



JANET T. MILLS  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF CORRECTIONS  
111 STATE HOUSE STATION  
AUGUSTA MAINE  
04333-0111

RANDALL A. LIBERTY  
COMMISSIONER

# Memo

To: Charlotte Warren, House Chair Joint Standing Committee on Criminal Justice and Public Safety  
Susan Deschambault, Senate Chair Joint Standing Committee on Criminal Justice and Public Safety  
Members of the Joint Standing Committee on Criminal Justice Public and Safety

From: Randall A. Liberty, Commissioner of the Maine Department of Corrections

Cc: Maryann Turowski, Senior Policy Advisor Governor Mills

Date: January 30, 2022

Re: Report Regarding the Department of Corrections Substance Use Treatment Program

---

## Overview

Treatment for Substance Use Disorder (SUD) has been a priority for the Maine Department of Corrections (MDOC) for decades. Over the last several years, there have been great strides to enhance and expand services in an effort to meet the unique treatment needs of residents and in an effort to support individual recovery.

The MDOC has formal SUD related programs for residents and just as many informal programs; the many different options to encourage any road to recovery. There are trained peer recovery coaches embedded throughout all MDOC facilities; these residents offer mentoring, support, and non-clinical guidance for their peers on their journey toward recovery. Two MDOC facilities have residential level of treatment services, termed recovery pods, that mimic a sober living environment and include intensive substance use treatment programming. Through partnerships with various recovery community centers, residents can develop relationships with those in the recovery community through groups, speakers, and film series offered through Points North Film Institute. To facilitate supportive reentry and continuity of care after release case managers and reentry specialists work closely with Adult Community Corrections and community-based individuals to ensure coordination between soon-to-be releasing residents and the community-based recovery organizations.

Since 2015, the MDOC has contracted with Wellpath for comprehensive SUD treatment services. This includes screening, assessment, and treatment for all SUD, including Alcohol Use Disorder (AUD) and Opioid Use Disorder (OUD).

Substance use treatment services are available at all MDOC adult facilities and support a continuum of clinical services that includes screening and assessment, residential treatment programming, outpatient treatment programming, transitional programming, and aftercare services. During the intake process, each resident undergoes a number of assessments, including those that identify any substance use concerns. Wellpath utilizes the Texas Christian University Drug Screen (TCUDS) as a way to screen incoming residents for SUD during

the mental health intake process. The TCUDS is a validated, standardized screening tool based on the Diagnostic and Statistical Manual of Mental Disorders that screens for mild to severe substance use disorders. The clinician scores the TCUDS and utilizes the score along with other information from the full mental health intake process to make recommendations regarding level of SUD services the resident is referred for.

If it is determined the resident is appropriate for SUD services, a comprehensive, and longer clinical SUD Assessment is completed to determine the recommended clinical interventions for the resident.

Depending on the determined clinical need, a resident may receive individual therapy, group counseling, pharmaceutical therapy, peer recovery, recovery groups, outpatient, or inpatient treatment services.

Although residents suffering from withdrawal are less common in a prison setting versus a jail setting, whenever medically indicated at any point from intake through incarceration, a complete detoxification program minimizing risk of adverse symptoms, and the need for off-site detoxification treatment is available.

Treatment takes place within the context of recovery principles, which are trauma-informed and person-centered. Residents are encouraged to take responsibility for their recovery and personal growth and break the cycle of substance use, criminal behavior, and incarceration. Services center around helping individuals develop a sense of empowerment and hope. Treatment also focuses on psychiatric stability, community living skills, and the emotional support needed to facilitate treatment in the correctional setting and have a successful reintegration following custody.

Targeted treatment is based on the Risk Need and Responsivity principles and current research on recommended dosage of treatment in areas of high risk for relapse. Residents enrolled in treatment programs receive structured, evidence-based treatment by licensed clinicians, in combination with programming to address other identified areas of high risk for criminal thinking and behavior. The expectation is for treatment to continue beyond sessions and within community interactions. All activities and interpersonal and social interactions are considered important opportunities to facilitate individual change.

Another aspect of the MDOC's SUD treatment and recovery services is to support risk reduction and community safety. Wellpath provides interventions addressing the known association between criminal justice involvement and an individual's unmet mental health and substance use needs. An important part of a reduction in recidivism and improved personal health and functioning, our behavioral health staff provide various structured and evidence-based/evidence-informed services, some having the dual intent of providing treatment and reducing recidivism, and other services are aimed solely at quality of life and general functioning.

## **Monthly Data**

Each month, the MDOC releases an adult resident data report that includes multiple pages related to resident SUD programming. Wellpath staff and MDOC staff utilize this report, along with other real-time reporting systems to understand trends in resident recovery services. Often the data points are shared with the many community recovery partners and Adult Community Corrections (when appropriate), as part of the supportive reentry process.

The monthly data document contains detailed tables depicting the types of SUD programming residents are actively involved with, and the number waitlisted for these programs. The monthly reports also include complimentary information, things like educational attainment, incidents leading to higher levels of custody (ex., drugs, alcohol), and the number of residents with a controlling sentence related to drugs (trafficking, possession, and other), among other sentences. Taken in whole or part, the data therein provides staff the necessary information to make short- and long-term decisions about programming, policies, and/or training.



STATE OF MAINE  
DEPARTMENT OF CORRECTIONS  
111 STATE HOUSE STATION  
AUGUSTA MAINE  
04333-0111

JANET T. MILLS  
GOVERNOR

RANDALL A. LIBERTY  
COMMISSIONER

## **Medication for the Treatment of OUD**

In July 2019, in response to the opioid epidemic in Maine, and in accordance with Governor Mills' Executive Order, a pilot was launched for residents in MDOC adult correctional facilities diagnosed with SUDs. Upon pilot initiation, it was anticipated that up to 100 residents in three adult facilities would be treated in the first year. By the end of June 2020, however, 621 residents engaged in MAT services at all five adult facilities. Today, more than 1,000 individuals have successfully completed MAT treatment while incarcerated and discharged with a continuity of care plan.

MDOC's MAT services utilize buprenorphine and naltrexone as primary medications. Additionally, during year two, MDOC had five residents who were receiving methadone at the time of admission, and each of those residents received ongoing treatment with this medication. Continuation of methadone medications is now available at all MDOC locations.

Clinical indication, medical appropriateness, and resident preference are primary components of the eligibility determination for MAT services. Also taken into consideration is availability of medications within the community where the resident plans to release. During the pilot stages of the initiative, treatment eligibility was initially based on timeframe to community transition. Over the course of the second year of the MAT services initiative, MDOC engaged in robust planning for transitioning to universal expansion (open enrollment) for residents meeting diagnostic and clinical criteria regardless of release date.

An important component of success has been the normalization of the medication administration process. Medications for OUD are administered alongside other medications, rather than administered in a separate medication line. This shift is a way of better reflecting normalized medication administration practices, reducing stigma associated with substance use disorders, and specifically reinforcing that substance use disorders are chronic diseases. It has also led to a decrease in medication diversion inside facilities.

## **MDOC and Department of Health and Human Services Collaboration–MaineCare Upon Release**

One of the most important aspects of reentry planning is ensuring that residents have a continuity of care plan in place for medication and behavioral health services. Through a collaborative effort between MDOC and Maine Department of Health and Human Services (DHHS), all residents who qualify for MaineCare insurance have active benefits in place upon release, including those receiving MAT services. Coverage upon release ensures discharged residents receive continuity of care for MAT and other vital medical and behavioral health services covered by this insurance.

Annually, on average, 77% of residents releasing to a Maine community have MaineCare in place at the time of their release from a MDOC facility. Those not receiving MaineCare benefits often do not qualify due to work release job benefits in place upon release or due to a release plan out of state. For those transitioning on MAT, 100% of releasing residents have MaineCare coverage in place.

## Discharge Planning for Residents Receiving MAT

For releasing residents participating in MAT, MDOC uses a multidisciplinary team-based approach to conduct comprehensive discharge planning that includes linkages to community-based continuity of care services. Those teams are led by MDOC's MAT Director, and consist of a case manager, the facility Deputy Warden of Programming, MDOC's Manager of Evidence Based Practices, behavioral health clinicians and representatives from the medical team and when appropriate, Adult Community Corrections. Community partners are also part of the team who assist MDOC with securing post-release MAT services and appointments; and involved are local community recovery organizations, who provides linkages to recovery coaches and other recovery-based community programming. Since July 2019, MDOC has provided all MAT participants releasing to the community a naloxone kit and training on how to respond to an overdose, along with other treatment/continuity of care supports. Beginning in February 2022, MDOC will be expanding this effort and will provide all releasing MDOC residents, not just MAT participants, harm reduction kits upon release. These kits will also be available for any requesting probation client in MDOC's probation field offices. The Harm Reduction Kits will include:

- 1 Naloxone Kit (2 doses) (with instructions and education on overdose prevention)
- Fentanyl Test Strips (with instructions on test kit use and education on the dangers of Fentanyl)
- Condoms
- Basic Hygiene Products
- Education and Resource Packet
- Recovery community and related supports
- Healthcare resources, including HIV and Hepatitis C resources
- Wrap-around community support information

## Staff Training

The MDOC recognizes that staff play an important part in a resident's success. Staff learn a great deal about SUD during the Maine Criminal Justice Academy and further still through the Joint Post School. Once on board, staff continue to learn about addiction science, about the fundamentals of harm reduction as a philosophical and practical approach, they explore the history of biases related to substance use, examine language that may communicate negative valuation, and identified reasons people use substances. Additionally, as part of the requirements to maintain SUD licensure in Maine, clinical staff at all adult facilities participate in four hours of yearly Clinical Co-Occurring Disorder training. In 2022, MDOC facility and probation staff will receive training on harm reduction strategies for addressing SUD needs and supporting recovery efforts.

## SUD Data Points

1. The table below depicts the current population and substances used (the totals have crossover between categories).

	SUD	OUD	Stimulants	Alcohol	Cannabis	Other
Number of Residents	962	767	428	374	225	119

2. The table below depicts the presence of mental health diagnoses for the total MDOC population as compared to those currently receiving MAT services (the MH diagnoses category below excludes those who had only SUD or OUD listed as a diagnosis).



STATE OF MAINE  
DEPARTMENT OF CORRECTIONS  
111 STATE HOUSE STATION  
AUGUSTA MAINE  
04333-0111

JANET T. MILLS  
GOVERNOR

RANDALL A. LIBERTY  
COMMISSIONER

Population (9/30/2021)	MH Diagnosis	Total Residents on MAT	MH Diagnosis & on MAT
1579	882 (56%)	562 (36%)	380 (24%)

3. The table below depicts DOC population and the population, by race, receiving MAT. The MDOC is working to identify ways to be inclusive and identify potential barriers to recovery services, participation patterns, and treatment effectiveness that may differ by race and culture.

Participation in MAT by Race	DOC Population		MAT Participants	
	Men	Women	Men	Women
Asian	0.68%	0.25%	0.48%	0.00%
Black or African American	11.47%	4.04%	3.06%	0.86%
Native American	2.58%	5.30%	3.22%	5.17%
Native Hawaiian or Pacific Islander	0.12%	0.00%	0.00%	0.00%
Two or More Races	1.28%	3.03%	0.64%	0.86%
Unknown	3.45%	1.01%	0.48%	0.86%
White	80.42%	86.36%	92.11%	92.24%

4. The table below depicts the number of males successfully completing various types of SUD treatment over the last six years.

Men's Substance Use Disorder Treatment	Successful Completions					
	2016	2017	2018	2019	2020	2021
DSAT	28	1				
MAT				81	362	357
SUD CBI-SA	29	107	84	62	60	46
SUD Individual		23	55	74	84	53
SUD Living in Balance- Core	33	241	202	212	179	143
SUD Living in Balance- Other		1	4	3	2	8
SUD Living in Balance- Relapse Prevention	24	56	76	121	97	27
SUD Outpatient (Generic SUD Treatment)	230					
SUD Maintenance		20	26	34	1	
SUD Prime For Life	79	75	65	67	53	42
SUD Prime Solutions	43	10	28	44	42	44
SUD RSU MVCF	35	36	46	33	24	34

SUD RSUT Helping Men Recover (MSP)					9	55
SUD RSUT- LIB (MSP)					15	53
SUD Seeking Safety	8	55	51	53	16	8
SUD Stages of Change		56	23	16	1	33
SUD Residential Treatment Waitlist						42
SUD RSUT- CBI-SUA (MSP)						71
SUD RSUT-MSP						60
<b>Total Successful Completions</b>	<b>509</b>	<b>681</b>	<b>660</b>	<b>800</b>	<b>945</b>	<b>1076</b>
<b>Total Unique Men Involved</b>	<b>406</b>	<b>592</b>	<b>501</b>	<b>579</b>	<b>679</b>	<b>652</b>

5. The table below depicts the number of females successfully completing various types of SUD treatment over the last six years.

Women's Substance Use Disorder Treatment	Successful Completions					
	2016	2017	2018	2019	2020	2021
MAT				32	57	48
SUD CBI-SA	4	24	31	21	19	
SUD Co-Dependent No More	42	62	40	37	31	21
SUD Individual			9	5	6	3
SUD Living in Balance- Core		63	74	51	11	
SUD Living in Balance- Other	9	45	15	1		
SUD Living in Balance- Relapse Prevention		23	26	42	53	31
SUD Seeking Safety	74	81	47	29	2	
SUD Women's Services		34	145	117	84	29
<b>Total Successful Completions</b>	<b>129</b>	<b>332</b>	<b>387</b>	<b>335</b>	<b>263</b>	<b>132</b>
<b>Total Unique Women Involved</b>	<b>107</b>	<b>212</b>	<b>190</b>	<b>163</b>	<b>136</b>	<b>132</b>

Randall A. Liberty  
Commissioner  
Maine Department of Corrections

Enc. MAT allocations report.