

*HEALing  
Communities  
Study (HCS) KY*

# Expansion of Medications for Opioid Use Disorder (MOUD) in the Criminal Legal System Toolkit



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HEALing Communities Study  
Kentucky

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# List of Abbreviations

This glossary is a quick reference for abbreviations and acronyms used in this manual.

<b>ADA</b> .....	American with Disabilities Act
<b>ASAM</b> .....	American Society of Addiction Medicine
<b>CJ</b> .....	Criminal Justice
<b>CLS</b> .....	Criminal Legal System
<b>DOJ</b> .....	Department of Justice
<b>FCDC</b> .....	Fayette County Detention Center
<b>FDA</b> .....	Food and Drug Administration
<b>HCS</b> .....	HEALing Communities Study
<b>HCS KY</b> ...	HEALing Communities Study Kentucky
<b>ISUDT</b> .....	Integrated Substance Use Disorder Treatment
<b>JCOIN</b> .....	Justice Community Opioid Innovation Network
<b>KAR</b> .....	Kentucky Administrative Regulations
<b>KBML</b> .....	Kentucky Board of Medical Licensure
<b>MAT</b> .....	Medication-Assisted Treatment
<b>MI</b> .....	Motivational Interviewing
<b>MOA</b> .....	Memorandum of Agreement
<b>MOUD</b> .....	Medication for Opioid Use Disorder
<b>NADCP</b> .....	National Association of Drug Court Professionals
<b>NIDA</b> .....	National Institute on Drug Abuse
<b>ODU</b> .....	Opioid Use Disorder
<b>PCSS</b> .....	Providers Clinical Support System
<b>RFP</b> .....	Request for Proposals
<b>SAMHSA</b> ..	Substance Abuse and Mental Health Services Administration
<b>SUD</b> .....	Substance Use Disorder
<b>UK</b> .....	University of Kentucky

# Acknowledgments

## Training Development and Implementation

We would like to acknowledge the contributions of our HCS Criminal Legal System Team and Treatment Team for their work in implementation of MOUD expansion in jails and detention centers, the development of resources to facilitate implementation of those strategies, and the compilation of other resources included in this toolkit.

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## How to use this Toolkit

This toolkit is divided into four sections. Each section contains resources for training and/or implementation of programs that offer medication for opioid use disorder (MOUD) to individuals involved in the criminal legal system (CLS). These four sections are (1) Introduction to MOUD, (2) Introduction to MOUD in the CLS, (3) Implementation Resources, and (4) Sample Jail/Detention Center Workflows created by HCS KY to Implement Buprenorphine Treatment upon entry.

Each resource or training component in this toolkit is listed as a title. The authors of each resource are in brackets following each title. Below each title is a description of the type length, and format of the resource as well as a brief summary. The resources are included as links in the sidebar to the left of each resource description. Most of these are available via hyperlink. Note some links may be a file download.

# Part 1

# Introduction to Medications for Opioid Use Disorder (MOUD)




🔗 Medications for Opioid Use Disorder Video

## Medications for Opioid Use Disorder [Providers Clinical Support System (PCSS)]

Presenter: Melissa B. Weimer, DO | Assistant Professor of Medicine, Yale University

Length and Format: 1 hour, webinar

Opioid use disorder (OUD) is increasingly encountered in clinical settings, and highly effective Food and Drug Administration (FDA) approved medications are available for its treatment. This module reviews and compares pharmacological treatment options for individuals with OUD. The evidence base, purpose, and goal of medications for OUD are reviewed, including the role of counseling in treatment of OUD and different treatment models.

<b>Methadone</b> Reduces Risk of Death	<b>Buprenorphine</b> (Suboxone®, Sublocade®, Brixadi® & Others) Reduces Risk of Death	<b>Naltrexone</b> (Vivitrol®)
 <ul style="list-style-type: none"><li>• Helps with withdrawal, cravings, and pain</li><li>• Taken as a liquid</li><li>• Only available from licensed opioid treatment programs, which are highly regulated by the government</li><li>• Patients may be required to go to the clinic daily for the first 90 days of treatment</li></ul>	 <ul style="list-style-type: none"><li>• Helps with withdrawal, cravings, and pain</li><li>• New rules make it easier for healthcare providers to prescribe it, but not all clinics offer it</li><li>• Available as a tablet or film that is usually taken daily under the tongue or as a weekly or monthly injection given by a healthcare provider</li></ul>	 <ul style="list-style-type: none"><li>• May help with cravings but does not treat opioid withdrawal or pain</li><li>• Often need to stop all opioid use for 7-10 days</li><li>• Available as oral pills or monthly shot (shot recommended)</li></ul>



## Changing Language to Change Care: Stigma and Substance Use Disorder [PCSS]

*Presenter: Sarah E. Wakeman, MD | Massachusetts General Hospital; Harvard Medical School*  
*Length and Format: 1 hour, webinar*

Language can be used intentionally or unintentionally to perpetuate stigma. The language used towards people who use drugs or alcohol and people with addiction includes many stigmatizing terms which have been shown to increase negative attitudes among the public and clinicians. Examples include words like “abuse,” “abuser,” “addict,” and “dirty.” There are also more subtle ways that language can be used to frame issues related to addiction or substance use which can enhance stigma. Nationally there has been growing awareness around the importance of language and the need to use medically appropriate, person first terminology. Changing our language is a crucial component of reducing stigma to improve the lives and health of people who use drugs or alcohol and people with addiction. This module will discuss the importance of language when discussing substance use and review ways to improve language to improve care.

## Principles of Motivational Interviewing: Useful for Primary Care Physicians [PCSS]

*Presenters: Joji Suzuki, MD | Director, Division of Addiction Psychiatry, Brigham and Women's Hospital; Assistant Professor of Psychiatry, Harvard Medical School; Member, Motivational Interviewing Network of Trainers*

*Length and Format: 1 hour, webinar*

Motivational interviewing (MI) has emerged as one of the most critical evidence-based approaches when working with patients to promote behavior change. Originally developed in the context of treating substance use disorders, MI is a collaborative method of communication that pays particular attention to the language of change. MI helps to strengthen intrinsic motivation for change by exploring the patient’s own reasons for change within an atmosphere of acceptance, partnership, evocation and compassion. This educational activity will introduce key MI principles, including the four processes, the spirit of MI, patient-centered communications skills, and importance of evoking change talk.

## **Words Matter: Preferred Language for Talking About Addiction [National Institute on Drug Abuse (NIDA)]**

*Length and Format: varies, website*

Addiction is a chronic but treatable medical condition. Often unintentionally, many people still talk about addiction in ways that are stigmatizing—meaning they use words that can portray someone with SUD in a shameful or negative way that may prevent them from seeking treatment. With simple changes in language harmful stigma and negativity around SUD can be reduced or avoided. The training allows viewers to learn about what stigma is, how it affects people with SUD, and how you can help make a change.

## **Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder [Substance Abuse and Mental Health Services Administration (SAMHSA)]**

*Length and Format: varies, document*

This Treatment Improvement Protocol (TIP) reviews the use of the three FDA-approved medications used to treat OUD—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.

## **Medications for Opioid Use Disorder Save Lives [National Academies of Sciences, Engineering, and Medicine]**

*Length and Format: varies, document*

To support the dissemination of accurate patient-focused information about MOUD and to help provide scientific solutions to the current opioid crisis, this report reviews the evidence base on MOUD treatments and identifies additional research needed.

🔗 Part 1 (Didactic) -  
The ADA and Its  
Implications for Patients  
with OUD: A Workshop

🔗 Part 2 (Q&A) - The ADA  
and Its Implications for  
Patients with OUD: A  
Workshop

# The American with Disabilities Act (ADA) and its Implications for Patients with OUD: A Workshop [HCS KY]

*Presenter: Anna-Maria South, MD | Assistant Professor, Department of Internal Medicine | Division of Hospital Medicine and Addiction Consult and Education Services | University of Kentucky, College of Medicine*

*Length and Format: two 1 hour sessions, webinar*

Individuals with OUD qualify for protection under the ADA. This presentation reviews the ADA, provides an overview of MOUD, and discusses how the ADA applies to patients with OUD. Throughout the presentation, participants look at patient scenarios and potential applications of ADA regarding treatment options. Recent publications by Dr. South and colleagues cover this topic and may be of interest for further reading (see references 14 & 15).



# Part 2

 Introduction to the CJ System and MOUD Video Presentation

 Issue Brief on Medications for Opioid and Alcohol Use Disorders

## Introduction to MOUD in the Criminal Legal System (CLS)

### Introduction to the Criminal Justice (CJ) System and MOUD [PCSS]

*Presenter(s): Debra A. Pinals, MD, Director, Program in Psychiatry, Law, and Ethics, Clinical Professor of Psychiatry, University of Michigan*

*Length and Format: 1 hour, webinar*

Although the justice system is becoming more aware of the importance of medications for OUD, it is important also for healthcare providers to have awareness of the justice system to best help support their patients. This educational activity provides an overview and basic information about the CJ system from arrest to incarceration to re-entry.

### Medications for Opioid and Alcohol Use Disorders: Research Insights for CJ Professionals [Justice Community Opioid Innovation Network (JCOIN)]

*Length and Format: varies, document*

This JCOIN issue brief provides a primer on FDA-approved medications to treat OUD and alcohol use disorder (AUD). The brief reviews how MOUD works and important research findings related to their use.

## **MOUD: Implementing Best Practice for CJ System [HCS KY]**

*Presenter(s): Jennifer Clarke, MD; Associate Professor of Medicine, The Warren Alpert Medical School of Brown University, Rhode Island Department of Corrections Medical Director (2015-2020)*

*Length and Format: 1.5 hours, webinar*

This learning collaborative hosted by the Kentucky HCS features Dr. Jennifer Clarke, primary physician for Memorial Hospital in Pawtucket, Rhode Island.



**Carrie Oser, HCS KY Criminal Legal System Co-Team Lead, speaking at Louisville Metro Department of Corrections regarding installation of naloxone vending machine on site.**

Following the presentation, there is a roundtable discussion with Mane Martirosyan, Social Worker with Louisville Metro Department of Corrections and Notascha Rose, RN with Bluegrass Care Navigators discussing benefits and challenges of implementing MOUD in the criminal legal system (CLS).

## **Stigma, OUD, and Withdrawal for CJ Settings [HCS KY]**

*Presenter: Devin Oller, MD | University of Kentucky HEALing Communities Study*

*Length and Format: 45 minutes, webinar*

This presentation provides an overview of stigma and how it impacts treatment of SUD, recognizing withdrawal and intoxication in the CLS setting, and how to respond to overdoses in a safe and effective way.

## Effective Treatment for OUD for Incarcerated Populations [National Association of Counties (NACo)]

*Length and Format: varies, strategy brief review*

To help counties assess and prioritize the many approved uses of opioid settlement funds, NACo worked with a team of advisors to identify 25 high-impact strategies that are under county authority. For each of these 25 strategies, NACo is developing concise briefing documents customized to county government. Each brief focuses on a specific opioid abatement strategy and summarizes the available evidence, best practices for implementation, county examples and links to additional resources, including opportunities for specialized technical assistance. This brief describes effective treatment for OUD for people who are incarcerated, the supporting evidence, best practices, and more.

## Medication-Assisted Treatment (MAT) Course for County Executives: Understanding Overdose Risk and Medication Efficacy [JCOIN/Addiction Policy Forum/County Executives of America]

*Length and Format: 45 minutes, webinar*

County executives play a critical role in reducing overdose deaths and promoting evidence-based practices to treat people with SUD in their communities. This course provides an introduction to treatment and medications to treat OUD. Participants will also hear from patients about their experiences with treatment and how medications played a significant role in their recovery. The intended audience includes County Executives, County Judges, Parish and Borough Presidents, City-County Mayors, Commission Presidents and Chairs, and all county leaders.

🔗 Part 1 (Didactic): The Intersection of CLS Involvement and BH Video

🔗 Part 2 (Q&A): The Intersection of CLS Involvement and BH Video

🔗 Using the ADA to Reduce Overdose Deaths Document

## The Intersection of CLS Involvement and Behavioral Health [HCS KY]

*Presenters: Margaret McGladrey, PhD and Susannah Stitzer, JD | University of Kentucky HEALing Communities Study*

*Length and Format: two 1.25 hour sessions, webinar*

In this two-part series, Margaret McGladrey, PhD, Susannah Stitzer, JD, and other panelists discuss behavioral health and the intersection of the CLS. Expected outcomes include understanding how criminal legal system processes and roles affect SUD prevention and treatment in Kentucky and enhancing the understanding of the collaboration and communication environment for serving people involved in the CLS and behavioral health treatment and how to adapt to these complications in practice.

## Using the ADA to Reduce Overdose Deaths [Journal of Federal Law and Practice]

*Authors: David Sinkman, JD and Gregory Dorchak, JD*

*Length and Format: varies, document*

In this article published by the DOJ, two attorneys review the obligations that jails and prisons have under the ADA by providing all medications used to treat OUD.



Erika Letanosky, Voices of Hope Peer Support Specialist, working in Greenup County Detention Center with Jailor Pancake

## **Strengthening Access to Care: Developing Systems that Maximize Medicaid Eligibility, Support Enrollment, and Promote Seamless Coverage in CLS Settings [Legal Action Center]**

*Authors: Gabrielle de la Guéronnière, JD and Deborah A. Reid, JD*

*Length and Format: varies, document*

This Issue Brief identifies opportunities for states to develop systems that maximize Medicaid eligibility, support enrollment, and promote seamless coverage throughout the CLS and policy recommendations on how states and the federal government can better promote seamless Medicaid access for incarcerated people and those involved in other parts of the CLS.

## **OUD Treatment for Pregnant and Postpartum People in U.S. Jails [Advocacy and Research on Reproductive Wellness of Incarcerated People & John Hopkins School of Medicine]**

*Authors: Advocacy and Research on Reproductive Wellness of Incarcerated People and John Hopkins School of Medicine*

*Length and Format: varies, fact sheet*

In this fact sheet, data and results from a study on the availability of medications for the treatment of OUD among pregnant and postpartum individuals in US jails are summarized. The summarized study is Sufrin C, Kramer CT, Terplan M, et al. Availability of Medications for the Treatment of Opioid Use Disorder Among Pregnant and Postpartum Individuals in US Jails. *JAMA Netw Open.* 2022;5(1):e2144369.





## **Memorandum of Agreement (MOA) Between the United States of America and Lexington-Fayette Urban County Government Division of Community Corrections [Department of Justice (DOJ)]**

*Length and Format: varies, document review*

An agreement was reached with the Lexington-Fayette Urban County Government's Department of Community Corrections to ensure that people who take medication to treat OUD can remain on their medication while in custody at Fayette County Detention Center (FCDC), as required by the ADA. The agreement resolves a U.S. Attorney's Office ADA compliance review of FCDC, in which it was determined that, as a matter of policy, the facility did not provide most individuals with OUD with methadone and buprenorphine, medications that treat OUD. The settlement agreement requires FCDC to revise its policies to provide access to all three forms of medications to people with OUD and ensure that decisions about treatment are based on an individualized determination by qualified medical personnel.

## **MOA Between the United States of America and Big Sandy Regional Jail Authority [DOJ]**

*Length and Format: varies, document review*

An agreement was reached with Big Sandy Regional Jail Authority, to ensure that people with OUD receive medically appropriate treatment with any FDA-approved medication for OUD as required by the ADA. The agreement requires Big Sandy Regional Detention Center to revise its policies to evaluate all individuals for OUD upon incarceration, continue medication treatment for OUD for individuals receiving treatment prior to incarceration, and offer to initiate treatment with any medically appropriate FDA-approved medication for those not receiving treatment before incarceration.

## MOA Between the United States of America and the Massachusetts Trial Court [DOJ]

*Length and Format: varies, document review*

The agreement resolves a complaint filed with the U.S. Attorney's Office that the Trial Court discriminated against drug court participants taking MOUD. According to the complaint, as a condition of participating in drug court, participants were ordered or pressured to stop taking their lawfully prescribed MOUD, without an individualized assessment by a medical professional. In addition, drug court personnel - with no medical training - required or pressured drug court participants to take naltrexone specifically and exclusively as a condition of participation in drug court, without regard to whether a health professional recommended that specific treatment options over others.



# Part 3

🔄 Implementing Medications in Correctional Settings Training Course

## Implementation Resources

### Implementing MAT in Correctional Settings [JCOIN and the Correctional Leaders Association]

*Speakers: Director Anne Precythe, Missouri Department of Corrections; Peter Friedmann, MD, Chief Research Officer, Baystate Medical Center; Secretary John Wetzel, Pennsylvania Department of Corrections; Commissioner Marcus Hicks, New Jersey Department of Corrections, and other leaders in the field.*

*Length and Format: 1.5 hours, training course*

This course was developed by JCOIN and the Correctional Leaders Association to help educate individuals working in the field of corrections on the latest research and innovations around improving access to SUD services, including MOUD, behavioral health interventions, and establishing linkages to community-based support services to mitigate risk during reentry.




### Use of MAT for Opioid Use Disorder in CJ Settings [SAMHSA]

*Length and Format: varies, document*

This guide focuses on using MOUD in jails and prisons and during the reentry process when justice-involved persons return to the community. It provides an overview of policies and evidence-based practices that reduce the risk of overdose and relapse.


🔄 Use of Medication-Assisted Treatment for Opioid Use Disorder in CJ Settings Document

 Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit

## **MAT for OUD in Jails and Prisons: A Planning and Implementation Toolkit [National Council for Behavioral Health]**

*Length and Format: varies, document*

This toolkit, supported by funding from the Centers for Disease Control and Prevention and Bloomberg Philanthropies, provides correctional administrators and health care providers recommendations and tools for implementing MOUD in correctional settings and strategies for overcoming challenges. Informed by real-world practice, the toolkit provides examples from the field that can be widely applied and adapted.

 Expanding Access to Medications for Opioid Use Disorder in Corrections and Community Settings Document

## **Expanding Access to MOUD in Corrections and Community Settings [National Governors Association and American Correctional Association]**

*Length and Format: varies, document*


This roadmap highlights existing state efforts and serves as a policy development tool for Governors and state officials seeking to improve coordination and bolster existing efforts across state agencies to address OUD among people involved in the justice system by expanding access to evidence-based medications.

 Jail-Based Medication Assisted Treatment Document

## **Jail-Based Medication-Assisted Treatment [National Commission on Correctional Health Care and the National Sheriffs' Association]**

*Length and Format: varies, document*


This document introduces what has been learned from sheriffs' and jail administrators' innovative use of MOUD, describes the essential components of these programs, and discusses the latest research on how the programs are best implemented including the medications approved for OUD. It includes an overview of general tenets and best practices associated with developing, implementing, and sustaining jail-based medications for OUD programs; an outline of key issues; related guidelines; and examples from the field.

 **Linking People with OUD to Medication Treatment; A Technical Package for Policy, Programs, and Practices** Document

## **Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices [Centers for Disease Control and Prevention]**

*Length and Format: varies, document*

This technical package presents strategies that can help state, local, and tribal leaders and healthcare professionals link persons living with OUD to evidence-based care. Strategies are based on the best available evidence and include opportunities for linkage to care in health care settings during incarcerations and community supervision.

 **Guidelines for Managing Substance Withdrawal in Jails** Document

## **Guidelines for Managing Substance Withdrawal in Jails [U.S. DOJ, Bureau of Justice Assistance (BJA)]**

*Length and Format: varies, document*

This document supports the department's commitment to increasing access to evidence-based treatment for individuals with SUD and those at risk for overdose, including individuals who are incarcerated or reentering their communities. An expert committee of clinicians and jail administrators compiled recommendations, grounded in evidence-based practice, for systematically identifying individuals who are at risk for withdrawal and determining the appropriate level of monitoring and medical care.

 **Six Strategies to Prevent MOUD Diversion in Jail-Based Treatment**

## **Six Strategies to Prevent MOUD Diversion in Jail-Based Treatment Programs [JCOIN]**

*Length and Format: varies, infographic*

Diversion of MOUD treatment is often cited as a concern and a reason for not offering the medications in jails and prisons. Researchers from the University of Massachusetts published a study in 2023 that detailed promising practices in program design to help limit medication diversion. This infographic summarizes six strategies for correctional officials and lawmakers to consider regarding MOUD treatment in correctional settings.

## The Legal System and the Opioid Epidemic: Evidence-Based Approaches for Justice-Involved Populations [HCS KY/UK Rosenberg College of Law]

*Presenters: Patricia Freeman, RPh, PhD, FAPhA, FNAP; Corey S. Davis, JD, MSPH; Laura Fanucchi, MD, MPH; Carrie B. Pond, JD*

*Length and Format: 2 hours, webinar*

The learning objectives for this webinar include reviewing statutes and policies surrounding criminal and civil liability for carrying and administering naloxone (e.g., Narcan®, Kloxxado®, Zimhi®); facilitating an understanding of the protections available for people with OUD under the ADA and the Department’s recent enforcement activity under the Act; explaining FDA-approved medication treatment options for persons



Samantha Burnett, Bluegrass Care Navigator MOUD Linkage Social Worker, working at Franklin County Regional Jail with Jake Banta

with OUD, including those who are justice- and court-involved; explaining the basic epidemiology and public health impact of SUD; recognizing that SUD is often looked at as a moral failing and not as a medically treatable chronic illness; describing how naloxone works to reverse an opioid overdose; discussing evidence behind naloxone distribution programs; and explaining OUD, SUD, and addiction.

## 201 Kentucky Administrative Regulation (KAR) 20:065 [Kentucky Board of Nursing]

*Length and Format: varies, document*


Kentucky Administrative Regulation (KAR) Title 201 Chapter 020 Regulation 065 “Professional standards for prescribing Buprenorphine-Mono Product or Buprenorphine-Combined-with-Naloxone by APRNs for medication assisted treatment for opioid use disorder” describes KY standards for advanced practice registered nurses.

*Note: As of publication, 201 KAR 20:065 are currently under revision (e.g. removal of reference to a waiver/X-license).*

 201 KAR 9:270

 KBML Board Guidance Regarding Removal of DATA-Waiver (X Waiver)

 KBML Board Opinion Relating to Online/Virtual MOUD

 KBML Board Opinion Regarding exemption from frequency of visit requirements in 201 KAR 9:270 for incarcerated persons

## **KAR 9:270 [Kentucky Board of Medical Licensure (KBML)]**

*Length and Format: varies, state regulation and board guidance documents*

KAR Title 201 Chapter 009 Regulation 270 “Professional standards for prescribing, dispensing, or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone” describes standards for physicians and physician assistants.

Note: The KBML has indicated that these regulations will be opened for public comment to allow for updating (e.g. removal of reference to a waiver/X-license). In the meantime, KBML has issued a statement indicating that "all KBML licensees with a valid DEA registration in KY may prescribe or dispense buprenorphine for the treatment of OUD." A link to this statement is provided in addition to the regulations.

## **Medical Board Opinion Relating to Online/Virtual MOUD Treatment [KBML]**

*Length and Format: varies, document*

This Kentucky Board of Medical Licensure Opinion discusses the use of virtual (telemedicine) visits for treating OUD whereby buprenorphine is prescribed.

## **Medical Board Opinion Regarding Exemption from Frequency of Visit Requirements in 201 KAR 9:270 for Incarcerated Persons [KBML]**

*Length and Format: varies, document review*

This Kentucky Board of Medical Licensure Opinion explains the exemption for incarcerated persons in jail from frequency of visit requirements outlined in 201 KAR 9:270 (2)(4)(e)(3).

 Budget impact tool for the incorporation of MOUD into jail/prison facilities customizable tool

## Budget Impact Tool for the Incorporation of MOUD into Jail/Prison Facilities [Center for Health Economics of Treatment Interventions for Substance Use Disorder, Hepatitis C, and HIV]

*Length and Format: varies, virtual tool*

This customizable budget impact tool is designed to assist jails and prisons with creating a budget for delivering onsite MOUD. It was created as part of the NIH/NIDA-funded JCOIN and allows facilities to estimate and compare the costs of different treatment delivery models.

 Budget impact tool for the incorporation of MOUD into jail/prison facilities video

## Budget Impact Tool for the Incorporation of MOUD into Jail/Prison Facilities Video [JCOIN]

*Presenter(s): Tisha Wiley, PhD, Danielle Ryan, MPH, Sean Murphy, PhD*

*Length and Format: 45 minutes, webinar*

This webinar reviews how to use the budget impact tool that was designed to assist jails and prisons with creating a budget for delivering onsite MOUD.

 Impact of the Integrated SUD Treatment Program Document

## Impacts of the Integrated Substance Use Disorder Treatment (ISUDT) Program [California Prison System]

*Length and Format: varies, document*

This report is intended to provide an overview of the ISUDT Program, document the status of implementation, and present preliminary findings on program impacts and its potential to improve a range of outcomes, including morbidity and mortality. In addition, it describes the challenges and future directions necessary to fully realize the positive potential of the ISUDT Program.



## Use of MOUD In Specialty Courts

🔗 Kentucky Supreme Court 2022 Administrative Order for Specialty Court Procedures

### Amendments to the Rules of Administrative Procedure AP Part XIII Procedures for Specialty Courts 2022 - 2022-50 Order [Supreme Court of Kentucky]

*Length and Format: varies, court administrative order*

This administrative order establishes a unified state court process for specialty courts that includes elements published by the National Association of Drug Court Professionals (NADCP).

🔗 Adult Drug Court Best Practice Standards Volume 1


### Adult Drug Court Best Practice Standards – Volume 1 [National Association of Drug Court Professionals]

*Length and Format: varies, document*

This set of evidence-based standards is a blueprint to dramatically improve outcomes for individuals involved in the justice system due to substance use and mental health disorders. Representing 25 years of empirical study on addiction, pharmacology, behavioral health, and the CLS, these Standards are the foundation upon which all adult drug courts must operate.




Gary Biggers, Voices of Hope Peer Support Specialist, conducting training with Fayette County pretrial services

 **A Guide for Treatment Court Team Members to Support Participants in Initiation and Continuation of MOUD**

## **A Guide for Treatment Court Team Members to Support Participants in the Initiation and Continuation of MOUD [National Association of Drug Court Professionals (NADCP)/American Society of Addiction Medicine (ASAM)]**

*Length and Format: varies, document*

This guide is for clinicians working in treatment courts. It describes how treatment court clinicians can help a participant benefit from MOUD. This guide was created by addiction medicine specialists with criminal legal system expertise from ASAM and treatment court professionals with addiction treatment expertise from the NADCP. It reflects up-to-date, evidence-based information to support optimal outcomes for justice-involved individuals living with OUD.

 **A Practitioner's Guide to Constitutional and Legal Issues in Adult Drug Courts**

## **A Practitioner's Guide to Constitutional and Legal Issues in Adult Drug Courts [Center for Justice Innovation, All Rise]**


*Length and Format: varies, document*

This guide is intended to help practitioners identify and navigate the major legal issues that arise in adult drug courts. Of note, Chapter 3 explores many of the common requirements that drug courts impose on participants, and addresses restrictions on the use of MOUD. Throughout this guide, the authors offer practice recommendations in areas where the law is unsettled or especially complex. These recommendations are the authors' best advice for complying with the law while also operating an effective drug court that adheres to evidence-based practices.

# Part 4

## Sample Jail/Detention Center Workflow to Implement Buprenorphine Treatment Upon Entry

The following resources were identified and developed to implement buprenorphine treatment upon jail entry in several of the Kentucky HCS counties. This work was based in part on the methods described and lessons learned by clinicians and detention center leadership in other states where provision of medications for opioid use disorder is required by policy throughout incarceration, including Maryland (Belcher et al 2021). Unfortunately, despite these resources, implementation of buprenorphine treatment upon entry in HCS Kentucky jails for all persons with OUD interested in this medication treatment was not successful due to multiple barriers that are detailed in a poster presentation that is available upon request (Kelsch et al 2023). To address the barrier of having inadequate medical expertise within the contracted CLS medical providers and inadequate funding for the medications to treat OUD, our team proposed contractual language that detention centers can utilize in their request for proposals for contracted medical providers to require MOUD initiation and maintenance into their scopes of work.

 Sample Buprenorphine Program Workflow Sample #1

### Sample Buprenorphine Program Workflow #1 – MOUD Provision by Jail Contracted Medical Provider [HCS KY]

*Length and Format: varies, document*

This workflow includes procedures from identification and screening for OUD among incarcerated persons in jail to definitive diagnosis; ensuring health literacy around MOUD treatment options; obtaining consents for treatment; and jail medical provider documentation, initiation, and continuation of buprenorphine dosing and considerations for transfer or release to the community to ensure continuity of MOUD treatment.

## Sample Buprenorphine Program Workflow #2 – MOUD provision by community-based MOUD provider [HCS KY]

*Length and Format: varies, document*

This workflow was adapted from the previous Sample Buprenorphine Workflow #1 to apply to organizations that partner with a community based MOUD provider to offer MOUD rather than the on-site jail contracted medical provider.

## Sample Consent to Treat & Treatment Agreement [HCS KY]

*Length and Format: varies, document*

This sample informed consent and treatment agreement was drafted and adapted from the Hennepin County Adult Detention Center and Vermont DOC available from "Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons" and TIP 63.

## Sample CLS Vendor Request for Proposal (RFP) for MOUD Supportive Medical Providers [HCS KY]

*Length and Format: varies, document*

This contractual language was developed by HCS faculty and clinicians in KY as sample language that could be copied into correctional facility Request for Proposals (RFP)s for contracted medical providers to ensure that applicants included MOUD treatment into their standard of care treatments for incarcerated persons. This sample RFP language is also shared in a recently published case report by McGladrey et al (see reference 11).

## DSM 5 Criteria for Diagnosis of OUD [IT MATTTRs Colorado]

*Length and Format: varies, document*

Criteria from American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC, American Psychiatric Association page 541.

## Clinical Opiate Withdrawal Scale [Wessen and Ling]

*Length and Format: varies, document*

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids.

## Patient Education Resource: MOUD Flyer [HCS]

*Length and Format: varies, document*

This flyer was developed by the HCS as an educational tool to improve health literacy around MOUD. It explains how and why MOUD works and compares their effects on opioid withdrawal, craving, pain, and mortality reduction.

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