

Vermont Legislative Joint Fiscal Office

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FISCAL NOTE

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S.166 An act relating to the provision of medication-assisted treatment for inmates – House Corrections & Institutions Recommendation of Amendment – Draft 7.1

Bill Summary

This bill proposes to offer medication-assisted treatment (MAT) at correctional facilities for inmates diagnosed with opioid use disorder

Fiscal Summary

Expansion - MAT treatment

\$800,000 - \$850,000

The total additional annual cost estimate includes:

- The estimate **to expand these services to those not yet inducted in a MAT program is \$800k-\$850k annually**. This would provide substance abuse assessment and induction in MAT programming as well as the medically necessary services to incoming inmates who are **not** already connected to a MAT program and will also provide medically necessary induction and care coordination upon release. This range is a best estimate from DOC but should be considered rough as there is no actual experience for this expanded population for MAT. This amount is not included in the current FY19 budget proposal.
- Within the current DOC budget there is approximately \$1.6m currently allocated to MAT treatment, this expansion would bring the total funding to \$2.4m.

Background: Dept. of Corrections - MAT

DOC is currently providing 120 days of MAT service/coverage at all facilities. There are MOUs with the Hubs for methadone and the DOC Health Care contractor acts as the spoke for Suboxone/buprenorphine. The 120 day period usually covers the length of stay for the already MAT inducted population flowing through DOC. DOC can, on a case by case basis, extend these services based on the specific release date/sentence of an individual. In cases of longer sentences, inmates have been medically tapered from MAT. There have been 10 cases of tapering since the 120 day policy was adopted. A total of 388 individuals participated in the MAT program in CY 2017. A total of 200 individuals received services in Dec. 2017 and Jan. 2018 after the 120 day policy was put in place.

Future Impacts

In future years, there are likely indirect and possibly direct savings resulting from this increase in treatment, savings which at this point cannot be specifically calculated. In DOC this would likely be in the form of initially reduced system flow through pressure i.e. the system becomes a

bit easier to manage on a day to day basis. Overtime and depending on the outcome of out of state bed contract negotiations, this reduced system flow pressure could translate to reduced bed need and lower department costs than would otherwise be the case in the absence of this increased inmate treatment option.

Current DOC Budget Context

Current FY18 pressures in the DOC include the change in HEP C protocol effective January 2018 which is likely to lead to higher than budgeted Rx/health care costs to the Department. The FY18 budget base included assumptions related to electronic monitoring which as yet have are not likely to be realized. Depending on whether and how these pressures are or are not absorbed through out FY18 there may be roll out impacts into FY19 for the department.