



UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

Criminal Justice, Mental Health, and  
Substance Abuse Technical Assistance Center

## **CJMHSA TAC Quarterly Conference Call (webinar)**

**June 29, 2022 at 10:30 A.M.**

### **Agenda**

- **USF CJMHSA TAC Quarterly Webinar Introduction & TAC Updates**

Abby Shockley, MPH, Director, CJMHSA TAC

- **“Jail-based Medication-Assisted Treatment (MAT): Best Practices, Lessons Learned from the Field, and a Florida Case Study”**

Sarah Wurzburg, MA, Deputy Division Director, Behavioral Health, Council of State Governments Justice Center

Meghan Mahoum-Nassar, LMHC, CCPH, Corporate Mental Health Director - Eastern States, NaphCare, Inc.

- **Questions and Answers**



**Justice Center**

THE COUNCIL OF STATE GOVERNMENTS

# Medication Assisted Treatment in Correctional Facilities

June 29, 2022 | Sarah Wurzburg



# Presentation Outline

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I. Introductions

II. Organization Overview

III. Presentation

IV. Discussion Period

V. Resources

# Presenters

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- Sarah Wurzburg, Deputy Division Director, Behavioral Health, CSG Justice Center

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# The Council of State Governments Justice Center

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We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

# Our Goals

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## **Break the cycle of incarceration**

*We assist those working inside and outside of government to reduce both crime and incarceration among youth and adults in contact with the justice system.*

## **Improve health, opportunity, and equity**

*We work across systems to develop collaborative approaches to improve behavioral health, expand economic mobility, and advance racial equity for people and communities affected by the justice system.*

## **Expand what works to improve safety**

*We help leaders understand what works to improve public safety and assist them to develop strategies, adopt new approaches and align resources accordingly.*

# Second Chance Act

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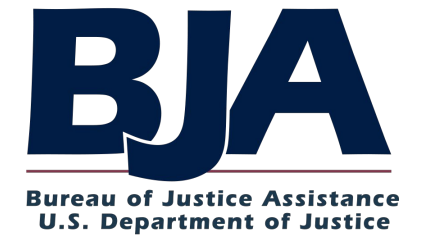
Supports state, local, and tribal governments and nonprofit organizations in their work to reduce recidivism and improve outcomes for people returning from incarceration. **The Second Chance Act has supported more than \$500 million in reentry investments across the country.**



# The U.S. Department of Justice Bureau of Justice Assistance

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**Mission:** BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.



Visit the [BJA website](#) to learn more.

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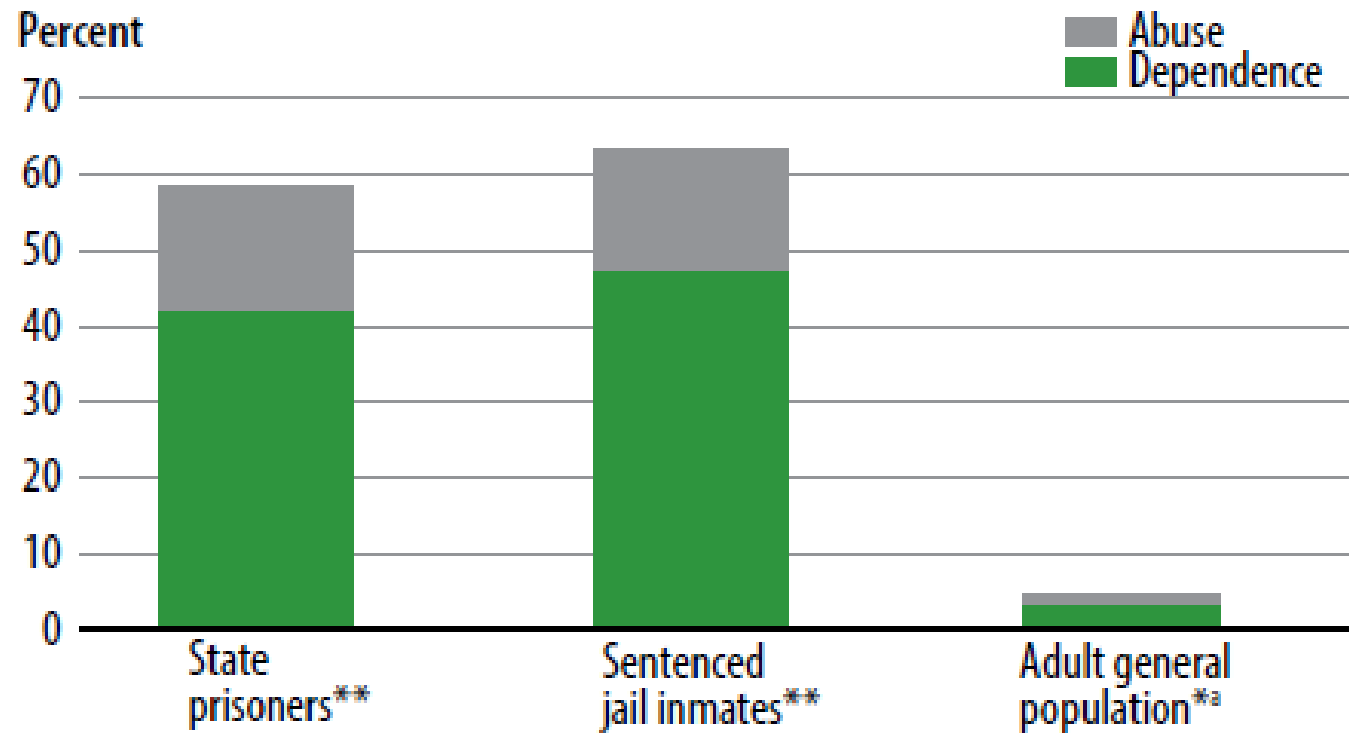
IV. Discussion Period

V. Resources

# Substance Addiction in Prisons and Jails

**FIGURE 1**

Inmates and adult general population who met the criteria for drug dependence or abuse, 2007–2009



Bronson, J. Stroop, J. Zimmer, S. Berzofsky, M. [\*Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007-2009\*](#). Bureau of Justice Statistics (BJS): June 2017.

# Opioid Use and the CJ System



- Opioid use correlated with criminal justice (CJ) involvement
- Any level of opioid use was associated with involvement in the CJ system in the past year
- Involvement in the CJ system increased with intensity of opioid use
- People who report opioid use are more likely to report physical, mental health, and co-occurring substance use disorders

\*Winkelman TN, Chang VW, Binswanger IA. Health, Polysubstance Use, and Criminal Justice Involvement Among Adults With Varying Levels of Opioid Use. *JAMA Network Open*. 2018;1(3):e180558. doi:10.1001/jamanetworkopen.2018.0558

# The Opioid Epidemic and the Criminal Justice System

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- In Connecticut:
  - **52 %** of people who died from a drug overdose in 2016 had at some point been incarcerated in jail or prison. (Maurer 2018)
- In Rhode Island:
  - **15%** of those in DOC have a opioid use disorder
  - **60%** of fatal overdoses victims in 2014 had been incarcerated (Clark, Hurley, Martin, 2018)
- In Washington state:
  - opioids were detected in nearly **15%** of all deaths over a 10-year period among those released.
  - Within the first two weeks after release, the risk of death was **129 times** that of other state residents. (Binswanger et al 2013; Binswanger et al 2007)

# The Americans with Disabilities Act and the Opioid Crisis

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- This effort focuses on combating discrimination against people in treatment or recovery
- Drug addiction is considered a physical or mental impairment under the ADA
- Example: A **jail** does not allow incoming inmates to continue taking MOUD prescribed before their detention. The jail's blanket policy prohibiting the use of MOUD would **violate** the ADA.

# Corrections Priorities

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- Safety, and security within the facility
- Meeting healthcare requirements
- Development of collaborative comprehensive reentry plans

# Reentry Best Practices

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- Planning and Coordination
- Behavioral Health Treatment and Cognitive Interventions
- Probation and Parole
- Recovery Support Services, Housing, and Other Supports in the Community



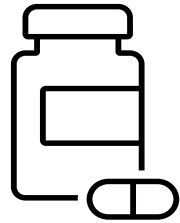
# What is Medication Assisted Treatment?

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- Medication Assisted Treatment (MAT) is the use of medications and behavioral therapy coupled with social supports to treat substance use disorders.
- It is used primarily to assist with opioid use disorders but can also benefit individuals with alcohol use disorders.
- It blocks the effects of alcohol and opioids, reducing physical cravings, and helps treat withdrawal symptoms.

# Medication Assisted Treatment

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- MAT is approved by the Food and Drug Administration. Providers are driven clinically to meet individual needs.



- MAT is not recommended as a standalone treatment option.

# The Shift to Medication Assisted Treatment

- Ongoing medication management has proven to increase family reunification, employment and housing stability, and sustained recovery.
- Providing MAT is an evidence-based practice and is recognized as the gold standard in treatment for opioid treatment.
- MAT is a valuable therapeutic benefit to attain a level of normalcy and break the cycle of opioid addiction.

Substance Abuses and Mental Health Services, "Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs," Treatment Improvement Protocol Series, no. 43(2005):12, <https://www.ncbi.nlm.nih.gov/books/NBK64157/#A82732>

# Poll Question

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- Does your agency provide medication assisted treatment?
  - Yes
  - No
- If so, which medication assisted treatment is in use?
  - Methadone
  - Buprenorphine/Suboxone
  - Naltrexone/Vivitrol
  - All three

# Types of Medication Assisted Treatment

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Methadone

Buprenorphine

Naltrexone

# Methadone

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Long-acting opioid agonist that reduces opioid cravings and withdrawal and blocks the effects of opioids

- Taken daily orally
- Considered the treatment of choice for opioid use disorders in pregnant and breastfeeding women
- Administered by Opioid Treatment Programs (OTPs)
- Other medications may interact with methadone and can cause heart conditions
- Unintentional overdose is possible if not taken as prescribed

# Buprenorphine (Suboxone)

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An opioid partial agonist that produces effects such as euphoria or respiratory depression at low to moderate doses

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Also considered the treatment of choice for opioid use disorders in pregnant and breastfeeding women

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Can be prescribed or dispensed in physician offices, significantly increasing access to treatment

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Increase safety in cases of overdose

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Lowers the potential for misuse

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# Naltrexone (Vitrinol)

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Opioid antagonist that binds to opioid receptors in the brain and blocks the euphoric effects of opioids

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Can also be used to treat alcohol use disorder

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Not an opioid, is not addictive, and does not cause withdrawal symptoms when someone stops using it

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Intramuscular extended-release injectable that lasts 30 days

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Low potential for misuse

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Can be prescribed by any health care provider that is licensed to prescribe medications

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# Benefits of Medication Assisted Treatment

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## Decreases

- Decreases risk for fatal and nonfatal overdoses

## Eliminates

- Eliminates opioid withdrawal syndrome (OWS)

## Decreases

- Decreases opioid cravings

## Increases

- Increases patient functionality

## Normalizes

- Normalizes brain anatomy and physiology

## Decreases

- Decreases transmission/acquisition of viral infections (Hepatitis B Virus, Hepatitis C Virus, HIV) and infection complications (abscesses, cellulitis, endocarditis)

# Benefits of Medication Assisted Treatment

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1

Improves patient survival

2

Increases retention in treatment

3

Decreases illicit opiate use and other criminal activity among people with substance use disorders

4

Increases patients' ability to gain and maintain employment

5

Improves birth outcomes among women who have substance use disorders and are pregnant

# Whole Person Approach

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Treatment planning that focuses on treating every area of someone's life and understanding that addiction is only a symptom of a much larger problem

- Medical
- Psychological
- Social
- Vocational
- Legal issues

# Elements of a Whole Person Approach

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Cognitive  
Behavioral  
Therapy

Contingency  
Management

Detox

12 Step  
Programs

Alternative  
Therapies

# Medication Assisted Treatment in Correctional Facilities

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The National Commission on Correctional Healthcare, *Jail Based Medication Assisted Treatment Promising Practices, Guidelines, and Resources For The Field* (Illinois: The National Commission on Correctional Healthcare, 2018), <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf>

# Benefits of Medication Assisted Treatment in Correctional Facilities

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Less contraband coming into jails and prisons

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Increased overall health of incarcerated individuals

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Fewer safety and violence issues

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Improvement in breaking the cycle of arrest, incarceration, and release normally associated with substance use disorders

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Reduction in costs: comprehensive drug treatment programs in jails are associated with reduced system costs

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"Medication- Assisted Treatment In The Criminal Justice System: Brief Guidance to the States," Substance Abuse and Mental Health Administration, 2022, [https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf)

# Best Practices for Medication Assisted Treatment in Correctional Facilities

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- Screening and assessing for substance use and mental health needs
- Providing appropriate medications
- Using MAT treatment approaches
- Offering therapeutic programming
- Partnering with community organizations
- Providing comprehensive reentry support
- Being culturally responsive
- Using data to make informed improvements

The National Commission on Correctional Healthcare, *Jail Based Medication Assisted Treatment Promising Practices, Guidelines, and Resources For The Field* (Illinois: The National Commission on Correctional Healthcare, 2018), <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf>

# Sustainability and Program Resources: Funding

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- SAMHSA: State Opioid Response grants, Medication Assisted Treatment Prescription Drug Opioid Addiction grants, Offender Reentry Grants
- Bureau of Justice Assistance: COSSAP grants, Second Chance Act grants, Justice and Mental Health Collaboration grants, Residential Substance Use Disorder Treatment Program for State Prisoners (RSAT)
- Municipal and state executive branch resources (e.g., Departments of Public Health)
- State legislatures
- Community partners and community foundations
- Post-release MAT can be funded through Medicaid for those eligible



# Sustainability and Program Resources: Implementation

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- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)  
<https://www.cossapresources.org/>
- Jail-based MAT: Promising Practices, Guidelines, and Resources, *National Sheriffs Association*, <https://www.sheriffs.org/jail-based-mat>
- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit, *National Council for Mental Wellbeing*, <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>
- Medication Assisted Treatment (MAT) in Jails and Community-Based Settings, *The Council of State Governments Justice Center*, <https://csgjusticecenter.org/wp-content/uploads/2018/04/7.6.16-MAT-Webinar.pdf>
- Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States, *Substance Abuse and Mental Health Administration*, [https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf)
- Reentry Best Practices for People with Opioid Addiction, *The Council of State Governments Justice Center*, <https://csgjusticecenter.org/publications/best-practices-for-successful-reentry-for-people-who-have-opioid-addictions/>

# Thank You!

Join our distribution list to receive updates and announcements:

<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Sarah Wurzburg at  
[swurzburg@csg.org](mailto:swurzburg@csg.org)

*The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.*

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# Medication Assisted Treatment in Correctional Facilities: A Florida Case Study

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Meghan Mahoum-Nassar, LMHC CCHP  
June 29<sup>th</sup>, 2022



# Introductions

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Meghan Mahoum-Nassar, LMHC CCHP  
Corporate Mental Health Director (Eastern States)  
NaphCare, Inc.



Innovating to Improve Lives

**Medication Assisted Treatment in  
Correctional Facilities**

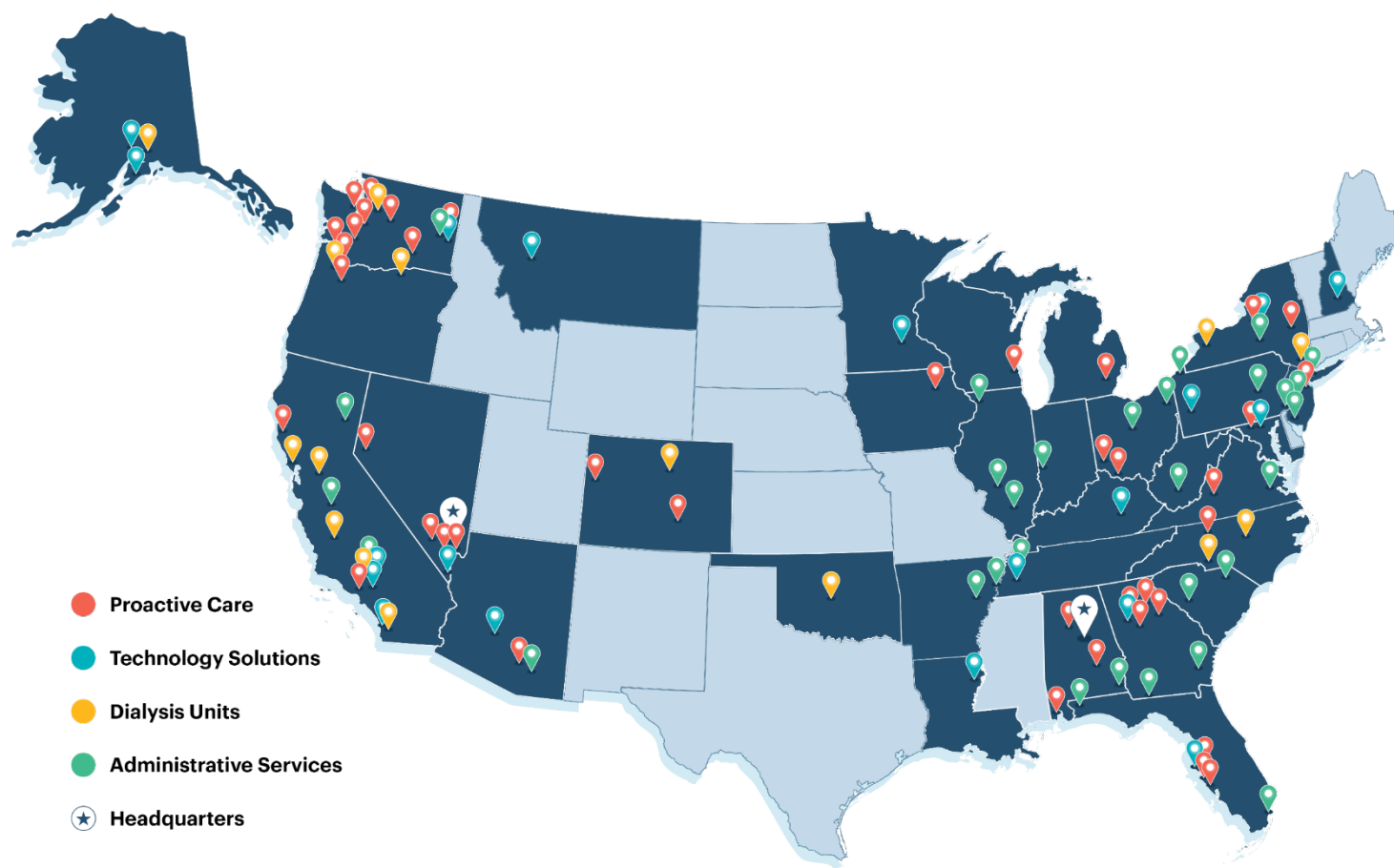
# What is NaphCare?

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Innovating to Improve Lives

Medication Assisted Treatment in  
Correctional Facilities

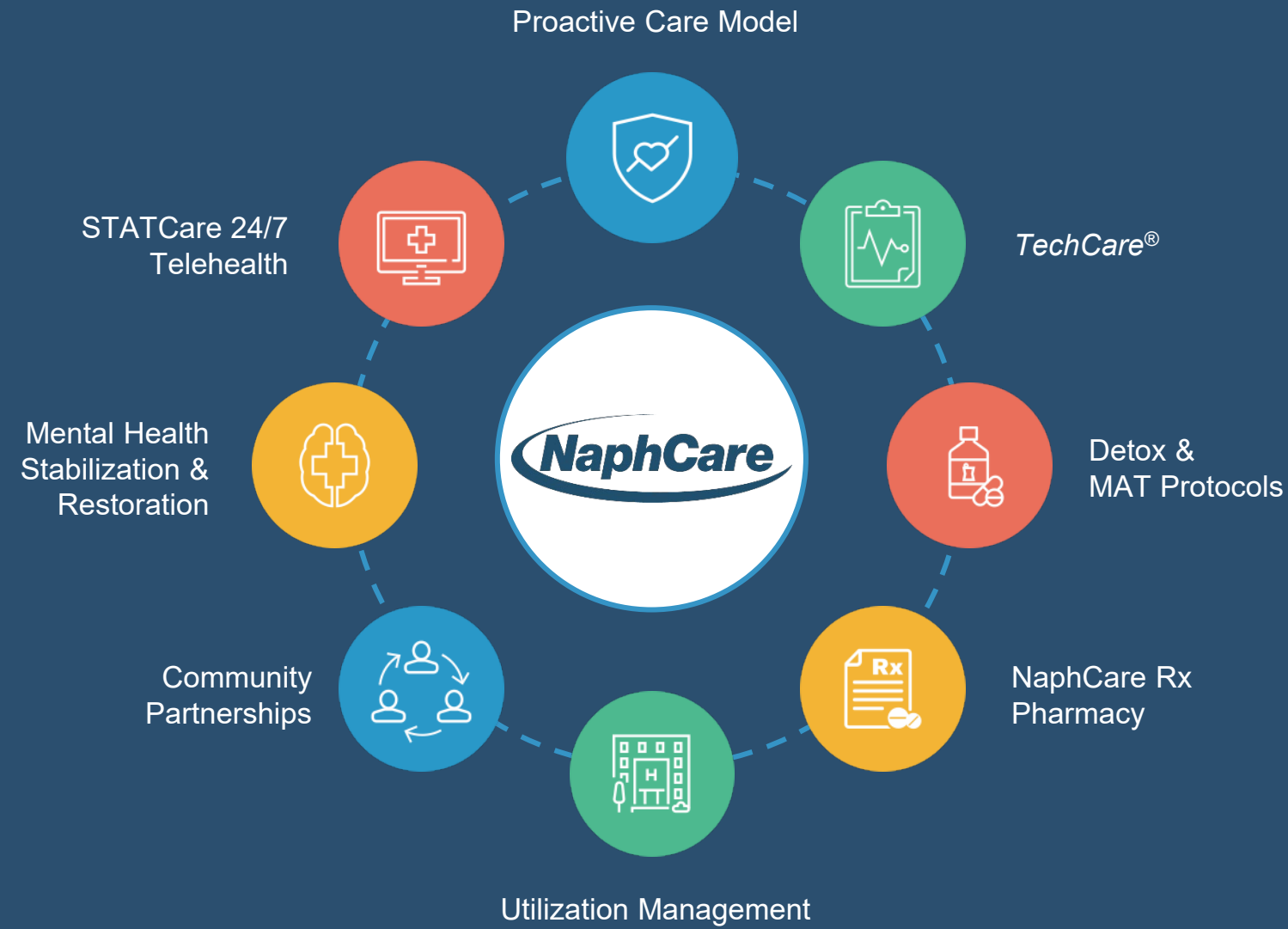


We partner with local, state, and federal government agencies across the country including

- 60 City/County Jail Facilities with Proactive Care Programs
- 115 TechCare® Operated Local State Facilities
- 25 Correctional Dialysis Units in Local and State Facilities
- 30 Federal Bureau of Prisons (BOP) Facilities Benefiting from Administrative Services

# The NaphCare Difference

An advanced technology-informed healthcare solution that improves patient outcomes and saves lives.



Innovating to Improve Lives

Medication Assisted Treatment in  
Correctional Facilities



# **Implementing MAT Programs in Correctional Facilities**

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## Jail-Based MAT

### National Sheriffs' Association Statement - 2018

"Historically, it has not been the responsibility of the sheriffs and jail administrators to be primary providers of substance use disorder treatments. But with thousands of Americans dying every week from drug overdoses and those recently released from jail among the most defenseless, the situation has changed—sheriffs have taken on the challenge.

In 2017, the nation's sheriffs resolved to support the most current, evidence-based substance use disorder treatment within their jails to respond to the opioid and drug epidemic. Sheriffs have become this nation's pioneers in establishing medication-assisted treatment (MAT) programming, expanding jail MAT programs into 30 states at present."

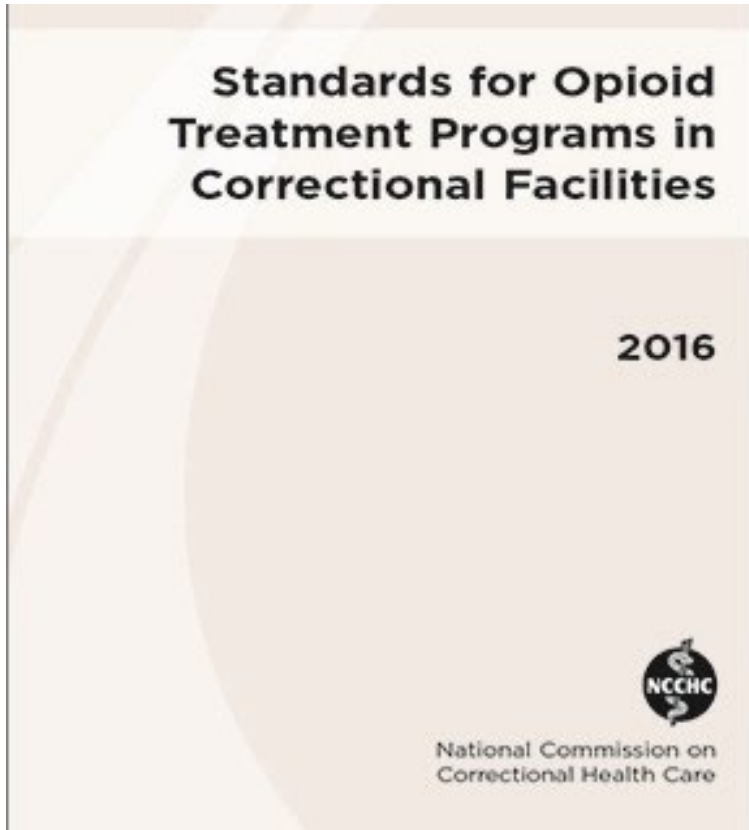
Jonathan F. Thompson

Executive Director and CEO

National Sheriffs' Association



## National Commission on Correctional Health Care (NCCHC)



Left untreated, opioid withdrawal may “result in needless suffering, interruption of life-sustaining medical treatment, and rarely, death,” says the National Commission on Correctional Health Care (NCCHC). “National research shows significant gaps in quality of care for opioid withdrawal in correctional settings, including underuse of recommended protocols and low use of drugs approved for detoxification by the FDA [Food and Drug Administration].”

As a result, NCCHC set the following guidelines:

- All inmates should be screened for potential opioid withdrawal;
- All those who screen positive should be formally assessed within 24 hours;
- All those with significant withdrawal should be treated with effective medication; and
- All those who receive opioid withdrawal treatment should be educated and referred for treatment.

## Safely Managing Withdrawal

We are on a mission to improve the care of patients experiencing substance use withdrawal through our advanced detoxification protocols that safely manage symptoms and reduce negative outcomes



### Rise in Substance Abuse

Nationwide opioid and fentanyl epidemic impacting jails – increased deaths



### NaphCare's Proactive Care Model

Early identification of substance use through proactive intake screenings



### NaphCare's Advanced Detox Protocols

Evidence-based detox protocols, DEA X-licensed providers, buprenorphine administration onsite



### In-jail MAT Program

Offering continuation treatment with all FDA-approved medications and developing partnership with First Step to bring Vivitrol onsite

## OTP Models in Jails

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Every program starts somewhere

1. Detox Only (Medication Assisted as Indicated)
2. Detox and MAT Continuation for Pregnant Patients
3. Detox & MAT Continuation for Patients with Verified Community MAT Provider Engagement
4. Detox, MAT Continuation, & New Inductions

## Detox Only Model

**All incoming patients are assessed for detox protocols**



- There are no exceptions – everyone is medically detoxed
  - COWS protocol for Opiates
  - CIWA protocol for Alcohol / Benzodiazepines
- Patients with active community enrollment in MAT are detoxed from Methadone / Buprenorphine
- The common philosophy is “this is a controlled environment, there’s no need for MAT in jail”
- May offer comfort medications only, may use buprenorphine as part of the withdrawal protocol

## MAT and Pregnant Patients

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- May continue pregnant patients with verified enrollment in a community provider for MAT
  - There may be stipulations regarding positive urine drug screen for other substances
- Pregnant patients without community MAT enrollment may still be medically detoxed
- MAT is almost always discontinued immediately after the patient gives birth (if the patient remains in custody)





## MAT – Perinatal Considerations

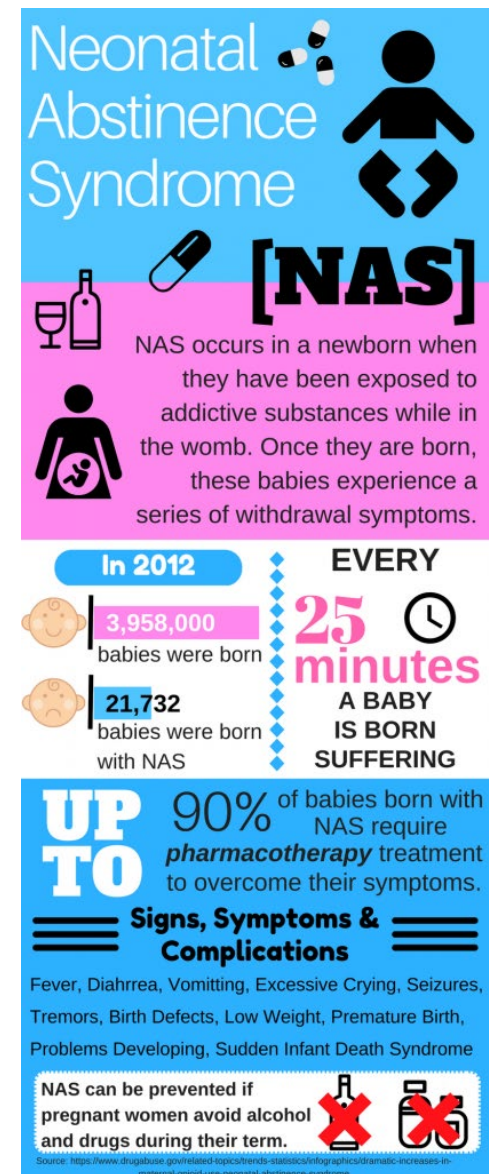
- MAT is recommended for pregnant women with Opioid Use Disorder (OUD)
  - Pregnant women on MAT are automatically considered to be High Risk
  - Methadone has been the standard treatment for opiate dependence in prenatal care for over 40 years
  - New research indicates buprenorphine is safe & effective during pregnancy
- Medication-assisted withdrawal is not recommended during pregnancy due to increased risks for the mother and fetal stress
  - Withdrawal can cause a loss of pregnancy
  - Increased relapse rates for the mother
- Patients with a history of OUD experience hypersensitivity to pain and poor pain tolerance. Managing pain during delivery and postpartum with opiates has not been linked to increased relapse potential.
- Breastfeeding is not negatively impacted by MAT treatment and is encouraged

TABLE 2 Methadone vs Buprenorphine in Pregnancy*		
	Methadone	Buprenorphine
Patient preference	Provided daily in licensed methadone clinics	Provided in office setting by licensed physician
Risk of overdose mortality	Higher	Lower (but not absent)
Risk of drug interaction	Higher	Lower (but not absent)
Risk of neonatal abstinence syndrome	Equal	Equal
Duration of neonatal abstinence syndrome	Longer	Shorter
Breastfeeding consideration	Safe (assuming no other contraindications)	Safe (assuming no other contraindications)
Neurodevelopmental outcome in exposed children	Favorable	Less long-term information

\*Adapted from: Mozurkewich EL et al. *Obstet Gynecol Clin North Am.* 2014 Jun; 41(2): 241-53  
 By Agatha S. Critchfield, MD and Wendy F. Hansen, MD

## Babies Born to Mothers on MAT Protocols

- Babies born to women addicted to opioids fare better when their mothers are treated with either the addiction medication buprenorphine or methadone than babies whose mothers are not treated at all.
- The National Institute on Drug Abuse (NIDA) has published research indicating buprenorphine may be superior to methadone in reducing withdrawal symptoms in newborns
  - Required less medication (1.1 versus 10.4 milligrams)
  - Less time spent in the hospital for the newborn (10 versus 17.5 days)





## Continuation with Verified Community Enrollment

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### Limited In-Jail MAT Programming

- Patient will be asked in booking about MAT involvement
- UDS performed to confirm presence of MAT medications
  - May be restrictions based on positive results for other substances
- Consent signed to confirm active enrollment in community MAT program
- In-Jail MAT program has to conform with Florida's 65D-30 standards including enrollment criteria & counseling
- Can be facilitated by the jail medical staff or in coordination with community organizations

## New Patient MAT Inductions

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- Must have set criteria for who qualifies
  - Based on history of use
  - Detox scores
  - Ability to continue MAT in the community
- In-jail MAT program guidelines
  - NCCHC is optional but provides guidelines
  - OTP vs OBOT Models
  - Florida programs under 65D-30 license



## Discharge Planning

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- Connection to community providers
- Transportation
- Employment
- Insurance
- Prosocial support



## Operational Challenges: In-Jail MAT Programs



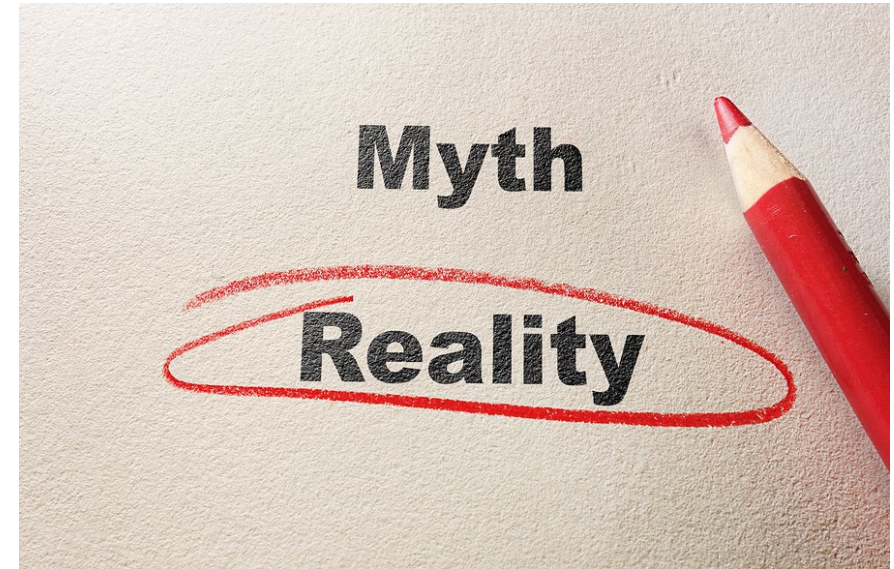
- Housing considerations
- Attempts at medication diversion
- Staffing – Impacts on MAT
  - Patient movement
  - Transportation to outside appointments
  - Medication timeframes
- Jail clearance for community agency personnel
- Space and staff for counseling
- Accreditation is voluntary and many facilities choose not to pursue this
- Regulations for OTP



## Cultural Obstacles – Stigma & Common Misconceptions

- **“Buprenorphine is an opioid that inmates can get high on.”** When used as directed, buprenorphine does not cause euphoria; it quells cravings. The “taper” method for managing withdrawal has been used for more than 20 years, and is FDA-approved for treating OUD.
- **“Sudden cessation may be uncomfortable, but not fatal.”** For the young and healthy, this is usually true, but for those in poor health (common among jail detainees), the added physiological stress of withdrawal can be life-threatening.
- **“Opioid misuse is a consequence of moral failing, lack of willpower, or weak character.”** Like other addictions, OUD is a chronic brain disease that has biological, psychological, and social components. Understanding the biology of opioid addiction helps explain the necessity of MAT, as well as the need to manage the condition as you would any other chronic, relapsing medical condition—with medication and lifestyle changes.
- **“MAT medications are too costly.”** While administration of buprenorphine, naltrexone, and/or methadone does carry a cost, it usually isn’t borne completely by the jail offering it as a treatment. NaphCare has worked with clients to obtain more than \$1.5 million in grant funding and in-kind contributions to support MAT programs.

MAT programs can also reduce liability for local governments. Two courts have ruled that OUD meets the definition of a “disability” under the ADA, and that the continuation of MAT for OUD patients is a reasonable accommodation jails must provide. Other assumptions that give justice professionals pause about MAT programs—that they are ineffective, difficult to administer, or provide easily misused and diverted drugs—have little foundation. And while a handful of criminal justice officials feel that MAT “rewards” criminal activity or addiction, most admit that MAT is more effective than non-pharmacological treatment approaches.



## When Everyone Pulls Together



- In 2021 the Hillsborough County Jails became the first in the nation to achieve the Pinnacle Award
  - NCCHC – Medical Accreditation
  - NCCHC – Mental Health Accreditation
  - NCCHC – OTP Accreditation

"When I stepped into my role as Hillsborough County Sheriff, I knew that as a law enforcement agency, we could not arrest our way out of problems like drug addiction and mental health issues in our community," said Sheriff Chad Chronister. "We had to take a holistic approach in order to reduce recidivism, which is why we began offering and expanding our options for substance abuse treatment, mental health counseling, vocational training and connecting inmates with resources that will help get their lives back on the right path upon release. We are grateful for our partnership with NaphCare, whose medical staff helps make these services possible, and we are humbled by NCCHC recognizing our continued efforts."

## Resources

- Florida Administrative Code: [65D-30 : SUBSTANCE ABUSE SERVICES OFFICE - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking \(flrules.org\)](#)
- Harm Reduction Coalition: [<https://harmreduction.org/about-us/principles-of-harm-reduction/>](#)
- NaphCare: The Value of Detox – [The Value Of Detox in Correctional Healthcare | NaphCare](#)
- NASADAD: USE OF State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) GRANT FUNDS TO ADDRESS THE OPIOID CRISIS: [<https://nasadad.org/wp-content/uploads/2019/09/FINAL-FL-Profile.pdf>](#)
- NCCHC Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field: [Promising Practice Guidelines for Jail-Based Medication-Assisted Treatment NEW.indd \(ncchc.org\)](#)
- Stanford Children's Hospital: Neonatal Abstinence Syndrome: [<https://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387>](#)

# Thank You

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*The statements made within this presentation reflect the views of the author and should not be considered the official position of NaphCare or the partnerships with local and federal entities.*

