Opioid Response Network
STR-TA/SOR-TA

BROWN
School of Public Health

Implementing Medications for Opioid Use Disorder

A High-Level Program Outline

TO CONTINUE TO FACILITATE EFFECTIVE MOUD PROGRAM IMPLEMENTATION, WE HAVE CREATED A HIGH-LEVEL OUTLINE OF IMPORTANT CONSIDERATIONS WHEN IMPLEMENTING MOUD SERVICES IN CORRECTIONAL SETTINGS.

Stemming from a technical assistance request submitted to the SAMHSA-funded Opioid Response Network (ORN) by the Rhode Island Department of Corrections (RIDOC), the ORN convened a national conference for department of corrections staff and other justice system-involved professionals. On January 28-30, 2020, over 230 people representing 34 states, interested in implementing Medications for Opioid Use Disorder (MOUD) into their correctional facilities, gathered to learn best practices and promising models for implementing MOUD. This free 2.5-day meeting highlighted the RIDOC model (the first to incorporate MAT system-wide), as well as other evidence-based delivery models from US correctional systems. The meeting featured plenary sessions with behavioral health, clinical, and corrections experts and workshops focused on specific topics of interest, including use of medication; models of delivery in correctional settings; diversion; and linkages to care and community support.

Each item in this outline is linked to additional information and resources. In January 2020, The National Council for Behavioral Health developed a planning and implementation toolkit for MOUD in correctional settings. The page numbers presented below indicate where the relevant toolkit information is located. In addition to these resources, we encourage collaboration and exchanges of materials between facilities and organizations. If there is a jail or prison that has done what you are trying to do; reach out for resources, materials, and advice.

BOLDED WORDS ARE COMMON BARRIERS/CHALLENGES THAT NEED TO BE TAKEN INTO CONSIDERATION. ADDITIONAL RESOURCES CAN BE FOUND ON THE LAST PAGE OF THIS DOCUMENT.

*PREPARE FOR CHANGE: *MISSION ALIGNMENT IS KEY THROUGHOUT PROGRAM IMPLEMENTATION**

CONSIDER: DETERMINE THE FACILITY'S READINESS FOR CHANGE, INCLUDING THE ATTITUDES AND BELIEFS OF STAFF, DEMAND FROM INCARCERATED INDIVIDUALS, AND AVAILABLE RESOURCES. THE PROGRAM WILL NOT BE SUCCESSFULLY IMPLEMENTED IF THE FACILITY AND STAFF ARE NOT READY FOR CHANGE.

- Develop a **diverse** planning & implementation team and identify the project champion (pg. 21-23)
- Address **stigma** among staff and incarcerated individuals (pg. 24) Hill_Stigma
- Obtain **buy-in** from leadership and staff (pg.23)
  - Weiner_RI DOC Buy In
  - MacDonald_Foundations of Buy In
  - RIDOC Video: Getting Buy In
- Develop SMART (specific, measurable, achievable, relevant, time-framed) goals and action plan that fits within the current organizational context (pg.26)
  - S.M.A.R.T. GOALS WORKSHEET

PROGRAM PLANNING AND DESIGN

CONSIDER: SELECT THE MODEL OF DELIVERY BASED ON ANTICIPATED POPULATION SIZE, ACCESS TO COMMUNITY PROVIDERS, LAYOUT OF FACILITY, SCHEDULING, STAFF CONFIGURATIONS, IT SYSTEM INTEGRATION, LICENSING, ACCREDITATION, MEDICATION INVENTORY, AND COSTS.

- Determine which model of delivery is most appropriate (pg.17 and 29-30)
- Develop relationships with stakeholders, off-site providers and DEA (pg.30) Video: Vendor Information
- Determine which medications to offer and which formulations (pg.31-33 and 56-57)
- Determine inclusion and exclusion criteria for the program and program capacity (pg.35-37)
- Develop standard operating procedures for the program (examples of SOP's may be available upon request to a facility with an existing MOUD program)
- Develop protocols for **diversion** (pg.39-41) Corry, Dwyer_Diversion RIDOC Video: Security Information
- Provide counseling; it is essential and the standard, and consider a peer-support component to accompany the medication (pg.41 and 48)

Workforce Development And Capacity

CONSIDER: SELECT A MODEL OF DELIVERY BASED ON POPULATION SIZE, ACCESS TO COMMUNITY PROVIDERS, LAYOUT OF FACILITY, SCHEDULING, STAFF CONFIGURATIONS, IT SYSTEM INTEGRATION, LICENSING, ACCREDITATION, MEDICATION INVENTORY, AND COSTS.

- Develop clinical, medical, institutional, and administrative policies Clarke, Barber Operations
- Provide staff training (pg.44-46)
- Develop a care team consisting of the appropriate clinical and correctional staff (pg.47-49)
- Provide ongoing staff supervision and support (pg.50)

Delivery of Treatment and The Medline

CONSIDER: WHEN DEVELOPING THE MEDLINE, CONSIDER THE IMPACT ON POPULATION, TIME, STAFFING, TYPE PF MAT BEING DISPENSED, PROJECTED PATIENT CENSUS, PROCESS, AND LOCATION.

- The Medline (Involve CO & security staff in decision making on operations, and what works for their set up)
- Determine where and when to provide services (pg.52-55)
- Develop dosage guidelines for each medication offered (pg.58)
- Develop screening protocol to determine eligibility (pg.59)
- Develop guidelines for creating individualized treatment plans (pg.61)
- Develop protocols for drug testing (pg.61)
- Develop protocols for pregnant women and individuals with co-occurring disorders (pg.62-63)
- Develop protocols for individuals transferring jurisdictions (if applicable)

*Consider: tox screens should be addressed prior to implementation. The bottom line is state and federal regulations require a certain number of screens within an OTP. NCCHC requires them as well, so without complying, an OTP would likely be unable to maintain the required licenses to operate.

The results should be considered medical information, and for treatment, not punitive purposes. The argument on the security side is that positive test results indicate the presence of contraband (drugs) inside the facility, which impacts the “safety and security of the facility” therefore creating a situation where medical information should be disclosed. Sometimes out of frustration, facilities will try to “randomly” schedule toxicology screens following the screens produced for the OTP, or may try to request additional screens from those incarcerated individuals in the OTP. In RI, if/when there is a lot of pushback, we have often come to an agreement where the OTP will provide a summary of positive results by location NOT NAME. Basically, giving a heads up that there may be the presence of drugs inside a certain block does the job, and doesn’t disclose any medical information.

Linkages to Care and Services Upon Release

CONSIDER: COORDINATING TREATMENT AND SERVICES IN THE COMMUNITY

- Linkages to care White Linkages to Care Hayes Linkages to Care
- Develop guidelines for **discharge planning** (pg.64-65)
- Connect patients to health insurance coverage (pg.66-67)
- Coordinate care with community providers (pg.67-69)
- Connect patients to social services and recovery supports (pg.70-71)
- Provide education and resources to prevent overdose (pg.72)

Data and Evaluation

CONSIDER: COLLECTING DATA FROM THE START IN ORDER TO SHOW THE IMPACT OF THE PROGRAM. SELECT METRICS THAT ARE EASY TO COLLECT AND MONITOR AND ARE RELEVANT PROGRAM SUCCESS.

- Identify relevant and measurable monitoring and evaluation metrics (pg.73-79)
- Develop an evaluation plan (pg.79-83) RIDOC Video: Evaluation and Results

*Consider creating a MOUD program specific evaluation infraction code for diversion, reduction in fights, attendance to programming, number of overdose reversals or Narcan administration, etc., to show meaningful change in diversion rates and other aspects of program productivity.

Funding and Sustainability

CONSIDER: GRANTS ARE OFTEN THE SOURCE OF FUNDING AND ARE TIME-LIMITED. FUNDING NEEDS TO BE CONSTANTLY IDENTIFIED AND SECURED IN ORDER TO SUSTAIN THE PROGRAM. ALIGN WITH A UNIVERSITY OR COMMUNITY AGENCY WHO CAN ASSIST WITH GRANT WRITING AND SUBMISSION, IF POSSIBLE.

- Assess existing resources (pg.84-85)
- Determine program needs and budget (pg.85-86)
- Identify and secure funding sources (pg.87-88)

*Funding can come from state legislative funding, state grant funds, federal/HHS grant funds (i.e., SAMHSA, BJA, CDC, etc.), private funding (including grants; i.e. Arnold Ventures, who currently have two RFPs out: RFP 1, RFP2); consider searching grants.gov

Additional Resources

American Probation and Parole Association (APPA)
American Corrections Association (ACA)
Bureau of Justice Assistance (BJA): National Training and Technical Assistance Center (NTTAC)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)
Criminal Justice Testing and Evaluation Consortium (CJTEC)
Department of Justice Office of Justice Programs
Justice Community Opioid Innovation Network (JCOIN)
Justice System Partners (JSP)
Legislative Analysis and Public Policy Association (LAPPA)
O'Neill Institute
ORN (Opioid Response Network) conference
Region V Public Health Training Center
Residential Substance Abuse Treatment (RSAT) Training and Technical Assistance
National Criminal Justice Reference Service (NCJRS): Justice Events
National Institute of Corrections (NIC): Training
National Institute of Justice (NIJ): Events

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