



Opioid
Response
Network
STR-TA

Opioid Response Network Summit

**Medications for Opioid Use Disorder in Correctional Settings
Shifting the Paradigm: Creating a Balanced Correctional and Rehabilitative Approach**



MOUD

Medications for Opioid Use Disorder
in Corrections

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. 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 opioid treatment medications, which in combination with behavioral health supports is the standard of care for OUD. Recent legal [proceedings](#) challenging the lack of access to medications for opioid use disorder (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 summit in Rhode Island, inviting many parties and jurisdictions interested in learning about the RIDOC model, as well as others developed in other areas.

The Summit

In response to the technical assistance request, during January 28-30, 2020 the *ORN* hosted a first of its kind national conference for state correctional department and local municipalities interested in implementing MOUD at their correctional facilities.

The three-day meeting was held in Providence, Rhode Island and highlighted [RIDOC's model](#), as well as other evidence-based delivery models from around the country.

Over 230 people, representing 34 states, attended the summit, which featured plenary sessions with leading behavioral health, clinical, justice, and corrections experts followed by breakout workshops, focused on skills development. Workshop topics included: 1) facilitating the use of medications; 2) exploring models of delivery in correctional settings; 3) achieving buy-in with administrators and staff; 4) developing processes, logistics, and operations; 5) strategies to address diversion; 6) developing linkages to care; and 7) fostering community support. On the third day, participants from various correctional facilities were given resources and hands-on technical assistance to develop work plans for implementing the use of medications in their programs when they return home.

The following interactive document provides videos, key points, and summaries of the presentations from the summit.

Summary of Plenaries, Panels, and Workshops

Recordings of each session are linked in their title below.

Day One: Tuesday, January 28, 2020

Presentation	Presenter(s)	Summary	Key points, Highlights/Takeaways of Presentation
<p>Welcome: State Officials and Other Dignitaries</p> <p>The Opioid Response Network Initiative</p>	<p>Kathryn Cates-Wessel, CEO, American Academy of Addiction Psychiatry, Principal Investigator and Project Director for the <i>Opioid Response Network</i> initiative</p>	<p>On February 1, 2018, SAMHSA awarded the American Academy of Addiction Psychiatry (AAAP), leading a coalition of national healthcare and professional organizations, a two-year grant to provide education and training to all U.S. states and territories to address the opioid crisis.</p>	<p>The goal of the <i>Opioid Response Network</i> is:</p> <ul style="list-style-type: none"> • Increase the number of prescribers and allied health professionals trained in best practices to respond to opioid use disorders • Increase availability of peers to support people at risk of or seeking recovery from opioid use disorders • Reduce barriers for clinical and peer providers to deliver effective evidence-based prevention, treatment, and recovery intervention
<p>Overview of RIDOC MAT program</p>	<p>Patricia Coyne-Fague, Esq., Rhode Island Department of Corrections (RIDOC)</p>	<p>Overview of RIDOC MAT program</p>	<ul style="list-style-type: none"> • Mission of Rhode Island Department of Corrections (RIDOC) • System unification in RIDOC • Successes and lessons learned from RIDOC MAT Program

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Overview of the NCCHC	Brent Gibson, MD, National Commission on Correctional Health Care (NCCHC)	Overview of the NCCHC	<ul style="list-style-type: none"> • Mission of the National Commission on Correctional Health (NCCHC) • The impact of correctional MAT programs in beginning and maintaining treatment • Why We Should Care?
Plenary: State of the State: OUD Treatment in Correctional Settings	Sally Friedman, JD, Legal Action Center	This session set the stage and highlighted the current policies and legal landscape surrounding the use of medications for opioid use disorder in correctional settings. Presenters reviewed existing legal cases and the implications for correctional settings.	<p>Sally Friedman: Legal</p> <ul style="list-style-type: none"> • What is the Legal Action Center? • The legal landscape related to medications for opioid use disorders in correctional settings • Impact of denying medication assisted treatments (MAT) throughout the whole CJ system
	Gabrielle de la Gueronniere, JD, Legal Action Center (LAC)		<p>Gabrielle de la Gueronniere: Policy</p> <ul style="list-style-type: none"> • Financing MAT programs in correctional facilities • Ensuring high quality care within communities and throughout criminal justice systems • Policy changes and practice reforms needed specific to criminal justice to make everything work

Presentation	Presenter(s)	Summary	Key points, Highlights/Takeaways of Presentation
<p>Panel: Lived Experience/Changed Outlook</p>	<p>Shannon Mace, JD, MPH, NCBH (facilitator)</p> <p>Rachel Bray, RIDOC – correctional perspective</p> <p>Daryl McGraw, C4 Innovations – lived experience</p> <p>Brandon George, Indiana Addictions Issues Coalition – lived experience</p>	<p>Correctional staff and persons with lived experience discussed their insight on providing medications for opioid use disorders in correctional settings.</p>	<ul style="list-style-type: none"> • Reality of MAT programs • Understanding the goal of MAT programs • Diversion prevention • Treatment availability in justice system through the lens of panel members • Life after recovery: housing, employment, reentry into the community, giving back • Critical need for peer support, community linkages, and continuity of care
<p>Plenary: FDA Medications</p>	<p>Pete Friedmann, MD, Baystate Health (MA)</p> <p>Ruth Potee, MD, Franklin County Jail (MA)</p>	<p>This video workshop focused on the intersection of the opioid epidemic within the criminal justice system and described the use and benefits of all FDA approved medications for opioid use disorders.</p>	<p>Pete Friedmann:</p> <ul style="list-style-type: none"> • Addiction is a chronic neuro behavior disorder • Medication treatment continuous positive and negative reinforcement • Agonist treatment is the most effective way to reduce overdose deaths <p>Ruth Potee:</p> <ul style="list-style-type: none"> • Benefits of MOUD • Effectiveness of medications • Levels of contraband

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Workshop: Comprehensive OUD Treatment in Correctional Settings	Debra A. Pinals, MD University of Michigan Medical School (MI)	Building on the morning plenary session, this video workshop dived deeper into the use and benefits of all FDA-approved medications for opioid use disorder within correctional settings. The video workshop also describes how each of the medications work, methods of administration, and clinical guidelines for patient selection.	Debra Pinals: <ul style="list-style-type: none"> • Opioid crisis • Recognition of high-risk populations including those with criminal justice involvement • Scientific advances in treatment • Funding opportunities
	Tom Lincoln, MD Baystate Health (MA)		Tom Lincoln: <ul style="list-style-type: none"> • Aspect of medications • Prescribing • Continuity of care
Workshop: Diversion	Leslie Bridgman, MA, JD, LCDP, CODAC Behavioral Healthcare (RI) Carole Dwyer, RIDOC Lynne Corry, RIDOC	Diversion of medications is a significant concern among correctional staff. This video workshop discussed the rationale behind diversion, as well as evidence-based mechanisms to identify and mitigate diversion activity. The video workshop also explores staff attitudes and beliefs about diversion.	<ul style="list-style-type: none"> • What is diversion? • Implementing and adjusting to diversionary Tactics. • Counter measures taken in response to diversion. • Importance of communication between security and clinical staff.
Linkage to Care: Overview of Franklin County Jail Program	Ed Hayes, Franklin County Jail (MA) Michael White, Community Medical Services (AZ)	In addition to medications, patients with opioid use disorders often need additional services within the correctional facility and upon release. This video workshop explores wraparound services and supports that patients may need to successfully initiate recovery. This video workshop also addresses how correctional staff can effectively work with behavioral health providers to ensure that medications and supports are continued post-release.	<ul style="list-style-type: none"> • Identifying key stakeholders and champions in the community. • The Sequential Intercept Model • Collaborative comprehensive case planning • Importance of working with key partners in the jails to provide continuum of care. • Peer Support within correctional facilities. • Post release planning.

Day Two: Wednesday, January 29, 2020

Presentation	Presenter(s)	Summary	Key points, Highlights/Takeaways of Presentation
<p>Plenary 1a: Medication and Justice Initiative</p>	<p>Kathryn Cates-Wessel, American Academy of Addiction Psychiatry (AAAP)</p>	<p>The Medication and Justice Initiative takes a mainstream foundational level approach to education and training. One of the primary goals of the initiative is to provide the skills needed across systems to make better decisions when working with justice involved individuals with substance use disorders.</p>	<ul style="list-style-type: none"> • The role of evidence-based practices • Importance of forming collaborative relationships across systems • Dispelling stigma
<p><u>Plenary 1b: Models of Delivery</u></p>	<p>Linda Hurley, MA CAGS, CODAC (RI)</p> <p>Tara Flynn, Norfolk County Sheriff's Office (MA)</p> <p>Rachelle Steinberg, Esq., Suffolk County Sheriff's Department (MA)</p> <p>Dustin Alvanas, MBA, MS, LCDP, CODAC; OTP Provider to Hampden County House of Corrections (MA)</p> <p>Jennifer Clarke, MD, MPH, FACP, RIDOC</p> <p>Richard Brathwaite,</p>	<p>A panel of experts from the fields of corrections and healthcare, discussed the various models for delivering medications for opioid use disorder (MOUD) in correctional settings.</p>	<ul style="list-style-type: none"> • Various ways to effectively implement evidence based MOUD program models in correctional settings. • Achieving buy-In • Critical importance of wrap-around services.

Presentation	Presenter(s)	Summary	Key points, Highlights/Takeaways of Presentation
	CCHP, Hampden County Sheriff's Office (MA)		
Plenary 2: Staff Buy-In	Ross MacDonald, MD, NYC Health + Hospitals, Correctional Health Services Barry Weiner, LCSW, RIDOC	This presentation focused on achieving staff buy-in and engagement when implementing a medications for opioid use disorder (MOUD) program.	<ul style="list-style-type: none"> • Fundamentals of buy-in • Eliminating issues between healthcare and security staff to assuage fears • Real world experiences from the nation's largest jail-based opioid treatment program out of New York
Workshop 1: Stigma	Tom Hill, MSW, National Council for Behavioral Health Dan Schatz, MD, MS, NYC Health + Hospitals, Office of Behavioral Health	In this workshop experts from the field discussed stigma related to addiction and medications for opioid use disorder (MOUD), and ways to combat these negative attitudes and beliefs.	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACE's) • Social Determinants of Health • Different perspectives on addiction • Stigma and language • Attitudes toward MOUD
Workshop 2: Operations	Jennifer Clarke, MD, MPH, FACP, RIDOC Leslie Bridgman, MA, JD, LCDP, CODAC	This workshop offered detailed information on operational policies, procedures, and workflows that correctional facilities have used to successfully implement and sustain a medications for opioid use disorders (MOUD) treatment program.	<ul style="list-style-type: none"> • Important policies and procedures needed to get a MOUD treatment program up and running successfully • Comprehensive services and patient care across systems • Lessons learned
Workshop 3: Achieving Buy-In	Barry Weiner, LCSW, RIDOC Brent Gibson, MD, NCCHC	This workshop discussed the steps that correctional facilities have successfully taken to build support for the use of medications for opioid use disorders (MOUD).	<ul style="list-style-type: none"> • Selecting the best MOUD program model for your jail and population • Achieving buy-in at multiple levels (staff, administration, community) • Correctional environments of care

Day Three: Thursday, January 30, 2020

Presentation	Presenter(s)	Summary	Key points, Highlights/Takeaways of Presentation
<p><u>Plenary: Settings Shifting the Paradigm: Creating a Balanced Correctional and Rehabilitative Approach</u></p>	<p>Mark Parrino, MPA, American Association for the Treatment of Opioid Dependence (AATOD)</p>	<p>This presentation discussed the opioid epidemic, opioid use disorders, and medication assisted treatment across the spectrum.</p>	<ul style="list-style-type: none"> • Prescription drug abuse continues to decrease even as opioid deaths increase • Methadone decreasing and buprenorphine increasing • Abuse of prescription stimulants and other non-opioid drugs are increasing • Anything that restricts the opioid drug supply will increase heroin abuse • Illicit fentanyl is our biggest challenge
<p><u>Plenary: Organizational Change</u></p>	<p>Tami Kampbell, WADOC Linda Barker, WADOC Rae Simpson, RN, MSN, WADOC Shannon Robinson, MD, Health Management Associates, California DOC</p>	<p>Presenters from Washington and California highlighted organizational change principles utilized by their correctional facilities to shift cultural environments and successfully implement medications for opioid use disorders (MOUD) in correctional settings.</p>	<ul style="list-style-type: none"> • Conducting an organizational assessment • Stages of Change • Identifying your change agents • Achieving Buy-In • Creating an Implementation Plan • Real world experiences when implementing organizational change.

Suggested Additional Readings

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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.

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