

Implementing Medication for Opioid Use Disorder (MOUD) in Jails

RSAT-TTA

Hampden County Sheriff's Office

Bureau of Justice Assistance (BJA)

Residential Substance Abuse Treatment (RSAT)
Program for State Prisoners

Training and Technical Assistance Resource

This project was supported by grant No.15PBJA-22-GK-01132-RSAT awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Point of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice.



Today's Moderator



Pamela O'Sullivan
Senior Director, Public Affairs
Advocates for Human Potential, Inc.

Today's Presenter

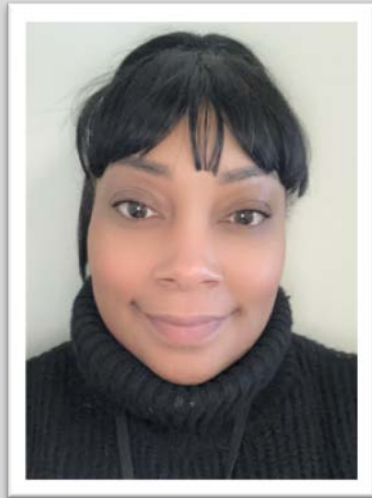


Steve Keller

Senior Research Associate

Advocates for Human Potential, Inc.

Today's Panelists



Keisha Williams, MSN, RN, BS, CCHP

Responsible Health Authority/Director of Nursing
Hampden County Sheriff's Office
Massachusetts



Danielle Mimitz, LMHC

Clinical Manager II
Hampden County Sheriff's Office
Massachusetts

Learning Objectives

Upon concluding this session,
attendees will be able to:

- ❖ Describe options for treating opioid use disorder (OUD).
- ❖ Identify multiple methods of implementing OUD treatment programming in jail settings.
- ❖ Understand challenges and resolutions for meeting federal regulations of opioid treatment.

Medications for Opioid Use Disorders (MOUD)



What is MOUD?

MOUD, which is sometimes referred to as Medication Assisted Treatment or MAT, combines medications with cognitive or behavioral therapies to treat OUD. There are currently three FDA-approved medications to treat OUD.

Methadone

- Agonist
- Oral daily

Buprenorphine

- Partial Agonist
- Oral Daily
- Injection weekly or monthly

Naltrexone

- Antagonist
- Oral daily
- Injection monthly

Administration in Corrections

Methadone

- Must be provided via licensed and accredited Opioid Treatment Program (OTP)

Buprenorphine

- Can be prescribed and administered if approved by SAMHSA and hold DEA registration number to prescribe Schedule III substances
- Partnered medical provider or in-house medical staff may prescribe and administer medication.

Naltrexone

- Unscheduled substance, so no federal certification necessary to dispense
- Partnered medical provider or in-house medical staff may prescribe and administer medication.

Federal Regulations

The U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), published final revisions to the federal regulations that address OUD treatment standards, as well as OTP accreditation and certification standards.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

42 CFR Part 8

RIN 0930-AA39

Medications for the Treatment of Opioid Use Disorder

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (“HHS” or “the Department”).

ACTION: Final rule.

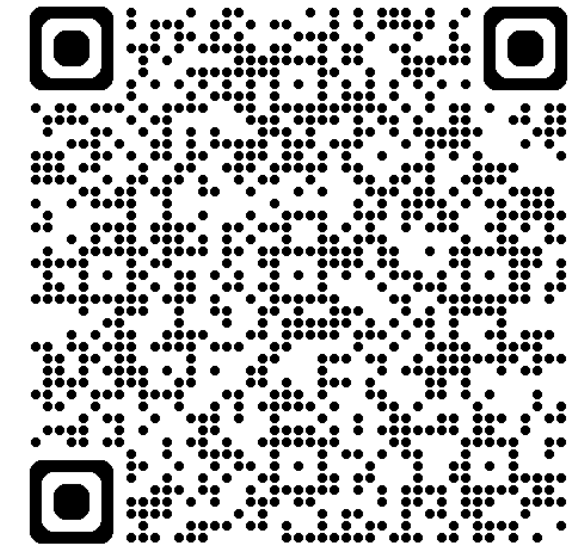
SUMMARY: This final rule modifies and updates certain provisions of

(88 FR 9221). The final rule makes changes to the Department’s existing regulations concerning OTPs at 42 CFR part 8.

The Controlled Substances Act (CSA), under 21 U.S.C. 823(h)(1)-(3), provides that “[t]he Attorney General shall register an applicant to dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment (or both)” if, among other things, the applicant “is determined by the Secretary to be qualified (under standards established by the Secretary [of HHS]) to engage in the treatment with respect to which registration is sought[.]” and “if the Secretary determines that the applicant will comply with standards established by the Secretary (after consultation with

V controlled substances that approved for use in “maintain detoxification treatment.” Pr with a waiver under section t were limited in the number o with OUD they may treat at a time, and depending on the practitioner’s experience or qualifications, this statutory l was set at either 30, 100, or 2 Secretary was also authorize the patient limitations by reg and qualifying practitioners l satisfy the requirements of 42 through 8.655 “(or successor regulations)” in order to treat patients, which was the maxi number under the law.⁶

In this final rule, the Depar



Final Rule Changes

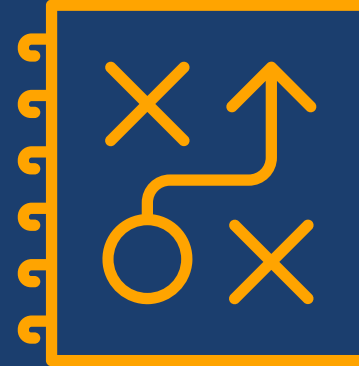
Allowing initiation of treatment via telehealth

Expanding provider eligibility for nurse practitioners and physician assistants to order medications in OTPs

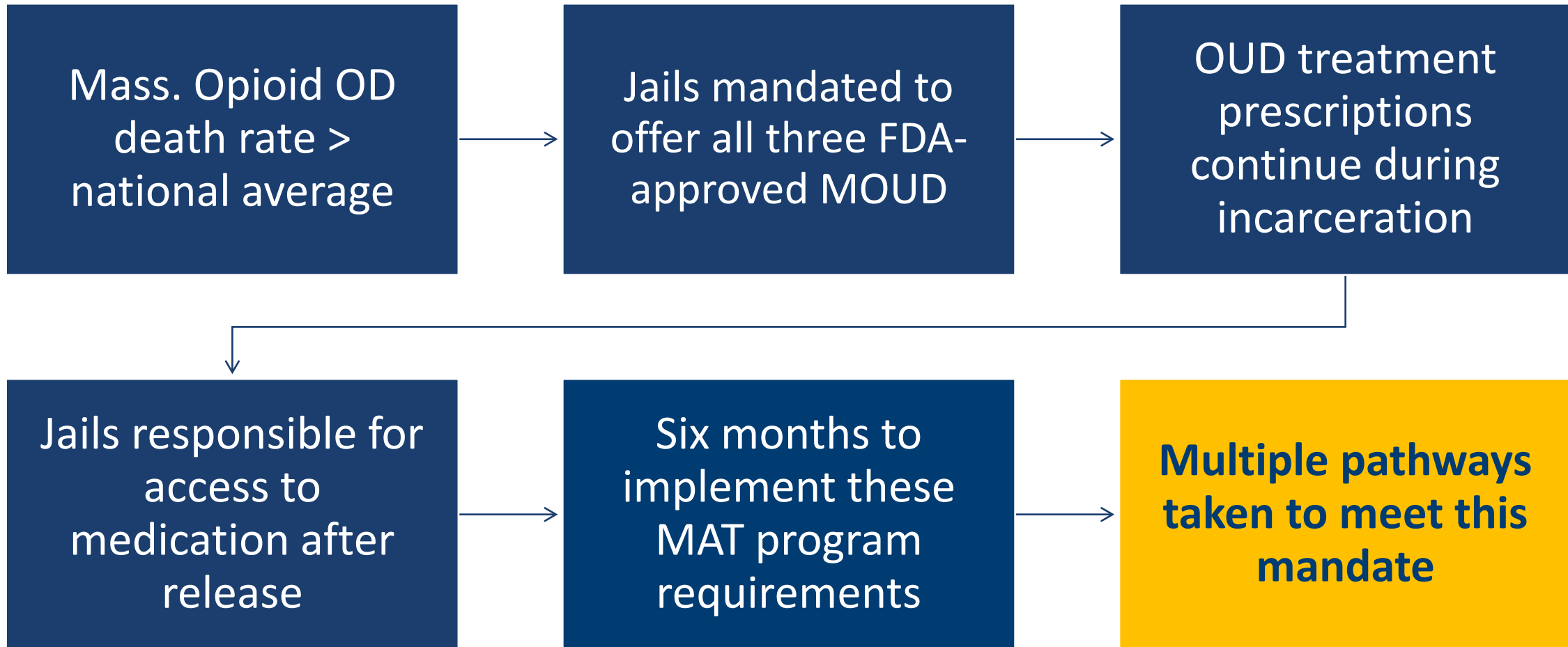
Removing criteria that required history of addiction for a full year to be eligible for Tx

Expanding access to interim treatment

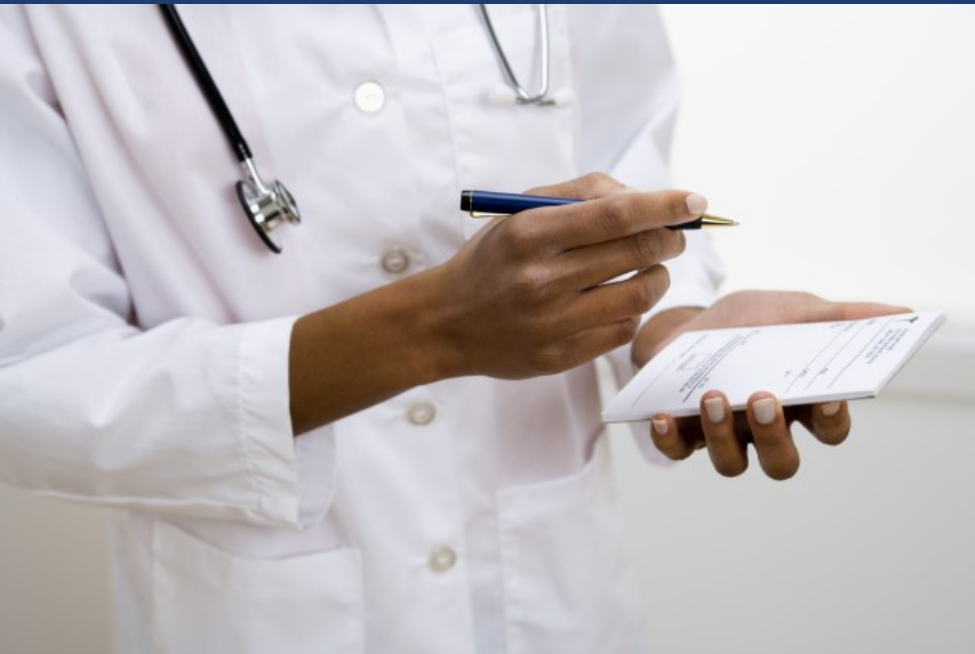
Pathways to Jail MOUD implementation



Response to 2018 Overdose Deaths in Massachusetts



Become a Licensed and Accredited Opioid Treatment Program (OTP)

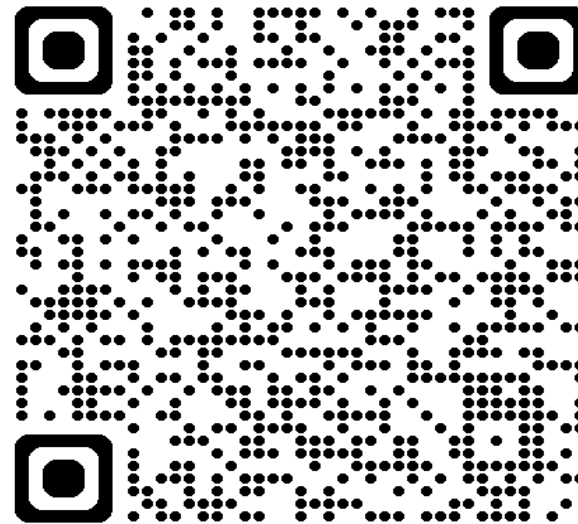


- ✓ **Accreditation** – Jail OTPs must first become accredited using the SAMHSA opioid treatment standards and the standards of SAMHSA-approved accrediting bodies.
- ✓ **Certification** – Apply to SAMHSA for Certification; oversight of OTPs in prison and jails involves state regulatory agencies, SAMHSA, the Department of Health and Human Services (HHS), and the DEA.
- ✓ **Provisional Certification** – An OTP can also apply for a one-year provisional certification as it works toward accreditation.
- ✓ **Renewal / Recertification** – OTPs must apply for renewal of their Certification from SAMHSA every three years.

Become a Licensed and Accredited Opioid Treatment Program (OTP)



- Guidance on each step of the process is available through SAMSHA.
 - This includes a list of your [State Opioid Treatment Authority \(SOTA\)](#) that can provide information on your state's licensing requirements and assistance preparing for onsite visits from accreditation bodies.



Licensed OTP Example – Hampshire County (MA)



Become a Satellite OTP (Medication Unit)



- ✓ Partner with community OTPs to provide Methadone to people diagnosed with OUD in their custody.
- ✓ Facility required to have their own separate DEA registration apart from the “parent” OTP.
- ✓ Contractual agreements with community-based OTPs to determine responsibilities:
 - Dispensing Methadone
 - Providing mandated counseling
 - Reentry planning Services

Transport Medication from Community-Based OTP to Correctional Facility



- ✓ Daily trip by correctional staff to community OTP.
- ✓ Medication transported in locked container for licensed medical staff to dispense in jail.
- ✓ The community OTP and the jail will need to develop a Memorandum of Understanding that includes:
 - How diversion will be controlled
 - Documentation of chain of custody
 - Secure storage that complies with federal and state regulations
 - How other mandates will be met
- ✓ Once the medication is dispensed, the empty vials must be accounted for and returned to the OTP that same day.

Become Satellite OTP Example – Middlesex County (MA)



Service Jail via OTP Mobile Unit



- ✓ Mobile units from OTPs allow for methadone to be dispensed outside of clinic facilities.
- ✓ The mobile units allow OTPs to reach historically under-resourced communities, including jails.
- ✓ In 2021, the DEA lifted their 14-year moratorium on new mobile Methadone-dispensing units operated by OTPs.
- ❖ Atlantic County Jail (NJ) and the John Brooks Recovery Center is an example of an OTP mobile unit-jail partnership.

Transport Clients from Jail to a Community-Based OTP



- ✓ Community OTP can provide the same services to clients currently incarcerated as it provides clients not currently incarcerated.
- ✓ Continue MOUD upon release with community OTP
- ✓ The jail must provide the transportation and ensure medication is dispensed unless.
- ✓ Additional screening upon return is necessary to ensure against contraband.
- ✓ Medication will never enter facility, but additional considerations may be challenging, i.e. staffing resources, weather

Lessons Learned in the Implementation of MOUD Programs



Lessons Learned



Partnerships

Develop or expand relationships with OTPs and behavioral healthcare providers within the community.



Staff Coordination

Involve administrative, medical, treatment and security staff in the planning and development of MOUD programs.

Lessons Learned



Educate Clients

Use education to overcome stigma toward persons with OUD, biases against MOUD, and fear of medication abuse.



Continued Treatment

Continue medication for OUD upon entry AND induct people on medication for OUD while in custody.

Lessons Learned



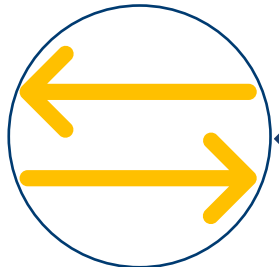
Housing/Community

Assign one housing unit for all persons receiving opioid medications. Services more easily provided in a supportive community of their peers.



Extended-Release Injectable

Utilization of extended-release injectable buprenorphine or naltrexone in place of sublingual tablets or film.



Flexibility

Prepare to adjust initial plans support the MAT programming over time, especially if participation increases.

Hampden County Sheriff's Office (HCSO)

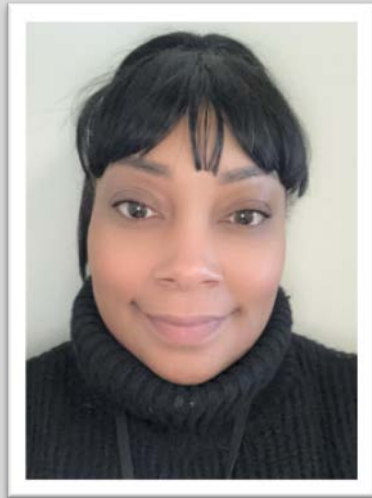


HCSO OTP History

- September 1, 2019 we opened our OTP at HCSO by contracting with an outside vendor, CODAC Behavioral Health
- In 2022 a multidisciplinary team began planning to obtain our own licensure
- July 1, 2023 we obtained a Provisional License and all accompanying certifications/registrations to be able to operate our own OTP
- December 2023 we received our official license for the OTP



Today's Panelists



Keisha Williams, MSN, RN, BS, CCHP

Responsible Health Authority/Director of Nursing
Hampden County Sheriff's Office
Massachusetts



Danielle Mimitz, LMHC

Clinical Manager II
Hampden County Sheriff's Office
Massachusetts



► **Questions from the audience?**

Speaker Contact Info:

Keisha Williams | keisha.williams@sdh.state.ma.us

Danielle Mimitz | danielle.mimitz@sdh.state.ma.us

Steve Keller | skeller@ahpnet.com

Pam O'Sullivan | posullivan@ahpnet.com