Report on Medication-Assisted Treatment in Prisons and Jails

April 1, 2021

WISCONSIN DEPARTMENT of HEALTH SERVICES

STATE OF WISCONSIN • DEPARTMENT OF CORRECTIONS • FORWARD

Department of Health Services
P-02910 (04/2021)

Overview

2019 Wisconsin Act 119 requires the Department of Health Services (DHS), in consultation with the Department of Corrections (DOC), to study each prison and county jail for the availability of medication-assisted treatment for opioid use disorder, availability of behavioral health counseling, availability for inpatient detoxification, and the availability of assessment and treatment for opioid use disorder, including for women, upon entry. Act 119 also requires that DHS, in consultation with DOC, develop a proposal to implement, or identify county officials to implement, a pilot project to make all FDA approved medications for medication-assisted treatment for opioid use disorder available in at least one prison or county jail.

Act 119 directs DHS to submit a report of the study and the proposal for the pilot program by April 1, 2021. The language in the bill does not require or authorize DHS or DOC to implement the pilot program.

Background: Medication-Assisted Treatment in Prisons and Jails

Beginning in the late 1990s the U.S. has dealt with an ever growing opioid crisis caused by widespread overprescribed and misuse of prescription opioids. Since 1999, more than 750,000 people have died from a drug overdose.[1] This fact led the U.S. Department of Health and Human Services to issue a public health emergency in 2017. In 2018, of those ages 12 and older, approximately 10 million people misused prescription pain relievers and 808,000 people used heroin. Cumulatively, in 2018, there were nearly 47,000 overdose deaths involving prescription opioids and/or heroin. Two out of three drug overdose deaths in 2018 involved an opioid.[2]

The narrative in Wisconsin has been no different. Wisconsin has felt the impact and seen the effects of the opioid crisis. Mirroring national trends, Wisconsin's opioid crisis began in the late 1990s and has been evolving ever since. There has been a nearly 900% increase in opioid overdose deaths from 1999 to 2019.[3] In 2019, there were 916 opioid-related deaths in Wisconsin.[4] With support from both federal and state government and collaborative efforts between state agencies, Wisconsin has been working vigorously to combat this crisis. Our response to the opioid crisis focuses on investing in strategies and programs across the continuum of care: prevention, intervention, treatment, and recovery.

The gold standard and most effective therapy for people with opioid use disorder (OUD) is medication-assisted treatment (MAT). MAT is the use of medications, in combination with counseling and behavioral therapies, to treat OUD. There are three Food and Drug Administration-approved medications that can be used for MAT: methadone, buprenorphine, and naltrexone. For people struggling with addiction, this form of treatment can successfully treat OUD and help support and maintain recovery. MAT is patient-centered; medication and level of care[5] is tailored to patient need. This form of treatment is proven to reduce relapses, save lives, and improve other health outcomes.[6]

Individuals with repeated or regular drug use can become physiologically dependent on the drug and develop a tolerance. When incarcerated, people with OUD lose this tolerance due to presumed abstinence and become high risk for overdose death in the weeks immediately following release.[7] The state of Washington conducted a study that found that over a four-year

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[1] Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2020. Available at http://wonder.cdc.gov.

[2] Wilson N, Kariisa M, Seth P, et al. Drug and Opioid-Involved Overdose Deaths—United States, 2017-2018. MMWR Morb Mortal Wkly Rep 2020;69:290-297.

[3] https://www.dhs.wisconsin.gov/opioids/deaths-county.htm

[4] https://www.dhs.wisconsin.gov/opioids/deaths-county.htm

[5] https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24.

[6] Robert P. Schwartz et al., "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995–2009," *American Journal of Public Health* 103, no. 5 (2013): 917–22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653.

[7] C.S. Krinsky et al., "Drugs, Detention, and Death: A Study of the Mortality of Recently Released Prisoners," *American Journal of Forensic Medicine and Pathology* 30, no. 1 (2009): 6-9,

period, drug overdose was the leading cause of death among formerly incarcerated persons, with the risk of death elevated in the initial weeks post-release.[8] Specific to Wisconsin, a 2017 report from DOC showed a 141.2% increase in deaths attributable to opioid overdoses from the year 2012 to 2017 for offenders post release.[9] The report also showed that 94% of those who died post release had an identified substance use treatment need.[10]

Correctional settings provide an excellent opportunity to link patients with OUD to MAT. Nationally, the use of MAT in prisons and jails has expanded over the last decade, but the vast majority of jails and prisons still do not offer MAT. Those that do offer MAT typically only offer one form of medication; occasionally, a correctional setting will offer two forms. Even rarer are correctional settings that offer all three forms of MAT. The biggest challenge for correctional settings to overcome is the certification requirements to provide methadone. There are regulations at both the federal and state levels to provide this form of treatment. Currently, there are only four state correctional systems (Rhode Island, Vermont, New Jersey, Delaware) and four jails (Hennepin County jail, Denver City and County jail, Camden County Jail) nationally to offer methadone. Due to the scarcity of research opportunities, there are few studies that look at the effects of providing MAT to individuals who are incarcerated. However, one study shows half of prisoners have an active substance use disorder yet only a minority receive formal treatment with methadone and buprenorphine maintenance as the most effective.[11] This same study reveals maintenance treatment reduces illicit opioid use, crime, recidivism, and overall reduced societal cost. [12]The Rhode Island Department of Corrections[13] is one state agency to implement a program that provides all FDA-approved medications for those who screen positive for OUD. Evaluation of the Rhode Island Department of Corrections' program showed a 61% decrease in post-incarceration overdose deaths and a 12% reduction in overdose deaths in the state's general population.[14]

Based on 2020 data, in Wisconsin 63% of individuals in prison have an SUD treatment need.[15] Given the high prevalence of diagnosis and the positive outcomes associated with MAT, it is best practice to prioritize this treatment in a correctional setting and connect individuals post release to maintenance care so as to improve re-entry outcomes. This layered action will reduce post-release opioid overdoses and deaths, limit illicit opioid use, and, subsequently, shrink recidivism. The remaining sections of this report provide an overview of the survey required under Act 119. The contents examine the availability of MAT and other substance use disorder services in Wisconsin jails and prisons, highlight the current MAT efforts supported by DHS and

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https://www.ncbi.nlm.nih.gov/pubmed/19237844; E.L. Merrall et al., "Meta-Analysis of Drug-Related Deaths Soon after Release from Prison," *Addiction* 105, no. 9 (2010): 1545-54, https://www.ncbi.nlm.nih.gov/pubmed/20579009.

[8] I.A. Binswanger et al., "Release From Prison—a High Risk of Death for Former Inmates," *New England Journal of Medicine* 356, no. 2 (2007): 157-65, https://www.ncbi.nlm.nih.gov/pubmed/17215533.

[9] https://doc.wi.gov/DataResearch/DataAndReports/OpioidOverdoseReport.pdf

[10] https://doc.wi.gov/DataResearch/DataAndReports/OpioidOverdoseReport.pdf

[11] https://pubmed.ncbi.nlm.nih.gov/26076211/

[12] https://pubmed.ncbi.nlm.nih.gov/26076211/

[13] https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2020/02/26/this-state-has-figured-out-how-to-treat-drug-addicted-inmates

[14] Traci Green et al. Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. JAMA Psychiatry.2018;75(4):405-407. doi:10.1001/jamapsychiatry.2017.4614

[15] Wisconsin Department of Corrections – Data Request (2020)

DOJ in Wisconsin jails and prisons, and include a recommendation for a proposed pilot program as required under Act 119.

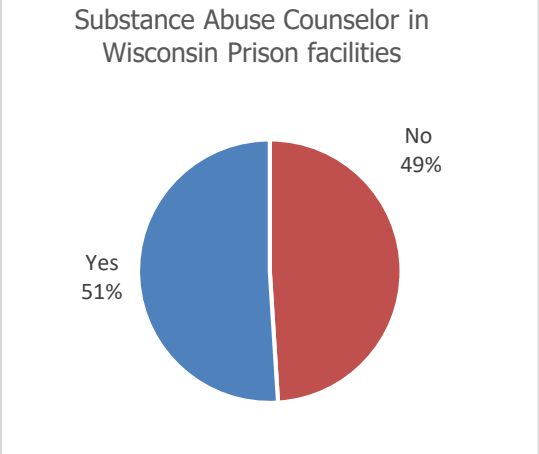
ACT 119 Survey Results

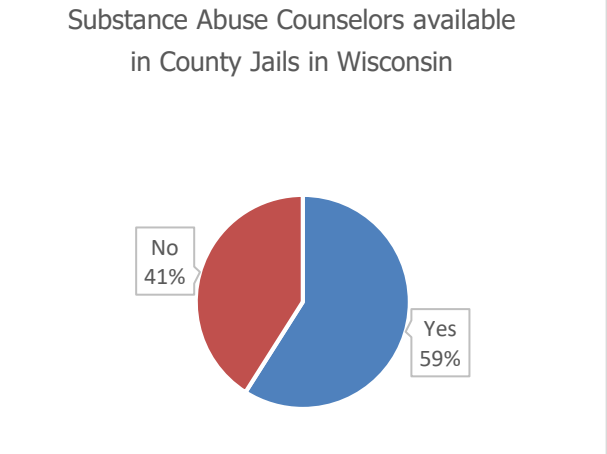
ACT 119 required DHS and DOC to study each prison and county jail for the availability of medication-assisted treatment for opioid use disorder, availability of behavioral health counseling, availability for inpatient detoxification, each FDA-approved OUD medication along with the number of persons who receive each medication each month and if any persons are pregnant/postpartum, and the availability of assessment and treatment for opioid use disorder upon entry, including for women. In order to capture this information, DHS and DOC developed and sent an online survey to appropriate prison staff and jail administrators. DHS and DOC used this opportunity to gather additional information, including what prisons and jails see as barriers to implementing MAT. The overall response rate to the survey was well above what is considered acceptable. In fact, the response was almost able to achieve a census given the overall response rate for the survey was an 89% completion. Response rate by facility type was 97% of prisons and 85% of jails. The remainder of this section details the survey results.

Survey data and findings responding to the "availability of MAT for OUD for EACH prison and county jail":

1. Availability of behavioral health counseling on the premises

Jails:		Prisons:	
Yes:	36 (59%)	Yes:	18 (51%)
No:	25 (41%)	No:	17 (49%)





Are behavioral health counseling services contracted?

Jails:		Prisons:	
Yes:	24 (67%)	Yes:	0 (0%)
No:	12 (33%)	No:	18 (100%)

Number of full-time substance abuse counselors available:

Jails:		Prisons:	
Average:	1.34	Average:	5.80
Mode:	1	Range:	less than one to 7 (full-time counselors)

Substance abuse counselor available per average daily population:
For this question, we provide a ratio of substance abuse counselor to inmates. For example, if the ratio is 1:100, that means there is 1.00 substance abuse counselor for every 100 inmates. We also provided information based on the average daily population (ADP):

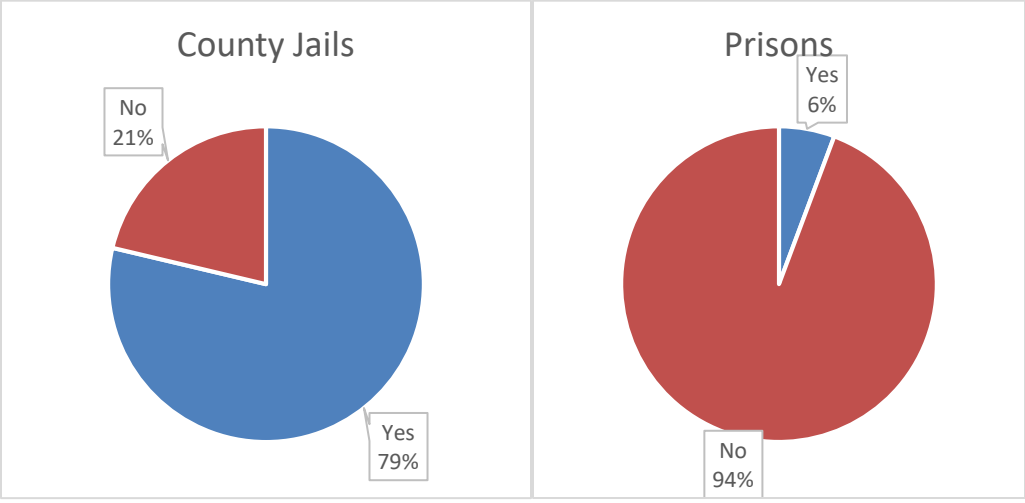
Jails:		Prisons:	
ADP <150	1.66:100	ADP <350	1.50:100
ADP >150	0.22:100	ADP >350	0.28:100

Again, 41% of the county jails report there is **no** substance abuse counselor on-site, nor contracted to provide services.

Also nearly half (49%) of the prison facilities do **not** have a substance abuse counselor available to inmates.

2. Are there facilities available for medically managed detoxification at the facility?

Jails:		Prisons:	
Yes:	48 (79%)	Yes:	2 (6%)
No:	13 (21%)	No:	33 (94%)



Where are detoxification facilities located?

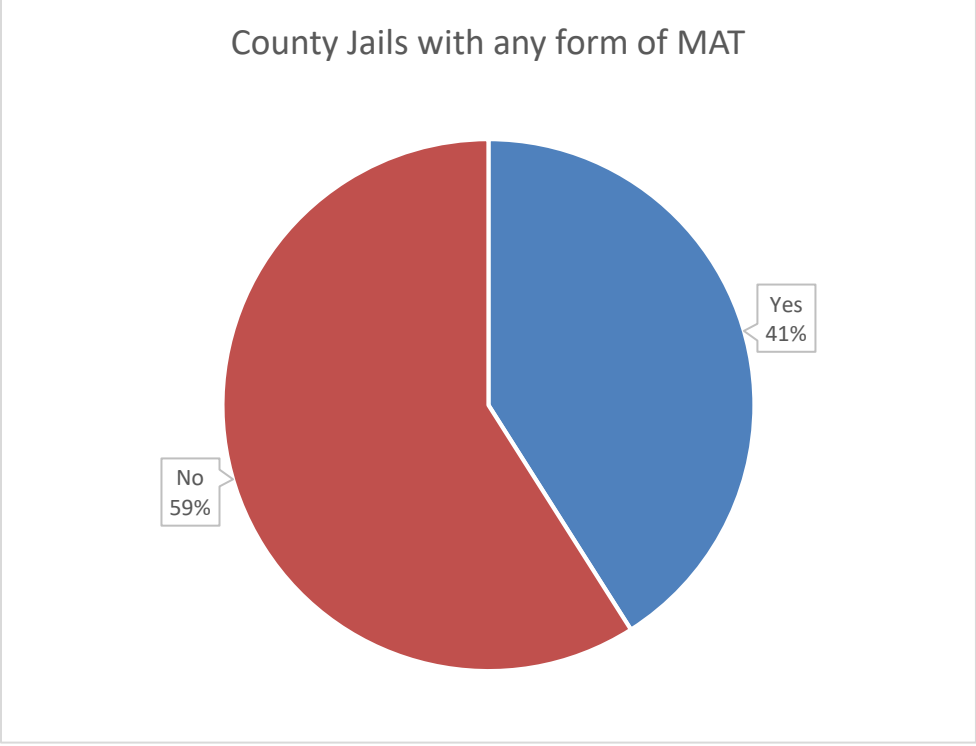
Jails:		Prisons:	
Within general population	3	Within general population	0
Medical room	11	Medical room	4
Individual cell	26	Individual cell	0
Separate wing	4	Separate wing	0
		Other	1

During October 1-December 31, 2019, how many people in your custody received medication for withdrawal and detoxification?

Jails: average of 52 people per facility
Prisons: average 0.5 persons per facility

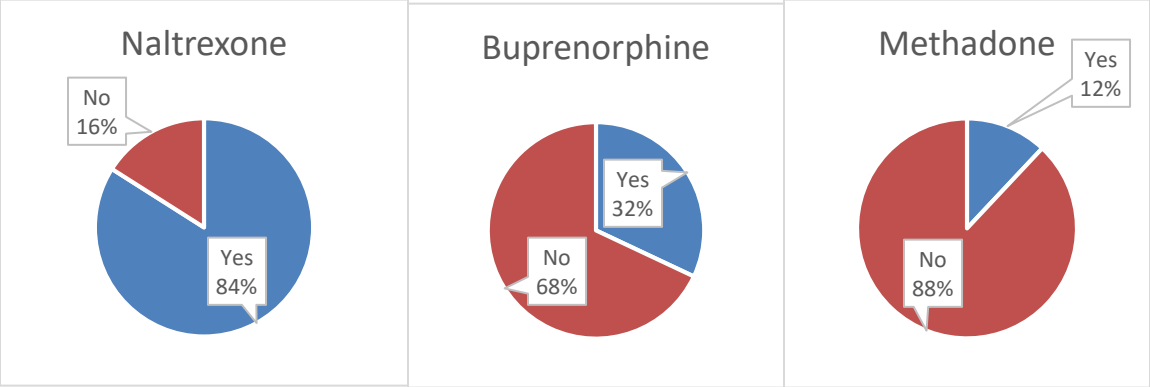
3. Availability of each FDA approved medication for OUD for persons in custody during October 1-December 31, 2019

Jails providing any form of MAT:
Yes: 25 (41%)
No: 36 (59%)



Forms of MAT available in jails offering MAT:

Naltrexone:	Buprenorphine:	Methadone:
Yes: 21 (84%)	Yes: 8 (32%)	Yes: 3 (12%)
No: 4 (16%)	No: 17 (68%)	No: 22 (88%)
average served: 15	average served: 2	average served: 3.5



Within the jail facilities:

- 2 (8%) offered access to all three forms of MAT;
- 3 (12%) offered Naltrexone and Buprenorphine only;
- 2 (8%) offered only Buprenorphine;
- 1 facility (4%) offered access to Buprenorphine and Methadone.

Thirteen DOC prison facilities provide at least one form of MAT. Between October and December 31, 2019, the survey respondents reported the following:

- 5 facilities (14%) offered MAT
- 30 facilities (86%) did not provide MAT

For the prison facilities responding to this survey, the responses represent the availability and distribution of each FDA approved medication for OUD for persons in custody between the October 1-December 31, 2019 time period:

Naltrexone:	Buprenorphine:	Methadone:
Yes: 5 (14%)	Yes: 1 (3%)	Yes: 0 (0%)
No: 30 (86%)	No: 34 (97%)	No: 35 (100%)

Forms of MAT available in prisons offering MAT:

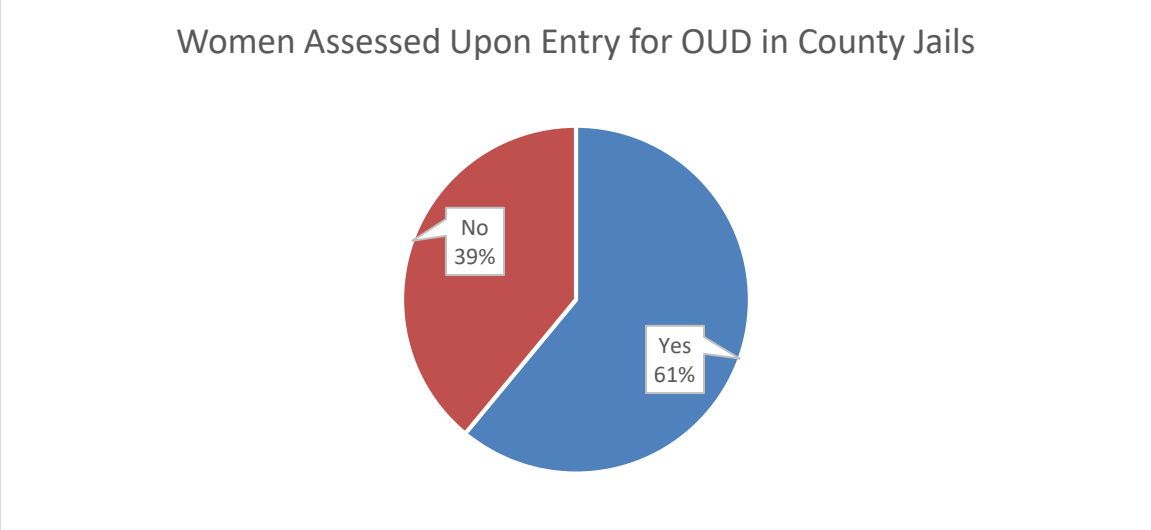
Naltrexone:	Buprenorphine:	Methadone:
Yes: 5 (100%)	Yes: 1 (20%)	Yes: 0 (0%)
No: 0 (0%)	No: 4 (80%)	No: 5 (100%)
Average served: 5 (one said "unknown")	Average served: 0 (One said "unknown")	Average served: NA

NO prisons provided all three forms of MAT; only one prison provided both Naltrexone and Buprenorphine.

4. Availability of assessment and treatment for opioid use disorder for women

Jails:
On the question of whether or not the jail assessed women for opioid use disorder upon entry to the facility:

Yes: 37 (61%)
No: 24 (39%)



In Jails that provide some form of MAT:

- 16 (64%) Jails assess women for OUD
- 9 (36%) Jails do not assess women for OUD

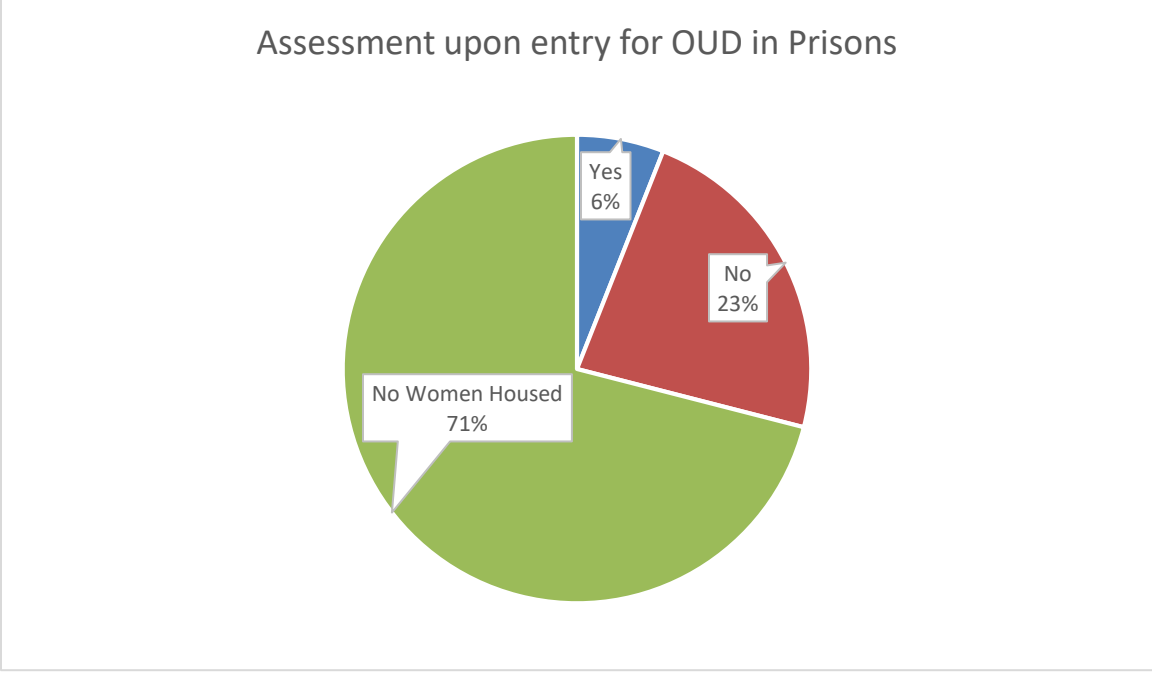
MAT services provided for post-partum or pregnant women:

- Naltrexone: One jail reported serving one pregnant or post-partum client; four jails reported "unknown" number served; one jail reported it "varied depending on the week."
- Buprenorphine: Eight jails reported providing this form of MAT. Numbers of pregnant or post-partum women served in these jails ranged from 0-2. There was an average of one pregnant or post-partum woman served in jails administering Buprenorphine.
- Methadone: One jail responded that their pregnant or post-partum inmates received Methadone and their response did not specify how many women were served.

Prisons:

On the question of whether or not the facility assesses women for opioid use disorder upon entry to the facility?

- Yes: 2 (6%)
- No: 8 (23%)
- No women are housed at this facility: 25 (71%)



Despite 6% of prisons reporting they assessed women for opioid use disorder upon entry to the prison, **no prison** responded with detailed information regarding how many women (post-partum or pregnant) received MAT.

On the question if the inmates receive NARCAN upon release, **no** prison responded "yes." Of the county jails that responded to the survey, 11% provide NARCAN to their inmates upon release, 89% do not.

Prisons:	Jails:
Yes: 0 (0%)	Yes: 7 (11%)
No: 36 (36%)	No: 54 (89%)

Barriers to MAT

In order to recommend policy changes or propose the expansion of medication-assisted treatment, one must understand the barriers felt by those "on the ground." For facilities *with* MAT, the most frequent stated barrier was how they could use additional financial support (16%), while several others (9%) remarked they need additional staff to better assess individuals for opioid abuse disorder upon entry. One facility specifically noted they could use a DEA DATA X-waivered provider to prescribe buprenorphine. Another facility noted the restrictions of the type of MAT available to those held in their custody, while another noted they underserve "out-of-county" residents at their facility. Others noted complications include follow-through with release: finding community supports including a local location for continued MAT, transportation issues for those released, and housing. Lastly, one respondent noted they would like to understand how to eliminate diversion of medication.

For facilities that currently do **not** offer MAT, the most often cited barrier to offering MAT is the need for staff (10%), followed by greater financial resources **and** staffing (5%), followed by additional funding alone (3%). One respondent noted opioid misuse was not as prevalent in their facility and instead asked for resources to deal with stimulant abuse and alcohol dependency. One respondent noted a barrier was the lack of mental health services in tandem with MAT, and another respondent said they needed staffing **and** space for detainees to isolate and receive treatment away from the rest of the population. Finally, 20% of the facilities without MAT did not list any barriers to MAT, instead entering "not applicable" to this question, and another 8% stated there are no barriers to offering MAT at their facility, even though they do not offer MAT at their facility. In sum, more is required to better understand why medication-assisted treatment is not more readily offered.

Facilities were asked to respond to the survey capturing data pre-COVID, but given the time period the survey was administered (July-September of 2020), some facilities included barriers and issues they were now dealing with related to COVID and MAT. This is important to note given facilities will continue to be impacted by COVID for the near future. One facility providing MAT noted those who were released from detention were not able to have MAT follow-up in the community given the county resources were focused on COVID-19 contact tracing.

Facilities that offered MAT were able to continue those services even through the COVID-19 pandemic, minus two facilities. Four facilities noted they are serving fewer individuals during the COVID-19 pandemic, and two facilities noted they have fewer to serve given an increase of release.

Current DOC Medication-Assisted Treatment Programs in Institutions

Division of Adult Institutions: Substance Use Disorder (SUD) Treatment Programs and Opioid Use Treatment Options

As part of the Department of Corrections Mission Statement to provide opportunities for change and success, the Division of Adult Institutions (DAI) provides programming opportunities to the people in our care that will further enhance reentry efforts and successful reintegration into the community. Both male and female persons in our care are assigned program needs through the use of a COMPAS Assessment and other screening tools. A risk level and a list of needs are identified for each person. SUD treatment needs are assigned based on a combination of an individual's risk level and the severity of their SUD diagnosis. DAI offers a variety of SUD treatment opportunities to individuals who are incarcerated. We currently have 15 male sites providing SUD treatment programming to persons in our care, and all three female sites provide SUD treatment programming. The SUD treatment provided at these sites is offered in one of three ways: Earned Release Programming (ERP), Challenge Incarceration Programming (CIP), or SUD programming for those not eligible for ERP or CIP. As of November 3, 2020, DAI had nearly 900 individuals enrolled in all three platforms of SUD programming. The number of individuals enrolled in SUD programming at any given time fluctuates throughout the course of the year; however, in 2019, just over 1,900 individuals complete Earned Release Programming and were released to the community.

DAI understands that the completion of treatment during incarceration is incredibly important, and the resources provided to individuals upon their release from incarceration will only further increase their ability to maintain sobriety. DAI and the Division of Community Corrections (DCC) work collaboratively in the release planning process to assure individuals are releasing to resources and treatment necessary for their recovery. Reentry phone calls between individuals who are incarcerated and their assigned DCC agent begin six months prior to release. Education materials on treatment options are provided to incarcerated individuals, referrals are made and appointments are scheduled for any treatment the individual is interested in participating in. All persons in our care have an opportunity to enroll in Medicaid prior to their release. If an individual is interested in participating in any treatment programming and/or MAT program, enrollment in Medicaid would allow for their treatment to be covered, helping ease potential financial barriers to being involved in a program.

DAI and DCC have worked together to create a protocol that identifies individuals who have a history of opioid use and flags these individuals as having a need for additional treatment and resources post release. An individual will be screened for an opioid using history six months prior to their release, and if the outcome of the screening shows that the individual has a history of using opioids, individuals will be educated on treatment options available to them in their communities, including medication-assisted treatment options. These options will also be discussed with their DCC agent, and referrals will be made. The identification of high-risk individuals and the process that follows this identification will expectantly lead to a decrease of overdoses after an individual is released from incarceration.

DAI currently has 13 sites offering the Vivitrol injection pre-release to individuals releasing to Region 4, Region 7, or Waupaca County. As a result of the Vivitrol Pilot Program, in 2016, DAI ERP sites began offering Vivitrol pre-release to individuals releasing to Region 4. This has since expanded to 13 DAI sites, and will hopefully continue to expand when funding allows. If individuals are releasing to Region 4, Region 7, or Waupaca County and they meet the eligibility requirements (history of opioid use, releasing to the identified region, and releasing within one year), they are provided educational information on Vivitrol and the DOC's Vivitrol/MAT program in their region. If the individual chooses to participate in the program, the case manager works with the health services unit to ensure the individual receives the Vivitrol injection one week or less prior to their release.

Many individuals who have a history of opioid misuse are released to regions outside of Region 4 and Waupaca County. Because DAI is unable to offer the Vivitrol injection to all individuals with an opioid history, psychiatrists at some DAI sites have been providing individuals with a prescription for oral Naltrexone at the time of release, which allows for these individuals to seek out additional treatment in the community while still utilizing MAT at the time of release.

Opioid Addiction Treatment Program

Wisconsin's 2015-2017 biennial budget provided $1.6 million to the Department of Corrections to implement an opioid addiction treatment pilot program. The program began providing treatment in April 2016. The funding covers medication-assisted treatment (MAT) with Vivitrol, medical services associated with Vivitrol, and AODA treatment services.

This volunteer program serves persons in our care releasing from our correctional facilities and those clients on community supervision living in one of the pilot counties in northeast Wisconsin (Brown, Calumet, Door, Kewaunee, Manitowoc, Outagamie, Waupaca, and Winnebago). Prior to discharge from a correctional facility, persons in our care are provided with their first Vivitrol injection. All pilot participants work with a contracted community treatment professional who provides SUD counseling and monthly Vivitrol injections. DOC currently contracts with 12 providers to provide these services and continues to add new vendors as interest grows. Participants receive up to 12 monthly treatments and weekly drug testing as part of the pilot program funding.

Goals of the pilot program include:
- Pilot participants abstain from further opiate use
- Reduce recidivism rates of program participants
- Decrease rates of overdose among program participants

Costs that are covered by the pilot include:
- Monthly Vivitrol injection: $1,500
- Medical evaluation: $200
- Psychiatric evaluation: $157 - $200
- Monthly drug testing: $47 - $80
- Individual and/or group therapy: $20 - $96 per session

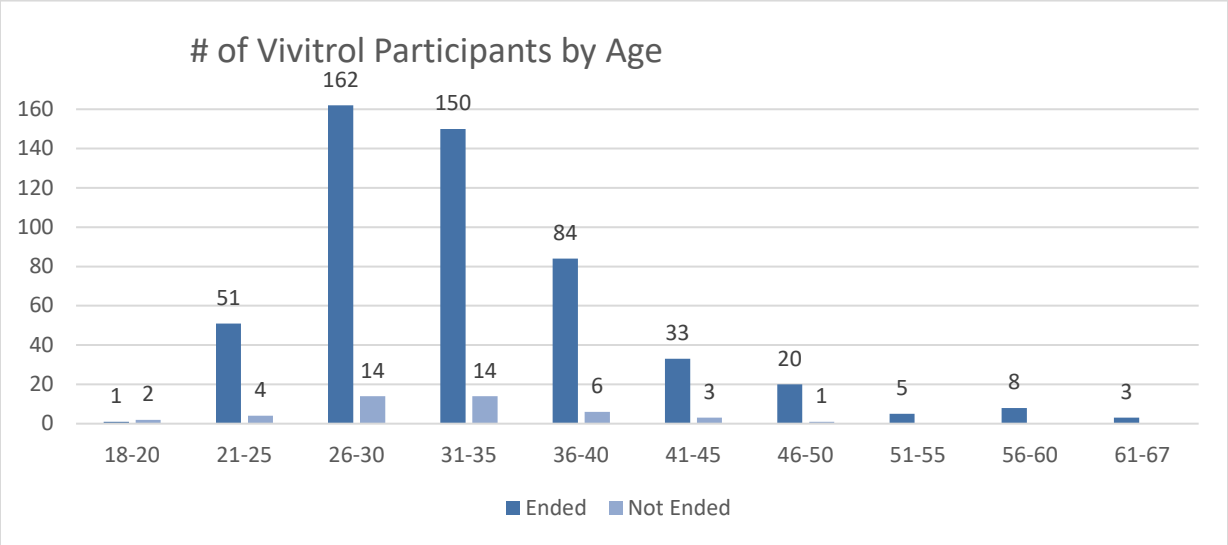
The average monthly cost for a pilot participant ranges from $1,700 to $2,200 depending on the level of service the treatment provider determines is most beneficial for that individual.

Costs for both the Vivitrol and related services are covered under Medicaid and some private insurance carriers. DOC pilot funds cover costs for those individuals with no private or public health insurance coverage.

In June 2017 the program graduated its first seven pilot participants. The graduates were recognized at a ceremony attended by community stakeholders, members of the media, and family and friends. Participants were commended on their decision to participate in the pilot and applauded for their desire to remain opioid-free. Future graduation ceremonies are planned to encourage current participants to continue with the pilot and maintain an opioid-free lifestyle.

In July 2020, DOC removed the "pilot" designation and incorporated the program into our budget. The program has since been expanded into DCC Region 7 counties: Waukesha, Sheboygan, Fond du Lac, Dodge, Washington, Ozaukee, and Jefferson. With this expansion, we are also contracting services that allow for Methadone and Buprenorphine treatments when deemed appropriate and closely monitored by a medical provider.

By September 30, 2020, 353 individuals had been treated through the program; 58% male and 42% female. Ages ranged from 18-25 (10%), 26-40 (77%) and 41-67 (13%). There have been 119 individuals who have successfully completed the program and another 21 have completed supervision. In 2020 we had a total of 101 participants. Currently there are 44 active participants with seven additional recent referrals.



Current DHS Medication-Assisted Treatment Programs with County Jails

MAT in Jails Program

Under 2017 Wisconsin Act 261, the Department of Health Services (DHS) was authorized to provide grants to counties and/or tribes who would provide non-narcotic, non-addictive injectable medication-assisted treatment (NNAI MAT) to incarcerated individuals prior to reentry into the community. These funds were to be used to provide MAT services (including an injection of Naltrexone [Vivitrol] prior to release, assistance with enrollment in MA, and care coordination services) to inmates who voluntarily receive the injection within the five days immediately preceding release from jail into the community. It was quickly learned that to ensure continuity of care, best practice standards and participant follow through, it was also necessary to allow for additional injections to be available in the community.

The Division of Care and Treatment Services (DCTS), via Action Memo 2018-11, provided notice of the grant opportunity for counties and/or tribes to apply for these funds. Counties and tribes submitted applications with the amount of funds they required to provide these services. The total amount of funding for the initial grant announcement was $1,500,000 as the funding covered the biennium. Many of the programs were unable to start offering these services until early 2019 as they needed to design, set up and implement the program, which included collaboration with their justice partners, medical teams, and treatment providers. Funds were also offered to counties to provide Naloxone (Narcan) to individuals as they were released from jail following best practice standards.

This table shows the funds originally provided to programs. All counties that applied were granted funding.

County	Award thru June 30, 2019	Naloxone	TOTAL
Bayfield	$ 17,400.00		$ 17,400.00
Brown	$ 40,040.00		$ 40,040.00
Columbia	$ 111,440.00	$ 4,360	$ 115,800.00
Dane	$ 230,237.90	$ 25,000	$ 255,237.90
Dodge	$ 35,944.00		$ 35,944.00
Kenosha	$ 132,025.00		$ 132,025.00
Lac du Flambeau (Vilas)	$ 102,758.00	$5,290	$ 108,048.00
Manitowoc	$ 85,100.00		$ 85,100.00
Racine	$ 92,697.00	$ 40,000	$ 132,697.00
Rock	$ 71,474.00		$ 71,474.00
Shawano	$ 51,586.80	$ 1,400	$ 52,986.80
Sheboygan	$ 115,000.00		$ 115,000.00
Unified Community Services (Grant/ Iowa)	$ 103,408.37	$ 1,050	$ 104,458.37
Walworth	$ 62,000.00		$ 62,000.00
Waushara	$ 74,929.00		$ 74,929.00
TOTALS	**$ 1,326,040.07**	**$ 77,100**	**$ 1,403,140.07**

In FY20, the funding resumed at $750,000 per fiscal year. One county chose not to re-apply for the grant, and one county de-obligated part way through the year. Those funds were redistributed to other counties who expressed additional need.

County	Original Award July 1, 2019 – June 30, 2020	Additional Funds Allocated thru de-obligation	Total
Bayfield (Bayfield, Ashland, Sawyer)	$ 30,000		$ 30,000
Brown	$ 20,000		$ 20,000
Columbia	$ 67,500	+$ 2,575	$ 70,075
Dane	$ 93,150		$ 93,150
Dodge	$ 20,250		$ 20,250
Kenosha	$ 73,875	+$ 12,381	$ 86,256
Lac Du Flambeau (Vilas)	$ 48,000	+$ 7,531	$ 55,531
Manitowoc	$ 68,850		$ 68,850
Racine	$ 85,500		$ 85,500
Rock	$ 40,500	+$ 5,415	$ 45,915
Shawano	$ 25,000		$ 25,000
Sheboygan	$ 38,250		$ 38,250
Unified Community Services (Grant/Iowa)	$ 45,000		$ 45,000
Walworth (de-obligated)	$ 30,000	(-$ 27,902)	$ 2,098
Washington	$ 64,125		$ 64,125
	$ 750,000		$ 750,000

Some highlights in numbers of the programs first two years are noted below.

FY20 (July 1, 2019 – June 30, 2020)
FY19 (July 1, 2018- June 30, 2019)

	FY20	FY19
How many ASAM assessments were completed under this grant during this reporting period?	**423**	**208**
How many medical assessments were completed under this grant during this reporting period?	**410**	**167**
How many nonnarcotic, non-addictive injections were given within the jail setting within five days of leaving the jail under the grant during this reporting period?	**312**	**122**
How many nonnarcotic, non-addictive injections were given to grant participants within the community during this reporting period?	**528**	**96**
How many Medicaid applications were completed under the grant during this reporting period?	**203**	**69**
How many people were referred to treatment services under the grant during this reporting period?	**450**	**262**

Due to COVID and reduced jail populations, holding times and early releases, programs have made necessary adjustments to their implementation and processes, yet the need for these services remains high.

Pilot Proposal

After conducting the survey with prisons and jails, DHS and DOC thoroughly reviewed the data collected and took into account existing research on MAT, including its administration in correctional settings, to propose a pilot program in Wisconsin with the goal of implementing a MAT program that offers all three forms of MAT for individuals with an OUD diagnosis in one prison or county jail. The objective of the pilot program is all individuals with an OUD diagnosis in the facility receive MAT services while incarcerated, and continuation of care upon release. Expected outcomes include a decrease in opioid-related overdoses and deaths upon release, and a reduction in recidivism rates amongst the participating population. DHS and DOC agree that implementing this type of pilot program presents several challenges. To best alleviate foreseeable challenges and ease the burden of implementation, DHS and DOC agree that the pilot should take place in a facility where two forms of MAT are already being administered. Moreover, the ideal facility shall have the ability to partner with a local opioid treatment program (OTP) to offer methadone.

DHS and DOC also agreed that currently a DOC prison facility is not the best fit and was not chosen for several reasons. DOC prisons have been exposed to only one form of MAT (Vivitrol) in a limited amount of facilities. In addition, the clients residing in the prison facilities have had longer terms of incarceration than the county jails and have had forced abstinence. The shorter term incarceration timeframes in the county jail will likely make all three forms of MAT more beneficial to that population.

Taking all of this into consideration, at this time DHS and DOC recommend engaging Milwaukee County officials around the possibility of piloting all medications for MAT for OUD individuals at the Milwaukee County Jail. Reasons for this recommendation are as follows:

- From an evaluation perspective, the Milwaukee County Jail presents the best opportunity to pilot this program and obtain enough data to evaluate it effectively. The information provided on their survey response shows that they have a high number of diverse individuals, including pregnant women, with the need for OUD treatment. Additional data in the survey also showed the Milwaukee County Jail was supportive of MAT services. DOC data also demonstrates a clear need in Milwaukee County. In 2020, 127 clients on DOC supervision overdosed in Milwaukee County and 40 overdoses resulted in death.[16] Of these, 93 overdoses and 19 deaths were directly attributable to opioids. It is possible that additional overdoses and deaths were related to opioids, but that information isn't verified.
- The Milwaukee County Jail is also in the best position of readiness with the most needed pieces already in place. The Milwaukee County Jail already offers naltrexone and buprenorphine for MAT and there are six opioid treatment programs in Milwaukee County for the possibility of partnership to offer methadone. This includes the only opioid treatment program in Wisconsin that offers 24/7 services. As such, the Milwaukee County Jail is well-suited to accept the opportunity to establish a medication unit on-site and begin offering methadone.
- Another benefit to using the Milwaukee County Jail as the pilot location is the opportunity to create a bridge between this facility and the Milwaukee House of Correction. By implementing the pilot in the Milwaukee County Jail, the chance an individual would go through withdrawal before moving to the Milwaukee House of Correction should be

[16] Wisconsin Department of Corrections – Data Request (2021)

eliminated and individuals should be receiving the appropriate level of care and treatment upon transferring to the Milwaukee House of Correction. An extension of the pilot at the jail would be ensuring there are protocols and a plan in place for individuals to continue receiving services upon transfer to the Milwaukee House of Correction.

Upon initial review, there is no indication any statutory changes would be necessary to implement this pilot program. However, it is important to note that establishing a medication unit within the facility to administer methadone does require federal approval from the Drug Enforcement Agency and SAMHSA. It would also require a waiver from SAMHSA to provide behavioral health therapy within the jail setting. DHS and DOC would support the facility and work with federal partners to receive approval.

In order to implement this pilot program, adequate funding would be necessary. Federal funds received by DHS to support the expansion of MAT restrict the use of funds within a prison or jail. To best determine the appropriate amount of funding necessary, a timeframe for the pilot program was needed. It was determined that three years would be the appropriate amount of time. Given that 8-12 months may be needed to make any necessary structural changes in the facility, obtain federal approval, acquire equipment, and hire staff, this assures at least two years of serving individuals for evaluation and measuring outcomes. Allocated funding would provide, but is not limited to, medication, medication administration, laboratory services, behavioral health services, data collection and evaluation, and staff providing both direct services and oversight responsibilities. The recommendation is a total of $3 million dollars be allocated for this project over the three-year period.

Given interest in this area, the implementation of this pilot could create a domino effect and lead others to begin offering all three forms of MAT once a roadmap with lessons learned and best practices is developed. In addition to the Milwaukee County Jail, other facilities considered well-suited for a pilot program would be the Dane County Jail and Rock County Jail. Both of these facilities have the community resources necessary to implement all three forms of MAT and based on current collaborative work, would be willing to consider participation.