

Case Management & Medication Addiction Treatment for Individuals Leaving Jail: The Bridge/El Puente Program in Hampden County

Thomas Lincoln, MD, CCHP, Dominique Simon-Levine, PhD, MPH, Edward Guerrero, BA, Maureen Desabrais MEd, LSW, LADC1

Collaborating organizations: Allies in Recovery, Baystate Health, Hampden County Sheriff's Department, AdCare, Clean Slate, Providence Health, Massachusetts



Hampden County Correctional Center

Abstract

The Bridge/El Puente program will serve 300 individuals being released from the Hampden County Correctional Center (HCCC) to the county with a history of opiate and/or alcohol addiction, who are at high risk or are diagnosed with HIV or HCV over 3 years. HCCC now offers medication addiction treatment (MAT), prior to release using extended release naltrexone (Vivitrol), buprenorphine, and planning for methadone. Bi-cultural/bi-lingual case managers help inmates to continue or to start MAT once back in the community. This includes bridge prescriptions, addressing insurance issues, setting up first appointment and logistical help with getting to MAT and other health care appointments. Additionally, Bridge case managers address the often-large array of other needs newly released people struggle with upon return to the community. Bridge/El Puente is funded by SAMHSA/CSAT. Now in our second year, we recently obtained IRB approval to examine differences in outcomes between inmates who choose buprenorphine, naltrexone or methadone prior to release from jail and those who reject/are not offered MAT prior to release despite having an opioid use disorder. While many do start MAT once back in the community, we are interested in understanding whether initiation of MAT while in jail significantly improves outcomes, and, the challenges and responses to supporting continuity of care including MAT.

About Bridge/El Puente

- Dually-Based (Jail and Community) Intensive Case Management utilizing Critical Time intervention Model
- Males/Females recently released from jail (Hampden County Correctional Center) at risk or diagnosed with HIV and/or HCV
- Diagnosed with opioid or alcohol disorder
- Initiate Medication Addiction Treatment (MAT) both pre and post release

Provide referrals and linkages to support services such as:

Behavioral Health
Substance Use Counseling/Groups
HIV and HCV care
Primary care
Insurance coverage
Entitlements

Community Partners include:

- Cleanslate
- AdCare Outpatient Services
- Sisters of Providence Behavioral Health Services/Mercy Recovery Services
- Clinical collaboration with community programs
- Allies in Recovery (Local evaluation)



Baystate Medical Center

Demographic and risk behavior profiles of jail detainees, stratified by whether or not MAT initiated prior to release

	Initiated MAT prior to release n=86 (54%)	Did not initiate MAT prior to release n=73 (46%)	P-value
Male	75 (87%)	51 (70%)	.007
Mean Age, years (SD)	35 (8.9)	41 (10.8)	<.001
Hispanic	44 (51%)	33 (45%)	.45
Non-Hispanic white	37 (43%)	25 (34%)	.26
Sexual orientation-heterosexual	68(79%)	47 (64%)	.04
Education, years (SD)	11 (2.3)	11 (2.6)	.47
Employed prior to incarceration	18 (21%)	15 (21%)	.95
Disabled	13 (15%)	23 (32%)	.01
Homeless prior to incarceration	57 (66%)	44 (60%)	.44
Heroin use (days) in month prior to incarceration (SD)	25 (10.1)	20 (13.7)	.002
Cocaine use (days) in month prior to incarceration (SD)	19 (13.5)	16 (13.6)	.18
Alcohol use (days) in month prior to incarceration (SD)	5 (9.9)	9 (12.4)	.02
IVDU	67 (78%)	44 (60%)	.03

Those accepting MAT in jail are more likely to be male, younger, and heterosexual, less likely to be disabled, more seriously addicted to heroin, to be an IV drug user, and to drink alcohol less frequently.

Availability of MAT prior to release from the Hampden County Sheriff Department facilities varied over the time period of the Bridge/El Puente project. Prior to the program, buprenorphine was initially available to pregnant women and few others with additional community support. With Bridge/El Puente, this was expanded first for men then women in the larger higher security facilities. Only XR-naltrexone is available before release in the smaller lower security facilities (the Prerelease Center, Addictions Treatment Center (men and women). With Bridge/El Puente, XR-naltrexone expanded initially for men then women in the larger higher security facilities.

MAT Initiation in Jail: 159

Buprenorphine	36
Naltrexone	50
Methadone	0
None	44
Post Release	29

Post Release MAT Initiation: 29

Buprenorphine	17
Naltrexone	6
Methadone	6

Baseline GPRA's/Service Logs: 132

Buprenorphine	31
Naltrexone	43
Methadone	0
None	32
Post Release	26

Treatment received post-release from jail, stratified by whether or not MAT initiated prior to release

Treatment post-release	Initiated MAT prior to release n=74	Did not initiate prior to release n=58	P-value
General medical appointment 1-30 days out	44 (59%)	34 (59%)	.92
General medical appointment 31-60 days out	39 (53%)	30 (52%)	.91
Hep C Care 1-30 days out	1 (1%)	2 (3%)	.38
Hep C Care 31-60 days out	2 (3%)	1 (2%)	.75
HIV Care 1-30 days out	1 (1%)	1 (2%)	.81
HIV Care 31-60 days out	1 (1%)	2 (3%)	.38
MAT 1-30 days out	47 (64%)	11 (19%)	<.001
MAT 31-60 days out	37 (50%)	13 (22%)	.002
ART 1-30 days out	1 (1%)	0	.39
ART 31-60 days out	2 (3%)	1 (2%)	.76
Hep C treatment 1-30 days out	0	1 (2%)	.236
Hep C treatment 31-60 days out	0	1 (2%)	.24
Mental health 1-30 days out	17 (23%)	9 (16%)	.394
Mental health 31-60 days out	16 (22%)	12 (21%)	.94
Psychiatry 1-30 days out	0	2 (3%)	.09
Psychiatry 31-60 days out	1 (1%)	1 (2%)	.82

Those who initiated MAT while in jail were significantly more likely to be receiving MAT post discharge. More than 3 times were receiving MAT in month one if they initiated MAT in jail. Almost 50% more were receiving MAT in month two if they initiated MAT in jail.