# Making Medications for Opioid Use Disorder (MOUD) Available to Individuals Leaving Correctional Facilities

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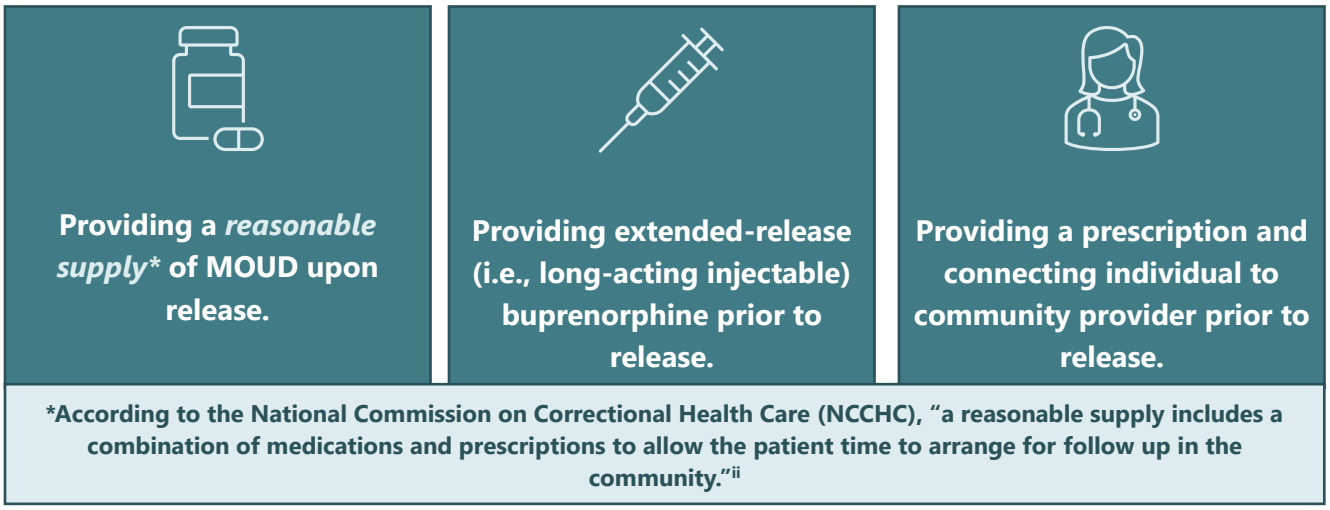
## Why Ensure MOUD Is Available Upon Release?

Individuals with opioid use disorder (OUD) in correctional facilities are vulnerable to overdose upon release. Connection to treatment and recovery supports when reentering the community mitigates this overdose risk and reduces recidivism.[i,ii] It is vital to plan how each person will access needed medications for opioid use disorder (MOUD) treatment and support services to meet their individual needs and goals after release. Prescribers in correctional facilities can offer buprenorphine and naltrexone; methadone may be provided only under an opioid treatment program (OTP), also known as a narcotic treatment program (NTP), license. (For guidance about accessing methadone in corrections facilities see Options to Ensure Access to Methadone for Treatment of Opioid Use Disorder in Correctional Facilities). Options that correctional facilities may consider for continuity of MOUD upon release are explored below.




The Bureau of Justice Assistance (BJA) stipulates that for those leaving incarceration on MOUD, "when feasible and allowed [patients] should receive a sufficient quantity of medication to sustain them until the next appointment."[iv] Extended-release buprenorphine administered prior to release extends the period of medical stability provided to the patient until they can connect with a community-based provider for ongoing treatment. Providing a prescription only, rather than the actual medication, is an option but often creates obstacles to accessing the needed medication. If providing a prescription only, the reentry team should facilitate an introduction of the individual directly to a community provider prior to release. This process should include confirmation of the receiving provider's ability to provide the medication to the individual on a timely basis (i.e., within 24 hours of release). Paying for the medication that will be filled with the prescription is a means to further reduce barriers to timely access to MOUD for individuals who do not have insurance benefits or other means readily available to pay for the medication. The American Public Health Association recommends a minimum two-week supply upon release, but some correctional facilities provide a longer supply.[v]

**CMS Advises States on Medicaid Section 1115 Reentry Proposals**

*"CMS does not expect to approve a state's proposal unless the pre-release benefit package includes at least…a 30-day supply of all prescription medications that have been prescribed for the beneficiary at the time of release, provided to the beneficiary immediately upon release from the correctional facility."* [Note that provision of naloxone along with MOUD is standard of care and legally mandated in some states.]

In California, the CalAIM Justice-Involved (JI) Initiative requirements include "the provision of medications in hand to eligible individuals upon release from a correctional setting in order to ensure individuals have enough medications to follow their treatment plans; maintain stabilization on the medications they were prescribed when incarcerated; and avoid decompensation in the period between release and any appointments they may have with their community-based physical and/or behavioral health providers."[vi] DHCS' minimum requirements for correctional facilities with respect to having the processes and partnerships in place to provide medications in hand upon release include, but are not limited to, providing a "full supply"[1] of medications in hand upon release with prescriptions for refills in place, as clinically appropriate.

## Correctional Facility Examples of Strategies for MOUD Upon Release

| Agency | Current Practices |
|---|---|
| Connecticut Prisons and Jails[vii] | Provides 30 days' worth of medically necessary prescription medication when people are released from jail or prison. |
| Philadelphia Department of Prisons, Curran-Fromhold Correctional Facility (PA)[viii] | For individuals with OUD, a short-term supply of MOUD is provided to "bridge" the gap between release and the first appointment with a community health care provider. |
| Virginia Department of Corrections (DOC)[ix] | If applicable, medical staff will obtain no more than a 30-day supply of discharge medications and other necessary medical supplies pending release. |
| Arlington County Adult Detention Center (VA)[x] | Individuals leaving the facility are provided with both their remaining medication and a prescription sufficient to bridge to the follow-up appointment in the community. |
| LaSalle County Sheriff's Office (IL)[xi] | Individuals leaving the facility are provided with their remaining medication and scheduled a follow-up appointment with the local provider who is also the prescriber in the jail. If needed, they are also given a prescription for sufficient supply of medication to bridge to the follow-up appointment. |

[1] "Full supply" is defined as the maximum amount that is medically appropriate and allowed by the Medi-Cal State Plan. At a minimum, CFs are required to develop processes for providing prescribed medications in hand upon release for individuals who have had an active JI aid code for 48 hours. Determining which medications are necessary can be based on any medication need identified through the standard medical screening procedures and according to the timelines specified by the CFs for those procedures.

| Agency | Current Practices |
|---|---|
| New Jersey DOC[xii] | Upon release, individuals receive a 14-day supply of buprenorphine medication and a 30-day prescription. Discharge planners schedule a follow-up appointment if the individual consents. Individuals on methadone receive an appointment for continuity of care post-release. |
| Peoria County Sheriff's Office (IL)[xiii] | Individuals receiving buprenorphine while incarcerated are provided with their remaining medication on hand when released, typically with a 3 to 14-day supply. Those transferring to another facility are provided with at least a 10-day supply of medication when possible. If sending to another facility or parole, they try to ensure that individuals are sent with at least a 10-day supply. |

Implementing options for individuals on MOUD while incarcerated to have uninterrupted access to MOUD as they leave the facility can support each person's recovery and help mitigate bad outcomes like overdose deaths and recidivism.

## One State's Solution: IL MAR NOW[xiv]

MAR NOW (MAR is medication assisted recovery, the term for medication assisted treatment [MAT] in Illinois) is providing a solution to Illinois county jails seeking options to support individuals leaving on MOUD when consistent and timely access to medication in the community is a challenge.

The Illinois Department of Human Services/Division of Substance Use, Prevention and Recovery (IDHS/SUPR) and the Chicago Department of Public Health (CDPH) launched the MAR NOW program as a pilot in Chicago in May 2022 and then expanded it statewide. MAR NOW connects callers to immediate treatment for OUD, including telephonic prescription and home initiation on buprenorphine or same-day clinic appointments for methadone, buprenorphine, or naltrexone. MAR NOW also connects patients to withdrawal management and residential treatment.

MAR NOW is accessible through the 24/7 Illinois Helpline for Opioids and Other Substances (833-234-6343). Callers asking for opioid treatment 24/7, seven days/week are immediately connected to a provider. After initiation on MOUD, patients are referred to community-based care for ongoing treatment. The program can serve as a bridge clinic and assist patients with insurance enrollment and connection to other behavioral health supports, as needed.

### Case Study

In Greene County, IL, a 49-year-old man was taken into custody by the Greene County Sheriff's Department after a court proceeding earlier that day and reported to MAR NOW telephonically experiencing withdrawal symptoms. The caller was immediately connected to a medical provider and was prescribed buprenorphine. Within three hours of the initial call, the MAR NOW care manager (CM) verified that the medication was picked up at the local pharmacy and was administered to the individual. A Greene County Sheriff's Department representative also confirmed that they would send the caller home with the MAR NOW phone number to set up ongoing care upon release. Thirteen days later, the individual contacted the MAR NOW CM stating he had been released and was seeking to establish buprenorphine treatment in his community. The caller was uninsured, so the CM facilitated the hand-off to a provider who was able to support the caller's treatment and medication with no out-of-pocket cost. The caller also received round-trip Uber Health transportation to the clinic, arranged by the MAR NOW CM.

[i] Lim, S., Cherian, T., Katyal, M., Goldfeld, K. S., McDonald, R., Wiewel, E., Khan, M., Krawczyk, N., Braunstein, S., Murphy, S. M., Jalali, A., Jeng, P. J., MacDonald, R., & Lee, J. D. (2023). Association between jail-based methadone or buprenorphine treatment for opioid use disorder and overdose mortality after release from New York City jails 2011-17. Addiction (Abingdon, England), 118(3), 459–467. https://doi.org/10.1111/add.16071

[ii] Evans, E. A., Wilson, D., & Friedmann, P. D. (2022). Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. Drug and alcohol dependence, 231, 109254. https://doi.org/10.1016/j.drugalcdep.2021.109254

[iii] National Commission on Correctional Health Care. (2018). Standards for Health Services in Jails 2018. National Commission on Correctional Health Care

[iv] Bureau of Justice Assistance (BJA) and National Institute of Corrections (NIC). (2023). Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals. https://www.cossup.org/Topics/CourtsCorrections/JailResources/Guidelines

[v] American Public Health Association Task Force on Correctional Health Care Standards. (2003). Standards for Health Services in Correctional Institutions. Section III.H.6 (Washington, DC)

[vi] California Department of Health Care Services. (2023). Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative. https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf

[vii] Clemans-Cope, L., Kotonias, C., and Marks, J. (2017). Providing Medications at Release: Connecticut and Rhode Island. https://www.urban.org/sites/default/files/publication/88041/meds_at_release_1.pdf

[viii] National Association of Counties (NACo) Opioid Solutions Center. (2023). Effective Treatment For Opioid Use Disorder For Incarcerated Populations. https://www.naco.org/sites/default/files/documents/OSC_Incarcerated Pop_Final_Web.pdf

[ix] https://vadoc.virginia.gov/inmates-and-probationers/incoming-inmates/facility-release/

[x] J. White (personal communication, February 2024)

[xi] M. Kirkegaard (personal communication, February 2024)

[xii] J. White (personal communication, February 2024)

[xiii] N. Samulevich (personal communication, March 2024)

[xiv] S. Brenner (personal communication, March 2024)