

The Changing Face of Corrections Based Substance Use Services

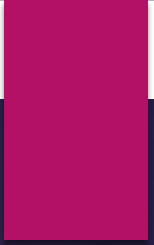
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BEHAVIORAL HEALTH SERVICES

IN MISSOURI DEPARTMENT OF CORRECTIONS

THE NEW ASYLUMS

MISSOURI DEPARTMENT OF CORRECTIONS IS THE STATE'S LARGEST MENTAL HEALTH SYSTEM:

MISSOURI HAS 2,066 LICENSED PSYCHIATRIC HOSPITAL BEDS

DMH HAS 1,068 FORENSIC PSYCHIATRIC BEDS

DOC HAS 5,824 MENTALLY ILL (MH-3, MH-4, MH-5) RESIDENTS

- 25% OF TOTAL INCARCERATED POPULATION—WAS 17% FIVE YEARS AGO**

MOST COME HOME

98% OF ALL RESIDENTS WILL RETURN TO THEIR COMMUNITIES

~11,000 RESIDENTS RELEASE EACH YEAR

AT CURRENT RATE, ~2,750 MENTALLY ILL RESIDENTS RELEASE EACH YEAR.

The Changing Face of Corrections Based Substance Use Services

Expanding the opportunities for services

- Residential Services
- Institutional Services- ITP
- RR-MAT Services

History of Residential Treatment Services in Missouri Corrections

- 12 Step Model
- Boot Camp Model
- Therapeutic Community Model
- Modified Therapeutic Community Model
- More Modification
- Evaluate
- More Modification
- Evaluate

You may want to call a bicycle a modified car...but it's not

A View for the Future

Meaningful Treatment Intervention
for a
Purpose Driven Recovery
in an
Environment of Care

Attributes of Meaningful Intervention

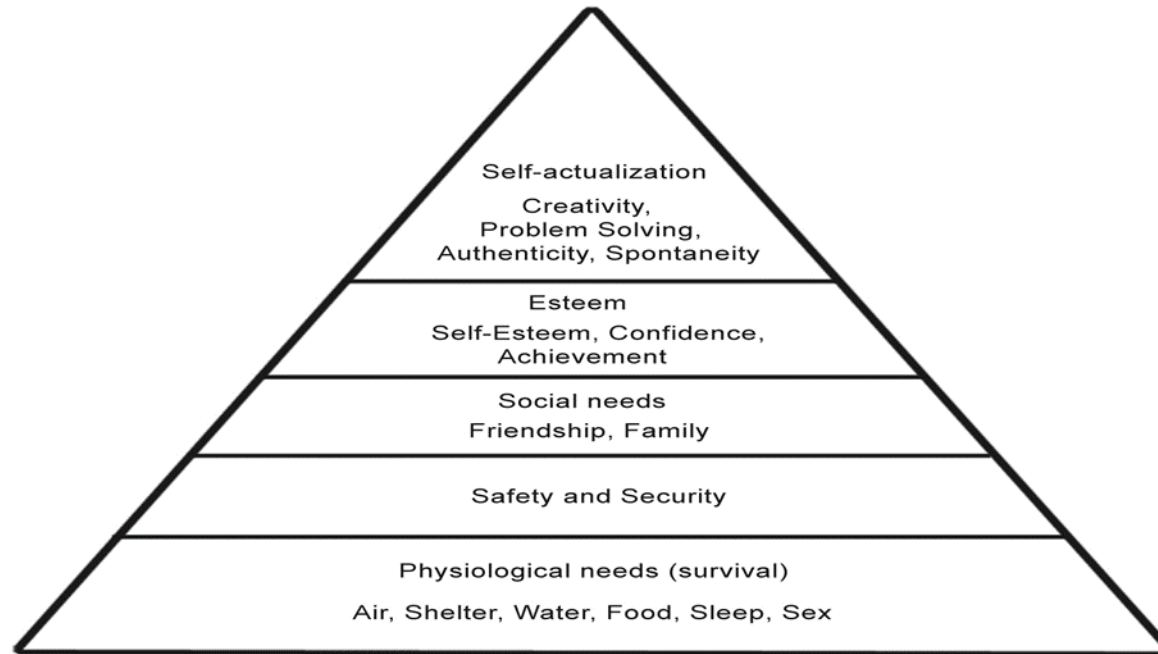
- Clients are engaged
- Clients are receptive
- Progressive and increasing harm reduction over time
- Respect of the person (Castle Model)
- Effective groups (GOGI Model)
- Effective assignments
- Overt and covert learning opportunities (Collegiate Model)
- Individualization of treatment plans with clear and client specific objectives
- Individualized and measurable review of progress or the lack thereof (TCU Survey's)
- Intelligible and targeted interventions

Attributes of Meaningful Intervention

- Meeting the client where they are, and proceeding from there.
- Recognizing clients stage of change and utilizing appropriate intervention
- Linking recovery and change concepts to clients values and priorities
- Accepting the client may not be ready to say what we want to hear
- Hearing what the client is saying
- Preparing client for the real world (Parallel Universe)- Maslow lens
- Recognizing locus of control

Attributes of Environment of Care

- Starting with the Basics



Low hanging fruit...

- Respect
- Clean environment
- Understanding concerns
- Positive marketing
- Positive reinforcements
- Positive attitudes among staff
- Empathy
- Realistic perspectives on what is change

3 Important Paradigms:

- Treatment is not a privilege – it is a need
- Breaking with the “Morality Model”
- Re-entry preparation begins from Day 1

Institutional Treatment Professionals

- History – In 2021 The contract Gateway has had with DOC to provide substance use disorder treatment programs in 5 comprehensive substance use disorder institutional treatment programs and expand the availability of SUD treatment to each of Missouri's 19 prisons, with a SUD Counselor at the 11 prisons that don't currently have a comprehensive institutional SUD treatment program. This allows the coordination of assessment and referrals to more intensive treatment, as well as coordination of MAT services with the contracted medical provider, while offering SUD treatment to high-custody offenders who may not get ANY SUD treatment otherwise.
- The mission – To provide individualized assessment and treatment to those who have a need for SUD treatment, regardless of the prison of their residence.

Institutional Treatment Professionals

- Services offered – Assessment, care coordination with site level medical/mental health treatment providers, and on-site individualized SUD treatment to those in need.
- The inclusion of the Institutional SUD Treatment Providers at these 11 institutions will at a minimum prepare those who are in need of SUD treatment with an introduction to treatment and their needs prior to their release and this should be included in the release plan (whatever DOC calls this, used to be a TAP), that should be shared with community treatment providers upon referral.

- Disclaimer:

- *This information is for informational and educational purposes only, and does not substitute for medical advice, diagnosis, treatment, or consultations with healthcare professionals.*
- *Medication Assisted Treatment Products mentioned by name are not property of the presenting agency, and are used for clarity and educational purposes only. No preference or recommendation for one medication over another should be interpreted through this presentation.*
- *Gateway Foundation promotes evidence-based practices for substance use recovery.*

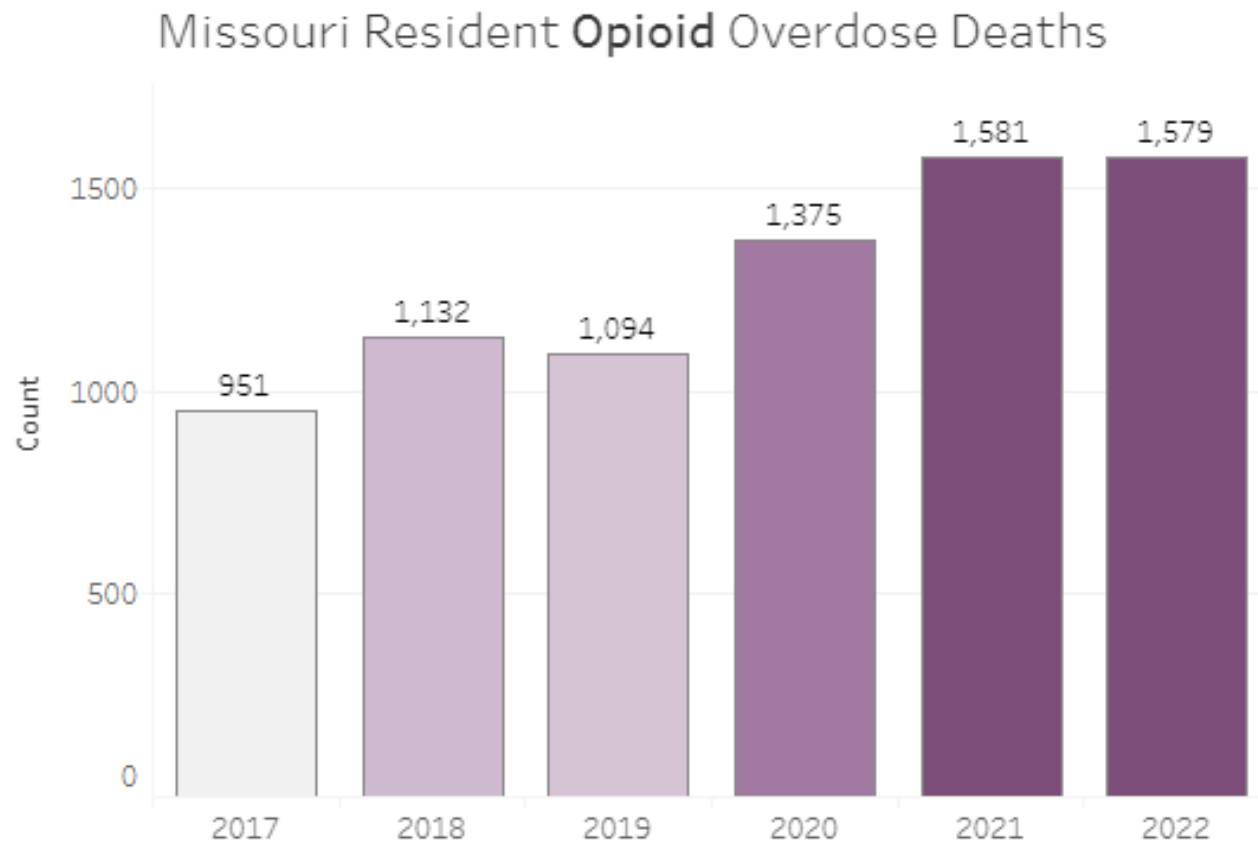
Medication Assisted Treatment in Missouri Department of Corrections

- **What is Medication Assisted Treatment (MAT)?**

- The use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.
 - Treatment Works
 - MAT Works
 - They work best together.
- MAT is not magic cure
- MAT is one of many tools in recovery toolbox
 - Basic Needs – Safety, Food, Shelter
 - Supportive relationships
 - 12-Step Meetings
 - Counseling
 - Mental Health Care

Medication Assisted Treatment in Missouri Department of Corrections

- **What Does the Data Say about MAT?**



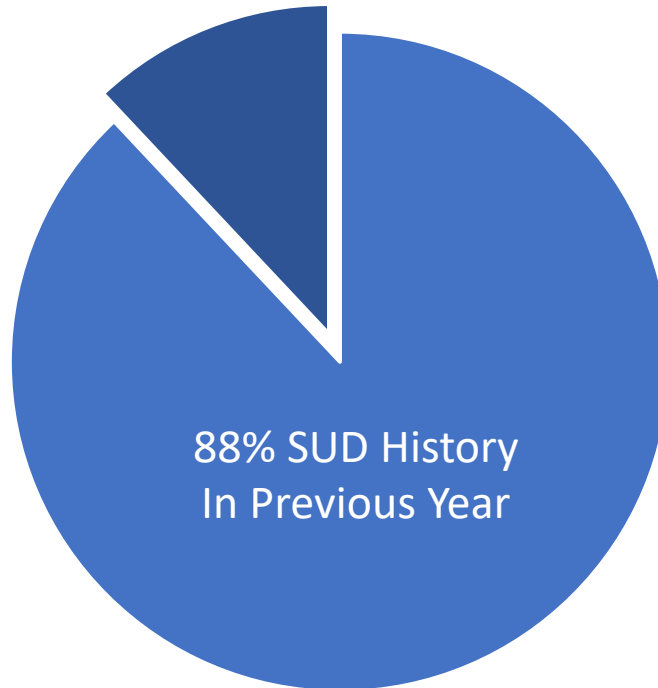
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- Overdose deaths continue to climb in Missouri
- 31% increase in opiate related deaths from 2019 to 2022

[Health.mo.gov/data/opioids/index](https://health.mo.gov/data/opioids/index)

- **What Does the Data Say about MAT?**

- “Approximately 88% of people in Missouri Prisons report having engaged in substance misuse during the year prior to incarceration.”
(*doc.mo.gov*)



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- **What Does the Data Say about MAT?**

- A pivotal study in Washington State found that, in the two weeks following their release, people who had been incarcerated in state prisons were 129 times more likely to die from an overdose compared to the general public.
(New England Journal of Medicine 356, no. 2 (2007))

129x

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- **What Does the Data Say about MAT?**

- Using FDA-approved Medications for Opioid Use Disorder (OUD) reduced the death rate among those living with addiction by 50% or more (*dss.sd.gov*)

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50% lower death risk

- **What Does the Data Say about MAT?**

- MAT reduces risks of:
 - Relapse
 - Overdose deaths
 - Criminal Activity
 - Recidivism
 - Infectious diseases
 - Maternal and Fetal Complications

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- **How We Got Here**

- 2008 Missouri Department of Mental Health introduces MAT to publicly funded community-based SUD Treatment programs
- 2012 Alkermes funds a pilot project with 50 doses of Vivitrol donated for Re-Entry
- 2014 Gateway Foundation awarded contract to provide RR-MAT project at 3 Mo men's institutions

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- **How We Got Here**

- 2018 RRMAT High Risk Expansion to provide pre-release Vivitrol in all Institutional Treatment Centers in Missouri DOC.
- 2022 Gateway Foundation added Institutional Treatment Professionals to remaining Missouri DOC institutions without full ITCs.

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- **How We Got Here**

- Spring 2023 Missouri DOC rolled out MAT Expansion into all DOC Facilities
 - Expanded access of types of medications offered
 - Expanded access to MAT to all DOC clients going home
 - Partnership with:



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• How We Got Here

- RRMAT Data from FY20-21:
 - 915 participants
 - 80% received pre-release Vivitrol
 - 23% continued to receive post-release Vivitrol
 - 2 years post-release, 37% had completed aftercare successfully
 - On average, in 2 years since release only **12%** of RRMAT participants had recidivated
 - In 2016, Mo Governor's report stated 43.9% Recidivism

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- **Who Qualifies?**

- **Phase I: Re-Entry**

- Voluntary option for any client in Missouri Department of Corrections
- Approved Home Plan
- Identified Opiate Use Disorder (expansion) or Opiate or Alcohol Use Disorder (RRMAT)

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- **Primary MAT Offered at this time:**

- Vivitrol – Opiates or Alcohol Use Disorder
- Oral Naltrexone – Opiates or Alcohol Use Disorder
- Sublocade – Opiate Use Disorder
- Suboxone – Opiate Use Disorder
- Subutex – Opiate Use Disorder
- Methadone – Opiate Use Disorder

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- **What does the MAT Expansion provide?**

Phase I:

- One-on-one MAT education with RRMAT staff
- Pre-release Medication Assisted Treatment, as prescribed by Centurion staff
- Aftercare appointment scheduled in their home community
- Peer Support Specialist assigned upon release
- Medicaid Application completed before release
- Warm Hand-Off to Community PO and Peer Support Specialist

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Self-Referral

Staff Referral

MAT Referral completed
and sent to RRMAT,
Treatment, and Medical
teams

RRMAT Team
Screens and
Educates

MAT Path of Referral

Medical schedules
labs and
consultation with
physician for
prescription

Warm handoff
to PO and Peer,
and engaging in
aftercare

RRMAT Schedules
AfterCare Tx in
client's home
community

RRMAT Team
Coordinates
with IPOs
and Medical

MAT Expansion Institution Team Members:

- Medical MAT
 - Health Services Administrator (Centurion)
 - Director of Nursing (Centurion)
 - Medical Administrative Assistant (Centurion)
- Treatment MAT
 - Institutional Treatment Professional (Gateway)
 - Treatment Director or Supervisor (Gateway)
 - RRMAT/High Risk Re-Entry Specialist (Gateway)
 - IPO (DOC)
 - Medicaid Coordinator (Centurion or DOC)

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What's Next?

- **Phase I – Re-Entry** (*current*)
(60 days prior to release)
- Phase II – MAT and treatment response to overdose or positive drug screen.
- Phase III – coming soon

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