



Foundation *for*  
Opioid Response Efforts

3/23/23

# Expanding Access to Opioid Use Disorder Treatment During and After Incarceration

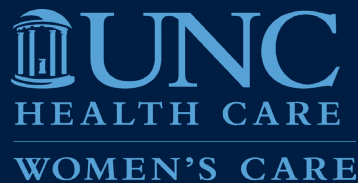
Legal Action Center

University of Maryland School of Medicine

University of North Carolina – Horizons Program



LEGAL  
ACTION  
CENTER



UNC Horizons Program



UNIVERSITY *of* MARYLAND  
SCHOOL OF MEDICINE

# Introduction



02

**Ken Shatzkes, PhD**  
Program Director  
Foundation for Opioid Response Efforts



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<https://www.ForeFdn.org>

# Agenda

03

- 1. Introduction to FORE and Webinar Logistics**  
Ken Shatzkes, PhD (FORE)
- 2. Leveraging Medicaid's New Reentry Demo Opportunity to Improve OUD/Other Needed Care Access Before Reentry**  
Gabrielle de la Guéronnière, JD (Legal Action Center )
- 3. Treatment with Buprenorphine through Telemedicine in a Rural Criminal Justice Setting**  
Eric Weintraub, MD (University of Maryland School of Medicine) &  
Captain Daniel Lasher (Allegheny County Sheriff's Office)
- 4. Re-imagining Caring for Pregnant and Postpartum Women During and After Incarceration If North Carolina Followed California's 1115 Waiver Policy**  
Essence Hairston, LCSW, LCAS, CSI (UNC Chapel Hill – Horizons Program)
- 5. Audience Q&A**  
Karen Scott, MD, MPH (FORE)

# Webinar Logistics

04

1. The webinar is being recorded and will be available on [www.ForeFdn.org](http://www.ForeFdn.org) shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
  - If you have a similar question, please upvote using the thumbs up button on the question.
  - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

# FORE Grantee Portfolio

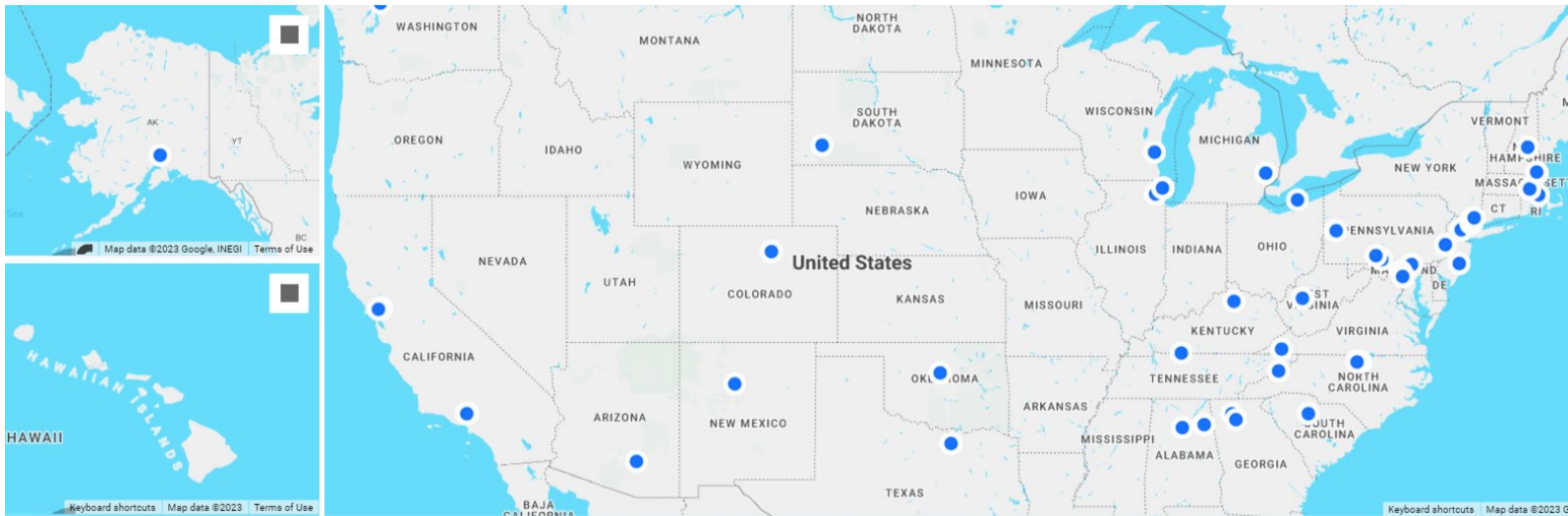
Grants to date:

74

Amount awarded:

\$33.9M

05



See all FORE Grantees on our website:  
<https://www.ForeFdn.org/Our-Grantees/>

# INSPIRE AND ACCELERATE



Professional  
education



Payer & Provider  
strategies



Policy initiatives



Public awareness

06

## FORE Programs and Partnerships

FORE grantmaking programs to date have focused on:

- **Access to treatment** for vulnerable populations
- Responding to the **COVID-19 pandemic** through recovery services and evaluation of regulatory policies
- **Innovation** challenge to tackle some of the opioid crisis' most intractable problems (such as stigma, as well as generating more timely and actionable data)
- **Family- & community-based prevention** for children and families at high risk

Coming soon: **Supporting Community-Driven Responses to Opioid Use Disorder and Overdose Mortality**

# Webinar Presenters



07



**Gabrielle de la Guéronnière, JD**

Vice President of Health & Justice Policy  
Legal Action Center



**Eric Weintraub, MD**

Associate Professor  
University of Maryland  
School of Medicine

**Daniel Lasher**

Captain  
Allegany County Sheriff's Office



**Essence Hairston, LCSW, LCAS, CSI**

Program Manager  
University of North Carolina - Horizons Program

# Leveraging Medicaid's New Reentry Demo Opportunity to Improve OUD/Other Needed Care Access Before Reentry



08



**Gabrielle de la Guéronnière, JD**

Vice President of Health & Justice Policy  
Legal Action Center



# What We'll Discuss



09

- Background
- Highlights of California's newly approved Medicaid Reentry 1115 waiver
- Potential next steps, challenges, and opportunities

# What We'll Discuss



10

- **Background**
- Highlights of California's newly approved Medicaid Reentry 1115 waiver
- Potential next steps, challenges, and opportunities

# The Problems We Face



11

- Most incarcerated people have significant untreated health conditions, including OUD/SUD and mental health conditions
- Quality evidence-based care access during incarceration is extremely limited largely due to stigma and financing barriers
- People are often disconnected from eligible health coverage, particularly Medicaid, at reentry
- Black and brown people are overrepresented at every stage of the system and, coupled with systemic racism in the health care system, have disproportionate unaddressed health needs
- Rates of overdose and suicide at reentry are extremely high

# The Opportunity



12

- Medicaid is the single largest payer of MH and SUD services
- With FORE's support, LAC examined activity around the country to improve Medicaid coverage for people in the criminal legal system
- Areas of focus included:
  - Supporting Medicaid eligibility screening and enrollment in carceral settings
  - Promoting continuous Medicaid coverage with active Medicaid upon release
  - Supporting care access upon reentry
  - Better leveraging Medicaid to strengthen access to OUD/SUD and MH medications, services, and supports
    - Best practices at every point

# The Opportunity



13

- CMS's new Medicaid Reentry Demonstration Opportunity will allow states to waive the "Inmate" Exclusion Provision
- With one narrow exception, federal law has precluded federal Medicaid dollars from financing health care while people are incarcerated
- Opportunity of 90% federal matching funds for care provided to people in the Medicaid expansion population
- At the end of January, California became the first state to obtain CMS approval for its Medicaid reentry demonstration proposal

# What We'll Discuss



14

- Background
- **Highlights of California's newly approved Medicaid Reentry 1115 waiver**
- Potential next steps, challenges, and opportunities

# Purpose and Goal of California's Medicaid Reentry Waiver



15

- Allows FFP (Medicaid federal dollars) for certain pre-release services to certain Medicaid- and CHIP-eligible incarcerated people for up to 90 days before release; the 1115 waiver seeks to:
  - Provide short-term Medicaid enrollment assistance and certain prerelease service coverage to ease successful care transitions
  - Improve the identification and treatment of certain chronic and other serious conditions to:
  - Reduce use of acute care after release, and
  - Test whether prerelease service coverage improves utilization and continuity of MAT and other SUD and MH treatment to strengthen health outcomes and reduce suicide- and overdose-related death

# Participation Criteria



16

- To be eligible, individuals must:
  - Be enrolled or eligible for Medicaid or eligible for CHIP if not for their incarceration
  - Be incarcerated in state prisons, county jails, and youth correctional facilities
  - Be 90 days from the expected date of release (fewer days for people who are expected to be released from incarceration in fewer than 90 days), and
- Meet one or more health-related criteria (see next slide)
- However, Medicaid- or CHIP-eligible people incarcerated in a youth correctional facility who are 90 days from release DO NOT need to meet any clinical criteria to qualify.



# Health-Related Participation Criteria



17

- To meet the health-related criteria requirement, an individual must have a confirmed or suspected diagnosis of
  - A mental health condition
  - SUD
  - A chronic health condition or significant non-chronic clinical condition OR
- An intellectual or developmental disability
- A traumatic brain injury
- A positive test or diagnosis of HIV or AIDS, or
- Current pregnancy or being within a 12- month postpartum period

# Covered Pre-Release Services



18

- In-reach case management services
- Physical and MH/SUD clinical consultation services (in-person or telehealth), for diagnosis, treatment, or to support pre-release case managers' post-release treatment plan/discharge planning
- Laboratory and radiology services
- Medications and medication administration
- Medication Assisted Treatment (MAT) for all FDA-approved medications, with accompanying counseling, and
- Services of community health workers + community navigators with lived experiences
- Minimum 30 days of outpatient prescribed medications and over-the-counter drugs and durable medical equipment

# Eligible Providers



19

- Medicaid participating providers
- CHIP participating providers, or
- Carceral providers, while beneficiaries are incarcerated, who must allow patients to establish relationships with community-based providers
- All participating providers:
  - Must be licensed, registered, certified, or otherwise appropriately credentialed or recognized practitioners under CA law and meet other state law requirements re: providing services within their scope of practice and supervision
- Must first have necessary experience and receive appropriate training

# Additional Key Provisions



20

- Prohibition on federal funds supplanting state/local funding and required reinvestment of certain federal matching funds to improve the health of currently and formerly incarcerated people
- Discussion of Medicaid eligibility and enrollment activities
- Data collection and evaluation
- Including surveying incarcerated people
- Demo is approved to run from April 2024 – December 2026

# What We'll Discuss



21

- Background
- Highlights of California's newly approved Medicaid Reentry 1115 waiver
- **Potential next steps, challenges, and opportunities**

# Anticipated Next Steps



22

- Forthcoming State Medicaid Directors Letter outlining this “Reentry Demonstration Opportunity” in the “near future”
- Will include guidance to states on expectations for a state implementation plan and reinvestment plan
- Likely approval of other pending state Reentry waivers and development of Reentry demos by other states
- Lots of focus on implementation, including cross-system coordination needs, and what else is needed to support the infrastructure
- Continued discussion at the federal level and in the states

# Questions and Considerations



23

- As this opportunity is implemented, how can we best ensure that incarcerated people are treated with respect as patients in an environment characterized by punishment and coercion?
- How can we best leverage this opportunity to improve health outcomes for reentering people with MH/SUD and to strengthen health equity?
- How can we best strengthen the community-based provider system to improve meaningful access to culturally effective MH, SUD, and other health care?

# Treatment with Buprenorphine through Telemedicine in a Rural Criminal Justice Setting



24



**Eric Weintraub, MD**

Associate Professor

University of Maryland School of Medicine

**Daniel Lasher**

Captain

Allegany County Sheriff's Office





# Opioid Overdose Deaths

25

- Opioid overdose deaths have totaled **more than 1 million** since 1999
- 2020 overdose deaths increased by **29.4%** from 2019 to a total of 93,655
- Opioid overdose deaths increased another **15%** in 2021 to 107,622
- **70%** of overdose deaths are directly related to opioids
- Approximately **200 deaths per day** from an opioid overdose
- Significant increase in rural overdose deaths



# Medication Based Treatment: FDA Approved

26

- **Methadone** (Methadose; Dolophine; generic)
- **Buprenorphine** (Suboxone; Subutex; Bunavail; Zubsolv; generics)
- **Naltrexone** (Trexan; Vivitrol; generic)



# Medication Based Treatment

27

- Increases retention in treatment
- Decreases illicit opioid use
- Decreases rate of overdoses by **up to 50%**
- Improves social functioning
- Decreases transmission of infectious diseases
- Decreases criminal activity



# Availability of Medication Based Treatment in Rural Areas

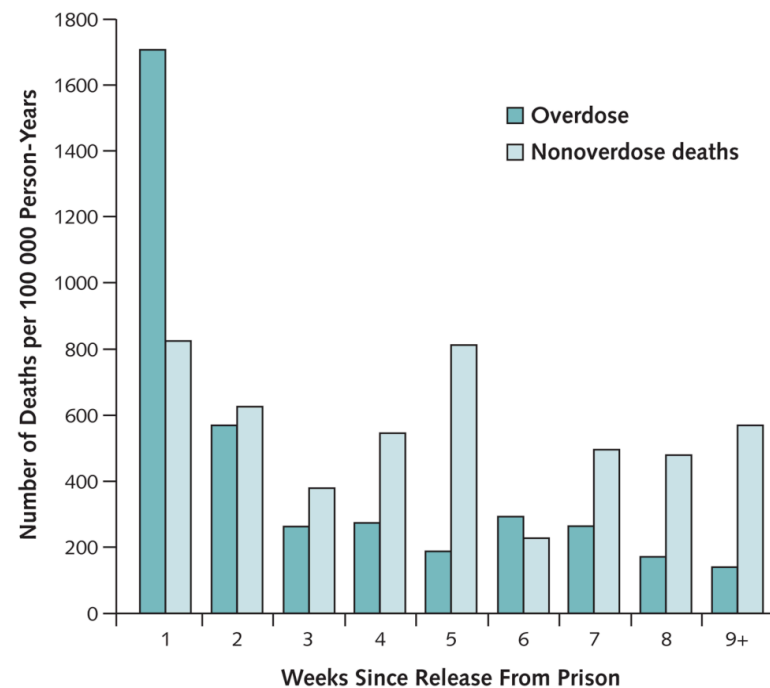
- In 2020, **45%** of counties had a facility offering any MOUD.
- In 2020, **9%** of counties had a facility offering all forms of MOUD.
- In 2020, **83%** of individuals are **10 miles** from a facility offering MOUD treatment.
- More population dense areas have higher rates of facilities providing MOUD.
- Driving times to treatment providers urban vs rural
  - **12 to 61** minutes for OTP
  - **5 to 21** for buprenorphine provider



# Incarcerated Individuals Have a Heightened Risk of OUD and Overdose

29

- **58-63%** meet criteria for SUD (Bronson et al., 2017)
- **15%** meet criteria for OUD (NASEM, 2019)
- **15%** of deaths upon release involve opioid overdose (Binswanger et al., 2013)
- Risk of OOD is **12.7x greater** in the initial weeks following release (Merrall et al., 2010)



Binswanger et al (2013)



# Correctional Facilities MOUD

30

- **632 of 5,000** correctional facilities offer MOUD
- **32.1% of 838** surveyed jails offer any type of MOUD



# MOUD Jail Outcome Studies

31

- Study of incarcerated individuals released from New York jails from 2013-2017, those that received MOUD up to 3 days prior to release had an 80% reduction in overdose mortality risk.
- A study in Massachusetts compared two groups of inmates post release. Those that were on buprenorphine were approximately less than 30% likely to be re-incarcerated.



# UM Telemedicine Program

32

- Brief history
- Different models
- The opportunity to get into the jails



...with a second van soon



# Maryland Rural MOUD Telemedicine Program



33

- County Health Departments
- Substance Use Treatment Centers
- Mobile Unit
- County Jails/FORE Grant



# Essential Program Elements

34

- Standard Operating Procedures (SOP's)
- Program Champion
- Team Coordination
- Provider Availability
- Bridge Prescribing
- Post Release Treatment Planning



# Implementation

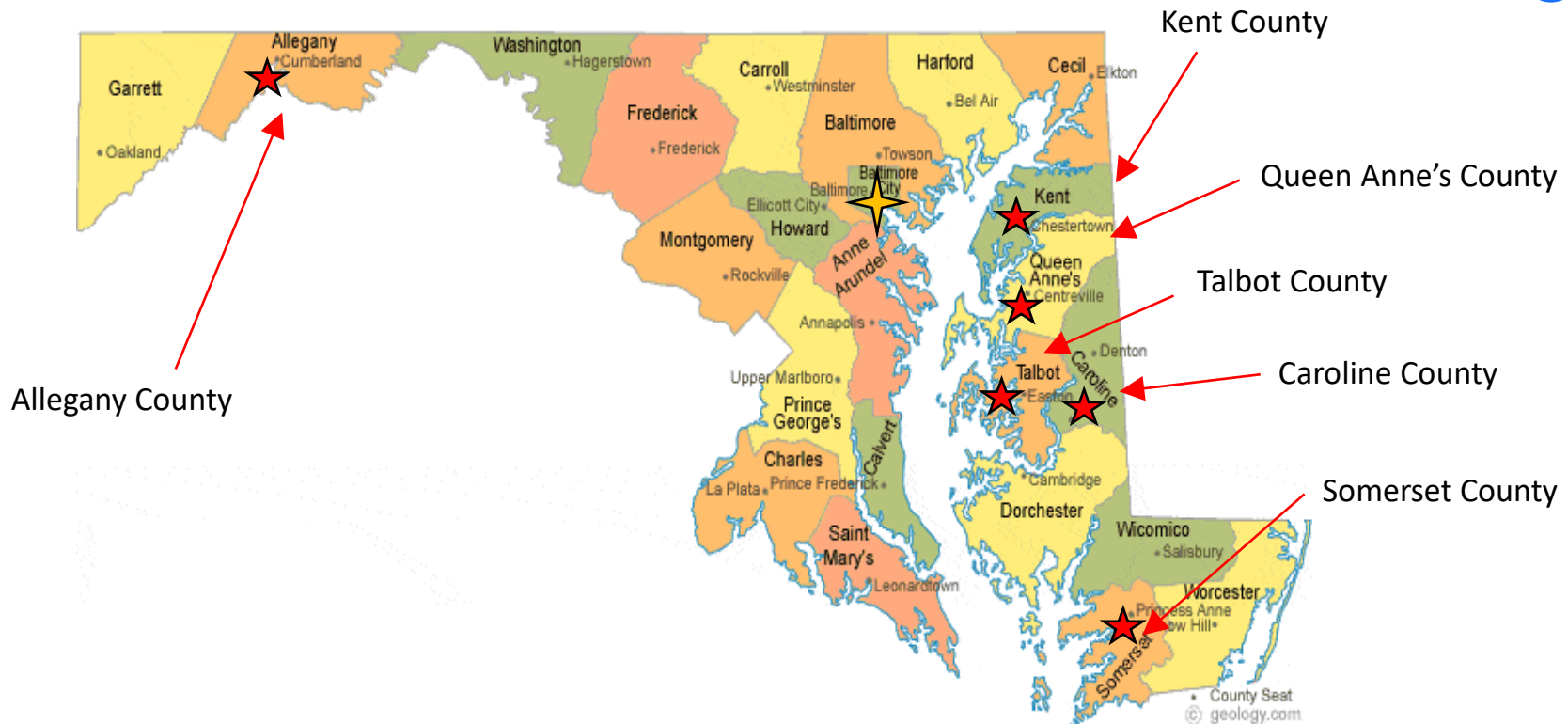
35

- **Implementation Team**
  - Warden/Correctional Staff
  - Health Department
  - Jail Medical Team
  - UMSOM team
- **Implementation Challenges**
  - Detention center/county buy-in
  - Lack of medical unit space and pending construction
  - Lack of staffing (medical, peer-recovery specialists/social workers, and correctional officers)



# UM Telemedicine Buprenorphine Program Site Locations

36





# Preliminary Data

37

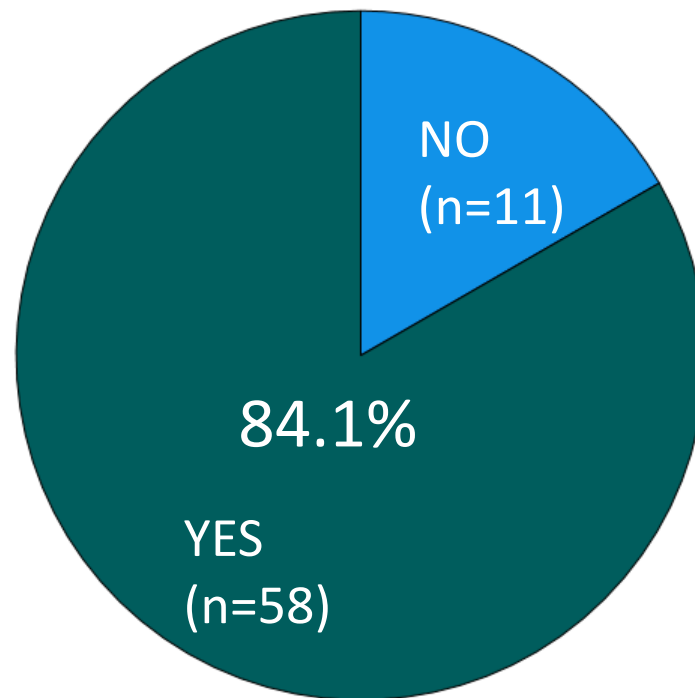
- From 9/1/22, 388 out of 767 inmates have screened positive for opioid misuse
- 319 patient treated with buprenorphine since program inception in May of 2021 (270 unique individuals)
- 283 patients treated and released
- Approximately 25-35 patients in treatment at any one time.



# Post-Discharge Outcomes: Allegany County DC

38

- Filled their bridge prescription in the community?





# Implementation Outcome: Acceptability

39

- Acceptability is an important factor in the assurance of program validation
- “Buy-in and support from leadership and staff at all levels is critical to success” (National Council for Behavioral Health, 2020)

# Re-imagining Caring for Pregnant and Postpartum Women During and After Incarceration If North Carolina Followed California's 1115 Waiver Policy



40



**Essence Hairston, LCSW, LCAS, CSI**

Program Manager

University of North Carolina - Horizons Program



# Objectives



41



1. Summary of Jenna's Project and EMPOWER



2. Discuss policy implications following approval of California's 1115 waiver



3. Recommendations for the field

# Jenna's Project



42

Witnessing the increase in overdoses among pregnant and parenting women transitioning from prison



Site: North Carolina Correctional Institute for Women (NCCIW)



Interdisciplinary team provided comprehensive care coordination upon release for up to six months from the release date

OBGYN – GOG

NCCIW

UNC Family  
Medicine

UNC  
Psychiatry



Main milestones:

50 participants

Reduce opioid-related injuries  
and deaths



# Jenna's Project Outcomes



43

- Connected with two prisons (NCCIW and Anson CI), 40 jails in North Carolina, and one federal prison in Carswell, Texas
- Reduced perinatal incarceration by intervening at the jails
- n=132 unduplicated pregnant and postpartum
- 1.5% return to illicit substances
- 0% opioid related-deaths or injuries
- In 2021, integrated a SUD counselor at NCCIW's prenatal Clinic



# Perinatal Substance Use Services at North Carolina Correctional Institute for Women



44

In 2020, a proposal was submitted to NCCIW to advocate for integrating perinatal SUD counseling

2021 – Perinatal SUD counseling was approved to join NCCIW's prenatal clinic led by Dr. Andrea Knittel

Utilized Horizons High-risk clinic structure

- Licensed clinical addiction specialists
- Comprehensive care coordination
- Provides individual counseling before or after Ob appointments
- Evidence-based models and culturally-relevant services
- Psychoeducation
- Coping skills
- Transition planning



As of today, Dr. Andrea Knittel Ob clinic is the first integrated Prenatal SUD clinic in a carceral setting.

# Engaging and Motivating: Preventing Overdoses Among Women via Effective Re-entry (EMPOWER)



45

Awarded in 2022 by the North Carolina Department of Health and Human Services

State-wide pilot project to work with women-identified people leaving 3 prisons

All women leaving prison with a SUD diagnosis or history of substance misuse

Hub-and-spoke model

- Interdisciplinary team provides comprehensive care coordination upon release for up to six months from the release date

## Main milestones

- 400 participants
- Reduce opioid-related injuries and deaths

Project started September 1<sup>st</sup> (*30 referrals in one month at one prison*)

# Recovery-supported Housing: Perinatal Incarceration and Substance Use



46

Awarded in 2021 by Wake County Board of Commissioners and American Rescue Plan – COVID-19 disparities



To address social drivers and to reduce health, racial, and social inequities among pregnant or postpartum people leaving prison in NC, including mitigating caregiver-child separation due to substance use-related charges



Includes five fully furnished apartments and a housing manager in Wake County



Comprehensive physical and behavioral health services:

Case management	Individual counseling	Vocational training	Prenatal care & doula support services	Primary care	Medication for MOUD and MAUD
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# Objectives



47



1. Summary of Jenna's Project and EMPOWER



2. Discuss policy implications following approval of California's 1115 waiver



3. Recommendations for the field

# Policy Implications: Request Access to Health Coverage



48

Request that jails and prisons:

- **Submit healthcare new or renewal applications** three months prior to release (90-day mark), if not **before**.
- Ensure that all pregnant and parenting women have **uninterrupted health coverage when they leave** jails and prisons, including extending coverage **up to one-year post-delivery**.
- **Collaborate with behavioral and physical health providers** to augment service gaps, including **contracting with county-driven Medicaid and Medicare managed care organizations**.
- Have an **electronic medical record** to ensure that continuity of **care and prescriptions** can occur at each entry point or transition.





# Policy Implications: Request Ongoing Access to Medication for Opioid Use Disorder

- In 2023, the revision of the Omnibus Bill **removed the federal requirement for X Waiver registration** and the notice of intent so that providers can prescribe Buprenorphine.
- The removal of the X Waiver Registration will **increase the flexibility of prescribing Buprenorphine in jails and prisons.**
- Request that **postpartum women can maintain their medication plan** and Buprenorphine dose.
- Pregnant women at North Carolina Correctional Institute (**NCCIW**) is one of few facilities that **can provide MOUD during pregnancy.**



# Policy Implications: Request a Reduction in the use of Safekeeping Practices



50

- Safekeeping originated during the reconstruction era as a **form of discipline and enslavement** of Black men and women throughout Southern states.
- Safekeeping is the **involuntary movement of a pregnant woman from a county jail to a women's prison because of their pregnancy status despite being convicted**; however, safekeeping also implies to men and women with untreated medical or psychiatric diagnoses
- **Request that only individuals who have been convicted are transported to prisons** to address physical and behavioral health needs
- **Request** that pregnant and parenting women are **offered perinatal and maternal substance use treatment programs** as a form of alternative placement
- Request that **jails contract with physical and behavioral providers**, including patient navigators with lived experience, to avoid the transition to prison



# Objectives



51



1. Summary of Jenna's Project and EMPOWER



2. Discuss policy implications following approval of California's 1115 waiver



3. Recommendations for the field

# Recommendations: Implement Transdisciplinary Collaborations



52

Housing Specialists to identify  
safe and validated housing

Attorneys, Probation and  
Parole and Local Reentry  
Councils and Reentry  
partners

Workforce Agencies to  
promote employment goals

Child Welfare and Protection  
Services to promote visitation  
and reunification at the time  
of release

Comprehensive physical and  
behavioral health services

# Recommendations: Promote Gender-responsive Recovery and Reentry Planning



53

- Acknowledge the **parallel of recovery and reentry**, and limitations that impede successful transitioning efforts
- Facilitate **transition planning at six months** prior to release that includes a comprehensive clinical and case management assessment
- Facilitate **culturally-responsive recovery and reentry treatment plan** through person-centered and family-centered transition planning
- Provide **comprehensive referrals that support recovery**, physical health and reproductive health and sexual health, and women's autonomy

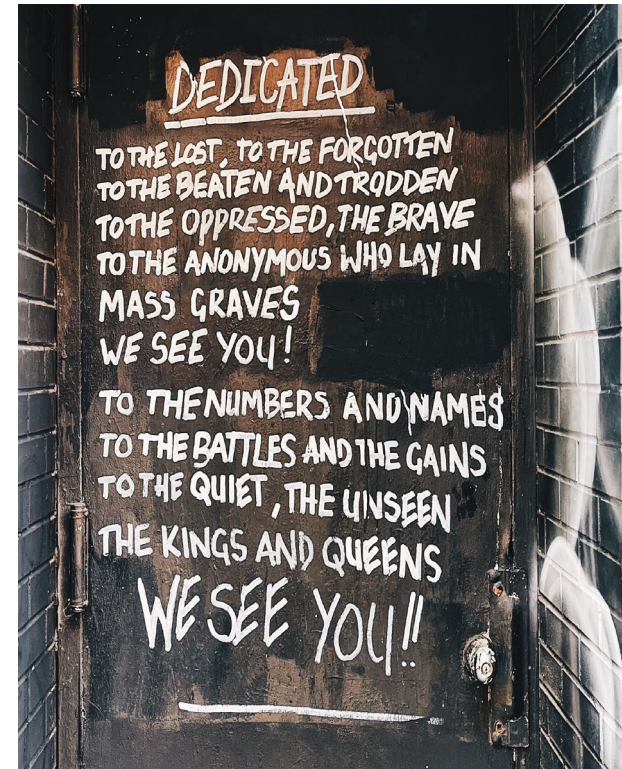


# What You Can Do Today



54

- **Inform** providers of the removal of the X Waiver registration to expedite access to Buprenorphine
- **Understand** the historical context of treating substance use during the perinatal period, and **be informed** of the safekeeping laws in your state
- **Ensure that court officials, jails, and prisons, are informed** of treatment options, and provide a menu of options as alternative options to incarceration
- **Be informed of the evidence-based treatment programs in your county** and state to help tailor recovery and reentry services for women leaving jails and prisons



# Questions?



55



**Gabrielle de la Guéronnière, JD**

Vice President of Health & Justice Policy  
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**Take Care of Yourself!**  
**Thank You For Your Work!**





### About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit [www.ForeFdn.org](http://www.ForeFdn.org).

57



### About Legal Action Center

The Legal Action Center (LAC) uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with arrest and conviction records, substance use disorders, and HIV or AIDS. LAC works to ensure that health care is accessible and affordable and to end the criminalization of substance use disorders and mental illness. LAC works to eliminate unjust barriers to employment, housing, legal benefits, and other life essentials that individuals in reentry and recovery need to support themselves, their families, and our shared communities. For five decades, LAC's legal and policy projects have helped hundreds of thousands of individuals by protecting their civil and privacy rights, promoting a health-first approach, breaking down discriminatory barriers, and fighting systemic injustice and racism.

For more information, please visit <https://www.lac.org/>.





### About University of Maryland School of Medicine

The University of Maryland School of Medicine was chartered in 1807 as the first public medical school in the United States. Now in its third century, the University of Maryland School of Medicine was chartered in 1807 as the first public medical school in the United States. It continues today as one of the fastest growing, top-tier biomedical research enterprises in the world -- with 46 academic departments, centers, institutes, and programs, and a faculty of more than 3,000 physicians, scientists, and allied health professionals, including members of the National Academy of Medicine and the National Academy of Sciences, and a distinguished two-time winner of the Albert E. Lasker Award in Medical Research.

For more information, please visit <https://medschool.umaryland.edu/>

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58



### About University of North Carolina - Horizons Program

The Horizons Program at the UNC School of Medicine is a substance use disorder treatment program for pregnant and/or parenting women and their children, including those whose lives have been touched by abuse and violence. Horizons started in the UNC Department of Obstetrics and Gynecology in 1993 in response to the epidemic of drug and alcohol use in the late 1980s. With so many families affected by addiction, there was a great need in North Carolina for a treatment and recovery program for pregnant and mothering women – one that helped to resolve the issues of drug use that are specific to women and their families, and one that kept those families together.

For more information, please visit <https://www.med.unc.edu/obgyn/horizons>



General inquiries: [info@ForeFdn.org](mailto:info@ForeFdn.org)



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[www.ForeFdn.org](http://www.ForeFdn.org)

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