Despite the challenges that COVID-19 poses for prisons and jails nationwide, partners in the Justice Community Opioid Innovation Network (JCOIN) have adopted innovative practices to address treatment disruptions and expand access to medications for addiction treatment (MAT), even amidst the pandemic.

FDA-approved medications for opioid use disorder (MOUD) include buprenorphine (Suboxone®, Subutex®), methadone, and extended release naltrexone (Vivitrol®). From expedited medication access to the use of telehealth, modifications nationwide are helping to improve services and remove barriers for substance use disorder (SUD) treatment.

“COVID has surprisingly become a catalyst for long-overdue treatment improvements in justice settings and within the general population,” said Faye Taxman, Ph.D., University Professor at George Mason University and principal investigator for JCOIN’s Coordination and Translation Center.

Middlesex County Expedites MOUD Program Expansion
Prior to the pandemic, the Middlesex (MA) Sheriff’s Office was working to expand MOUD access within the jail system, including methadone and Suboxone. The department was already utilizing Vivitrol as part of its existing Medication Assisted Treatment and Directed Opioid Recovery Program (MATADOR). Efforts have been expedited, not delayed, during the pandemic, thanks to coordination with the Drug Enforcement Administration (DEA). With the complications of COVID-19 looming, DEA helped ease several medication restrictions for justice settings, including increased flexibility of rules requiring patients to receive in-person exams before starting a buprenorphine regimen and modification of administration procedures.

“Instead of utilizing a single dispensary site within the correctional facility, they’re allowing us to bring medication into the individual units, which makes it a lot easier for us to be able to dispense medications directly to the individuals that need them, without having to gather tons of people inside of a medical waiting area,” said Kashif Siddiqi, director of fiscal operations, who oversees data and research, and has been involved with the MATADOR program since 2014. The coordination and flexibility provided has helped the office advance its initiative to expand MOUD and ensure the safety of those under supervision in need of treatment.

Middlesex is also developing a treatment unit to provide more streamlined service for individuals with SUD. Sheriff Peter Koutoujian explained, “We’re in the process of creating a medication-assisted treatment (MAT) unit. We used to do MAT throughout the entire facility, which was extremely taxing and very difficult, and may have lent itself to more diversion [of the medication].” The centralized MOUD unit will assist in better coordination of services and medical care for participants and builds off a similar residential model Sheriff Koutoujian has implemented for veterans through the Housing Unit for Military Veterans (HUMV) program.

**Essex County Expands Innovative MOUD Program**

Elsewhere in Massachusetts, the Essex County Sheriff’s Department has continued efforts to provide evidence-based treatment during COVID-19, including availability of all three forms of MOUD. Their initiative includes three key components: allowing individuals to maintain their MOUD regimens while incarcerated; the Essex Medication Assisted Treatment (EMAT) program to connect individuals to MOUD at pre-release and during reentry; and a new treatment center in its jail to provide easier access to MOUD.

To continue these efforts, Sheriff Kevin Coppinger explained that the Essex program temporarily shut down the new treatment unit to lower the risk of virus spread, and switched to dispensing within individual cells, while also
expanding telehealth services. Staff secured 900 tablet computers for incarcerated individuals to use for counseling that accompanies treatment.

“COVID-19 has forced us to be creative, which is why we rushed forward with a program to get a tablet into every person’s hands. The tablets provide the behavioral and health supports an individual needs to be successful in the MAT program,” Sheriff Coppinger said. “It’s these types of services which are critical to a person becoming a successful, productive, and healthy member of our communities upon release, and we’re committed to ensuring these programs continue during this pandemic.” Participation has also increased in the department’s Clean and Sober Existence (CASE) service, a pretrial initiative connecting people to detox, counseling, MOUD, and an individualized treatment plan.

Kentucky Expands Telehealth Options for MAT, Introduces Methadone in County Jails

Similarly, in Kentucky, the state has seen expansion of patient access to medication during the pandemic. University of Kentucky’s Dr. Katie Marks shared their progress during the pandemic in both continuing buprenorphine inductions in prisons across the state, along with key breakthroughs in expanding methadone access for county jails. In addition, through coordination with local health departments, all incarcerated individuals are also receiving naloxone upon release from jail and prison in the state, with the aim of reducing overdoses and improving reentry services. Dr. Marks shared that the biggest challenge will be in continuing to bring these innovations into practice across the state.

Sarah Johnson of the Division of Addiction Services in the Kentucky Department of Corrections also reported that telehealth expansion has been a boon to the state. “We’ve expanded telehealth options for MAT, which is wonderful for those folks who are being released from our custody and then can be connected to care and not have that as a barrier for that continuity,” she said.

Public-Private Partnership Expands Access in California

The state of California is expanding treatment through the recently launched “Returning Home Well” initiative, a public-private partnership with the Chan-Zuckerberg Initiative, the California Endowment and a host of community-based organizations. The $30 million initiative to support individuals returning to the community during the pandemic includes treatment, employment assistance, housing, and other services. Amity Foundation serves as a key community service provider, working with the California Department of
Corrections and Rehabilitation (CDCR) on an expanded MOUD program, which has served more than 4,000 individuals to date. “This is the largest treatment expansion in a custody setting that I have ever seen, given the size of the California prison system,” explained Doug Bond, chief executive officer of the Amity Foundation.

**Miami-Dade County Expands Partnership, Provides MOUD in Jail**

Since it was established in 1989, the Miami-Dade County Adult Drug Court (FL)—the first drug court in the nation—has provided alternatives to incarceration through an effective diversion and court-supervised treatment model. In 2016, the court partnered with Jackson Health System, the largest public hospital system in Miami-Dade County, to expand comprehensive services for individuals with opioid use disorder (OUD) by launching an outpatient opioid clinic within walking distance of the courthouse. The clinic has provided naltrexone, buprenorphine, and evidence-based services, including counseling, recovery support services, and other medical care, to hundreds of patients and has worked to encourage individual treatment plans for high-risk populations. In 2019, after positive results, the partnership expanded to include the provision of MOUD and MAT for alcohol use disorder to individuals in the county’s jail system as well as the broader community. “What started off as an MAT clinic to stabilize justice-involved clients while they were waiting for linkages to inpatient treatment, blossomed into a comprehensive, one-stop-shop treatment facility,” explained recently-retired Judge Jeri Beth Cohen, who guided the implementation of this program and pioneered the expansion of MAT in the county.

Though COVID-19 introduced some disruptions, Miami-Dade has continued implementing this treatment expansion for justice-involved individuals, in part by relying on online platforms like Zoom for trauma-informed cognitive behavioral therapy. While the team studies ways to improve attendance and engagement in virtual sessions, new client enrollment has continued to increase because of COVID-related changes like virtual court hearings.

**Hennepin County MOUD Population Increases Dramatically as Jail Numbers Fall**

At Hennepin County Jail in Minnesota, the incarcerated population fell by half as COVID-19 set in. Yet the number of people receiving buprenorphine increased by 60% from February to May 2020. Dr. Tyler Winkelman, jail physician and JCOIN site PI, explains that they managed this increase by honing in on the specific status of a given patient’s OUD. Prior to the pandemic, patients had to request MOUD; now, staff screens everyone
arriving at the facility. By implementing universal screening and rapid follow-up with patients who screen positive, staff identified more individuals in need of treatment.

Providers also developed a buprenorphine taper policy in March. This allowed patients to start buprenorphine at a modest dose that prevented serious withdrawal before their first appointment. Tapers are started for individuals who reported daily opioid use and at high risk of serious withdrawal. The jail health services team plans to continue this policy after the pandemic ends, in part because they’ve found that basic education and outreach can go a long way. “In the substance use research and treatment world, everyone knows that MOUD is effective and takes it for granted – but a lot of the people we see at the jail have never heard of it and have no idea that treatment is available,” said Dr. Winkelman. “For a lot of people, we’re the first time they’ve talked about substance use in a non-judgmental way and helping them understand how addiction works increases treatment rates.”

**Ongoing Response to Diverse COVID Challenges in New Hampshire**

The pandemic continues to impact justice settings across a range of services and functions, and JCOIN partners, stakeholders, and practitioners in the health and justice fields are dealing with the downsides, too. Dr. Thomas Groblewski, chief medical officer for the New Hampshire Department of Corrections, noted that the pandemic has altered patient flow for his program, limiting the number of medication administration sites and the number of new MAT patients. “We have been able to continue to provide services and medication to existing patients, but we were not able to add as many new patients to our rosters because of these inter-facility changes,” he said. With smaller groups required in waiting and administration rooms, social distancing guidance has also reduced the number of patients seen.

On the front lines, community partners and practitioners also face technological barriers to telehealth connections – not all patients have phones or internet connection. They hope that flexibility and innovation, including creative telehealth arrangements, will preserve access to MOUD, and even enhance it in some cases, and will continue working to understand evolving needs, coordinate responses, and learn from new evidence.