Addiction Services in Corrections in a COVID-19 World

June 29, 2020

National Council for Behavioral Health
Ingham County Health Department
Health Management Associates
Hennepin Healthcare

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Welcome!

Shannon Mace, JD, MPH
Senior Practice Improvement Advisor
National Council for Behavioral Health

Agenda

- Overview
- Public health implications for addressing substance use disorders within jails and prisons during COVID-19
- COVID-19 related policy changes and impacts
- Optimizing buprenorphine prescribing
- Hennepin County, Minnesota: treating opioid use disorder during the COVID-19 pandemic
- Strategies and tools
- Questions and answers

Today's Presenters

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Disclosures

Faculty	Nature of Commercial Interest
Addiction Services in Corrections in a COVID-19 World	
Shannon K. Robinson, MD, FASAM	Dr. Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing curriculum development, issue briefs, grant writing, technical assistance… to a diverse group of healthcare clients.
Donna Strugar-Fritsch, BSN	Ms. Strugar-Fritsch discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Linda Vail, MPA	No disclosures.
Tyler Winkelman, MD, MSc	No disclosures.

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

- Project team:
  - Vital Strategies
  - The National Council for Behavioral Health
  - Faculty from Johns Hopkins University
- Funders:
  - Centers for Disease Control and Prevention
  - Bloomberg Philanthropies

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What are medications for opioid use disorder (MOUD)?

- Three FDA-approved medications to treat opioid use disorder (OUD):
  - Methadone
  - Buprenorphine
  - Extended-release naltrexone (XR-NTX)
- The **gold standard** treatment for individuals with OUD.
- Underutilized in general and within jails and prisons.
  - **It is estimated less than 1% of jails and prisons provide MOUD to patients who are incarcerated.**[1]

Salt Lake County program aims to combat the opioid crisis from inside jail

By Kyle Dunphey, KSL | Posted - Jan 23rd, 2020 @ 7:02am

FEATURED

Culture change for Corrections

Middleton jail unveils new addiction treatment center

By Paul Leighton Staff Writer Feb 6, 2020

1 of 10

Essex County Sheriff Kevin Coppinger speaks to guests. The Essex County Sheriff's Department unveiled the new Comprehensive Treatment Center ECSD-CTC, which will provide Methadone, Buprenorphine and Naltrexone treatments as well as behavioral health counseling and aftercare planning for release to incarcerated individuals. RYAN MCBRIDE/Staff photo 2/6/20

Ryan McBride

GOVERNMENT Press Releases

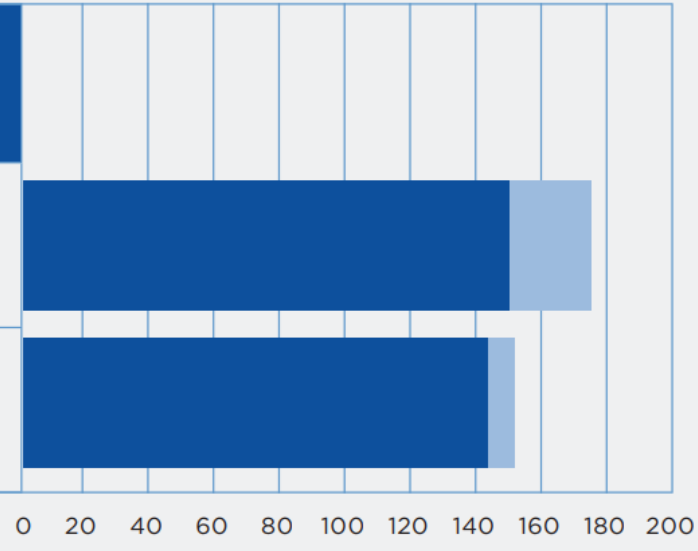
Murphy Administration Awards $7.8M to County Jails to Support Opioid Addiction Treatment

By NJ DEPARTMENT OF HUMAN SERVICES
January 15, 2020 at 9:31 AM

Rhode Island Department of Corrections[2]

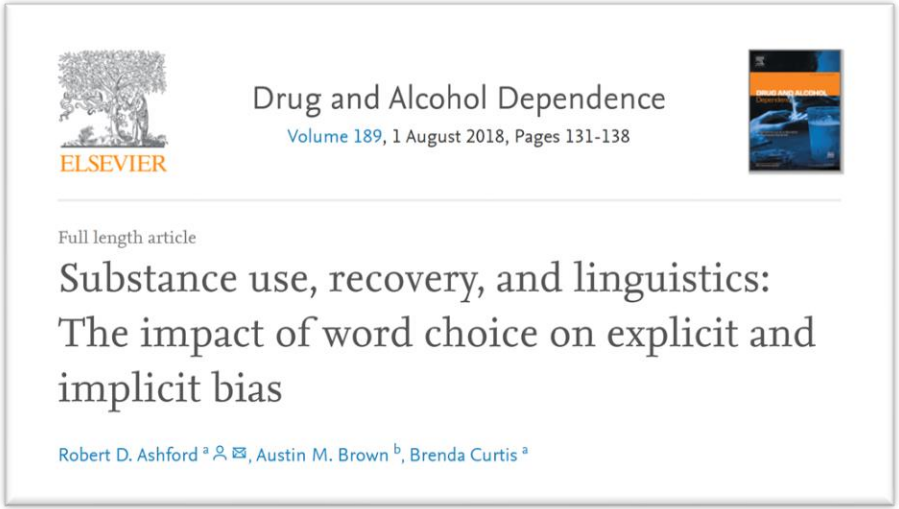
FIGURE 1. RHODE ISLAND OVERDOSE DEATHS BEFORE AND AFTER STATEWIDE CORRECTIONAL MAT PROGRAM IMPLEMENTATION [ix]

First 6 months of	Overdose decedents with recent incarceration	Overdose decedents without recent incarceration
2016	26	153
2017	9	143



Evolving Language and Terms

- There is increasing recognition that certain terms related to substance use are stigmatizing or inaccurate.
- Presenters may use different terms to refer to medications for opioid use disorder, including "medication-assisted treatment."
- Other terms that have been used include:
  - "Medications for addiction treatment"
  - "Pharmacotherapy"



Acronyms

- **DEA:** U.S. Drug Enforcement Administration
- **DOC:** department of corrections
- **FDA:** U.S. Food and Drug Administration
- **HHS:** U.S. Department of Health and Human Services
- **ICHD:** Ingham County Health Department
- **MAT:** medication-assisted treatment
- **MOUD:** medication for opioid use disorder
- **OTP:** opioid treatment program
- **OUD:** opioid use disorder
- **NTP:** narcotic treatment program
- **PDMP:** Prescription drug monitoring program
- **RHU:** restricted housing unit
- **ROSC:** recovery-oriented system of care
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SUD:** substance use disorder
- **SUDT:** substance use disorder treatment
- **XR-NTX:** extended-release injectable naltrexone

Public Health Implications

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Public health implications for addressing SUD with evidence-based tools within jails and prisons during the COVID-19 pandemic

HEALTH MANAGEMENT ASSOCIATES

History of Jail Medical in Ingham County

- Ingham County Sheriff's Department operates Jail Medical
- Ingham County Health Department takes over Jail Medical Operation
- Augmented with Correctional Assessment and Treatment Services by Local Community Mental Health Authority
- Jail Facility Millage passes; plans to construct new jail provides impetus to consider options for jail medical operations

History of Jail Medical, continued

- Consideration of contracting with Corrections Health Vendor
- RFP Process, recommendation, decision by Ingham County Board of Commissioners
- How does a health department mission align with responsibility for correctional health services?
- Re-alignment and commitment to public health model as described by Conklin, Lincoln, et al.

The Epiphany

A Public Health Manual for Correctional Health Care

Developed by:

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October 2002

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Ingham County Partnerships- Jail, Health Department, FQHC and Behavioral Health

- Public Health Imperative to Continue to Treat Addiction/Co-Morbidities During COVID-19
  - February 2020: Commenced MAT program
  - 2 MAT waivered providers in the Jail
  - Behavioral health counseling through Community Mental Health
  - Upon release, clients are connected to Ingham County Health Department (ICHD) health centers for MAT and primary care needs
- Challenges
  - MAT Provider shortage
  - March 2020 COVID-19 Pandemic

Viewing Correctional Health via a Public Health Lens

- Develop an Ingham county version of a comprehensive “Public health model”
- Screening and Assessment
- Never waste a crisis—perfect the plan while census is down and pressures are elsewhere
- Established MAT program
- Establish an Opioid Treatment Program (OTP)
- Be a contributor of data and research for innovative approaches to addressing SUD

What's Next in an Era of Significant Pressure for Criminal Justice Reform

- Racism is a Public Health Crisis
- SUD is a Public Health Crisis
  - We need to name it what it is: it's not stigma it's discrimination.
- How do these issues converge and what is our call to action?

COVID-19 Policy Changes

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How COVID-19 & related policy changes impact prescribing

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MAT OPERATIONS DURING COVID-19 PANDEMIC

This is a rapidly evolving topic. Information is current at time of presentation but may continue to change.

This is not legal advice but rather a collection of information from several resources including SAMHSA and the DEA.

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OTP OPERATIONS DURING COVID-19 PANDEMIC

Changes from SAMHSA for OTP/NTP

States differ in applying this change – some grant the exception power to individual OTPs

Each state can grant a blanket exceptions for all **stable** patients in an OTP to receive **28 days of Take-Home doses** of the patient's medication for opioid use disorder and **14 days of Take-Home medication** for those patients who are **less stable** but who the OTP believes can safely handle this level of Take-Home medication.

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OTP OPERATIONS WITH INCARCERATED PATIENTS DURING PANDEMIC

- Detained individuals (sentenced and pre-adjudicated) are eligible for increased Take-Home doses under the same guidance*
  - 28 days for stable patients
  - 14 days for less stable patients
- Exchange of methadone between prison/jail and OTP can occur without the detainee's presence
  - Objective is to reduce COVID-19 exposure of detainee, OTP staff and jail staff

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OTP OPERATIONS DURING COVID-19 PANDEMIC

Changes from SAMHSA for OTP/NTP

https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf

No in person exam required for buprenorphine, but still required for methadone

Telehealth can be utilized for continuation of buprenorphine or methadone in existing patients

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OTP OPERATIONS - INDIVIDUALS IN QUARANTINE

Verify and obtain documentation of quarantine status in record of OTP.

Identify a trustworthy person (3rd party) to pick up and transport dose to individual using established chain of custody procedure.

If no one available, then OTP should prepare "doorstop" delivery of medication for patient.

Source: https://www.samhsa.gov/sites/default/files/otp-covid-implementation-guidance.pdf

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DEA CHANGES DURING PUBLIC HEALTH EMERGENCY

Changes with DEA regarding the Ryan Haight Act

"…DEA-registered practitioners **may issue prescriptions for** controlled substances **to patients for whom they have not conducted an in-person medical evaluation**, provided all of the following conditions are met:

1. The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
2. The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
3. The practitioner is acting in accordance with applicable Federal and State law."

Source: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

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DEA CHANGES DURING PUBLIC

Effective March 31, 2020:

"Today, DEA notes that practitioners have further flexibility during the nationwide public health emergency to prescribe **buprenorphine** to new and existing patients with OUD via **telephone** by otherwise authorized practitioners without requiring such practitioners to first conduct an examination of the patient in person or via telemedicine."

Source: https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf

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TELEHEALTH ACROSS STATE LINES

Changes with State Regulatory Agencies:

Each state may have individual changes to opioid prescribing

American Society of Addiction Medicine (ASAM) is tracking state changes

http://www.asam.org/advocacy/practice-resources/coronavirus-resources

Federation of State Medical Boards (FSMB):

Restrictions on Telehealth services across state lines has been removed in many states

Some states are not paying for telephone appointments

Check with your state and the state where the patient is to be sure

http://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf

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TREATMENT DURING PANDEMIC

SAMHSA and state agencies all strongly suggest using telehealth or phone intervention to avoid additional face to face interaction and possible spread of COVID-19

Infectious Disease Risk

- Patient & Staff Onsite
- Infection Risk During Transportation
- Drain of Limited Healthcare Resources

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OFFICE OF CIVIL RIGHTS: ENFORCEMENT DISCRETION FOR COMMUNICATION METHODS

The Office of Civil Rights (OCR) has stated it will NOT enforce rules regarding HIPAA compliance of communication platforms during the public health emergency. Use of FaceTime, Facebook Messenger, Google Hangouts, and Skype are all called out as acceptable options during the emergency.

Source: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

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42 CFR PART 2 GUIDANCE- NO CURRENT CHANGE

SAMHSA
Substance Abuse and Mental Health Services Administration

In response to COVID-19 SAMHSA is providing guidance to ensure that SUDT services are uninterrupted.

SAMHSA, in accordance with the CDC guidelines on social distancing, as well as state or local government-issued bans or guidelines on gatherings of multiple people, many SUDT provider offices are closed, or patients are not able to present for treatment. Therefore, there has been an **increased need for telehealth services**, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers **may not be able to obtain written consent for disclosure of SUD records**.

The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), **a medical emergency exists**. Under 42 C.F.R., patient information may be disclosed by a part 2 program without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed. We note that Part 2 requires programs to document certain information in their records after a disclosure is made pursuant to the medical emergency exception. We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.

Source: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

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CHANGES TO 42 CFR UNDER CARES ACT

The CARES Act intends to set regulations of 42 CFR to be consistent with HIPAA. 12 month timeframe for HHS to implement.

SOURCE: https://www.congress.gov/bill/116th-congress/house-bill/748

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Optimizing Buprenorphine Prescribing

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Optimizing buprenorphine prescribing capacity in correctional facilities

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Patient Limits on Prescribing Buprenorphine

Technically no difference during pandemic, but pandemic creates greater need to assure that all prescribers are at their maximum prescribing limits.

Widely misunderstood.

SAMHSA sent email April 1, 2020 with clarifications.

Provider Type Definitions	Patient Limit in First Year
Physician without board certification in addiction medicine or addiction psychiatry	30
Other Qualified Practitioners (nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives)	30
Physician board certified in addiction medicine or addiction psychiatry	100
Physician and Other Qualified Practitioners practicing in a Qualified Practice Setting	100

"Qualified Practice Setting"

- Provides coverage for emergencies when the practice is closed
- Provides access to case management services, including referral for medical, behavioral, social, housing, employment, educational, or other related services
- Uses health information technology if already in the practice setting
- Is registered for prescription drug monitoring program (PDMP)
- Accepts third-party payment for some services
  - Not necessarily for buprenorphine-related services
  - Not necessarily all third-party payers

MANY JAILS AND ALL PRISONS ARE QUALIFIED PRACTICE SETTINGS

MANY PRACTICES ARE QUALIFIED PRACTICE SETTINGS

Increasing Patient Limits After First Year

Increase	Who is Eligible	Conditions
From 30 to 100 patients	Physician without board certification in addiction medicine or addiction psychiatry	After one year of 30 patient limit or working in a qualified practice setting
	Other Qualified Practitioners	After one year of 30 patient limit or working in a qualified practice setting
From 100 to 275 patients	Physician board certified in addiction medicine or addiction psychiatry	After one year at 100 patient limit and must certify compliance with eight conditions
	Physician and Other Qualified Practitioners practicing in a Qualified Practice Setting	After one year at 100 patient limit and must certify compliance with eight conditions
From 30 to 275 patients	Not allowed	

Emergency Increase in Patient Limits

- Practitioners with a current waiver to prescribe up to 100 patients and who are not otherwise eligible to treat up to 275 patients may **request a temporary increase for up to 6 months to address emergency situations.** Practitioners may be eligible for temporary patient limit increase in emergency situations even if they do not hold additional credentialing or practice in a qualified practice setting.

- An ***emergency situation*** is defined as *any situation during which an existing substance use disorder system is overwhelmed or unable to meet the existing need for MAT as a direct consequence of a clear precipitating event. The precipitating event must have an abrupt onset, such as practitioner incapacity; a natural or human-caused disaster; or an outbreak associated with drug use. It must also result in significant death, injury, exposure to life-threatening circumstances, hardship, suffering, loss of property, or loss of community infrastructure*.

Patient Limits in Prisons and Jails – Unique Considerations

- Limit applies to the number of patients under a prescription *on a given day*
  - Stops when detainee is released or moved to another facility with a different prescriber and when medication is terminated
- Limit includes buprenorphine prescribed for withdrawal management and OUD treatment
- Limit applies to ALL patients under a provider's care – in custody and in the community
- Accurate daily record keeping is essential – who does this?
- Additional reporting requirements for 275 limit, under routine and emergency circumstances
- See HMA brief: Optimizing Capacity for Prescribing Buprenorphine in Jails and Prisons.

How COVID-19 & related policy changes impact screening, early release and re-entry services

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HOW COVID-19 IMPACTS SCREENING

- Incarcerated/detained persons who are transferred to another facility or released from custody
- Verbal screening questions for COVID-19 symptoms and contact with known cases, and safe temperature checks:
- **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**
  - *Today or in the past 24 hours, have you had any of the following symptoms?*
    - *Fever, felt feverish, or had chills?*
    - *Cough?*
    - *Difficulty breathing?*
  - *In the past 14 days, have you had contact with a person known to be infected with COVID-19?*
- **The following is a protocol to safely check an individual's temperature…**

Source: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#verbal-screening

HOW COVID-19 IMPACTS SCREENING

- If you have not yet implemented universal screening for
  - Opioid use disorder
  - Alcohol use disorder
  - Benzodiazepine use disorder

  Now is an opportune time
- Build vetted SUD screening questions into initial intake processes
  - Brief, validated tools
- When someone screens positive for SUD,
  - Treat with evidence-based MAT for withdrawal & use disorder
- When someone screens positive for SUD, regardless of withdrawal risk, refer to a qualified SUD assessment & psychosocial treatment
- Regardless of initial negative screen:
  - Ensure mental health screen includes SUD screen & referral
  - Ensure comprehensive health assessment includes SUD screen
    - Screen again & screen annually

HOW COVID-19 IMPACTS EARLY RELEASE AND RE-ENTRY

- Early releases and decreased arrests decreases incarcerated population density
- Releasing Inmates
  - Arrange appropriate aftercare for medical, mental health, substance use issues
    - Decreased admissions for residential treatment to achieve social distancing
    - Delays in access to care in outpatient settings that did not have telehealth infrastructure pre COVID-19 pandemic
    - Releases without good follow up are NOT likely to lead to desired outcomes
  - Communicate to public safety supervision agency, if applicable
  - For COVID-19, coordinate with local health department for known active cases and follow-up steps including contract tracing, isolation and quarantine
    - Prisons and jails are part of public health safety net

Hennepin County, Minnesota

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Treating Opioid Use Disorder during the COVID-19 Pandemic

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Outline

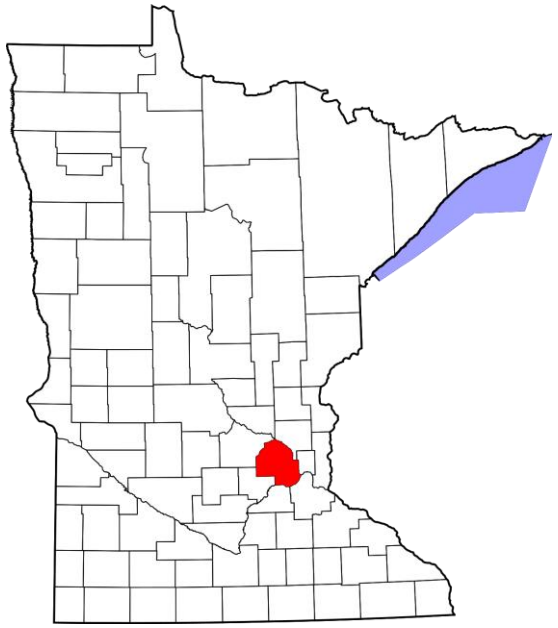
- **Hennepin County/Minnesota Background**
- **Medications for Opioid Use Disorder (MOUD) Program – Hennepin County Jail**
- **COVID-19 and MOUD**

Hennepin County, Minnesota

- 1.25 Million Residents
  - 1 in 5 Minnesotans

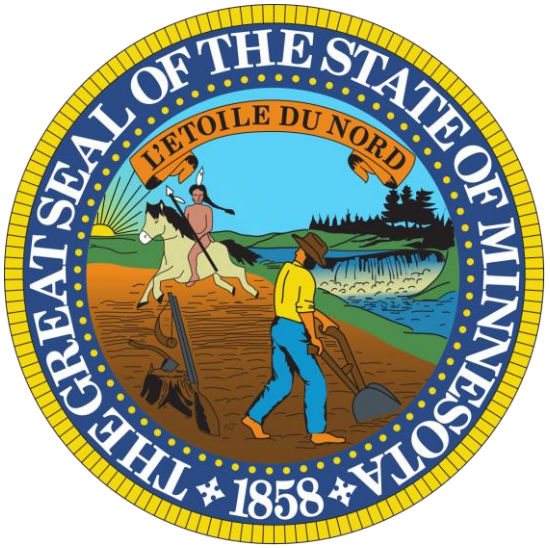
- 30,000 jail admissions per year

- 100 admissions &
  100 discharges per day

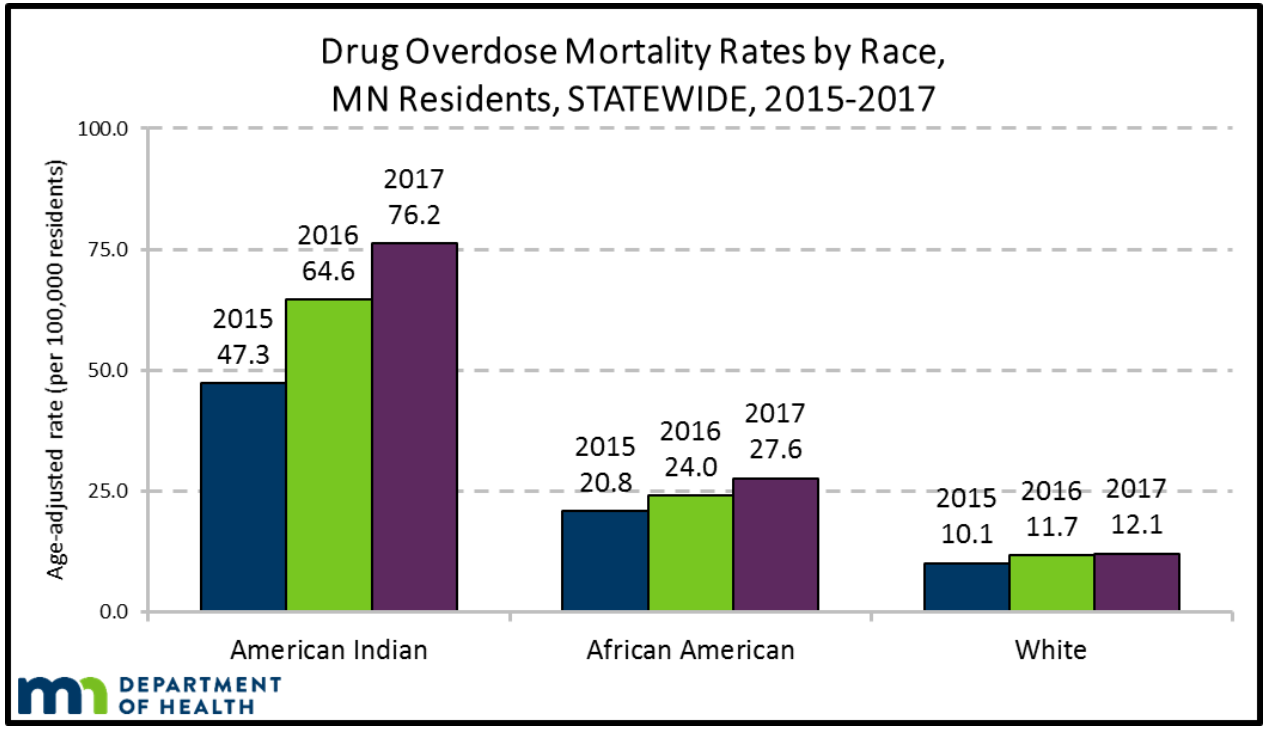


Minnesota

- Fifth lowest state incarceration rate
- Fourth highest white-black disparity in incarceration rates
- Fourth highest probation rate



Racial disparities in Minnesota



Hennepin County Jail MOUD Program

- Buprenorphine program started February 2019
- Universal opioid use and MOUD screening on admission
- Three waivered providers (2 MDs and 1 NP) and one dedicated RN
- Nurses provide buprenorphine during afternoon rounds
- Telemedicine used for follow-up visits to avoid delays in dose adjustments
- Bridge scripts are provided for seven days upon release

Hennepin County Jail MOUD Program

- Prior to COVID, 40-60 people per day received buprenorphine
- Median length of stay – 18 days
- Most participants returned to their previous provider or entered treatment

	Received Buprenorphine in Hennepin County Jail	Hennepin County Population
White	37.5%	68.6%
Black	20.0%	13.6%
Native American	28.2%	1.1%
Hispanic	2.5%	7.0%
Asian	1.1%	7.5%
Other/Unknown	11.4%	9.1%

Hennepin County Jail and the COVID-19 Pandemic

- Joint effort between Sheriff's Office and Jail Health Services
  - Dr. Rachel Silva – Medical Director
- Concerted effort across Hennepin County correctional partners to rapidly decrease jail population by 45%
- Universal COVID-19 screening implemented upon entry to jail and during nurse intake
  - Allowed opportunity for additional screening related to substance use

Hennepin County Jail MOUD Program and the COVID-19 Pandemic

- Added telemedicine capacity to start buprenorphine, in addition to continuing follow-up visits via telemedicine
- Began buprenorphine tapers for people who were not interested in maintenance medications
- Buprenorphine prescriptions increased despite a 45% decrease in jail population
- Polysubstance use remains common, especially methamphetamine use with or without opioids
- People with COVID-19 can benefit from MOUD

Conclusions

- The Hennepin County Jail MOUD program had only been in operation for 12 months prior to the COVID-19 pandemic
- Access to buprenorphine has improved amid the pandemic, partly because of regulatory changes
- Plans to guest dose patients receiving methadone through our health system's OTP were delayed because of COVID-19
- Substance use and overdoses continue to be of critical importance during the COVID-19 pandemic

Strategies and Tools

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Strategies and tools for expanding access to MAT in justice settings even during COVID-19

HEALTH MANAGEMENT ASSOCIATES

Strategies to Build Strong MAT/OUD Programs in the Justice System

- ✓ Partner with community MAT providers
- ✓ Join local Opioid Coalition
- ✓ Partner with Emergency Department MAT efforts re: buprenorphine
- ✓ Partner with Public Health leadership
- ✓ Make use of National Council's Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit
- ✓ Make use of National Sheriff's Association/National Commission on Correctional Health Care's Jail Based MAT: Promising Practices and Guidelines Oct 2018
- ✓ Make use of new free 9-module online OUD/MAT in Criminal Justice training program
- ✓ Build expectation that treatment of ALL chronic conditions in jail/prison is the same as treatment outside

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Strategies for Change Agents and Advocates

- ✓ Reach out to jail clinicians if you work in the community or prisons
- ✓ Transition clinic
- ✓ Federal, State and local policy issues-
- ✓ Methadone in jails, barriers such as medication units, telehealth
- ✓ Are you an expansion state- do you have SUD benefits
- ✓ Medicaid shouldn't pay for non evidence-based treatment
- ✓ Outpatient and intensive outpatient programs not doing MAT
- ✓ Residential treatment facilities must be made to accept MAT
- ✓ Medicaid activation while incarcerated
- ✓ Pharmacy board- some states allow pharmacists to provide buprenorphine with standing order

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Resources for implementing Medications for Opioid Use Disorder in Corrections

- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit and webinars (National Council)
- Training Site For County Touchpoints In Access To MAT For Justice-Involved Populations (Health Management Associates)
- Optimizing Capacity for Prescribing Buprenorphine in Jails and Prisons (Health Management Associates)
- Medications for Opioid Use Disorder (MOUD) in Corrections (Opioid Response Network)
- Applying the Evidence Summer Series: Four-part series on implementing evidence-based treatment within correctional settings (O'Neill Institute, Georgetown Law)
- Jail-based Medication Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field (National Sheriffs' Association and National Commission for Correctional Health Care)
- Optimizing Capacity for Prescribing Buprenorphine in Jails and Prisons

COVID-19 Specific Resources

- SAMHSA FAQs: Provision of methadone and buprenorphine for the treatment of opioid use disorder during the COVID-19 pandemic
- SAMHSA OTP Guidance for Patients Quarantined at Home with the Coronavirus
- DEA Qualifying Other Practitioners Letter (March 31, 2020)
- American Society of Addiction Medicine (ASAM) COVID-19 Resources
- Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency (HHS)
- COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance (SAMHSA)
- Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors (CDC)
- CARES Act

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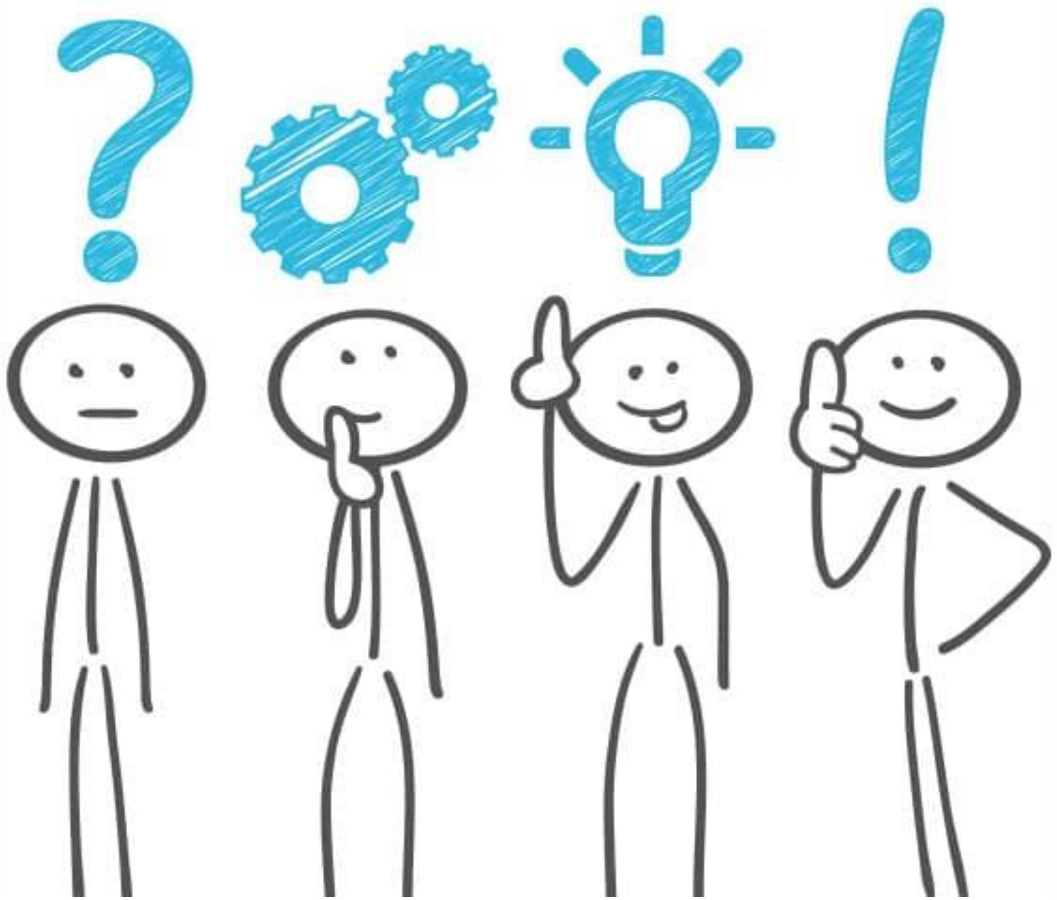
Questions