The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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October 30, 2020

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

Michael D. Hurley
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Chapter 208 of the Acts of 2018, please find enclosed a report entitled: "*Houses of Correction Medications for Opioid Use Disorder Report*."

Sincerely,

Margret Cooke
Acting Commissioner
Department of Public Health

# Houses of Correction Medications for Opioid Use Disorder Report

October 2020

BACKGROUND

Chapter 208 of the Acts of 2018 required the following five county houses of correction (HOCs) to participate in a pilot program offering broad access to FDA-approved medications for opioid use disorder to individuals housed within their facility to be implemented not later than September 1, 2019:

- Franklin County House of Correction
- Hampshire County House of Correction
- Hampden County House of Correction
- Middlesex County House of Correction
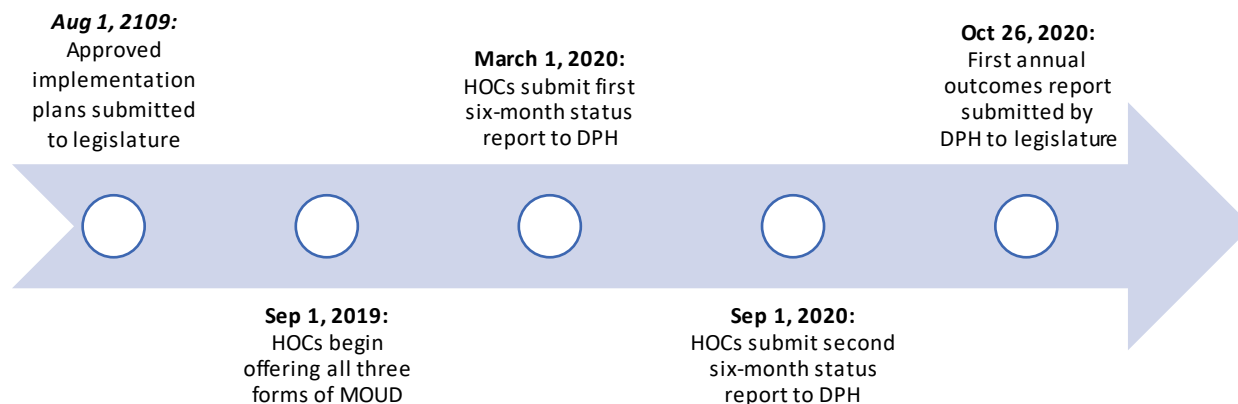- Norfolk County House of Correction
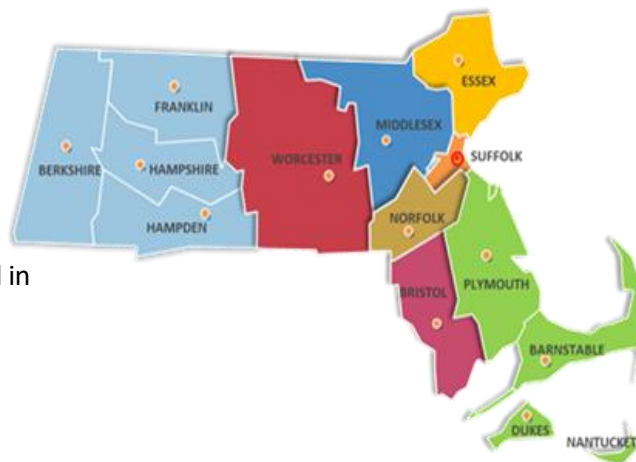
The following two additional HOCs were later added in the supplemental budget:

- Essex County House of Correction
- Suffolk County House of Correction

STATUS OF IMPLEMENTATION

In accordance with the legislation, the Massachusetts Department of Public Health submitted approved implementation plans for all seven county HOCs to the legislature by August 1, 2019 and all seven began offering broad access to all three FDA approved medications for opioid use disorder (MOUD) as of September 1, 2019. Despite challenges posed by COVID-19, each HOC has worked closely with the Massachusetts to Department of Public Health to ensure on-going access to all forms of FDA-approved medication.

Timeline of Implementation to Date

Aug 1, 2109:
Approved implementation plans submitted to legislature

March 1, 2020:
HOCs submit first six-month status report to DPH

Oct 26, 2020:
First annual outcomes report submitted by DPH to legislature

Sep 1, 2019:
HOCs begin offering all three forms of MOUD

Sep 1, 2020:
HOCs submit second six-month status report to DPH

PRELIMINARY RESULTS

The figure below shows the number of patients in each site over time since the program launch on September 1, 2019.
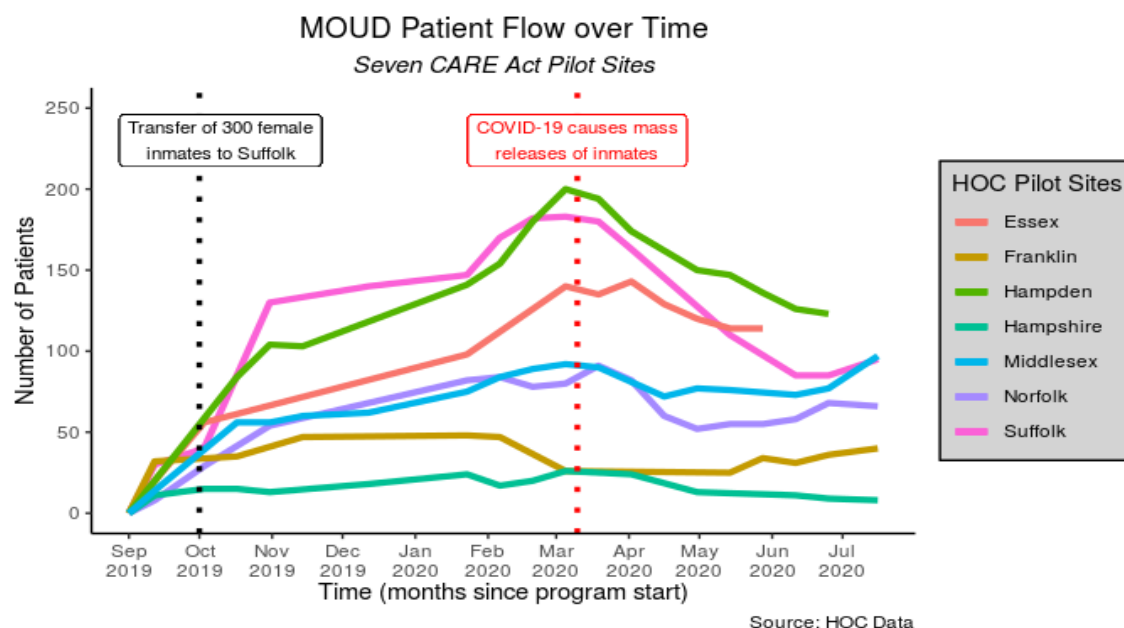
Note: Important effects on numbers to note are 1) transfer of around 300 female inmates from Framingham House of Corrections to Suffolk County House of Corrections, vastly increasing the number of MOUD patients and 2) The spread of COVID-19 in Massachusetts causing mass releases of inmates towards the end of their sentences and non-violent offenders, along with the decrease of arrests, causing a reduction in patients at all pilot sites.

The figure below shows the percentage the of inmate population on MOUD during the COVID-19 pandemic in Massachusetts by pilot site. These are standardized by number of patients in each site divided by the inmate population since outbreak of novel coronavirus in Massachusetts.
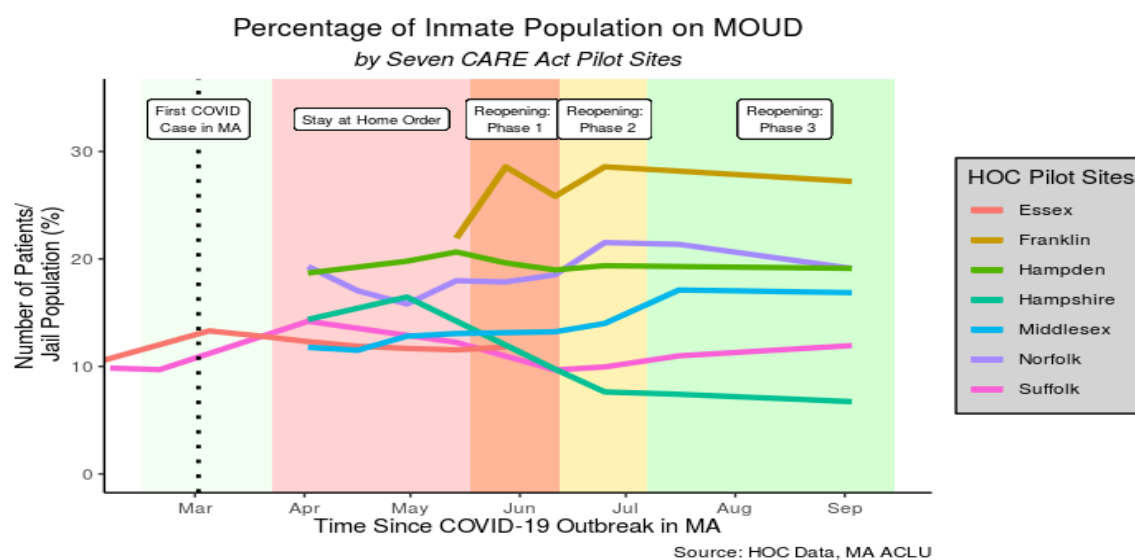
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September 1, 2019 through August 30, 2020 (First Six Months)

The total number of participants enrolled from September 1, 2019 to February 29, 2020 was 2,325. The total number of participants ranged from 64 participants (2.8% of the total) in Hampshire to 606 participants in Hampden (26.1% of the total).

The average age of participants ranged from 34.8 in Franklin to 39.0 in Middlesex, with an overall average age of 37.4. Participants were majority male in each county, ranging from 51.1% male in Suffolk to 100% male in Middlesex and Norfolk. The participants overall were 78.2% male.

	TOTAL PARTICIPANTS	PERCENT OF TOTAL	MEAN AGE	PERCENT MALE
ESSEX	438	18.9%	37.5	92.9%
FRANKLIN	117	5.0%	34.8	65.0%
HAMPDEN	606	26.1%	36.8	66.8%
HAMPSHIRE	64	2.8%	35.6	98.4%
MIDDLESEX	243	10.5%	39.0	100%
NORFOLK	381	16.4%	37.9	100%
SUFFOLK	476	20.5%	37.7	51.1%
ALL	2325	100%	37.4	78.2%

March 30, 2020 through August 30, 2020 (Second Six Months)

The total number of participants enrolled from March 1, 2020 to August 30, 2020 is 1,698. The total number of participants ranges from 30 participants (1.8% of the total) in Hampshire to 665 participants in Hampden (39.2% of the total).

The average age of participants ranged from 33.3 in Hampshire to 37.7 in Suffolk, with an overall average age of 36.6. Participants were majority male in each county, ranging from 55.6% male in Suffolk to 100% male in Hampshire, Middlesex, and Norfolk. The participants overall were 82.2% male. We began requiring details on the medication received by program participants starting with the 2nd 6th month report. Between March 30, 2020 and August 30, 202, buprenorphine was administered to 994 participants (68.2% of the total), while methadone was administered to 363 participants (24.9% of the total), and naltrexone was administered to 100 participants (6.9% of the total).

	TOTAL PARTICIPANTS	PERCENT OF TOTAL	MEAN AGE	PERCENT MALE	BUPRENORPHINE N (%)	METHADONE N (%)	NALTREXONE N (%)
ESSEX	302	17.8%	36.9	94.7%	214 (70.9%)	68 (22.5%)	20 (6.6%)
FRANKLIN	109	6.4%	33.5	67.9%	68 (62.3%)	40 (36.7%)	1 (0.9%)
HAMPDEN	665	39.2%	36.5	78.4%	437 (65.7%)	189 (28.4%)	39 (5.86%)
HAMPSHIRE	30	1.8%	33.3	100%	16 (53.3%)	30 (30.0%)	5 (16.7%)
MIDDLESEX	168	9.9%	37.3	100%	112 (66.7%)	34 (20.2%)	22 (13.1%)
NORFOLK	183	10.8%	36.9	100%	147 (80.3%)	23 (12.6%)	13 (7.1%)
SUFFOLK	241	14.2%	37.7	55.6%	N/A	N/A	N/A
ALL	1,698	100%	36.6	82.2%	994 (68.2%)	363 (24.9%)	100 (6.9%)

September 1, 2019 through August 30, 2020 (Full Year)

The total number of participants enrolled from September 1, 2020 to August 30, 2020 was 4,023. The total number of participants ranged from 94 participants (2.3% of the total) in Hampshire to 1,271 participants in Hampden (31.6% of the total).

The average age of participants ranged from 34.3 in Franklin to 37.7 in Suffolk, with an overall average age of 37.1. Participants were majority male in each county, ranging from 52.6% male in Suffolk to 100% male in Middlesex, and Norfolk. The participants overall were 79.9% male.

	TOTAL PARTICIPANTS	PERCENT OF TOTAL	MEAN AGE	PERCENT MALE
ESSEX	741	18.4%	37.3	93.7%
FRANKLIN	226	5.6%	34.3	66.4%
HAMPDEN	1,271	31.6%	36.7	72.9%
HAMPSHIRE	94	2.3%	34.9	98.9%
MIDDLESEX	411	10.2%	38.3	100%
NORFOLK	564	14.0%	37.6	100%
SUFFOLK	717	17.8%	37.7	52.6%
ALL	4,023	100%	37.1	79.9%

LIMITATIONS TO DATA COLLECTION FOR THIS REPORTING PERIOD

Several factors have limited the data received by DPH to date and thus our ability to complete the analysis of the comparison between people in custody who did not receive MOUD for Opioid Use Disorder (OUD) and those who did in order to determine the impact of the pilot program. These factors include:

1. The standard data collection tools and systems used to collect data on MOUD participants in traditional care settings via the state's Enterprise Invoice/Services Management (EISM) System in the Virtual Gateway are not flexible enough to meet the data collection needs in the HOCs' unique care delivery settings and to collect the data needed on the comparison group (i.e. those with an OUD who did not receive MOUD), thus delaying DPH's ability to fully collect all of the data needed to produce a methodologically sound outcome assessment within the statutory timeframe.

   In response, we are updating these instruments to address identified challenges that were uncovered once we began data collection. In the interim, data is being collected via REDCap, an online data collection tool with more flexibility, in partnership with the Massachusetts Justice Community Opioid Innovation Network (Mass JCOIN). Data collection via the state's Virtual Gateway system will resume as soon as necessary changes are made to allow for centralized data collection and integration with the state's overall treatment data system.

2. The COVID-19 pandemic has had an impact on the Massachusetts correctional system, including the HOCs in which the pilot program is currently housed. These impacts include:

   a. Following an April 5th Order from the Massachusetts Supreme Judicial Court, people held in HOCs pretrial for nonviolent offenses, and those held on technical probation and parole violations, were authorized for release. This led to sharp decreases in HOC populations, including Norfolk County's population being reduced by roughly 20%.

   b. Due to COVID-19, DPH vendors assigned to assist HOCs in data entry for the pilot program were not allowed to enter HOC facilities and started to regain access to a limited number of facilities in the first two weeks of August delaying data collection.

3. The COVID-19 pandemic and other external circumstances have impacted DPH's timeline for the release of the updated Public Health Data Warehouse (PHD). The PHD includes the necessary data, linked at the individual level, to conduct the outcome evaluation required in the legislation. These delays impacted multiple operational areas including data, legal, and IT. Examples of these delays include:

a. Diversion of legal resources at DPH and external agencies from working on the intra-agency DUA to COVID-19 related legal issues;

b. Diversion of data resources at DPH and external agencies, including epidemiologic staff at DPH to COVID-19 related data needs, including DPH's COVID-19 daily dashboard;

c. IT and connectivity issues related to the need to telework given the COVID-19 pandemic;

d. Issues with the Center for Healthcare Information and Analysis (CHIA) matching process required to create the PHD, which were further exacerbated by the above COVID-19 related issues; and

e. Proposed amendments to the operative regulations at 42 CFR Part 2 (which impact substance use disorder treatment data) by SAMHSA, prospective changes to 42 CFR Part 2 as a part of the CARES act, and issuance of the final rule, which was not published until July 15, 2020.

NEXT STEPS FOR DATA ANALYSIS

Despite the delays noted above, work to release the updated PHD is still in progress, as many of the operational challenges related to COVID-19 are resolved and resources are diverted back to the PHD. Once the PHD is operational, the Massachusetts Department of Public Health, in partnership with the Mass JCOIN, will conduct a quasi-experimental, comparative effectiveness, treatment outcome study that leverages the innovative PHD. A rigorous outcome evaluation requires more than one year of data, as there needs to be enough time after release for those in custody to experience (or not) the outcomes of interest.

The PHD is an innovative analytic environment developed and maintained by the Massachusetts Department of Public Health that draws on multi-sector data to answer critical public health questions while ensuring data security and individual privacy. Initially established by statute (Chapter 55 of the Acts of 2015) to inform the Commonwealth's response to the opioid epidemic, the PHD now operates under the authority of M.G.L. c. 111, §237 which allows individual-level linkage of datasets from several state agencies to inform analyses of population health trends focusing on opioids as well as other health priorities as determined by the Commissioner of the Massachusetts Department of Public Health. The PHD includes all Massachusetts residents with public or private health insurance, covering more than 98% of the state's population. It has a "backbone" built on the MA all-payer claims database (APCD), to which over 20 state datasets are linked including state-funded addiction treatment records from the Bureau of Substance Addiction Services (BSAS), the prescription monitoring program (PMP), opioid-related incidents from the MA Ambulance Trip Record Information System (MATRIS), mortality records (including autopsy and postmortem toxicology), and criminal justice records, including data from all county jails. Direct identifiers from component datasets are matched to identifiers in the APCD through probabilistic matching process and are then de-identified. The PHD data have been critical to understanding the opioid epidemic in MA.

The PHD data will enable examination of individual and site-specific outcomes. Within the PHD, we will identify the incarcerated persons with OUD released from the seven participating jails, whether they received MOUD during their incarceration, and if treated, which MOUD type they received. The data received from the PHD will allow assessment of the outcomes associated with receipt of MOUD and MOUD type during the year after community reentry. We will also assess treatment outcomes in relation to variability in site-level implementation practices across sites.