



Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: <http://legis.wisconsin.gov/lfb>

June, 2021

Joint Committee on Finance

Paper #242

Medication-Assisted Treatment (Corrections -- Adult Institutions)

[LFB 2021-23 Budget Summary: Page 125, #7]

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 13 Division of Adult Institution facilities and three Division of Community Corrections regions (one full region and two partial regions).

DISCUSSION POINTS

1. In the late 1990's, an opioid crisis developed in the United States. Since 1990, more than 750,000 people have died from a drug overdose nationwide. Wisconsin mirrors these national trends. Between 1999 and 2019, there has been a nearly 900% increase in opioid overdose deaths in Wisconsin (including 916 opioid-related deaths in 2019).
2. Substance use is particularly prevalent among the Corrections population. In 2020, 63% of inmates had an identified substance use disorder (SUD) treatment need. In addition, a 2017 report from the Department showed a 141.2% increase in opioid-related deaths among individuals released from correctional facilities from 2012 to 2017.
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 state (including 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) and other treatment services. Currently, the Corrections-funded MAT program requires counseling in conjunction with the shot. However, Corrections works with doctors to align best treatment options with specific client needs. Potential participants are identified based on a risk assessment and/or by self-reporting of use or misuse of substances. 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, pass a medical screening, and reside in a geographic area of the state where MAT services are provided, upon release.

8. Under 2019 Act 119, the Department of Health Services (DHS), in consultation with Corrections, is required to study each prison and county jail for the availability of medication-assisted treatment for opioid use disorders, behavioral health counseling, inpatient detoxification, and assessment and treatment for opioid use disorder for women upon entry. The Act also requires DHS, in consultation with Corrections, to develop a proposal to implement, or identify county officials to implement, a pilot project to make all medications for medication-assisted treatment for opioid use disorder available in at least one prison or county jail by April 1, 2021.

9. On March 23, 2021, the Corrections Secretary and the interim DHS Secretary submitted a report to the Committee Co-Chairs in accordance with 2019 Act 119, including a survey of all state and local correctional facilities. The survey of prisons and jails yielded an 89% response rate (97% of prisons and 85% of jails). A majority of jails (59%) and prisons (51%) indicated that they had behavioral health counseling available on the premises. Most of these services were through contract providers for jails (67%), but according to the survey, all of the prison behavioral health services were provided by Corrections staff. In addition, 13 prisons indicated that they have the capacity to offer

MAT with naltrexone medication (although only five are actively providing MAT) and 25 jails indicated that they provide MAT, mostly with naltrexone (84%), but a few jail facilities also offer buprenorphine and methadone medication.

10. While the report concluded with a recommendation to implement a \$3 million MAT pilot program offering all three FDA-approved MAT medications in a county jail over three years, Corrections indicates that the DHS would be best equipped to operate the program. As a result, the MAT expansion provided under AB 68/SB 111 and discussed in this paper only relates to the Division of Community Corrections (DCC) post-release portion of the program, and not any pre-release programming at institutions or jails.

11. After receiving programming and a first shot while incarcerated, an inmate is released to the community, usually under the supervision of a MAT-trained probation, parole, and extended supervision agent. Corrections establishes contracts to provide 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. Currently, the Department contracts with 13 providers for MAT services.

12. Currently, all of the Department's DCC Region 4 (Brown, Calumet, Door, Kewaunee, Outagamie, and Winnebago Counties), most of Region 7 (Fond du Lac, Manitowoc, Ozaukee, Sheboygan, Washington, and Waukesha Counties), and one county in Region 8 (Waupaca County) participate in the MAT program. Unserved regions include Region 1 (Southwest Wisconsin), Region 2 (Southeast), Region 3 (Milwaukee), Region 5 (Northwest), and Region 6 (North Central and Northeast) (in addition to part of Regions 7 and 8). Individuals with SUD needs in unserved counties may still receive SUD programming, but cannot receive MAT injections.

13. According to Corrections, DCC MAT participants are instructed to receive an injection every 28 days. An individual who skips a shot or programming is not, however, automatically terminated from the program. Participants can be terminated for long-term absences or for abusing illegal substances. Clients are drug-tested weekly with a 13 panel drug test. In addition, illicit drug use may be uncovered and reported by the vendor, agent, or self-reporting by the client.

14. Participants can pay for MAT through employment sponsored healthcare or by self-paying (through private or governmental insurance) for some or all parts of the program. The Department of Corrections is the payer of last resort for those who do not have another funding source available. Given the fluctuating population, the percentage of individuals that have the ability to pay is not constant. The Department indicates that manner in which billing and participant data is maintained does not allow the Department to provide an estimated amount of employer sponsored or self-paid support for MAT.

15. According to the Department, it is challenging to estimate how many individuals qualify for MAT services; however, as of March 31, 2020, there were 4,400 individuals on extended supervision with at least one active offense related to opioids. On the same day, there were 2,050 individuals incarcerated with at least one active offense related to opioids. At the end of 2019-20, the Department compiled a list of approximately 200 individuals who were considered eligible for the MAT program (one eligibility requirement was that the individual was residing in one of the regions

where the program was being offered). By expanding to additional regions, the number of individuals considered eligible would also increase.

16. According to Corrections, program expansion would focus on the post-release portion of MAT, and specifically, on counties that are currently unserved "where the need exists." The Department indicates that Region 6 (Ashland, Bayfield, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Marinette, Menominee, Oconto, Oneida, Price, Sawyer, Shawano, Taylor, and Vilas Counties) would be a primary focus, as it experiences a high level of opioid deaths and has local providers who are ready and able to engage in contracts with the Department for this type of programming. The Department is also currently working with Tribal and inter-county agencies to identify opportunities for expansion. Ultimately, the Department will look at need, provider availability, and opioid death statistics to determine areas appropriate for expansion, but it hopes to eventually expand to all DCC regions.

17. Each shot costs \$1,700, and each participant receives monthly shots for up to 12 months (for a total cost of \$20,400 per year, per participant, for those who need a full year of treatment). However, as noted previously, not all shots are paid for by Corrections. In addition, each participant has different dosage needs, so not all participants are in the program for the same length of time. Under current programming, the Department monitors 75 to 80 participants per month (including those funded by the Department's current budget and those not funded through the Department) and has the same base budget (\$836,700 annually) as provided for the initial pilot program.

18. In addition to shots, funding would go towards counseling, drug tests, liver enzyme testing, pregnancy testing, and contracted personnel for injections or substance use disorder treatment. The contract positions would include primary care physicians for prescriptions and injections, physician administrative support for billing and invoicing, and substance use treatment counselors. According to Corrections, the exact number of positions cannot be determinate as "data isn't collected in a way to accommodate such a calculation." In addition, costs for each of these non-shot items will depend on the contracts entered into after a formal bidding and procurement process. Examples of potential costs could include \$200 per AODA assessment, \$315 per medical screening visit, \$65 per drug panel, \$90 for AODA individual counseling per attendee, per hour, and \$40 for AODA group therapy per attendee, per hour.

19. As a result of these factors, it is difficult to estimate how many more individuals can be served with additional funding. If the Committee provides \$800,000 GPR annually (as under AB 68/SB 111) for supplies and services, Corrections estimates that it could potentially expand MAT access to approximately 80 additional participants (twice the current number served). This alternative would nearly double the current MAT budget. According to Corrections, an expansion would first occur in Division of Community Corrections Region 6 (northeastern Wisconsin), with the goal of expanding to all regions and entities, if additional funding allows. [Alternative 1]

20. Corrections indicates that if a lower amount of increased funding were provided, for example \$400,000 GPR annually (half of the recommended funding), it could still expand MAT, albeit on a smaller scale. [Alternative 2] Similarly, Corrections indicates that if double the recommended funding were provided (\$1,600,000 GPR annually), the need exists and providers are available to expand MAT to additional regions. [Alternative 3]. In either of these scenarios, the

Department would need to assess bids and contract proposals relative to the budgeted funding.

21. This item was not requested by the Department in its 2021-23 agency budget request. In addition, AB 68/SB 111 includes two additional MAT items under Department of Health Services which may expand MAT reimbursement (LFB 2021-23 Budget Summary Page 263, Item #14) and programming (Page 301, Item #11) (however, these items are not targeted specifically at Corrections populations). If the Committee takes no action, the Department could continue to serve approximately 75 to 80 MAT participants per month. [Alternative 3]

ALTERNATIVES

1. Provide \$800,000 GPR annually to expand the medication-assisted treatment program to additional Division of Community Corrections regions.

ALT 1	Change to Base
GPR	\$1,600,000

2. Provide \$400,000 GPR annually to expand the medication-assisted treatment program to additional Division of Community Corrections regions.

ALT 2	Change to Base
GPR	\$800,000

3. Provide \$1,600,000 GPR annually to expand the medication-assisted treatment program to additional Division of Community Corrections regions.

ALT 3	Change to Base
GPR	\$3,200,000

4. Take no action.

Prepared by: Shannon E. Huberty