



## Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #297

### Medication-Assisted Treatment (Corrections -- Adult Institutions)

[LFB 2023-25 Budget Summary: Page 136, #8]

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#### CURRENT LAW

Medication-assisted treatment (MAT) provides medication, in combination with counseling and behavioral therapies, to treat opioid use disorders. Currently, the Department of Corrections provides pre- and post-release MAT services in 15 Division of Adult Institution (DAI) facilities and is in the process of expanding to all Division of Community Corrections (DCC) regions. Funding for the program is \$1,236,700 GPR annually.

#### DISCUSSION POINTS

1. In the late 1990's, an opioid crisis developed in the United States. The increasing prevalence of fentanyl, coupled with the COVID-19 pandemic, has only exacerbated the issue. According to the Center for Disease Control and Prevention, drug overdose deaths have quintupled since 1999, and increased by 30% over one year from 2019 to 2020 (the most recent data available). Between 1999 and 2020, more than 564,000 individuals have died from an opioid overdose. Wisconsin mirrors these national trends. Over the past decade, there has been an approximate 900% increase in opioid overdose deaths in Wisconsin (including 1,427 opioid-related deaths in 2021, according to the most recent data available from the Wisconsin Department of Health Services).

2. Substance use is particularly prevalent among the incarcerated and supervised populations of the Department of Corrections. In 2022, there were over 1,000 overdose events, including 203 overdose deaths, among adults on community supervision in Wisconsin. Among the state's institutionalized population, at the start of 2022-23, over 9,800 individuals were on the waitlist for substance use disorder programming based on an identified need.

3. Given Corrections' high-need population and controlled setting (where inmates are

forced to abstain from substance use and correctional staff can consistently provide treatment), a correctional institution may be considered an ideal location for SUD programming. While incarcerated, inmates can prioritize treatment, which better educates and equips them with coping skills to continue on the path to recovery when re-entering society, and may contribute to reduced post-release overdoses and deaths, illicit drug use, and recidivism rates.

4. One specific way the Department of Corrections is working to combat opioid use is through medication-assisted treatment, which uses medications, in combination with counseling and behavioral therapies, to treat opioid use disorders. There are three Food and Drug Administration (FDA) approved medications that can be used for MAT, including methadone, buprenorphine, and naltrexone. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), all three medications relieve withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.

5. According to SAMHSA, "research shows that a combination of medication and therapy can successfully treat these disorders and...can help sustain recovery and/or to prevent or reduce opioid overdose." In addition, "MAT has proved to be clinically effective and to significantly reduce the need for inpatient detoxification services."

6. Correction's MAT program is loosely based on the Vivitrol program, initiated in the 2015-17 biennial budget, which provided \$836,700 annually to implement an opioid addiction treatment program by treating individuals prior to and after release from incarceration. Specifically, funding covered medication-assisted treatment with Vivitrol (also known as naltrexone), medical services associated with Vivitrol, and alcohol and other drug abuse (AODA) treatment services.

7. The Vivitrol pilot program has since evolved into the current MAT program. The Department's MAT program generally provides up to 12 months of MAT (and a corresponding 12 injections, if needed) and other treatment services, and as it currently operates, largely occurs when an offender is under DCC supervision. Potential DCC participants are identified based on referrals due to violations, overdoses, drug screens, or by self-reporting of use or misuse of substances. Currently, while incarcerated, participants complete AODA treatment, receive their first shot up to seven days prior to release, and are assigned to a specialty trained MAT agent (a probation and parole agent with specific MAT training and a MAT-focused caseload; MAT agents serve as a resource and liaison to community providers). In addition, participants must volunteer for the program and pass a medical screening. Corrections establishes contracts to provide DCC MAT services based on evidenced based practices and cognitive behavioral therapy, and MAT agents work with the MAT participant to connect them with contracted providers.

8. Under 2021 Act 58 (the 2021-23 biennial budget), the Department was provided \$400,000 annually to expand MAT to additional DCC regions. In 2022, there were an average of 124 individuals receiving MAT services each month through DCC.

9. The MAT program currently only exists as a DCC program (although participants formally residing in one of the 15 participating DAI facilities often received their first dose of medication in the correctional facility setting, shortly before release). Under the budget bill, MAT services would be expanded to DAI, with the goal of targeting eligible inmates upon entry into prison,

rather than just upon release when individuals are transitioning to reenter the community. The DAI MAT program would function similar to the DCC MAT program, where participants receive monthly medication, in combination with treatment, for substance use disorders.

10. Potential participants for the DAI MAT program would be identified based on the screening/assessment that occurs during intake (generally based on previous substance use). Unlike DCC MAT participants, who, if able, pay for MAT through employment sponsored healthcare or by self-paying (through private governmental insurance), the Department would fully cover the cost of DAI MAT participants, given that they are residing in correctional facilities under the jurisdiction of the Department.

11. The Department notes that approximately 10% of DAI inmates have an identified substance use disorder that would qualify them for MAT programming (note that approximately 50% have an identified substance use disorder, but the population was further defined to identify those who would best qualify for the MAT program, using parameters similar to the MAT DCC eligibility criteria). Given that DAI averaged approximately 9,300 intakes per year between 2015 and 2019 (the most recent pre-pandemic data available), it is estimated that 465 newly-admitted inmates could participate in MAT programming in 2023-24, and 930 could participate on an annualized basis, beginning in 2024-25. Given the size of the proposed expansion under the budget bill, it is likely that MAT programming would be expanded to additional correctional facilities, beyond the 15 DAI facilities already providing pre-release first-doses for DCC MAT participants. The budget bill provides for only half of the annualized number of participants in 2023-24 in order to give the Department time to identify which additional facilities will participate and to ramp up participation and programming.

12. The MAT medication can be administered orally or through an injection. Each shot costs \$1,488 per month, and the oral medication costs \$45.50 per month. While there is no clinical evidence that either form of the medication is superior to the other, the choice relies on a variety of factors such as institution staff availability, patient suitability and/or preference, and risk or history of diversion (providing medication to others for secondary gains). The Department anticipates that 80% of MAT participants will receive the oral medication, and 20% will receive the injectable medication. Monthly medication is generally provided for up to 12 months per participant, although individuals may participate for a shorter or longer period of time, depending on individual need. Given the medication costs and proposed distribution, it would cost \$931,900 GPR in 2023-24 for 465 individuals to receive MAT medication for six months, and \$3,727,400 GPR in 2024-25 for 930 individuals to receive MAT medication for a full year.

13. In addition to medication, the budget bill would provide \$24,000 in one-time funding in 2023-24 to purchase two pharmacy refrigerators to store the medications, and \$150,900 GPR in 2023-24 and \$188,400 GPR in 2024-25 for 1.0 pharmacist position to manage the medications. In total, expanding MAT to DAI for an annualized 930 participants would require \$1,106,800 GPR in 2023-24, \$3,915,800 GPR in 2024-25, and 1.0 GPR pharmacist position annually. In addition, under this alternative, 1.0 vacant physician position would be reallocated to central office to serve as the administrative head of the MAT program and to advise the Department on best practices. As of April 1, 2023, the Department had 18.2 budgeted physician positions, including 5.9 vacancies (3.0 of which

have been vacant since, or before, 2021). The exact vacant physician position to be reallocated would be determined by the Department. [Alternative 1]

14. The number of annualized participants served under Alternative 1 represents the entire estimated DAI population with substance use disorders that would qualify for MAT, based on intake evaluations (930 is 10% of 9,300 intakes). Given the scope of the expansion, Alternative 1 would more than triple the current MAT budget by the end of the 2023-25 biennium. If a lower amount of funding were provided, for example, \$628,800 GPR in 2023-24 and \$2,052,100 GPR in 2024-25 (representing half of the identified medication costs, half of the pharmaceutical refrigerator costs (one refrigerator instead of two), and the costs related to the 1.0 pharmacy position), Corrections could still expand MAT to DAI, albeit on an approximately 50% smaller scale. Given that the Department has 7.8 pharmacist positions to serve the medical needs of over 21,000 inmates, the Committee may still wish to provide the additional pharmacist position (8.8 total pharmacists corresponds to a ratio of one pharmacist per approximately 2,400 inmates, based on May, 2023 populations), and allow for the reallocation of the vacant physician position to oversee the MAT program. [Alternative 2]

15. If the Committee takes no action, the Department could use existing budget authority to continue to provide MAT services to the Division of Community Corrections population, likely without expanding to the Division of Adult Institutions. [Alternative 3]

## ALTERNATIVES

1. Provide \$1,106,800 GPR in 2023-24, \$3,915,800 GPR in 2024-25, and 1.0 GPR pharmacist position annually to expand the medication-assisted treatment program to the Division of Adult Institutions. In addition, reallocate 1.0 vacant physician position for this purpose.

| ALT 1 | Change to Base<br>Funding | Positions |
|-------|---------------------------|-----------|
| GPR   | \$5,022,600               | 1.00      |

2. Provide \$628,800 GPR in 2023-24, \$2,052,100 GPR in 2024-25, and 1.0 GPR pharmacist position annually to expand the medication-assisted treatment program to the Division of Adult Institutions (on a smaller scale). In addition, reallocate 1.0 vacant physician position for this purpose.

| ALT 2 | Change to Base<br>Funding | Positions |
|-------|---------------------------|-----------|
| GPR   | \$2,680,900               | 1.00      |

3. Take no action.

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