Medication-Assisted Treatment Implementation Guide and Checklist

INTRODUCTION

Purpose

This guide and accompanying Medication-Assisted Treatment (MAT) Implementation Checklist (Appendix 1—referred to hereafter as "checklist") is published by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The contents of this guide, as well as those of the checklist, should be interpreted as a guide rather than a mandate.

Definition

Medication-assisted treatment (MAT) is the use of medications as part of a comprehensive treatment program for substance use disorders, often used in combination with counseling and behavioral therapies. The three FDA-approved MAT medications are methadone, buprenorphine, and naltrexone.

Audience

The intended audience for this guide and checklist is behavioral health or criminal justice professionals considering implementing or increasing access to medication-assisted treatment (MAT) for people with opioid use disorder who have experienced criminal justice involvement, including incarcerated and formerly incarcerated individuals and those under community corrections supervision. Stakeholders who can benefit from this guide and checklist may include, but are not limited to, the following:

- Treatment providers
- Sheriffs
- Jail administrators
- Law enforcement professionals
- Prosecutors
- Judges
- Court administrators
- Community corrections administrators

Sections 1-6 of the guide pertain to all stakeholders and correspond to sections 1-6 on the checklist (Appendix 1). Sections 1-6 of the checklist pertain to all stakeholders. Sections 7-10 of the checklist address considerations specific to each group of stakeholders. An additional list of resources for each stakeholder group is provided in Appendix 2.

Essential Resources

In addition to this guide and the checklist, behavioral healthcare providers and criminal justice professionals considering providing MAT to individuals who are criminal justice involved should thoroughly review the following resources:

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- Providers' Clinical Support System (PCSS) for medication-assisted treatment, funded by SAMHSA.
- Addiction Technology Transfer Center Network's Taking Action to Address Opioid Misuse, funded by SAMHSA.
- *Principles of Drug Abuse Treatment for Criminal Justice Populations—A Research-based Guide*, published by the National Institute on Drug Abuse.
- *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*, published by SAMHSA.
- "MAT Overview," published by SAMHSA's Center for Integrated Health Solutions.
- The Bureau of Justice Assistance (BJA) and Advocates for Human Potential, Inc., offer training and technical assistance through Residential Substance Abuse Treatment (RSAT). Their website provides information about state insurance coverage, prison and jail MAT implementation considerations, clinical guidelines from other states that have implemented MAT in jail and prison systems, and information about evidence-based practices and promising practices for using MAT with individuals who are criminal justice involved upon reentry.

1. Extent of the Problem

Assessing the nature and extent of opioid use in a community is critical to shaping the response to it. In the case of substance use disorders among criminal justice-involved persons, this means understanding which substances are most commonly used and what kind of connection exists between substance use and criminal behavior.

The U.S. Department of Health and Human Services' National Institute on Drug Abuse (NIDA) provides state-specific information on the prevalence of substance use disorders, including opioid use disorder and overdose deaths. NIDA provides data on opioid-related overdose deaths by state.

The Centers for Disease Control and Prevention (CDC) provides data and information regarding the opioid epidemic, including prescribing rates, overdose deaths, nonfatal drug overdoses, and more. Some of this data is available at the state or county level. CDC provides a look behind the numbers in the Opioid Overdose: Data Overview page.

SAMHSA maintains the Drug Abuse Warning Network (DAWN), which focuses on detecting "outbreaks," i.e., sudden increases in emergency department (ED) visits for specific drugs; identifying new and novel psychoactive substances; monitoring the magnitude of the health effects from substance use (as reflected in ED visits); and documenting the geographic, temporal, and demographic distribution of the problems to inform planning and policy at the local, state, and national levels.

Additionally, the U.S. Agency for Healthcare Research and Quality maintains a database of hospital data through its Healthcare Cost and Utilization Project (HCUP). This searchable database contains information at the state and county levels on hospitals' "inpatient stays, ambulatory surgery and services, and emergency department visits" related to substance use.[1]

- The Agency for Healthcare Research and Quality's HCUP's searchable database provides substance use-related hospital interactions.
- State-specific department of health websites may also provide information about prevalence of substance use and overdoses in communities.

2. Workforce Issues

It is important to effectively and thoroughly train staff and partners. Everyone needs to be on the same page about the services offered and their effectiveness. Partners do not need to agree entirely on all aspects of the program,

but they will need, at minimum, to support and carry out clinical recommendations treatment providers make for a program to be effective.

Top-Down Support of MAT

Administrators considering MAT implementation might choose to gauge supportiveness through a combination of conversations, meetings, and surveys. Those interested in a more systematic assessment of the level of support and identifying stakeholder goals might consider doing a full stakeholder analysis, as described in *Stakeholder Analysis Guidelines*, published by the World Health Organization (WHO), *Stakeholder Analysis Guidelines*.

Those attempting to build support for MAT where it does not currently exist may want to emphasize evidence that MAT reduces recidivism and improves behavioral health outcomes in a cost-effective manner.

- The National Institute on Drug Abuse (NIDA) published a two-page document, *Treating Opioid Addiction in Criminal Justice Settings*, with useful information describing MAT's ability to improve behavioral health and criminal justice outcomes as well as reduce costs for communities.
- SAMHSA produced a document, *Use of MAT for Opioid Use Disorder in Criminal Justice Settings*, with in-depth information about MAT and its use in criminal justice programs.
- At times, local support and collaboration around MAT may be affected by state-level issues. SAMHSA's *MAT in the Criminal Justice System: Brief Guidance to the States* provides information and recommendations for state directors and policy makers, which may enhance the support for MAT among local leadership.

Because criminal justice professionals and behavioral health practitioners may approach the issue of substance use disorder in criminal justice-involved populations from different perspectives, it is important to establish a shared understanding of terminology and goals. The American Society of Addiction Medicine (ASAM) published a brief guide to navigating some of the differences that may arise between law enforcement and treatment providers in serving justice-involved populations, *Forging a Law Enforcement and Substance Abuse Treatment/Recovery Partnership*.

Staff Training and Education

Those considering implementing MAT should identify and assess the adequacy of any trainings or education staff members have received related to opioid use disorder as well as treatments and interventions used to address it. Administrators might consider surveying or interviewing staff members to gauge their knowledge about opioid use disorder and MAT. If formal trainings have occurred, administrators should assess how well those trainings prepare staff to support or deliver evidence-based MAT services. Pre- and post-training evaluations can be delivered to assess the training.

Trainings regarding MAT should be held annually and tailored to provide the level of information needed for staff to support or implement MAT programming. Common topics that should be covered include the science of substance use disorders and recovery, research on the effectiveness of MAT, guidelines for medically managed withdrawal, harm reduction principles and approaches, rules or regulations that may apply, and addressing the agency's culture around the use or implementation of MAT with clients.

There are several free resources available to provide training to staff serving justice-involved populations. Fee-for-service trainings are also provided locally through medical providers or universities or through national organizations across the United States. Stakeholders working with pharmaceutical companies to provide trainings should ensure that those trainings provide complete and accurate information about all three MAT medications.

- SAMHSA's "Training Materials and Resources for MAT" web page.

- SAMHSA's Addiction Technology Transfer Center Network's "Taking Action to Address Opioid Misuse" provides links to existing training curricula and slides, online courses, recorded webinars, toolkits, and other resources.
- BJA's "Comprehensive Opioid Abuse Program (COAP): Training and Technical Assistance" web page.
- The RSAT Technical Assistance and Training program, funded by BJA, published "RSAT Training Tool: Medication Assisted Treatment for Offender Populations."
- Providers Clinical Support System's "Education and Training" web page provides training and resource materials for clinical staff.
- National Drug Court Institute provides both online and in-person free trainings, best practice standards, and fact sheets on MAT.
- The MAT Course is available from the National Drug Court Resource Center.

Resources for Agency Staff

It is important that staff members have resources on hand regarding the value and methods of opioid use treatment in general as well as for the specific populations they may encounter. SAMHSA's *Opioid Overdose Prevention Toolkit* provides useful handouts and fact sheets in both English and Spanish. Local service providers and criminal justice partners may have additional resources to describe local statistics and resources.

General Information on Opioid Use Treatment

SAMHSA resources for learning about opioids, opioid use disorders, and treatment:

- *TIP 43: MAT for Opioid Addiction*.
- "Opioid Prescribing Courses for Health Care Providers" provides necessary information for behavioral health professionals providing MAT.

HHS's National Center on Substance Abuse and Child Welfare (NCSACW) provides resources—including publications, webinars, videos, and recent research studies—for a variety of audiences on its web page, "Essential Information About the Treatment of Opioid Use Disorders."

Opioid Use Treatment for Criminal Justice-Involved Populations

Behavioral healthcare providers and criminal justice professionals involved in administering MAT should review the SAMHSA publication *Screening and Assessment of Co-Occurring Disorders in the Justice System* to ensure that individuals experiencing co-occurring disorders receive appropriate screenings, assessments, and corresponding services.

NIDA's *Principles of Drug Abuse Treatment for Criminal Justice Populations—A Research-based Guide* provides essential guidance on how to tailor MAT services to people with justice involvement.

SAMHSA's *TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System* provides information on how standard treatment protocols should be adapted to better serve criminal justice-involved populations.

SAMHSA's *Use of MAT for Opioid Use Disorder in Criminal Justice Settings* describes the use of MAT for criminal justice settings, including the research base supporting MAT in justice programs, case studies, and practical information to overcome typical challenges to implementing MAT.

RSAT produced a video titled "Prison & Jail MAT Training Video" and an accompanying document, *Prison/Jail MAT Manual*. These resources describe strategies for providing MAT to criminal justice-involved persons reentering the community.

MAT programs administered in correctional facilities should adhere to the standards outlined by the National Commission on Correctional Health Care (NCCHC):

- *Standards for Opioid Treatment Programs in Correctional Facilities*.
- NCCHC accreditation.

The National Sheriff's Association and National Commission on Correctional Health Care published *Jail-based MAT: Promising Practices, Guidelines, and Resources for the Field* to provide up-to-date information and guidance to corrections professionals about MAT.

The National Institute of Corrections also provides links to articles, trainings, newsletters, and other resources pertaining to MAT in corrections on its website.

Opioid Use Treatment for Special Populations

It is also important to consider special populations (e.g., patients with serious co-occurring physical health disorders, gender and sexual minorities, and racial and ethnic minorities) and their specific treatment needs. Clinical supervisors should ensure staff members have in-depth, ongoing training on how to identify and serve these special populations. Formal guidance on treatment and intervention for special populations within criminal justice settings (e.g., pregnant women in jail) is lacking in the fields of behavioral health and criminal justice. Criminal justice administrators and staff should work closely with their behavioral health partners to integrate guidance on treating special populations and people who have experienced criminal justice involvement to provide appropriate services to those individuals.

SAMHSA's *TIP 43: MAT for Opioid Addiction in Opioid Treatment Programs* provides information on MAT for several special populations that are often involved with the criminal justice system.

SAMHSA's *TIP 59: Improving Cultural Competence* provides information on how to deliver behavioral health treatment to racial and ethnic minority individuals.

Additional resources on select special populations include the following:

- Pregnant women: Pregnant women are a specific subset of individuals who require special attention in substance use treatment. Resources are available at the American College of Obstetricians and Gynecologists (ACOG) regarding all facets of treatment for pregnant women. Pregnant women will often be prioritized to enroll into treatment, offered financial assistance in treatment, and provided additional resources throughout treatment. MAT is approved for pregnant women, and both methadone and buprenorphine are considered best practice for pregnant women. Resources are available at the following websites:
    - HHS published a report titled Final Report: Opioid Use, Misuse, and Overdose in Women. This report offers specific trends and information related to women and recovery.
    - SAMHSA's *Clinical Guidance on Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants*.
    - The ACOG web page on opioids.
    - Providers Clinical Support System's *Childbirth, Breastfeeding, and Infant Care: Methadone and Buprenorphine*.
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) individuals:
    - SAMHSA's manual, *A Provider's Introduction to Substance Abuse Treatment for LGBT Individuals*.
    - The National LGBT Health Education Center's publication titled *Addressing Opioid Use Disorder among LGBTQ Populations*.

- Individuals who are HIV/hepatitis C (HCV) positive and/or use intravenous drugs:
    - NIDA answers the question "What is the impact of medication for opioid use disorder treatment on HIV/HCV outcomes?" in its *Medications to Treat Opioid Use Disorder: Research Report Series*.
    - NIDA's web page "Study: Treat Jail Detainees' Drug Abuse to Lower HIV Transmission."

3. Funding and Healthcare Reimbursement

Understanding Costs Associated with Opioid Issues in Your Community

The costs of untreated opioid use disorder far exceed those of implementing MAT.[2] Avoidance of costs to society should be viewed as a benefit of providing MAT to criminal justice-involved populations. Understanding what untreated opioid use disorder currently costs a community can help administrators determine the savings that implementing a MAT program might yield, despite the direct costs of implementation.

The following resources provide information about the costs to society of untreated opioid use disorder relative to the costs of providing MAT:

- NIDA provides estimates of the direct costs of opioid treatment, including medications and psychosocial services, on its website.
- SAMHSA's publication *Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders*.
- The Council of Economic Advisers' 2017 report, *The Underestimated Cost of the Opioid Crisis*.

Direct costs of administering a MAT program may vary according to the availability and costs of the following factors:

- Facility
- Staff
- Equipment
- Electronic health record system
- Prescribing and dispensing software
- Licensing and credentials
- Contracted services
- Liability insurance premiums
- Business and publicity materials (e.g., signs and business cards)
- Medication(s) provided by type
- Workforce training and professional development
- Secure storage of medications within the facility Service delivery model

In addition to considering the factors outlined above, entities interested in implementing MAT should speak to their state's opioid treatment authority and local pharmacies to determine implementation costs.

Financing MAT Programs

It is important to secure reliable funding for the provision of MAT services to ensure continuity of care and the program's sustainability. One challenge in securing funding is that coverage for different components of MAT programs may come from different entities. For example, a MAT program may be reimbursed for therapeutic services but needs to help patients enroll in a prescription assistance program to cover the cost of MAT medication. MAT programs run inside correctional facilities are challenged by the fact that many, if not most, people incarcerated do not have health insurance coverage. If they were under Medicaid, their coverage is suspended or terminated. This means MAT programs based in correctional facilities must leverage additional resources to cover the costs for staff, medications, therapeutic services, and other MAT program components. The web page "Reentry Resources," from HHS's Office of Minority Health, provides guidance on and strategies for financing MAT:

SAMHSA's Behavioral Health Treatment Services Locator search tool allows for search by location and has the option to filter providers by payment type accepted (e.g., Medicare, Medicaid, and TRICARE) and presence of payment assistance and sliding fee scales.

Available sources of reimbursement vary from state to state but may include those listed below.

Medicaid

Medicaid covers the cost of many MAT services; however, not all MAT options are covered in every state. State Medicaid offices can provide information on which services are billable and how to establish contracts accordingly. Additionally, RSAT's *A Comprehensive Listing of What States Cover for Substance Use Disorder, Including Medications* provides a state-by-state summary of Medicaid MAT coverage. Contacting the state Medicaid office may be helpful in clarifying questions around coverage, reimbursement, and other state-specific issues that may need to be addressed when implementing a MAT program.

Suspending Medicaid coverage, rather than terminating it, can allow for a faster reinstatement of coverage and reimbursements for MAT services provided after incarceration or community supervision. However, the option to suspend versus terminate is often controlled by state policy. The Centers for Medicare and Medicaid Services released a "Dear State Health Official" letter in 2016 that answers frequently asked questions about eligibility for Medicaid among people with criminal justice involvement, and it encourages states to shift toward suspending rather than terminating Medicaid coverage for people entering jails or prisons. The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) published an issue brief, *Medicaid and the Criminal Justice System*, outlining key information about Medicaid and State CHIP coverage in criminal justice settings.

Some states are leveraging 1115 waivers to expand the coverage of MAT treatment and recovery services. State Medicaid offices should be able to explain any 1115(a) demonstrations that might affect the population being served through an agency.

Medicare

In October 2018, H.R. 6: SUPPORT for Patients and Communities Act became law, expanding Medicare to cover MAT administered through outpatient treatment programs. Additional information regarding Medicare coverage of MAT medications and services is available in the Centers for Medicare and Medicaid Services' Medicare Learning Network Matters publication *Medicare Coverage of Substance Abuse Services*.

Private Insurance

The Mental Health Parity and Addiction Equity Act of 2008 requires health insurers and group health plans to provide the same level of coverage for mental and substance use treatment and services as for physical healthcare treatment and services. However, not all commercial insurance plans fully cover MAT; some plans' coverage may exclude substance use disorder treatment, certain medications, or treatments without a primary care referral or may require copayments for MAT. Coverage of services will also depend on medical necessity. Utilization management protocols may vary widely by company and state, including "fail first" protocols, quantity limits, and other restrictions that could affect the delivery of MAT. Those planning to administer MAT to privately insured individuals should confirm that services meet the criteria for reimbursement ahead of time.

Self-Pay/Private Pay

MAT medications are expensive and difficult for many patients to cover without financial assistance. Some MAT programs offer a sliding-scale payment schedule for individuals who do not have medical insurance or do not qualify for insurance. On these payment schedules, individuals often pay a reduced rate based on their income.

Grant Funding

Federal, state, and private grants can help reduce the out-of-pocket cost of treatment. Grant funding may not cover the entire cost of services, but it can offset the cost for patients and providers, thus reducing the financial burden on those receiving and providing services. Although each grant has its own set of requirements, organizations or agencies that receive grant funding are generally expected to manage grant activities, ensure grant funds are used appropriately, and submit timely and accurate paperwork and reports on all grant-related activities.

The following federal agencies may offer grant funding for MAT programming or infrastructure to support the delivery of MAT; federal grants that are open for proposals can most easily be located through a search for "medication-assisted treatment" on Grants.gov:

- SAMHSA
- National Institutes of Health
- Bureau of Justice Assistance
- Agency for Healthcare Research and Quality
- U.S. Department of Agriculture
- Health Resources and Services Administration
- Centers for Disease Control and Prevention

Block grants often involve federal funds that are handled by state agencies. Single state substance abuse agencies oversee funding for substance abuse programs in each state; state mental health authorities oversee funding for mental health programs in each state. Directories for both agencies can be found through SAMHSA's Block Grants Contact Information.

State health departments often provide information on what state funding or grants may be available to seed or support local MAT programs. State Medicaid offices may also be a resource for learning what block grants or other funds may be available to fund a local MAT program.

The Bipartisan Policy Center's *Tracking Federal Funding to Combat the Opioid Crisis* reviews how federal resources are being used to address the opioid epidemic in five states.

Veterans Affairs

The U.S. Department of Veterans Affairs' (VA's) Veterans Health Administration offers substance use treatment, including MAT services, at many of its provider sites, and, in areas where MAT is not available from a VA clinician, VA may cover receipt of MAT services from another provider. Locations of substance use treatment programs can be found via the VA website. VA regional benefit offices can offer guidance on how providers may contract or partner with the VA to ensure coverage and establish a referral process for VA benefit recipients. VA's website also offers information about benefits available to and special programs for veterans with criminal justice involvement.

Vouchers/Prescription Assistance Programs

Some jail and prison facilities provide criminal justice-involved individuals with vouchers to pay for a temporary supply of prescribed medication upon reentry to the community. In some states, these vouchers are funded through Medicaid and, therefore, are available only to those with Medicaid eligibility; in others, the department of corrections provides the vouchers to all incarcerated individuals before reentry. Often, this type of payment is time-limited, helping an individual access treatment while in the process of securing another payer source.

Prescription assistance programs are available in some areas to provide prescription medications to eligible individuals. These programs may be funded by a variety of entities, including not-for-profit programs and state or local governments. A scan of community prescription assistance resources may help determine whether this type of programming is available to your community and whether it provides coverage for MAT medications.

340B Drug Pricing Program

The 340B Drug Pricing Program, administered by Health Resources and Services Administration (HRSA), allows eligible entities (as defined in Section 340B(a)(4) of the Public Health Service Act) to buy outpatient drugs at discounted rates from manufacturers that participate in Medicaid.[3] These formularies may include medications used for MAT; however, formularies may vary from state to state. The goal of the 340B program is to leverage limited federal resources to provide more comprehensive care to a greater number of patients.[4] Examples of entities eligible for the 340B program include Federally Qualified Health Centers, Tribal/ Urban Indian Health Centers, and Disproportionate Share Hospitals.[5] Although correctional facilities themselves are not eligible for the 340B program, they may be able to partner with eligible entities to ensure individuals on MAT are able to continue their treatment upon release back into the community.[6] The HRSA website provides information about accessing 340B pricing, opportunities for technical assistance, and links to other helpful online resources:

- HRSA's web page "Substance Abuse Service Expansion Technical Assistance."

Creative Funding Opportunities

There are several other ways that behavioral health and criminal justice agencies, along with government, business, and academic partners, can work together to provide MAT services.

- Social impact bonds enable government entities, foundations, local businesses, and services agencies to enter into agreements where services can be provided and the government doesn't invest any taxpayer dollars unless the specified outcomes are achieved.
- Performance- or outcomes-based contracting enables service providers to render critical services and receive payment or bonus payments based on their performance.
- Blended funding through partnerships between community-based providers and criminal justice agencies, partnerships with medication providers, or other mutually beneficial arrangements may be leveraged to provide MAT services. In some jurisdictions, each partner will contribute staff time, services, or medications as an in-kind contribution to the MAT program, thus enabling treatment to begin while the person is under criminal justice oversight and continue seamlessly in the community once the person is no longer justice involved.

4. Community and Systems Partners

Community and Family Support for MAT

Community buy-in is critical in establishing MAT programs, particularly where criminal justice stakeholders are elected officials who value the community's acceptance of proposed programs and use of budget dollars. Having a champion, who may be a respected leader or figure in the community, can positively affect the adoption or implementation of healthcare programs.[7] Resources to help educate and build support within the community around provision of MAT to criminal justice-involved persons include the following:

- Those interested in building support within the general community, including through the media, should review the Addiction Technology Transfer Center Network's publication titled MAT Fact Sheet #1: Securing Buy-in.
- The CDC's Rx Awareness campaign provides a wide array of materials that organizations and communities can use to educate the public about the risks of opioid misuse. Materials include infographics, videos, signs, and advertisements. Some studies are now showing that social media messaging can assist in combating the opioid epidemic. Once departments begin using social media to discuss these issues, it is also important to ensure they are checking in with the community, stakeholders, and partners to determine whether they are sending the

right message to the appropriate audience. This can be done through focus groups, surveys, community forums and discussions, or local events. The level of media presence can be adjusted as appropriate based on results of surveys. The CDC Rx Awareness Campaign Social Media Kit provides images and content for organizations to post to social media.

- It is important that criminal justice stakeholders strategically engage the public in conversations about opioid use disorder prevention and treatment. The BJA's *Communication and Public Health Emergencies: A Guide for Law Enforcement* provides guidance on working with the news media to communicate with the public before, during, and after public health emergencies. Across all areas of criminal justice, stakeholders should use their positional power to increase information sharing regarding the opioid crisis in their communities as well as the potential for MAT as a tool to support the communities in recovery.
- Family engagement and support are critical to creating effective recovery-oriented treatment systems. SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) provides information and resources around this important topic.

Accessing MAT Resources and Treatment Programs

Several online resources provide information about MAT services by geographic region:

- SAMHSA's Find Treatment service locator provides the option to filter by services provided and can therefore be used to find providers of treatment for mental illness, substance use disorders, and co-occurring disorders.
- SAMHSA's Opioid Treatment Program Directory can be used to locate OTPs and buprenorphine providers in a given geographic area. This resource is updated by providers each year and may not include all providers in a particular area if they elect not to register with the site or have not registered to date.
- SAMHSA's Buprenorphine Practitioner Locator.
- Get Naloxone Now, which provides training, support for obtaining naloxone, and other resources.

The programs listed on SAMHSA's treatment locators have been licensed and/or certified in the states in which they are located.

Primary care providers should have a referral list of behavioral health agencies in their area. In addition, treatment provider agencies may want to contact their local or state department of public health, department of behavioral health, and department of corrections to ask for assistance in identifying and coordinating with other treatment programs and service providers.

Access to treatment includes the ability of individuals to obtain culturally competent care. Programs should provide ongoing training to ensure staff members remain current with the best practices in cultural competency and understand the cultural aspects of the communities being served. Programs should have resources in place to assist with clients for whom English is not the native language.

- SAMHSA's FindTreatment.gov behavioral health treatment services locator provides the option to filter by special populations served and can therefore be used to find providers of treatment for particular populations of interest.
- SAMHSA's web page "Workforce" includes information on cultural competence.
- SAMHSA's *TIP 59: Improving Cultural Competence* includes information on core competencies for various providers as well as how to provide culturally responsive evaluations and treatment services, improve organizational cultural competence, and provide culturally competent behavioral health treatment to major racial and ethnic groups.

Program staff should also be equipped with the knowledge and skills to recognize and address the needs of people who have experienced trauma. Resources on trauma-informed service provision include the following:

- SAMHSA's *TIP 57: Trauma-informed Care in Behavioral Health Services*.
- Trauma resources collated by the SAMHSA Center for Integrated Health Solutions.
- SAMHSA's GAINS Center provides a half-day training, called *How Being Trauma-Informed Improves Criminal Justice System Responses*, to criminal justice professionals and behavioral health professionals who work with justice-involved populations. A 1.5-day train-the-trainer version of this workshop is also offered.
    - To locate a trauma-informed response trainer in your jurisdiction, use the trainer locator. To inquire regarding a training or train-the-trainer version, please contact SAMHSA's GAINS Center directly.

Use of Evidence-Based Practices and Recovery Support Services in MAT Programs

MAT is an evidence-based practice (EBP) with studies confirming the efficacy of methadone, buprenorphine, and naltrexone.[8] However, the various components of an effective MAT program are still being understood. There is conflicting evidence regarding the effectiveness of psychosocial therapy in conjunction with pharmacotherapy,[9,10,11,12] and the research cited above indicates that the use of medications alone can have significant impacts on improved substance use outcomes. However, SAMHSA recommends that psychosocial treatment be provided as part of a comprehensive treatment approach to opioid use disorder.[13]

When working with individuals involved in the criminal justice system, it is important to consider what criminogenic risks and needs (also called criminogenic factors) they may have, which, if left unaddressed, may increase their risk for further justice involvement.[14] MAT programs should include psychosocial therapies to address at least three criminogenic factors[15] to holistically address the individual's opioid use disorder and risks for justice involvement. The risk-need-responsivity (RNR) model supports programs in addressing criminogenic factors by assessing and shaping services to an individual's risks, needs, and responsivity.

- The publication *Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery* provides strategies for addressing these factors using the RNR model within correctional programming.
- The National Institute of Corrections publication *RNR Model for Offender Assessment and Rehabilitation* (2007) provides the eight criminogenic factors; definitions for risk, need, and responsivity; and the overarching principles of the RNR model.

Additional information regarding the provision of evidence-based behavioral health treatment to people with justice involvement may be found as follows:

- SAMHSA's *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide*.

To ensure the EBPs used are having the intended effects, programs should incorporate the regular collection and review of data to assess fidelity to the models being used and to measure outcomes. Programs should take steps to analyze outcomes by race, ethnicity, and gender to ensure the EBPs are having the intended effects across all groups in the service area.

Recovery support services encompass a wide range of treatment, social, and community-based services. For general information on recovery and recovery support, see SAMHSA's web page "Recovery and Recovery Support."

Specific recovery support services and associated resources include, but are not limited to, the following:

Housing

- The U.S. Department of Housing and Urban Development's *Federal Housing Resources Guide* includes information on vouchers for people with disabilities and other special needs.
- The U.S. Department of Housing and Urban Development's publication *Section 811 Supportive Housing for Persons with Disabilities*.
- Local or state-level programs.

Employment

- SAMHSA's *Supported Employment Evidence-Based Practices (EBP) Kit*.

Peer Support

- SAMHSA's *What Are Peer Recovery Support Services*.
- SAMHSA's web page "Integrating Peer-support Services" provides recommendations on integrating peer services.

5. Education and Technical Assistance

Addressing Systemic or Agency-Specific Barriers to Implementing MAT

Barriers to implementing and accessing MAT within a community or correctional setting will vary depending on local resources and infrastructure. Those interested in implementing MAT for criminal justice-involved populations should consider, at minimum, the following potential barriers:

- **Program capacity.** Depending on the type of MAT program, federal regulations may limit the number of patients a provider can treat. More information about these limits and how to apply for an increased patient cap are available through SAMHSA's web page "Apply to Increase Patient Limits."
- **Facilities.** Those implementing MAT should consider the logistics of how staff will complete intakes and offer other necessary services in the facility. This is particularly important in correctional settings, where private space may be limited.
- **Cost for patients.** Cost is of importance in a criminal justice context because of the employment barriers associated with criminal justice involvement. Patients may have difficulty financing their MAT treatment and the costs associated with accessing it (e.g., obtaining identification, transportation, and childcare). Those considering MAT implementation should identify all costs a patient may incur and consider how to offset them when possible. Further information on this is available in the "Funding/Healthcare Reimbursement" section of this document.
- **Transportation.** In rural areas, patients may live several hours from the nearest MAT facility. For this reason, some programs choose to prescribe forms of MAT that do not require frequent visits to a medical facility. Offering telehealth options for counseling can also lower the transportation barrier to treatment for patients.
- **Lack of stable housing.** The bidirectional link between homelessness and criminal justice involvement makes lack of stable housing an important barrier to anticipate when treating people who are justice involved.[16] The U.S. Interagency Council on Homelessness' publication titled "Strategies to Address the Intersection of the Opioid Crisis and Homelessness" offers more information on how to provide treatment to homeless individuals.

- **Patient identification.** Some MAT providers require patients to provide photo ID to receive treatment. People who are transient or experiencing homelessness as well as those in correctional facilities may not have a valid photo ID and may not possess other documents necessary to obtain an ID, such as a birth certificate. Local social welfare organizations (e.g., homeless shelters, charities, and religious organizations), law clinics, and voter ID organizations can assist individuals in obtaining IDs; creating relationships with these organizations may streamline the process. Additionally, it may be helpful to communicate with local motor vehicle offices to prepare them to assist people seeking IDs in order to enter treatment services.
- **Lack of reentry supports.** Individuals who start MAT inside correctional settings will need support to ensure continuity of care, reduce risk of relapse or overdose, and continue progress in their recovery. This includes addressing housing, transportation, follow-up appointments, and other critical needs prior to the person's release.

More information on common barriers to accessing MAT services and how to overcome them is available in the Agency for Healthcare Research and Quality's publication *Implementing MAT for Opioid Use Disorder in Rural Primary Care: Environmental Scan, Volume 1*. Although this document focuses primarily on the rural context, many of the barriers and strategies may apply elsewhere.

Technical Assistance from Federal Agencies and National Experts

The following federal agencies (and specific offices within them) and nongovernmental organizations have expertise in MAT, some specifically in delivery of MAT to criminal justice-involved populations. Many of these agencies offer opportunities to request specialized technical assistance and training:

SAMHSA

- Division of Pharmacologic Therapies.
- Center for Substance Abuse Treatment.
- Regional OTP Compliance Officers.
- SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation.

BJA

- Comprehensive Opioid Abuse Program (COAP).
- LawEnforcement Naloxone Toolkit.
- National Training and Technical Assistance Center.
- Residential Substance Abuse Treatment for State Prisoners Program Training and Technical Assistance.

HRSA

- Opioid Crisis.

Addiction Technology Transfer Center Network

- Taking Action to Address Opioid Misuse.

National Sheriffs' Association

- Opioid Epidemic Initiatives.

National Association of Counties

- Opioid Epidemic Resource Center.

6. Data and Evaluation

Evaluation and Continuous Quality Improvement for MAT Programs

As with all behavioral health programs, MAT programs must implement processes to foster continuous quality improvement and to evaluate the program's outcomes and impacts on a regular basis. As programs monitor fidelity to the models for the evidence-based practices incorporated in their MAT program, there should also be regular evaluations of the MAT program as a whole, to ensure the program is having its intended effect across the entire patient population, including within the various racial and ethnic groups served. Reporting and compliance checks should be conducted regularly to ensure that MAT providers are adhering to local, state, and federal regulations.

Federal resources can provide guidance on how to use data to improve prevention of opioid use disorder and response efforts:

- For information on how HHS uses data to aid its response to the opioid crisis, see its web page "Better Data." This web page also provides links to some state and regional data resources.
- Descriptions and specific implementations of CDC programs, such as Enhanced State Opioid Overdose Surveillance and the Data-driven Prevention Initiative, may provide inspiration to those developing data-driven programs of their own.

State and regional programs can also serve as exemplars of how to use data to monitor and improve opioid use disorder treatment programs:

- The Pennsylvania Opioid Overdose Reduction Technical Assistance Center's presentation titled "Using Data to Combat the Opioid Epidemic: Public Health Perspective" provides guidance on the kinds of data to collect, how data can be used to improve responses to the opioid epidemic, and how to share findings among stakeholders.
- The document titled *Convening: MAT for Justice-involved Populations: Selected Literature Review* highlights the importance of data in the Medication Assisted Treatment and Directed Opioid Recovery (MATADOR) program in Massachusetts.

Data and Information Sharing for Interagency MAT Programs

All stakeholders involved will need to discuss and come to agreement around the data that will be shared for collaborative treatment and continuity of care, program monitoring, and evaluation activities. Having clarity around the critical data variables needed will enable the stakeholders to determine the best approach to setting up the exchange system and agreements.

When delivering MAT services to people who are justice involved, behavioral health providers and criminal justice professionals will need to communicate frequently and clearly. Treatment providers may sometimes need to share information about a patient's course of treatment with criminal justice professionals to facilitate continued treatment and patient safety. However, the entities involved in MAT provision may differ in their understanding of what information should be shared and how. For example, law enforcement might request patient records and expect that they be shared under all circumstances; however, federal law (42 Code of Federal Regulations [CFR] Part 2) protects patient records

from law enforcement seizure. All entities involved in MAT service provision should establish clear expectations about information sharing to prevent misunderstanding and to guide resolution of disputes.

Confidentiality Laws

Two sets of federal confidentiality laws pertain to patients receiving MAT services: HIPAA and 42 CFR Part 2 (within the Code of Federal Regulations). It is essential that data sharing procedures comply with federal laws as well as state laws.

HIPAA was created to protect the privacy of individuals' medical records and other personal health information, while 42 CFR Part 2 addresses concerns about the use of substance use disorder treatment information outside of treatment contexts. It is essential that MAT programs comply with all state and federal regulations pertaining to storage and sharing of protected health information (covered under HIPAA) and substance use disorder treatment information (covered under 42 CFR Part 2). Treatment provider agencies should consult with legal counsel to ensure compliance.

The following resources provide more information about HIPAA:

- The Center of Excellence for Protected Health Information, funded by SAMHSA, provides access to training, resources, and technical assistance to enable programs to ensure patient privacy and confidentiality.
- The HHS web page titled "Health Information Privacy: HIPAA for Professionals" provides accessible, comprehensive guidance to healthcare professionals on HIPAA provisions and their practical applications. Treatment provider agencies should refer to this resource for any questions about HIPAA, with a particular focus on the following sections:
    - "Special Topics: Information Related to Mental and Behavioral Health, including Opioid Overdose" provides several links to further resources and fact sheets.
    - "FAQs: May a covered entity collect, use, and disclose criminal justice data under HIPAA?" describes circumstances under which criminal justice data is considered protected health information, healthcare providers' ability to collect and disclose patient criminal justice data, and guidelines for engaging third parties in data aggregation and linkage.
    - Office of Civil Rights disseminated a bulletin on HIPAA Privacy in Emergency Situations.

The following resources provide more information about 42 CFR Part 2:

- SAMHSA's publication, *Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data*.
- SAMHSA's "Substance Abuse Confidentiality Regulations" web page, which includes links to fact sheets and answers to frequently asked questions about 42 CFR Part 2.

Additionally, some states have laws that maintain stricter standards of patient privacy than HIPAA. In all cases, both HIPAA and state laws need to be followed. Information about state privacy laws is available from the following sources:

- State department of health websites.
- The HealthIT.gov "HIPAA vs. State Laws" web page, which links to documents explaining how HIPAA interacts with state laws regarding patient privacy.
- The HealthIT.gov "Patient Consent for Electronic Health Information Exchange" web page, which addresses how HIPAA applies to electronic health records, particularly as it relates to patient education, use of technology, and relevant laws and policies.

Data Sharing Procedures

There are several types of data sharing procedures MAT teams might consider using, including, but not limited to, business associate agreements, memoranda of understanding, and releases of information. Before establishing any

data sharing procedures, treatment provider agencies should thoroughly review the following resources to familiarize themselves with the purpose of such agreements and to guide their choice between the various types:

- BJA's publication titled *Information Sharing in Criminal Justice—Mental Health Collaborations: Working with HIPAA and Other Privacy Laws* contains essential guidance on legal and practical considerations related to sharing patient data between behavioral health and criminal justice systems. It also recommends strategies and answers frequently asked questions (FAQs) for criminal justice and behavioral health stakeholders.
- The National Association of Counties' blog post, "Point-of-service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions," recaps the 2018 Best Practices Implementation Academy convened by SAMHSA's GAINS Center and provides valuable guidance on what to consider when establishing data sharing procedures.
- The National Association of Counties publishes resources on using and sharing data on the organization's website.

Appendix 1

Medication-Assisted Treatment (MAT) Implementation Checklist: Implementation Questions

1. Extent of the Problem

- ☐ 1a. Has a substance use system/needs assessment within your community been conducted?
  - Which substance is most problematic in your community?
  - How is substance use related to reoffending in your community?
  - Does your agency use a mapping software, such as the Overdose Detection Mapping Application (ODMAP), to understand trends in fatal and nonfatal overdose deaths?
- ☐ 1b. How prevalent is opioid use disorder in your community?
  - What are the demographic characteristics of those with opioid use disorder in your community?
  - How many people experience nonfatal opioid overdose annually in your community?
  - How many people experience fatal opioid overdose annually in your community?
- ☐ 1c. Are there significant barriers related to accessing medication-assisted treatment (MAT) in your community?

2. Workforce Issues

- ☐ 2a. To what extent are your agency leadership and workforce supportive of MAT?
- ☐ 2b. What training and education have staff in your agency received around substance use, opioid use, treatment options, and local intervention programs?
- ☐ 2c. Does your agency employ a professionally diverse workforce that can inform agency decisions and approach?
- ☐ 2d. What materials are readily available for your agency's staff to use internally and externally regarding substance use and opioid use disorders, as well as best practices in prevention, intervention, and treatment?
- ☐ 2e. What strategies does your agency have in place to address secondary or vicarious trauma and the well-being of employees delivering services?

3. Funding and Healthcare Reimbursement

- ☐ 3a. What costs are directly associated with opioid issues in your community?
- ☐ 3a. Who will pay for MAT?
  - Federal sources, such as grants, the Veterans Health Administration, or Medicare?
  - State sources, such as block grants, state appropriations, or Medicaid?
  - Local sources, such as county appropriations?
  - Private sources of funding, such as private health insurance or grants from private foundations?

4. Community and Systems Partners

- ☐ 4a. To what extent are local community members and stakeholders supportive of MAT?
  - Who are the local champions of MAT?

- ☐ 4b. What is the level of family engagement and support provided through your local MAT programs?
- ☐ 4c. What MAT resources and treatment programs are available to your community?
- ☐ 4d. Do the MAT resources and programs available to your community provide integrated mental and substance use disorder treatment and care?
- ☐ 4e. Are the MAT programs available to your community accredited and in compliance with appropriate oversight bodies?
- ☐ 4f. Are the MAT resources and programs available to your community culturally responsive?
- ☐ 4g. Are the MAT resources and programs available to your community trauma informed?
- ☐ 4h. What recovery support services are available in your community (e.g., affordable housing, competitive employment, and peer support)?
- ☐ 4i. What evidence-based practices (EBPs) are incorporated in your local MAT programs (e.g., use of American Society of Addiction Medicine criteria, cognitive behavioral therapy)?
  - Are the EBPs producing the desired outcomes or impacts?

5. Education and Technical Assistance

- ☐ 5a. What culturally responsive educational resources provide ongoing information about MAT to your community?
  - What are the strategies for increasing buy-in among community members?
  - What resources are available to support information dissemination?
- ☐ 5b. How is your agency working with others to actively use media, including social media, to reduce negative associations with substance use disorders, promote participation in treatment, and inform others on prevention and treatment options?
  - Is your agency identifying and reaching the priority audience?
  - Is your agency listening to the community to ensure that they are getting the correct messages out to the public?
- ☐ 5c. Are there systemic or agency-specific barriers to implementing MAT in your community that need to be addressed?
  - Are there state regulatory or policy barriers to implementing MAT (e.g., limits on the duration of treatment and prescriptions, fail first policies)?
- ☐ 5d. Are there similar jurisdictions nearby that are having success with MAT that could potentially participate in a peer-learning opportunity with your community?
- ☐ 5e. Has your agency considered requesting assistance from federal agencies and national experts?

6. Data and Evaluation

- ☐ 6a. What continuous quality improvement and evaluation processes are in place for MAT programs in your community?
  - Are EBPs implemented accurately and in a culturally responsive way?
- ☐ 6b. Does your agency and its partners know what types of data and case information need to be shared to facilitate communication, collaboration, and continuity of care?
- ☐ 6c. Does your agency have a process for sharing data and information internally and with community partners?
  - What data sharing policies and procedures does your agency have in place?

7. Specific Considerations for Treatment Provider Agencies

- ☐ 7a. How well does your agency's staff understand the science of substance use and addiction and the research on MAT?
  - What is the plan to educate members of your organization/agency about MAT?
  - What training is available to staff on documentation, credentialing, the scientific basis of MAT, and program implementation?
- ☐ 7b. Who are the subject matter experts available for ongoing support?
- ☐ 7c. How will a client's level of care be determined?
  - If your agency cannot meet patients' needs, where will they be referred for a higher level of care?
- ☐ 7d. Which MAT medications will be offered by your agency?
- ☐ 7e. What therapeutic services will be part of the program (including those provided by the clients' primary care physicians, other mental health treatment agencies, other certified substance abuse counselors, etc.)?
- ☐ 7f. How will informed consent be managed, ensuring all required and necessary information is clearly conveyed?
  - Does your agency know all risks and benefits of all MAT medications?
  - How will your agency ensure client buy-in and continuous engagement?
- ☐ 7g. How will MAT medications be controlled and monitored?
- ☐ 7h. Does your agency plan to co-prescribe naloxone?
- ☐ 7i. How will your agency engage with criminal justice personnel (e.g. community corrections officers, judges)?

8. Specific Considerations for Sheriffs, Jail Administrators, Law Enforcement, and Prosecutors

- ☐ 8a. What do the annual data reveal regarding the opioid epidemic in your community?
  - What percentage of individuals are in jail due to drug-related charges?
  - What percentage of individuals are in jail with opioid use disorder?
  - What is the number of opioid-related fatal overdoses in your community?
  - What is the number of opioid-related nonfatal overdoses in your community?
- ☐ 8b. Does the jail use validated screening and assessment instruments?
  - Have community law enforcement officers been trained to identify and effectively address situations involving persons with mental and substance use disorders?
  - Does your agency lead or participate in a diversion or MAT program?
  - Do diversion options include on-demand, rapid response, or follow-up support services?
  - Have the correctional staff been trained to identify and effectively address situations involving persons with mental and substance use disorders?
  - What community partners are accessible to agency staff to assist with diversion opportunities?
  - Do the relevant policies and procedures promote access to and equity in treatment?
- ☐ 8c. What approach(es) will be included in your jail-based MAT program?

- Will program staff establish treatment with warm hand-offs to community-based treatment providers upon release?
- Will program staff establish maintenance of treatment protocols in the community prior to incarceration?
- What are your agency's post-overdose follow-up policies, practices, and resources?

☐ 8d. Will in-house medical staff or community-based providers prescribe medications?

- Will participants be prescribed the MAT medication most appropriate for their medical needs (e.g., methadone, buprenorphine, or naltrexone)?

☐ 8e. What withdrawal protocols are in place for assessing and treating people in the jail who are in active withdrawal?

☐ 8f. Will therapeutic programming (e.g., cognitive behavioral therapy) be provided in-house or through a community-based provider?

☐ 8g. Will participants' re-entry plans utilize peer support, in-reach services, and warm hand-offs to community-based treatment providers upon release?

☐ 8h. If incarceration is deemed necessary, what MAT services are available during confinement and following release?

9. Specific Considerations for Judges and Court Administrators

☐ 9a. What are the federal, state, and local laws and regulations regarding MAT?

☐ 9b. What is your court's capacity to provide MAT programming or link defendants with community-based MAT programs?

☐ 9c. What is the process(es) for a defendant to access MAT?

☐ 9d. How does the local treatment provider network communicate with your court?

10. Specific Considerations for Community Corrections

☐ 10a. How will individuals who may be appropriate for MAT be identified and involved?

☐ 10b. What percentage of people served have an opioid use disorder?

☐ 10c. How well does your agency's staff understand the science of substance use and addiction and the research on MAT? How will any opposition to the use of medications to treat substance use disorders be addressed?

☐ 10d. What is the level of support for each type of medication: Methadone? Buprenorphine? Naltrexone?

☐ 10e. Who are the local MAT providers, where are they located, are they culturally competent, and do they offer a full continuum of care?

☐ 10f. What kinds of financial assistance might clients receive in order to afford MAT?

- Did your state expand Medicaid coverage?
- Does it suspend or terminate coverage for individuals who are incarcerated?
- Do they receive assistance for reinstatement?

☐ 10g. Who assists individuals during the transition from jail/prison into the community?

☐ 10h. How will clients' ongoing needs following the initial assessment for MAT be monitored?

- How frequently will clients be reassessed?
- How will your agency work with treatment providers and other criminal justice partners to support clients' recovery?

Appendix 2

Resources for Treatment Provider Agencies

Addiction Science, National Institute of Drug Abuse

Drugs, Brains, and Behaviors: The Science of Addition, National Institute of Drug Abuse

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, U.S. Department of Health and Human Services

PCSS Mentoring Program, Providers Clinical Support System (PCSS)

Federal Guidelines for Opioid Treatment Programs, SAMHSA

Medication-Assisted Treatment of Opioid Use Disorder Pocket Guide, SAMHSA

Opioid Prescribing Courses for Health Care Providers, SAMHSA

Buprenorphine Training for Physicians, SAMHSA

The ASAM Criteria, American Society of Addiction Medicine

MAT for Opioid Addiction in Opioid Treatment Programs: TIP 43, SAMHSA

Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence, World Health Organization

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction: TIP 40, SAMHSA

Medication and Counseling, SAMHSA

Behavioral Health Treatment Services Locator, SAMHSA

State Opioid Treatment Authorities

U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose, Health and Human Services

Forging a Law Enforcement and Substance Abuse Treatment/Recovery Partnership, Colorado Consortium for Prescription Drug Abuse Prevention

Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery, Bureau of Justice Assistance, National Institute of Corrections, The Council of State Governments, Justice Center

Substance Abuse Treatment for Adults in the Criminal Justice System: TIP 44, SAMHSA

Resources for Sheriffs, Jail Administrators, Law Enforcement, and Prosecutors

ODMAP: A Digital Tool to Track and Analyze Overdoses, National Institute of Justice

The Unprecedented Opioid Epidemic: As Overdoses Become a Leading Cause of Death Police, Sheriffs, and Health Agencies Must Step Up Their Response, Police Executive Research Forum

Comprehensive Opioid Abuse Program (COAP) Resource Center, Bureau of Justice Assistance

National Archive of Criminal Justice Data (NACJD), Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, University of Michigan

National Survey on Drug Use and Health (NSDUH), SAMHSA

National Drug Early Warning System, National Institute of Drug Abuse, University of Maryland

The Sequential Intercept Model: Advancing Community-based Solutions for Justice-Involved People with Mental and Substance Use Disorders, SAMHSA's GAINS Center

Law Enforcement/First Responder Diversion, Bureau of Justice Assistance, COAP

Prosecutor-Led Diversion (PLD) Toolkit, Bureau of Justice Assistance, Association for Prosecuting Attorneys

Police-Mental Health Collaboration, Bureau of Justice Assistance

Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities, SAMHSA

Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field, National Sheriffs' Association and National Commission on Correctional Health Care

Detoxification and Substance Abuse Treatment: TIP 45, SAMHSA

Medication Assisted Treatment for Offender Populations, Bureau of Justice Assistance, RSAT Training and Technical Assistance

MAT Inside Correctional Facilities: Addressing Medication Diversion, SAMHSA

Role of Correctional Officers in Jail/Prison Substance Use Disorder Treatment Programs, RSAT Training and Technical Assistance

Screening and Assessment of Co-Occurring Disorders in the Justice System, SAMHSA

NIDA Quick Screen V1.0

Substance Use Screening & Assessment Instruments Database, Alcohol & Drug Abuse Institute, University of Washington

Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States, SAMHSA

Detoxification of Chemically Dependent Inmates: Clinical Guidance, Federal Bureau of Prisons

Safe Withdrawal in Jail Settings: Preventing Deaths, Reducing Risk to Counties and States, Center for Health and Justice at TASC

Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide, SAMHSA

Mental Health Standards, National Commission on Correctional Health Care

Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment, National Institute of Corrections

Partnering with Jails to Improve Re-entry: A Guidebook for Community-based Organizations, Urban Institute

Critical Connections: Getting People Leaving Prison and Jail the Mental Health Care and Substance Use Treatment They Need, Bureau of Justice Assistance and the National Reentry Resource Center

Prison/Jail Medication Assisted Treatment Manual, RSAT Training and Technical Assistance

Medication-Assisted Treatment in Prisons and Reentry Programs, Office of National Drug Control Policy

Resources for Judges and Court Administrators

National Judicial Opioid Task Force

National Drug Court Institute

MAT and OTP Statutes, Regulations, and Guidelines, SAMHSA

Medication Assisted Treatment for Addiction, National Center for State Courts

Medication Assisted Treatment Course, National Drug Court Resource Center

A Technical Assistance Guide for Drug Court Judges on Drug Court Treatment Services, Bureau of Justice Assistance Drug Court Technical Assistance Project

Medication-Assisted Treatment in Drug Courts: Recommended Strategies, Legal Action Center and Center for Court Innovation

Adult Drug Court Best Practice Standards Vol. 1, National Association of Drug Court Professionals

Behavioral Health Treatment Services Locator, SAMHSA

Resources for Community Corrections

Medication-Assisted Treatment for Opioid Addiction in a Criminal Justice Context: An Implementation Brief for Community Supervision, Great Lakes Addiction Technology Transfer Center and Treatment Alternatives for Safe Communities

Screening and Assessment Tools Chart, National Institute on Drug Abuse

The ASAM Criteria, American Society of Addiction Medicine

MAT and OTP Statutes, Regulations, and Guidelines, SAMHSA

Commission on Accreditation of Rehabilitation Facilities (CARF)

Medicaid Suspension Policies for Incarcerated People: 50 State Map, Families USA

Patient Assistance Program Center, Rx Assist

Endnotes

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