

MAT or MOUD in Correctional Settings

Considerations for Implementation

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Opioid
Response
Network
STR-TA

Presenter Information

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DISCLOSURES

In addition to the above roles, Dr. Pinals consults to state and federal entities as well as organizations and attorneys regarding the legal regulation of psychiatry and forensic psychiatric matters.



Experience

- ✧ Attending psychiatrist in jails and prisons
- ✧ Consultant in litigation matters related to prison and jail care
- ✧ Consultant to correctional systems
- ✧ Program development with regard to services and reentry for persons in jails and prisons with co-occurring disorders



MAT and MOUD in Correctional Settings: Shifting Landscape

- ✧ Opioid Crisis
- ✧ Recognition of high-risk populations including those with criminal justice involvement
- ✧ Scientific advances in treatment
- ✧ Legal cases
- ✧ Funding opportunities



System Readiness

- ✧ Surveys examining practices
- ✧ Many prisons beginning MOUD
- ✧ Many jails beginning MOUD
- ✧ Not universal



How ready is your system?

- ✧ Are full medication options available? Are prescribers able to prescribe or access all medications?
 - All three medications are available for initiation and continuation
- ✧ Are policies and procedures in place to help facilitate MOUD/MAT?
- ✧ Are staff appropriately trained to help facilitate MOUD/MAT?
- ✧ Are linkages established both for people entering and leaving to decrease risk of relapse and overdose?



Example 1: Administrative Interest, but Implementation Not Yet Started

- ✧ Local jail of 600
- ✧ Prescribers at the facility unfamiliar with how to prescribe for persons with OUD other than traditional “detox” services
- ✧ Sheriff recently gained access to Naloxone kits
- ✧ Interested leadership attend this conference



Example 2: Partial Implementation

- ✧ Local jail with average daily population of 600
- ✧ Began having naltrexone injectable available in 2019
- ✧ Has for many years had a methadone program for pregnant inmates with a local community provider arrangement
- ✧ Now looking at prescribing buprenorphine when needed
- ✧ Staff training is beginning



Example 3: Full Implementation

- ✧ Prison population 1100
- ✧ All intakes are screened for OUD, other substance use disorders, and mental illness (and assessed for chronic disease like Hep C, HIV, and others)
- ✧ Some individuals are transferred from jail on MOUD
- ✧ Nurses, prescribers, security all have been trained on OUD and MOUD
- ✧ Sanctions for misuse managed through specialized considerations of illness management
- ✧ Individuals maintained and initiated on proper medications and doses
- ✧ Linkages established for release to community providers
- ✧ Parole staff trained to work with individuals with SUD/OUD
- ✧ Naloxone kits available and distributed





Implementation Upon Entry and During Period of Incarceration

Screening Tools

- ✧ Rapid Opioid Dependence Screen (RODS)
 - Brief measure assessed in correctional settings
 - Can be administered by a non-clinician
- ✧ Other rapid screens (SAMHSA Tip 63)
 - Such as one question screens regarding use of drug or prescription other than as prescribed or for non-medical reasons
- ✧ Screening for co-occurring conditions

TIP 63

MEDICATIONS FOR OPIOID USE DISORDER

Part 2: Addressing Opioid Use Disorder in General Medical Settings *For Healthcare Professionals*

Part 2 of this **Treatment Improvement Protocol (TIP)** will guide practitioners' efforts to identify, assess, and treat or refer patients with opioid use disorder (OUD) in general medical settings.

TIP Navigation

Executive Summary
For healthcare and addiction professionals, policymakers, patients, and families

Part 1: Introduction to Medications for Opioid Use Disorder Treatment
For healthcare and addiction professionals, policymakers, patients, and families

KEY MESSAGES

- All healthcare practices should screen for alcohol, tobacco, and other substance misuse (including opioid misuse).
- Validated screening tools, symptom surveys, and other resources are readily available; this part lists many of them.
- When patients screen positive for risk of harm from substance use, practitioners

Wickersham et al: J Correctional Health Care 2015;
<https://store.samhsa.gov/system/files/sma18-5063pt2.pdf>



Implementation

- ✧ Handoffs from the community or from the jails
- ✧ Initiation vs. continuation
- ✧ Patient declinations and next steps
- ✧ Sufficiency of Prescribers
- ✧ Staff Readiness and Training
- ✧ Overdose prevention
- ✧ Co-occurring mental health disorders



Clinical Services

- ✧ Who will provide them?
 - Mental health provider?
 - Substance use provider?
 - Medical provider?
- ✧ Counseling
- ✧ Clinical information sharing
- ✧ Staff and security assistance



Security Considerations

- ✧ Diversion
- ✧ Infractions
- ✧ Discipline or alternative pathways
- ✧ Attitudes and participation
- ✧ Overdose prevention
- ✧ Staff support and well-being

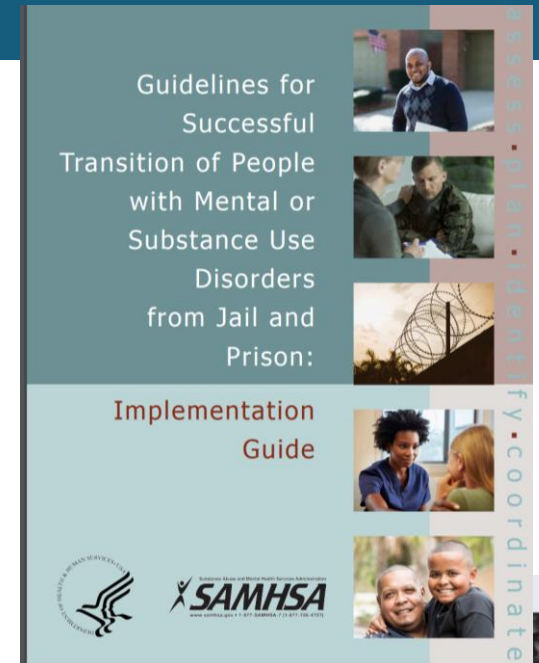




Implementation Upon Release and Re-Entry

APIC: Re-Entry Planning

- ✧ **Assess**
 - Screen
 - Follow up with assessments
- ✧ **Plan**
 - Develop individualized treatment plans
 - Develop collaborative responses
- ✧ **Identify**
 - Anticipate challenges and identify interventions for post-release
 - Develop policies and practices for continuity of care
- ✧ **Coordinate**
 - Support adherence and supervision
 - Develop ways to share information
 - Support cross-training
 - Collect and analyze data for evaluation



Implementation Guide



assess • plan • identify • coordinate

A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders: The APIC Model

Fred Osher, M.D., Henry J. Steadman, Ph.D., Heather Barr, J.D., M.A.



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Medicaid

- ✧ Suspension vs Termination
- ✧ Benefit plan management
- ✧ Coordination with local Medicaid offices
- ✧ ID needs to facilitate access
- ✧ Partnerships!!!! Bridge services?
- ✧ Covered Services
 - ?Peer support



Overdose Prevention

- ✧ Naloxone education
- ✧ Naloxone distribution



Community Tenure

- ✧ Participation with parole in program development with local providers
- ✧ Risk-Need-Responsivity Paradigms
- ✧ Cross-training
- ✧ Case conference discussions
- ✧ Crisis planning for relapses
- ✧ System for morbidity/mortality reviews



Questions?

✧ Thank you....



Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900

