

Maine Department of Corrections

Medication for Substance Use Disorder (MSUD) Treatment Services

Three Year Report
July 1, 2019 – June 30, 2022



This report is a summation of the first three years of the Medication for Substance Use Disorder (MSUD) treatment services in MDOC adult correctional facilities.

Randall Liberty, Commissioner
Ryan Thornell, Deputy Commissioner
Maine Department of Corrections
Correctional Programming Division
25 Tyson Drive
State House Station 111
Augusta Maine 04333-0111
207-287-2711



The Maine Model of Corrections

The Maine Department of Corrections is committed to a new model of corrections, one promoting the safety and wellbeing of staff and residents, while also ensuring residents and community clients see fewer barriers as they meaningfully engage with rehabilitative-focused services. This operating philosophy, known as the Maine Model of Corrections, is founded in the principles of normalization and humanization, with emphasis on destigmatization, respect, and modernization of the Department as a whole.

Simply, the goal is to rebuild and transform lives.

The Department's mission is:

Making our communities safer by reducing harm through supportive intervention, empowering change, and restoring lives.

The Maine Model of Corrections includes initiatives that continue to fundamentally shift the way the Department conducts itself:

- A new mission and vision have been created to reflect this ongoing work.
- Emphasis has been placed on Diversity, Equity, and Inclusion.
- Living spaces have been reformed.
- Data practices for better decision-making have been enhanced.
- Stigmatizing language has been replaced with person-first language.
- Staff trainings and recruitment are improved to reflect the founding principles.
- Long-held policies and practices have been revised to recognize common humanity. This involves an approach that is non-adversarial, with staff and residents working collaboratively to model problem-solving, community building, and healthy interactions with others.

The transformation to the Maine Model of Corrections will lead to a stronger, healthier, and more meaningful environment for staff, residents, and clients, without compromising the importance of public safety. Working closely with victim service organizations and community partners, the Maine Department of Corrections will continue to emphasize the importance of sound community transition practices and safe Maine communities.



Medications for Substance Use Disorders

The use of medications to treat substance use disorders is considered the gold standard of care for individuals diagnosed with opioid use disorder (OUD). In addition to reducing opioid related deaths, recidivism, and dangerous injection behaviors that can lead to infectious diseases, engagement in medication for substance use disorder (MSUD) treatment helps individuals sustain long-term recovery more effectively. This report provides an overview of the first three years of the MSUD initiative at the Maine Department of Corrections (MDOC).

Table of Contents

Introduction	4
MSUD Participation	4
Basic Demographics of MSUD Participants	5
Associated Substance Use Disorder Diagnoses	6
Hepatitis C Treatment	8
Fatal Overdoses	8
Incidents of Self-Directed Harm	9
Continuity of Care	10
Return to Custody Rates	11
Harm Reduction	12
Collaboration with Yale University	12
Resident Recovery Council and Peer Recovery	13
Community Collaboration	13
National Recognition	14
Year Three in Review – Highlights	15

I'm 32 years old and I've been an opioid addict for 10+ years. By having access to Suboxone during my incarceration it has not only prevented me from going through withdrawals, but it has continued to maintain my structure during my stay. Two of the most important aspects for my personal recovery have been structure, and routine. Now during this time of my stay here I am preparing to start work through the work release program at Bolduc Correctional Facility and I'm on my way to prepare myself to go home. ~Cody Lemieux (BCF)



Introduction

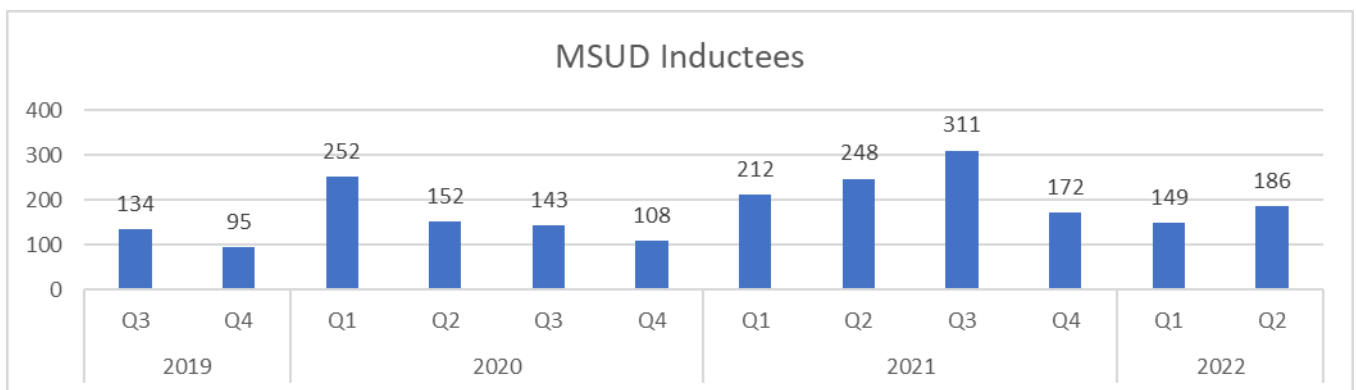
MDOC provides access to MSUD treatment services to all residents meeting diagnostic and clinical criteria regardless of release date. Eligibility for enrollment in MSUD treatment and medication selection are based upon a shared decision-making model that incorporates past medical history, treatment and substance use history, clinical presentation and resident treatment goals. Buprenorphine-naloxone and naltrexone/Vivitrol are the primary medications used for MDOC’s MSUD treatment services. During years two and three, however, MDOC admitted thirteen residents who were receiving methadone at the time of intake, and each of those residents received ongoing treatment with this medication.

Medication delivery continues to occur in a normalized fashion, with MSUD medications administered alongside other routine medications, rather than being administered in a separate medication line using highly structured security protocols. Normalized medication delivery aligns more closely with community-based administration practices, is aimed at reducing stigma associated with substance use disorders, and reinforces that opioid use disorder is a chronic disease.

Through a collaborative effort between MDOC and Maine Department of Health and Human Services (DHHS), all residents who qualify for MaineCare insurance have active benefits in place upon release. Coverage upon release ensures discharged residents receive continuity of care for MSUD and other vital medical and behavioral health services covered by this insurance. Annually, on average, 77% of residents releasing to a Maine community are eligible for and have MaineCare in place at the time of their release from a MDOC facility. For those transitioning on MSUD, 98.4% of releasing residents have MaineCare coverage in place.

MSUD Participation

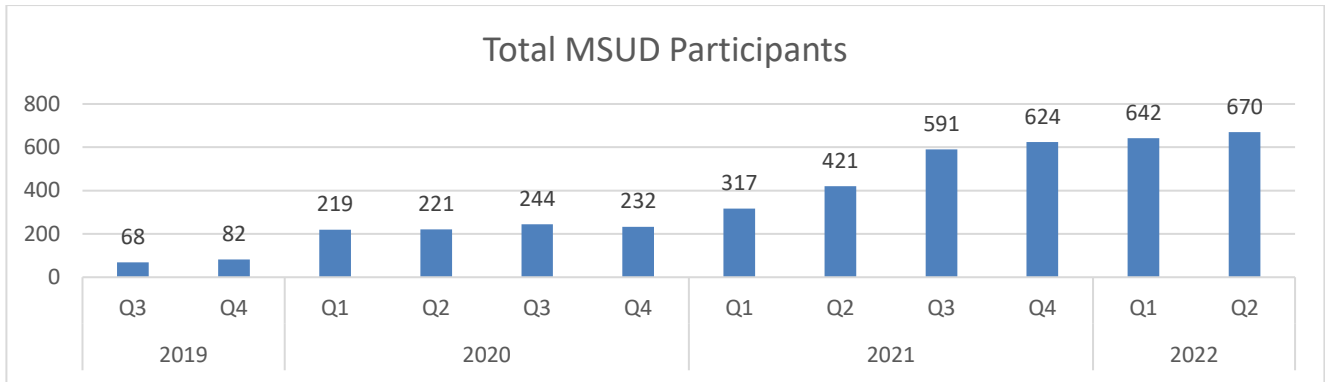
The following graph presents newly inducted participants by quarter since roll out in 2019. This data includes all who started treatment for the first time, regardless of outcome. Outcomes include continuing the medication through release and into the community or stopping the medication prior to releasing to the community.



CORIS MSUD Program Data



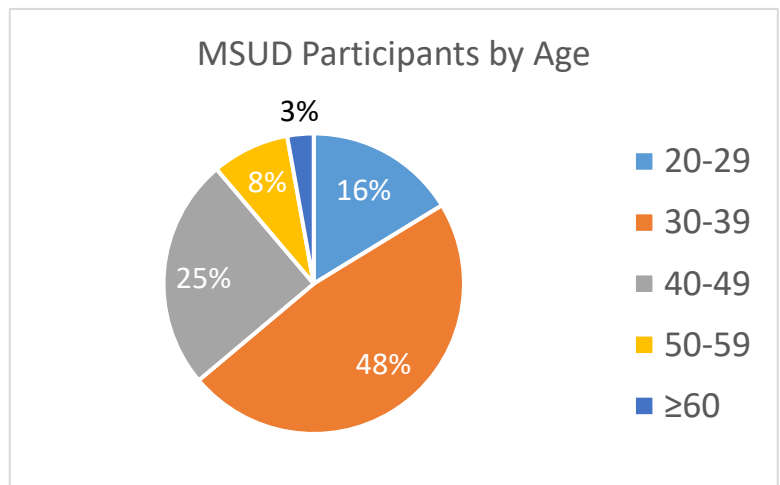
The following graph shows the total MSUD participants at the end of each quarter. At the end of the 2nd quarter, 2022 there were 670 residents receiving daily treatment.



CORIS MSUD Program Data

Basic Demographics of MSUD Participants

The following is a breakdown of MSUD participants by age, as of 6/30/2022:



CORIS MSUD Program Data

*Going to the prison truly saved my life and really helped me find who I truly am and I took all the skills from the classes and programs they had offered and I used them every day! ...the closer I got to my release date, the more nervous I became about getting back into the real world. People are dying every day from this disease of addiction! I have been on MAT program for almost two years now and I am so successful, I have my family back, I am in college full time (which they offer in the prison as well) with high honors.
~Candida DePhilippo (Community)*



Race

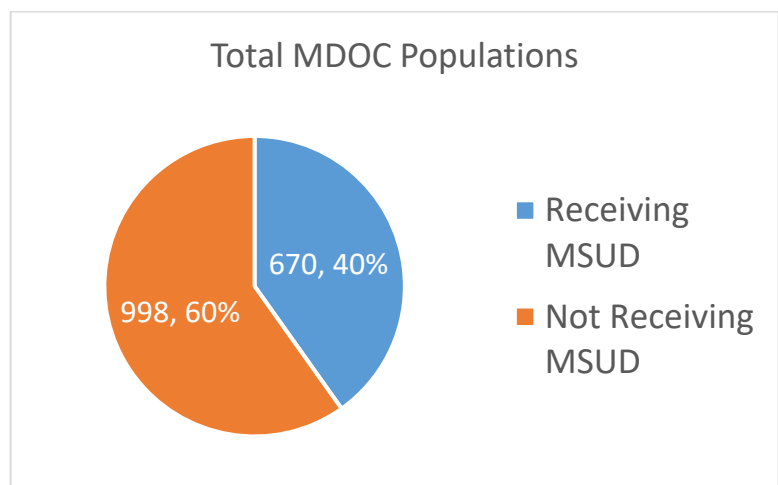
During Year 3, MDOC convened a stakeholder group including the Diversity, Equity and Inclusion Manager to review MSUD participation rates through the lens of race and equity. In reviewing the data, no discrepancy was identified in SUD diagnosis rates; however, the percent of Black residents participating in MSUD treatment services is 3%, whereas their representation in the MDOC resident population is 11%. During this year, new diagnostic and risk assessment tools and data tracking mechanisms were implemented to help identify participation patterns and treatment effectiveness. These changes have not yet had time to demonstrate impact. The Department continues to work to identify ways to be inclusive and to identify potential barriers to recovery services, that may be influenced by race and culture.

	Current DOC Population	Current Active in MSUD
Asian	0.5%	0.3%
Black or African American	11.0%	3.0%
Native American	3.8%	5.2%
Native Hawaiian or Pacific Islander	0.1%	0.1%
Two or More Races	1.9%	2.0%
Unknown	3.3%	1.0%
White	79.4%	88.3%
Grand Total	100.0%	100.0%

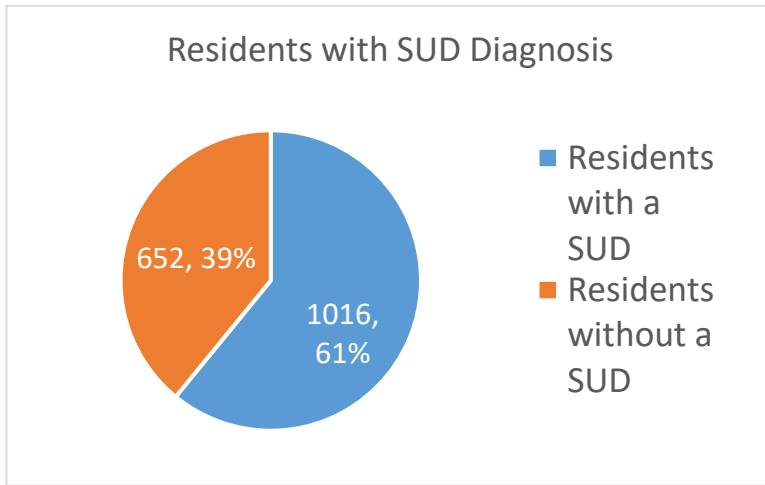
Associated Substance Use Disorder Diagnoses

MDOC residents who receive MSUD services often have additional Substance Use Disorder (SUD) diagnoses in addition to Opioid Use Disorder (OUD).

As of 6/30/2022, 40% of the total MDOC population received MSUD services.



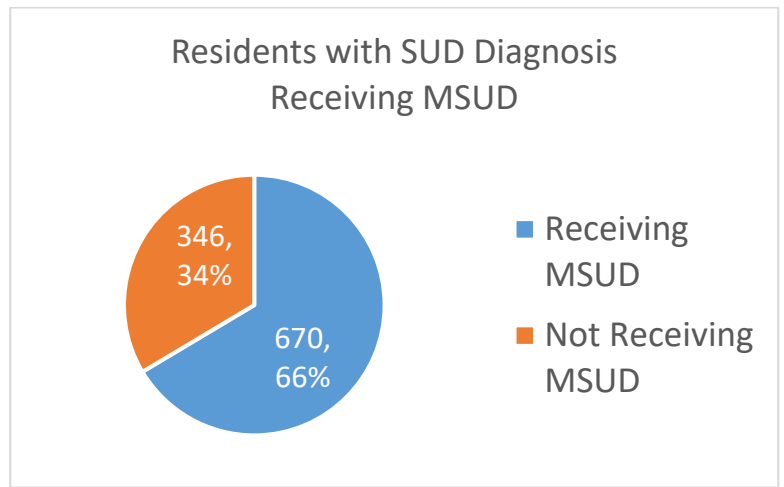
CORIS MSUD Program Data



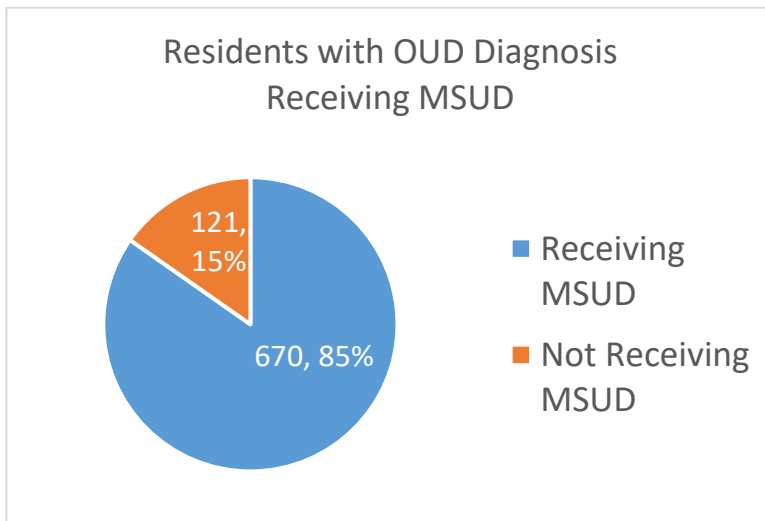
As of 6/30/22, 61% of the total MDOC population had a SUD diagnosis.

ERMA Diagnosis Data

Among residents with any SUD diagnosis (including OUD), 66% receive MSUD services.



ERMA Diagnosis Data

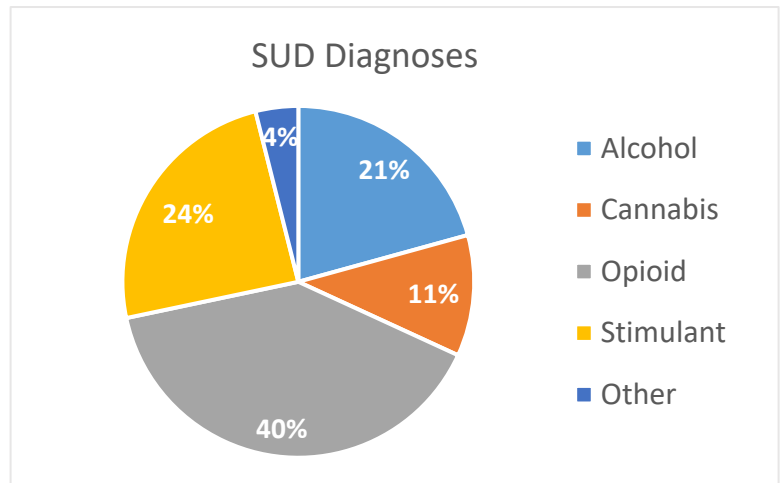


Among residents diagnosed with an OUD, 85% receive MSUD services.

ERMA Diagnosis Data



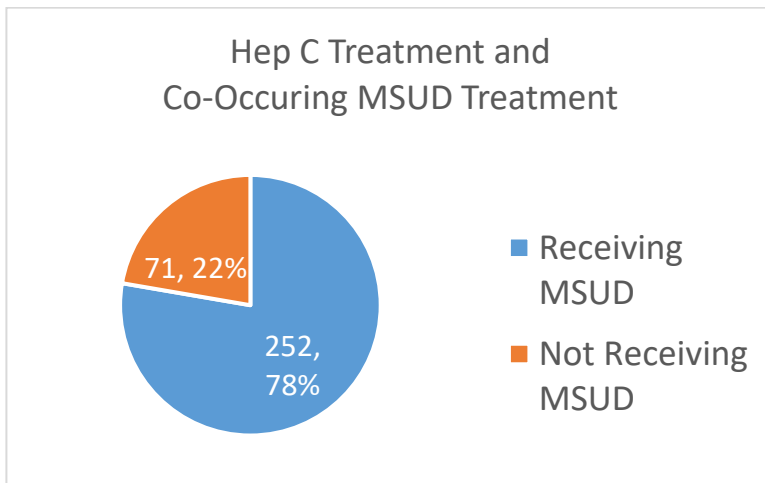
Taking into account that many residents have multiple SUD diagnoses, this chart indicates that OUD is by far the most prevalent SUD diagnosis and represents 40% of all SUD diagnoses.



ERMA Diagnosis Data

Hepatitis C Treatment (Hep C)

Residents diagnosed with Hep C frequently also have a diagnosis of SUD or OUD. For individuals who are treatment eligible (e.g. had a detectable viral load and no contraindications), treatment for Hep C is provided to residents at all MDOC adult facilities.



ERMA Diagnosis Data

Between 7/1/2019 and 6/30/22, there were 323 residents receiving Hep C treatment. Among those residents receiving Hep C treatment, 78% also received MSUD services.

MSUD and Fatal Overdoses

MDOC receives a biannual listing of fatal overdoses that occur in the State of Maine. The MDOC utilizes the biannual list to identify individuals who have died from an overdose who had transitioned to the community from one of MDOC's correctional facilities. MDOC compared the information of the deceased from that list to the records within the MDOC Correctional Information System (CORIS).



Maine Department of Corrections Correctional Programming Division

December 2022

The number of deceased on the 2021 full Medical Examiner’s list was 622. Of those, 313 (50.3%) had a record in CORIS.

	2020	2021	% Increase
Fatal Overdoses in Maine	508	622	22.4%
Deceased has a Record in CORIS	237	313	32.1%
% with a CORIS Record	46.7%	50.3%	3.6%

For every identified fatal overdose, the MDOC conducts a retrospective clinical review of the case record (treatment through discharge to continuity of care) to identify common threads or programmatic areas that could be enhanced moving forward. There were 12 fatal overdoses in 2021 among those residents who successfully completed the MSUD program. This represents 1% of all residents treated with MSUD and transitioned to the community. An analysis of these residents’ records identified the following potential risk factors, along with a count of residents for whom the risk factor applied. It has been noted that the majority of those with a fatal overdose had multiple factors. The weight of such factors has not been analyzed.

Risk Factor	Resident count for which Risk Factor applies (n = 12)
Opioid use from a young age, on or before age 18	92%
History of treatment for comorbid MH issues	83%
Resident age at time of death in late 30’s or 40's	67%
History of treatment for chronic pain	50%
Primary Care Provider appointment not secured prior to release (refused or on waitlist)	42%
Documented non-fatal overdose(s)	42%
Released to a shelter or hotel	33%
Start of MSUD just prior to release	25%
History of self-directed violence	17%

Securing housing prior to release is a high priority; however, due to limitations in the availability of affordable housing stock and bed availability at recovery residences that accept MSUD services, this remains an ongoing challenge. As the data above shows, most of these residents had a place to go when released, but the nature of the housing is often temporary and/or unstable.

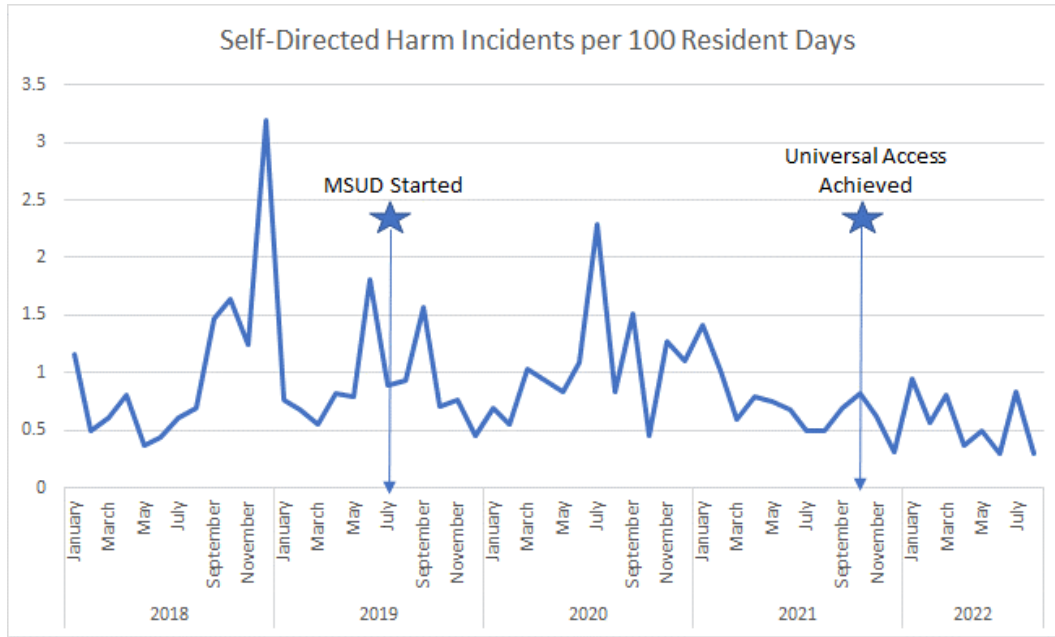
Prior to starting MSUD treatment, residents meet with a behavioral clinician, a prescribing provider and a nurse; each of whom discuss the risks and benefits of treatment. While many residents start MSUD treatment early in their incarceration trajectory, others wait to start until closer to their release. MDOC will continue to offer MSUD services upon entrance into the system and at any point during incarceration to support resident’s recovery needs.

Incidents of Self-Directed Harm

Incidents of self-directed harm are tracked in CORIS for all residents. The following chart shows self-directed harm counts by month adjusted by the total resident population (or per 100 Resident Days). We are closely monitoring the impact of MSUD on self-directed harm. Additionally, MDOC is particularly



interested in conducting further reviews of residents who were engaged in self-directed harm at a more frequent rate. We are observing preliminary data indicating a negative correlation between MSUD treatment and self-directed harm. The chart below represents incidents for the entire population and is not limited to those receiving MSUD treatment.



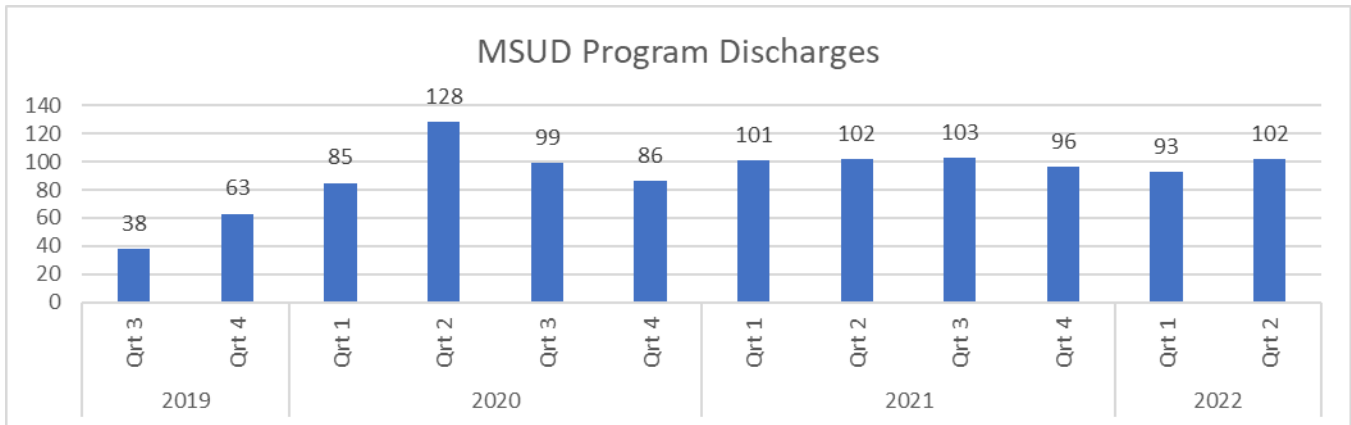
CORIS SIB Incident data

Continuity of Care

For releasing residents participating in MSUD, MDOC uses a multidisciplinary team-based approach to conduct comprehensive discharge planning that includes linkages to community-based continuity of care services. The team includes Medical Staff, Behavioral Health Staff, MDOC Case Managers, Facility Administrators, MDOC’s Manager of Evidence Based Practices, and representatives from Adult Community Corrections (ACC). Community partners are also part of the team including Groups Recover Together and Day One, who assist MDOC with securing post-release MSUD services and appointments.

In the 3-year period of MSUD services, 495 residents participating in MSUD services transitioned to one of the three ACC regions onto probation supervision. During Year 3, members of the ACC team became regular participants in the weekly meetings, providing increased opportunities for collaboration particularly with pre-release housing placements. There have been post-release benefits too, including increased communication when someone’s plan does not go as expected, allowing a rapid response to identifying solutions. Some examples include helping individuals secure medications if they missed or had to reschedule a primary care appointment, or helping people find a new provider if the first one was not a good fit.

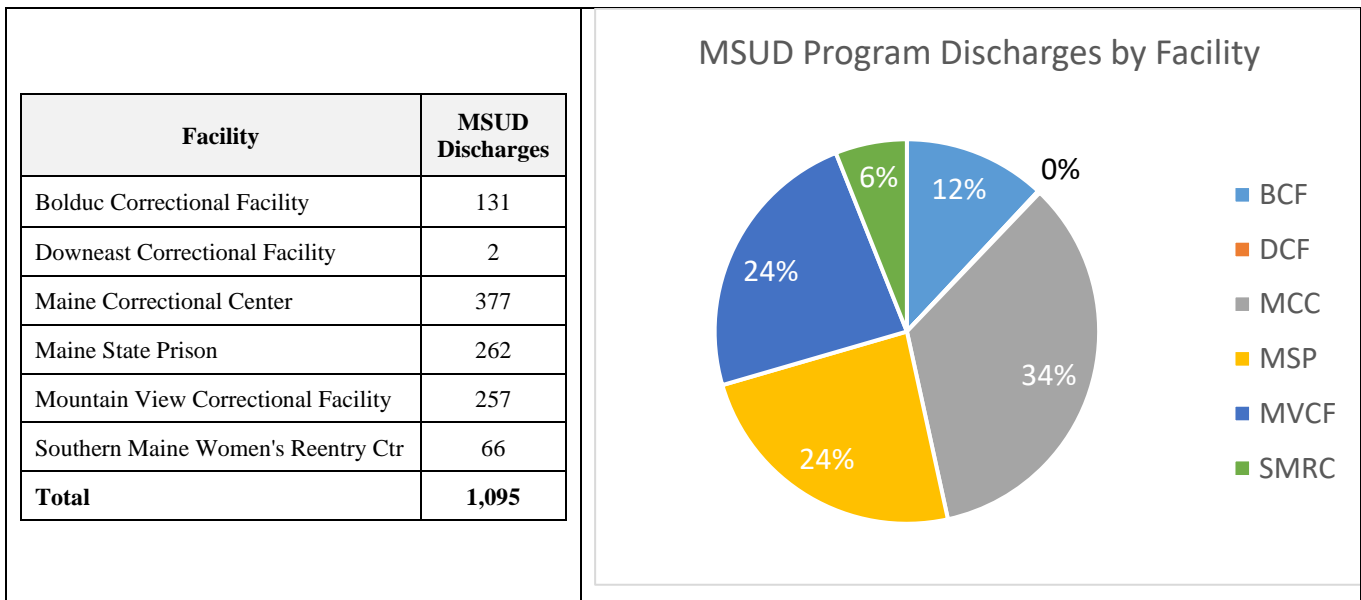
The following table shows the count of discharged residents that received MSUD services since the beginning of the MSUD program, all of which left with a Continuity of Care Plan:



CORIS MSUD Discharges

No matter what you did, it is in your past and it does not define who you are. There are a lot of programs in prison, and the community around recovery. Take advantage of them and become the person you want to be. ~Don Hanson (Community)

The following charts show the total MSUD program discharges since the program’s inception, broken down by facility:



CORIS MSUD Discharges

Return-to-Custody Rates

The following chart compares the one-year return-to-custody rates between those receiving MSUD treatment and the general population. These rates include residents receiving MSUD treatment for the first 2 years of the program (7/1/2019 to 7/1/2021), and those returning to custody within 1 year of their release. The one-year return rate to a MDOC adult correctional facility for transitioned participants who



received MSUD services is 5.92%, and the rate for all MDOC releases for the same timeframe was 5.75%.

	Facility to Probation	Straight Discharge	All Release Types
One Year Return to Custody Rate for those completing MSUD Treatment	9.84%	2.49%	5.92%
One Year Return to Custody Rate for All Releases	8.33%	3.14%	5.75%

Harm Reduction

After conducting internal reviews of fatal overdose data, it was identified that residents releasing from MDOC facilities into the community could benefit from additional resources aimed at decreasing the negative impacts of drug use. In January and February 2022, training on the philosophy and benefits of harm reduction strategies was provided to over 250 correctional staff in the adult facilities and community field offices.

Following these training sessions, MDOC partnered with researchers from Yale University to begin piloting the distribution of harm reduction backpacks to all individuals as they released from MDOC custody. Harm reduction backpacks were also made available in all adult probation offices.

The backpacks contain a variety of products including naloxone, fentanyl test strips, safer sex supplies, and a variety of hygiene products. A comprehensive resource guide is included in each backpack, with information ranging from strategies to reduce the risk for overdose and the risk of contracting communicable diseases such as HIV and/or Hepatitis C, to phone numbers and websites for finding vocational training, employment and housing. Nearly 600 backpacks were provided to individuals between March 1, 2022 and June 30, 2022. While not every person releasing from MDOC custody has a substance use or opioid use disorder, many people releasing to the community are impacted either directly or indirectly by Maine’s opioid crisis and could thus benefit from receiving harm reduction resources and supplies.

Collaboration with Yale University

MDOC has been working in partnership with researchers from Yale University for more than 2 years to enhance access to care for residents receiving MSUD and for residents with Hepatitis C and HIV. MDOC is one of seven organizations across five states participating in the project. Topics that have been studied in the past year include harm reduction strategies to reduce fatal overdoses, the use of risk stratification tools to determine intensity of programming and release needs, and exploring pathways to increase infectious disease screening for individuals who continue to engage in high-risk behaviors during incarceration (e.g. illicit tattooing or other needle use).

As part of this change project, Yale University provides grant funding that allows MDOC to offer residents transitional assistance in an effort to increase the probability that clients continue services and decrease the potential risk of relapse. For instance, funds have been allocated to assist residents with transitional services such as transportation, housing, basic needs (e.g. clothing and assistive equipment) and cell phones to more effectively access services. Grant funds provided through this partnership with Yale University also helped cover the cost for the initial pilot of harm reduction kits.



Resident Recovery Council and Peer Recovery

In 2021, MDOC began a renewed effort toward enhancing peer recovery services within the MDOC facilities. Sparked by a request from a resident in November 2021, a Resident Recovery Council was formed including five residents from five of the adult facilities. The residents meet each Friday afternoon via video conferencing with two dedicated MDOC staff members to discuss the recovery-based needs of their respective facilities.

Following the guidance of the resident council members, MDOC forged a renewed relationship with Portland Recovery Community Center, to offer recovery coach academy training sessions up to 5 times per year to facility residents. This training not only provides individuals with a way to form meaningful recovery based connections inside the walls of the facilities, it also provides them with a certification that can be used in the community upon release. While each facility operationalizes the services according to their own needs and structure, the council members have worked to bring some level of continuity across all of the facilities. For example, with the support of designated staff liaisons, each of the residents on the council has been engaged in planning and executing recovery resource events at their facility.

In this past year, individuals newly arriving to the Maine Correctional Center began to be greeted by a peer recovery coach who provides an overview of peer recovery services and an opportunity to sign up to participate in those services. One of the visions of the resident recovery council for the upcoming year is to provide a warm hand-off for individuals from one coach to the next when they transfer between facilities. The council members are actively creating a workflow to make this happen in the near future.

When the state of Maine DOC started being more open about the problem of addiction, that's what created opportunities for guys to make changes in their lives. It's never been thinking like (well just don't use!) that's worked. Trust me; my life would have been more like yours! My thank you goes to the people in Augusta that was willing to take a chance by thinking outside the box! The person I am today is someone that can wake up in the morning confident in who I am and who I am not, and I owe that to the opportunities provided to me. ~Stephen Dingus (Community)

Community Collaboration

Points North Institute

In the fall of 2021, MDOC collaborated with Points North Institute to bring two recovery films to residents of the Maine State Prison. The film protagonists, the filmmaker and film producer all attended, as did peer recovery coaches from the Bangor Area Recovery Network (BARN) and representatives from Adult Community Corrections. After watching the films, residents were invited to speak with panel members about their own recovery experiences and to ask questions about recovery resources in the community. Over 75 residents participated in the event.

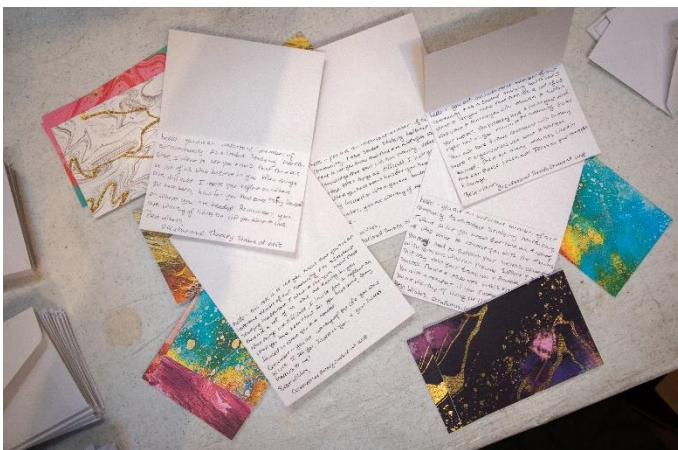


As a result of this experience the filmmaker, Alexandra Morrow, and Points North Institute, approached MDOC about creating a recovery film focused on a resident who would be transitioning to the community. The crew began filming in the spring of 2022, with an expected release of the production in the late fall of 2022.



University of New England

In the spring of 2022, MDOC was pleased to partner with students in the health studies fields at the University of New England to assemble 800 harm reduction kits that were provided to the community corrections offices. This event was preceded by a discussion of MDOC’s philosophy on harm reduction



and the recovery services provided to facility residents and ACC clients. In addition to assembling kits, the students wrote personalized notes of encouragement to include in the bags. Following that first event, students created original artwork from which postcards were made, and they have gone on to write over 3000 cards to residents providing encouragement on their recovery journey. The event was so successful, that ongoing collaborative efforts between UNE and MDOC are already being planned.

Text from a note written by a UNE student:

Hello, This is just a note to let you know that you are an important member of our community, and as a student studying health care, I want to let you know that there are a lot of us rooting for you. When things are difficult, I invite you to reflect on where you have been and how far you have come, and stay focused on where you are headed. I see you, I support you, and your success matters to me – please stay safe.

Best Wishes, OT Student at UNE

National Recognition

During the summer of 2022, Dr. Rahul Gupta, the Director of the White House Office of National Drug Control Policy and Tom Coderre, the Acting Deputy Assistant Secretary for Mental Health and Substance Use of the Substance Abuse and Mental Health Services Administration visited the Maine State Prison to learn about the MSUD treatment services provided by MDOC. During their visit, Dr.



Gupta and Acting Director Coderre spoke with leadership representatives, staff and residents. At the conclusion of the visit Dr. Gupta told the [Maine Public Broadcasting Network](#), that the MDOC MSUD treatment model is one for the nation to follow, “I think it has so many things and important pieces to it that it can be and it must be replicated.”

Year Three in Review - Highlights

Currently, MDOC has open enrollment and provides MSUD services to all who request to participate who meet clinical need regardless of release date. On average per day, MDOC has approximately 700 MSUD participants throughout all adult correctional facilities. Furthermore, MDOC has treated and transitioned 1,095 residents to the community for continuity of care since July of 2019.

MDOC initiated staff education on the philosophy of harm reduction in mid-winter 2022. Following the education of over 250 staff members, a pilot was launched to give harm reduction backpacks to all releasing residents and to make these backpacks available in all adult community field offices. The backpacks contain a variety of products including, but not limited to naloxone, fentanyl test strips, and safer sex supplies.

Initiated as a result of a resident inquiry, a Resident Recovery Council was formed. With their vision and their commitment to recovery, the residents on the council have helped moved the needle on developing a wider bench of recovery coaches within the MDOC adult facilities. While each facility is autonomous in their recovery operations, through their work together, the Resident Recovery Council has begun to create a recovery network that will provide continuity of connection across facilities.

The last year has seen many opportunities to collaborate with community partners in promoting and sustaining recovery efforts at MDOC facilities and in community corrections. From screening recovery films with Points North Institute and bringing community stakeholders such as the Bangor Area Recovery Network into the facilities, to working with students from the University of New England to build harm reduction kits and broaden their knowledge of correctional healthcare and substance abuse services, both MDOC staff and residents alike have benefited from these connections. MDOC looks forward to ongoing collaboration with existing community partners while continuing to expand this network in an effort to positively affect the opioid crisis not just within the correctional system, but also within the Maine community.

I am currently 2 years 11 months clean and sober and I owe a lot of it to the MAT program, while I was incarcerated. I would like to thank Commissioner Liberty for making this program possible. It gave me hope that I would be able to get out and live a sober life, enjoying time with my family and all of the other things that matter the most. Since my release, I've been able to successfully complete 10 months of probation without relapse or violation. I am working on opening a garage with my son. My wife, son's and I are all gardening both flowers and vegetables, which is something else that I learned on the inside and am able to use on the outside. I have a new appreciation for life. ~Jeremiah Bailie (Community)