

## 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 nationwide<sup>1</sup> are held on substance related charges
- Medication-assisted treatment (MAT) is the gold standard treatment for Opioid Use Disorder (OUD)
  - decrease overdose deaths<sup>2</sup>
  - decrease recidivism<sup>4</sup>
  - reduce other illicit substance use<sup>6</sup>
  - reduce transmission of infectious diseases<sup>3</sup>
  - improve retention in care<sup>5</sup>
  - cost efficient<sup>7</sup>
- New standards of care regarding legality of denying MAT during incarceration
- ASAM 2020 Guidelines: offer medications even in the absence of therapy<sup>8</sup>

**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 population<sup>9</sup>
- Loss of supports, employment, health care
- Cycles of use and incarceration are unending without treatment

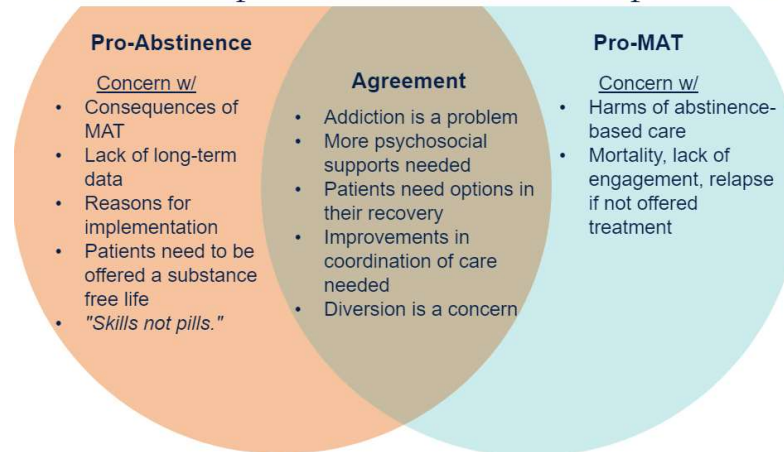
**Objectives:**

- 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
<b>Short Term</b>	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."
<b>Medium Term</b>	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."
<b>Long Term</b>	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."

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.