

Understanding the Barriers and Facilitators of Medication-Assisted Treatment Implementation in San Mateo County Correctional Health

Background: *Patients with SUDs are increasingly being incarcerated; MAT reduces recidivism and death rates*

- 60-70% of individuals facing incarceration in SMC and 45.5% of those imprisoned nationwide¹ are held on substance related charges
- Medication-assisted treatment (MAT) is the gold standard treatment for Opioid Use Disorder (OUD)
 - decrease overdose deaths²
 - decrease recidivism⁴
 - reduce other illicit substance use⁶
 - reduce transmission of infectious diseases³
 - improve retention in care⁵
 - cost efficient⁷
- New standards of care regarding legality of denying MAT during incarceration
- ASAM 2020 Guidelines: offer medications even in the absence of therapy⁸

Problem: *Incarceration and release are high-risk states*

- Incarceration of individuals with substance related charges is increasing
- Loss of tolerance during incarceration
- Risk of death within two weeks is **12.7x** that of general population⁹
- Loss of supports, employment, health care
- Cycles of use and incarceration are unending without treatment

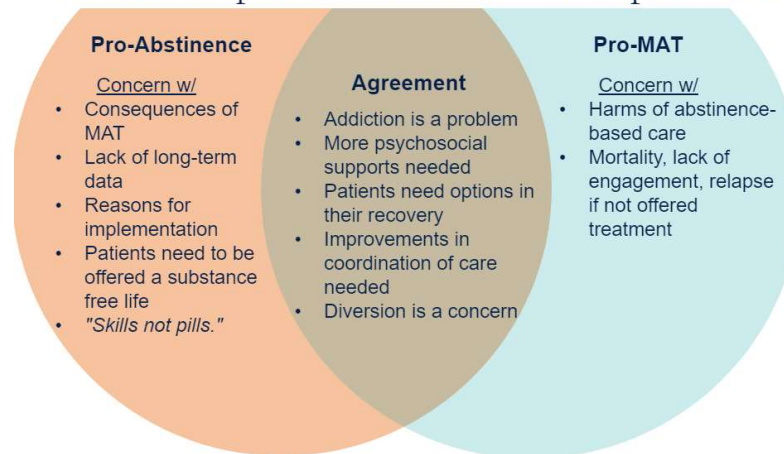
Objectives:

- Understand the barriers to and facilitators of MAT implementation in SMC Correctional Health
- Develop recommendations to enhance Correctional Health's MAT protocol

Methods: *Semi-structured interviews - beliefs, perceptions, experiences*

- Participants: Administration, clinical staff, community partners (N = 8; Dec 1, 2019 - Feb 14, 2020)
- Thematic analysis of interview summaries by two reviewers

Results: *A spectrum of beliefs and experiences*



Time Frame	Recommendation	Role Responsible	Quotes
Short Term	Describe impetus for MAT	CH Leadership CH Leadership & Clinical Staff	"Meth is a bigger problem in our county. The opioid overdose deaths - we're not seeing it here." "It hasn't really been a transparent process. We go to these meetings and think we've resolved something and then it resurfaces again at the next meeting." "9 months ago, it was Vivitrol [that was recommended] - I don't know who turned the faucet on. Now it seems like it's Suboxone."
	Engage all staff in implementation	CH Leadership & Correctional Officers	"It is a mystery to me how decisions are made."
	Monitor diversion events & report	Health System Leadership & Clinical Staff	"We are trying to keep the amount of drug in the building for painful withdrawal states."
Medium Term	SUDs workshops, trainings, educational activities	CH Leadership, Clinical Staff & Community Partners	"We need a formal in-service. We have information in emails and on the walls but there hasn't been any formal training." "There is not great research for our population..." "Many of the people that come in have polysubstance use - which protocol are we supposed to use?"
	Coordination of care between jail & community resources		"Once you come out of the jail you have no benefits, no food stamps, you're homeless." "Jails need to be better coordinated with the community."
Long Term	Integrated EHR	CH leadership & Health System Leadership	"A lot of times I don't know when someone is incarcerated."
	Evaluation of outcome data w/ dissemination		"The people that respond - I'm not seeing them." "Agonist treatment is not facilitating active engagement in programming or other aspects of daily life."