

Implementing Evidence-Based Practices in Criminal Justice Settings: MOUD

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Disclaimer

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Overview of Conceptual Model

Phases of Implementation & Target Milestones

Overview of Implementation Facilitation (IF) & Key Considerations

Implementation Facilitation through the lens of MOUD in Department of Corrections

My Mentors in Implementation Science



[JoAnn Kirchner](#), M.D. [JoAnn Kirchner](#), M.D. Founding Principle Investigator for the [Implementation Facilitation Learning Hub](#) Professor, Department of Psychiatry, University of Arkansas for Medical Sciences



[Melissa J. Zielinski](#), Ph.D. (Assistant Professor, Department of Psychiatry, University of Arkansas for Medical Sciences) and the PI on a study examining the implementation of CPT (a gold standard CBT trauma treatment) for incarcerated people with a hx of OUD in DOC's across the country.



[Elizabeth Evans](#), Ph.D Professor of Community Health Education and Acting Chair, Department of Health Promotion and Policy



The goal of this training

- *To understand how to apply these principles to implement MOUD in your DOC*
- *What you can do (or someone else can do) to help the setting implement the innovation*

Definitions



“Innovation” refers to MOUD



“Setting(s)” refers to adult criminal justice settings

1. Department of Corrections
2. Houses of Correction
3. Jails

Use Evidence Based Practices to Implement your MOUD Program



Evidence Based Practice guides
an effective implementation
strategy



There are many available
frameworks.
In this presentation I will be
discussing one framework that
I was trained in:



The Integrated Promoting
Action on Research
Implementation in Health
Services (i-PARIHS) framework

Other conceptual frameworks to explore:

- [Consolidated Framework for Implementation Research \(CFIR\)](#)
- Nilsen P. Making sense of implementation theories, models and frameworks. *Implement Sci.* 2015;10:53. <https://doi.org/10.1186/s13012-015-0242-0>
- Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A., & Estabrooks, C. (2002). Ingredients for change: Revisiting a conceptual framework. *Quality in Health Care*, 11(2), 174–180. <https://doi.org/10.1136/qhc.11.2.174>
- Nilsen, P., & Birken, S. A. (Eds.). (2020). *Handbook on implementation science*. Edward Elgar Publishing.
- [U.S. Centers for Disease Control and Prevention's Replicating Effective Programs \(REP\)](#)

Effective implementation is influenced by four domains and the dynamic interactions between them:



Context: The organizational and system-level factors that influence implementation (e.g., culture, resources, and leadership).



Innovation: Strength and quality of the evidence for the *innovation (MOUD)*.



Recipients: The individuals or groups who are intended to use the innovation.



The active ingredient needed for successful implementation:

Facilitation: The role of individuals or team in supporting and guiding the implementation process.

Harvey, G., & Kitson, A. (2015). PARIHS re-visited: Introducing the i-PARIHS framework. In G. Harvey & A. Kitson (Eds.), *Implementing evidence-based practice in healthcare: A facilitation guide* (pp. 25–46). Routledge, Taylor & Francis. <https://doi.org/10.4324/9780203557334>

MOUD implementation in Department of Corrections

The more complex the innovation

The more complex the environment

.... the more challenging the innovation is to implement

It turns out implementing MOUD in DOC's is challenging

It's not a problem unique to MOUD or DOC's

Complex
clinical
innovations
are hard to
implement

17-20 Years to get clinical innovations
into practice

Fewer than 50% of clinical innovations
ever make it into general use

80% of medical research dollars do
NOT make a public health impact

- E.A. Balas, S.A. Boren Managing clinical knowledge for health care improvement. Yearbook of Medical Informatics, 2000, Schattauer, Stuttgart (2000), pp. 65-70
- F. Mosteller. Innovation and evaluation Science, 211 (1981), pp. 881-886, 10.1126/science.6781066
- Z.S. Morris, S. Wooding, J. Grant. The answer is 17 years. what is the question: understanding time lags in translational research. J. Roy. Soc. Med., 104 (2011), pp. 510-520, 10.1258/jrsm.2011.110180
- Grant, L. Green, B. Mason. Basic research and health: a reassessment of the scientific basis for the support of biomedical science. Res. Eval., 12 (2003), pp. 217-224, 10.3152/147154403781776618
- Chalmers, P. Glasziou Avoidable waste in the production and reporting of research evidence. Lancet, 374 (2009), pp. 86-89, 10.1016/S0140-6736(09)60329-9Implementing new programs and practices

A Review of the Evidence

5 strategies had among the most robust evidence of effectiveness



Provide implementation facilitation
(internal or external)



Audit and provide feedback



Promote adaptability within the EBP



Prepare patients/consumers to be
active participants in implementation



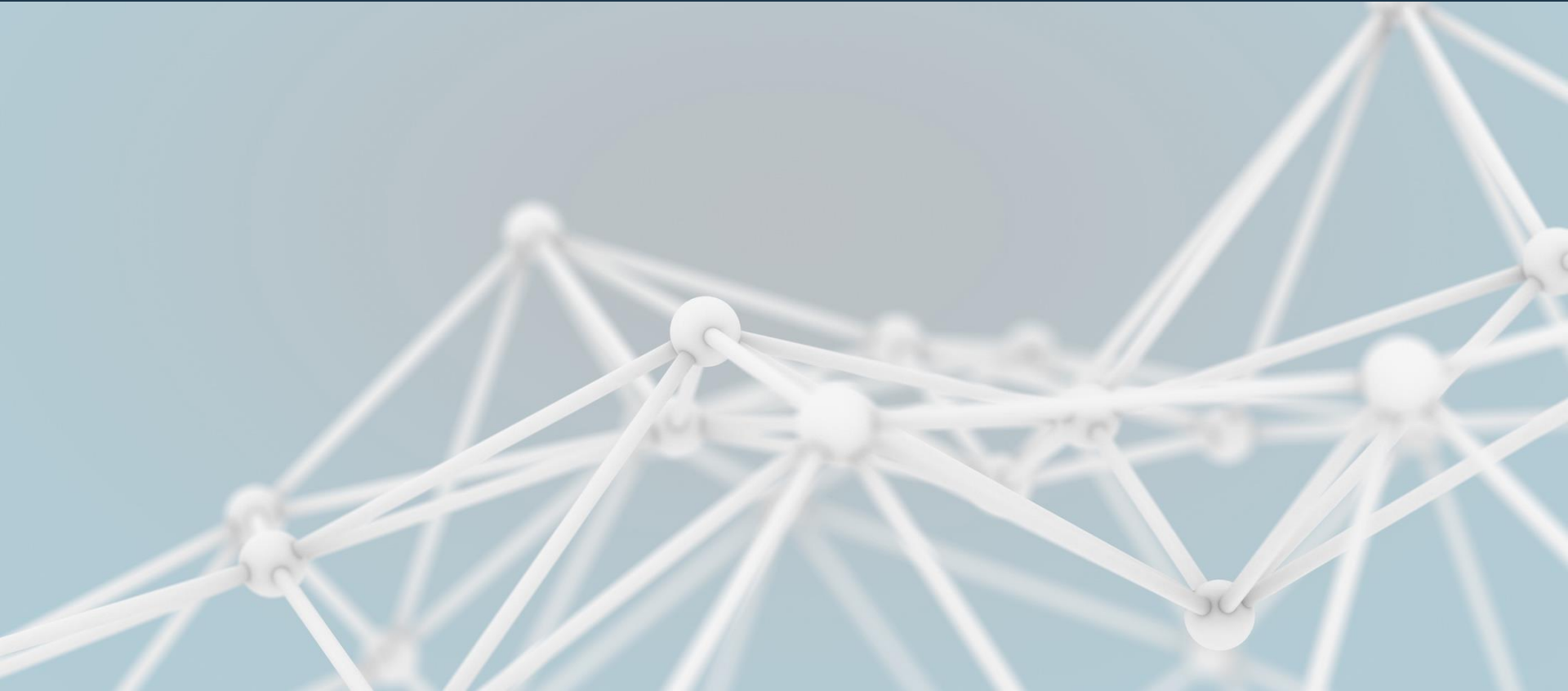
Clinical decision support tools

Patient-Centered Outcomes Research Institute (PCORI)

Implementation Strategies for Evidence-Based Practice in Health and Health Care: A Review of the Evidence



Overview of Conceptual Model



Overview of Conceptual Model

Implementation Facilitation

- Is both a strategy and a process involving interactive problem-solving and support

Occurs in the context of:

- a recognized need for improvement, and a
- supportive interpersonal relationship

1. Powell BJ, et al. *Implement Sci* 2015;10:21 (see Additional File 6 for most complete version of the compilation)

2. Waltz TJ, et al. *Implement Sci* 2015;10:109

Models of Implementation Facilitation

What model makes sense based on your staffing resources?

External Facilitator

Internal Facilitator (DOC)

- Site Champion
- Implementation Team

External Facilitator

DOC Site Champion

- Implementation Team

Internal Facilitator (DOC)

- Site Champion
- Implementation Team

Phases of Implementation Facilitation



Phases of implementation facilitation

Pre-implementation phase

1. Exploration: Becoming aware of issues
 - This is usually performed prior to facilitation
2. Preparation
 - The selection of strategies to support implementation

Implementation Phase

- When the local implementation plan is executed, monitored, and refined

Sustainability Phase

- Activities and strategies to ensure that the innovation is sustained over time

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23. <https://doi.org/10.1007/s10488-010-0327-7>

Ferguson, W. J., Johnston, J., Clarke, J. G., Koutoujian, P. J., Maurer, K., Gallagher, C., White, J., Nickl, D., & Taxman, F. S. (2019). Advancing the implementation and sustainment of medication assisted treatment for opioid use disorders in prisons and jails. *Health & Justice*, 7(1), 19. <https://doi.org/10.1186/s40352-019-0100-2>

Pre-Implementation Activities

Engaging stakeholders – at all levels

Obtaining leadership buy-in

Identification/selection of local change agents

Data collection to assess context and baseline performance

Problem identification (including de-implementation)

Action/implementation planning

Describing/clarifying roles and responsibilities

Goal/priority setting

Administrative tasks

Formalize an implementation plan

Pre-Implementation Phase: Important Points



*The amount of work that needs to be done during this **should not be underestimated***



Pre-implementation preparation represents the foundation for achieving implementation of a clinical innovation



Goal: The Creation of an Implementation Plan



Special Note:

If the ALL the critical leaders are not engaged, then engaging them needs to become the primary objective for successful MOUD implementation.

Implementation Phase Activities

Providing support

Adapting program to local context without compromising fidelity

Conduct ongoing monitoring of program implementation

Providing updates and feedback

Problem-solving

Fostering organizational change: structural

Managing group/team processes

Administrative tasks

Sustainability Phase Activities

Creation of a sustainability plan

Pulling back and letting sites take lead

Conduct ongoing monitoring of program implementation

Providing updates and feedback

Providing support

Goal: Develop strategies to ensure that:

- performance or quality improvement goals are achieved
- changes in the structure or processes that produced that improvement are sustained over time.

Overview of Implementation Facilitation & Key Considerations



Knowledge base of Implementation Facilitators

Subject matter expertise (SME) does not necessarily lead to effective program management

Facilitators need to know the roles and processes of Implementation Facilitation:

Facilitators need to have credible knowledge about the innovation being implemented.

If the facilitator is not an SME, they need to know enough about the innovation to help the site implement it and embed it within the organization so that it will be sustained.

Characteristics You Want In Your Implementation Facilitator

Foster mutual respect

Genuine and positive

*Know when to speak,
when to listen, and how
to handle criticism*

*Responsiveness to
stakeholder feedback
and suggestions*

*Be flexible so that they
can adapt to changing
local context*

*Self-confident,
innovative and
resourceful, exhibit
energy and enthusiasm*

*Credible, approachable,
and accessible*

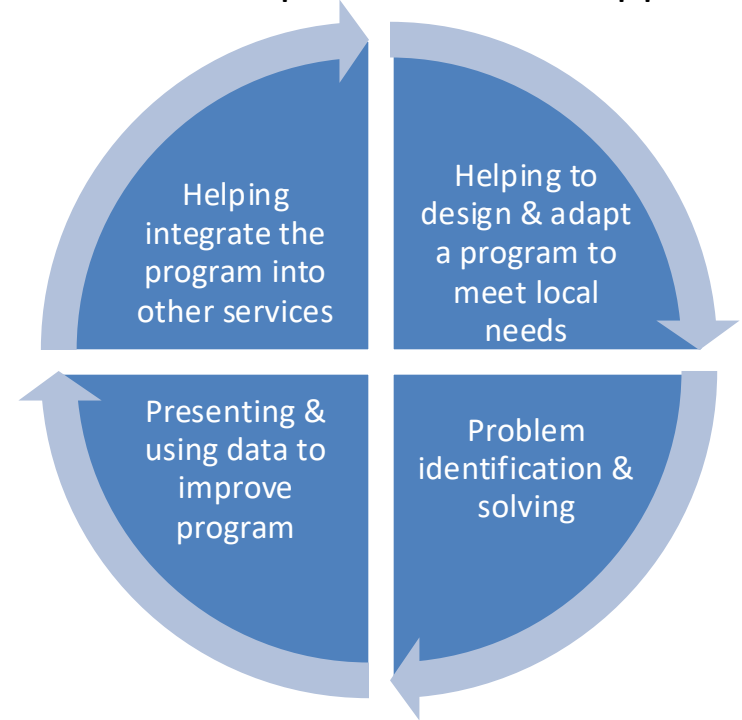
Empathize and
understand others
needs**

Core Competencies of a Facilitator/Coach

1. Building relationships and creating a supportive environment

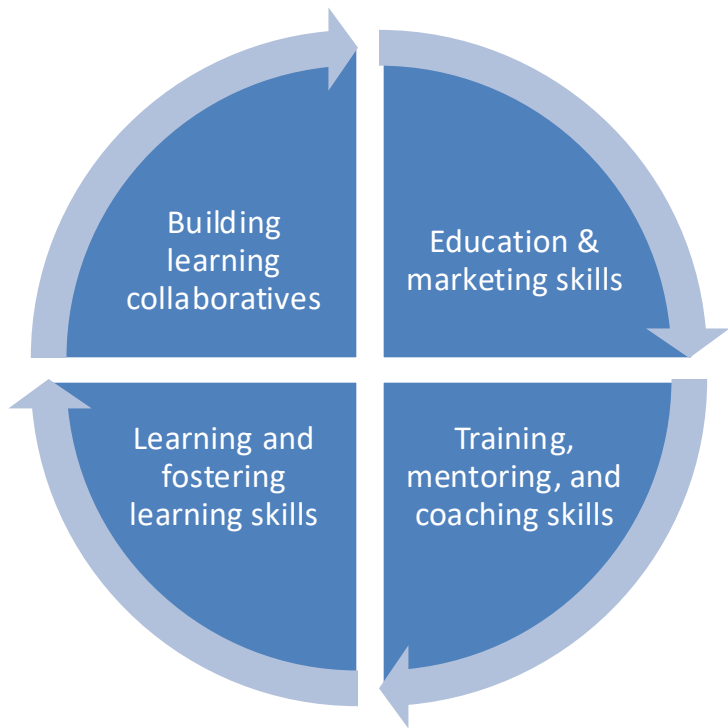


2: Changing the system of care and structures and processes that support it



Core Competencies of a Facilitator/Coach

3: Transferring knowledge and skills;
creating infrastructure for ongoing learning



4: Planning and leading change efforts



Core Competencies of a Facilitator/Coach

5: Assessing people, processes, and outcomes;
creating infrastructure for monitoring



Special Topic – Ever run into dissent?

Mild Criticism

We want to hear the concerns.

Take the time to understand the concerns

Recognizing a concern can have a regulatory quality.

Intense Criticism/ Obstruction?

May withhold info, resources, tools or work to negatively influence the process

Use intimidation or the power that they hold to interfere

Can dominate meetings and talk regularly and longer than others

May have competing preferences or priorities

What to do with intense criticism/obstruction



The goal: Get them to a neutral place and out of the way of the collaborative process



Do not let them dominate the meeting

Respond to them directly: “this is obviously very important to discuss more”

Address underlying concerns: “I want to understand the underlying concerns”



If attacked, do not become defensive - take a “mental step back.”



Be honest and genuine

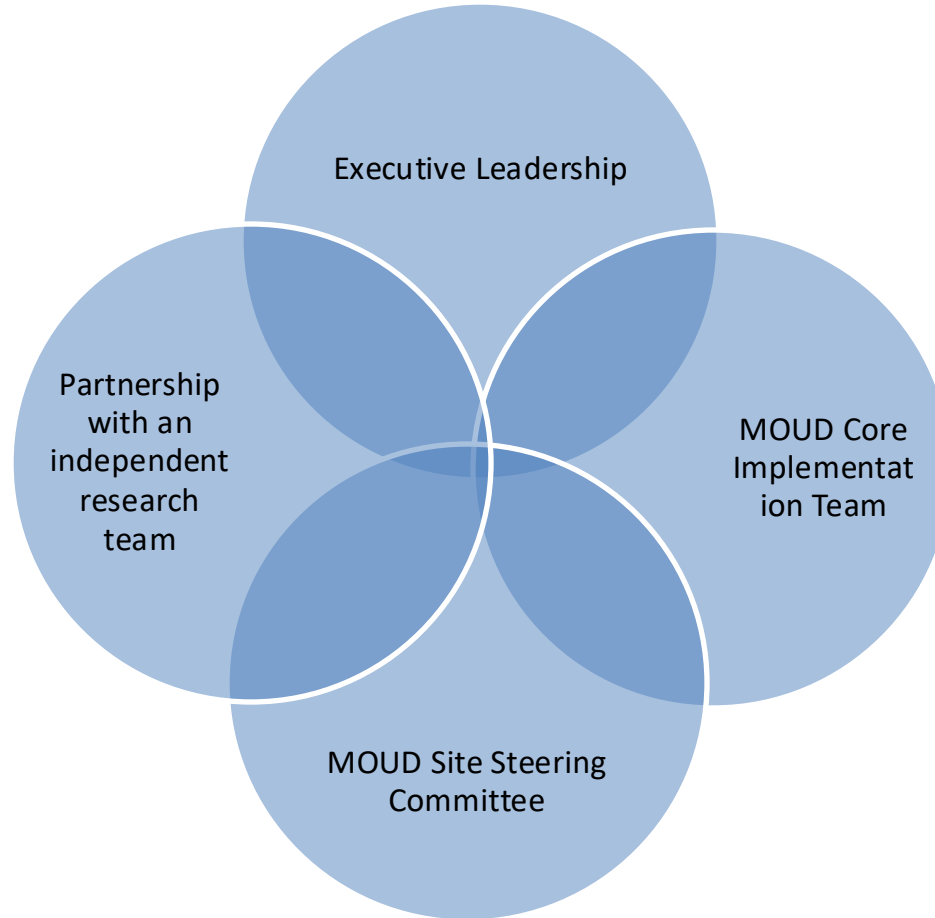


Take a break during meetings

Implementing MOUD in Criminal Justice Facilities



Create an Implementation Structure with Intersecting Layers of Support



MOUD upper leadership

Chief Executives in criminal justice (CJ) system:


Secretary, Deputy Secretary, Sheriff, Superintendent(s), or other Elected Officials

Community Leaders (think holistically, this is not only a CJ innovation):

State Opioid Treatment Authority (SOTA), opioid task force, county commission, Federally Qualified Health Center (FQHC), peer recovery champions, university leaders, business association.

Legal navigators:

High-ranking court official who can support diffusion of the innovation.



Executive
Leadership

MOUD Pre-Implementation Topics: Leadership

Communicates Confidence in the Facilitation Implementation Strategy

Compass Setting: Conveying a Consistent and Unified Vision

Use of Data to Drive Decision Making

Navigates the Political Priorities

Secures Funding

Updating the Key Stake Holders



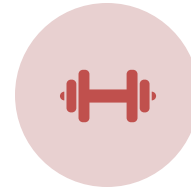
ESTABLISH BASELINE
AND ROUTINE
REPORTS



PROVIDE METRICS
THAT ARE IMPORTANT
TO THEM



BRIEF CONTENT

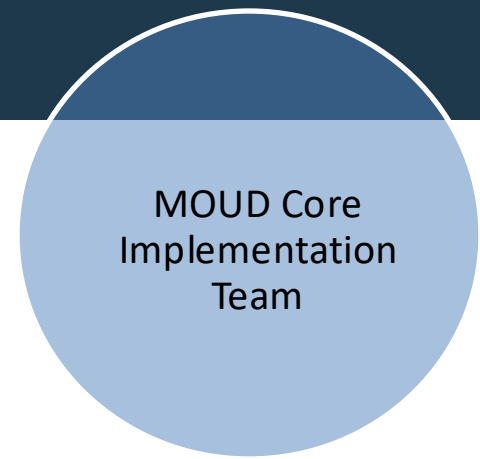


DEPICT AREA OF
STRENGTH AND
WEAKNESS



DETERMINE THE
FREQUENCY OF
REPORTS

Core Implementation Team



Membership Examples

Implementation Facilitator

Custody

Provider

Nurse

Behavioral Health

Data Specialist & Research Team

Admin Support

Considerations

Who is the champion

Ensure division leadership

Frequency of meetings

MOUD Pre-Implementation Considerations: Core Team

Facilitation Implementation Strategy

Collect base-line data

Create Policy & Procedure

Scope and sequence of MOUD implementation plan

Communication & implementation team meetings

MOUD Pre-Implementation Considerations: Core Team

Screening procedures

Collaborations with last point of care

Urine Drug Screen

Prescription Drug Monitoring Program

Last Dose Letter

Assessment procedures

Interdepartmental strategy

Medical

Nursing

Licensed Mental Health professionals

Substance Abuse Counselors, etc...

Patient education & informed consent process

Try to reduce staffing burden

Tablets

Videos on TVs, Brochures

Peer Recovery Networks

Closed circuit radio broadcasts

Reentry - continuity of care

Insurance activation

Aftercare appointments

MOUD Pre-Implementation Considerations: Core Team

Decide MOUD Product(s) & Obtain Federal/State Authorization

MOUD Continuation and Induction Protocols

MOUD Treatment Protocol

Staff Training Protocol

MOUD Pre-Implementation Considerations: Core Team

Dispensing Protocol

- **Solid core with fuzzy boundaries to support adaptation based on context**

Diversion Mitigation Protocol

- **TREATMENT Response to Illicit Use**

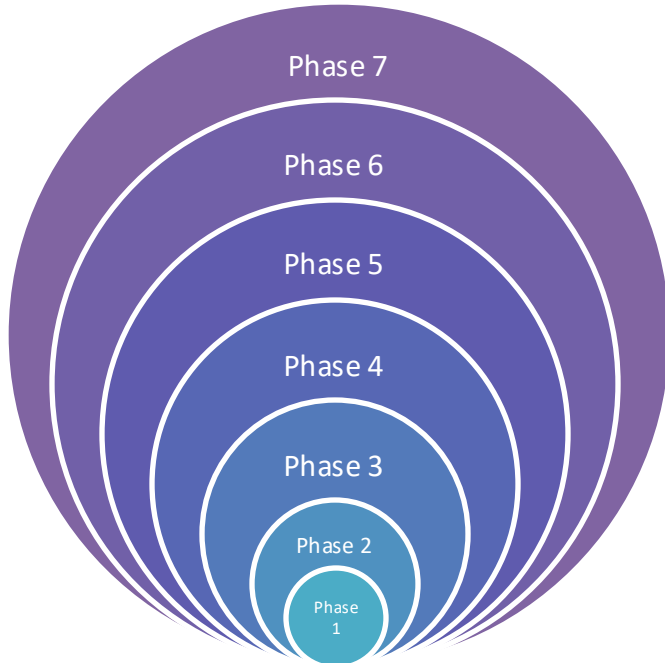
Definitions: Voluntary vs. Involuntary Termination

Documentation to Support CQI

MOUD Pre-Implementation Special Topic: Strategic Planning

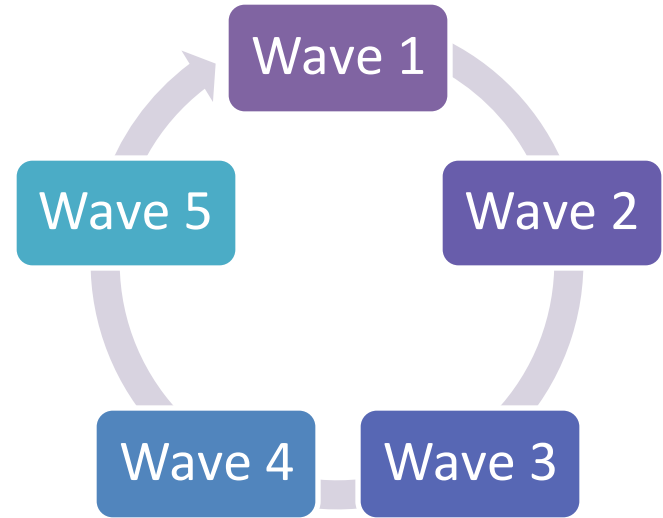
Phases

Patient Focused:
Expansion of MOUD Services

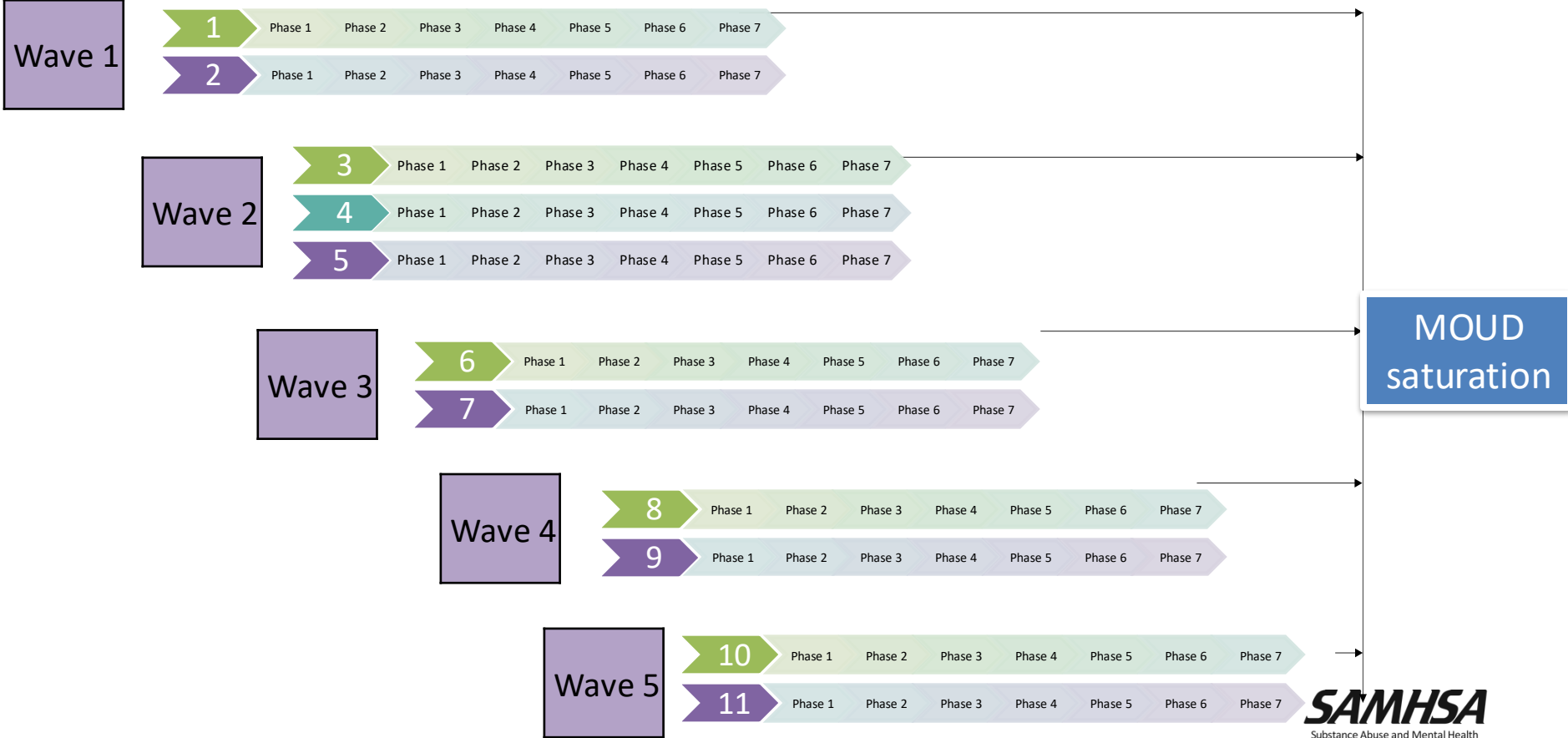


Waves

Context Focused:
Order of facility implementation



MOUD Pre-Implementation Special Topic: Strategic Planning



Facility Implementation Team

Superintendent/Assistant Superintendent

Security

Provider

Nurse

Behavioral Health/Substance Use

Reentry Staff

Case Worker(s) & Unit Manager(s)

Peer Recovery Staff

Admin Support

MOUD Site
Steering
Committee

Considerations

Who is the facility champion?

Facility only team meetings
Decide on frequency

Meetings with core team:
Decide on frequency

- Implementation Facilitator
- Champion

MOUD Implementation Special Topic: Facility Team (Meetings)

Current Implementation Phase		Kick-off meeting				
MOUD Data Reporting						
Facility Data	Total Facility Population	Total Facility OUD Population	Total Facility MOUD Population	Maintenance	Induction	
	Housing Unit	Total OUD Population	Target Population Data (current phase)			
			OUD		MOUD	
			#	% of total out	#	% of phase out
	Total MOUD Type	Methadone				
		Buprenorphine	Strips			
			Pills			
			Injectable			
Naltrexone						
Sublocade	Amount given to facility					
	Amount currently used					
	Amount to be used by 6/30/2025					
Dosing Lines	<input type="checkbox"/>	Integrated/Unified				
	<input type="checkbox"/>	Separate MOUD Line				
	<input type="checkbox"/>	Mixed, depending upon population (explain):				
	<input type="checkbox"/>	Other (explain):				

Review implantation plan progress

Identify and understand barriers (be a cheerleader)

Problem-solve and identify solutions

Modify and adapt local plan as appropriate

Provide positive reinforcement

Provide other forms of support as needed

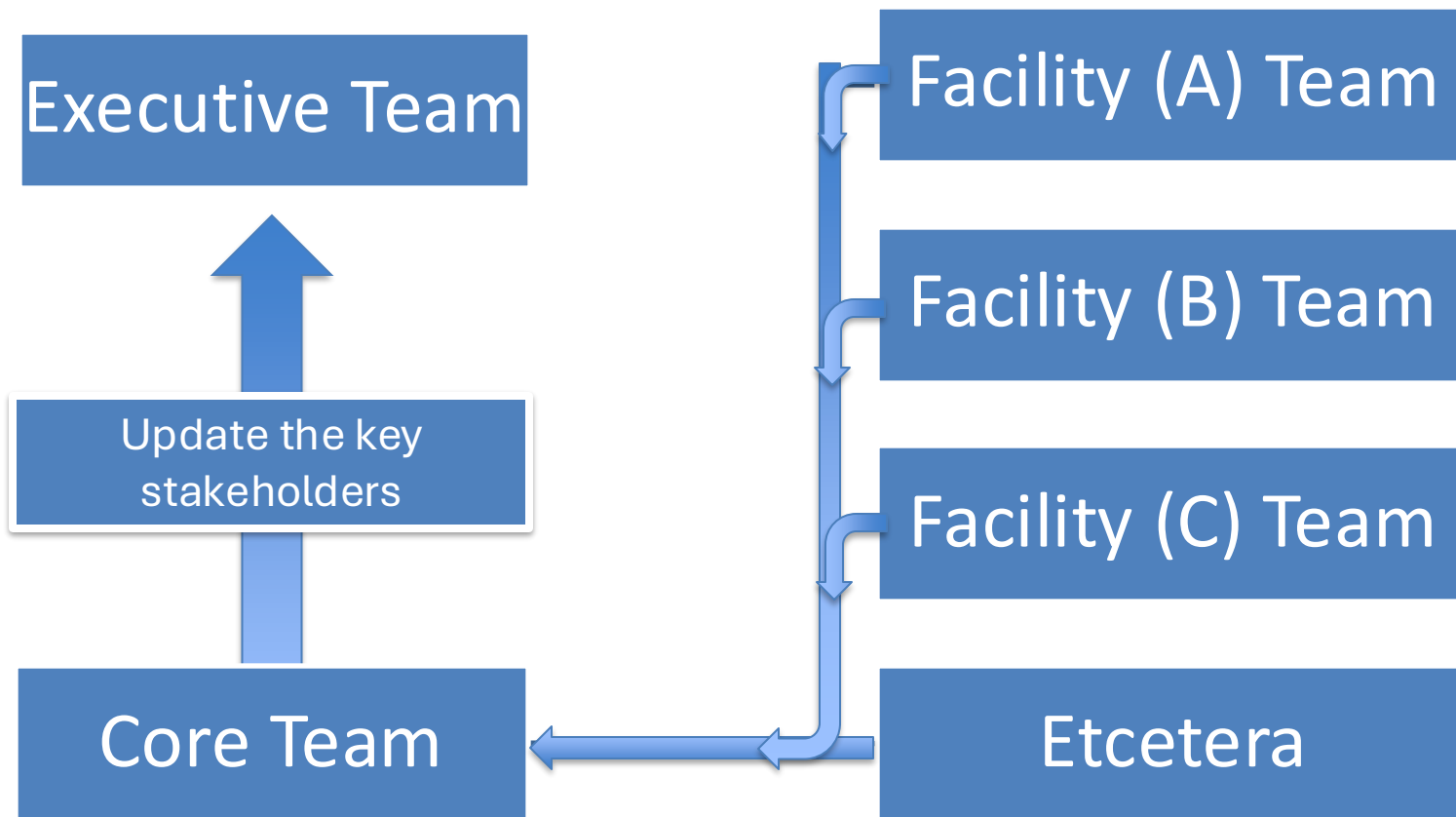
Watch for drift

- Red light adaptation: things that cannot be modified
- Yellow light adaptation: things that can probably be changed with caution
- Green light adaptation: things that are ok

Establish a culture of CQI

Guide the site through multiple “plan-do-study-act” cycles

MOUD Implementation Special Topic: Reinforce and Generalize the Innovation



MOUD Implementation Special Topic: Facility Team (Dispensing)

Dispensing directives for each context

Decide where dispensing will occur and make sure it is on camera

Are there classification variables that will require a multi-modal strategy?

On units with a mobile cart (concerns)?

Central dosing window

Cell-side for security threat group (STG) or administrative segregation (concerns)?

What makes sense, based on the facilities context(s):

Integrated/Unified pill line

Separate MOUD-only pill line

Mixed, depending upon population

MOUD Implementation Special Topic: Facility Team (Dispensing)



Decide start time for MOUD medication distribution



Decide what division(s) and shift will oversee the medication call groupings



Account for weekday and weekend staffing patterns

General population(s)

Administrative Segregation

Keep separates (e.g., enemy status, co-defendants, gangs)

Security Quarantine

Work Release

Offsite appointments

High risk dosing group

Court

Others

MOUD Implementation Special Topic: Facility Team (Dispensing)

What are your CQI Metrics

- ✓ Hands Clear (nothing in hands)
- ✓ Sleeves rolled up (or short sleeves)
- ✓ Mask off (if applicable)
- ✓ Dentures removed
- ✓ Hair tied back
- ✓ Pre mouth check
- ✓ Pre-moisten mouth
- ✓ 1st watch take medication
- ✓ 2nd staff observe watch take
- ✓ Cup collected
- ✓ Duration of observation
- ✓ Post mouth check
- ✓ Mouth swish

MOUD Implementation Special Topic: Facility Team (Diversion Mitigation)

Educate

Why medication should be taken as prescribed

How correctional staff are good at intercepting and preventing diversion

Security conduct standard surveillance procedures

Phone calls

Interactions

Canteen funds

Housing unit inspections

Toxicology testing

Canines

Staff & visitor screening for contraband

Enhance camera use

Random & targeted UDS: confirm medication & metabolites

Having a plan for persons who are diverting & discussion of this during informed consent education

Plan may include alternative route of administration, alternative medication

Decisions to discontinue medication may be based on

Medical need

Informed Patient Request

Behavioral concerns may require behavioral/operational responses.

MOUD Implementation Special Topic: Facility Team (Diversion Response)

Distinguishing between the different reasons for diversion enables staff to tailor their response to different types of diversion.

Coerced (“strong arming”)

Euphoria

Treatment

Accidental

Collect This Data:

Include an investigation process to know the cause of diversion

CQI to tailor strategies and respond to the root cause(s)

Source: Evans et al., 2023

MOUD Implementation Special Topic: Facility Team (Diversion Response)



Disciplinary Reports:

- Standard Disciplinary Report for most egregious behaviors



Unit Disciplines:

- Informal cell restrictions

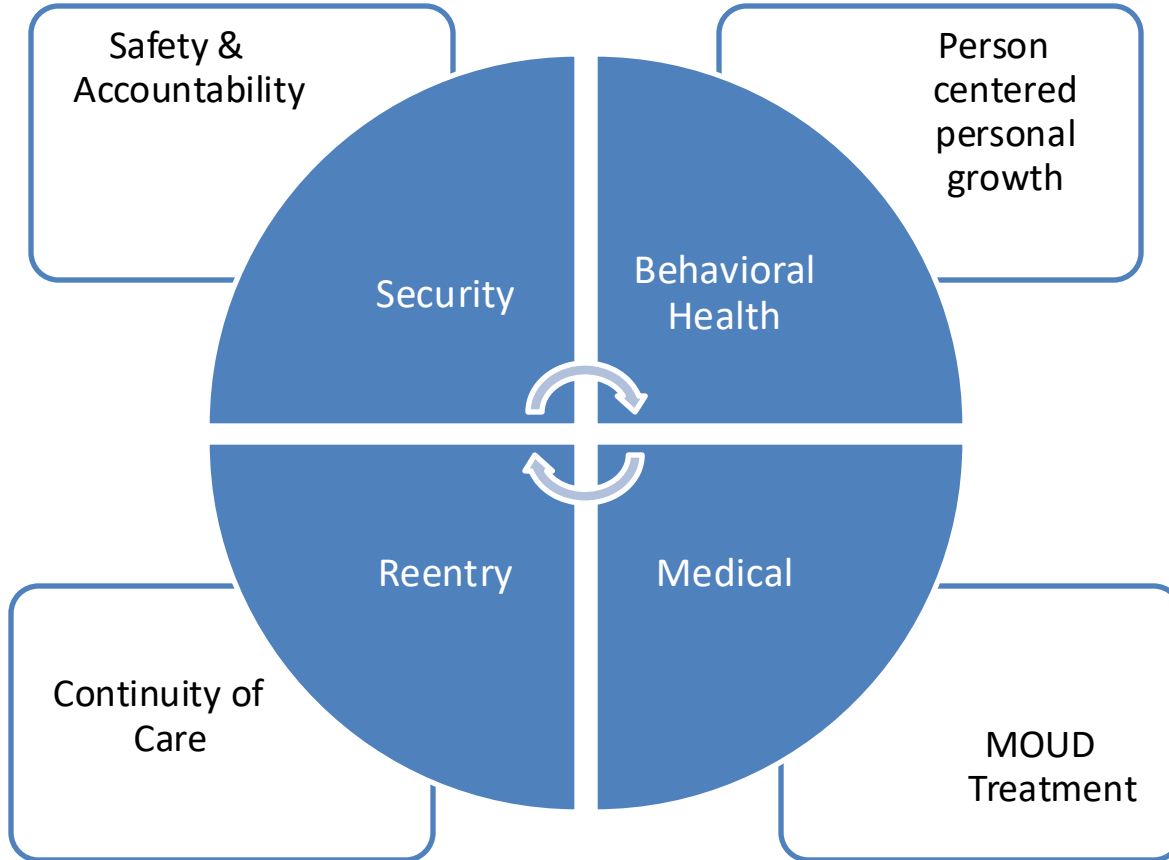


Program Warnings:

- A warning related to programming
- Tied to a loss of incentives



MOUD Implementation Special Topic: Facility Team (Role Clarity)



Collaboration amongst the Integrated Care Team is the ideal, however:

Medical is NOT responsible for consequences and enforcement.

Custody is not responsible for prescribing or clinical practice.

Make sure role clarity exists so best intentions don't confuse responsibilities

MOUD Implementation Special Topic: Key Metrics to Consider

I.T. infrastructure is critical to monitor/assess the operation and outcomes of the program

Sentence status (pre-arraignment, pretrial, sentenced)

Booking date.

Expected release date.

Length of sentence (completed once the person leaves the facility).

DUA outcomes.

OUD (Y/N).

MOUD (Y/N).

Date started MOUD.

Date ended MOUD.

MOUD type (e.g., buprenorphine, methadone, naltrexone).

MOUD form (e.g., injection, film, tablet, oral concentrate).

Maintenance or induction.

Participation in therapy/programming (Y/N).

Date started therapy/programming.

Date ended therapy programming.

History of confirmed diversion & reason

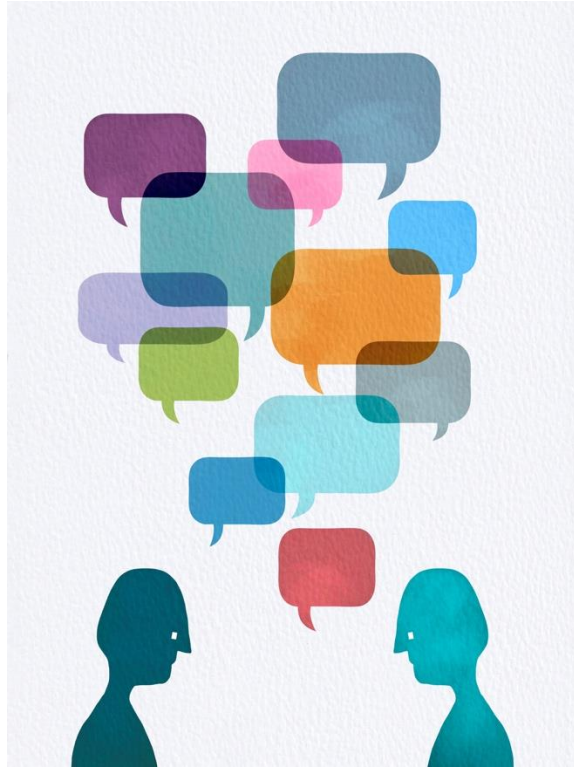
Insurance type/number.

Expected location of release.

Post-release appointments established.

Termination from program (release, voluntary removal, involuntary removal—if so, why).

Questions and Conversation



Thank you



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