CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Medication Assisted Treatment for Substance Use Disorders
2nd Report to the Legislature

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California Department of Corrections and Rehabilitation

Statewide Mental Health Program

Introduction

On June 27, 2016, Governor Brown approved Senate Bill 843, which required that the California Department of Corrections and Rehabilitation (CDCR), under the direction of the Undersecretary of Health Care Services, create, develop and implement a three year Medication Assisted Treatment (MAT) program at one or more institutions. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders (NIDA, 2018). Research shows that a combination of medication and psychosocial treatment improves outcomes over psychosocial treatment alone (O'Malley, 1992 and Krupitsky, 2011).

The University of California Berkley Goldman School of Public Policy reported on illicit drug use in California prisons in a report entitled, "The Effects of California's Enhanced Drug and Contraband Interdiction Program on Drug Abuse and Inmate Misconduct in California's Prisons" (2017). The report states that 4.2 percent of toxicology screens are positive for opiates in CDCR, which accounted for 54 percent of the positive tests during the second half of 2014. Despite being the most common substance detected in CDCR inmate toxicology screens and the potential lethal nature of opioids, it is known that the incidence of alcohol use disorders greatly exceeds that of opioids use disorders (Peters, 1998). Because opioid use can be detected via testing and because alcohol use disorders are more common in incarcerated populations, CDCR's MAT program targets treatment of opioid and alcohol use disorders.

Development and Implementation

With multidisciplinary input from the California Correctional Healthcare Services (CCHCS) and CDCR's Division of Adult Institutions (DAI), Division of Adult Parole Operations (DAPO) and Division of Rehabilitative Programs (DRP), a MAT program was developed and implemented on January 1, 2017 at the California Institution for Men (CIM) and on September 5, 2017 at the California Institution for Women (CIW). Both institutions have large Substance Use Disorder (SUDT) programs, supportive administrations, well-staffed medical/mental health programs, and offer physical space for the program to utilize. In addition, these locations are close to the counties where the majority of CDCR inmates are released (Los Angles, San Bernardino, Orange, San Diego and Riverside).

The program utilizes FDA-approved treatments for alcohol and opioid use disorder: oral naltrexone, long acting injectable naltrexone, and acamprosate. CDCR chose these particular medications for a variety of reasons. First, these medications require no special training, license, or registration in order to prescribe; therefore, it is relatively straightforward to link patients leaving CDCR prisons to outpatient providers in the community. Moreover, many communities do not have access to substance abuse treatment providers who utilize other opiate agonist/partial agonist therapies (like methadone or buprenorphine), and without these linkages discharging patients on buprenorphine and methadone is challenging. Although several studies demonstrate benefits to the individual from buprenorphine and methadone treatment, there have been no well-controlled studies in American prison settings comparing these known benefits to the costs from medication diversion. Furthermore, Drug Enforcement Administration (DEA) requires an eight hour training course and a special license to administer buprenorphine, and administering methadone requires the registration of the facility and compliance with federal regulations that dictate patient care. For these reasons, CDCR/CCHCS chose not to use opiate agonists or partial agonists like buprenorphine or methadone.

Program Expansion in 2017

CDCR has expanded its MAT program since the filing of its First Annual Report MAT in 2017. At that time, the program had only been implemented on one yard at CIM. However, as DRP's SUDT Program expanded to other yards at CIM, MAT also expanded. Originally the MAT program accepted referrals from SUDT staff, but in in 2017 CDCR expanded the referral pool. Today, referrals from all CDCR/CCHCS staff are accepted. While SUDT focuses on those leaving CDCR within 5 years, expanding the source of referrals beyond SUDT staff helps target inmates at high risk of overdose while incarcerated, including those who may still have significant time to serve. Often these inmates are more likely to be identified by medical staff. The expansion of the referral base also allows the MAT program to also accept referrals from Custody staff, who interact with the inmate population on a daily basis. The MAT program now accepts referrals without concern for the duration of the inmate's sentence.

In addition to these expansion efforts, in 2017 the MAT program focused on development and approval of local operating procedures at each institution, community outreach, development of a MAT registry, identification of self-help options available, training of CDCR staff and the community, and training of MAT staff to effectively utilize psychosocial interventions.

In 2017, the MAT team approached all 58 counties and has received communication in return from 57 of 58 counties. The MAT team also reached out to medical, mental health, and addiction programs for post release care, as MAT is considered part of the standard of care within these milieus. With the influx of federal funds to target the opioid epidemic, California has gone from having 12 of 58 counties (21 percent) with MAT programs in 2017, to having 42 of 58 of counties (72 percent) able to provide post-release care for CDCR inmates. In conjunction with the individual outreach to each county, presentations were given to Statewide Probation Chiefs, County Behavioral Health Directors Association (Addiction Directors and Mental Health Directors), and California Association of Alcohol and Drug Program Executives (CAADPE). CDCR/CCHCS also developed discharge procedures and discharge instructions for MAT that are given to inmates and to any providers in the communities who receive the inmate for post release care. The MAT program has provided all 13 inmates released on MAT with connections to a community MAT provider.

Data collection began in earnest with CDCR's first inmate referral. The MAT team created a database to track patient progress through the MAT program. This database is used to generate a detailed monthly patient summaries for patients at both CIM and CIW. See attached patient summary from February 1, 2018. This data is reported quarterly at both CIM and CIW's Mental Health Subcommittee meetings, Quality Management Committee meetings, MAT Headquarters Advisory Group meetings and on an as needed basis to CDCR headquarters. The summary includes patient information from the referral process through release from CDCR, including analysis of Rules Violation Reports (RVRs), toxicology screens, adverse events, and the relationship of these events to MAT.

The MAT program worked with CCHCS Quality Management Section to create a registry to automatically extract some of the data needed to effectively track individual patients participating in MAT. Phase 1 of the registry was completed and implemented on December 1, 2017. The MAT registry is discussed at weekly population management meetings, as are other patient registries (all of which are accessed by CDCR through internal Quality Management Reports). , MAT incorporates well into the Complete Care Model, which is a collaborative, integrative, and comprehensive medical care model implemented by CDCR and CCHCS. In January 2018, CDCR began work to improve its reporting capability for the MAT program by further automating its reporting. Improvements will decrease the need for manual data

entry, which will improve patient care and improve the ability to evaluate the effectiveness of the program.

The MAT staff worked with the Community Resource Managers at CIM, CIW, and headquarters to identify self-help recovery groups within CDCR, and to identify which yards at which institutions contain these programs. A mechanism was identified for entry into self-help recovery groups, and for entry into SUDT. This information will be shared with medical and mental health staff during future MAT presentations to assist with building stronger connections between DAI, DRP and Divisions within CCHCS. Given the significant expansion in the number of SUDT programs in CDCR (from 13 to 35) as well as long term offenders now also having access to SUDT, many more inmates are now getting treatment for their substance use problems.

Participation in some form of psychosocial treatment is required to participate in MAT, as medication alone is not sufficient to address chronic, relapsing, and remitting diseases like substance use disorders. In 2017, members of the MAT team were trained in 12 Step Facilitation and became certified as facilitators in Self-Management and Recovery Training (SMART Recovery). On February 2, 2018, the MAT program started a SMART group at CIM and CIW: this allows psychosocial interventions to be provided to groups of inmates rather than only on an individual basis, effectively expanding the capacity of MAT. This expanded the capacity of the MAT program and facilitated psychosocial interventions prior to and after SUDT.

During 2017, the MAT program administration provided presentations to institutional Chiefs of Mental Health and Chief Medical Executives, the Council on Criminal Justice and Behavioral Health (formerly the Council on Mentally Ill Offenders), DAPO clinical staff, DRP headquarters staff, the Directors Stakeholder Advisory Group, and the Pharmacy and Therapeutics Committee.

The MAT program administration provided education to the administration, all physicians, mental health providers, dentists, and nurses at CIM, CIW, Central California Women's Facility (CCWF) and Folsom Women's Prison (FWP). Additionally, the MAT team provided education to roughly 550 inmates. Of those, 189 were formally referred to the MAT program. Many of these inmates acknowledge alcohol and opioid use while incarcerated prior to participation in the MAT program, and are not reporting use post medication. The MAT program has received no reports of positive toxicology screens for alcohol or opioids for inmates who have started medication. The MAT team has measured a decrease in the rate of RVRs given to MAT participants after receiving medication (.08) compared to before receiving medication (.19), as well as a decrease in the need for inmates to receive a higher level of medical and mental health care in MAT participants after receiving medication (.29) compared to before receiving medication (.44). See Attachment 1, "Medication Assisted Treatment for Substance Abuse Disorder Program Information" for more details regarding the rate of RVRs and changes in level of care since program inception.

Next Steps

In 2018, the MAT program will review the inmate screening process that occurs in reception centers, to improve identification of inmates who may benefit from detoxification services or referral to MAT, and include inmates who previously may not have been referred for treatment. Other priorities for 2018 include creating a MAT intranet resource for all CDCR employees, creating a Care Guide for MAT, delivering statewide continuing education on MAT and other addiction related topics, developing training materials for custody staff, developing family education materials, ongoing outreach to

community partners, and exploring models for expanding MAT services beyond the original 2 pilot institutions.

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ATTACHMENT 1:
Medication Assisted Treatment for Substance Abuse Disorder
Program Information as of 02/01/18

- Total Number Referred: **189**

- Total Referrals Seen by Licensed Clinical Social Worker (LCSW) /Psychologist thus far: **164 / 7 pending**

    - **18** have not been seen due to the following reasons
        - **8** in Security Housing Unit (SHU)/not enrolled in SUDT
        - **3** on the yard not in SUDT
        - **1** paroled shortly after being referred to Medication Assisted Treatment (MAT) program
        - **6** transferred before seeing LCSW

- Total Referrals Seen by Psychiatrist thus far: **105/ 4 pending**

- Total Referrals Seen by Primary Care thus far: **83 / 8 pending**

- A total of **68** patients have tried medications
    - Total Number of those who remained in treatment: **60**

- Level of Care for MAT patients
    - **79%** Correctional Clinical Case Management System (CCCMS)
    - **3%** Enhanced Outpatient Program (EOP)
    - **18%** General Population

- Total Number of patients whose medications were discontinued: **8**
    - Patients had issues with side effects
        - Stiffness (acamprosate)
        - paranoid and "weird" (naltrexone)
        - anxiety and headache (naltrexone)
        - Required opioid pain management for kidney stones
    - Non-Compliant ("I just need a fresh start, I'll be ready in 30 days to restart")
    - Male Community Release Program (MCRP)/Medical hold procedure not enacted yet
    - Orthopedic surgery scheduled and opioid pain management required post-op
    - Did not believe the benefits outweighed "the hassle of taking another pill each day"

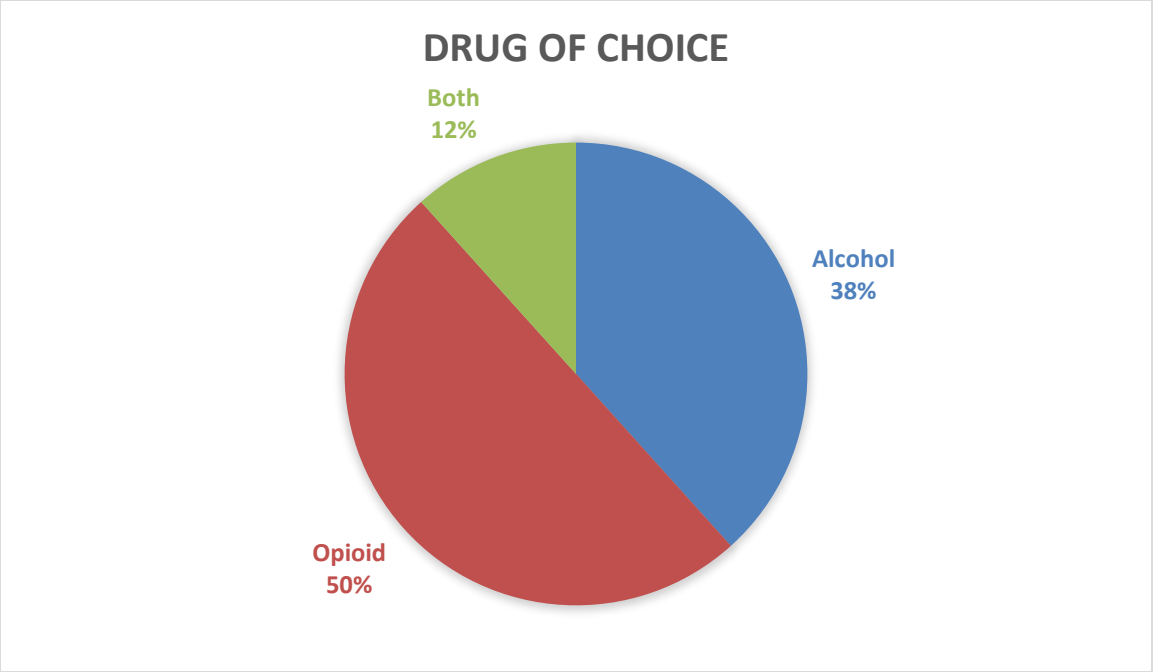
- Total Number Declined: **56**

    - Reasons given:
        - Negative Interaction with Custody (x1)
        - Concerns with Side Effects (x1)
        - **Does Not Want Treatment (x24)**
        - Does Not Have alcohol or Opioid Dependence (x9)

- Medical Reason (x1)
- Transferred to another prison post-consent, but before evaluations completed (x1)
- Does not want to participate in MH component of MAT evaluation (x2)
- Other (x17):
  - Hand Surgery; would like to follow up after this resolves (x1)
  - Fear of not being able to use opioids for pain management (x1)
  - Concerned about pain management options if pain were to occur(x1)
  - Would like to follow up 6 months prior to parole (x1)
  - Negative interaction with Primary Care Provider (PCP) (x1)
  - Health Issues (x1)
  - Patient reported; "Counselor told me it would affect my ability for early release – 'house arrest'"; however, counselor denied saying this (x1)
  - Does not want to do SUDT (x1)
  - Would lose job if participant in SUDT (x1)
  - Patient wants to continue Prison Industries Authority (PIA) job and wait for MAT until she is ready (x1)
  - Requested additional time to read Medication Guide & discuss w/family (x1)
  - Not Program Eligible (x6)
    - Did not have enough time before release to participate in SUDT (x2)
    - Not in SUDT, was encouraged to enroll in SUDT & utilize 12 step meetings on the yard (x1)
    - In SUDT but referred less than one month before release and not enough time to be enrolled in MAT (x2)
    - Assigned to fire camp, thus does not qualify for MAT because there is no RN available to give meds or evaluate for side effects (x1)

- **47** actively on meds
  11 released from CDCR custody on meds
  2 released to MCRP on meds
  56 have declined meds
  8 had meds discontinued
  7 pending LCSW appointment
  4 pending psychiatry appointment
  8 pending PCP appointment
  1 pending start of meds
  7 transferred to CCWF (throughout different parts of MAT evaluation process)
  2 transferred before seeing LCSW
  36 not enrolled in SUDT
  Total: 188 referred

- **21** patients are currently on injectable naltrexone
- **24** patients are currently on oral naltrexone
- **2** patients are currently on acamprosate
- **9** patients released from CDCR custody on injectable naltrexone
- **1** patient released from CDCR custody on acamprosate
- **1** patient released from CDCR custody on oral naltrexone
- **1** patient released to MCRP/ Custody to Community Transitional Reentry Program (CCTRP) on oral naltrexone
- **1** patient released to MCRP/CCTRP on injectable naltrexone



- Serious adverse events: **0**
- There have been **5** positive CCHCS toxicology screens since enrollment in MAT
  - **3** Amphetamines
  - **2** Methamphetamine
- Pre Treatment Rate = # of events/(avg # of months of data x # of patients who stayed on med)
- Post Treatment Rate = # of events/(avg # of months on med x # of patients who stayed on med)
- Rate of RVRs 6 months pre-treatment: **.19**
- Rate of RVRs post treatment: **.08**
- RVRs for inmates 6 months prior to starting MAT meds: **67**
  - **22** positive custody toxicology screens *(15 of 22 from 1 patient)*
  - **6** Possession of a cellular telephone
  - **1** Failure to notice
  - **1** Absent from work
  - **1** Being on drugs in access community

    - **1** Behavior which could lead to violence
    - **1** Battery causing serious injury
    - **4** Fighting
    - **1** Willfully obstructing a peace officer in the performance
    - **6** Use of a controlled substance based solely on a positive test
    - **1** Possession of Alcohol
    - **6** Refusing to provide urine sample for testing of controlled substance
    - **4** Possession of a controlled substance in an institution
    - **1** Disobeying an order
    - **2** Conspire- Battery with a deadly weapon
    - **1** Delaying a peace officer in the performance of duties
    - **1** Conspire – introduction of a controlled substance
    - **1** Tattoo paraphernalia
    - **1** Participation in an unlawful assembly
    - **2** Conspire – distribution of a controlled substance
    - **1** Constructive possession of a cellular telephone
    - **1** Damage of state property valued less than $400
    - **1** Possession of contraband

- RVRs for inmates on MAT meds: **12**
    - **8** Positive custody toxicology screens *(6 of 8 from 1 patient)*, methamphetamine (6), amphetamines (1), cannabinoids (1)
    - **1** Absent for work
    - **1** Possession of a cell phone
    - **1** Out of bounds
    - **1** Disrespect with potential for violence/disruption
- Rate of Treatment and Triage Area (TTA) visits 6 months pretreatment: **.39**
- Rate of TTA visits post treatment: **.22**
- Rate of Outpatient Housing Unit (OHU)/Mental Health Crisis Bed (MHCB) 6 months pretreatment: **.03**
- Rate of OHU/MHCB post treatment: **.05**
- Rate of Outside Emergency Care pretreatment: **.02**
- Rate of Outside Emergency Care post treatment: **.02**
- Rate of referral to Higher Level of Care (HLOC) (TTA + OHU/MHCB + Outside Emergency Care) 6 months pretreatment: **.44**
- Rate HLOC (TTA + OHU/MHCB + Outside Emergency Care) post treatment: **.29**
- Deaths after being referred to MAT : **0**
- Left treatment against medical advice: **6**
- Left treatment prior to reaching treatment goal: **3**
- **13 of 13** patients released and have been successfully linked to post release care
- **9 of 13** patients released have successfully attended their first post release appointment
- **2 of 13** did not attend their first post release appointment
    - **1 of 13** attempt gather information made; county has not responded
    - **1 of 13** LCSW spoke with Fresno county, Fresno county unable to provide update