



# Addressing Misconceptions About and Barriers to Medication-Assisted Treatment in Criminal Justice Settings

November 19, 2020

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# Welcome and Introductions

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# Welcome

- Rachel Brushett, Ph.D., Senior Policy Advisor, Bureau of Justice Assistance
- Melissa Stein, Dr.PH, Senior Research Associate, Criminal Justice Division, Policy Research Associates, Inc. (PRA)
- Alex Dorman, M.N.O., M.A., Research Coordinator, Oriana House, Inc.
- Sheriff Jaime FitzSimons, Summit County Sheriff's Office, Colorado

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# Presenter

Melissa Stein, Dr.PH

- Provides research, technical assistance (TA), and training services at PRA
- Directs communications for the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation
- Is certified to provide Sequential Intercept Model mapping workshops and train-the-trainer workshops for PRA's Trauma Training for Criminal Justice Professionals
- Has provided TA, research, and writing around implementing assisted outpatient treatment programs, medication-assisted treatment (MAT) in justice settings, race equity and inclusion, supporting behavioral health professionals working with justice populations, and more



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# Presenter

Alex Dorman, M.N.O., M.A.

- Has been with the research department at Oriana House Inc., a large, nonprofit community corrections agency based in Akron/Cleveland Ohio, for six years; he currently works as the research coordinator
- Is currently the project evaluator on a three-year 2017 SAMHSA Drug Court Enhancement Grant for Summit County Drug Courts
- Has worked in many different community correction programs, typically in a research/evaluator role
- Has been published in the Journal of Community Corrections and the Journal for Advancing Justice



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# Presenter

## Sheriff Jaime FitzSimons

- Leads the Summit County Sheriff's Office, where he directs the work of 100 dedicated law enforcement and civilian employees in serving the residents and visitors of Summit County, Colorado
- Has served as patrol deputy, detective, and operations division commander
- Has spent his career building and maintaining partnerships and collaborative relationships with numerous local agencies and organizations, as well as state and federal agencies
- Since becoming sheriff in 2016, has focused on community and jail-based mental health and substance use disorder (SUD) programs



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# Learning Objectives



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# Learning Objectives

- Describe three common misconceptions and barriers to implementing medication-assisted treatment (MAT) in criminal justice settings
- Discuss one way to reframe a common misconception regarding MAT in criminal justice settings
- List two potential solutions for a barrier to providing MAT in criminal justice settings

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As Stated by  
Criminal Justice Professionals:  
**Perceptions and Barriers Related to  
Medication-Assisted Treatment**

Melissa Stein, Dr.PH

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# Purpose

- MAT is underutilized among criminal justice programs despite its positive outcomes for individuals with opioid use disorder (SAMHSA, 2019)
- This study sought to examine perceptions and barriers related to MAT among different criminal justice stakeholders, including
  - Law enforcement
  - Sheriffs/jail leadership
  - Court officials, including prosecutors, judges, and treatment court directors
  - Community corrections officials
  - Community-based treatment providers

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# Methodology

- Data collection
  - One-on-one semi-structured interviews with 13 criminal justice stakeholders
  - 5 expert panels with 30 criminal justice stakeholders
- Thematic analysis, using the constant comparison method
  - Themes explored across six topical areas
    - Extent of the problem
    - Workforce issues
    - Cost and health care reimbursement
    - Community and systems partners
    - Education and TA
    - Data and evaluation

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# Extent of the Problem

- Challenges to identifying and serving individuals with opioid use disorder
- Concerns regarding medication diversion and misuse in the community
- Barriers to addressing complex needs of individuals
  - Insufficient infrastructure and capacity to meet demand (housing, treatment slots, etc.)
  - Comorbid chronic diseases
  - Lack of transportation

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# Workforce Issues

- Staffing challenges
  - Lack of buy-in for MAT
  - Lack of “fit” between staff and roles
  - Unclear communication channels
- Training needs
  - General education and training to support buy-in for MAT
  - Paradigm shift from correctional perspective to a more clinical approach
  - For jail medical staff, community-based providers, and correctional officers

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# Funding/Health Care Reimbursement

- Competing priorities
- Challenges to funding medications
  - Limited agency budgets
  - Challenges to ensuring continuity in medication access
  - Suspended/terminated Medicaid coverage
- Funding driving treatment decisions
  - Medication decisions
  - Psychotherapy offerings

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# Community and Systems Partners

- Challenging community perceptions
- Barriers to cross-systems coordination
- Need to engage partners



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# Education and Technical Assistance

- Importance of the medical model of addiction
- Misconceptions related to MAT
  - Expectations around “weaning off” medications
  - Misunderstandings around the use/purpose of different types of medications

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# Data and Evaluation

- Evidence-based screenings and assessments
- Evaluation of MAT program outcomes to support anecdotal success stories
- Starting with baseline measurements
  - Demographics
  - Number of participants started
  - Rate of engagement during program
- Progressing to operational metrics
  - Transition of care/continuity of care
  - Treatment retention rates

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# Steps Towards Change

- Support logistical and attitudinal changes
  - Implement routine, ongoing cross-trainings involving criminal justice and behavioral health professionals
  - Expand offerings of medications available for MAT in criminal justice settings
- Leverage the Sequential Intercept Model to facilitate coordination and cross-professional education, training, and cost sharing
- Conduct evaluations of MAT program and share the results
  - Increase buy-in for MAT by demonstrating and measuring positive outcomes
  - Seek to publicize results through journals and other means

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# Contact Information

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## References

Neal, Melissa, Lisa Callahan, Chan Noether, & Erika Ihara, 2019, “As Stated by Criminal Justice Professionals: Perceptions and Barriers Related to Medication-assisted Treatment,” *Journal for Advancing Justice*, Vol. II: 109–128. [https://www.nadcp.org/wp-content/uploads/2019/07/Journal-for-Advancing-Justice-Volume-II\\_Final.pdf](https://www.nadcp.org/wp-content/uploads/2019/07/Journal-for-Advancing-Justice-Volume-II_Final.pdf)

Substance Abuse and Mental Health Services Administration (SAMHSA). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. HHS Publication No. PEP19-MATUSECJS Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2019.

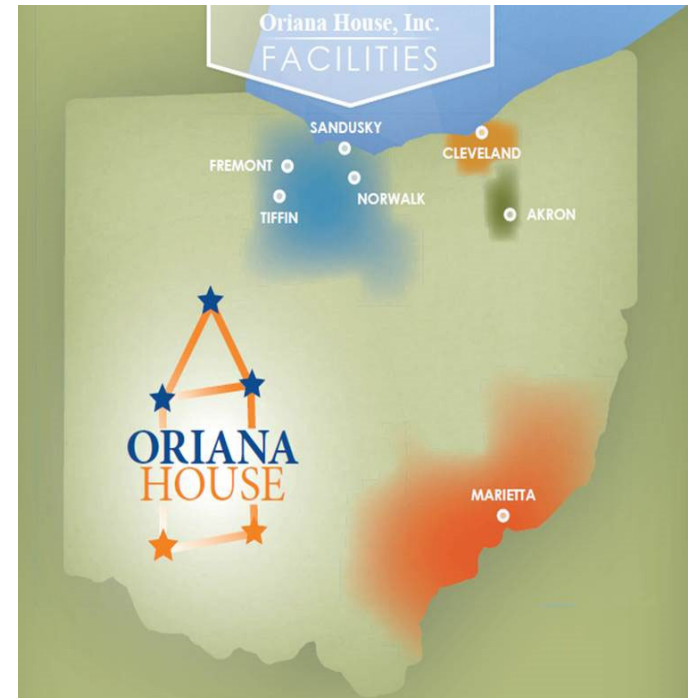
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# Research on Knowledge and Beliefs Regarding Medication-Assisted Treatment Among Treatment and Criminal Justice Professionals

Alex Dorman, M.N.O., M.A.

# Background

- Private community corrections nonprofit
- Spectrum of programs
- Four distinct regions
- 15,500-plus clients served
- Robust research department
- Offers MAT in all four regions



*"Oriana House provides quality and humane chemical dependency treatment and community corrections services to clients while contributing to safer communities"*

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# Stigma Associated With Substance Use Disorder

- Stigma related to substance use disorder (SUD) and recovery is well-documented
- 28% of Americans believed that, even with treatment, individuals with SUD could never get well and return to productive lives (Barry, McGinty, Perscolido, & Goldman, 2014)
- Individuals with co-morbidities or other barriers to treatment, such as mental illness or poverty, were more likely to report stigma as a barrier to seeking SUD treatment (Connor & Rosen, 2008)

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# Prior Research on Stigma (1 of 2)

- 17.2% of respondents in need of SUD treatment did not seek treatment because it might cause neighbors or community members to have negative opinions of them (SAMHSA, 2017)
- Misconception about SUD as a choice, therefore the use of MAT, equates to a lack of will power to stop using opioids/alcohol (Conner & Rosen, 2008; Earnshaw, Smith, & Copenhaver, 2013; Olsen & Sharfstein, 2014; White 2009)



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# Prior Research on Stigma (2 of 2)

- Tangible, detrimental consequences
  - Judges forbidding the use of MAT
  - Nursing homes refusing to accept elderly individuals using MAT because they are unable or unwilling to comply with Drug Enforcement Administration storage requirements for MAT
  - Trouble with some Alcoholics Anonymous and Narcotics Anonymous Groups
  - Communities opposing MAT services being offered in their neighborhoods  
(Olsen & Sharfstein, 2017; Robertson & Swartz, 2018; White, 2011; Woods & Joseph, 2015)

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# Prior Research on Provider/Client Relationships

- Quality of the treatment provider relationship directly associated with
  - Better treatment retention
  - Better treatment engagement
  - Lower post-treatment substance use (Marsh, Angell, Andrews, & Curry, 2012)
- Quality of the relationship with individuals in the criminal justice system
  - Problem-solving court judges (National Association of Drug Court Professionals' Best Practice Standards)
  - Probation officer as a “coach” (Lovins, Cullen, Latessa, & Jonson, 2018)

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# Current Study

- Project on exploring knowledge and beliefs about MAT, conducted in 2016
- Collaboration between treatment department and research department
  - Investment in understanding misconceptions about MAT
  - Based on Dr. Kim Sperber's statewide research from a peer nonprofit organization
- Unique opportunity
  - No similar research
  - Access to a large sample population (800-plus employees)
  - Different perspectives
    - Treatment versus corrections
    - Management versus workforce

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# Current Study: Methods

- Quantitative study involving a survey incorporating three measures
  - Knowledge of MAT
  - Opinions of MAT
  - Sources of information
- Logistic regression analysis to compare responses between positions
  - Adjusted for time spent working at the agency

# Current Study: Sample

Position	n	%	Description
Resident Supervisor	53	22.6	Entry-level program staff; operate facilities
Caseworker	54	23.1	Provide case management
Treatment Staff	37	15.8	Provide treatment services: intensive outpatient, after care, etc.
Ancillary Staff	47	20.1	Specialists: employment/education, intake, continuous quality improvement
Management Staff	43	18.1	Supervisors, management

# Current Study: Results on Knowledge

Those who agreed

Employee Knowledge About MAT	n	%
MAT helps people who are diagnosed with SUD control their drug use	200	92.6
If a client is in MAT, he or she still needs to do counseling and/or group therapy	214	99.0
MAT reduces relapse	175	84.1
I know what methadone is and how it is used in MAT	159	73.3
I know what buprenorphine (Suboxone) is and how it is used in MAT	175	81.0
I know the difference between oral naltrexone and injectable naltrexone and how it is used in MAT	159	73.6
MAT helps people who are diagnosed with SUD control their drinking	142	66.1

# Current Study: Results on Opinions

Those who disagreed

Employee Knowledge About MAT	n	%
MAT is just substituting a prescription drug for an illegal drug	158	73.8
There is not enough evidence that shows MAT actually works	160	75.1
MAT rewards criminals for being drug users	195	93.7
MAT prolongs addiction	176	81.1
The clients are not interested in using medications as part of their treatment plans	162	81.0

# Current Study: Results on Opinions

Those who agreed

Employee Knowledge About MAT	n	%
MAT is just substituting a prescription drug for an illegal drug	56	26.2
There is not enough evidence that shows that MAT actually works	53	24.9
MAT rewards criminals for being drug users	13	6.3
MAT prolongs addiction	41	18.9
The clients are not interested in using medications as part of their treatment plans	38	19.0



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# Current Study: Differences by Position

The odds of holding negative beliefs were significantly greater among resident supervisors when compared with

- Caseworkers: 4 instances
- Ancillary staff: 3 instances
- Treatment staff: 5 instances
- Management staff: 6 instances

The odds of not having accurate knowledge of MAT were significantly greater among resident supervisors when compared with

- Caseworkers: 4 instances
- Ancillary staff: 1 instances
- Treatment staff: 7 instances
- Management staff: 5 instances

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## Current Study: Differences by Position

- The odds of agreeing to the statement “There is not enough evidence that shows MAT actually works” among resident supervisors is 12.3 times that of treatment staff
- The odds of agreeing to the statement “MAT prolongs addiction” among the resident supervisors is 7.7 times that of the management staff
- The odds of agreeing to the statement “MAT is just substituting a prescription drug for an illegal drug” among the resident supervisors is 3.1 times that of the caseworker staff

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# Current Study: Differences by Position

- Who are resident supervisors?
  - Entry-level positions
  - Supervise the day-to-day operations of facilities
  - Model prosocial behavior
- Significant amount of time spent with clients

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# Current Study: Broad Takeaways

1. Small but sizable portions of both criminal justice and treatment professionals are unfamiliar with the benefits of MAT
2. Knowledge and beliefs regarding MAT significantly differed depending on an employee's position within the agency
3. Some professionals continue to hold negative beliefs about MAT

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# Current Study: Limitations

- Research was conducted in 2016
- Survey items did not differentiate among different kinds of MAT
  - Agonist versus antagonist
  - In theory, agonist is viewed more favorably

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# Agency Response

- Resident supervisors stated that their primary source of information about MAT was in-house trainings
- Agency began offering comprehensive MAT training courses following this study
- Agency devoted more time to discussing MAT during agency onboarding

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# Contact Information

Alex Dorman: [AlexJDorman@orianahouse.org](mailto:AlexJDorman@orianahouse.org)

## References

Dorman, Alex, Jaahnavi Badeti, & Alec Boros, 2019, “An Exploration of Knowledge, Opinions, and Stigma Regarding Medication-assisted Treatment among treatment and Criminal Justice Professionals,” *Journal for Advancing Justice, Vol. II*: 93–108, [https://www.nadcp.org/wp-content/uploads/2019/07/Journal-for-Advancing-Justice-Volume-II\\_Final.pdf](https://www.nadcp.org/wp-content/uploads/2019/07/Journal-for-Advancing-Justice-Volume-II_Final.pdf)

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# Medication-Assisted Treatment Implementation in Summit County Jail

Jamie FitzSimons



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# Misconceptions

- “It will be diverted and abused”
  - Naltrexone
  - Not much benefit to diversion
  - Buprenorphine/naloxone (Suboxone)
    - Appropriate dosing reduces the cravings and overall demand
    - Staff training of administration techniques reduces ability to divert
    - Once-daily dosing at appropriate levels reduces the number of med passes and opportunities to divert

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# Misconceptions

- "Opioid addiction is not a medical issue we need to treat in jail"
  - Opioid withdrawal can be terrifying, painful, and life-threatening
  - Alleviating the chronic discomfort of cravings allows inmates to focus on therapy, relationships, and rehabilitation
  - Treatment with MAT can improve sleep, relieving anxiety and irritability and the security risks that go along with these symptoms

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# Barriers

- Staff education and understanding
  - Limited knowledge of the benefits of MAT
  - Security concerns
- Regulations
  - U.S. Drug Enforcement Administration certification for on-site storage
  - No methadone clinic in Summit County

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## Barriers – Funding

- Funding for MAT and the Jail Based Behavioral Health Services (JBBS) Program is provided by a state grant
- JBBS contracts have expanded the requirements surrounding the funding initially allocated for naloxone (Narcan®) nasal kits
  - The Summit County Jail can now use this funding to purchase Food and Drug Administration-approved medications for opioid-specific MAT
  - This allows JBBS programs to provide multiple medications to opioid-using individuals at discharge (in addition to Narcan) to support their continued recovery

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## Barriers – Funding

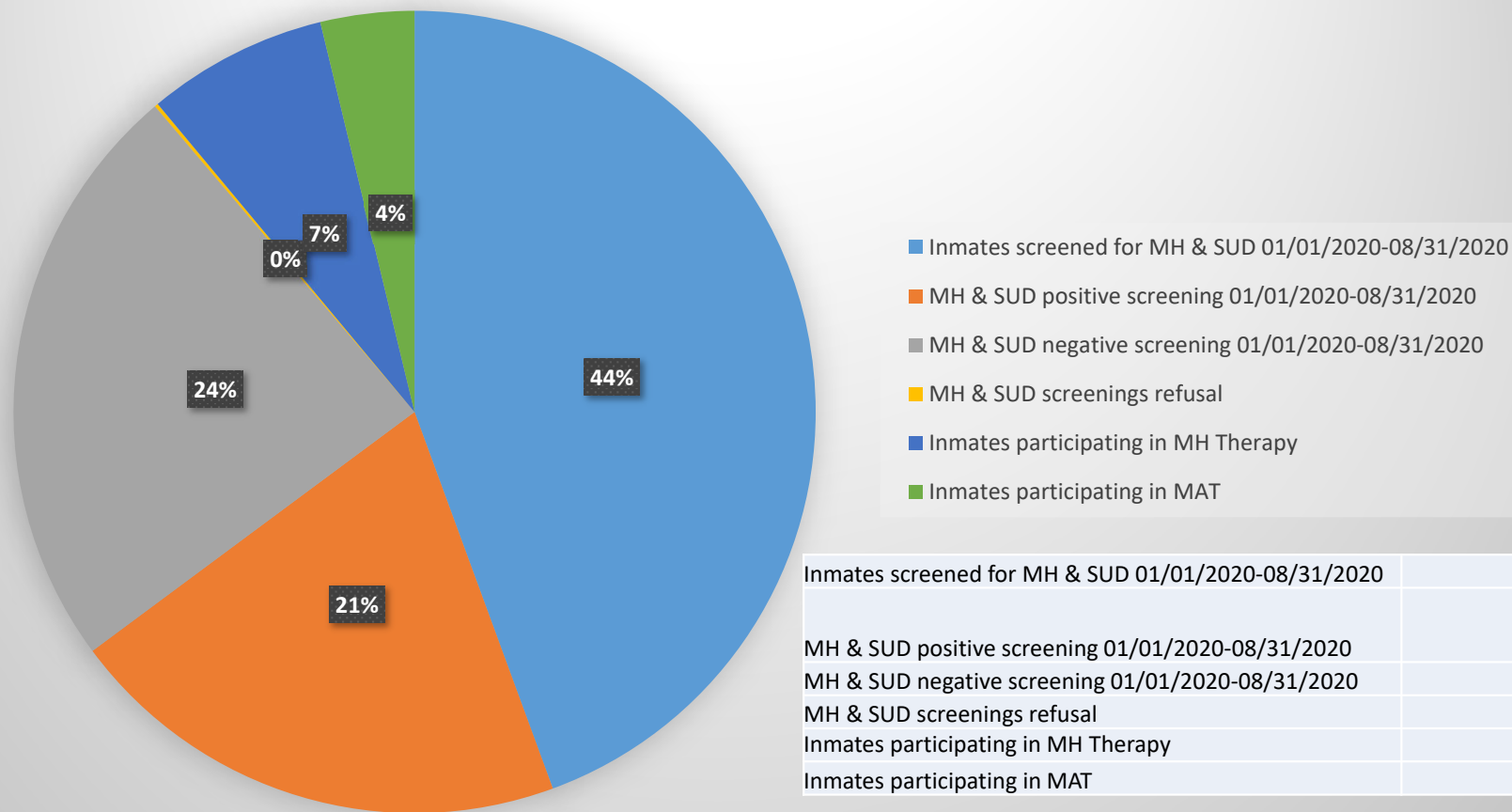
- Each jail participating in JBBS has access to a small amount of funding (~\$873K FY21) for MAT to provide medications and ancillary services (i.e., additional required lab work) through its contracts in the form of a general accounting encumbrance
- The State Opioid Response (SOR) Grant allowed jails access to federal funding with JMAT contracts for jails to provide MAT for staffing, medications, and ancillary services
- Currently, 13 jails have SOR Jail Mediation Assisted Treatment Induction/Continuation (JMAT) contracts. With SOR contracts alone, the Office of Behavioral Health can potentially provide MAT to 63% of Colorado inmates
  - These are mostly large jails participating in SOR JMAT

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# Other Barriers

- On-site prescribing
  - Buprenorphine-waivered prescriber available on-site
  - No opioid treatment program license on-site or in the county
- Mental health (MH) and discharge planning
  - Professional counseling and psychiatric prescribing on-site
  - No methadone clinic in Summit County
  - Several community clinics are willing MAT partners in the county effort

### Mental Health and SUD Data, 01/01/2020- 08/31/2020



Inmates screened for MH & SUD 01/01/2020-08/31/2020	317
MH & SUD positive screening 01/01/2020-08/31/2020	146
MH & SUD negative screening 01/01/2020-08/31/2020	171
MH & SUD screenings refusal	1
Inmates participating in MH Therapy	52
Inmates participating in MAT	27

Owing to COVID-19, the inmate population in the Summit County Jail was reduced by 40%

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# Contact Information

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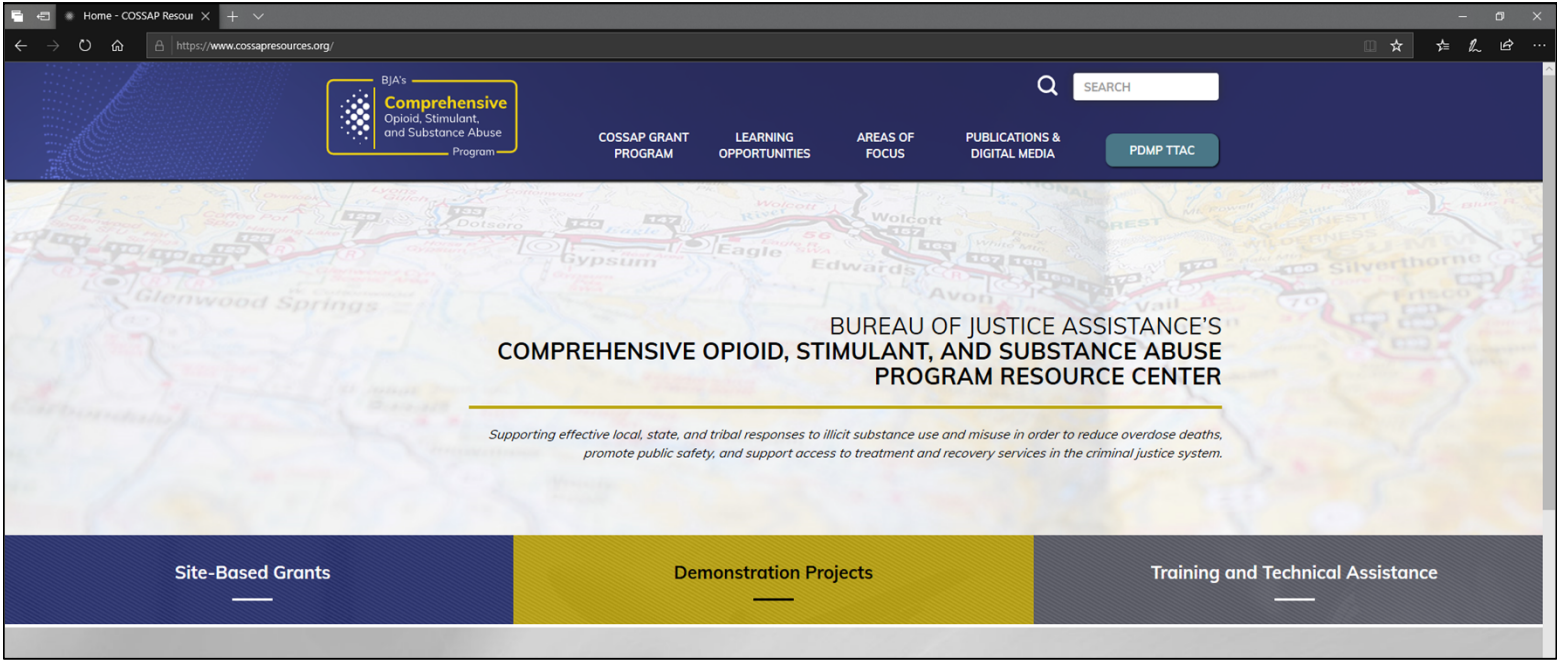




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# Questions?

# Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center



[www.cossapresources.org](https://www.cossapresources.org)



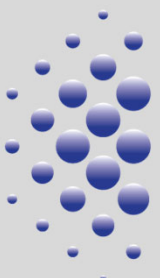
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# COSSAP Resources

**Tailored assistance**—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>

**Funding opportunities**—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>

**Join the COSSAP community!** Send a note to [COSSAP@iir.com](mailto:COSSAP@iir.com) with the subject line “Add Me” and include your contact information. We’ll be happy to ensure that you receive the latest-and-greatest COSSAP opportunities, resources, and updates



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**Comprehensive**  
Opioid, Stimulant,  
and Substance Abuse  
Program