Medication Assisted Treatment in Jails and Prisons: Supporting Re-Entry and Recovery

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Learning Objectives

At the conclusion of the session attendees will be able to:

1. Outline evidence demonstrating the benefits of medication assisted treatment (MAT) in carceral settings.
2. Briefly define the community and Bureau of Justice Assistance standards of care for managing opioid use disorder and withdrawal in jails.
3. Describe barriers to MAT transitions experienced by correctional facilities to support effective transitions of MAT in carceral settings to community-based settings.
4. Describe strategies community-based providers and partners can deploy to support recovery upon re-entry to the community.

Terminology

Term	Definition
MAT	Medication Assisted Treatment is the use of FDA-approved medication in combination with behavioral therapies to provide a "whole patient" approach to the treatment of substance use disorders. MAT is the standard of care for treating Opioid Use Disorder.
Correctional Facility	This term will be used throughout this presentation to inclusively refer to adult county jails, detention centers, detention facilities, and/or correction centers but the majority of information is also applicable to justice involved youth with OUD.
MOUD	Medications for Opioid Use Disorder: Methadone, Buprenorphine, & Naltrexone
OUD	Opioid Use Disorder: Diagnosis of substance use disorder with opioid as primary substance of use.
Re-Entry	The stage of and processes related to leaving incarceration to return to the community.
Recovery	SAMHSA defines as: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."
Withdrawal	The American Society of Addiction Medicine defines acute withdrawal as "the onset of a predictable constellation of signs and symptoms following the abrupt discontinuation of, or rapid decrease in, dosage of a psychoactive substance"

Acronyms

Acronym	Term & Additional Information
MAT	Medication Assisted Treatment
CF	Correctional Facility
CO	Custody Officer
MOUD	Medications for Opioid Use Disorder
MAUD	Medication for Alcohol Use Disorder
OUD	Opioid Use Disorder
SUD	Substance Use Disorder
CQI	Continuous Quality Improvement
DOC	Department of Corrections
PLE	Pre-Release Liaison and Engagement
MCO	Managed Care Organizations
CBO	Community- Based Organizations
JBBS	Jail Behavioral Based Services

Let’s take a moment and consider these questions…

- Do you know what MOUD/MAT is accessible to detainees in your county jail and/or local DOC facility?
  - Yes
  - No
- Do you currently provide services to previously incarcerated individuals?
  - Yes
  - No
- What is your comfort level with working with this population?
  - Very Comfortable
  - Somewhat Comfortable
  - Not Comfortable At All

The Case for MAT for Incarcerated Persons

Nationally, in most correctional facilities (CFs):

- The full array of MOUD and MAT is not consistently available across CFs
- Persons with OUD released from CFs not engaged in MAT are much more likely to die from overdose
- Over 70% of deaths within 2 weeks of release are due to overdose
    - MOUD can decrease that by 60-80%
- Non-evidence-based withdrawal from substances, including for those who were receiving MOUD in the community prior to incarceration, leads to increased risk, including:
    - Increase in adverse outcomes – from illness and extreme discomfort to death
    - Increase in disciplinary and other management incidents in the CF
    - Extreme risk to fetus for pregnant persons
- MAT/MOUD for incarcerated persons is evidence-based and aligned with community standard of care

Source:
https://bjs.ojp.gov/library/publications/mortality-local-jails-2000-2019-statistical-tables Binswanger, 2007; Greene, 2018; Carson, 2021

The Case for MAT for Incarcerated Persons

- In jails/prisons, custody trends toward:
  - Viewing OUD as a chronic disease that can be effectively treated
  - MAT is evidence-based and effective
  - Recognition that appropriate treatment can reduce custody challenges and other adverse incidents and outcomes (reduced overdose; reduced recidivism, increased treatment continuation upon release, etc.)
- Growing body of case law finding liability for failure to provide access to MOUD to incarcerated persons

The Case for MAT for Incarcerated Persons

In custody…

- Drug intoxication deaths have **quadrupled** from 2000 to 2018 (not just upon entry but during prolonged incarceration as well)
- Drug withdrawal leads to death during incarceration
- Median of one day in detention preceding death
- Over 70% of incarcerated persons who die in custody have NOT been convicted of a crime at the time of death

Sources: https://bjs.ojp.gov/library/publications/mortality-local-jails-2000-2019-statistical-tables Binswanger, 2007; Greene, 2018; Carson, 2021

Challenges to MAT Provision in CFs

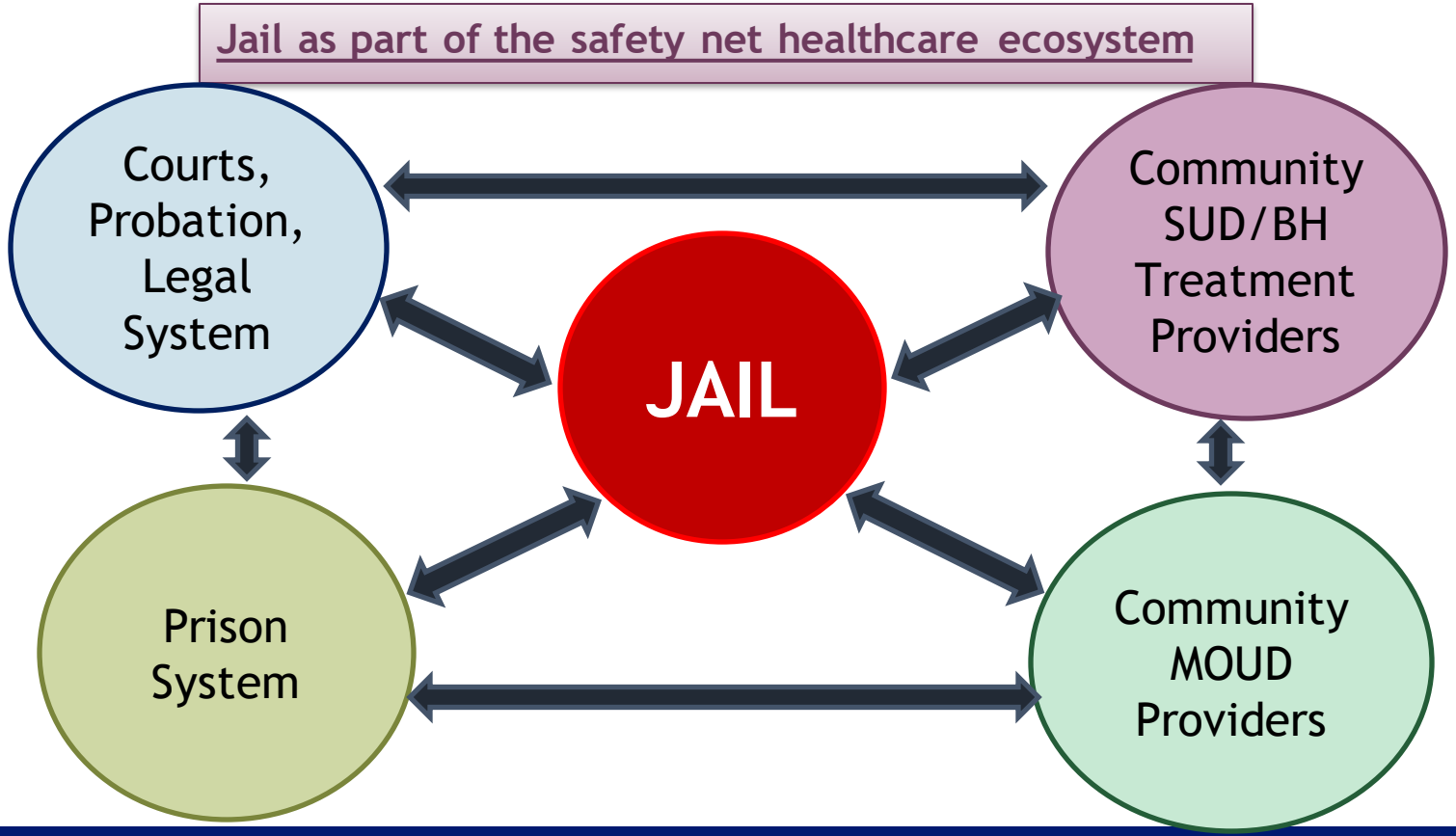
Challenges to starting and maintaining MAT programs in CFs

- Stigma
- Resources
  - ➢Finance/Budget
  - ➢Staffing – both inadequate budget and workforce shortages (custody and healthcare)

MAT is continued and/or started in the jail – then challenges to continuity

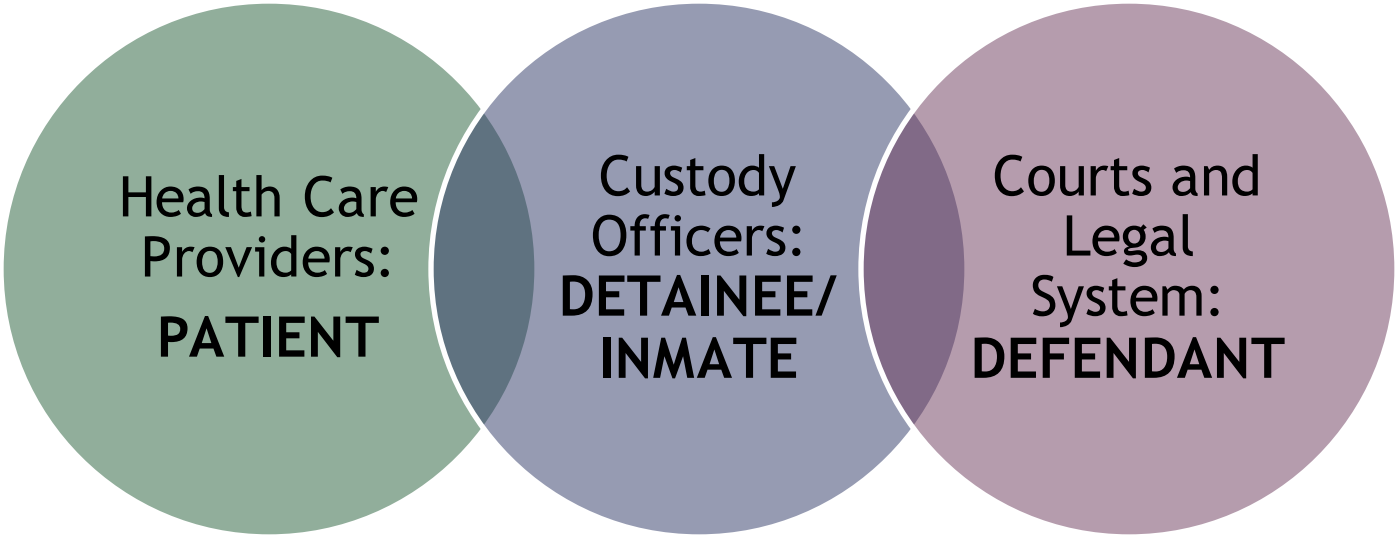
- Appropriate provider relationships with consistent and timely availability in the community can be very challenging
- Shortage of appropriate providers in the county/area
- Benefits eligibility and enrollment to assure coverage for treatment upon release

Standards for MAT in Correctional Facilities



Standards for MAT in Correctional Facilities

Integrated team model is essential➡different perspectives on person with a substance use

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Aspirations for MAT in Correctional Facilities

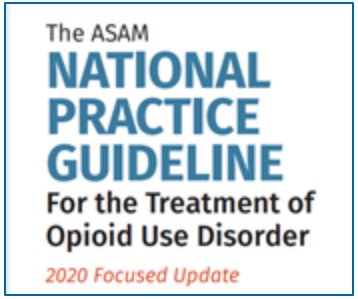
The CF is a health care site in the community's health care safety net and

- A county/state resident:
  - Receives the same care for acute and chronic conditions wherever they seek care in the county, including the CF (and across CFs, ideally)
  - All transitions are managed and supported
- The county/state has a ***single standard of care*** such that persons with OUD:
  - Have timely and consistent access to all MOUD
  - An individualized treatment plan
  - Coordinated, integrated and consistent health care

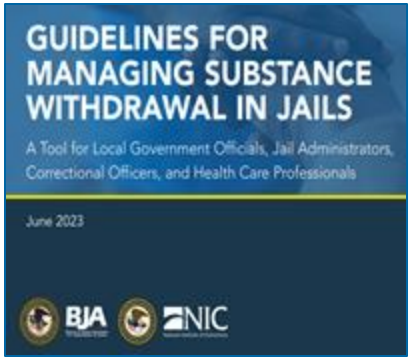
Standards: A New Challenge and Opportunity

BJA Evidence-based withdrawal management guidelines

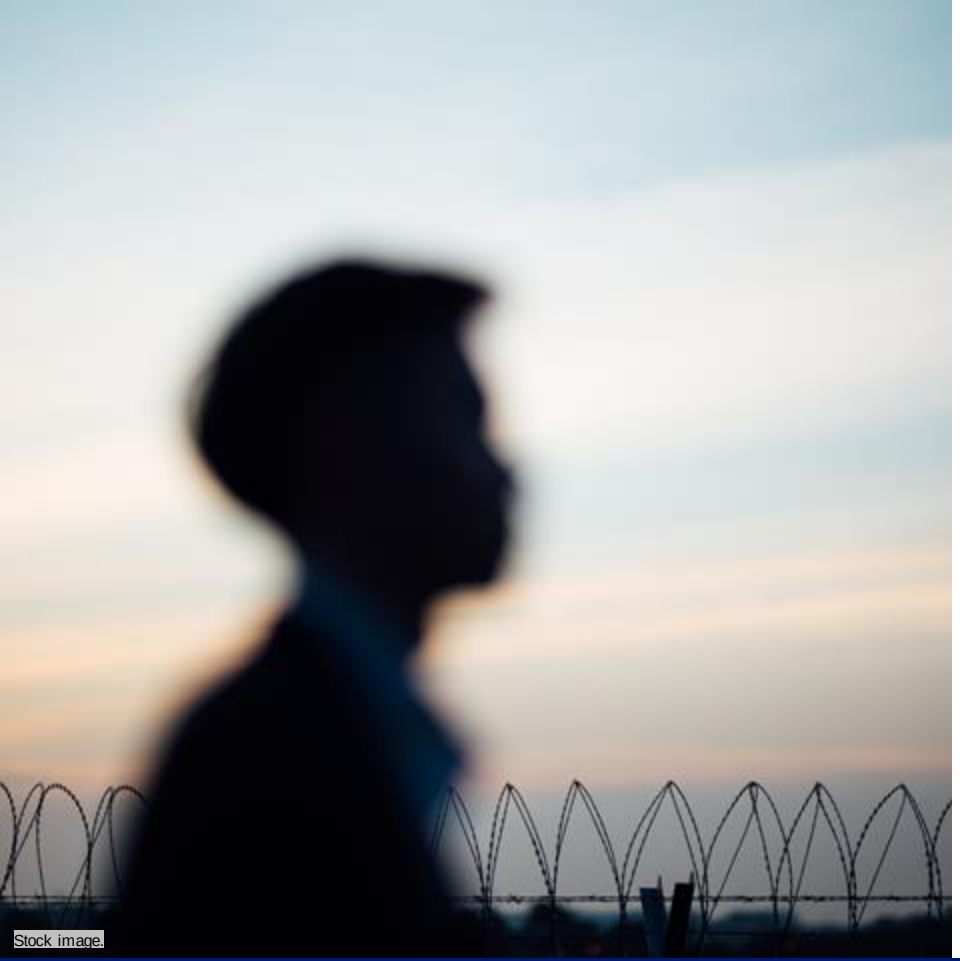
- Bureau of Justice Assistance (BJA) & National Institute of Corrections (NIC) guidance aligns with National Practice Guidelines
- BJA NIC Guidelines are for:
  - Local government officials
  - Jail administrators
  - Correctional officers
  - Jail & community health care professionals



Link to ASAM National Practice Guidelines



Link to Guidelines for Managing Substance Withdrawal In Jails



Continuing the Effort Beyond the Walls: **Re-entry**

Support recovery in the CF and upon re-entry through connections with MOUD and services in the community – facilitate enhanced referrals and “hot hand offs”

- Key Challenge - Unpredictability of release from jail
  - Affects staff ability to provide MAT prior to release, as well as resources (e.g., naloxone, flyers, kits, community provider information)
  - Sharing of patient-specific information
  - Jails develop processes to support recovery upon release, including in jails without 24/7 healthcare coverage

Best practice strategies for community-based providers and partners to support recovery upon re-entry to the community

Re-Entry Planning

Comprehensive case plan across systems/agencies inclusive of:

Best practice strategies for community-based providers and partners to support recovery upon re-entry to the community

Re-Entry Planning

Continuity of Care across systems; inclusive of all BH and health needs

Warm Hand Off [preferably HOT hand off]

Enhanced Referral Relationships – MOU or other formal agreement

- Inclusive of what and how person-specific info will be shared
- Communication pathways
- CQI pathways

Best practice strategies for community-based providers and partners to support recovery upon re-entry to the community

Re-Entry Planning– Should start when someone enters the CF

Other Considerations:

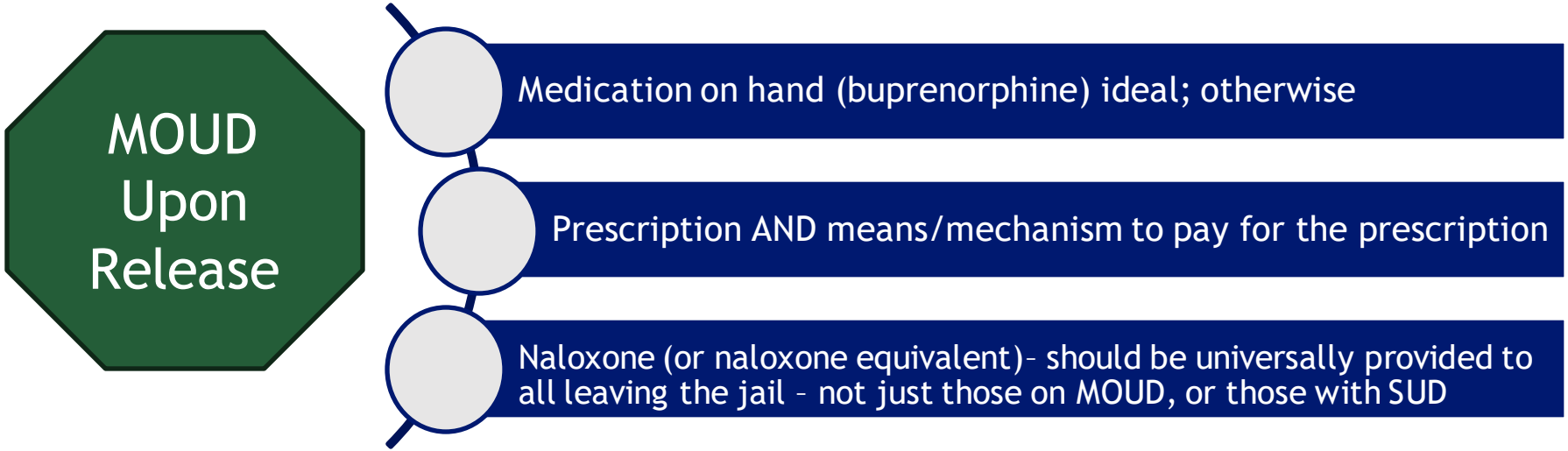
Comprehensive case plans ***across*** systems

- Sharing information to reduce redundancies for the person served and to support person-centered comprehensive care and timely, effective response.

Assessments	Consents and data sharing agreements	Person-specific treatment and case planning information	Standardized means of communicating between agencies/systems about individuals to staff and troubleshoot cases	Technology infrastructure for sharing information

Best practice strategies for community-based providers and partners to support recovery upon re-entry to the community

Re-Entry Planning



Click here for more information on The Jail Based Behavioral Health Services (JBBS) Program in Colorado

Pillars of Re-Entry and Recovery

No Wrong Door Philosophy

All partners support low barrier access

Forging Relationships

Common mission among partners

Pathways/Connections

Standardized pathways and processes between partners

Making Partnerships Work

Standardized forums for multidisciplinary integrated staffing, CQI

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No Wrong Door

- Every individual's journey to recovery is unique.
- Individuals may ask for help early in their experience with justice system.
- Others may not ask for help right away (or ever).
- Is the system designed to meet individuals "where they are" in their recovery?
- Very high prevalence of trauma and ACEs in justice involved population – importance of trauma informed approaches

Forging Relationships

Know your audience, the politics and local data

Be prepared for discussions

Respect the role of the sheriff and his/her designees

- What are the pain points and how can you assist?
- Be prepared with the "what is in it for them"

Ensure consistency and responsiveness to establish your credibility and reliability

Every contact is an opportunity to either strengthen, or weaken, the partnership

When people talk, listen completely - be responsive & attentive

Pathways in the Justice System for Connection and Response

SUD Identification and Response in Correctional Facilities: Who Plays a Role?

Pre-Booking	Booking	Health	During Incarceration	Pre-Release
• Pre-Trial • Courts • Defense Attorneys	• Custody-Intake, Classification • Nursing-Screening, Assessment	• Medical and BH assessment • Treatment planning • Re-entry planning	• Health • Behavioral Health • Recovery Support/PLEs	• Probation • CBOs • MCOs

Making Partnerships Work

- MOU/formal agreement
- Release of Information
- Communication
- Feedback loops
- Mode of communication
- Timeliness
- Empowering staff
- Logistics
- Space
- Ability to meet with individual

Key Takeaways

✓ Who are you sharing with and when?

✓ Allowing safe space for nonjudgemental communication

✓ Creating time/space to communicate effectively on what you are seeing

✓ Being trauma-informed in approach

Making Partnerships Work

- “We are not seeing/hearing the same thing!”
- Multidisciplinary team meetings
- Continuous Quality Improvement (CQI)

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Key Takeaways

MOUD/MAT for persons in correctional facilities (CFs) saves lives, supports recovery, reduces incidents in the CF and other adverse events for the person served, the CF and the community

Partners in the community who are part of the CF's ecosystem play a critical role in supporting access to MOUD/MAT within the walls, supporting re-entry to the community and ongoing recovery

The CF and its key stakeholders/providers can build effective relationships and processes to support and sustain low barrier access to MOUD/MAT and ongoing recovery for persons with justice system involvement

To better inform our future trainings and request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!

https://bit.ly/bhprovidertrainingsurvey

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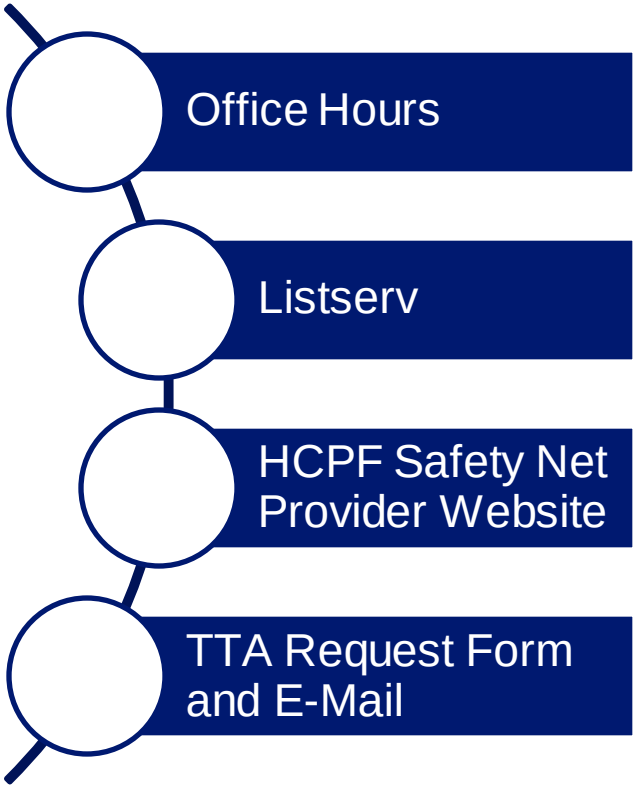
Appendix A: Additional Resources



Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the HCPF Safety Net Landing Page for details & registration information.

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: Register Here

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: https://hcpf.colorado.gov/safetynetproviders

Request TTA support or share your ideas, questions and concerns about this effort using the TTA Request Form or e-mail questions and comments to: info@safetynetproviders.com

Appendix B: References & Resources

SAMHSA Re-Entry Guide, August 2023

Issue Brief on Redesigning Reentry, July 2022

GAINS Re-Entry Checklist

Myths & Facts about Medication Assisted Treatment

Cases Involving Discrimination Based on Treatment with Medication for Opioid Use Disorder (MOUD), Legal Action Center

BJS Statistical Coverage of Crime and the Justice Process, 2021