

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

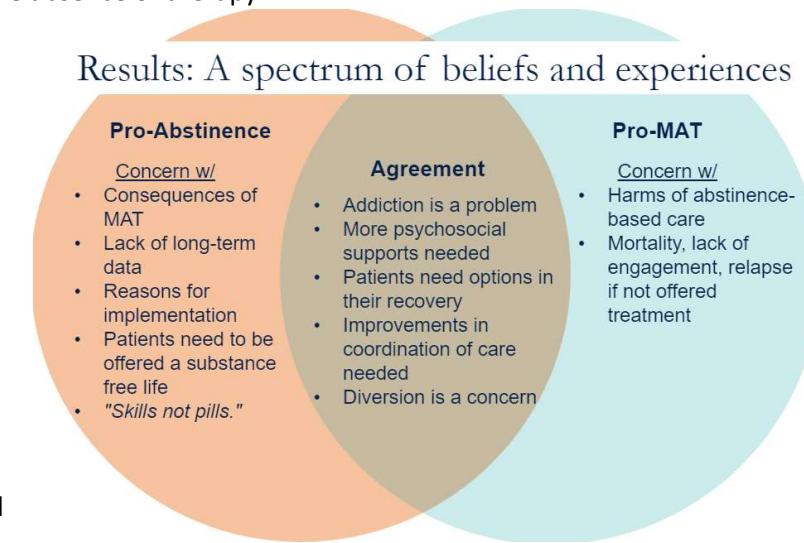
- Incarceration of individuals with substance related charges is increasing
- Loss of tolerance during incarceration
- Risk of death within two weeks is **12.7x** that of general population⁹
- Loss of supports, employment, health care
- Cycles of use and incarceration are unending without treatment

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



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

1. Federal Bureau of Prisons: Offenses. Accessed April 25, 2020. 2. Green, 2018. 3. Macarthur, 2012. 4. Deck, 2009. 5. Kakko, 2003; Rich, 2018. 6. Tsui, 2019. 7. Gisev, 2009; Rich, 2015. 8. American Society of Addiction Medicine, 2020. 9. Binswanger, 2007.