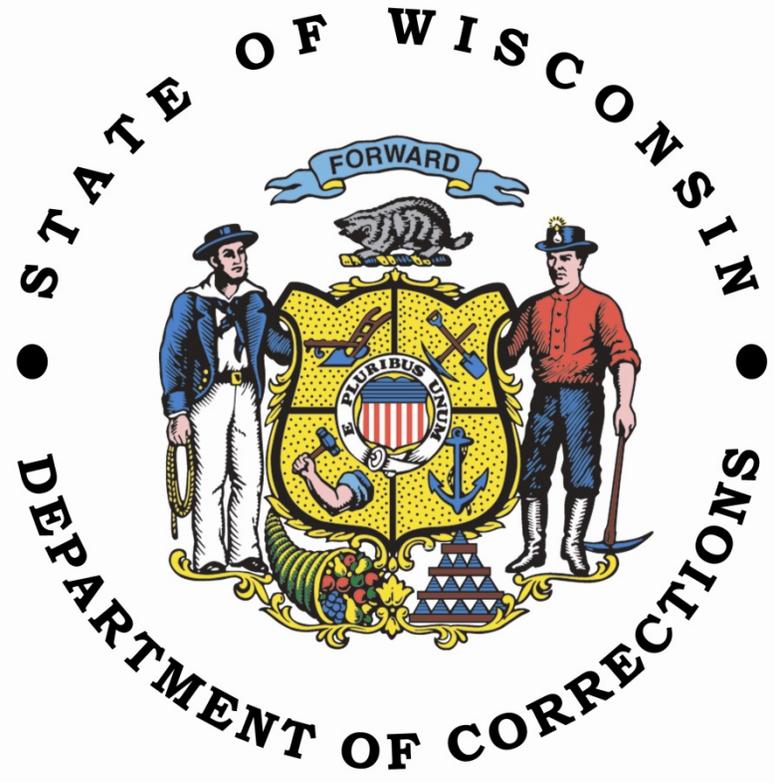


WISCONSIN DEPARTMENT OF CORRECTIONS



Opioid Addiction Treatment Pilot Program Plan

December 9, 2015

Executive Summary

Governor Walker's 2015-17 Executive Budget Proposal included annual General Purpose Revenue (GPR) funding in the amount of \$836,700 (\$1,673,400 over the biennium) for an opioid addiction treatment pilot program within the Department of Corrections (DOC). The Joint Committee on Finance (JCF) modified the Governor's recommendation by providing \$836,700 annually for an opioid addiction treatment pilot program under DOC and placed the funding in §20.865(4)(a), JCF's supplemental appropriation.

2015 Act 55 (2015-17 Biennial Budget) states: "*Before January 1, 2016, the department of corrections shall submit to the joint committee on finance a request for the release of funds from the appropriation under section 20.865 (4) (a) of the statutes and a detailed plan for implementing a pilot program for treating offenders who have been assessed with an opiate addiction.*"

DOC requests that the JCF accept this document as its implementation plan for an opioid addiction treatment pilot program and release the \$1,673,400 in its supplemental appropriation to DOC's §20.410(1)(a) *General program operations* appropriation.

The pilot program will include individuals incarcerated but nearing release in DOC's Division of Adult Institutions (DAI) and offenders under community supervision of DOC's Division of Community Corrections (DCC). Treatment will include existing alcohol and other drug addiction (AODA) programming, and medication assisted treatment (including Vivitrol). Participation in the pilot will be voluntary, including medically-fit offenders who have been assessed with an opiate addiction and are participating in treatment programs to address the cognitive behavior changes necessary for medication intervention to have a lasting effect.

Background

Opioid addiction and abuse has been on the rise and has had a significant impact on the overall state of Wisconsin's public health. In July 2014, the Wisconsin State Council on Alcohol and other Drug Abuse (SCAODA) Prevention Committee's Heroin Ad-hoc Committee released *Wisconsin's Heroin Epidemic: Strategies and Solutions*.

The report highlighted the recent increase of heroin use in Wisconsin. "*Wisconsin sample survey data from the National Household Survey on Drug Use and Health (NSDUH) shows 4.3% of Wisconsin adults report using heroin or another opiate (for non-medical purposes) in the past year; this represented 163,300 Wisconsin adults, a dramatic increase over the past 10 years.*"¹ When compared to the national average of .9%², heroin use in Wisconsin (among adults age 18 and over) is over four times greater than the national average.

¹ Wisconsin State Council on Alcohol and Other Drug Abuse Prevention Committee Heroin Ad-hoc Committee. *Wisconsin's Heroin Epidemic: Strategies and Solutions* (July 2014)

² National Institute on Drug Abuse. *National Survey on Drug Use and Health: Trends in Prevalence of Various Drugs for Ages 12 or Older, Ages 12 to 17, Ages 18 to 25, and Ages 26 or Older; 2011-2013*. (2013)

The report published by SCAODA in July 2014, contained recommendations to address Wisconsin's heroin epidemic directed at key stakeholders, including the DOC. The report's recommendation number 23 reads: "*Engage the Department of Corrections to ensure a system for providing interventions to incarcerated persons who have a substance use disorder (specifically heroin).*" One specific piece to be included in the system: "*Pilot programs for the administration of Vivitrol to persons as they leave incarceration should be established.*" Including Vivitrol in DOC's AODA programming will fulfill this call to action put forth by SCAODA's report.

As demonstrated above, opioid use in recent years has increased dramatically across the United States. Opioid use in Wisconsin has followed the national trend, but has demonstrated even higher rates, specifically, of heroin use. Vivitrol (naltrexone) is a prescription medication intended for use in preventing relapse of opioid dependence following detoxification. Vivitrol presents an opportunity for DOC to address opioid addiction by treating offenders before and after their release into the community.

In recent years, the DOC has begun and continues to implement evidence-based practices (EBP). Research has consistently reported the benefits of treatment for drug offenders in the criminal justice system³. Specifically, positive outcomes have been reported for antagonist medications; antagonist medications are those that are non-addictive and non-intoxicating, such as naltrexone⁴ (Vivitrol).

In a randomized and controlled clinical trial, Cornish et al. found that 59% of opiate-addicted parolees who received standard parole supervision, not including naltrexone treatment, relapsed and recidivated within one year of their release from prison. On the other hand, another similar group who received standard parole supervision coupled with naltrexone treatment had a 25% relapse rate⁵. The standard parole supervision received by both groups included drug counseling. Given the above research, implementation of Vivitrol as a pharmaceutical treatment for opiate-addicted offenders would be in-line with evidence-based practice, thereby supporting a successful program.

Other state and county corrections agencies are utilizing Vivitrol as one component of treatment for heroin/opiate addiction. Those agencies include: The Colorado Department of Corrections, Florida Department of Corrections and Missouri Department of Corrections. Colorado, Florida, and Missouri each allocated \$500,000 to their state corrections agencies in 2014 to provide treatment using Vivitrol. In addition, Vivitrol is being utilized by numerous drug courts, including Dane and Milwaukee counties here in Wisconsin. On April 7, 2014, Governor Walker signed 2013 Act 195 into law which appropriated \$2,000,000 in new funding to create opioid treatment programs in two to three rural counties; part of the treatment program will include the use of Vivitrol. By implementing Vivitrol in DOC, the State of Wisconsin will be adding another tool to reducing recidivism rates while addressing this significant public health issue.

³ Chandler RK, Fletcher BW, Volkow ND. Treating drug abuse and addiction in the criminal justice system: improving public health and safety. *All American Medical Association*. 2009 301 (2):183-190.

⁴ Marlowe DB. Evidence-Based policies and practices for drug-involved offenders. *The Prison Journal*. 2011 91 (27S):11-22.

⁵ Cornish JW, O'Brien C. Naltrexone for probationers and parolees. *Journal of Substance Abuse Treatment*. 2006 31(2):107-111.

Governor Walker’s 2015-17 Executive Budget Proposal included \$836,700 annual GPR (\$1,673,400 over the biennium) funding for an opioid addiction treatment pilot program within the DOC. The JCF modified the Governor’s recommendation by providing \$836,700 annually for an opioid addiction treatment pilot program under Corrections and placed said funding in §20.865(4)(a), JCF’s supplemental appropriation. 2015 Act 55 (2015-17 Biennial Budget) states “*Before January 1, 2016, the department of corrections shall submit to the joint committee on finance a request for the release of funds from the appropriation under section 20.865 (4)(a) of the statutes and a detailed plan for implementing a pilot program for treating offenders who have been assessed with an opiate addiction.*”

Program cost assumptions used by the State Budget Office estimate that the allocated funds will treat up to 100 participants; if actual costs vary the allocated funds may treat more or less than 100 participants.

Program Outline

The pilot program will include soon to be released inmates in DAI and offenders on community supervision in DCC.

DOC formed a workgroup to construct an implementation plan for an opioid addiction treatment pilot program. Pilot program participation will be determined by these factors:

- a. inmate or offender volunteers for program,
- b. medical/AODA assessment indicates an addiction to opiate is present,
- c. medical/AODA assessment indicates the inmate/offender is medically fit to participate in treatment using Vivitrol,
- d. offender/inmate participates in treatment programs to address the cognitive behavioral changes necessary for the medication intervention to have a lasting effect, and
- e. offender is under community supervision in DCC’s Region 4 or is incarcerated and will be releasing to community supervision in DCC’s Region 4.

Table 1 below lists DCC’s Region 4 counties.

Table 1. DCC's Region 4 Counties

Waupaca	Outagamie	Brown	Winnebago
Door	Kewaunee	Manitowoc	Calumet

Inmates enrolled in DAI’s Earned Release Program (ERP) sites who are releasing to DCC’s Region 4 will be eligible for participation. In addition, inmates enrolled in DAI’s AODA

residential treatment sites who are releasing to DCC's Region 4 will be eligible for participation. Table 2 below lists DAI's institutions⁶ that are ERP sites and enrollment as of 8/28/15.

Table 2. DAI's ERP Sites, 458 inmates enrolled as of 8/28/2015

BRCC	CVCTF	DACC
REECC	RCI	MWCC

While heroin use has been on the rise across the state, DCC's Region 4 has seen a significant increase since 2012. According to the Wisconsin State Crime Laboratories⁷, heroin cases analyzed in this region of the state increased 111% from 2012 (93 cases) to 2014 (196 cases). This increase in Region 4 is significantly higher than that of the same time period in Region 3, Milwaukee County, (83% increase) and Region 1, Dane, Green, and Rock Counties (58% increase).

According to DOC's FY2015 prison release data, 1,028 offenders released to DCC's Region 4. Of those offenders, 86 self-identified as having used opiates and may be eligible for participation in this pilot program. Due to program participation being voluntary, no data exists to estimate how many offenders will actually participate. In addition, a self-identified usage of opiates will not meet the requirements for participation; among other requirements, a medical/AODA assessment that indicates an addiction to opiate is present is a qualifier for participation.

Due to the widespread use of heroin statewide, there will be ample areas of need for geographic expansion. Expansion beyond DCC's Region 4 may be warranted due to lack of volunteers or if costs prove to be less than estimated and more than 100 program participants could be treated with the available funding. DCC's Region 7, which neighbors Region 4, has seen a dramatic increase in the number of heroin cases analyzed by the state crime laboratories. From 2012 to 2014, heroin cases analyzed by the state crime laboratories in DCC's Region 7 increased by 122% (160 to 355). The geographic placement of Region 7 in relation to Region 4 may lend itself to effectively expanding the pilot program simply due to the proximity of those offenders in Region 7 to the already established services in Region 4. Table 3 below lists counties in DCC's Region 7.

Table 3. DCC's Region 7 Counties

Fond du Lac	Sheboygan	Dodge	Ozaukee
Washington	Jefferson	Waukesha	

⁶ Black River Correctional Center (BRCC), Chippewa Valley Correctional Treatment Facility (CVCTF), Drug Abuse Correctional Center (DACC), Robert E. Ellsworth Correctional Center (REECC), Racine Correctional Institution (RCI), Milwaukee Women's Correctional Center (MWCC)

⁷ Wisconsin Department of Justice, Office of the Attorney General. *Heroin Cases in 2012, 2013, 2014*. 2012, 2013, 2014

In addition to DCC's Region 7, DOC has identified that inmates receiving AODA Residential treatment may become eligible for program participation if there is a need for more program participants than volunteers received from the ERP sites. Table 4 below lists DAI's institutions⁸ where AODA residential treatment programs reside and enrollment as of 8/28/15.

**Table 4. DAI's AODA Residential Programming Sites,
1,042 inmates enrolled as of 8/28/2015**

CVCTF	FCC	JCI	KMCI	MSDF
MWCC	OCI	OSCI	PDCI	RCI
RYOCF	REECC	SCCC	TCI	

If the funds provided are not sufficient to meet the number of participants interested and qualified for participation in the pilot, evidence-based practices will be used to target the offenders/inmates at highest risk for recidivism. Costs may be somewhat offset by private insurance and BadgerCare also covers medication assisted treatment using Vivitrol; however, no data exists to be able to estimate the cost avoidance through insurance because DOC does not know, at this time, who will participate in the pilot program.

Current AODA programming will be used to deliver treatment programs to address the cognitive behavioral changes necessary for the medication intervention to have a lasting effect. Program participants who begin participation while incarcerated in DAI will receive treatment, including a Vivitrol injection, prior to their release to community supervision. DOC staff will work with program participants to ensure continuity of care in the community. Probation and Parole Agents will assist offenders on community supervision interested in participating in the pilot program. It is anticipated that offenders on community supervision will participate in the pilot program as part of these programs: extended supervision, alternative to revocation, and probation.

The administration of the Vivitrol injection is a service different from what most offenders receive in their complement of treatment. DOC will contract with a private health-care provider to deliver the Vivitrol injection and any other treatment needed. Upon release of the program funds, DOC will begin the procurement process to identify a health-care provider to deliver the Vivitrol injections and any other treatment needed; the DOC cannot commit funds to any service delivery model until DOC has received funding.

⁸ Chippewa Valley Correctional Treatment Facility (CVCTF), Flambeau Correctional Center (FCC), Jackson Correctional Institution (JCI), Kettle Moraine Correctional Institution (KMCI), Milwaukee Secure Detention Facility (MSDF), Milwaukee Women's Correctional Center (MWCC), Oakhill Correctional Institution (OCI), Oshkosh Correctional Institution (OSCI), Prairie du Chien Correctional Institution (PDCI), Racine Correctional Institution (RCI), Racine Youthful Offender Correctional Facility (RYOCF), Robert E. Ellsworth Correctional Center (REECC), St. Croix Correctional Center (SCCC), Taycheedah Correctional Institution (TCI)

Program Measures

DOC has set short, medium, and long term goals for this pilot program. All of these goals contribute to DOC's agency-wide goal of reducing recidivism. DOC defines recidivism as a new offense resulting in a conviction and sentence to the Wisconsin DOC.

Short-term goals: Pilot participants receive AODA treatment and medication assisted treatment to abstain from opiate use.

Medium-term goals: Reduce number of AODA-related probation violations. Decrease incidence of opioid-abuse relapse.

Long-term goals: Reduce recidivism rates of program participants. Decrease rates of overdose among program participants.

Department-wide contributions to fulfilling these goals will include: training of staff who will be actively involved in the pilot program, such as social worker staff providing services in institutions, and probation and parole agents supervising program participants. In addition, the Department has identified mechanisms to track each of the goals listed above.

Fulfillment of these goals will not only contribute to DOC's goal of reducing recidivism, but will also offer positive contributions to the public health crisis identified by the SCAODA report in 2014. Upon completion of the pilot program DOC will determine if the treatment program will become permanent and available to all offenders/inmates who may benefit.

Conclusion

DOC has developed this plan in accordance with 2015 Act 55 to establish a pilot program for treating offenders who have been assessed with an opiate addiction. DOC requests the release of \$836,700 GPR for each of the fiscal years in the 2015-17 biennium from the appropriation under §20.865(4)(a) to DOC's §20.410(1)(a), General program operations appropriation.

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