

Considerations for Implementing Medication-Assisted Treatment in Jail-Based Settings

SUPPORTING FACT SHEET

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Clinical Considerations

Three Food and Drug Administration-Approved Medications

- Buprenorphine
 - Forms of treatment: Buccal film, sublingual film, subdermal implant, injection, sublingual tablets.
 - Process for transitioning from methadone to buprenorphine: Recommended practice is to slowly taper off of methadone down to 20-30ml, then to spend 1–2 days off of methadone until the person presents significant symptoms of opioid withdrawal. Then begin buprenorphine treatment as typically prescribed.
- Methadone
 - Forms of treatment: Tablets, oral concentrate.
- Naltrexone
 - Forms of treatment: Daily tablet or extended release (monthly) injectable (Vivitrol), both to be used after detox; Combined with buprenorphine, suboxone tablet can be used before or after detox.

Modes of Medication-Assisted Treatment

- Induction: Provide dosing until stability is achieved:
 - Local example—Denver, Colorado
 - » Denver Sheriff's Department, Denver Health and Hospital Authority, and the city and county of Denver established a suboxone induction process for individuals entering jail. The program currently employs a Drug Addiction Treatment Act of 2000 waived oversight psychiatrist, an OUD medication supervisor/physician assistant, two registered nurses, two therapeutic case workers, and two community care coordinators. In addition, pregnant women can be inducted

to methadone through a partnership with Denver Health and Hospital Authority that also provides methadone maintenance doses for others while detained in Denver County Jail.

- » Funding for medication primarily comes through a federal opioid grant. Excess medication costs are covered by a grant from Colorado's substance abuse authority.
- » Read more: Pew Charitable Trust's issue brief, [Opioid Use Disorder Treatment in Jails and Prisons](#).
- Maintenance: Provide medications for recovery without a precise end date.
- More information: SAMHSA's [TIP 63: Medications for Opioid Use](#), National Council for Behavioral Health's [MAT Toolkit](#).

Special Populations

- Assessment: When people are coming into jail, it is vital to ask about opioid use disorder, using a validated instrument such as Clinical Opiate Withdrawal Scale (COWS).
 - Ask if the women are pregnant. If so, provide help as soon as possible and follow the [Pregnancy Protocol](#).

Funding and Healthcare Reimbursement

Medicaid

- Eligibility for Medicaid coverage can be reinstated upon the individual's release from custody.
 - More information: Arnold Ventures' [Using Medicaid to Advance Evidence-Based Treatment of Substance Use Disorders](#).

Group-Purchasing Organization Contracts

- State and county governments that become members of group-purchasing organizations can access discounted volume rates for medications.

Federally Qualified Health Centers

- County jails should partner with Federally Qualified Health Centers (FQHCs), which can pass along lower billing rates.
- More information: Arnold Ventures' [Spending Guide for States: How Local Governments Can Put Opioid Dollars Toward Proven Solutions](#).

Access to Medication-Assisted Treatment

- Jails should consider partnering with a local [opioid treatment program](#) (OTP) to ensure medication continuity for administration of methadone.
- Jails should have a Drug Addiction Treatment Act of 2000 provider to prescribe buprenorphine.

Clinical and Custodial Structures

- A team close to administration should be tasked with thinking about medication-assisted treatment (MAT) from both the custodial and medication management perspectives.
- It is essential to have protocols and policies in place to minimize drug diversion.
- An important question to keep in mind is, "What does it look like to help people stay well?"

Stakeholder and Client Education

- It is necessary to employ a multi-disciplinary approach and develop strategies for prevention, intervention, and treatment.
- All stakeholders should be provided with data and information related to the opioid crisis, MAT, and the role jails can assume in providing treatment for opioid use disorders.
- More information: Arnold Ventures' ['It's a Make-a-Plan-and-Start-Doing-It Initiative': Jails Expand Medication to Treat Opioid Use Disorder](#), SAMHSA's ["Medication-Assisted Treatment \(MAT\)"](#) webpage.
- Strategies for client education:
 - Fight the stigma about MAT, and educate clients on how medications can be helpful.
 - Consider offering classes oriented towards recovery for credits and privileges.
 - Provide education in different languages.
 - Review the feasibility of using tablets as a source of information.

Highlights from the Field: Albany County, New York

- Medications
 - Everyone released from the MAT program is provided with a naloxone education kit, including two doses of naloxone (the kit includes instructions, kit, kit insert, and kit insert back of card).
- Clinical protocols
 - [Three-phase approach](#): continuation of medication for patients arriving to the facility already on prescribed MAT, induction of patients reporting OUD on admission that are now county or state sentenced, using suboxone for detox and/or inducing new patients reporting OUD, regardless of their release date.
 - If transitioning from methadone to buprenorphine, the jail should defer to the protocol of the methadone clinic.
- Funding
 - Albany County provides funding for in-custody care. Clients are connected with insurance providers to ensure they have insurance upon release. Albany County also pays for and provides prescriptions for the first 14-30 days after release. The county contracts directly with a pharmaceutical company for lower pricing on generic buprenorphine/naloxone films.
- Stakeholder education
 - New York State Department of Health helped Albany County Correctional and Rehabilitative Services Center with policy-making and data gathering.
- [The New York State Office of Addiction Services and Supports](#) provided train-the-trainer events for corrections officers.

About

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

Contact Us

SAMHSA'S GAINS CENTER
Policy Research Associates
345 Delaware Avenue
Delmar, NY 12054

Phone: 800.311.GAIN
Email: gains@prainc.com