Performance Measures for Medication-assisted Treatment in Correctional Settings

A Framework for Implementation

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Language Used in this Document

This document provides jail and prison administrators, program managers, medical staff in correctional settings, and reentry staff with a performance management framework to monitor medication-assisted treatment (MAT) in correctional settings.

Best practices related to treating substance use are fluid and ever-evolving, as is the language used to describe it. Practitioners working in correctional settings primarily use the term, "medication-assisted treatment" or "MAT," to refer to the evidence-based practice of using FDA-approved medications to treat opioid use disorders. We have adopted these terms in this document. Other terms commonly used for this type of treatment include "medications for addiction treatment," "medication-based treatment," or "medications for opioid use disorder."

Most MAT programs in correctional settings focus on treating persons with opioid use disorder. Therefore, the measures in this document focus primarily on MAT programs to treat opioid use disorder. Correctional programs using MAT to treat other substance use disorders can modify the measures to align with their program operations.

Introduction

Individuals with substance use disorders (SUDs) are overrepresented in the criminal justice system.[1] More than 58 percent of state prisoners and 63 percent of sentenced jail inmates met the criteria for an SUD, according to data collected through the 2007–2009 National Inmate Survey.[2] Approximately five percent of the general population age 18 or older met the criteria for a substance use disorder during the same period.[3] A study using the National Survey of Drug Use and Health data from 2015 to 2016 found that:

- Involvement in the criminal justice system was higher among individuals with any level of opioid use compared with individuals who reported no opioid use. More than half of the individuals with a prescription opioid use disorder or heroin use reported contact with the criminal justice system in the past year.[4]
- As the level of opioid use increased, involvement in the criminal justice system also increased after accounting for sociodemographic, health, and substance use differences.[5]

Individuals in custody with an opioid use disorder are at greater risk of returning to use and an unintentional overdose upon community reentry.[6, 7] The risk is exceptionally high in the two weeks following release from custody, with one study showing a 40-fold increase in overdose risk compared with the general population.[8] The risk of accidental overdose is most commonly associated with a decreased tolerance level. An individual released from custody may not realize that even brief incarcerations could result in reduced tolerance levels and resuming use at the same rate and/or dose of pre-incarceration, leading to a fatal unintentional overdose. Studies show that prescribing medications to treat opioid use disorders while in custody reduces drug use[9] and the incidence of overdose events following release from custody.[10] The use of medication to treat opioid use disorders also has been found to reduce criminal activity, arrests, probation revocations, and reincarcerations.[11, 12]

There are a growing number of corrections-based MAT programs throughout the country. Many of these programs have been funded with state funds or federal funding from the Bureau of Justice Assistance, U.S. Department of Justice and/or the Substance Abuse and Mental Health Services Administration. These funds have been used to increase access to all forms of evidence-based treatment within jails and prisons and facilitate continuity of care for individuals transitioning from a correctional setting to community-based treatment services.[13]

Performance Measure Development

Performance measurement is the ongoing monitoring and reporting of program accomplishments using pre-selected performance measures aligned with program goals.[14] The performance measures detailed in this publication provide sheriffs, corrections administrators, state and local officials, and funders with a foundation for monitoring the implementation of corrections-based MAT programs. Program administrators use performance measures to determine whether or not a program is working as intended. Performance measurement is the first step towards conducting program evaluation. Agencies can use performance measures, along with additional quantitative and qualitative data, to assess how well a program is achieving its outcomes and why.

In 2019, the Bureau of Justice Assistance, and Arnold Ventures launched the *Building Bridges* initiative, an effort to assist 16 county-based teams in implementing MAT in a jail setting and enhancing collaboration between jails and community-based treatment providers. Many of the performance measures associated with the *Building Bridges* initiative served as the foundation for the measures outlined in this document. In 2020, the National Council for

Behavioral Health and Vital Strategies released the [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](). The authors of the toolkit outlined a set of "monitoring metrics" that closely align with the performance measures developed in the *Building Bridges* initiative, suggesting consensus on key measures.

Each potential performance measure from previous publications and initiatives was assessed against established criteria. To be considered a core performance measure for corrections-based MAT programs, the measure had to:

- Directly relate to the goal of a corrections-based MAT program;
- Be measurable and quantifiable;
- Be easily understood by corrections administrators, policy makers, and funders; and
- Be easily tracked and monitored without significant staff burden.

Twelve measures met these criteria. The twelve core performance measures are outlined in *Table 1*. Taken together, the performance measures provide a foundation for tracking key activities associated with corrections-based MAT programs (process measures) and the impact of these activities (outcomes measures).

Table 1: Summary of Performance Measures

Performance Measure	Definition	Performance Measure Type
Measure 1: Universal Screening Rate	The percent of individuals screened for substance misuse upon being booked into a correctional facility.	Process measure
Measure 2: Positive Substance Misuse Indicator Rate	The percent of individuals who screen positive for substance misuse or withdrawal upon being booked into a correctional facility.	Process measure
Measure 3: Substance Use Assessment Rate	The percent of individuals clinically assessed for a substance use disorder after screening positive for substance misuse or withdrawal.	Process measure
Measure 4: Opioid Use Disorder Rate	The percent of individuals identified as having an opioid use disorder, based on a clinical assessment.	Process measure
Measure 5: MAT Referral Rate	The percent of clinically appropriate individuals referred to MAT services.	Process measure
Measure 6: MAT Induction/Retention Rate	The percent of individuals who initiate MAT or are retained on MAT while in custody.	Process measure
Measure 7: Non-medication-based Treatment Participation Rate	The percent of individuals prescribed medication to treat an opioid use disorder who participate in non-medication-based treatment while in custody.	Process measure
Measure 8: Continuity of Care Rate	The percent of individuals prescribed medication to treat an opioid use disorder while in custody who have a scheduled appointment with a community-based MAT provider before reentry.	Process measure
Measure 9: Rearrest Rate	The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are rearrested post-release.	Outcome measure

Performance Measure	Definition	Performance Measure Type
Measure 10: Reconviction Rate	The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are reconvicted post-release.	Outcome measure
Measure 11: Rebooking Rate	The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are rebooked for a new criminal offense or technical violation post-release.	Outcome measure
Measure 12: Post-Release Fatal Overdose Rate	The percent of individuals prescribed medication to treat an opioid use disorder while in custody who experience an unintentional fatal overdose post-release.	Outcome measure

Cohort Selection and Time Frames

The performance measures outlined in this document use six-month admissions and exit cohorts for reporting purposes. An explanation of cohorts follows.

Admission cohorts consist of all individuals who entered custody during a specified period. Because all admission cohort members enter custody during the same time frame, they are subject to similar policies and practices. By using admission cohorts, agencies can link changes in performance over time to particular events or policies.

Exit cohorts consist of all individuals who exited custody to the community during a specified period. Tracking exit cohorts avoids delays in reporting and offers complete information on a group of people. Correctional agencies should only include individuals released to the community in their exit cohort when calculating the performance measures. Individuals released from one correctional facility to another should be excluded.

Except where noted, the performance measures detailed in this publication use six-month admission or exit cohorts. For most correctional facilities, using six-month cohorts is appropriate based on the following considerations:

- The burden of data collection and reporting;
- The desire to report timely information; and
- The anticipated number of individuals entering and exiting custody during the study period.

Larger correctional facilities and/or facilities with automated data collection systems can consider using quarterly cohorts instead.

Conclusion

The opioid overdose crisis remains a challenge for communities throughout the United States. State and local governments have responded to the overdose crisis by developing, implementing, and expanding programs to provide MAT in corrections settings. This growth has led to interest in establishing a framework for measuring the performance of MAT programs in jails and prisons. Establishing a process for routinely measuring performance is an essential component of understanding what is and is not working and refining programming. The remainder of this document describes the methodology for calculating and reporting each of the core performance measures for corrections-based MAT programs.

MEASURE 1:

Universal Screening Rate

DEFINITION

The percent of individuals screened for substance misuse upon being booked into a correctional facility.

BACKGROUND

The purpose of universal screening is to efficiently identify individuals who show indications of substance misuse or withdrawal at the time of entry into custody. This performance measure references screening during the initial booking process, not during the medical intake, which may occur later. Screening involves asking a standardized set of questions to determine whether a comprehensive assessment is needed. Screening may be conducted by an interview or by asking an individual to complete a short written questionnaire. No clinical training is required to conduct screening.

COHORT

Six-month admission cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Date of screening for substance misuse;
3. Reason screening did not occur, if applicable; and
4. Booking report to determine the total number of individuals booked during the observation period.

CALCULATIONS

(Number of individuals booked into custody and screened for substance misuse/Total number of bookings into custody during the observation period) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

Several free, validated instruments are available to screen for substance misuse and/or withdrawal symptoms. See the publication, Jail-based MAT: Promising Practices, Guidelines, and Resources for a list of screening tools. Agencies that want to use a validated screening tool specific to opioid use disorder may consider the Rapid Opioid Dependence Screen.

MEASURE 2:

Positive Substance Misuse Indicator Rate

DEFINITION

The percent of individuals who screen positive for substance misuse or withdrawal after being booked into custody.

BACKGROUND

A positive screen for substance misuse or withdrawal indicates the need for further assessment by a medical professional to confirm a diagnosis and develop a treatment plan.

COHORT

Six-month admission cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Date of screening for substance misuse; and
3. Results of the screening (positive, indicating the need for further assessment, or negative).

CALCULATIONS

(Number of individuals who screen positive for indicators of potential substance misuse/Total number of individuals screened for substance misuse) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

None

MEASURE 3:

Substance Use Assessment Rate

DEFINITION

The percent of individuals clinically assessed for a substance use disorder after screening positive for substance misuse or withdrawal.

BACKGROUND

Most substance use screening tools do not accurately differentiate between a substance use disorder or lesser degrees of substance use or substance involvement. An assessment conducted by a medical professional or a behavioral health clinician is required to make a valid diagnosis.

COHORT

Six-month admission cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake booking;
2. Date of screening for substance misuse;
3. Results of the screening (positive, indicating the need for further assessment, or negative); and
4. Date of assessment.

CALCULATIONS

(Number of individuals assessed for a substance use disorder after screening positive for indicators of substance misuse/Total number of individuals who screened positive for substance misuse) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

Individuals may be held for only a matter of hours before being released, limiting efforts to complete both screening and assessment. Corrections agencies may exclude individuals from this assessment whose length of stay in custody is less than 72 hours. Booking and release reports for the observation period will be needed to determine the number of individuals booked and released prior to assessment.

SUB-MEASURE

Agencies can provide important context to the substance use assessment rate by tracking an additional sub-measure.

Sub-measure 3.1.

The percent of individuals released from custody before being assessed for a substance use disorder.

MEASURE 4:

Opioid Use Disorder Rate

DEFINITION

The percent of individuals identified as having an opioid use disorder, based on a clinical assessment.

BACKGROUND

An assessment conducted by a medical professional or a behavioral health clinician is required to make a valid diagnosis. This measure identifies the subset of individuals with an opioid use disorder diagnosis.

COHORT

Six-month admission cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Date of screening for substance misuse;
3. Results of the screening (positive, indicating the need for further assessment, or negative);
4. Date of assessment; and
5. Diagnosis of an opioid use disorder (yes/no).

CALCULATIONS

(Number of individuals diagnosed as having an opioid use disorder/Number of substance use assessments conducted) x 100

IMPLEMENTATION NOTES

Individuals may be held for only a matter of hours before being released, limiting efforts to complete both screening and assessment. Corrections agencies may exclude individuals from this assessment whose length of stay in custody is less than 72 hours. Booking and release reports for the observation period will be needed to determine the number of individuals booked and released prior to assessment.

This measure is reported biannually.

SUB-MEASURES

Agencies can provide context to the rate of individuals diagnosed as having an opioid use disorder by tracking additional sub-measures. The following sub-measures provide a comparison point.

Sub-measure 4.1.

The percent of individuals diagnosed as having a substance use disorder.

Sub-measure 4.2.

The percent of individuals released from custody before being assessed for a substance use disorder/opioid use disorder.

MEASURE 5:

MAT Referral Rate

DEFINITION

The percent of clinically appropriate individuals referred to MAT services.

BACKGROUND

Administrators benefit from understanding the population identified as clinically eligible for MAT so that this information can be compared to the rate of MAT initiation and retention (see *Measure 6*).

COHORT

Six-month admission cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Diagnosis of an opioid use disorder (yes/no);
3. Prescribed medication to treat an opioid use disorder at time of booking (yes/no);
4. Candidate for medication to treat an opioid use disorder (yes/no); and
5. Offered medication to treat an opioid use disorder (yes/no).

CALCULATIONS

(Number of individuals offered medication to treat an opioid use disorder/Number of individuals identified as having an opioid use disorder who are appropriate candidates for MAT) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

Individuals may be held for only a matter of hours before being released, limiting efforts to complete both screening and assessment. Corrections agencies may exclude individuals from this measurement whose length of stay in custody is less than 72 hours.

SUB-MEASURE

Agencies can provide important context to the MAT referral rate by tracking an additional sub-measure.

Sub-measure 5.1.

The percent of clinically appropriate individuals referred to MAT services who are released from custody before initiating MAT.

MEASURE 6:

MAT Induction/ Retention Rate

DEFINITION

The percent of individuals who are inducted MAT or are retained on MAT while in custody.

BACKGROUND

The choice to use medication or not to treat an opioid use disorder is a shared decision between a physician and his or her patient. Program administrators benefit from understanding the populations who (a) are identified as clinically eligible for MAT and initiate medication to treat their opioid use disorder while in custody; (b) enter the facility with prescribed medication for their opioid use disorder and remain on medication; and (c) decline to pursue MAT despite being clinically eligible.

COHORT

Six-month exit cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Candidate for MAT (yes/no);
3. Initiated MAT while in custody (yes/no); and
4. Prescribed medication to treat an opioid use disorder at the time of booking and remained on the medication while in custody (yes/no).

CALCULATIONS

(Number of individuals who initiate MAT while in custody + Number of individuals who were prescribed MAT at the time of booking who remain on the medication while in custody)/(Number of individuals who are candidates for MAT) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

Individuals may be held for only a matter of hours before being released, limiting efforts to complete both screening and assessment. Corrections agencies may exclude individuals from this measurement whose length of stay in custody is less than 72 hours.

Agencies may find it beneficial to track Measure 6 by the type of FDA-approved medication prescribed.

SUB-MEASURES

Agencies can provide context to the MAT initiation/retention rate by tracking additional sub-measures. The following sub-measures provide additional information that may be useful for agencies.

Sub-measure 6.1.

The percent of individuals who initiate MAT while in custody.

Sub-measure 6.2.

The percent of individuals who are retained on MAT while in custody.

Sub-measure 6.3.

The percent of individuals appropriate for MAT who elect not to take prescribed medication while in custody.

MEASURE 7:

Non-medication-based Treatment Participation Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder who participate in non-medication-based treatment while in custody.

BACKGROUND

Individuals who are prescribed medication to treat an opioid use disorder frequently participate in other behavioral health treatment services (*e.g.*, group or individual counseling for substance use, psychiatric disorders, and/or trauma) while in custody. Tracking participation in non-medication-based treatment provides additional information about service utilization.

COHORT

Six-month exit cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Date of intake/booking;
2. Diagnosed with an opioid use disorder (yes/no);
3. Initiated MAT while in custody (yes/no);
4. Prescribed medication to treat an opioid use disorder at the time of booking and remained on the medication (yes/no); and
5. Participated in non-medication-based treatment while in custody (yes/no).

CALCULATIONS

(Number of individuals prescribed medication to treat an opioid use disorder who participate in non-medication-based treatment)/Number of individuals prescribed medication to treat an opioid use disorder) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

Agencies may find it beneficial to track the specific types of non-medication-based treatment services in which an individual participates, such as group or individual counseling, psychiatric services, and the like.

SUB-MEASURE

Agencies can provide context to the non-medication-based treatment participation rate by tracking an additional sub-measure. The following sub-measure provides additional information that may be useful for agencies.

Sub-measure 7.1.

The percent of individuals who are not prescribed medication to treat an opioid use disorder who participate in non-medication-based treatment while in custody.

MEASURE 8:
Continuity of Care Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder while in custody who have a scheduled appointment with a community-based MAT provider before reentry.

BACKGROUND

Individuals with opioid use disorders are at high risk of overdose following release from incarceration. Program staff should ensure that individuals leaving custody to return to the community have a date and time to meet with a community-based MAT provider to reduce this risk. Some community-based MAT providers provide "in-reach" services within the jail, meeting with individuals in custody before they are released to establish a client-provider relationship. This approach can help maintain continuity of care.

COHORT

Six-month exit cohort

DATA REQUIRED

This performance measure relies upon the following data elements:

1. Appointment with a community-based MAT provider (yes/no);
2. Appointment date/time with a community-based MAT provider, if applicable;
3. Date of release from custody; and
4. Treatment status at exit (*e.g.*, participating in MAT or not).

CALCULATIONS

(Number of individuals prescribed or retained on medication to treat an opioid use disorder while in custody who have an appointment scheduled with a community-based MAT provider before leaving custody /Number of individuals in the cohort prescribed medication to treat an opioid use disorder who exited custody) x 100

This measure is reported biannually.

IMPLEMENTATION NOTES

When calculating this performance measure, correctional agencies should only include individuals released to the community in their exit cohort. Individuals released from one correctional facility to another should be excluded.

Many agencies may find it informative to track *Measure 7* by the type of FDA-approved medication prescribed.

SUB-MEASURES

Agencies can provide context to the MAT continuity of care rate by tracking additional sub-measures. The following sub-measures include other information that may be useful for agencies.

Sub-measure 8.1.

The percent of individuals prescribed medication for an opioid use disorder who undergo medically-assisted withdrawal before release from custody into the community.

Sub-measure 8.2.

The percent of individuals prescribed medication for an opioid use disorder who attend their first community-based MAT appointment post-release.

MEASURE 9:

Rearrest Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are rearrested post-release.

BACKGROUND

Measuring rearrest rates is a standard public safety indicator. The use of multiple measures of recidivism (rearrest, reconviction, and rebooking within the same follow-up time period) provides the most comprehensive information about local recidivism patterns.

COHORT

Six-month exit cohort

DATA REQUIRED

Program administrators must link arrest data from police records or the state criminal history repository to individuals in the exit cohort to measure rearrests. This performance measure relies upon the following data elements:

1. Name, date of birth, and race (to link records);
2. Date of release from custody;
3. Date of each offense that led to a new arrest;
4. Date of each new arrest; and
5. Treatment status at exit (*e.g.*, participating in MAT or not).

CALCULATIONS

(Number of individuals arrested for a new offense post-release/Number of individuals in the exit cohort prescribed medication to treat while in custody) x 100

This measure is reported annually and tracked for each cohort for two years post-release.

IMPLEMENTATION NOTES

When calculating this performance measure, correctional agencies should only include individuals released to the community in their exit cohort. Individuals released from one correctional facility to another should be excluded. Agencies may wish to track offense type (*e.g.*, technical violation, property offense, drug offense, traffic offense, person offense), offense severity (felony or misdemeanor), and the number of new arrests per person to provide additional information about recidivism.

There is no national consensus on the appropriate follow-up period (12 months versus 36 months). Agencies may modify this measure to align with established local or state follow-up periods.

SUB-MEASURE

Agencies can provide context to the rearrest rate of individuals who are prescribed medication to treat an opioid use disorder by tracking an additional sub-measure.

Sub-measure 9.1.

The percent of individuals diagnosed with a substance use disorder while in custody who are rearrested post-release.

MEASURE 10:

Reconviction Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are reconvicted post-release.

BACKGROUND

Measuring reconviction rates is a standard public safety indicator. The use of multiple measures of recidivism (rearrest, reconviction, and rebooking within the same follow-up time period) provides the most comprehensive information about local recidivism patterns.

COHORT

Six-month exit cohort

DATA REQUIRED

Program administrators must link conviction data from the court or the state criminal history repository to individuals in the exit cohort to measure reconvictions. This performance measure relies upon the following data elements:

1. Name, date of birth, and race (to link records);
2. Date of release from custody;
3. Date of each offense that led to a new conviction;
4. Date of each new conviction; and
5. Treatment status at exit (*e.g.*, participating in MAT or not).

CALCULATIONS

(Number of individuals convicted of a new offense post-release/Number of individuals in the exit cohort prescribed medication to treat an opioid use disorder while in custody) x 100

This measure is reported annually and tracked for each cohort for two years post-release.

IMPLEMENTATION NOTES

When calculating this performance measure, correctional agencies should only include individuals released to the community in their exit cohort. Individuals released from one correctional facility to another should be excluded. Agencies should exclude convictions that occur after the two-year follow-up period (even if the arrest falls within the two-year follow-up period). Agencies should also exclude convictions when the offense date falls before the individual's release from custody.

Agencies may wish to track offense type (*e.g.*, technical violation, property offense, drug offense, traffic offense, person offense), offense severity (felony or misdemeanor), and the number of new arrests per person to provide additional information about recidivism.

There is no national consensus on the appropriate follow-up period (12 months versus 36 months). Agencies may modify this measure to align with established local or state follow-up periods.

SUB-MEASURE

Agencies can provide context to the reconviction rate of individuals prescribed medication to treat an opioid use disorder by tracking an additional sub-measure.

> **Sub-measure 10.1.**
> The percent of individuals diagnosed with a substance use disorder reconvicted during the follow-up period.

MEASURE 11:
Rebooking Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder while in custody who are rebooked for a new criminal offense or technical violation post-release.

BACKGROUND

Measuring rebooking rates is a standard public safety indicator. The use of multiple measures of recidivism (rearrest, reconviction, and rebooking within the same follow-up time period) provides the most comprehensive information about local recidivism patterns.

COHORT

Six-month exit cohort

DATA REQUIRED

Program administrators must link new bookings to individuals in the exit cohort to measure rebookings. This performance measure relies upon the following data elements:

1. Name, date of birth, and race (to link records);
2. Date of release from custody;
3. Date of each offense that led to the new booking;
4. Date of each new booking; and
5. Treatment status at exit (*e.g.*, participating in MAT or not).

CALCULATIONS

(Number of individuals who return to custody for a new criminal offense or technical violation following release/ Number of individuals in the exit cohort prescribed medication to treat an opioid use disorder while in custody) x 100

This measure is reported annually and tracked for each cohort for two years post-release.

IMPLEMENTATION NOTES

When calculating this performance measure, correctional agencies should only include individuals released to the community in their exit cohort. Individuals released from one correctional facility to another should be excluded. Agencies should exclude bookings that occur after the two-year follow-up period. Agencies should also exclude a return to custody event if the offense date that led to the reincarceration is before the individual’s release from custody.

Agencies may also wish to track the length of time in custody to provide additional information.

There is no national consensus on the appropriate follow-up period (12 months versus 36 months). Agencies may modify this measure to align with established local or state follow-up periods.

SUB-MEASURE

Agencies can provide context to the post-release reincarceration rate for individuals prescribed medication to treat an opioid use disorder by tracking an additional sub-measure.

> **Sub-measure 11.1.**
> The percent of individuals diagnosed with a substance use disorder who are rebooked for a new criminal offense or technical violation post-release.

MEASURE 12:

Post-release Fatal Overdose Rate

DEFINITION

The percent of individuals prescribed medication to treat an opioid use disorder while in custody who experience an unintentional fatal overdose post-release.

BACKGROUND

Measuring unintentional overdose rates is a standard public health indicator.

COHORT

Six-month exit cohort

DATA REQUIRED

Program administrators must link overdose data from public health records and/or police records to individuals in the exit cohort to measure post-release overdoses. This performance measure relies on the following data elements:

1. Name, date of birth, and race (to link records);
2. Date of release from custody;
3. Date of unintentional fatal overdose; and
4. Treatment status at exit (*e.g.*, participating in MAT or not).

CALCULATIONS

(Number of individuals prescribed medication to treat an opioid use disorder while in custody who experience an unintentional fatal opioid overdose post-release/Number of individuals in the exit cohort prescribed medication to treat an opioid use disorder while in custody) x 100

This measure is reported annually and tracked for each cohort for two years post-release.

IMPLEMENTATION NOTES

When calculating this performance measure, correctional agencies should only include individuals released to the community in their exit cohort. Individuals released from one correctional facility to another should be excluded. Agencies should exclude fatal overdoses that occur after the two-year follow-up period. Likewise, agencies should exclude intentional fatal overdoses from the calculations where this level of information is available.

There is no national consensus on the appropriate follow-up period (12 months versus 36 months). Agencies may modify this measure to align with established local or state follow-up periods.

SUB-MEASURES

The reported post-release unintentional opioid overdose rate for individuals prescribed medication to treat an opioid use disorder should be placed in context with other data points. The following sub-measures provide a comparison point for the rate of post-release unintentional opioid overdoses for individuals prescribed medication to treat an opioid use disorder.

> **Sub-measure 12.1.**
> The percent of individuals diagnosed with a substance use disorder who experience an unintentional fatal opioid overdose post-release. The measure should be reported annually and tracked for each cohort for two years after release from custody.

Communities with the capacity to track non-fatal overdoses and link these records to individuals released from custody may also elect to include sub-measures 12.2 and 12.3.

> **Sub-measure 12.2.**
> The percent of individuals prescribed medication to treat an opioid use disorder while in custody who experience an unintentional non-fatal opioid overdose. The measure should be reported annually and tracked for each cohort for two years after release from custody.

> **Sub-measure 12.3.**
> The percent of individuals diagnosed with a substance use disorder who experience an unintentional non-fatal opioid overdose post-release. The measure should be reported annually and tracked for each cohort for two years after release from custody.

Endnotes

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About the Legislative Analysis and Public Policy Association

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system. LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

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