

TOPIC:

Continuity of Medications for Opioid Use Disorder (MOUD) Post-Release

The ultimate goal of Medications for Addiction Treatment (MAT) is full recovery, including the ability to live a self-directed life. Recovery-oriented care and recovery support systems help people with mental and substance use disorders manage their conditions successfully. ¹

Connecting people to community resources for continued care after they are released from a detention setting is an essential part of any Medications for Opioid Use Disorder (MOUD) program, also referred to as Medications for Addiction Treatment or Medication-Assisted Treatment (MAT). Continued treatment after release is often complicated by uncertainty related to the date and time of release, co-occurring disorders, housing insecurity, and other social support needs of the person. In the first two weeks after release from custody people with OUD are especially susceptible to overdose, with research indicating they have a much higher risk of death due to overdose, ranging from 40 to 70 times greater risk in the two weeks following release from incarceration¹. This creates an urgent need for MAT programs to develop a reliable system for accessing treatment and related services and supports as an essential part of post-release care planning. Each site can create individualized processes and protocols to meet the needs of the site and team as defined by resources and site and community goals.

Benefits of MOUD in jails and prisons that also benefit the community:

- » Reduces return to use of illicit opioids^{2 3}
- » Reduces risk of opioid overdose death⁴
- » Increases retention in treatment^{1 2}
- » Reduces recidivism⁵

¹ Ranapurwala, S.I., Shanahan, M.E., et al. Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015. *Am J Public Health*. 2018 September; 108(9): 1207–1213. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6085027/>

² Larochele, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., . . . Walley, A. Y. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. *Annals of Internal Medicine*, 169(3), 137-145. doi:10.7326/M17-3107

³ Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2014). Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systemic Reviews*, 2(CD002207).

⁴ Green, T. C., et al. (2018).

⁵ National Sheriffs' Association and National Commission on Correctional Health Care (NCCHC). (2018, October). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field. Retrieved from <https://www.ncchc.org/filebin/Resources/Jail-BasedMAT-PPG-web.pdf>

Information and Tools to Support Policy Development and Implementation

Below are tools and recommendations to assist in developing a MAT continuity plan based on current science and best practices for transition into the community.

A release plan is most effective when all people involved in the management and treatment of the incarcerated person are involved in its development. This usually includes:

- » Patient
- » Clinical providers including representatives from all entities providing physical, behavioral, mental health and SUD treatment
- » Custody personnel
- » Court personnel

The key to effective release planning for the continuation of MAT is a structured means of communicating that assures each of these roles are involved and able to contribute and respond timely and consistently. Many jails/prisons have a separate jail management system and electronic health record used by the healthcare provider. Court proceedings can sometimes result in accelerated or unexpected release date. Factors like these mean that developing a protocol involves thinking about **who** has a role in assuring treatment and determining and managing release; **what** has to happen to assure treatment continuity when the person leaves the jail/prison; and **how** will these responsibilities and steps be communicated? These considerations are essential to developing a protocol for post-release continuity of MAT. See “Workflow for Bridge Medication Upon Release” within this element of the Toolkit.

Pre-Release Resources and Support Checklist:

The person being released will have a much greater likelihood of accessing follow up treatment if the following resources and supports are included in release planning:

Appointments, for not just MAT, but also any other necessary and appropriate services and supports to meet support needs including:

- » Obtaining State-approved identification card
- » Housing plan
- » Transportation plan
- » Peer recovery support
- » Information and assistance related to benefits eligibility (e.g., Medicaid, disability benefits, food assistance, income assistance)

Medications:

The best practice upon release is for patients to leave with a bridge prescription or bridge medications. Considerations and steps to support this are outlined below:

- » As described above and illustrated in the process flow example, **clear communication is needed among those involved with program participants and those who continue to need medications on release.** This may occur through an alert in the jail management software for example.
- » The clinical team has a plan of care for medication on release which includes:
 - » Clear documentation of medication prescribed and taken while detained/incarcerated
 - » For a patient receiving Vivitrol or Sublocade injections, a plan for timing of the last pre-release injection
- » **Bridge Medication plan:** Will a person leave with medication in hand or prescription?
 - » In-clinic workflow for Process to get prescription or medications to the patient at release
 - » Considerations: Timeline for bridge medication or prescription – i.e. number of days.
 - » If the patient does not leave with medication in hand, then the prescription or medication has to be picked up by the patient (Electronic prescribing or patient leaves with prescription in hand)
 - » Payment mechanism-does the patient have the ability to pay for prescription?
 - » The patient leaves with specific instructions for how to access medication at the pharmacy
 - » Include a point of contact and telephone number for patients to call if they experience any obstacles to accessing their continuation medication

Best practice also includes provision of Narcan and education about the dangers of and avoiding overdose to all persons being released from jail with a diagnosis or history of OUD, even those who have not received MOUD while incarcerated.

Follow up Care in the Community

Ongoing care requires a connection to a community provider who can provide the necessary services to continue participation in the MAT program. In addition to a prescription for medications, community providers offer counseling, and lab services as part of a comprehensive program.

One option for partnerships to assist with treatment provision and payment for treatment for patients without means to pay is formal or informal relationships with Single County Authority and/or community-based organizations for MAT services, i.e. Federally Qualified Health Centers, SUD providers, Narcotic Treatment Programs.

For uninsured patients, once the individual is seen for their first aftercare appointment, the community MAT provider continues the prescription.

Special or High-Risk Populations benefit from additional support and providing linkages to social services and recovery support can contribute to their success.

High risk populations include, but are not limited to, pregnant women, serious mental illness/co-occurring disorders, unstable housing, uninsured, significant medical comorbidities. Other populations, including, veterans, may have access to additional resources. In addition to patient

information, these patients may need a warm hand off to community provider or higher touch care management.

There are many resources, including patient education materials, at these sites that are specifically tailored to patients who are incarcerated including:

- » **National Sheriffs' Association** <https://www.sheriffs.org/programs/opioid-epidemic>
- » **American Correctional Association** <http://www.aca.org>
- » **American Society of Addiction Medicine** <https://www.asam.org/>
- » **National Governors Association** <https://www.nga.org/>
- » **SAMHSA** <https://www.samhsa.gov/medication-assisted-treatment>
- » **National Commission on Correctional Health Care** <https://www.ncchc.org/>
- » **National Council for Behavioral Health** <https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/>

For more information and resources as part of the MOUD Implementation Toolkit, please visit www.healthmanagement.com/pajailmoud or contact **Mary Kate Brousseau**, *TA Program Manager*, at mbrousseau@healthmanagement.com