Opioid Town Hall: FAQs

What is being done to address the PIOC's who's unlawful actions were only being done because of the disease of addiction that cannot be control? Are their entities to specifically address this disease-ex (by way of long-term residential treatment) or will the system continue to incarcerate/reincarcerate those whom are still suffering with this disease of addiction?

These are great questions. I think it is important to note that DOC is the last stop, if you will, in the criminal justice system. We need every step in the criminal justice system to understand that addiction is a public health issue, not a criminal justice one.

The Department of Corrections has implemented many policies and practices around treating addiction along the continuum of care. There are also various interventions as an alternative to incarceration that are utilized to treat the addiction. Additionally, the DOC has an evidence based Earned Release Program that allows for an early release after engagement in an intense in-patient treatment program.

When/how do you determine if someone needs an "Opiate History Flag?" What additional services do they receive if they were flagged?

There are a lot of opportunities for that flag to be presented or given to an individual, and that depends on whether they are in the Division of Adult Institutions or in the Division of Community Corrections. The team did create a screening that can be utilized at different times. One of the times that we have trained our staff to utilize that screening is on intake. When our staff is first meeting with a person that either is going to be supervised in Community Corrections or being admitted to the Division of Adult Institutions, they can use that screening form and decide whether to assign the flag based on the results.

This screening can also be used if a person on supervision has been using. For example, they might have a positive Urine Analysis for an opiate or have experienced an overdose. Different incidences in the community can prompt the assignment of that opiate history flag.

Also, as far as what kinds of resources are provided, we are working on a structured protocol for our staff to utilize particularly in the community when they are working with someone who has this flag. At this point, it's for awareness -- so that when they see somebody coming out of our adult institutions, they have awareness that this is a high-risk area for this person.

Our goal is to have a protocol so that we have resources and packages available so that an agent or any staff member who is working with this individual can look and say, "I need to talk to them about medication-assisted treatment," or "I need to look at peer support and see what kind of support we have in the community." We are still working on that protocol and it was a recommendation from our Overdose Death Review Team. We hope to have that in practice very soon.

Is the state tracking overdose deaths among those releasing from prison and jail? Are they looking at whether individuals who receive naltrexone/vivitrol have increased rates of overdose after the medication wears off (at/after day 28)?

DOC is tracking overdose deaths for those releasing from prison and/or on Probation and Parole. DOC does not operate the county jails so we do not track that data.

What does the enhanced supervision strategies by Division of Community Corrections (DCC) agents entail?

Here is a link to our Electronic Case Reference Manual that describes enhanced supervision as well as additional information about MAT: https://doc.helpdocsonline.com/offender-contacts-2

Are you tracking rates of overdose death among those receiving XR naltrexone, those receiving buprenorphine, and those not receiving any medication for the sake of comparison? (and for those on probation/parole receiving methadone)?

The short answer is that we can only track overdoses with those receiving Medication Assisted Treatment (MAT) with DOC funding. Our clients can receive treatment through private providers and private insurance that we may not have data on. It's important to note that we have not examined overdose rates for clients using buprenorphine, methadone, or Narcan yet since they are still fairly new initiatives. We have, however, tracked overdose rates for clients who received at least one Vivitrol (naltrexone) shot. 1.3% of these clients had a fatal overdose within 1 year of their last shot. This jumps to 1.9% within 2 years and 4.9% within 3 years.

The DOC has also tracked and examined opioid-related deaths and hospitalizations within corrections populations. Deaths occurring between FY14 and FY20 and hospitalizations occurring between 2013 and 2019 are reported in this linked document:
https://doc.wi.gov/DataResearch/DataAndReports/OpioidOverdoseReport.pdf

Have you considered making the Division of Adult Institution (DAI) facilitates a "sober living model" where AA, individual therapy and trauma reduction is readily available regardless of your conviction? Where people can self-identify as having a substance use disorder, where Peer Support is available 24/7 with meditation, faith-based resources and holistic methods of recovery embraced and taught. Last, DOC/DAI/DCC needs to develop a policy on relapse and allow for people to ask for help without fear of retribution.

We have three dedicated Alcohol and Other Drug Abuse (AODA) treatment facilities and many of our other institutions provide a variety of substance use treatment options. We have recently expanded eligibility for our treatment based Earned Release Program (ERP). Upon intake assessment and evaluation, a person can self-identify as having a substance use disorder. We have both traditional and faith-based interventions available. Our Division of Community Corrections (DCC) invests millions of dollars to contract for temporary housing, supportive housing and residential treatment facilities for individuals releasing without stable housing. DCC recently reformed their responses to violations to address relapse in a therapeutic vs. a punitive way. There are numerous resources on our public website that go in to greater detail for all of the areas you raise.

Have there been any conversations about creating a treatment center facility within the DOC? For example: Turning the Wales, WI DOC property into a treatment facility?

The current physical condition of Ethan Allen would make converting it cost prohibitive. It is currently on the State's surplus property list. We currently have twenty-one Division of Adult Institution sites providing substance use disorder (SUD) treatment to persons in our care. These sites include minimum, medium, and maximum custody sites and include earned release programs and challenge incarceration programs. Three of these sites are dedicated solely to providing SUD treatment to persons in our care; only individuals with an identified SUD treatment need are transferred to these sites with the specific intention of enrolling in and participating in SUD program.

Are the NARCAN boxes mounted in DCC offices or in offender homes?

DCC's Harm Reduction Workgroup recently recommended the pilot of Naloxone boxes in select DCC Unit Offices. These Naloxone boxes are rescue kits that can be used to prevent fatality in the event of an opioid overdose. Naloxone boxes contain two doses of Narcan, a rescue breathing apparatus to be used for CPR, a community resource card and instructions on how to reverse a suspected opioid overdose. These boxes are hooked up to Wi-Fi so that when the Narcan is taken, the vendor is notified that they need to replace the Narcan that was taken.

DOC is partnering with Wisconsin Voices for Recovery to provide the Narcan and provide upkeep of these Naloxone Boxes. It's a free resource for anyone who happens to be in that lobby area to take and utilize in the event of an emergency. We hope to have these Naloxone Boxes available in DCC Unit Offices in March.

Currently DCC only uses Probation and Parole Agents who are not educated or equipped to address the complex issues our DCC correctional clients present. Being a 26-year veteran to the DOC, I have seen clients be successful, but not without the assistance of a multi-disciplinary teams. I believe we need to add Treatment Specialists and Recovery Coaches/Peer Specialists to DCC Unit Offices. DCC has begun providing weekly and bi-weekly multi-disciplinary staffing/consult/resource sharing/opioid advisory team that allows agents to bring their cases to the team to discuss. From these meetings it has made it more evident additional staff as I previously mentioned are very much needed.

DCC does value the benefit of multi-disciplinary teams. Historically, the Division of Community Corrections (DCC) has contracted for services, because DCC did not have treatment provider positions. However, DCC did recently create a treatment unit that has allowed the division to hire Substance Use Disorder (SUD) treatment staff. At this time, DCC has developed different ways to consult with multi-disciplinary teams, such as the opioid advisory team. However, DCC does not have any further treatment positions. DCC does continue to contract for services and encourages collaboration with community providers.

Could you add a more efficient and measured referral system to get our correctional clients to our critical and valuable services? Currently many of the services are available, but difficult for our clients to find and access. Solutions to this might be additional staff to oversee this, creating a Division of Community Corrections (DCC) catalogue services that can make it easy for DCC staff to assist our clients to easily and quickly access the services they need.

One of our initiatives this year is to improve the referral system for ease as well as utilization of purchase of services. We are looking at different ways to do this to include having a centralized system

to oversee referrals and monitor waiting lists.

Can you comment on DOC's plans for spreading the Milwaukee MOUD program state wide (methadone, buprenorphine, IM naltrexone)?

Unfortunately, the DOC does not have oversight of county jail programs. DOC does provide funding for all three forms of medication for those supervised in the community by the Division of Community Corrections.

With the Milwaukee Opioid Use Disorder (MOUD) program that is with Community Medical Services (CMS) - do the clients go daily? Or are the medications given in jail?

They are given Buprenorphine daily in the Milwaukee County Jail/House of Corrections (HOC) and Vivitrol monthly.

How long do people typically spend on wait lists before enrolling into a Substance Use Disorder (SUD) treatment program?
There is no quick answer for this, unfortunately. Many factors play in to this such as custody classification and availability of programming at those sites, staff vacancies to run programs at full capacity, other programming recommendations, and time to release. We have consistently asked for additional resources in our budget and will continue to do so, but recruitment of these positions has been challenging, even with the positions we currently have.

One of the barriers that I've seen in my patients is fear of contacting emergency services during an overdose due to worry about law enforcement contact or jeopardizing probation/parole. Have you identified this in your opioid fatalities review? Thoughts about overcoming this barrier?

This is not something we have identified during our fatality reviews. However, we have received feedback from Probation and Parole Agents that this has been a barrier to clients participating in the Narcan Distribution DOC provides at several of the offices. Clients have been unwilling to take Narcan from their agent based on this perception. Our Harm Reduction Workgroup is going to look at this and problem solve how to address this.

Is there any focus in the Substance Use Disorder (SUD) treatment related to how individuals interact with physicians in terms of pain complaints and manipulations that may be done in an attempt to get prescriptions?

If individuals sign a release of information, their SUD treatment provider can work with the health services unit to determine the best course of treatment for the individual. SUD treatment information is protected by 42 Code of Federal Regulations Part 2, so we are limited unless there is a Release of Information in place.

When will Naltrexone injections be offered pre-release for all Division of Adult Institution (DAI) sites?

The Division of Adult Institutions (DAI) continues to seek out options for expanding pre-release Naltrexone injections to all DAI sites. DAI is currently in the planning stages for system wide implementation. This includes several classifications within DAI and will take time to implement.

Governor Evers did request additional resources in his last budget, but unfortunately the legislative Joint Committee on Finance did not approve all of the funding. We will continue to ask for more funding during the next budget cycle.

Is it possible that the overdose deaths increased due the local jails being closed in a lot of counties due to COVID for several months?

While DOC had a moratorium on admissions to our facilities from the county jails at the height of the pandemic, the county jails were not closed. We were able to address substance use violations based on our evidence-based response to violations without interruption.

With the continued rise in overdose deaths, it seems to me that some harm reduction strategies, especially those that continue lower dose opioids are very high risk. Do we have data that tells us these therapies are reducing overdose deaths?

We believe this question is referring to the use of methadone and Buprenorphine. In this case, no, we do not currently have data on this.

What criteria was used to select areas 4 and 7 and not the western half of the state?

We looked at data in regards to overdoses and overdose deaths, available resources and systemic structure to allow for success of the pilot program. We have expanded to all regions of supervision for the pre-release Vivitrol program within the Division of Adult Institutions.

How does DCC handle clients when they are caught using opioids?

It's hard to give one general response to this, as it is all an individualized response. If an individual is new to supervision and it's not something that has been disclosed prior to their use; the agent will talk with the client about treatment options and MAT services. The agent will then make sure they are flagged in our system as having an opioid history. If a client has a known opioid history and is already enrolled in programming; they can offer them MAT services (if they aren't already enrolled) and may set up a meeting with the current treatment provider to come up with a plan to move forward. The agent can also have a discussion with the client about Narcan and if able provide them with it. In each example the client can also be referred to additional services, set up with Peer Support, given information on meetings, or have increased testing and meetings with their agent to ensure they are getting back on the right path.

Does DOC support all 3 forms of Medication Assisted Treatment (MAT)?

Yes, DOC supports all 3 FDA approved medications to treat opioid use disorder. In our Division of Adult Institutions, individuals releasing may receive their first injection of naltrexone with follow-up injections scheduled in the community. In our Division of Community Corrections individuals may receive treatment from either naltrexone, methadone or buprenorphine.

After listening to today's presentation, it's clear DOC's work in regard to the opioid crisis is not yet done. What other resources does the DOC need to expand these efforts?

Resources needed to expand services really is a much bigger systems picture than DOC. Nationally there is a shortage in professionals that can treat substance use disorder. Currently, DCC has only 7 staff

members in the state that are hired to treat substance use disorder. All other services are contracted with community providers. There are certain parts of the state that lack providers and other parts that do not have enough providers considering the need in that given area. DOC could always use more resources for safe, secure and sober housing while awaiting treatment, during treatment and aftercare services. Additionally, DOC has recognized a need for a mobile MAT service. This service would help break a lot of barriers we see with our clients participating in MAT. This is a new concept in the state of Wisconsin and is just recently being explored with a community partner.

On average, what is the percentage of those on supervision have overdosed over the last five years? Over the last 10 years?

Since January 2019, we can estimate that, on average, approximately 2% of the DCC population has had an opioid overdose. It should be noted that these are estimates based on information reported to DOC staff. There are overdoses that go unreported to DOC staff, which we cannot account for.

How has the opioid crisis impacted the rate of revocations for people on paper?
The Division of Community Corrections has modified responses to violations of drug use to provide an intervention and not incarceration. This policy practice has decreased the number of revocations for those engaging in opioid use as a way of violating supervision rules.

How much of the DOC population is impacted by opioid misuse/abuse?

As of November 2021, we estimate that 6.9% of the DCC population, up from an estimated 3.7% in January 2019. In addition, we estimate that 5.2% of the DAI population has a history of opioid misuse and/or abuse, down from an estimated 6.0% in January 2019. It should be noted that these are estimates based on information reported to DOC staff. It is likely that there are more clients with an opioid history that has not been reported.

What support do individuals get for opioid misuse/abuse while incarcerated?

Persons in our care receive support for substance use disorders in a variety of ways. First, their substance use disorder needs are assessed immediately at intake to ensure they're assigned appropriate programming that will best meet their needs. Persons in our care have access to health services and psychological services throughout their incarceration and can request to see either of these services at any time needed. Persons in our care are assigned case managers (social workers and treatment specialists), who work with them to complete goals, enroll in treatment, connect with resources inside and outside of the institution, and these case managers also advocate on behalf of their clients for a variety of reasons. Persons in our care have access to religious services, as well as support groups facilitated by volunteers, such as AA and NA. When a person in our care is enrolled in programming, they have the support of their program facilitator, who may work with them on individual treatment goals, relapse prevention goals, and also educate them on different treatment options available to them in the community if they are nearing release.

How can the community collaborate with DOC to individuals incarcerated and help with transition outside of incarceration to decrease risk of going back in.

Persons in our care often release from incarceration with a great deal of needs. Housing is extremely important and can often be difficult for some individuals to obtain. It can be very stressful for releasing

individuals to get their other basic needs met as well – food, clothing, employment, transportation, etc. The more community resources available to assist these persons, the better. Many communities have very limited resources and require some significant travel to the nearest treatment center, human services office, workforce development office, etc. The DOC has gained an understanding of some of these barriers and gaps and has expanded the use of telehealth as a treatment intervention. When the DOC is able to work in collaboration with community agencies, it is especially helpful for release planning and for individuals during their first several months back in the community. DAI relies heavily on volunteers for a variety of services in our institutions – religious services, support services like NA and AA, pastoral visits, book clubs, and many other things. The persons in our care on work release are connected to the community through employment; if they are able to maintain these jobs when they release, it is a protective factor. Persons in our care need support from their families and healthy friends and community members.