Improving Transition from Detention to the Community for Individuals with Opioid Use Disorder[1]

April 2018

Introduction

Opioid use disorder (OUD) is a public health crisis that has plagued New Mexico for generations. Individuals with OUD may engage in drug-seeking behavior that can result in repeated jail bookings. Inmates with OUD are often high risk and high need individuals. The withdrawal symptoms experienced by people with OUD are familiar to detention professionals: depression, anxiety, vomiting, diarrhea, muscle aches, fever, and insomnia.

The recommendations in this report are offered as a blueprint for consideration by state lawmakers, detention professionals, behavioral health professionals, county commissioners, county managers, and other decision makers. There is cost associated with implementation of these recommendations and we do not suggest that counties alone should be responsible for funding and implementation simply because they already bear the financial burden of operating detention facilities. The state will need to provide for community services that serve individuals involved in the criminal justice system including medication assisted treatment (MAT) and supportive housing. State health and human services departments and managed care organization must also play a role in providing pre-release services and reentry care coordination.

A major theme that emerged during our conversations and study for this report is whether to provide medication assisted treatment for individuals in detention facilities. There are complex issues related to this recommendation, but there are also emerging medications that may be well suited for use in a secure setting. One of the people we interviewed for this report said it best: "In order to slow down the opioid crisis, we'll have to treat people where we find them and jails are one of the places we find them."

Recommendations

1. Fund and establish detention reentry programs to assess an inmate's risks and needs, identify available services, plan for treatment and services, and coordinate transition from the detention center to community-based services.

2. Pilot the efficacy of providing MAT to individuals diagnosed with OUD before they are released from detention.

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[1] This report was written by Tony Ortiz, former New Mexico Sentencing Commission Executive Director, Dr. Timothy Condon, Research Professor Center on Alcoholism, Substance Abuse and Addictions, UNM, and Grace Philips, General Counsel New Mexico Association of Counties and funded by the New Mexico Opioid State Targeted Response Initiative to address "the tremendous opioid crisis by expanding access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths…"

3. Expand collaboration between detention centers and the Medical Assistance Division of the state Human Services Department to ensure that Medicaid-eligible inmates are enrolled and have timely access to treatment upon discharge from detention.

4. Expand capacity for detention centers to provide overdose prevention education and naloxone kits to inmates.

5. Link detained populations and their families with the New Mexico Crisis and Access Line and the New Mexico Peer to Peer Warmline.

Background

Drug overdose is now the leading cause of accidental death, surpassing motor vehicle accidents, in the United States. In 2015, there were more than 20,000 prescription pain reliever-related deaths and nearly 13,000 heroin-related deaths (American Society of Addiction Medicine). In New Mexico, the drug overdose death rate has more than tripled from 7.6 deaths per 100,000 population in 1990 to 24.8 deaths per 100,000 population in 2016 (Landen). A Washington state study found that the leading cause of death after prison release was drug overdose, particularly from pharmaceutical opioids (Binswanger, 2007). Within two weeks after release, inmates in the Washington study had a mortality risk that was 12 times the mortality rate for the general population (Binswanger). Inmates with OUD lose their drug tolerance and face an acute risk of death upon release from detention if they use opioids again.

A study released earlier this year estimates the cost of the opioid crisis in the United States at more than $1 trillion from 2001-2017 (Altarum). The same study projects an additional $500 billion cost by 2020 without sustained action and harm reduction. Costs identified in the study include lost productivity, lost tax revenue to state and local governments, and increased spending on health care, social services, education, and criminal justice programs.

In New Mexico, the annual economic cost of opioid misuse is estimated at more than $900 million (Landen). Currently, there are more than 19,000 New Mexicans who abuse or have a dependence on opioids and only 10,543 are receiving MAT for OUD (Landen).

Discussion of Recommendations

1. Fund and establish detention reentry programs to assess an inmate's risks and needs, plan for treatment and services, identify available services, and coordinate transition from the detention center to community-based services.

The transition from detention to the community can be very difficult for discharging inmates. They may have lost their jobs, may no longer enjoy support from their families or friends, and may be facing homelessness. For individuals with OUD, these stresses along with the addictive nature of opioids can lead to renewed substance abuse and a heightened risk of overdose and death.

The New Mexico state legislature signaled its support for detention reentry programs with the passage of Committee Substitute for HB 19 (2018). Signed into law by the Governor, the bill

requires that a detention center screen inmates for mental illness and for habitual substance abuse within 30 days of incarceration. Brief universal intake screening tools that can be completed by security staff will help with this process. HB 19 also speaks to Medicaid enrollment of qualifying inmates and requires care coordinators employed by Medicaid managed care organizations to link enrolled inmates to care coordination **prior to** the inmate's release from detention.

A coordinated public safety and public health approach is needed to slow the cycle of arrest, incarceration, release, and re-arrest for people with OUD. Detention centers can screen inmates for habitual opioid use, manage the symptoms of withdrawal, and determine if treatment has already begun in the community. During incarceration, public health, managed care organizations, or state funded county staff can work with inmates to develop treatment plans. In some jurisdictions, hospital staff or community-based providers initiate care while individuals are still incarcerated and provide services upon release. Discharge plans should identify community-based treatment for OUD. However, for reentry services to be meaningful, the state will need to provide sufficient treatment capacity in the community as well as transitional and permanent supportive housing. Currently, Bernalillo County and San Miguel County detention centers are working on transition planning and reentry programs, which can provide insight and model best practices for other detention facilities.

2. Pilot the efficacy of providing MAT to individuals diagnosed with OUD before they are released from detention.

Medication in combination with counseling and behavioral therapies is the standard of care for OUD. Methadone, buprenorphine, and naltrexone are medications approved by the Food and Drug Administration for OUD treatment. Studies have shown that people with OUD who undergo detoxification but receive no MAT have a greater than 90% relapse rate. ("Medication Assisted Treatment: A Standard of Care," Interview Dr. Elinore McCance-Katz, Chief Medical Officer, SAMHSA). In contrast, researchers at the University of New Mexico found that the Bernalillo County Metropolitan Detention Center methadone maintenance program resulted in recidivism reduction, longer periods between jail bookings, and a greater likelihood that individuals would seek treatment post-discharge (McCrady, Westerberg, Owens and Guerin, UNM CASAA).

Challenges to offering MAT in a detention facility include cost and security issues related to diversion of the medication. However, there is a growing consensus among government authorities, funding agencies, addiction experts, and correctional organizations that MAT should be provided to inmates in jails and prisons.[2] Proponents of offering MAT in a correctional setting offer a number of policy rationales for their position. They note that MAT is the standard of care for people with OUD in our communities and for ethical reasons it should also be offered to people while in detention. Supporters also assert the following expected outcomes: reduction of

[2] The following groups have endorsed the use of MAT in a correctional setting: the National Commission on Correctional Health Care, the American Society of Addiction Medicine, the National Governor's Association, the National Association of Counties, the National League of Cities, and the President's 2017 Commission on Combating Drug Addiction and the Opioid Crisis ("Treatment of Opioid Use Disorder in NM Jails and Prisons: Now is the Time," Dr. Bruce Trigg).

post-discharge relapse; reduction of post-discharge mortality; recidivism reduction; and a reduction in the transmission of HIV and hepatitis C (Trigg).

Detention administrators expressed concern about using methadone or buprenorphine in a detention facility due to cost and security related issues. They cited problems with medication smuggling and diversion and the threat posed to maintaining security. However, there was interest in extended-release naltrexone (Vivitrol), an injectable, once-monthly treatment that can be used following detoxification. Moreover, the Food and Drug Administration recently approved the use of an injectable form of buprenorphine. These once-monthly injectable treatments mitigate the security and inmate management concerns and may be uniquely suited to use in a detention setting. Funding should be provided to enable county detention facilities who wish to offer MAT to pilot the effects of implementing this recommendation.

3. Expand collaboration between detention centers and the Medical Assistance Division of the state Human Services Department to ensure that Medicaid-eligible inmates are enrolled and have timely access to treatment upon discharge from detention.

Section 27-2-12.22 of the New Mexico statutes memorializes state policy regarding Medicaid eligibility for incarcerated individuals. Although the expansion of Medicaid under the Affordable Care Act stipulates that no incarcerated individual shall benefit from services under this Act, the New Mexico statute provides that incarceration shall not be a basis to deny or terminate eligibility for Medicaid and requires detention centers to share information with the state Human Services Department (HSD). Detention staff report problems with families losing eligibility when a parent is detained. However, staff for the Medical Assistance Division of HSD shared with us that, as a matter of policy, they do not suspend a person's Medicaid eligibility during the initial 30 days of incarceration. HSD is working with selected detention centers to improve the exchange of information regarding when individuals are incarcerated and released. Medicaid funds may be used to pay 50% of the costs for detention staff while they are working on Medicaid-eligibility issues. Having full Medicaid coverage when an individual is

released from incarceration can aid in the hand off to treatment and support facilities. New Mexico State Medicaid Centennial Care provides coverage for all current forms of MAT and many recovery support services.[3]

4. Expand capacity for distribution of naloxone kits to inmates upon release from detention.

On April 5, 2018, the Surgeon General issued a national advisory urging more Americans to keep on hand and learn how to use naloxone. New Mexico has been a leader in supporting the distribution of naloxone, a medicine designed to reverse an opioid overdose. HB 370 (2017) provides that upon discharge, jails are required to provide inmates diagnosed with OUD with information regarding the causes of an overdose, two doses of naloxone, and a prescription, "**as funding and supplies permit."** Several county detention centers are currently participating in

[3] For additional information, contact Kari Armijo, Deputy Director, Medical Assistance Division, NM Human Services Department. Phone: 505-476-6823. Email: kari.armijo@state.nm.us

overdose prevention education and naloxone distribution efforts.[4] Continued state and federal funding will allow for expansion of those efforts at additional detention centers in the state.

5. Connect inmates and their families with services provided by the New Mexico Crisis and Access Line and the New Mexico Peer to Peer Warmline.

Detention Centers should inform inmates about the New Mexico Crisis and Access Line (NMCAL) and Warmline and allow access to these resources without phone charges. NMCAL, operated by ProtoCall Services, Inc., was established in 2013. NMCAL is funded by the Behavioral Health Services Division of HSD.[5] NMCAL endeavors to help New Mexicans find the support and services they need for substance abuse and mental health challenges. The crisis and access line is staffed 24 hours a day by masters-level behavioral health counselors. Recently, NMCAL provided specialized training to its counselors so that they can better respond to callers with OUD. Counselors also receive training for MAT for OUD and administration of naloxone. NMCAL maintains an inventory of addiction, treatment, and recovery programs in New Mexico and has begun collecting data on the number of callers seeking assistance with OUD. NMCAL's program director suggested that all detention centers in New Mexico use NMCAL as part of their discharge planning process for inmates. The toll free phone number for NMCAL is: 1-855-662-7474. The web site address is: www.nmcrisisline.com

The New Mexico Peer to Peer Warmline was established in 2015 and utilizes certified peer support specialists who have recovered from their own substance abuse or behavioral health issues. Hours of operation for the Peer to Peer Warmline are 3:30 p.m. to 11.30 p.m. The toll free number for the Peer to Peer Warmline is: 1-855-466-7100.

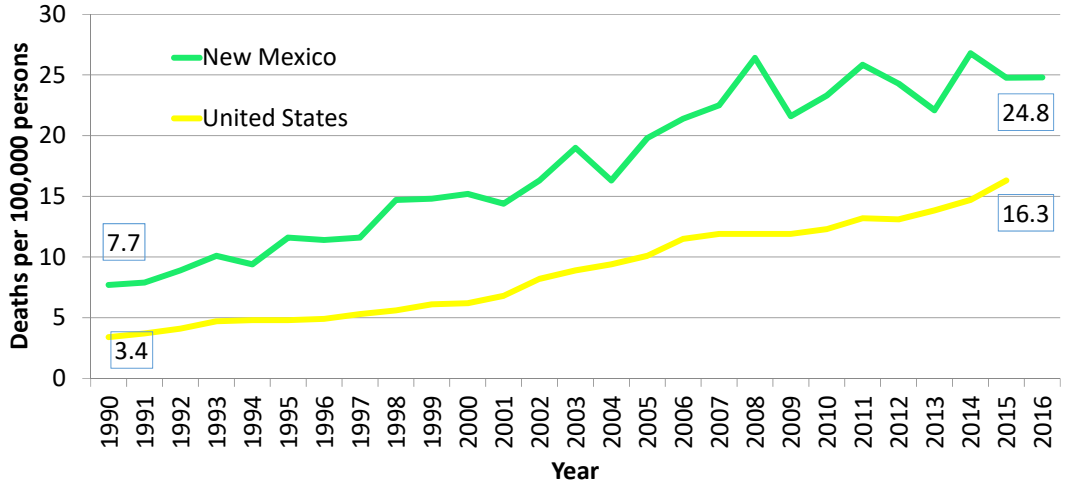
Thank You

We want to thank the detention and behavioral health professionals who shared their time, expertise, and ideas with us in interviews and roundtable discussions; the New Mexico Human Services Department staff from the Medical Assistance Division, who guided us through the Medicaid protocols for people in detention in New Mexico; and the county work group volunteers who helped to draft and vet the proposed recommendations.

[4] For additional information, contact Bernie Lieving, MSW, Overdose Prevention Education Coordinator, NM Human Services Department. Phone: 505-270-5943. Email: preventionallianceopiatesafe@gmail.com

[5] For additional information, contact Wendy Linebrink-Allison, Program Manager, NMCAL and the NM Peer to Peer Warmline. Phone: (505) 263-9140. Email: wendy.linebrink-allison@nmcrisisline.com

Drug Overdose Death Rates
New Mexico and United States, 1990-2016



Rates are age adjusted to the US 2000 standard population
Source: United States (CDC Wonder); New Mexico (NMDOH BVRHS/SAES, 1990-1998,2016 ; NM-IBIS, 1999-2015)

Economic Cost of Opioid Misuse in N.M.

- Estimate of the number of people in N.M. in 2017 Q2 who are chronic prescription opioid users, and may need treatment (22% of chronic prescription opioid patients) = 12,400*
- Estimate of the number of people using NMDOH Syringe Services program in 2016 who indicated heroin use = 6,976
- Cost per year per person misusing opioids estimate = $46,970**
- Estimated annual cost of prescription opioid misuse in N.M. = $582,000,000
- Estimated minimum annual cost of IV heroin use in N.M. = $328,000,000
- Estimated annual cost of opioid misuse in N.M. =$910,000,000

* Vowles, K. E., McEntee, M. L., Siyahhan Julnes, P., Frohe, T., Ney, J. P., & van der Goes, D. N. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: A systematic review and data synthesis. Pain, 156, 569-576. Note: The Winsorized mid point (min+max)/2 was used as a proxy for the number of people who have potentially problematic prescription opioid use.

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