

# MOUD in the CDOC

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Colorado Department of Corrections (CDOC)  
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# Objectives

## Scope of the Problem

### MOUD within the Colorado Department of Corrections (CDOC)

- Intake/Admission
- During incarceration
- Release

### Exciting new CDOC MAT projects...

- Suboxone at Release
- MAT In Reach
- Harm reduction backpacks

# Scope of the Problem

Opioid use has significant psychosocial + medicolegal complications.

Odds of being arrested and becoming involved in criminal justice system:

- 16% for those with no past-year opioid use
- 52% for those with a prescription opioid use disorder
- 77% for those with a heroin use disorder

*Substance Abuse and Mental Health Services Administration: Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.* HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

# Scope of the Problem

Around 25-35% of individuals with a heroin use disorder pass through American correctional facilities annually.

Rates of opioid use in the criminal justice system are disproportionately high relative to the general population. **Roughly ~30% of the state inmate population has an opioid use disorder.**

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Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009. Washington, DC: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Kelso JC. Treatment to reduce the burden of disease and deaths from opioid use disorder [Internet]; 2018. Available from: <https://cchcs.ca.gov/wp-content/uploads/sites/60/Reports/Drug-Treatment-Program.pdf>. Accessed April 4, 2022.

Toyoshima, T., McNeil, D.E., Schonfeld, A., & Binder, R. (2021). The Evolving Medicolegal Precedent for Medications for Opioid Use Disorder in U.S. Jails and Prisons. *Journal of the American Academy of Psychiatry and the Law (JAAPL)*:200127-20. DOI: 10.29158/JAAPL.200127-20. Accessed April 4, 2022.

# Scope of the Problem

In FY22/23, there were 593 new MAT intakes from county jails.

We are currently treating 804 MAT patients.

There are 3006 patients in DOC with an opioid use disorder (OUD).



# Scope of the Problem

**In addition, incarcerated individuals are 129 times more likely to die from an overdose within the first two weeks after release from prison, when compared to other state residents.**

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American Society of Addiction Medicine (ASAM). 2020. *Access to Medications for Addiction Treatment in Correctional Settings: State Brief.* [https://www.asam.org/docs/default-source/advocacy/mat-in-crmj-settings-final.pdf?sfvrsn=10a559c2\\_2](https://www.asam.org/docs/default-source/advocacy/mat-in-crmj-settings-final.pdf?sfvrsn=10a559c2_2). Accessed September 5, 2021.

# MAT in the CDOC

## 1. Intake/admission

- Screening for opioid use disorder: SA + SOA-R scoring process
- Evaluation by medical + psychiatric providers
- Tx in compliance with legislative mandates (SB19-008 + HB20-1017)

## 1. During Incarceration

- Small number of “high-risk” patients induced onto buprenorphine (Suboxone) tx: pregnancy, significant medical complication directly related to opioid use (e.g. endocarditis/osteomyelitis), acute opioid overdose while in CDOC facility

## 1. Release

- Identify patients by leveraging technology (e.g. Tableau)
- Evaluation by MAT Provider 3-6 mo prior to release
- Tx with up to ~3 months of Suboxone OR one-time IM naltrexone

In order to address the opioid epidemic and reduce overdose deaths at release , we need to provide continuous MAT services during incarceration

# SB19-008

SB19-008

## Substance Use Disorder Treatment In Criminal Justice System

Concerning treatment of individuals with substance use disorders who come into contact with the criminal justice system, and, in connection therewith, making an appropriation.

SESSION: 2019 Regular Session

SUBJECTS: Crimes, Corrections, & Enforcement, Health Care & Health Insurance



# HB20-1017

HB20-1017

## Substance Use Disorder Treatment In Criminal Justice System

Concerning treatment of individuals with substance use disorders who come into contact with the criminal justice system.

SESSION: 2020 Regular Session

SUBJECT: Crimes, Corrections, & Enforcement

# MOUD in the CDOC (as of 10/23/23)

Prison subtotal: 15,698 inmates

12,886 housed in a state facility + 2,812 housed in a private facility

Opioid Use Disorder (OUD): 3,006 patients

On MOUD: 804 patients (~25% of dx patients)

Methadone: 33 patients

Buprenorphine: 673 patients: 672 on Suboxone/Subutex, 1 on Sublocade

Naltrexone: 98 patients



# MOUD in the CDOC

## Current Colorado Department of Corrections (CDOC) Policy:

- Taper patients off methadone -> buprenorphine (Suboxone)
- Offer buprenorphine (Suboxone) to patients in acute withdrawal
- Continue buprenorphine (Suboxone) for patients with an existing prescription
- Offer PO naltrexone (Revia) to all patients not on MAT at time of presentation

# Methadone in the CDOC: now an OTP as of 6/26/23!!!



Previously, providing methadone presented a number of structural/operational challenges.

However, we became an opioid treatment program (OTP) on 6/26/23 and will begin dispensing methadone ourselves on 11/1/23.

We have been working closely with the BHA and the State Opioid Treatment Authority (SOTA), Ryan Mueller.

# Buprenorphine (Suboxone/Subutex) in the CDOC



Over the last several years, we have addressed a number of structural/operational barriers to our MAT program.

Our goal is to **create the infrastructure needed for MAT program expansion** and increased access to treatment.

This includes:

- Leveraging technology (e.g. Tableau) to identify, assess/evaluate, and treat patients with OUD, especially prior to release
- Keeping stock supplies of buprenorphine at a facility level
- Addressing medication administration
- Revising MAT policies/procedures to increase program retention:
  - “Three strikes” policy before medication d/c
  - Re-enrollment after ~6 mo and/or ~1 mo prior to release



# MAT during incarceration

We have also induced a small number of patients with an opioid use disorder onto buprenorphine:

- Pregnant patients
- High-risk patients:
  - Experienced a significant medical complication as a result of use during CDOC incarceration (e.g. endocarditis, osteomyelitis)
  - Experienced acute opioid overdose during incarceration

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# Medication Costs

Using buprenorphine (Suboxone) films at \$185/person/mo, it would cost about \$7-11 million/year to treat everyone with an OUD, just for medication alone.

We are currently considering a switch to crushed buprenorphine (Suboxone) tablets, which would represent an 85% cost reduction, about \$500k-1 million/year, in medication alone.





# Medications for Opioid Use Disorder (MOUD)

Full opioid agonists: methadone = **\$250 for 30 days (at 100mg dose)**

Partial opioid agonists: buprenorphine

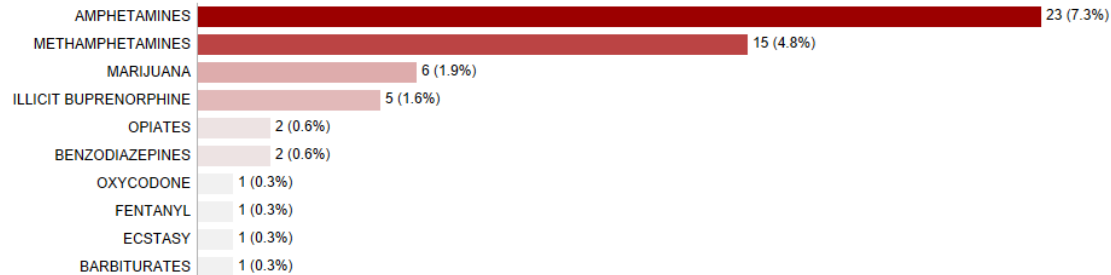
- Subutex (buprenorphine only; SL tablet/film)
- Suboxone (buprenorphine + naloxone; SL tablet/film) = **\$185.28 for 30 days**
- Sublocade (buprenorphine only; long-acting SQ injection)

Opioid antagonists: naloxone (short-acting) + naltrexone (long-acting)

- Narcan (naloxone)
- Revia (naltrexone; oral tablet) = **\$128 for 30 days**
- Vivitrol (naltrexone; a long-acting IM injection) = **\$1665 for monthly injection**

# MAT during incarceration: data as of 10/27/23

1. 90% of MAT patients have met with a provider in last ~6 months.
1. 90% of MAT patients have missed <5 doses of medication in last ~30 days.
1. <2% of random urine drug screens of MAT patients are positive for illicit opioids! (n=315)



# Suboxone at Release

1. Patients meet with a MAT provider 3-6 months prior to release.
1. Patients enrolled in MAT program continue medication.
1. Patients with an OUD who are not enrolled in MAT program are evaluated/assessed and offered treatment:
  - One-time IM naltrexone injection 2-3 days prior to release
  - 3 months of Suboxone in-house and 1 week of Suboxone at release

# Suboxone at Release (as of 10/23/23)

1. MAT providers currently meet with about 70-80% of releasing patients.
  - Since Jan 1, 2023, ~1,332 patients with OUD have released from prison
  - 75% of these patients were offered a visit with a MAT provider (n=985/1332)
  - Challenges include interfacility movement (including private -> state facilities), quick releases, community corrections releases
  
1. At the MAT provider visit, all patients with OUD are offered medication:
  - ~60% of patients were offered Suboxone (n = 588/985)
  - ~18% of patients were offered IM naltrexone (n = 182/985) -> 3% accepted/received the medication (n = 27/985)
  - Remaining ~22% -> did not show for appointments, refused the appointment, and/or refused medication

# Suboxone at Release (as of 10/23/23)

Over the last year, in total, **50% of patients with an OUD were on MAT medications at time of release** (660 patients) including methadone, buprenorphine (Suboxone/Subutex), and naltrexone (Vivitrol)!!

Release medications are currently funded through the CDOC clinical budget, with additional support/funding through the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) grant.

# Suboxone at Release

Our goal is to continually improve the quality of the program – still relatively new, began in 9/2022

1. Increase MAT visits prior to release ----> ~90% of patients with OUD
2. Increase % of patients on Suboxone specifically

Although methadone/buprenorphine = IM naltrexone in sobriety/engagement in care, **ONLY methadone/buprenorphine are associated with reduced morbidity and mortality!!**

1. Ensure release medications are actually administered/given at time of release
2. DATA!!
  - Work with CDPHE to obtain fatal opioid overdose data (beyond parole -> statutory d/c)
  - Use prescription drug monitoring program (PDMP) to see if patient continues meds!
  - Track follow-up visits with IN Reach providers (addressed later in presentation)

# Medicaid enrollment

In addition, the DOC Benefits Acquisition Team completes Medicaid enrollment.

The DOC estimates that currently 98-99% of eligible patients are enrolled with Medicaid prior to release.

Although an attempt is made for all patients, ~1-2% of patients refuse to apply for Medicaid and 9-10% of applications are denied due to release out of state and/or to a detainer, age of 65+ years old, or inability to prove citizenship.

# Referral to Sober Living programs

About ~3 months prior to release, patients begin to work with case management on their parole plans.

In addition, through Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) grant funding, about ~30 patients will be offered up to 90 days of housing at sober living facilities, either CARR and/or Oxford House.

Patients are identified by parole, based on alcohol and/or opioid use disorder diagnosis and upcoming release; eligible patients meet with case management to begin the referral process.



# MAT In-Reach

About 1 month prior to release, MAT patients are connected with community treatment providers, such as Front Range Clinic, Recovery Unlimited, and Gateway to Success.

Patients complete telemedicine visits during incarceration.

Patients who accept and attend MAT In-Reach are able to leave prison as established patients at community addiction medicine clinics. MAT In-Reach encourages connectedness and continuity of care from incarceration through release.

# MAT In-Reach

61 MAT In-Reach appointment completed FYTD.

Our program has a very good success rate – about ~73% of patients who are set up with a telehealth appointment with Front Range Clinic actually follow up with their provider within ~7 days of release.

We are also working to connect MAT participants with Peer Specialists.

MAT In-Reach is currently funded through the CDOC clinical budget, with additional support/funding through the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) grant.

# SUD/Supervision - Parole

Any resident's treatment needs are carried forward into parole from facility to adopt a continuum of care:

- Any client referred to a Individual Residential Treatment Program
- Simple Screening Instrument - Revised (SSI-R) used specifically for those entering IRT
- Community Supervision Tool and Case Plan (CST) part of CTAP tool completed every intake with follow-up every 6 months. Case plan utilized to set goals/create a roadmap with client regarding their specific needs and barriers.



# Known opioid overdose fatalities (as of 10/23/23)

## July:

111 OUD paroled (of n=132 total OUD releases)

4 opioid overdose fatalities: 1 on MAT medications (e.g. 2 did not carry dx, 1 missed, 1 on Suboxone)

## August:

156 OUD paroled (of n=186 total OUD releases)

2 opioid overdose fatalities: 0 on MAT medications (e.g. 1 did not carry dx + 1 offered, d/c prior to release)

## September:

108 OUD paroled (of n=132 total OUD releases)

3 opioid overdose fatalities: 0 on MAT medications (e.g. 3 did not carry dx)

In total, about ~2% of patients with an opioid use disorder (n=9/508) have overdosed and died within the first month of parole.

~90% have overdosed and died without MAT medications.

**MAT medications are LIFE-SAVING!**

# COSSUP / SOR Grants

## **Comprehensive Opioid, Stimulant and Substance Use Program / State Opioid Response**

Bureau of Justice Assistance (BJA) and Colorado Department of Public Health and the Environment (CDPHE) collaborative grants.

- Parole received funding for up to 3 months of housing and transportation for clients on parole who meet eligibility criteria. Client expected to remain engaged in MAT services.
- Monthly meetings with Parole housing vendors who are Colorado Association of Recovery Residences (CARR) during grant period.
- Parole ReEntry Services (service delivery) included in continuum of care, partnering with community and faith based organizations.

## COSSUP / SOR Grants (continued)

- 520 Harm Reduction backpacks to state facilities, given to ALL MAT patients on day of release:
  - personal hygiene
  - winter clothing (e.g. hats, gloves, socks)
  - harm reduction bag
- 2,400 Harm Reduction bags to state facilities AND parole offices to any parolee:
  - fentanyl test strips
  - 2 Kloxxado (naloxone) applications
  - hand sanitizer
  - Suicide & Crisis Lifeline cards
- In addition, extra fentanyl test strips (e.g. ~7,000 fentanyl test strips ) were provided to parole offices throughout the state. We are also pending receipt of additional naloxone boxes through CDPHE.

# Harm Reduction Efforts (Facilities and Parole Statewide )



# Community Supervision

- Use of interventions to address SUD violations may include referrals to community partners (recovery housing) and treatment referrals that match client need.
- Number of urinalysis testing is based on client risk which is in policy
- Work collaboratively with community treatment providers who conduct assessments and make treatment intensity recommendations
- Treatment costs are covered by the department or through medicaid
- Through release planning process treatment referrals to include MAT are made prior to client entering the community (other treatment referrals are made prior to release not just SUD)



# Department Summary

- Addressing SUD is a department-wide approach.
- Continuing MAT for patients transitioning from county jail to a state facility
- Identifying patients with SUD and referring to MAT, continuing treatment upon release
- Working with community agencies and partners to support clients needs
- Funding assistance for treatment while on supervision
- Release planning with the client to address potential barriers to success in the community (housing, treatment referrals, identifying positive support)
- Applying for applicable grants to enhance harm reduction capabilities as a department

Questions?