

Opioid Treatment Ecosystem

The three [medications](#) approved for the treatment of opioid use disorder (OUD) in the US include methadone, buprenorphine/Suboxone,[®] and naltrexone/Vivitrol.[®] Despite the overwhelming evidence that using medications to treat OUD is the current gold standard of care,¹⁻⁵ and that providing these medications can dramatically reduce overdose deaths,⁷ most jail facilities have considerable gaps in the provision of these evidence-based services, with now dated estimates (2017) showing that less than one percent of jails provide any form of OUD treatment, and even fewer provide all three FDA-approved medications.⁸

In 2020, MDHHS completed a survey of 80 jail and lock-up facilities in Michigan. Results illustrated the complexities of measuring the integration of these medications for opioid use disorder (MOUD) into jail facilities as many only provided specific medications to certain populations (i.e., methadone to pregnant females, naltrexone at release). Moreover, few undertake the additional practice of [screening](#) detainees for potential OUD to provide new medication inductions or facilitating treatment connections upon release.⁹

The Opioid Treatment Ecosystem (OTE) is a technical assistance framework aimed at strengthening community-based OUD treatment at the intersection of criminal-legal systems. A key part of this ecosystem is the implementation of MOUD in local jail settings. The CBHJ developed the “OTE MOUD in Jail Model” to guide jails and community partners in program planning and implementation of best-practices for OUD treatment in jail-settings.

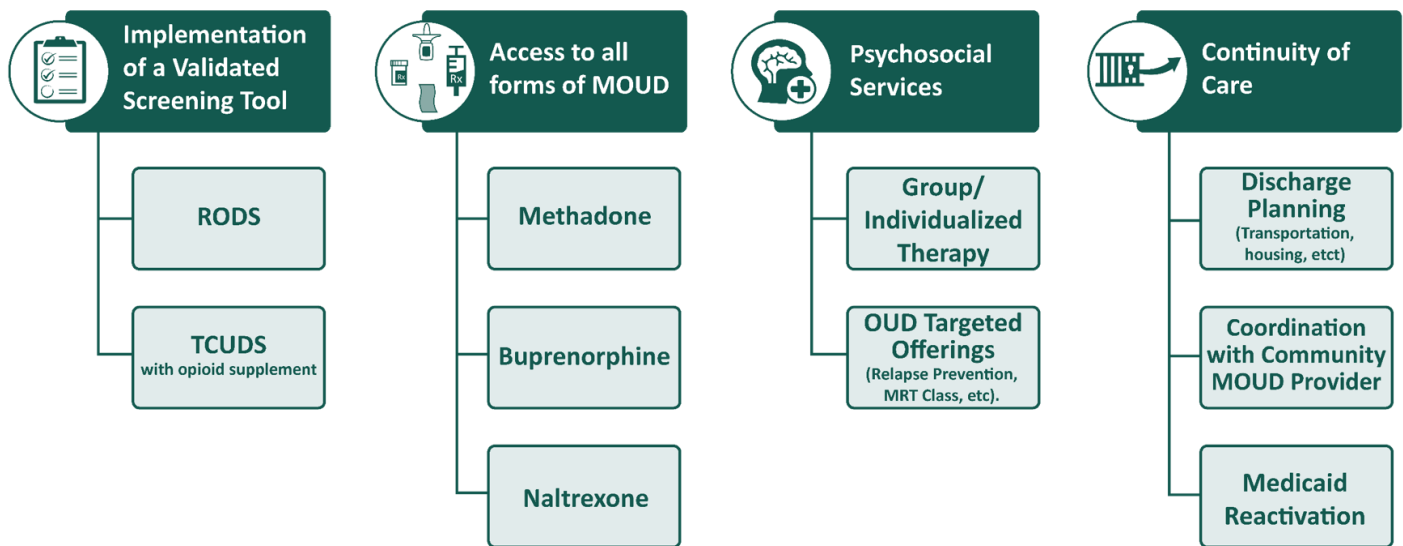


Figure 1: Opioid Treatment Ecosystem In-Jail MOUD Treatment Model

As illustrated in Figure 1, the OTE MOUD in Jail Model includes the implementation of a standardized screening tool at booking, all three FDA approved medications, psychosocial services, and discharge planning. Of the 80 jail facilities surveyed in Michigan only 9% (n=8) adhered to the practices outlined in the model, and of 7 facilities, 5 received OTE technical assistance from the Center for Behavioral Health and Justice (CBHJ) to get there.

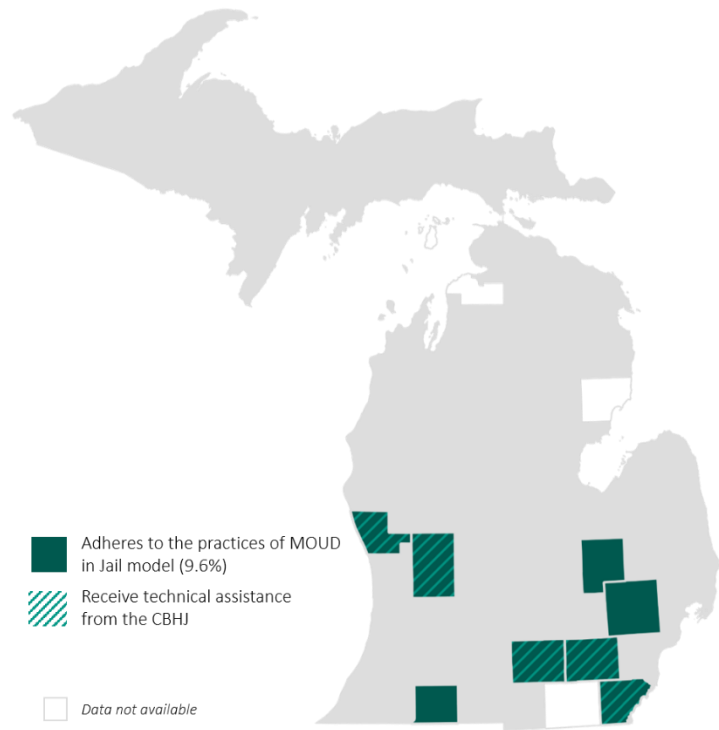


Figure 2: Map of counties that self-report adherence to the MOUD in Jail model and receive technical assistance

To implement the OTE MOUD in Jail Model the CBHJ facilitates local Change Teams with criminal-legal stakeholders and community-based providers aimed at systems, attitudinal, and cultural change around substance use disorder. The Change Teams are based off the [Network for the Improvement of Addiction Treatment \(NIATx\)](#) studies,¹⁰⁻¹² an evidence-based approach for implementing services in jail settings. Each county team is integrated into a statewide [Community of Practice](#) that brings stakeholders together from across the state to distribute training materials and policy briefs via webinars and an online newsletter.

Fidelity to the OTE model is tracked via a monthly 13-item [assessment](#) to identify the key program components that have been implemented. Once a jail has received a score of 12 out of 13 for two consecutive assessments, the CBHJ assists in the development of a program sustainability plan that is required for program certification and includes a presentation of outcomes to the Board of County Commissioners, [local media coverage](#), and recognition with a printed award and tokens of appreciation.

Integrating MOUD, along with these additional practices, has the potential avert suffering, discrimination, and lawsuits in county jail facilities and can also contribute to sizeable reductions in overdose deaths in the surrounding community.





References

1. Ma J, Bao Y-P, Wang R-J, Su M-F, Liu M-X, Li J-Q, et al. [Effects of medication-assisted treatment on mortality among opioids users: a systematic review and meta-analysis](#). *Mol Psychiatry*. 2019 Dec;24(12):1868–83.
2. Fullerton CA, Kim M, Thomas CP, Lyman DR, Montejano LB, Dougherty RH, et al. [Medication-Assisted Treatment With Methadone: Assessing the Evidence](#). *PS*. 2014 Feb;65(2):146–57.
3. Mattick R, Kimber J, Breen C, Davoli M. [Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence](#). In: The Cochrane Collaboration, editor. *Cochrane Database of Systematic Reviews* [Internet]. Chichester, UK: John Wiley & Sons, Ltd; 2003 [cited 2019 Apr 17].
4. Mattick RP, Breen C, Kimber J, Davoli M. [Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence](#). Cochrane Drugs and Alcohol Group, editor. *Cochrane Database of Systematic Reviews* [Internet]. 2009 Jul 8 [cited 2019 Apr 17].
5. Connery HS. [Medication-Assisted Treatment of Opioid Use Disorder: Review of the Evidence and Future Directions](#). *Harvard Review of Psychiatry*. 2015 Apr;23(2):63.
6. Connock M, Juarez-Garcia A, Jowett S, Frew E, Liu Z, Taylor R, et al. [Methadone and buprenorphine for the management of opioid dependence: a systematic review and economic evaluation](#). *Health Technol Assess*. 2007;11(9):1–171.
7. Macmadu A, Adams JW, Bessey SE, Brinkley-Rubinstein L, Martin RA, Clarke JG, et al. [Optimizing the impact of medications for opioid use disorder at release from prison and jail settings: A microsimulation modeling study](#). *International Journal of Drug Policy*. 2021 May 1;91:102841.
8. Vestal C. [New Momentum for Addiction Treatment Behind Bars](#) [Internet]. 2018 [cited 2020 May 15].
9. Welch-Marahar M, Pinals D. Jail MAT Survey. Michigan Department of Health and Human Services.; 2021.
10. McCarty D, Gustafson DH, Wisdom JP, Ford J, Choi D, Molfenter T, et al. [The Network for the Improvement of Addiction Treatment \(NIATx\): Enhancing Access and Retention](#). *Drug Alcohol Depend*. 2007 May 11;88(2–3):138–45.
11. Fields D, Knudsen HK, Roman PM. [Implementation of Network for the Improvement of Addiction Treatment \(NIATx\) Processes in Substance Use Disorder Treatment Centers](#). *J Behav Health Serv Res*. 2016 Jul 1;43(3):354–65.
12. MS ACE, PhD TR, Fitzgerald MM, PhD DHG. [Teaching the NIATx Model of Process Improvement as an Evidence-Based Process](#). *Journal of Teaching in the Addictions*. 2008 Sep 17;6(2):21–37.