

A Review of Medication Assisted Treatment (MAT) in United States Jails and Prisons

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Executive Summary

The use of Medication Assisted Treatment (MAT), and specifically buprenorphine, to address opioid use disorder (OUD) is considered the gold standard of care in the community (Substance Abuse and Mental Health Service Administration (SAMHSA), 2023). However, while support of its use in correctional settings is expanding, and there are national promising practice guidelines, it remains underutilized within jails and prisons in the United States (U.S.) (National Commission on Correctional Healthcare (NCCHC), 2018; Friedmann et al., 2012).

The efficacy of MAT to reduce opiate withdrawal, curb cravings, and support positive health, behavioral health, and criminal justice outcomes, including reductions in overdose deaths and recidivism, has gained national attention from criminal justice advocacy groups and policymakers. Jails and correctional agencies have been taken to court over the provision of MAT for incarcerated individuals with OUD. And state and federal courts have ruled denial of MAT for incarcerated individuals with OUD violates the Americans with Disabilities Act (ADA) (Legislative Analysis and Public Policy Association (LAPPA), n.d.).

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are at the forefront of providing MAT in a correctional setting under the Integrated Substance Use Disorder Treatment (ISUDT) Program. The ISUDT Program begins at intake into CDCR with a substance use disorder (SUD) screening and assessment and linkage to behavioral interventions and MAT with a targeted focus on preparing CDCR residents for release.

This paper seeks to document the provision of MAT in correctional settings since it is expanding rapidly within the U.S. and there is currently not a national inventory of programs or practices. In addition, this paper aims to document best practices and lessons learned from California and other correctional systems that can be used to guide expansion of MAT to justice-involved populations.

Contained in the appendix of this report is a comprehensive review of information regarding the current availability of MAT in U.S. jails and prisons.

Key Findings

- According to the Bureau of Justice Statistics (BJS) less than 1% of the Federal Bureau of Prisons (BOP) population received MAT in 2021.
- Based on a review of publicly available information, it does appear that five states – Alabama, Mississippi, Nebraska, South Dakota, and Wyoming – offer MAT in their correctional institutions.
- A number of states have or are currently piloting MAT in corrections.
- Besides California, only 14 states offer comprehensive MAT services at either intake and/or release in a considerable number of its jails and prisons.
- Locating details regarding MAT provision on many state and local correctional websites is difficult or is missing altogether. This may present as a barrier to SUD treatment and discourage justice-involved individuals or their families from seeking MAT.

- Overall, there is significant variability among states regarding the provision of MAT to incarcerated individuals.

Background and Rationale

The U.S. is confronting a rise in drug-overdose deaths that have reached epic proportions. The number of drug overdose deaths increased by almost 30% from 2019 to 2020 (National Center for Injury Prevention and Control (NCIPC), 2022). Prescription and illicit opioids were responsible for more than 106,000 drug-overdose deaths in 2021 (National Institute on Drug Abuse (NIDA), 2023). OUD, and alcohol and illicit drug use, are highly prevalent among justice-involved populations. It is estimated approximately 65% of the U.S. prison population suffers from a SUD (NIDA, 2020). Drug and alcohol overdose is the third leading cause of death in jails after illness and suicide and the leading cause of death post-release (NCCHC, 2021). Individuals are at a particularly high risk of opioid overdose death in the first two weeks following release from incarceration (Binswanger et al., 2012). Relatedly, injection drug use increases risk of recidivism (Moore et al., 2018).

A critical legal justification for the provision of MAT in jails and prisons is correctional institutions violate the Eighth Amendment when they refuse to establish MAT programs because it disregards the prohibition of cruel and unusual punishment since refusal demonstrates deliberate indifference to the serious medical needs presented by alcohol use disorder (AUD) and OUD (Linden et al., 2018). It has also been argued denial of MAT in carceral settings violates the ADA, which prohibits discrimination based on disability (AUD and OUD are categorized as disabilities). In 2019, the American Civil Liberties Union of Massachusetts filed a lawsuit against the Massachusetts Department of Corrections (DOC) for their refusal to provide MAT to treat OUD for three of its residents (*Sclafani et al. v. Mici et al.*, 2019). In February 2020, the Massachusetts DOC agreed to provide the plaintiffs their prescribed medication throughout their incarceration. This lawsuit regarding the right to MAT provision in custody is echoed by recent litigation in states such as Delaware, Maine, New York, North Dakota, and Washington (Legal Action Center, 2022). It is certain that legal cases will continue to be brought before the courts in the absence of correctional MAT provision nationwide.

The establishment of MAT in jails and prisons is gaining national attention due to the alarming increase in opioid overdoses and overdose deaths due to the rise of synthetic opioids. From 2001 to 2019, state prison systems experienced a 623% increase in overdose mortality rate (CCHCS, 2022). Medical complications related to SUD have enormous financial repercussions for prison systems. They also impact community health care costs associated with overdose and overdose deaths upon release from prison. California is leading the way in implementing and maintaining evidence-based practices in SUD treatment including MAT in prisons across the state. The immediate and significant changes observed as a result of the ISUDT Program provides further support for the necessity of SUD treatment that includes medication(s) for AUD and OUD in order to prevent overdoses and medical complications while in custody and as individuals release into the community. The provision of MAT in correctional settings is inclusive and substantive treatment to incarcerated persons struggling with SUD.

The use of MAT pilot programs in various U.S. jails and prisons has been gaining popularity. In 2013 and 2014, the Connecticut Department of Correction established two pilot programs in the New Haven and Bridgeport Correctional Centers to assess post-release outcomes (reincarceration, non-fatal overdose, and fatal overdose) associated with implementing methadone programs in correctional settings. Results demonstrated receiving methadone while incarcerated was associated with significant decrease in non-fatal overdoses post-release, but not associated with changes in fatal overdoses or incidents of reincarceration (Doernberg, 2019). Furthermore, meta-analytic review of MAT delivered in correctional settings has also demonstrated buprenorphine, methadone, and naltrexone effectively reduce illicit opioid use post-release (Moore et al., 2018). Additional research is needed to determine how MAT correlates to reductions of recidivism and post-release overdose deaths.

The Situation in California

In 2019, the CDCR reported record high overdose deaths of 51 per 100,000 CDCR residents, the majority related to opioid use (CCHCS, 2022). To combat these alarming statistics, the California Legislature granted CDCR ongoing funding of more than \$160 million per year to implement a new SUD treatment approach within the ISUDT Program. The ISUDT Program provides comprehensive, evidence-based services that encompasses numerous elements, including SUD screening and assessment, behavioral interventions (both Cognitive Behavioral Interventions and Cognitive Behavioral Therapy), MAT, supportive housing for recovery-focused living while incarcerated, enriched transition planning, community partnerships to assist discharged CDCR residents, and monitoring and support post-release.

California is one of several states that has recognized the immediate necessity of decreasing overdose deaths by expanding access to MAT throughout the state's correctional system. The Food and Drug Administration (FDA) has approved the use of methadone, buprenorphine, and naltrexone to treat AUD and OUD, and all forms of MAT are available within CDCR through the duration of incarceration (SAMHSA, 2021).

A meta-analysis of MAT delivery in correctional settings demonstrates strong support for its use, particularly regarding OUD and community SUD treatment engagement (Moore et al., 2018). A comparison of CDCR residents who received MAT versus those on the MAT evaluation waitlist between January 2020 and March 2021 found opioid overdose hospitalization rate was 48% lower for inmates prescribed MAT than for those on the waitlist (CCHCS, 2022). Skin and soft tissue infections often caused by intravenous drug use is a significant concern in correctional institutions nationwide and is also linked to hepatitis C virus (HCV) (Busschots et al., 2022). The reinfection rate for CDCR residents treated for HCV was 29% lower for those prescribed MAT than for those who were not prescribed MAT (CCHCS, 2022).

California screens everyone at intake into CDCR for SUD, and those who screen positive receive further assessment and linkage to behavioral interventions and MAT if clinically appropriate. Departmental health care staff use standardized and evidence-based screening and assessment tools from the NIDA and the American Society for Addiction Medicine (ASAM) (CCHCS, 2022). The use of evidence-based screening and assessment tools for SUD is highly recommended and shown to be effective, however a national survey of prisons, jails, and

community correctional agencies showed that only 58% of surveyed respondents use a standardized and evidence-based SUD screening tool (Taxman et al., 2007). This suggests that a significant proportion of jails and prisons either rely on unvalidated measures for assessing SUD or entirely fail to screen individuals upon intake. Research shows limited valid and reliable screening is conducted in carceral settings, which results in inaccurate and/or under-estimation of the prevalence of SUD and identification of those in need of treatment (Wolff & Shi, 2015).

California's prison system has become one of the largest MAT providers among DOCs, as well as other health care systems in the U.S. with regard to service volume; as of January 2022, the CDCR has prescribed MAT to almost 22,558 residents to treat SUD (CCHCS, 2022). Overdose death rates dropped by 58% within the first year of the ISUDT Program and trends demonstrate continued reduction in overdose deaths. The CDCR has continued its expansion of the ISUDT Program with a focus on MAT to include all eligible CDCR residents rather than only those at highest risk.

An Overview of MAT in Other States

A comprehensive matrix was developed to assess the provision of MAT in corrections in all 50 states and the BOP in order to provide a summary of its availability (refer to the appendix for a review of each state). This evaluation provides the first systematic look at MAT provision in state correctional systems since the report authored by Weizman and colleagues (2021). The evolving landscape of MAT in jails and prisons across the country necessitates frequent exploration of updated information and literature. It is essential stakeholders remain apprised of national best practices and trends related to the provision of MAT in correctional settings that may be used to inform policy recommendations.

Historically the BOP has the closest comparable population size to CDCR. After years of growth, the BOP experienced population declines in 2014, with significant decreases in 2016 and 2020 (-13,553 and -21,652, respectively) (BJS, 2022). However, the BOP's population increased more than 3%, between 2020 and 2021 from 151,283 to 156,542. The BOP cites that 65% of their residents meet criteria for a SUD and around 25% of these individuals are estimated to have OUD. While current BOP estimates state 15,482 of their residents need MAT (about 10% of their population), according to the BJS less than 1% of the BOP population received MAT in 2021. In 2021, 378 BOP residents were receiving MAT prior to admission and 1,127 BOP residents received MAT while incarcerated. A U.S. Department of Justice congressional submission for the BOP performance budget for fiscal year 2024 indicated as of March 2023 the BOP has 128 positions dedicated to MAT services and plans to allocate 150 additional positions during fiscal year 2023 (p. 28).

Based on a review of publicly available information, it does appear that five states – Alabama, Mississippi, Nebraska, South Dakota, and Wyoming offer MAT in their correctional institutions. Moreover, although MAT is provided in some form in numerous other U.S. jails and prisons, access remains limited. For example, methadone maintenance is available to incarcerated individuals in the Iowa Department of Corrections only under extenuating circumstances, such as pregnancy (State of Iowa Department of Corrections, 2019). Although New Mexico's six state run prisons do not offer MAT, Recovery Services of New Mexico provides methadone treatment

to incarcerated individuals at the Bernalillo County Metropolitan Detention Center (Recovery Services of New Mexico, 2022). Incarcerated individuals in North Dakota may continue methadone maintenance when they enter the state's Department of Corrections if they have less than two years to serve on their sentence and started methadone treatment prior to incarceration (North Dakota Department of Corrections and Rehabilitation, n.d.). To summarize, most states provide restricted MAT services either at intake or discharge and typically only service specific incarcerated populations, such as pregnant inmates.

Besides California, only 14 states offer comprehensive MAT services at either intake and/or release in a considerable number of its jails and prisons: Alaska, Arizona, Colorado, Connecticut, Delaware, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, Ohio, Pennsylvania, and Rhode Island. For example, the Alaska Department of Corrections (AK DOC) provides methadone and buprenorphine for up to 30 days as a taper to residents who can show they were receiving methadone or buprenorphine prior to incarceration (Division of Health and Rehabilitation Services, 2019). The AK DOC offers Vivitrol (the brand name version of injectable naltrexone) upon release from several of its facilities. Unfortunately, this information is not readily available on the AK DOC website; a search on the website's homepage for "medication" redirects the user to a link to AK Department of Health Division of Behavioral Health for Evidence-Based Practices: Medication Assisted Treatment, which briefly describes the AK DOC practices for provision of MAT for incarcerated persons. There is no description of MAT under the "Health & Rehab Services" menu tab on the AK DOC website. The difficulty of locating information on MAT provision directly on AK's DOC website is disadvantageous for anyone searching for it. The inconvenience may dissuade released individuals and/or their family members from seeking and obtaining MAT after discharge.

Interestingly, Kentucky does not refer to Medication Assisted Treatment as MAT but rather Supportive Assistance with Medication for Addiction Treatment (SAMAT) (Commonwealth of Kentucky Department of Corrections, n.d.). The inconsistency with prevailing terminology makes it difficult for unfamiliar seekers to easily retrieve the information. Excluding this disparity, SAMAT offers comprehensive programming which includes the provision of injectable extended-release naltrexone (Vivitrol), and oral buprenorphine (Suboxone) followed by injectable extended-release buprenorphine (Sublocade). Eligible participants must be diagnosed with AUD and/or OUD and must have completed or be enrolled in a SUD program. Participants must also have a verified release date within 60 days of starting the program. SAMAT is available at all of Kentucky's 14 state institutions and 20 county jails within the state.

There has been a national effort to expand MAT to incarcerated populations. Although not fully operational, some states like Arkansas, Connecticut, Hawaii, Nevada, North Carolina, Oregon, South Carolina, and Vermont piloted or are currently piloting a MAT program in at least one of their correctional facilities. For example, three community corrections centers in Arkansas are piloting MAT: (1) East Center Arkansas Community Corrections Center (AR CCC), (2) Southwest AR CCC, and (3) Omega Supervision Sanction ("Arkansas RSAT", 2019). The RSAT (residential substance abuse treatment) Program within the EC CCC is a separate 94-bed unit at a facility that houses 350 women. EC CCC RSAT requires participants to have co-occurring disorders (SUD, MH, and/or physical disabilities/limitations) which is determined using thorough screening and assessment.

Best Practices

Best practices to address AUD and OUD in correctional institutions encompass developing, implementing, and sustaining AUD and OUD-related treatment services. The framework for providing effective, evidence-based SUD services that incorporate MAT are comprised of foundational practices which include: screening and assessment of SUD by qualified staff, MAT administration that includes medically managed withdrawal, counseling (e.g., cognitive behavioral interventions), wrap-around services (e.g., supportive housing), availability of MAT to those with AUD/OUD (not just pregnant women), collaborative relationships with community MAT providers, assistance with Medicaid/insurance coverage applications, enhanced reentry services, and overdose prevention, such as provision of naloxone upon release (CCHCS, 2022; Scott et al., 2022). California distributes naloxone to all individuals releasing from the CDCR and provides education on its proper use for reversing the effects of overdose (CCHCS, 2023). Research indicates the implementation of overdose education and naloxone distribution programs result in communities with 27 to 46% lower opioid overdose death rates. It is recommended all individuals discharging from correctional institutions be supplied with naloxone and education on appropriate usage.

Staff education and training are critical to the ongoing success of MAT in correctional settings (Pivovarova et al., 2022). Social support in the form of coordinated patient care on release is essential for avoiding gaps in treatment provision that can increase the risk of relapse (Barnes et al., 2021; Stopka et al., 2022). For example, prior to release, CDCR staff assess ISUDT Program participants health care needs and coordinate with appropriate county partners to provide warm handoffs to ensure ongoing success upon the individual's release (CCHCS, 2022).

Trauma-informed care is recommended for comprehensive SUD treatment. In addition to MAT provision, it is highly recommended SUD programs include evidence psychotherapeutic modalities with a trauma-informed approach (CCHCS, 2022). Research demonstrates individuals with adverse childhood experiences (ACEs) are more likely to abuse substances (McDonald, 2020). Recognizing and understanding the impact of trauma may help to reduce an individual's desire to use alcohol and illicit substances as a negative coping mechanism. Given the high prevalence of ACEs among correctional populations, the ISUDT Program has worked to incorporate trauma-informed care as a component of cognitive behavioral interventions (CCHCS, 2022).

A factor which needs to be considered is disparate service availability of MAT in correctional institutions due to community characteristics. The availability and utilization of MAT best practices was found to be more common in counties with larger populations and in facilities located in more urban areas (Scott et al., 2022). Rural areas may encounter increased difficulty with adequate service delivery within corrections and coordinating community care with accessible providers. As such, more effort may be needed in rural and less populated regions to ensure best practices are being delivered equivalently to all carceral MAT participants.

Key Policy Recommendations

This evaluation encourages several key policy recommendations based on its findings. To combat the national health crisis created by the opioid epidemic, greater focus has been dedicated to the implementation of MAT in correctional institutions given a substantial percentage of justice-involved individuals suffer from active SUD. Even so, a significant gap remains regarding the distribution of MAT in jails and prisons across the U.S. Since MAT has been recognized as an effective, evidence-based solution to combating AUD and OUD, further resources should be dedicated to its implementation. Moreover, all formulations of MAT should be offered whenever possible and their provision should be extended to all eligible justice-involved individuals with active SUD rather than just certain populations, such as pregnant individuals.

Funds must be allocated within U.S. jails and prisons to increase medical and clinical staff dedicated to MAT provision, as well as educating and training all correctional staff about the necessity of MAT. Research has demonstrated a combination of medication and psychotherapy is most effective for treating SUD (SAMHSA, 2023). In particular, psychotherapeutic programming should focus on trauma-informed care. An equally important component of successful MAT delivery is achieving continuity of care across correctional and community settings. Individuals with SUD recently released from jail or prison are at increased risk of overdose and overdose death. Thus, it is vital correctional facilities partner with community MAT providers to ensure seamless care to reduce the likelihood of relapse and overdose.

Lastly, although many U.S. jails and prisons provide some form of MAT, it is often difficult, or impossible, to locate this information directly on the institution's website. This may present as a barrier to SUD treatment and discourage justice-involved individuals or their families from seeking MAT treatment. This observation is also applicable to community MAT providers who may not clearly advertise these services on their websites. Additionally, community providers should explicitly state what forms of insurance they accept since many individuals are dependent on insurance to pay for MAT.

Provision of MAT in corrections significantly reduces the likelihood of overdose, overdose deaths, and medical complications associated with SUD. Justice-involved individuals have a constitutional right to receive adequate medical care under the Eighth Amendment and ADA Act. The number of lawsuits brought against correctional institutions will only increase until all individuals can access MAT regardless of whether they are free or incarcerated. The criminal justice system has a vested interest in providing MAT to reduce costs associated with complications of SUD, decrease overdoses and overdose deaths, increase the chances of successful reentry, and reduce the likelihood of recidivism.

References

- 7 Jurisdictions expanding MAT in justice settings during the Pandemic: Opportunities and barriers on the front lines. (2020). Justice Community Opioid Innovation Network. <https://www.essexsheriffma.org/sites/g/files/vyhlf3111/f/uploads/nihjcoin.pdf>
- Abner, A., Bellos, S. B., Reyes, S. R., Yeh, S. M., Morgan-Kurtz, A., Feldman, M. A., Bowens, B., & Brown, J. (2022). *Medication for opioid use disorder in Pennsylvania jails and prisons*. Pennsylvania Institutional Law Project. https://static1.squarespace.com/static/589b4d9f725e250f864b8d07/t/6328bd74868b87440a21bc02/1663614328943/MOUD+Report_Final_Revised.pdf
- Addiction treatment for the incarcerated*. (2020). Recovery Services of New Mexico. www.recoverynewmexico.com/treatment-in-jail
- Alabama Appleseed Center for Law and Justice. (2022). *A bitter pill*. <https://www.alabamaappleseed.org/wp-content/uploads/2022/09/OpioidCrisis-Report.pdf>
- Alabama Department of Corrections. (2023). *Re-entry and pre-release program*. <http://www.doc.alabama.gov/ReEntryInfo>
- Arkansas Residential Substance Abuse Treatment*. (2019). RSAT-TTA. https://www.rsat-tta.com/pdfs/AR_RSAT-Compendium_11-20
- Baker, C. D., Turco, T. A., Mici, C. A., Yutkins-Kennedy, E., DeMars, B., Fallon, R., Giusti, B., Ross, J., & Twum, I. (2020). *Report on costs and outcomes of Medication-Assisted Treatment programs included in G.L. 127 § 17B*. Massachusetts Department of Correction. <https://www.mass.gov/doc/2020-medication-assisted-treatment-programs-annual-reports/download>
- Barnes, C. A., Ponce, A. N., & Loewy, R. (2021). Recommendations to improve Medication-Assisted Treatment implementation in correctional health. *Psychiatric Services*, 72, 233–234. <https://doi.org/10.1176/appi.ps.202000527>
- Binswanger, I.A., Nowels, C., Corsi, K.F., Glanz, J., Long, J., Booth, R.E., & Steiner, J.F. (2012) Return to drug use and overdose after release from prison: A qualitative study of risk and protective factors. *Addiction Science & Clinical Practice*, 7(1). <https://doi.org/10.1186/1940-0640-7-3>
- Bureau of Justice Statistics. (2022). *Federal prisoner statistics collected under the First Step Act, 2022*. U.S. Department of Justice. <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/fpscfsa22.pdf>
- Busschots, D., Kremer, C., Bielen, R., Koc, O. M., Nevens, F., Hens, N., & Robaey, G. (2022). Hepatitis C prevalence in incarcerated settings between 2013–2021: A systematic review and meta-analysis. *BMC Public Health*, 22(2159). <https://doi.org/10.1186/s12889-022-14623-6>
- California Correctional Health Care Services. (2022, April). *2019-2021 Transforming substance use disorder treatment in California's prison system: Impacts of the Integrated Substance Use Disorder Treatment Program*. <https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf>
- California Correctional Health Care Services. (2023, January). *California prisons' naloxone distribution*. <https://cchcs.ca.gov/reports/wp-content/uploads/sites/60/California-Prisons-Naloxone-Distribution-Jan-2023.pdf>
- California Correctional Health Care Services. (2023). *Integrated Substance Use Disorder Treatment (ISUDT)*. <https://cchcs.ca.gov/isudt/>

- California Department of Corrections and Rehabilitation & California Department of Health Care Services. (2022, January 1). *5225-111-BCP-2022-GB*. State of California Department of Finance.
- California Department of Corrections and Rehabilitation. (2023). *Home page*. <https://www.cdcr.ca.gov/>
- Callen, E. (2021, February 3). Washington County Jail begins Medication-Assisted Treatment for opioid abuse. *White Bear Press*. https://www.presspubs.com/white_bear/news/washington-county-jail-begins-medication-assisted-treatment-for-opioid-abuse/article_b828cc86-6650-11eb-b002-3f578e8acbaa.html
- Colorado Department of Corrections. (2023). *Behavioral health transition plans*. <https://cdoc.colorado.gov/parole-and-re-entry-services/transition-planning/behavioral-health-transition-plans>
- Commonwealth of Kentucky Department of Corrections. (n.d.) *Addiction services: SAMAT*. Ky.gov. <https://corrections.ky.gov/Divisions/ask/Pages/SAMAT.aspx>
- Connecticut State Department of Corrections & State of Connecticut Department of Mental Health and Addiction Services. (n.d.). *Medication Assisted Treatment (MAT) in the CT correctional system*. <https://portal.ct.gov/-/media/DMHAS/Opioid-Resources/MATDOCpdf.pdf>
- Connecticut State Department of Corrections. (2021). *Department of correction expands Medication for Opioid Use Disorder (MOUD) programs*. <https://portal.ct.gov/-/media/DOC/Pdf/PressRelease/Press-Releases-2021/DOC-PRESS-RELEASE-re-DOC-Expands-MOUD-programs-061721.pdf>
- Covington, R. & LeBlanc, B. (2022). *Program and treatment options in the Department of Corrections* [PowerPoint slides]. Louisiana Department of Public Safety and Corrections. https://ladsc.org/images/downloads/2022_Conference_Documents/specialty_court_conference_2022.pdf
- Crumpler, R. (2022, September 27). Opioid use disorder treatment in jails making strides in North Carolina. *NC Health News*. <https://www.northcarolinahealthnews.org/2022/09/27/opioid-use-disorder-treatment-in-jails-making-strides-in-north-carolina/>
- Delaware Department of Correction Office of Planning, Research, and Reentry. (2020). *Delaware's comprehensive reentry plan and progress report*. Delaware Correctional Reentry Commission. https://doc.delaware.gov/dcrc/assets/docs/DCRC_Final_Report.pdf
- Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2021, April 29). *Medication Assisted Treatment at the RI Department of Corrections*. <https://bhddh.ri.gov/substance-useaddiction/individual-and-family-information/help-opioid-dependence/medication-assisted>
- Department of Corrections. (n.d.). *Medication Assisted Treatment (MAT)*. <https://www.cor.pa.gov/About%20Us/Initiatives/Pages/Medication-Assisted-Treatment.aspx>
- Division of Health and Rehabilitation. (2019, July). *Medication Assisted Treatment: Clinical care guide*. State of Alaska Department of Corrections. <https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=120032>
- Doernberg, M. (2019). *Impact of two pilot methadone treatment programs in Connecticut correctional facilities on post-release outcomes* [Master's thesis, Yale School of Public

- Health]. ProQuest.
<https://www.proquest.com/openview/761fdab8bad6161db40ac32c084219f1/1?pq-origsite=gscholar&cbl=51922&diss=y>
- Eckert, T. (2023, April 4). Opioid overdose risk is markedly elevated for those just released from Oregon prisons. *KLCC*. <https://www.klcc.org/health-medicine/2023-04-04/opioid-overdose-risk-is-markedly-elevated-for-those-just-released-from-oregon-prisons>
- Edge, S. (2018, April 14). Santa Fe Jail steps up effort to help inmates with addiction. *Santa Fe New Mexican*. https://www.santafenewmexican.com/news/local_news/santa-fe-jail-steps-up-effort-to-help-inmates-with-addiction/article_65fe9649-1cd2-5f1f-acbb-2fc3ed677df6.html
- Elnahal, S. (2018). *DOH, DOC Commissioners tout Medication-Assisted Treatment for inmates*. State of New Jersey Department of Health.
<https://www.nj.gov/health/news/2018/approved/20180806a.shtml>
- Federal Bureau of Prisons. (n.d.). *BOP: Federal Bureau of Prisons web site*.
<https://www.bop.gov/>
- Federal Bureau of Prisons Clinical Guidance. (2021). *Opioid use disorder: Diagnosis, evaluation, and treatment*.
https://www.bop.gov/resources/pdfs/opioid_use_disorder_cg.pdf
- Federal Bureau of Prisons. (2023). *Federal Prison System FY 2024 performance budget Congressional Submission*. United States Department of Justice.
https://www.justice.gov/d9/2023-03/bop_se_fy_2024_pb_narrative_omb_cleared_3.23.2023.pdf
- Fischer, A. (2022, December 2018). New Mexico's HSD proposes Medication-Assisted Treatment for incarcerated people. *Source NM*. <https://sourcennm.com/briefs/new-mexicos-hsd-proposes-medication-assisted-treatment-for-incarcerated-people/>
- Fisher, K. (2019, March 19). What is Vivitrol? How one pilot program in two Tennessee counties could fight opioid addiction. *The Tennessean*.
<https://www.tennessean.com/story/news/local/cheatham/2019/03/19/pilot-program-bring-vivitrol-cheatham-county-jail-expected-combat-opioids/3027727002/>
- Florida Department of Corrections. (n.d.). *Bureau of Substance Use Treatment*.
<http://www.dc.state.fl.us/development/readiness.html>
- Florida Residential Substance Abuse Treatment*. (2020). RSAT-TTA. https://www.rsat-tta.com/pdfs/FL_RSAT_Compendum_8_9_21
- Friedmann, P. D., Hoskinson, R., Gordon, M., Schwartz, R., Kinlock, T., Knight, K., Flynn, P. M., Welsh, W. N., Stein, L. A., Sacks, S., O'Connell, D. J., Knudsen, H. K., Shafer, M. S., Hall, E., & Frisman, L. K. (2012). Medication-Assisted Treatment in criminal justice agencies affiliated with the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS): Availability, barriers, and intentions. *Substance Abuse*, 33(1), 9-18.
<https://doi.org/10.1080/08897077.2011.611460>
- Gibson, S. (2019, June 18). N.H. prisons expand treatment for opioid and alcohol use disorders. *New Hampshire Public Radio*. <https://www.nhpr.org/nh-news/2019-06-18/n-h-prisons-expand-treatment-for-opioid-and-alcohol-use-disorders>
- Grande, L. & Stern, M. (2018). Providing medication to treat opioid use disorder in Washington State jails. *Division of Behavioral Health and Recovery, Washington State Department of Social and Health Services*.
<http://faculty.washington.edu/mfstern/WAJailOpiateResponse.pdf>

- Giftos, J. (2018). *Substance use & incarceration: Presentation to NYC Board of Correction* [PowerPoint slides]. Division of Correctional Health Services, NYC Health and Hospitals. <https://www.nyc.gov/assets/boc/downloads/pdf/Meetings/2018/July-10-2018/POST/BOC%20SUT%20Service%20Overview%20-%20July%202018%20-%20FINAL.pdf>
- Jackson, Angie. (2020, September 14). She died of opioid withdrawal in SC jail custody: Family wants officials held accountable. *The Post and Courier*. https://www.postandcourier.com/news/she-died-of-opioid-withdrawal-in-sc-jail-custody-family-wants-officials-held-accountable/article_0a31bd62-75e9-11e9-a8f7-476a32ace658.html
- Johnson, K. & Williams, D. (2020, February 24). Bexar County pilot program to offer inmates new opioid addiction treatment option. *Texas Public Radio*. <https://www.tpr.org/show/the-source/2020-02-24/bexar-county-pilot-program-to-offer-inmates-new-opioid-addiction-treatment-option>
- Kansas Residential Substance Abuse Treatment*. (2022). RSAT-TTA. https://www.rsat-tta.com/pdfs/KS_RSAT_Compndium_5-26-21
- Klapmeier, A. (2022, August 10). Montana Department of Corrections receives \$780,000 grant to combat opioid epidemic. *Montana Gov*. <https://news.mt.gov/Department-of-Corrections/Montana-Department-of-Corrections-Receives-780,000-Grant-To-Combat-Opioid-Epidemic>
- Legal Action Center. (2022). *Cases involving discrimination based on treatment with Medication for Opioid Use Disorder (MOUD)*. <https://www.lac.org/assets/files/Cases-involving-denial-of-access-to-MOUD.pdf>
- Legislative Analysis and Public Policy Association. (n.d.). *Medication-assisted treatment & the Americans with Disabilities Act*. <http://legislativeanalysis.org/wp-content/uploads/2020/02/Medication-Assisted-Treatment-and-the-Americans-With-Disabilities-Act.pdf>
- Liberty, R. & Thornell, R. (2020). *Medication Assisted Treatment services first year review*. Correctional Programming Division, Maine Department of Corrections. https://www.maine.gov/corrections/sites/maine.gov.corrections/files/inline-files/MAT_Year_One_ReviewFinal.pdf
- Linden, M., Marullo, S., Bone, C., Barry, D. T., & Bell, K. (2018). Prisoners as patients: The opioid epidemic, Medication-Assisted Treatment, and the Eighth Amendment. *The Journal of Law, Medicine & Ethics*, 46, 252-267. <https://doi.org/10.1177/1073110518782926>
- Llopis-Jepsen, C. (2022, February 16). A few Kansas jails are finally allowing medical care for opioid addiction. *KCUR*. <https://www.kcur.org/news/2022-02-16/a-few-kansas-jails-are-finally-allowing-medical-care-for-opioid-addiction>
- Louisiana Residential Substance Abuse Treatment*. (2018). RSAT-TTA. https://www.rsat-tta.com/pdfs/LA_RSAT_Compndium_11-20
- Martin, R. A., Gresko, S. A., Brinkley-Rubinstein, L., Stein, L. A. R., & Clarke, J. G. (2019). Post-release treatment uptake among participants of the Rhode Island Department of Corrections comprehensive Medication Assisted Treatment program. *Preventative Medicine*, 128, 105766. <https://doi.org/10.1016/j.ypmed.2019.105766>
- Max, S. (2022, March 17). The other epidemic: Overdoses are spiking in Tennessee prisons, as deadly drugs circulate through supposedly secure facilities. 90.3 WPLN News.

- <https://wpln.org/post/the-other-epidemic-overdoses-are-spiking-in-tennessee-prisons-as-deadly-drugs-circulate-through-supposedly-secure-facilities/>
- Medication Addiction Treatment (MAT)*. (n.d.). New York State Department of Corrections and Community Supervision. <https://doccs.ny.gov/medication-addiction-treatment-mat>
- Michigan Residential Substance Abuse Treatment*. (2022). RSAT-TTA. https://www.rsat-tta.com/pdfs/MI_RSAT_Compendum_6-9-21
- Minnesota Residential Substance Abuse Treatment*. (2020). RSAT-TTA. https://www.rsat-tta.com/pdfs/MN_RSAT_Compendum_12-20
- Missouri Department of Corrections. (n.d.). *Opioid crisis response*. <https://doc.mo.gov/initiatives/opioid-crisis-response>
- McCurdy, C. (2020, June 2). Clackamas County Jail expands Medication-Assisted Treatment for opioid withdrawals. *Street Roots*. <https://www.streetroots.org/news/2020/06/02/clackamas-county-jail-expands-medication-assisted-treatment-opioid-withdrawals>
- McDonald, M. (2020). Adverse childhood experience and substance use disorder: Exploring connections and trauma informed care. *International Journal of Child Health and Human Development*, 13(4), 383-387.
- Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M. Z., Oberleitner, L. M. S., & McKee, S. A. (2018). Effectiveness of Medication Assisted Treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 99, 32-43. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391743/>
- Muldoon, M. (2021, September 28). Can Vivitrol help prevent relapse for former inmates? *Addiction Center*. <https://www.addictioncenter.com/news/2019/09/oklahoma-inmate-vivitrol-treatment/>
- National Center for Injury Prevention and Control. (2022, June 1). *Understanding the opioid overdose epidemic*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://www.cdc.gov/opioids/basics/epidemic.html>
- National Commission on Correctional Healthcare. (2018, October). *Jail-based Medication-Assisted Treatment: Promising practices, guidelines, and resources for the field*. <https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf>
- National Commission on Correctional Healthcare. (2021, October). *Position statement: Naloxone in correctional facilities for the prevention of opioid overdose deaths*. <https://www.ncchc.org/wp-content/uploads/Naloxone-in-Correctional-Facilities-for-the-Prevention-of-Opioid-Overdose-Deaths-1.pdf>
- National Institute on Drug Abuse. (2023, February 9). *Drug overdose death rates*. U.S. Department of Health and Human Services, National Institutes of Health. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
- National Institute on Drug Abuse. (2020, June). *Criminal justice drug facts*. U.S. Department of Health and Human Services, National Institutes of Health. <https://nida.nih.gov/publications/drugfacts/criminal-justice>
- NC Department of Health and Human Services (2020). *Using Medication-Assisted Treatment in jails: A North Carolina focus*. <https://www.ncdhhs.gov/media/11812/download>
- NCSO and NaphCare initiate new opioid withdrawal program in county jail. (2018, December 21). *The Covington News*. <https://www.covnews.com/news/crime/ncso-and-naphcare-initiate-new-opioid-withdrawal-program-county-jail/>

- Neill-Gubitz, H., Graves, J.M., & Barbosa-Leiker, C. (2022). Availability of health care services and medications for opioid use disorder in carceral facilities in Washington, Oregon, and Idaho. *Journal of Health Care for the Poor and Underserved* 33(1), 407-418.
<https://doi.org/10.1353/hpu.2022.0031>
- New Hampshire Residential Substance Abuse Treatment. (2020). RSAT-TTA. https://www.rsat-tta.com/pdfs/NH_RSAT_Compodium_11-20
- New York City Health and Hospitals. (2019, June 20). *City/state/private partnership to enhance care for patients with opioid use disorder transferred from New York City jails to New York State prisons*. <https://www.nychealthandhospitals.org/pressrelease/correctional-health-services-enhances-care-for-patients-with-opioid-use-disorder/>
- North Carolina Department of Health and Human Services. (2019, April 26). *DHHS, DPS create treatment pilot for inmates with opioid use disorder to transition after prison*. <https://www.ncdhhs.gov/news/press-releases/2019/04/26/dhhs-dps-create-treatment-pilot-inmates-opioid-use-disorder-transition-after-prison>
- North Dakota Corrections and Rehabilitation. (2019). *2017-2019 Biennial report*. https://www.docr.nd.gov/sites/www/files/documents/Biennial%20Report%20Archive/2017-2019%20Biennium%20Report_links.pdf
- North Dakota Corrections and Rehabilitation. (2021). *2019-2021 Biennial report*. <https://www.docr.nd.gov/sites/www/files/documents/Biennial%20Report%20Archive/2019-2021%20Biennium%20Report.pdf>
- Ohio Department of Rehabilitation and Correction. (2022, September 21). *Ohio expands MAT offered to incarcerated population*. <https://drc.ohio.gov/home/news-and-events/all-news/ohio-expands-mat-offered-to-incarcerated-population>
- Pelton, M. (2017, August 3). Arizona Department of Corrections launches program to fight opioid addiction in prisons. *ABC 15 Arizona*. <https://www.abc15.com/news/state/arizona-department-of-corrections-launches-program-to-fight-opioid-addiction-in-prisons>
- Pew Trusts. (2020, April 23). *Opioid use disorder treatment in jails and prisons*. <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons>
- Pivovarova, E., Evans, E. A, Stopka, T. J., Santelices, C., Ferguson, W. J., & Friedmann, P. D. (2022). Legislatively mandated implementation of medications for opioid use disorders in jails: A qualitative study of clinical, correctional, and jail administrator perspectives. *Drug and Alcohol Dependence*, 234. <https://doi.org/10.1016/j.drugalcdep.2022.109394>
- Recovery Services of New Mexico. (2022). *Addiction treatment for the incarcerated*. <https://www.recoverynewmexico.com/treatment-in-jail>
- Reichert, J., Weisner, L., Marcheschi, T., Gleicher, L., & Adams, S. (2019). Addressing opioid use disorder in corrections: A survey of Illinois jails. *Illinois Criminal Justice Information Authority*. <https://icjia.illinois.gov/researchhub/articles/addressing-opioid-use-disorders-in-corrections-a-survey-of-illinois-jails>
- Reid, J. D., Harvey, J. C., & Hubert, L. (2019). *Recover while incarcerated: Transforming the delivery of addiction recovery services in IDOC facilities* [PowerPoint slides]. Addiction Recovery Services, Indiana Department of Correction. <https://www.indianacouncil.org/wp-content/uploads/2021/10/Understanding-Mental-Health-Addiction-within-the-Indiana-Department-of-Corrections.pdf>
- Stirling, B. P. (n.d.). South Carolina Department of Corrections: Medication Assisted Treatment (MAT) programs for opioids [PowerPoint slides]. South Carolina Department of

- Corrections.
<https://www.scstatehouse.gov/CommitteeInfo/HouseOpioidAbusePreventionStudyCommittee/August162017Meeting/BryanStirlingPresentationHouseStudyCommittee.pptx>
- Substance Abuse and Mental Health Service Administration. (2021, November 4). *MAT medications, counseling, and related conditions*. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions>
- Substance Abuse and Mental Health Service Administration. (2023, April 25). Medications for substance use disorders. <https://www.samhsa.gov/medications-substance-use-disorders>
- Sclafani v. Mici, No. 19-12550-LTS (D. Mass Feb. 27, 2020).
<https://bloximages.chicago2.vip.townnews.com/gloucestertimes.com/content/tncms/asset/s/v3/editorial/8/cf/8cf6b450-235e-11ea-978c-870d91f493a8/5dfd205e2a4ca.pdf.pdf>
- Scott, C. K., Grella, C. E., Dennis, M. L., Carnevale, J., & LaVallee, R. (2022). Availability of best practices for opioid use disorder in jails and related training and resource needs: Findings from a national interview study of jails in heavily impacted counties in the U.S. *Health & Justice*, 10(36). <https://doi.org/10.1186/s40352-022-00197-3>
- Shames, A. & Subramanian, R. (2017). A path to recovery: Treating opioid use in West Virginia's criminal justice system. *Vera Institute of Justice*.
<https://www.vera.org/downloads/publications/a-path-to-recovery-treating-opioid-use-west-virginia-criminal-justice-system.pdf>
- Sharon, S. (2021, February 12). Maine corrections department expanding Medication-Assisted Treatment to all residents. *Maine Public*. <https://www.mainepublic.org/maine/2021-02-12/maine-corrections-department-expanding-medication-assisted-treatment-to-all-residents>
- State of Hawaii Department of Public Health. (2023). *Annual report FY 2022*.
<https://dps.hawaii.gov/wp-content/uploads/2023/03/PSD-ANNUAL-REPORT-2022compressed.pdf>
- State of Iowa Department of Corrections. (2019). *Health services (HSP-405)*.
https://publications.iowa.gov/33258/1/fy2019_doc_annual_report.pdf
- State of Nevada Department of Corrections. (n.d.). *Substance abuse programs*.
https://doc.nv.gov/Programs/SA/Substance_Abuse/
- State of Wisconsin Department of Corrections. (n.d.). *Wisconsin model*.
<https://doc.wi.gov/Pages/OpioidProgramToolkit/Development/WisconsinModel.aspx#:~:text=The%20WI%20DOC%20program%E2%80%99s%20overarching%20goals%20include%20a,of%20Medicated-assisted%20treatment%20%28MAT%29%20and%20other%20treatment%20services>
- Taxman, F. S., Cropsey, K. L., Young, D. W., & Wexler, H. (2007). Screening, assessment, and referral practices in adult correctional settings: A national perspective. *Criminal Justice and Behavior*, 34(9), 1216-1234. <https://doi.org/10.1177/0093854807304431>
- Texas Residential Substance Abuse Treatment*. (2022). RSAT-TTA. https://www.rsat-tta.com/pdfs/TX_RSAT_Compendum_8_4_21
- Thometz, K. (2019, May 10). Cook County Jail to expand Medication-Assisted Treatment for opioid addiction. *WTTW*. <https://news.wttw.com/2019/05/10/cook-county-jail-expand-medication-assisted-treatment-opioid-addiction>
- Toohy, G. (2019, May 6). Louisiana prisons pilot addiction-fighting implants for inmates; Lack of FDA approval draws criticism. *The Advocate*.
https://www.theadvocate.com/baton_rouge/news/crime_police/louisiana-prisons-pilot-

- [addiction-fighting-implants-for-inmates-lack-of-fda-approval-draws-criticism/article_3376578e-6cfa-11e9-9442-1fea4f3f194a.html](https://doi.org/10.1016/j.drugpo.2022.103803)
- Topka, T. J., Rotttappel, R. E., Ferguson, W. J., Pivovarova, E., Del Toro-Mejias, L., Friedmann, P. D., & Evans, E. A. (2022). Medication for opioid use disorder treatment continuity post-release from jail: A qualitative study with community-based treatment providers. *International Journal of Drug Policy*, 110. <https://doi.org/10.1016/j.drugpo.2022.103803>
- Utah Commission on Criminal and Juvenile Justice. (n.d.). S.B. 205 mortality in Utah county jails and prisons 2013 – 2019 [PowerPoint slides]. <https://le.utah.gov/interim/2018/pdf/00004537.pdf>
- Vermont Legislature. (n.d.) *Medication Assisted Treatment in state correctional facilities*. <https://legislature.vermont.gov/Documents/2018/WorkGroups/Senate%20Institutions/Bills/H.874/H.874~John%20Rodgers~Medication%20Assisted%20Treatment%20in%20State%20Correctional%20Facilities%20Information%20Paper~3-21-2018.pdf>
- Virginia Department of Corrections. (2023, March 15). *VADOC expands Medication Assisted Treatment program*. <https://vadoc.virginia.gov/news-press-releases/2023/vadoc-expands-medication-assisted-treatment-program/>
- Washington, H. E. (2021). *Overview of the FY '22 executive budget recommendation* [PowerPoint slides]. Michigan Department of Corrections. https://www.house.mi.gov/hfa/PDF/Corrections/Corrections_Subcmte_Testimony_ExecRec_fy22_2-24-21.pdf
- Washington State Health Care Authority. (2023, January). *Medications for Opioid Use Disorder (MOUD) in jails*. <https://www.hca.wa.gov/assets/billers-and-providers/moud-in-jails-fact-sheet-2023.pdf>
- Weizman, S., Perez, J., Manoff, I., Baney, M., & El-Sabawi, T. (2021). *National snapshot: Access to medications for opioid use disorder in U.S. jails and prisons*. O'Neill Institute for National and Global Health Law at Georgetown Law Center. <https://oneill.law.georgetown.edu/wp-content/uploads/2021/07/National-Snapshot-Access-to-Medications-for-Opioid-Use-Disorder-in-U.S.-Jails-and-Prisons.pdf>
- Wolff N, Shi J. (2015). Screening for substance use disorder among incarcerated men with the Alcohol, Smoking, Substance Involvement Screening Test (ASSIST): A comparative analysis of computer-administered and interviewer-administered modalities. *Journal of Substance Abuse Treatment*, 53, 22-32. <https://doi.org/10.1016/j.jsat.2015.01.006>
- Zhu, A., Cohn, M., & Conarck, B. (2023, March 13). Less than half of Maryland jails comply with opioid-addiction treatment law meant to save lives. *The Baltimore Banner*. <https://www.thebaltimorebanner.com/politics-power/state-government/opioid-addiction-treatment-law-jails-Z2XMHQKQOFAC7MGDUAJ7QYLGUYU/>

Appendix

State	MAT Provision	Useful Links
Federal Bureau of Prisons (BOP)	<p>Individuals screened for OUD at intake. Individuals who arrive to an institution on medications for OUD (MOUD) should continue the medication unless contraindicated. BOP offers all 3 FDA approved medications for OUD. Individuals screened and assessed for OUD and treatment throughout their incarceration as clinically appropriate. Urine drug testing (UDT) is used as necessary. BOP provides pre-release planning services.</p>	<ul style="list-style-type: none"> • BOP Home Page • BOP OUD Clinical Guidance
Alabama (AL)	<p>No provision of MAT. A spokesperson for Alabama's DOC claims that ADOC's Office of Health Services is in the process of developing a MAT program with Wexford Health Sources, the agency's contracted medical and mental health partner. Some jails allow individuals to continue taking MOUD while in custody while the majority do not. ADOC Re-Entry and Pre-Release Program website page mentions access to SUD and mental health services but does not explicitly reference MAT.</p>	<ul style="list-style-type: none"> • ADOC Reentry Info • AL Opioid Crisis Report
Alaska (AK)	<p>AK DOC supplies methadone and buprenorphine to individuals for up to 30 days if they were receiving the medication prior to incarceration. Vivitrol is offered upon release.</p>	<ul style="list-style-type: none"> • AK DOC MAT Clinical Care Guide
Arizona (AZ)	<p>ADCRR offers Vivitrol to incarcerated persons. Individuals are expected to commence a 30-day taper upon intake. ADCRR oversees two re-entry centers in Maricopa County and Pima County that provide MAT. There is no mention of MAT on the ADCRR website.</p>	<ul style="list-style-type: none"> • "Arizona Department of Corrections launches program to fight opioid addiction in prisons"
Arkansas (AR)	<p>Three community corrections centers (CCC) are piloting MAT: East Center AR CCC, Southwest AR CCC, and Omega Supervision Sanction. Residents of East Center AR CCC are provided evidence-based services, trauma-informed care, and naltrexone. Naltrexone is</p>	<ul style="list-style-type: none"> • Arkansas Residential Substance Abuse Treatment

	administered as an injection 24-48 hours prior to release. Pre-release planning includes a scheduled appointment with a community MAT provider.	
California (CA)	California screens everyone at intake into CDCR for SUD. Individuals assessed to have AUD or OUD are referred for MAT if clinically appropriate. CDCR offers all 3 FDA-approved MAT medications with methadone available at a subset of institutions. Pre-release planning includes MAT provision as well as Naloxone education and kits. Individuals are connected with community MAT providers for follow up.	<ul style="list-style-type: none"> • CA Correctional Health Care Services ISUDT
Colorado (CO)	Limited provision of MAT. Denver city and county jail offer methadone treatment. Methadone is offered to pregnant individuals with OUD. A 3-day buprenorphine detoxification is offered for all those experiencing opioid withdrawal. Individuals are permitted to continue taking buprenorphine if they have an existing prescription and community provider. Buprenorphine is offered at discharge if the individual qualifies for probation and has pending criminal charges only in Denver.	<ul style="list-style-type: none"> • CDOC Behavioral Health Transition Plans • Opioid Use Disorder in Jails and Prisons
Connecticut (CT)	CT DOC offers MAT to individuals prescribed medication for OUD prior to incarceration and those whose medical evaluation upon incarceration recommends MAT. While at least one formulation of MAT is offered in a number of facilities, only York Correctional Institution offers all 3 formulations.	<ul style="list-style-type: none"> • MAT in the CT Correctional System • Department of Correction Expands Medication for Opioid Use Disorder (MOUD) Programs • Impact of Two Pilot Methadone Treatment Programs in Connecticut Correctional Facilities on Post-Release Outcomes
Delaware (DE)	DDOC provides MAT to all eligible individuals. Staff identify eligible individuals at intake. All 3 FDA-approved medications are available to inmates with opioid use disorders. Staff attempts to connect the individual to treatment or a community provider at	<ul style="list-style-type: none"> • Delaware's Comprehensive Reentry Plan and Progress Report

	discharge. DDOC also has Naloxone available for individuals being released from its facilities. DDOC has implemented the use of MAT at Level IV and Level V facilities statewide.	
Florida (FL)	Limited provision of MAT. Collier County Jail offers methadone to pregnant individuals who were arrested while on MAT and naltrexone is provided to individuals enrolled in drug court. This jail also offers MAT and discharge resources as part of the continuing care program. Orange County Jail offers Vivitrol on the day of release. While the FDC offers substance use treatment, there is no mention of MAT in the description on the website.	<ul style="list-style-type: none"> • FDC Bureau of Substance Use Treatment • Florida Residential Substance Abuse Treatment
Georgia (GA)	Limited provision of MAT. As of 2018, Fulton County Jail and Newton County Jail launched a program in partnership with NaphCare that administers buprenorphine to individuals to treat withdrawal symptoms.	<ul style="list-style-type: none"> • The Covington News "NCSO and NaphCare initiate new opioid withdrawal program in county jail"
Hawaii (HI)	The Kauai Community Correctional Center launched a MAT pilot program in 2019 that offers injectable naltrexone. In 2022, Oa-hu Community Correctional Center, Halawa Correctional Facility, and Waiawa Correctional Facility expanded MAT services beyond Vivitrol and Methadone to include buprenorphine and Sublocade.	<ul style="list-style-type: none"> • Department of Public Safety Annual Report FY 2022
Idaho (ID)	Limited provision of MAT. Medication for OUD is offered in some jails but is not available in the state's prisons.	<ul style="list-style-type: none"> • "Availability of Health Care Services and Medications for Opioid Use Disorder in Carceral Facilities in Washington, Oregon, and Idaho"
Illinois (IL)	Limited provision of MAT. IDOC does not offer MAT. Cooks County Jail provides all 3 FDA-approved medications in conjunction with behavioral health supports. In addition, the jail provides pre-release planning and naloxone upon release. MAT is available in some of the	<ul style="list-style-type: none"> • "Addressing Opioid Use Disorders in Corrections: A Survey of Illinois Jails" • "Cook County Jail to Expand Medication-Assisted Treatment for Opioid Addiction"

	state’s other jails and through the department of public health.	
Indiana (IN)	Indiana DOC Addiction Recovery Services Division provides the Recover While Incarcerated (RWI) program that offers MAT whenever clinically indicated. 60 days of Naltrexone PO is provided pre-release and Vivitrol is provided 1 week prior to release. Referrals are provided for continued MAT upon release. RWI is available at 17 Adult Department of Corrections facilities.	<ul style="list-style-type: none"> • "Recover While Incarcerated"
Iowa (IA)	Limited provision of MAT. Methadone is only offered in extenuating circumstances that require continuation of methadone maintenance during incarceration, such as pregnancy. The originating or initiating licensed opioid treatment program must assume responsibility and delivery of the medication.	<ul style="list-style-type: none"> • IA DOC Policy and Procedures Controlled Substances
Kansas (KS)	Limited provision of MAT. A few Kansas jails, such as Sedgwick County Jail and Crawford County Jail, allow individuals with AUD and OUD to receive the combination of medication and counseling. Additionally, incarcerated persons who were on medications for AUD and OUD prior to booking are permitted to remain on the prescribed medication. KDOC formed a task force that participated in a regional workshop focused on expanding access to MOUD in corrections.	<ul style="list-style-type: none"> • "A few Kansas jails are finally allowing medical care for opioid addiction" • Kansas Residential and Substance Abuse Treatment
Kentucky (KY)	KY offers Supportive Assistance with Medication for Addiction Treatment (SAMAT) to eligible participants, which includes Vivitrol and Suboxone followed by Sublocade. Participants must have a verified release date within 60 days of starting the program. SAMAT is available at all of Kentucky’s 14 state institutions and 20 county jails within the state.	<ul style="list-style-type: none"> • SAMAT
Louisiana (LA)	MAT is offered at Bossier Parish Correctional Center in the form of Vivitrol. Participants must attend a 3-	<ul style="list-style-type: none"> • Louisiana Residential Substance Abuse Treatment

	<p>month educational track with opioid specific groups prior to release. MAT is also offered at Bayou Dorcheat Correction Center, Louisiana Transitional Center for Women, Lafourche PP, Dixon Correctional Institute, Louisiana State Penitentiary (LSP), and Louisiana Correctional Institute for Women. In 2019, LPS began a pilot program to provide surgically implanted naltrexone to soon-to-be-released individuals. The implant has not been approved by federal regulators.</p>	<ul style="list-style-type: none"> • "Louisiana prisons pilot addiction-fighting implants for inmates; lack of FDA approval draws criticism" • "Program and Treatment Options in the Department of Corrections"
Maine (ME)	<p>MAT is available throughout the state's adult correctional facilities. In February 2020, the timeframe to start treatment increased from three months prior to discharge to six months and the program was expanded to include all those newly admitted to MDOC who were receiving MAT prior to entry. At discharge, individuals are offered Narcan along with education on overdose response, a copy of their release plan, and MAT bridge prescription.</p>	<ul style="list-style-type: none"> • MDOC MAT Services First Year Review • "Maine Corrections Department Expanding Medication-Assisted Treatment To All Residents"
Maryland (MD)	<p>In 2019, MD passed HB0116 requiring local jails to assess for SUD during intake and provide at least one formulation of each FDA-approved medication for OUD with a program in place by January 2023. As of February 2023, less than half of jails in MD were fully compliant.</p>	<ul style="list-style-type: none"> • "Less than half of Maryland jails comply with opioid-addiction treatment law meant to save lives"
Massachusetts (MA)	<p>Massachusetts DOC (MADOC) maintains a protocol for its facilities that provide MAT that includes medication maintenance for pregnant individuals, allows eligible individuals in MADOC to be maintained or induced on one of the 3 FDA-approved medications, and tapering protocols must be followed for facilities that do not offer medication for alcohol and OUD.</p>	<ul style="list-style-type: none"> • Report on Costs and Outcomes of Medication-Assisted Treatment Programs Included in G.L. 127 § 17B
Michigan (MI)	<p>MDOC launched MAT programs in 2022 at multiple facilities as part of a broader effort to offer MAT to eligible residents. Many local correctional facilities</p>	<ul style="list-style-type: none"> • MI Residential Substance Abuse Treatment

	provided MAT such as Eaton County Jail and St. Clair County Intervention and Detention Center, to name a couple.	<ul style="list-style-type: none"> • Overview of the FY '22 Executive Budget Recommendation
Minnesota (MN)	Minnesota Department of Corrections-Lino Lakes provides MAT (naltrexone and buprenorphine/naloxone) to eligible residents who meet criteria for SUD. Hennepin County Jail screens everyone at intake for SUD and provides a buprenorphine taper to eligible individuals. Washington County Jail offers MOUD program, which is a collaborative effort between the Hazelden Betty Ford Foundation and several Washington County departments.	<ul style="list-style-type: none"> • Minnesota Residential Substance Abuse Treatment • "Hennepin County MOUD Population Increases Dramatically as Jail Numbers Fall" • "Washington County Jail begins medication-assisted treatment for opioid abuse"
Mississippi (MS)	No provision of MAT.	
Missouri (MO)	Missouri DOC provides MAT to eligible offenders completing treatment centers at correctional facilities in Boonville, Chillicothe, Cremer, Farmington, Fordland, Fulton, Maryville, St. Joseph and Vandalia. Eligible individuals receive their first injection of Vivitrol several days prior to their release. After release, 3-4 weeks after their first injection, the individual will receive a second injection of Vivitrol. The DOC also provides Narcan upon release.	<ul style="list-style-type: none"> • Medication-Assisted Treatment (MAT)
Montana (MT)	Although Weizman et al. (2021) reports that DOC facilities provide Vivitrol and buprenorphine pre-release, no information is available on their website about this. County jail facilities in Bozeman, Billings, and Missoula provide methadone and Vivitrol. In July 2022, the Montana DOC received a \$780,000 grant for a Comprehensive Opioid Abuse Program from the Montana Board of Crime Control, which runs from July 1, 2022-June 30, 2023, and is to help agencies implement opioid abuse programs.	<ul style="list-style-type: none"> • "Montana Department of Corrections Receives \$780,000 Grant To Combat Opioid Epidemic"
Nebraska (NE)	No provision of MAT.	
Nevada (NV)	Limited provision of MAT. Although Weizman et al. (2021) reports that Henderson and Clark County Detention	<ul style="list-style-type: none"> • Substance Abuse Program

	Center and Washoe County Jail offer MAT, no information is available on their websites about the program. In 2017, the NDOC piloted MAT in NDOC Warm Springs Correctional Center in Carson City and Southern Desert Correctional Center in Las Vegas with the provision of Vivitrol.	
New Hampshire (NH)	The New Hampshire DOC has expanded MAT provision as of 2019. The expansion includes the provision of buprenorphine, Sublocade, and naltrexone, as well as counseling and reentry care coordination. County jails have also begun to implement MAT programs.	<ul style="list-style-type: none"> • "N.H. Prisons Expand Treatment for Opioid and Alcohol Use Disorders" • New Hampshire Residential Substance Abuse Treatment
New Jersey (NJ)	NJDOC incorporates MAT in conjunction with behavior therapy, as needed. The DOC has bestowed \$1.7 million for MAT programs to the following counties: Bergen, Burlington, Camden, Hudson, Middlesex, Passaic, Salem, Somerset, Union, and Warren counties. The Department of Health is also collaborating with the DOC to initiate MAT for more individuals incarcerated in the state's jails.	<ul style="list-style-type: none"> • "DOH, DOC Commissioners tout Medication-Assisted Treatment for inmates"
New Mexico (NM)	Limited provision of MAT. New Mexico's six state-run prisons do not offer MAT. Medication for OUD available to pregnant women only. Recovery Services of New Mexico provides methadone treatment to individuals incarcerated at the Bernalillo County Metropolitan Detention Center. Santa Fe County Jail offers naltrexone. Beginning in 2024, New Mexico's Medicaid program may start providing MAT to incarcerated people 30 days before they are released, along with a 30-day supply of medication when they leave.	<ul style="list-style-type: none"> • "Santa Fe jail steps up effort to help inmates with addiction" • Recovery Services of New Mexico • "New Mexico's HSD proposes medication-assisted treatment for incarcerated people"
New York (NY)	NYC jail-system provides an opioid treatment program. Community Health Survey operates the <i>Key Extended Entry Program (KEEP)</i> , the nation's oldest &	<ul style="list-style-type: none"> • NY DOCCS MAT • "Substance Use & Incarceration:"

	<p>largest jail-based opioid treatment program. Methadone and buprenorphine maintenance are provided to eligible patients with an opioid use disorder. Patients receiving methadone maintenance treatment in the city’s jail system who are to serve a sentence of fewer than two years in state custody may continue to receive methadone maintenance while in the state prison system.</p>	<ul style="list-style-type: none"> • Presentation to NYC Board of Correction • "City/State/Private Partnership to Enhance Care for Patients with Opioid Use Disorder Transferred from New York City Jails to New York State Prisons"
North Carolina (NC)	<p>The Department of Health and Human Services and Human Services and the Department of Public Safety partnered to piloted at the NC Correctional Institution for Women in Raleigh, Wake Correctional Center in Raleigh and Orange Correctional Center in Hillsborough. Durham County Detention Center offers methadone, buprenorphine, and Naltrexone to eligible incarcerated individuals. Buncombe detention center offers Naltrexone and Suboxone.</p>	<ul style="list-style-type: none"> • "Using MAT in Jails: A North Carolina Focus" • "Opioid use disorder treatment in jails making strides in North Carolina" • "DHHS, DPS Create Treatment Pilot for Inmates with Opioid Use Disorder to Transition after Prison"
North Dakota (ND)	<p>MAT is not available as start-up programming; however, MAT is available if an eligible individual is housed at a transitional facility. Residents are now able to continue MAT with methadone when they enter a DOCR prison facility, provided they have less than two years to serve on their sentence and started Methadone treatment prior to incarceration. Medication for OUD is provided to pregnant residents who arrive on Suboxone and methadone. All residents have the option to take Naloxone (Narcan) nasal spray with them upon release.</p>	<ul style="list-style-type: none"> • 2017-2019 Biennial Report • 2019-2021 Biennial Report
Ohio (OH)	<p>The Ohio DOC provides MAT to incarcerated adults with OUD in the form of Methadone and Buprenorphine as soon as they arrive at a state prison, expanding upon the currently provided continuation of community treatment and reentry-based MAT services. Additional treatment services such as cognitive-behavioral</p>	<ul style="list-style-type: none"> • "Ohio Expands MAT offered to Incarcerated Population"

	programming will continue to be provided by OhioMHAS clinicians.	
Oklahoma (OK)	Limited provision of MAT. Tulsa County Jail offers Vivitrol upon release. Currently incarcerated individuals may be considered for the program if they are not pregnant or sentenced to the ODOC.	<ul style="list-style-type: none"> • "Can Vivitrol Help Prevent Relapse For Former Inmates?"
Oregon (OR)	The Oregon Department of Corrections has recently started providing eligible inmates with medications for OUD and harm-reduction interventions, like Narcan, up to 13 months before release. Clackamas County Jail and both of Multnomah County's jails offer MAT.	<ul style="list-style-type: none"> • "Opioid overdose risk is markedly elevated for those just released from Oregon prisons" • "Clackamas County Jail expands medication-assisted treatment for opioid withdrawals"
Pennsylvania (PA)	PA DOC offers Vivitrol at all state correctional institutions. All 24 DOC prisons offer buprenorphine and naltrexone. Naltrexone is available prior to release. Incarcerated individuals who had been receiving MAT prior to incarceration are permitted to continue treatment in the form of buprenorphine or naltrexone. Pregnant individuals are treated with methadone and then tapered postpartum. Numerous county jails also offer MAT.	<ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) • Medication for Opioid Use Disorder in Pennsylvania Jails and Prisons
Rhode Island (RI)	Rhode Island Department of Corrections (RIDOC) introduced the first state-wide correctional MAT program in the country in 2016 in collaboration with CODAC, a behavioral healthcare organization. The program offers all three FDA approved medications to treat OUD. The program provides reentry planning to ensure continuity of care.	<ul style="list-style-type: none"> • "Post-release treatment uptake among participants of the Rhode Island Department of Corrections comprehensive medication assisted treatment program" • Medication Assisted Treatment at the RI Department of Corrections
South Carolina (SC)	Limited provision of MAT. The SC DOC is currently piloting Vivitrol – eligible individuals are given their first injection 2 weeks prior to release and SC Department of Alcohol and Other Drug Abuse Services provides discharged individuals with follow up injections.	<ul style="list-style-type: none"> • "She died of opioid withdrawal in SC jail custody. Family wants officials held accountable."

	Charleston County Jail offers buprenorphine.	<ul style="list-style-type: none"> • South Carolina Department of Corrections MAT
South Dakota (SD)	No provision of MAT.	
Tennessee (TN)	Limited provision of MAT. According to an article from March 2022, the Department of Correction says just five people in its custody are currently receiving MAT, which prescribes medications like Suboxone. Cheatham and Clay County Jails are piloting MAT using Vivitrol.	<ul style="list-style-type: none"> • "What is Vivitrol? How one pilot program in two Tennessee counties could fight opioid addiction" • "The other epidemic: Overdoses are spiking in Tennessee prisons, as deadly drugs circulate through supposedly secure facilities"
Texas (TX)	Limited provision of MAT. Harris County Jail provides Vivitrol to eligible individuals. Bexar County Jail has a Vivitrol pilot program.	<ul style="list-style-type: none"> • Texas Residential Substance Abuse Treatment • "Bexar County Pilot Program To Offer Inmates New Opioid Addiction Treatment Option"
Utah (UT)	Utah Department of Corrections (UDC) offers buprenorphine through its certified provider at University Medical Centers. UDC also provides methadone, but usually only to pregnant individuals. Several of the state's county correctional facilities also offer provision of MAT such as Salt Lake County, Wasatch County, and Weber County.	<ul style="list-style-type: none"> • Number of Jail Deaths 2013-2017
Vermont (VT)	Until late 2014, the DOC offered all individuals with a verified prescription for buprenorphine or methadone maintenance of their medication regimen for 30 days. In October 2014, , the DOC began a two-facility pilot project that lengthened the treatment maintenance period for both individuals awaiting trial and those who had been sentenced with verified prescriptions from 30 to 90 days. Effective July 1, 2018, as part of Act 176, the DOC was required to immediately initiate or continue patients who met medical necessity on any of the three FDA-approved medications if the patient	<ul style="list-style-type: none"> • "Opioid Use Disorder Treatment in Jails and Prisons" • "Medication Assisted Treatment in State Correctional Facilities"

	<p>elected to do so, for as long as medically necessary. Currently, Vermont offers MAT to inmates in all seven of its correctional facilities.</p>	
Virginia (VA)	<p>VADOC offers buprenorphine continuations for individuals entering VADOC with verified prescriptions for the treatment of OUD. VADOC offers two-dose naloxone (an opioid overdose reversal medicine) take-home kits, free of charge to individuals releasing from the thirteen Medication Assisted Treatment Reentry Initiative (MATRI) pilot locations.</p>	<ul style="list-style-type: none"> • "VADOC Expands Medication Assisted Treatment Program"
Washington (WA)	<p>Since 2018, Washington DOC has developed MAT in state and county jails. As of the same year, a state-funded survey found that 14 of 33 jails surveyed provided MAT. The most common medication offered was buprenorphine.</p>	<ul style="list-style-type: none"> • Washington State Health Care Authority MOUD in Jails Fact Sheet 2023 • "Providing Medication to Treat Opioid Use Disorder in Washington State Jails"
West Virginia (WV)	<p>West Virginia's Division of Corrections offers Vivitrol in all state prisons and five of the state's 10 jails as part of its pilot MAT program. The individual receives a Vivitrol injection two or three days prior to release. This program has no therapeutic components.</p>	<ul style="list-style-type: none"> • "A Path to Recovery: Treating Opioid Use in West Virginia's Criminal Justice System"
Wisconsin (WI)	<p>The WI DOC has a pilot program that offers MAT in the form of naltrexone to incarcerated individuals housed in a subset of 8 prisons with the WI DOC Division of Adult Institutions. The program offers 12 months of MAT. Individuals releasing from prison will receive their first MAT up to 7 days prior to their release.</p>	<ul style="list-style-type: none"> • Wisconsin Model
Wyoming (WY)	<p>No provision of MAT.</p>	