60-minute Presentation

Title: Initiating and Continuing Medications for Opioid Use Disorder During Incarceration

Abstract
The Rhode Island Department of Corrections (RIDOC) recently became the first correctional facility in the US that screens all people who are incarcerated for opioid use disorder (OUD) and makes available three FDA-approved medications for OUD (MOUD). As part of our evaluation of the implementation and impact of this novel program, we are conducting interviews with people who are incarcerated and RIDOC staff members. We are also utilizing administrative data and state-generated datasets to examine the impact of the program on key state-level outcomes. The members of this panel will characterize the perspective of patients, providers, and correctional authorities who are involved with the program and describe the effects of this system-wide policy change on overdose and other key post-release outcomes in RI.

Objectives
By the end of the panel, participants will be able to: (1) identify barriers and facilitators to adopting the program from the perspectives of RIDOC staff and incarcerated patients in the program; (2) characterize fidelity and penetration of the RIDOC MOUD program; and (3) describe the impact of the RIDOC MOUD program on key post-release outcomes among people with recent criminal justice involvement, including rates of opioid-related overdose.

Rationale
Medications for opioid use disorder (MOUD) are among the most effective, evidence-based approaches to reducing the harms of opioid use disorder (OUD). Despite the proven benefits of MOUD and the high concentration of people with OUD who are incarcerated, there has been little adoption of MOUD in US prisons and jails. The Rhode Island Department of Corrections recently became the first and only comprehensive MOUD program in the US that screens all people who are incarcerated for OUD and makes available all three FDA-approved MOUD (i.e., methadone, buprenorphine, and depot naltrexone). The implementation and impact of this program has important implications for other correctional facilities that may wish to implement similar interventions.

Session Content and How Participants will be involved
This panel is designed to provide audience members with an overview of the implementation and impact of the RIDOC MOUD program. We will begin by providing some background on the national overdose crisis and the implications of this epidemic for incarcerated populations. We will then summarize key findings across the three focal areas of our research: (1) perspectives of patients and key stakeholders on barriers and facilitators to adoption; (2) program statistics that summarize the fidelity and penetration of the program; and (3) post-release impact of the program on key outcomes, including overdose fatalities among people with recent criminal justice experience. We will then reserve 20 minutes for a Q&A session with members of the audience about the rollout and outcomes of the intervention.

Session Outline
Background (10 minutes): We will begin by providing an overview of the overdose crisis nationwide and the acute risk of overdose post-release that is experienced by people with OUD who become incarcerated. We will then shift focus to the MOUD program at RIDOC and how this program was implemented.

Perspectives (10 minutes): Next, we will describe findings from the qualitative component of our research study. We are conducting interviews with 40 patients in the MOUD program and 25 key stakeholders, which include RIDOC staff members, administrators, providers, and others who are involved in the delivery of the program. In this section of the panel, we will outline key findings, including barriers and facilitators to program adoption, from the perspectives of patients and key stakeholders.

Program Statistics (10 minutes): In this section, we will describe the fidelity and penetration of the RIDOC MOUD program. Data described in this section may include 1) the total number of people who are incarcerated at RIDOC, 2) the number of incarcerated persons who were screened for opioid use disorder, 3) the number of patients who are referred to a counselor and educated about MOUD, 4) the number of patients who are prescribed MOUD, 5) the number of patients who consent to starting MOUD,
6) the number of patients who continue treatment, and 7) the number of patients on MOUD who are released and successfully connected to MOUD in the community.

Post-release Impact (10 minutes): In the final didactic section, we will describe the impact of the RIDOC MOUD program on key post-release outcomes, including rates of overdose fatality among people with recent criminal justice involvement.

Q&A (20 minutes): The final 20 minutes of the panel will be reserved for audience members to ask questions of panelists about any element of the program and our findings.