MAT BEHIND THE WALLS
PARTNERSHIP AND PURPOSE

• Milwaukee County BHD/CARS has partnered with the House of Correction (HOC), the Department of Corrections (DOC), Wellpath, Community Medical Services (CMS), University of Wisconsin Milwaukee (UWM), and Wisconsin Community Services (WCS) to provide MAT behind the walls.

Overall Purpose:
• To reduce the risk of overdose death and enhance treatment and recovery service engagement among the post-trial population prior to community reentry. This is done by implementing Naltrexone (Vivitrol) as a Medication-Assisted Treatment (MAT) for sentenced and sanctioned offenders in custody at the Milwaukee County House of Correction (HOC), and by supporting the transition to community-based services once these individuals are released from custody.
• The ultimate long term goal during the grant will then be to provide all 3 forms of medically assisted treatment behind the walls once FDA approve.
RECOGNIZING A NEED

➢ WI has experienced a 300% increase in drug overdose deaths since 2000. Over the last five years, overdose deaths have consistently surpassed investigations of homicide, motor vehicle accidents, and suicide.

➢ Milwaukee County has the highest rate of opioid deaths and hospital visits due to substance misuse.

➢ Narcotic deaths represent 73% of all drug deaths.

➢ Offender opioid overdose hospitalizations after placement on probation and after release from prison have skyrocketed.

➢ Within three months of release from custody, 75% of people who were in prison or jail with an OUD experience a relapse to opioid use. Additionally, incarcerated persons who are released to the community are between 10 and 40 times more likely to die of an opioid overdose than the general American population—especially within a few weeks after reentering society.

➢ WI DOC demonstrated an 109.2% increase of offender opioid overdose hospitalizations after placement on probation, and an 160.8% increase of offender opioid overdose hospitalizations after release from prison.

➢ Deaths from opioid overdoses have increased (126.7%) among WI DOC offenders, 34.6% of deaths occurred while under DOC supervision.[1]
MORE THAN JUST MAT

➢ Address incorrect perceptions about the functions of MAT medications.
➢ Evidenced based trainings provided to HOC correctional officers; WI DOC agents; WellPath medical and behavioral health staff; and CMS Peer Specialists, Behavioral Health Clinician, and Milwaukee Clinic Manager.

Trainings Provided
➢ “Effective Use of MAT in an Opioid Dependent Population” provides up-to-date information and guidance in the treatment of OUD, including the effective use of all the FDA-approved medications.
➢ “Medication-Assisted Treatment for Peer Recovery Coaching” provides Certified Peer Specialists with information they need about MAT in their role providing support and guidance.

Trainings Continued
➢ “Improving Cultural Competence in Substance Abuse Treatment” provides the knowledge, skills, and strategies to serve diverse clients, families, and communities using culturally competent services.
➢ Motivational Interviewing: Beginners course, refresher training, and then monthly MI learning groups onsite.
➢ Matrix Model Training: Basic Core training on the “Evidence-Based Matrix Model of Intensive Outpatient Treatment,” an effective protocol in treating OUD.
➢ Matrix Model Training: Criminal Justice Settings: training on using the Matrix Model to meet the unique needs of law involved clients and includes a focus on criminal thinking, re-entry, and adjustment issues.
➢ Matrix Model Supervisor Training: training for individuals responsible for implementing the model, maintaining trained staff, and assuring fidelity to the EBP.
PROGRAM ELIGIBILITY AND PROGRAMMING

➢ Offenders must volunteer for the program
  ❖ No referral is necessary
➢ Have a medical and substance abuse assessment that indicates they’re addicted to an opiate
➢ Be medically able to take Naltrexone (Vivitrol)
➢ Agree to participate in treatment programs to address cognitive behavioral changes

➢ Up to 3 Vivitrol injections while in custody and then continued MAT upon release
➢ AODA and Mental Health Treatment
➢ Cognitive Behavioral Programming to align with Evidenced Based Practices
➢ A peer support specialist that will connect with participants while in custody and then will assist in the transition into the community
➢ A case manager with Wellpath and a clinician with CMS
➢ Access to Milwaukee County resources in the community to assist in recovery
  ❖ Access to a Recovery Support Coordinator supported by BHD/CARS
➢ Bus passes and Narcan provided upon release
APRIL 1ST GO LIVE

➢ 5 active participants
➢ 30 potential participants
➢ 1 released into the community
➢ 2 scheduled for release in August
➢ 2 vivitrol shots given in House of Corrections
➢ 2 shots scheduled to be given in House of Corrections in August

➢ Active participants have been linked with a Peer Support Specialist and Clinician from CMS
➢ Active participants are engaged with a case manager with Wellpath, within House of Corrections
➢ Potential participants are provided with information surrounding MAT and their options even if they decide against the program
QUESTIONS?