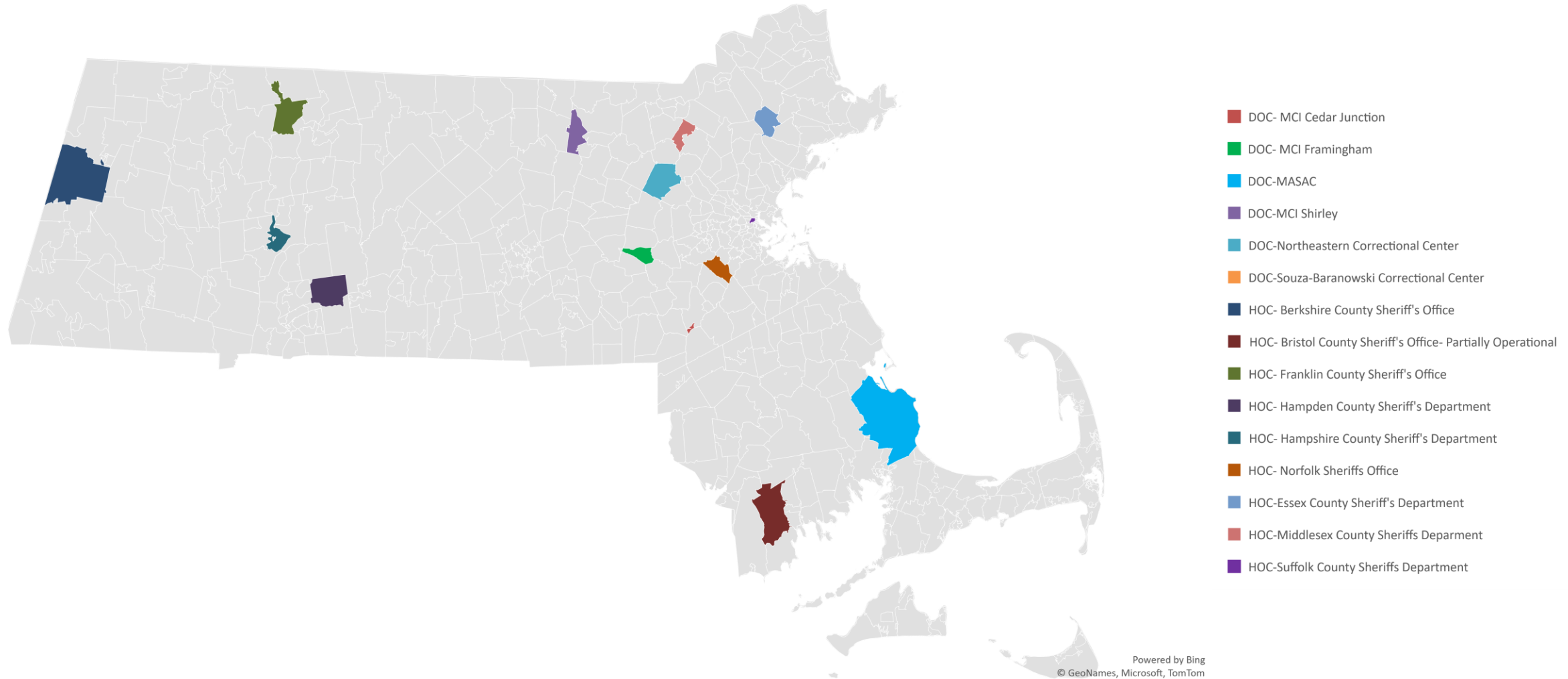


Piloting MOUD in Correctional Settings



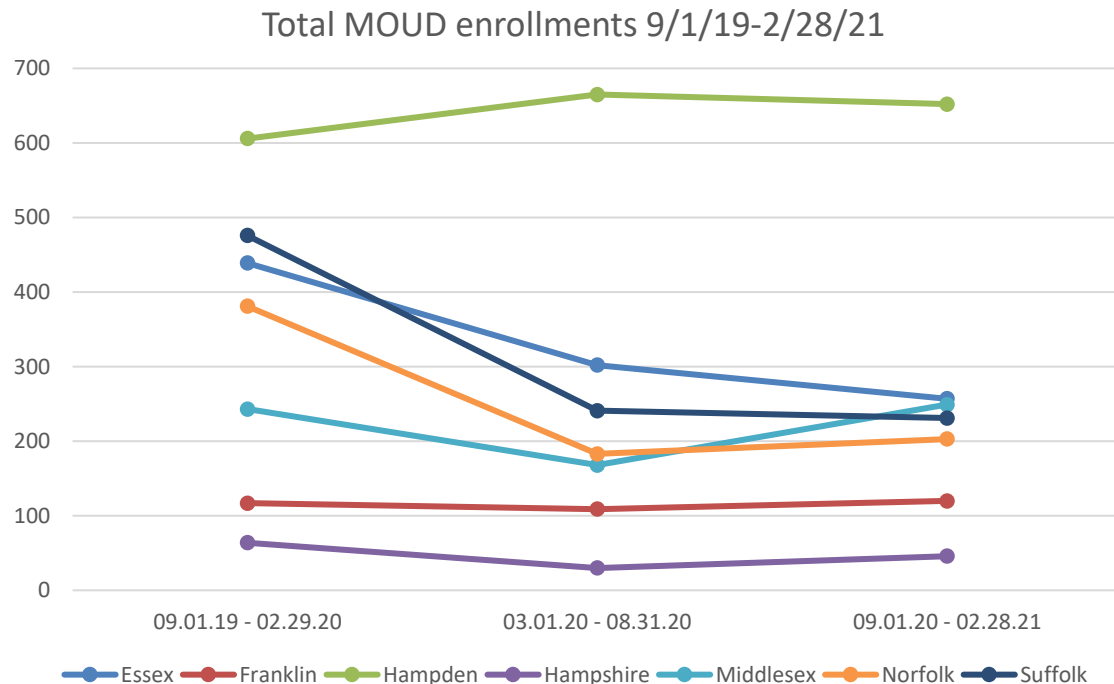
Piloting MOUD in Correctional Settings – Map of Participating Facilities

Correctional Facilities currently offering MOUD

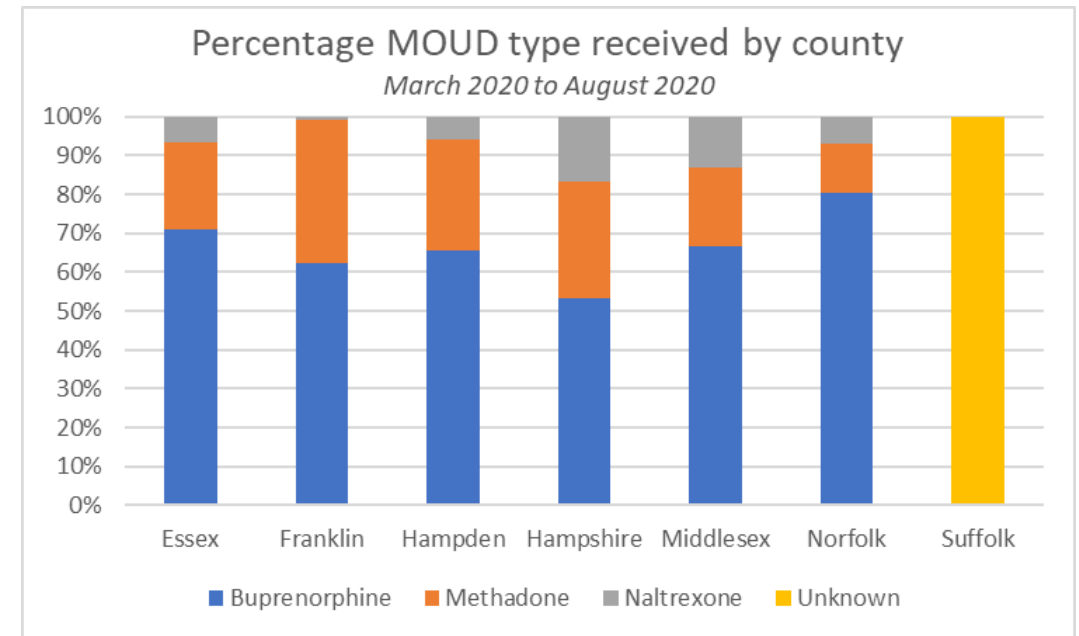


Total HOC Enrollments and Breakdown by Medication Type

The total number of HOC enrollments from September 1, 2019 to February 29, 2021 was 2,325



The most administered MOUD type administered in HOCs was buprenorphine followed by methadone



*Suffolk did not provide complete data on medication type for this time period due to limitations of their electronic medical record.

Source: Preliminary Data from HOC

Total DOC Enrollments and Breakdown by Medication Type

As of 4/15/21, 2,849 individuals have received access to medications for opioid use disorder across DOC facilities.

Of these 2,849 individuals who received MOUD:

- Majority (82%) had been released from incarceration as of 4/15/21
- Average age = 37.1 years
- Majority (68.4%) identified as male
- Buprenorphine was the mostly commonly administered medication type (~77%) followed by methadone (13%) and then Naltrexone (~10%)

Other State Efforts to Address SUD in Correctional Settings

- Additionally, DPH funds all 13 HOCs to offer non-MOUD specific SUD programming and re-entry services within their SUD treatment units.
- Program length and specific services offered vary by HOC, but may include psychoeducational counseling, etc.
- Total annual funding = \$819K with various amounts awarded per HOC based on the size/census of each.

HOC	Total FY22 ISA
Barnstable	\$ 47,677
Berkshire	\$ 50,912
Bristol	\$ 115,600
Dukes	\$ 4,600
Essex	\$ 70,200
Franklin	\$ 18,773
Hampden	\$ 108,500
Hampshire	\$ 52,500
Middlesex	\$ 77,200
Norfolk	\$ 56,100
Plymouth	\$ 56,200
Suffolk	\$ 80,867
Worcester	\$ 79,883
TOTAL	\$ 819,012

Black and Latino Men's Re-Entry Program

- On 12/22/2020, DPH released an RFR on seeking applicants to develop and implement culturally-responsive, wrap-around, re-entry services pre-and-post release in response to increasing overdoses deaths among Black and Latino men.
- On 5/22/21, DPH announced that the following five agencies had been selected for awards:
 - **Casa Esperanza, Inc.** in Suffolk County
 - **Fathers' Uplift** in Suffolk County
 - **Greater Lawrence Family Health Center** in Essex County (in collaboration with the Lynn Community Health Center)
 - **Legendary Legacies** in Worcester County
 - **New North Citizens' Council** in Hampden County
- DPH is working closely with these vendors to further develop their program models and offer services such as assessment, individual services planning, linkages and ongoing care coordination within dedicated community spaces.
- Total annual funding = \$4.7m

Looking Forward/Future Opportunities

- Invest in diversion/alternatives to incarceration
- Improve access to health services behind the wall
- Other opportunities to support individuals who are incarcerated?

Behavioral Health Supports for Justice Involved Individuals (BH-JI)

BH-JI Goals and Process

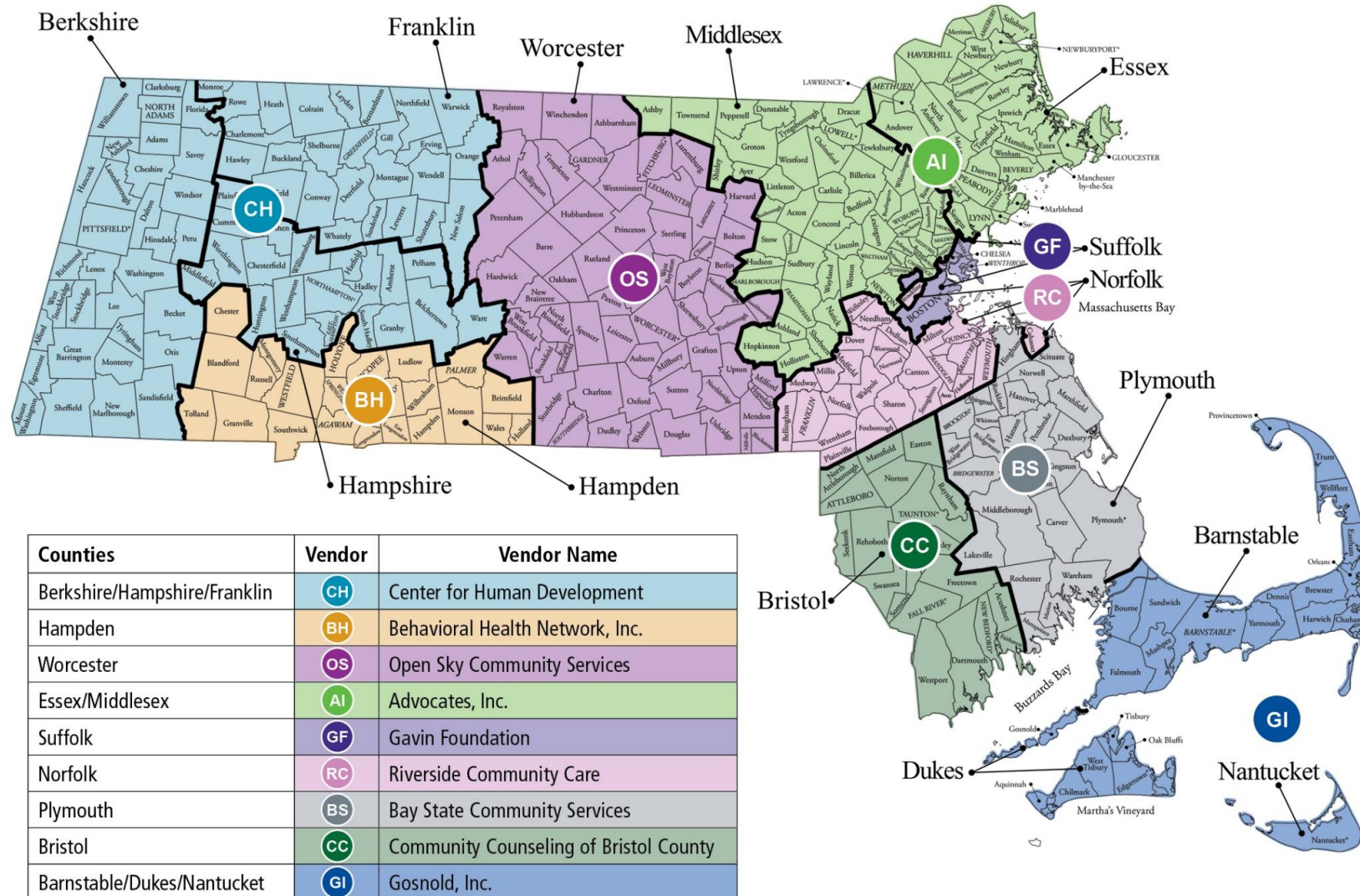
Goals:

- ✓ Develop a reach-in, re-entry model for engaging Justice Involved Individuals with mental health and addiction needs
- ✓ Demonstrate improved health outcomes, decreased fatal overdoses, and effective, efficient healthcare utilization for Justice Involved Individuals enrolled in the BH-JI program
- ✓ Connect and transition eligible Enrolled Individuals to appropriate health care services and Community Services, using Navigator model
- ✓ Expand BH-JI program statewide

Process:

- Began in 2017, with guidance from Council on State Governments at request of Governor and MA leadership
- Developed in partnership with Probation, Parole, state & county correction agencies, DPH and DMH in alignment with MassHealth larger health reform strategy, and informed by best practices & stakeholder interviews
- BH-JI Statewide based on success of the BH-JI Demonstration that began in 2019 with Advocates and Open Sky
- Goal to obtain federal match for community supports by January 2022
- BH-JI Statewide Vendors contracted and will launch BH-JI Supports in **February 2022**

BH-JI Statewide Vendors and Support Areas (beginning Feb. 2022)



BH-JI Supports

Identification, Enrollment and In-Reach Supports within Correctional Facilities	Supports While In the Community
<ul style="list-style-type: none">• Identify justice involved individuals with substance use and/or mental health conditions with high risk of recidivism<ul style="list-style-type: none">○ Includes individuals releasing from jail/prison or recently released, and/or on Probation or Parole• Provide education to inmates on accessing BH-JI supports, invite individuals to enroll• In-Reach Supports (as applicable)<ul style="list-style-type: none">○ Group and individual In-Reach sessions○ Conduct Bio-Psycho-Social assessment, including criminogenic needs○ Develop support plan & safety plan○ Make appointments with providers○ Assist with obtaining housing, other services• Coordinate releases with providers, other supports	<ul style="list-style-type: none">• Trained paraprofessional staff provide intensive supports:<ul style="list-style-type: none">○ Up to daily contact for up to 1st month, then as needed○ Plan to meet on day of release○ Coordinate with health care providers, other supports○ 24-7 on-call crisis support○ Supports while in 24-7 Facility○ Navigators receive Clinical Supervision• Implement support plan• Assist with making and keeping appointments• Assist with obtaining and maintaining housing• Assist with accessing social services, benefits• Warm hand-off to post-BH-JI supports

Appendix on BH-JI

BH-JI (CSP-JI) Eligibility

1. Administrative criteria

- a. MassHealth eligible (In statewide: FFS to be served through Vendor contracts)

2. Programmatic criteria – must meet *all* of the following:

- a. **Clinical diagnosis** of mental illness, addiction treatment needs or co-occurring mental illness and addiction treatment needs
- b. **At risk for admission to a 24-hour facility** (inpatient hospital, crisis stabilization, detoxification, residential treatment, or to a Correctional Institution)
- c. **Criminogenic risk profile** constitutes a barrier to accessing or consistently utilizing essential medical or behavioral health services

3. Geographic Criteria

- a. Statewide: Need to be a resident of MA to have MassHealth

BH-JI Findings: Enrollees' Behavioral Health Needs

Mental Health Diagnosis	Diagnosis	Percent (N=441)
	Schizophrenia	8.6%
	Bipolar	31.3%
	PTSD	35.4%
	Major Depression	47.6%
	Anxiety Disorder	57.1%
	Any Mental Health Diagnosis	81.2%

Substance Use Diagnosis	Diagnosis (Abuse, Dependence, or Use)	Percent (N=441)
	Cannabis	29.9%
	Cocaine	32.4%
	Opioid	48.3%
	Alcohol	48.5%
	Nicotine Dependence	66.4%

Source: UMMS analysis of MassHealth claims for the time period 7/1/2018 to 8/31/2020

BH-JI Preliminary Data Trends from Evaluation and MassHealth Claims Analysis

- BH-JI enrollees were **more likely to use fewer behavioral health inpatient hospital, emergency transportation, and emergency department services than before BH-JI.**
- Enrollees used **more behavioral health outpatient services and medication assisted treatment.**
- **Pre- and post- costs** for MassHealth services were **comparable.**
- After six months, individuals who have stable housing **increased by 20%** and individuals who were employed **increased from 27% to 38%.**

Source: UMMS analysis of MassHealth claims for the time period 7/1/2018 to 8/31/2020

Response from Participants

“My navigator really was that lifeline – that connection to that new life that I encountered.” – *JS*

“Without her help and the resources, like, I probably would have already violated parole, would have been back in prison.
When you come home, the most important thing, I would say, is getting all your mental health stuff correct. You know, talking to somebody, getting the treatment you need, if you need it.” – *JP*

“I have been in the system over 30 years, and **this experience I am having with this program is one of the best things in my life.** The advocate that I have treats me like my present, my past don’t play a part in what it is that’s going on today.
She looks at me as a person, she looks at me as someone that’s trying to better themselves, and she doesn’t bring up my past.”
– *CB*