



Opioid
Response
Network
STR-TA/SOR-TA



Medications for Opioid Use Disorder in Correctional Settings: Moving to Implementation

CONVENING SUMMARY

JANUARY 2021

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MOUD

Medications for Opioid Use Disorder

in Corrections

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Background

Over the past several years, the United States has been in the grip of an escalating overdose epidemic, with 67,367 drug overdose deaths occurring in 2018. Almost 70 percent of those deaths were caused by opioid overdoses and in particular, synthetic opioids such as fentanyl. During COVID-19, overdose submissions to the Overdose Mapping Application Program (ODMAP) in 2020 rose by 18% in March, 29% in April, and 42% in May, based on a 30-day rolling mean comparison to those months in 2019. [The May 2020 ODMAP report](#) indicated increases of 11.4% for fatal overdoses and 18.6% for nonfatal overdoses during those months.

Additionally, in December 2020 the Centers for Disease Control and Prevention (CDC) [issued a call](#) for more prevention efforts due to 81,000 drug overdose deaths that occurred in the United States in the 12 months ending in May 2020. This is the highest number of overdose deaths ever recorded in a 12-month period, according to recent [provisional data from CDC](#). Overdose deaths were already increasing in the months preceding the 2019 novel coronavirus disease (COVID-19) pandemic, but the [latest numbers suggest](#) an acceleration of overdose deaths during the pandemic. Synthetic opioids appear to be the primary driver, increasing 38.4 percent from the 12-month period leading up to June 2019 compared with the 12-month period leading up to May 2020.

As federal and state entities have provided additional funding and resources to communities across the country to address this issue, persons recently released from jails and prisons have been shown to be at significant risk. A [study](#) conducted at the Washington State Department of Prisons found that formerly incarcerated individuals were more than 12 times more likely to die in the two weeks following release from prison, compared to the general population, mostly due to drug overdose.

[Data](#) from the National Institute on Drug Abuse indicates that an estimated 65 percent of the US prison population has an active substance use disorder. Additionally, a recent [report](#) estimates that 15 percent of those in jails and prisons have an opioid use disorder (OUD). Despite these numbers, a recent [study](#) found less than five percent of justice-involved people received referrals to services for medications for opioid use disorder (MOUD), which in combination with behavioral health supports is the standard of care for opioid use disorder. Recent legal [proceedings](#) challenging the lack of access to MOUD have also brought this issue into sharp focus.

A growing body of [evidence](#) demonstrates that MOUD programs in correctional settings are effective in preventing opioid overdose deaths. Effective treatment of substance use disorders for incarcerated people requires a comprehensive approach including the following:

- FDA-approved medications for treating OUD: methadone, buprenorphine, and extended-release injectable naltrexone
- Behavioral therapies

- Wrap-around services after release from the criminal justice system, including peer support and employment and housing assistance
- Overdose education and distribution of naloxone, the opioid overdose reversal medication, while in justice diversion treatment programs or upon release

However, many correctional facilities cite sustained funding, staffing, stigma, and lack of care coordination between correctional facilities and community providers as barriers to MOUD implementation. Misunderstandings such as, MOUD is “substituting one drug for another” remain prevalent in correctional settings. A [survey](#) of prison medical directors suggested that most are not aware of the benefits of using medications with treatment, and when treatment is offered, it usually consists of only behavioral counseling and/or detoxification without follow-up treatment. Despite these challenges, a growing number of correctional facilities across the country are beginning to implement MOUD programs as the standard of care opioid use disorders. The Rhode Island Department of Corrections (RIDOC) has been a leading innovator in this area. Over the last few years, the RIDOC has made great strides in fully implementing medications for OUD, becoming and became and the first state to offer all three FDA-approved OUD medications in their correctional settings. In the first year of expanding access to MOUD statewide in its correctional system, RIDOC experienced a [61 percent](#) reduction in post-correctional overdose death rates.

As a result of its MOUD implementation success, RIDOC became a major technical assistance source and shared its experience with countless states, counties, and municipalities through email and telephone consultations, document sharing, and hosting site visits. Because the overwhelming response from correctional facilities became burdensome to everyday activities, RIDOC submitted a technical assistance request to the SAMHSA-funded [Opioid Response Network \(ORN\)](#). This request resulted in a decision to host a January 2020 summit in Rhode Island, inviting many parties and jurisdictions interested in learning about the RIDOC model, as well as others developed in other areas. To access the 2020 conference materials and other resources, please visit <https://opioidresponsernetwork.org/MOUDCorrections.aspx>.

The January 2021 Convening

Building on the success of the 2020 convening, ORN and Justice System Partners (JSP) hosted a three-day virtual convening on January 26-28, 2021. Over 330 people attended, representing 42 states and Washington, DC, including corrections officers, correctional health care providers, community-based providers, local and state health departments, MOUD treatment advocates, and individuals from a range of system partners, including the American Academy of Addiction Psychiatry, Legislative Analysis and Public Policy Association, and The Pew Charitable Trusts.

This year’s convening focused on helping federal, state, and local correctional departments move towards MOUD implementation through interactive, peer-based learning opportunities and, on day two, a within-site work session to develop an action plan. On day three, participants shared their action plans in a virtual poster presentation format and other attendees provided real-time feedback.

The remainder of this document includes an overview of the substantive meeting sessions, topics discussed in breakout sessions, and summary feedback from participant evaluations. Direct links to recorded sessions and notes are included where available.

Sessions and Materials

January 26, 2021: Day 1			
Date/Time	Topic	Leads	Summary
12:00-12:30	Welcome and Introductions	Rosemarie Martin, PhD/ Tonya Tavares, MS, CCRP, Brown/ORN Brian Lovins, PhD, Principal, Justice System Partners Daryl McGraw, MA, CAC, CCJP, Formerly Inc	Recording
12:30-2:00	MOUD in Corrections – Updates from Practice and Research	<u>Panelists:</u> Kathleen Maurer, MD, MPH, MBA Vermont Medical Director for VitalCore Health Services Shira Shavit, MD Director, Transitions Clinic San Francisco, CA Daryl McGraw, MA, CAC, CCJP Formerly Inc <u>Moderator:</u> Chan Kemper, Esq., Legislative Analysis and Public Policy Association	Recording The interactive opening session was designed to educate participants about innovative research and practices that emerged since the 2020 convening and included the critical lens of someone who is formerly justice involved. The discussion included an emphasis on the impact of COVID-19 on providing MOUD in corrections. Both positive and negative impacts were discussed and helped ground participants in the current context around MOUD.
2:30-4:15	Interactive Breakouts: Taking a Lay of the Land	JSP facilitators	1A Recording Materials 2A Recording Materials 3A Recording Materials 4A Recording Materials 4B Recording Materials

January 26, 2021: Day 1			
Date/Time	Topic	Leads	Summary
			<p>5A Recording Materials 5B Recording Materials</p> <p>Participants self-selected into breakout rooms based on where their organization was at in the MOUD implementation process: 1) unsure or interested, but haven't started anything yet; 2) Interested, done some planning/information gathering; 3) developed a complete plan; 4) fully engaged in implementation; or 5) fully adopted.</p> <p>Facilitators talked participants through mapping their existing MOUD process and pointed out common challenges. This exercise was designed to help participants identify gaps (or challenges) with MOUD in their system and to begin identifying potential challenge areas for the action planning exercise on day two.</p> <p>Regardless of implementation stage, facilitators reiterated that MOUD implementation should be considered beginning with an individual's initial contact with the justice system, throughout the entirety of their time inside the correctional facility, and upon reentry to the community for a full systems approach.</p>
4:30-5:00	Closing Remarks	<p>Rosemarie Martin, PhD/ Tonya Tavares, MS, CCRP, Brown/ORN</p> <p>Brian Lovins, PhD, Principal, Justice System Partners</p>	Recording

January 27, 2021: Day 2			
Date/Time	Topic	Leads	Summary
12:00-12:40	Welcome and Recap/Overview	Rosemarie Martin, PhD/ Tonya Tavares, MS, CCRP, Brown/ORN Brian Lovins, PhD, Principal, Justice System Partners	Recording
1:00-2:30	Interactive Breakouts: MOUD Implementation Challenges	JSP facilitators	<p>1 Recording Materials 2 Recording Materials 3 Recording Materials 4 Recording Materials 5 Recording Materials 6 Recording 7 Recording Materials 8 Recording Materials</p> <p>Participants self-selected into breakout rooms based on a challenge they were experiencing in their work or an area they wanted to learn about. Site teams were encouraged to split up and attend multiple challenge areas to best identify an opportunity for the action planning session.</p> <p>In each room, a brief video clip was played that illustrated a key component of the challenge area. The facilitator then led participants through discussion with an emphasis on peer learning.</p> <p>Challenge areas:</p> <ol style="list-style-type: none"> 1) Partnerships and communication 2) Medication diversion and compliance 3) Logistics and operations 4) Limited access/staffing availability 5) Lack of information and education 6) Engaging clients 7) Continuity of care

January 27, 2021: Day 2			
Date/Time	Topic	Leads	Summary
			8) Buy-in
3:00-5:00	Individual Team Work Sessions	This was unfacilitated workspace, with an option to request support from a JSP facilitator.	<p>During this session, teams broke out individually to engage in action planning that moves MOUD work forward in their jurisdiction. Breakout rooms were provided for teams that did not have their own virtual space, and two rooms were held for individuals who did not attend with a team but wanted to participate in peer learning and networking.</p> <p>Participants were provided with instructions on how to put together an action plan and questions to consider during the planning process. They were also provided a template report out slide for the day three poster session.</p> <p>While this was largely an unfacilitated work session, participants had the option to request a JSP facilitator who could provide guidance and support. Three site teams requested facilitation support.</p>

Key Themes from Breakout Rooms

- Identifying champions and developing an outreach and education plan is critical.
- Structural barriers can be numerous (e.g., geography, differences between jail and prison, MOUD available while incarcerated but not in community) and must be addressed to successfully implement MOUD.
- Addressing stigma emerged as a primary challenge regardless of implementation stage or challenge area.
- Generating buy-in was another primary challenge area, again across implementation stage and challenge area.

January 28, 2021: Day 3			
Date/Time	Topic	Leads	Summary
12:00-12:40	Welcome and Recap/Overview	Rosemarie Martin, PhD/ Tonya Tavares, MS, CCRP, Brown/ORN Brian Lovins, PhD, Principal, Justice System Partners	Brown and JSP led a discussion around the importance of person-centered, destigmatizing language that humanizes people.
1:00-3:00	Interactive Breakouts: Peer Feedback “Poster” Sessions		Each team was assigned to a 30-minute session and breakout room to share their action plan poster. Participants not assigned to that session and facilitators moved between breakout rooms to give feedback and suggestions.
3:15-4:45	Filling out the Table: Diversifying MOUD Implementation	Panelists: Daryl McGraw, MA, CAC, CCJ, Formerly Inc Kristen Daus, MD, Chief Medical Director of Indiana Department of Corrections Linda Hurley, MA, CAGS, LCDCS President/CEO, CODAC Behavioral Healthcare, Rhode Island Moderator: Scott Allen, Chief (retired), East Bridgewater Police, East Bridgewater, MA	Recording The focus of this panel was the importance of including diverse stakeholders in implementation (external actors and internal/systems actors): community members, people with lived experience, cultural diversity, socioeconomic diversity, multi-disciplinary / cross-agency / cross-system representation. Panelists spoke to both recruiting and maintaining diverse partners throughout the implementation process.

4:45-5:00	Closing and Next Steps	Rosemarie Martin, PhD/ Tonya Tavares, MS, CCRP, Brown/ORN Brian Lovins, PhD, Principal, Justice System Partners	Recording
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Participant Evaluation Results

An evaluation survey was provided to all participants. Completion was not mandatory, however participants wishing to earn CMEs were required to complete the survey to obtain the CME certification page. 74 participants completed the evaluation and questions 1 – 14 were required.

	Excellent	Good	Fair	Poor	N/A
Q1. Day 1: Welcome & Introductions	69%	28%	-	-	3%
Q2. Day 1: Panel - Updates from Research & Practice					
<i>Content</i>	70%	26%	1%	-	3%
<i>Presenter's knowledge of topic</i>	70%	27%	-	-	3%
<i>Presenter's delivery of material</i>	62%	34%	1%	-	3%
Q3. Day 1: Breakout Sessions - Taking the Lay of the Land					
<i>Content</i>	54%	39%	3%	-	4%
<i>Facilitator's knowledge of topic</i>	64%	31%	1%	-	4%
<i>Facilitator's delivery of material</i>	54%	39%	3%	-	4%
Q4. Day 1: Closing Remarks	50%	41%	1%	-	8%
Q5. Day 2: Recap/Overview	45%	38%	1%	-	16%
Q6. Day 2: Breakout Sessions - Implementation Challenges					
<i>Content</i>	50%	32%	1%	-	16%
<i>Facilitator's knowledge of topic</i>	53%	31%	-	-	16%
<i>Facilitator's delivery of material</i>	49%	34%	1%	-	16%
Q7. Day 2: Individual Work Sessions	42%	34%	5%	-	19%
Q8. Day 2: Recap/Overview	46%	32%	1%	-	20%
Q9. Day 3: Breakout Sessions - Peer Presentations & Feedback					
<i>Content</i>	45%	32%	3%	-	20%
<i>Facilitator's knowledge of topic</i>	45%	32%	3%	-	20%
<i>Facilitator's delivery of material</i>	43%	31%	5%	-	20%
Q10. Day 3: Panel - Diversifying MOUD Implementation					
<i>Content</i>	49%	28%	1%	-	22%
<i>Presenter's knowledge of topic</i>	50%	27%	1%	-	22%
<i>Presenter's delivery of material</i>	49%	27%	3%	-	22%
Q11. Day 3: Closing/Next Steps	46%	30%	3%	-	22%
Q12. Please rate the overall program.					
<i>Content</i>	64%	32%	-	-	4%
<i>Organization and Format</i>	62%	32%	1%	-	4%
<i>Meeting space</i>	51%	31%	4%	-	14%
<i>Registration Process</i>	62%	28%	1%	-	8%
<i>Staff/Customer Service</i>	64%	22%	-	-	15%

	Yes	No
Q13. Were the stated learning objectives met by this activity?	100%	-
Q14. Were your own learning objectives met?*	95%	3%
Q15. In your opinion, was there any evidence of conflict of interest or unreasonable bias in this CME activity?***	15%	84%

*Q14: If no, why not? (2%)

- “I wasn't able to fully engage in the interactive portions due to technical restraints, unfortunately.”
- “I was hoping for more interaction from participants that were further along, but not completely implemented. It seemed like the majority were either getting started or had been fully implemented for a long time. And.....data seemed inflated in several situations.”

**Q15: If yes, please provide details below, as well as your name and contact information so we can follow up appropriately. (1%)

- “People talked about 100% cure rate.... of addiction? That is only one example. There was a lot of data thrown out that wasn't backed up by any sources that seemed awfully inflated.”

• Q16: What was most useful to you in this program?

- Participants overwhelmingly found the peer learning and networking opportunities to be the most useful part of the convening. Participants also found the opening and closing panel discussions useful and engaging.

• Q17: What changes, if any, do you expect in your day-to-day work as a result of having attended this program?

- Participants largely indicated they felt better equipped to move MOUD work forward, regardless of implementation stage, challenge, or jurisdiction.

• Q18 Do you have any suggestions for future CME activities?

- Participants mostly liked the virtual format, particularly the breakout sessions, and want to continue these discussions. Specific suggestions include substance misuse and co-occurring disorders, recent research on treatment outcomes, information on using Wellbutrin and Naltrexone for methamphetamine use disorder, and CEUs sponsored by APA for psychologists.

- Q19: Please indicate by which of the following methods you learned about this activity.
*This question was 'select all that apply.'
 - Most participants learned about the event from a friend or colleague, their employer, email announcement, and/or were participants in the January 2020 convening.

- Q20: Do you have any additional comments?
 - Participants seemed to enjoy the convening and opportunity to learn from their peers.
 - Participants appreciated Daryl, Jen, and Tonya.
 - One participant commented that there were statements made about MOUD and recovery seemingly without much data to support them. In particular, they felt that other treatment modalities should have been mentioned (e.g., motivational interviewing).

About the Opioid Response Network

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the State Targeted Response Technical Assistance (STR-TA) and State Opioid Response Technical Assistance (SOR-TA) grants to the American Academy of Addiction Psychiatry (AAAP) working collaboratively with the Addiction Technology Transfer Center (ATTC), at the University of Missouri - Kansas City, Columbia University Division on Substance Use Disorders and 40 national professional organizations representing over two million constituents. This unprecedented coalition form the *Opioid Response Network (ORN)* to provide free education and training across the U.S. to address the need for evidence-based practices in the prevention, identification, treatment, and recovery of opioid use disorders (OUD) and stimulant use disorders (StUD). For more information, visit: www.OpioidResponseNetwork.org.

About Justice System Partners

Justice System Partners (JSP) is a non-profit, multidisciplinary team committed to assisting justice and community partners with transforming their systems. We help our partners reimagine their work by combining rigorous research, technical assistance, and knowledge of evidence-informed strategies. We infuse creativity, innovation, and passion into our work, taking an integrated approach to system transformation to help our partners operationalize meaningful change. The work we do integrates strategies for improving the functioning of organizations with a focus on staff, structure, processes, and culture; methods for systematically planning, implementing, and measuring change; and the identification of solutions that maximize value for our clients. JSP's talented staff brings practical experience, key competencies, and subject matter expertise to the work of transforming systems to better serve the public. Furthermore, our collaborative approach nurtures engagement, belonging, respect, empathy, and trust. To learn more about JSP, visit <https://justicesystempartners.org/>.

