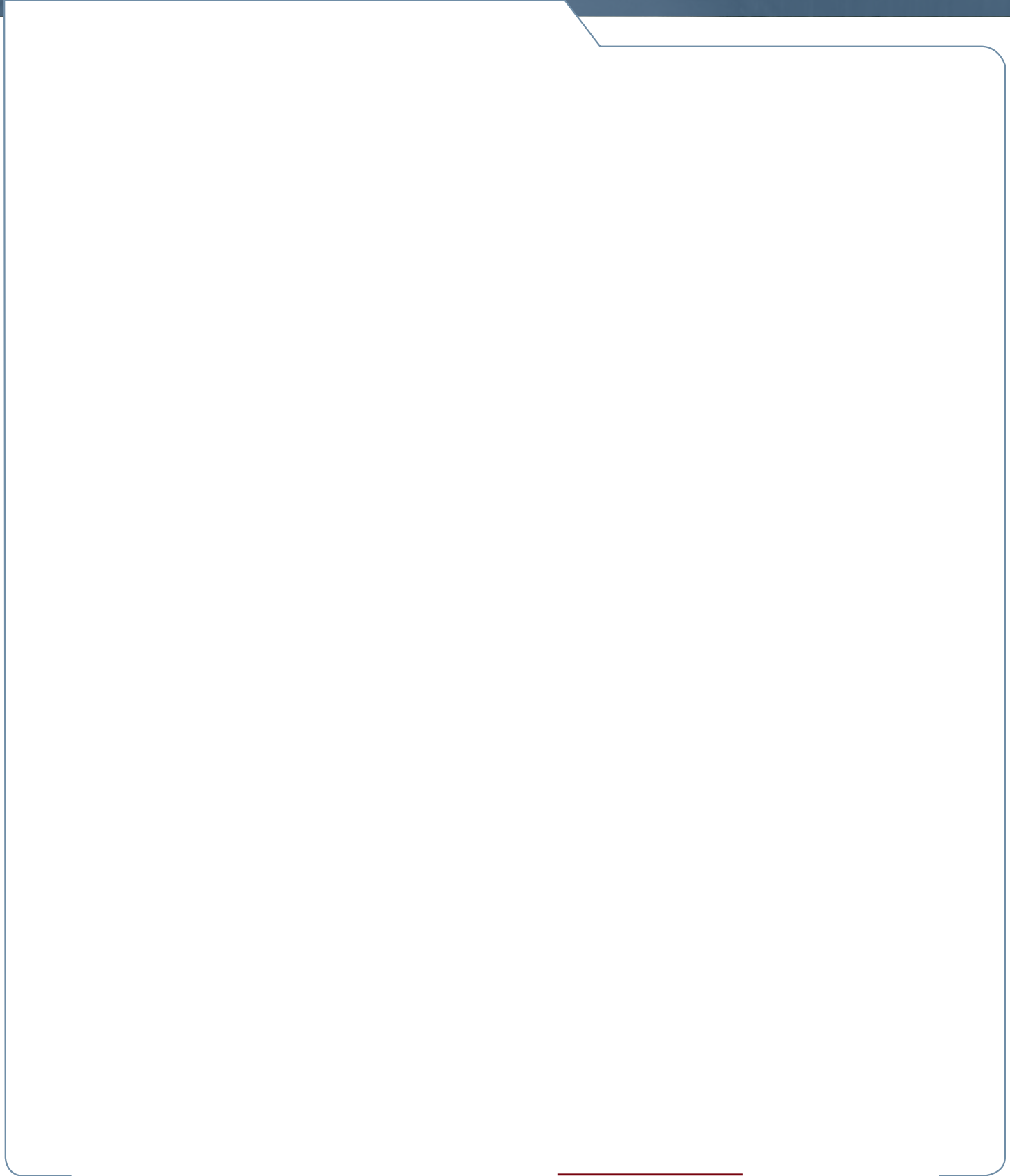


Medication-assisted Treatment Inside Correctional Facilities



Strategies and Techniques to Decrease Diversion

There are many steps jails and prisons can take to effectively minimize and control the diversion of drugs used in MAT.

••* }ÄÖ^ää&æc^ääÜcæ Ác[ÁÜ~]][!cÁTÖEV

Being aware of this can help facility command staff and the MAT teams proactively address the potential for errors and subsequent medication diversion.

- If a community-based provider is involved, review the incident report with them. Conduct a

Operational Challenges for MAT Delivery

Some correctional institutions partner with community-based providers to provide MAT programming. These partnerships may enable a correctional facility to provide treatment for low cost. Community-based providers are often interested in delivering services, sometimes for subsidized rates, in correctional settings in order to maintain continuity of care among their patients, thus increasing the likelihood that a patient will return to the clinic and reducing the significant risk of fatal overdose following release. In order to **ensure continuity of care**, correctional leaders should have clear processes and plans in place for MAT delivery.

Strategies for Effective Partnership and Implementation

Steps should be taken to ensure effective partnership with community-based agencies providing MAT services. Programmatically, staff—particularly those transporting medications—should be trained on the use of the facility. Correctional and/or medical staff should be considered when scheduling treatment delivery to reduce errors or duplication of processes.

Administratively, jails or prisons should establish policies or contracts with their community-based providers to clearly establish the expectations, boundaries, and other details around the MAT program. These should be discussed with the provider to ensure all parties remain informed through staffing changes, program expansions, or other developments. Background checks and security checks are critical to jails and prisons to ensure safety and control of the environment. This should be discussed on an ongoing basis with community-based providers so that the expectation is clear, and those providers can plan accordingly. Community-based providers may need time to navigate challenges related to the facility, such as **staffing** due to staff turnover or hiring of staff in recovery from an opioid use disorder and/or former criminal justice involvement.

Providers should be held accountable to implement programming in accordance with federal, state, and local regulations through **oversight** about their program delivery and effectiveness among the people receiving treatment. “Quality

Operational challenges for many correctional facilities. While many processes should already be in place to address these challenges, additional considerations and best practices should be taken into consideration.

- **Staffing** challenges for many correctional facilities. While many processes should already be in place to address these challenges, additional considerations and best practices should be taken into consideration.
- **Transportation costs** for correctional institutions that transport MAT participants to community-based providers for treatment.
- **Background checks and security checks** are critical to jails and prisons to ensure safety and control of the environment. This should be discussed on an ongoing basis with community-based providers so that the expectation is clear, and those providers can plan accordingly.
- **Community-based providers** may need time to navigate challenges related to the facility, such as staffing due to staff turnover or hiring of staff in recovery from an opioid use disorder and/or former criminal justice involvement.

A number of strategies may be explored to help address these challenges, including:

” held on a quarterly basis can be leveraged to review these reports and discuss any changes in program implementation. should be conducted to review the roster of treatment participants, ensure the provider is adhering to safety precautions and regulations, and confirm the provider is delivering services as agreed.

Orientations for Community-based Providers

Ensuring that community-based staff are oriented to the correctional setting before they begin their work inside the facility is an important step. Well-meaning providers who are familiar with individuals incarcerated at the facility may assume they can approach their patients and treatment as they would in the community, without consideration for the correctional setting. An should inform clinicians that while their expertise in identifying people who need MAT and providing it is critical to the effective implementation of MAT, coordination and clear communication are equally critical to the safety and security of the correctional facility. These trainings should also cover the following topics:

- Security protocol, unacceptable behaviors, and expectations around conduct
- Critical differences in the environment of correctional settings versus the community setting
- Overview of the facility’s systems, including information systems and records management
- MAT program policies and auditing processes

Technology

Technology can provide cost-efficient systems and processes to improve the coordination and oversight of the MAT program, thus reducing opportunities for medication diversion. Electronic health records systems support the documentation of critical treatment and dosage information in standardized formats. In electronic record format, information can be more easily shared with the MAT multidisciplinary team members, who may be community- or facility-based. This allows for increased, potentially real-time, monitoring to ensure participants are adhering to treatment and medication plans and to detect unusual or unanticipated changes in participation.

Where information can be integrated into databases and used appropriately by jail and community-based providers, a more complete picture of an individual’s substance use treatment and needs can be created. This can inform both the correctional staff’s and treatment providers’ work, increase collaboration, and minimize opportunities for medication diversion.

Other Resources

For more information about effectively implementing MAT, reducing diversion, and having informed policies and procedures in place, please consult the following resources:

- National Sheriffs’ Association/National Commission on Correctional Health Care: [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#)
- U.S. Department of Justice Drug Enforcement Administration’s Diversion Control Division: [Narcotic Treatment Programs Best Practice Guideline \(2000\)](#)

- Residential Substance Abuse Treatment Training and Technical Assistance: [Prison/Jail Medication Assisted Treatment Manual](#) and [Promising Practices Guidelines for Residential Substance Abuse Treatment](#)

Acknowledgments

The content in this action brief was developed in part by an expert panel on medication-assisted treatment convened by SAMHSA's GAINS Center. This expert panel included jail administrators, sheriffs, medical officers, and subject-matter experts in correctional health care from jurisdictions across the United States. The issues raised and information provided by the expert panel formed the basis for this action brief. This document was reviewed by the National Sheriff's Association and the National Commission on Correctional Health Care.