TOPIC:

Custody Support and Training

Security and custody professionals are responsible for the operations of a jail/prison and assuring the safety of staff and inmates. As the culture of the correctional environment evolves to incorporate treatment for behavioral health disorders, including Opioid Use Disorder (OUD), the delivery of treatment must occur within this context of safety and risk management. Implementing Medications for Addiction Treatment (MAT), the evidence-based treatment for OUD, in correctional settings cannot be successful without the support of custody professionals. Correctional facility custody and security staff are not providers of treatment but they are critical to successful implementation of MAT. They serve in the role of assuring safety and security related to escorting and monitoring detainees in the delivery of MAT. Also, as the front line in the correctional facility with the most frequent interaction with inmates they can also identify and engage people who could benefit from MAT. When custody and security staff fully understand and support MAT they serve as effective change agents to support the development of a facility culture that promotes treatment for people with substance use disorders (SUD).

Getting Staff Engagement in MAT:

It is common for staff at correctional facilities, both custody and healthcare professionals, to have concerns or questions about implementing MAT including "Why treat inmates?"; "Are we substituting one drug for another?"; "Is a correctional environment the right place to treat someone with an OUD"?

Before implementing MAT, it is essential to understand and address reservations and concerns about addiction treatment among staff. Bias and stigma toward persons with SUD are common. Creating a forum for people to express their opinions and responding to them with fact-based information is an important foundation to MAT implementation. When MAT is implemented there will be instances of detainees misusing or diverting their medication, just as there are with other medications in jails and prisons. Laying the groundwork at the beginning of the implementation effort to surface and address bias and stigma, and creating a treatment-supportive culture, is important to developing protocols for addressing incidents of misuse or diversion and successful implementation overall. As sites evolve in their MAT implementation and benefits emerge preparations for inevitable diversion or misuse of medication must be part of the facility's MAT procedures.

The Case for MAT:

While OUD is rampant in our communities, it is especially so in jail and prison populations. Two-thirds of incarcerated persons have a history of a SUD and people with OUD leaving incarceration settings are at a much higher risk of overdose than the general population within the jail or in the community ranging from 40 to 70 times greater risk in the two weeks following release from incarceration.[1] Providing MAT to people with OUD while they are incarcerated increases

[1] Phillips, JK, Ford, MA and Bonnie, RJ. Eds. Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use. National Academies of Sciences, Engineering and Medicine; health and Medicine Division; Board on Health Sciences Policy; Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse; Washington (DC): National Academies Press; 2017 Jul 13.

engagement with treatment upon release and decreases deaths from overdose[2] [3] and MAT is well-established as evidence-based treatment for OUD. However, more than 80% of incarcerated individuals who have a history of opioid use do not receive treatment.[4]

Addiction is a chronic brain disease. There is clear evidence that medical interventions, and psychosocial interventions along with medication, work effectively to treat this disease, reducing mortality and significantly improving the chances of individual recovery. A person in a correctional facility having opioid withdrawal without appropriate medical intervention and treatment is in opposition to medical standards of care and has been grounds for litigation with findings on behalf of plaintiff inmates against jails and prisons.

The American Society for Addiction Medicine (ASAM) Criteria is the nation's most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with addiction and co-occurring conditions. ASAM's Public Policy Statement on Treatment of Opioid Use Disorder in Correctional Settings (2018)[5] states that those in jails/prisons "should be assessed and offered medication and psychosocial treatment as clinically indicated".[6] ASAM National Practice Guideline revisions for criminal justice populations (2020)[7] specify that forced withdrawal should not occur; all FDA approved medications for OUD should be available; patients should not be forced to transition to antagonists; and that absence of psychosocial treatment or the patient's decision to decline it, should not preclude or delay pharmacotherapy for OUD.

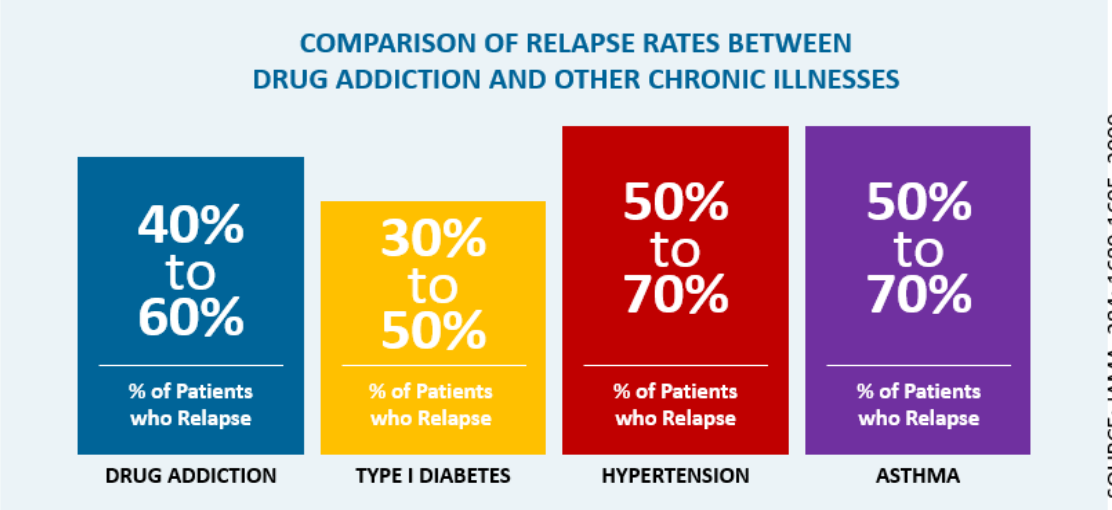
Barriers for treating individuals with OUD in the community include lack of medical insurance and transportation, and access to treatment resources. The controlled environment of a correctional setting can eliminate these barriers and correctional systems can increase MAT treatment capacity to respond to individuals with OUD within their walls to reduce risk for the incarcerated individual as well as for the staff and detention facility/system. Individuals with OUD who experience opiate withdrawal without appropriate medical treatment are at risk for adverse health outcomes, even death[8]. MAT can reduce this risk as well as risks associated with contracting HIV, Hepatitis C and other communicable diseases. Continuation of MAT after a person is released from jail/prison also greatly reduces the risk of overdose which is significantly higher among people with OUD leaving jail/prison due to a reduction in tolerance for the drug while incarcerated.[9] Educating patients about

[2] ASAM Public Policy Statement on the Treatment of Opioid Use Disorder in Correctional Settings. American Society of Addiction Medicine. July 2020.
[3] Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Annals of Internal Medicine, 159(9), 592-600.
[4] National Center on Addiction and Substance Abuse at Columbia University. (2010). Behind Bars II: Substance Abuse and America's Prison Population.
[5] Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals. 2018-2 ASAM and American Correctional Association available at: https://www.asam.org/docs/default-source/public-policy-statements/2018-joint-public-correctional-policy-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals.pdf?sfvrsn=26de41c2_2
[6] https://www.asam.org/docs/default-source/public-policy-statements/2020-statement-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=ff156c2_2
[7] American Society of Addiction Medicine available at: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline
[8] Fiscella, K., Noonan, M., et al. 2020 Drug & Alcohol Associated Deaths in US Jails. Journal of Correctional HealthCare 26 (2): 183-93.
[9] *Ibid.*

their increased risk of overdose and teaching harm reduction strategies is critical for saving lives.[10] One study of released prison inmates in Washington indicated that released inmates were at 129 times the risk of overdose within two weeks of release compared to other citizens.[11]

Someone with OUD who takes MAT for a short period of time and who ultimately wants to live a life of abstinence may consider MAT to be a means to this end. Others may need to remain on MAT for an extended time, or indefinitely, to maintain their recovery. Just as someone with diabetes may need to take insulin, or another may take statins for high cholesterol, MAT should be seen as effective, evidence-based treatment for a chronic disease, with the person's individual health status and goals and consultation with their provider and other members of their treatment team driving decisions about the type and extent of treatment.

Relapse rates for OUD are comparable to those of other chronic medical disease conditions, where "relapse" is defined as not taking medications as prescribed. The conditions for relapse and steps of re-engagement and intervention should be developed and planned for as part of all treatment plans for substance use.



The Benefits of MAT in Jails/Prisons and Planning for Potential Diversion and Misuse:
There is anecdotal evidence emerging from jails and prisons where MAT has been implemented to show increased access to MAT reduces diversion incidents as availability of MAT increases due to inmates' ability to manage their cravings. Correctional facilities have implemented MAT are also reporting a reduction in disciplinary infractions. The California Department of Corrections and Rehabilitation has reported a 58% reduction in Rules Violation Reports in individuals receiving MAT[12]. A study from Riker's Island indicated that detainees receiving methadone continuation during incarceration are three times less likely to receive disciplinary tickets than those on forced methadone withdrawal.[13] As sites evolve in their MAT implementation these benefits may emerge, while preparations for inevitable diversion or misuse of medication must be part of the facility's MAT procedures.

[10] Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, Hutchinson SJ, Bird SM. Meta-analysis of drug-related deaths soon after release from prison. Addiction. 2010 Sep;105(9):1545-54. doi: 10.1111/j.1360-0443.2010.02990.x. Epub 2010 Jun 23. PMID: 20579009; PMCID: PMC2955973.
[11] https://www.nejm.org/doi/full/10.1056/nejmsa064115
[12] Corey Waller, MD, Personal Communication, November 5, 2020
[13] Addiction Medicine Mar/Apr 2, 2018

There are clear benefits of MAT for individuals with OUD, but administration of MAT also includes incidents of diversion and misuse. Correctional facilities frequently deal with diverted prescription and over the counter ("keep on person") medications. Because of this, facilities implementing MAT should review their existing medication administration policies and procedures closely and make any necessary changes to minimize misuse and diversion. Lack of understanding about MAT and related apprehension about its implementation, and bias or stigma toward substance use disorder, often results in elevated concerns about diversion or misuse of MAT. Facilities should determine, and establish in policies and protocols, how diversion will be addressed as both a clinical and disciplinary issue. Clinical best practice is not to immediately discharge patients from the MAT program after they have been found to be diverting medication. Instead, clinicians should evaluate treatment benefits and harms for each patient and develop a treatment plan that minimizes harm without removing the benefits. Custody and clinical leadership should lead efforts to educate and engage each other and staff on the importance of assuring adequate and effective treatment for persons with OUD to reduce mortality. This treatment approach informs the development of a standardized response to diversion incidents. Disciplinary practice is a matter for legal and custody professionals and should be kept separate from clinical practice and treatment.

KEY CONSIDERATIONS

Organizational Culture and a Champion Leader

Culture has been described as "how we do things around here" and is shaped by the training, experience, values, and priorities of the people within an organization. The organizational culture of a healthcare provider is different from that of a custody professional. However, within a jail or prison, healthcare and custody staff work together to provide healthcare services to the incarcerated population, including MAT. Success with MAT implementation is significantly driven by the chief executive of the jail or prison (the warden or sheriff, depending on the jurisdiction.) When the executive is a champion for MAT implementation, he or she establishes a common vision and expectation that incorporates the culture, capabilities, and contributions of each staff person, and contracted vendor, who plays a role in MAT services. That sets the expectations for MAT implementation.

Key operational strategies necessary for implementing successful MAT include the initial and ongoing education, training and support of custody professionals.

"A true champion without a cause is entrapped energy. A great cause without a champion is but an elusive dream. But with a great cause with a true champion is the realization of a vision."

Robert Porter Lynch

Initial Education, Training and Support of Custody Professionals:

Key steps in the initial education, training and support of custody professionals include:

- **Enlisting and confirming facility leader as the Sponsor for implementation.** The Warden is responsible for the safe, secure, and efficient operation of the jail/prison. They also oversee all staff to ensure proper and consistent adherence to all applicable laws, rules, standards, and **facility-specific policies.** MAT cannot be implemented without the agreement and support of the Warden.
- **Identifying current and potential champions from within the custody staff**. The champion is an active member within the MAT implementation effort – or any initiative requiring change management - during all of its stages.[14] Champions can be from any level within the organization and it is often encouraged to have champions from multiple levels, including the "front line" staff.[15] Champions are key to a successful outcome of organizational change.[16] In addition, the warden, deputy wardens and shift commanders have line of site responsibility for the operational aspects of the facility, including supervision of direct line custody officers. Consistent support for education, training and implementation of MAT is critical at this level and these individuals often serve as the main champion for implementation amongst custody staff.
- **Identify an Implementation Team which should include the following representatives and should include identifying the person(s) responsible for facilitation of the team:**
  - Facility champions, including custody professionals
  - Medical Champions
  - Behavioral Health/Counseling Champions
  - Community partners (for continuity upon reentry)

The Implementation Team is responsible for developing a comprehensive Implementation Plan, including:

- Training/education plan for custody professionals, general medical and behavioral health staff and, ideally, inmates/patients
- Treatment protocols including policies and procedures for screening, assessment, individualized treatment planning, treatment (medical, behavioral and pharmacological), medication administration practices, and re-entry coordination
- Protocols for integrated (custody and healthcare) response to incidents of medication misuse or diversion
- Diversion protocol should include response to address diversion when it occurs. Custody and clinical staff should develop this together to assure an integrated, consistent, and effective response
- Diversion mitigation strategies should include a process to systemically investigate and evaluate diversion to determine cause and purpose of diversion (medication misuse, coercion) to inform quality improvement strategies.
- Ongoing quality improvement and evaluation, including outcomes measurement, outcomes management and data collection and reporting (key to sustainability).
- Training and education should include basic education for custody professionals regarding:
  - The Neuroscience of Addiction
  - The Case for MAT in Correctional Settings

[14] Thompson, G., Estabrooks, C., & Degner, L. (2004). Clarifying the concepts in knowledge transfer: a literature review. Integrative Literature Reviews and Meta-Analysis; The Authors, 27, 691-701.

[15] Warrick, D. (2009). Developing organizational change champions; A high payoff investment. OD Practitioner, 41(1),14-19. Retrieved from http://www.polytechnic.edu.na/centres/docs/coll/ODChange/ContentServer2.pdf

[16] Porter Lynch, R. (2012). How to foster champions (Chp 14). Retrieved from www.warrenco.com

  - Overcoming Objections to MAT
  - Basic education and training regarding SUD, OUD and Medications for Treating OUD
- Training regarding specific facility policies and procedures relevant to custody, including:
  - How to recognize acute and post-acute withdrawal
  - How to refer inmates for MAT screening and assessment
  - Custody's role in medication administration, diversion response and mitigation, and
  - Any required data collection

- Training programs need to be designed for security staff that provide general overviews of types of the medication formulations, dispensing and ingestion practices, medication storage and steps to take in the event of a diversion incident. The roles and responsibilities of correctional staff, health care staff and patients should be clearly delineated.

Ongoing training and support should be informed by quality improvement and data/outcome evaluation efforts and include:

- At least annual updates regarding MAT, diversion and SUD and mental health disorders
- Data regarding the diversion of all medications, including those for MAT for OUD. All staff must be on heightened alert of jail/prison drug selling, bartering and other commerce (and security threat group) related to medications
- Data regarding specific outcome indicators related to MAT implementation including rates of recidivism/reincarceration for drug related offenses, rates of misuse and or diversion, rates of overdose within the facility and upon release to the community, impact on other pharmacy utilization and spending (e.g. psychotropics) and rates of psychiatric and medical emergencies.

Supervision and Support

Custody professionals and supervisors should have regular and ongoing discussions of the successes, challenges, outcomes, and issues with MAT implementation, both formally and informally. These interactions may be as simple as "What's working, what's not working, what do we need to do differently?" or as in depth as a systemic review of individual and aggregate outcome data. Regular, ongoing communication among leadership is a key aspect of change implementation. This also supports the ongoing development of future champions.

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