

Lightning Intro Session

Prisons & Jails

Part 1

PRESENTERS

1. **Sachini Bandara**
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3. **Joshua Lee**

Evaluating a Novel Approach to Dispensing Methadone in Carceral Facilities



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Hospital Clinic Designation

- ▶ DEA regulations permit hospitals to stock and dispense methadone without establishing an OTP, and regulations have long permitted carceral facilities that are registered as a hospital/clinic to follow the same approach but this flexibility had not been clearly stated through regulation
- ▶ Allows facilities to stock and dispense methadone to patients with OUD who are being treated in the facility for another non-SUD physical or mental health condition
- ▶ 2024-Updated SAMHSA regulation-clarifies carceral facility registered as hospital/clinic can stock and dispense methadone
- ▶ Our team has been working with three state DOCS to implement methadone provision under hospital/clinic designation

The collage includes several key elements:

- Event Flyer (Top Left):** Titled "EXPANDING METHADONE ACCESS IN JAILS & PRISONS: AN OPPORTUNITY TO SAVE LIVES AND PROMOTE EQUITY". It is organized by the Center for Mental Health and Addiction Policy at Johns Hopkins University. The event is on Thursday, March 28, 2024, from 12:30 PM to 1:30 PM at the Bloomberg Center. It features a list of speakers including Sarah DePina, Matthew Strat, and others.
- Graphic (Top Right):** A blue and purple graphic titled "How the Drug Enforcement Administration Can Improve Access to Methadone in Correctional Facilities and Save Lives".
- Video Player (Bottom):** A video player for "Video 11: The Hospital/Clinic Designation and Correctional Facilities". A large green and blue circular graphic in the foreground reads "42 CFR Part 8". The SAMHSA logo is visible in the bottom right of the video frame.

Hospital Clinic Designation

- ▶ Three state DOCS that are furthest along with implementation are DE, CO and WA. Each with different systems and use cases.
- ▶ Staff in several carceral systems have expressed interest in adopting h/c designation. Research can help improve and inform implementation processes
 - ▶ Applying and receiving hospital/clinic designation
 - ▶ Stocking and dispensing methadone
 - ▶ Best practice for OUD care
- ▶ OTP regulations cited in previous research as barrier to methadone provision in carceral settings. H/C designation is an opportunity to overcome this. Research on effectiveness is needed



Study Aims

- ▶ Aim 1: Engage early implementers in a learning collaborative to improve reach, adoption, and implementation of the hospital/clinic designation.
- ▶ Aim 2: Identify the effect of the hospital/clinic designation on initiation and retention for MOUD treatment during incarceration.
- ▶ Aim 3: Examine the effect of the hospital/clinic designation on post-release care for opioid use disorder and chronic health conditions.
- ▶ Aim 4: Calculate the cost, cost-effectiveness, and budgetary impact of carceral methadone treatment delivered via the hospital/clinic designation.



A patient preference trial of sublingual versus extended-release buprenorphine telemedicine and pharmacy linkage for individuals re-entering the community from jail

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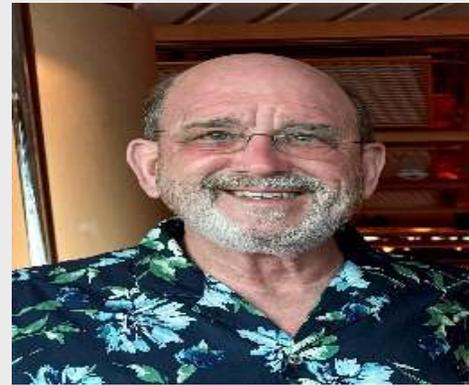
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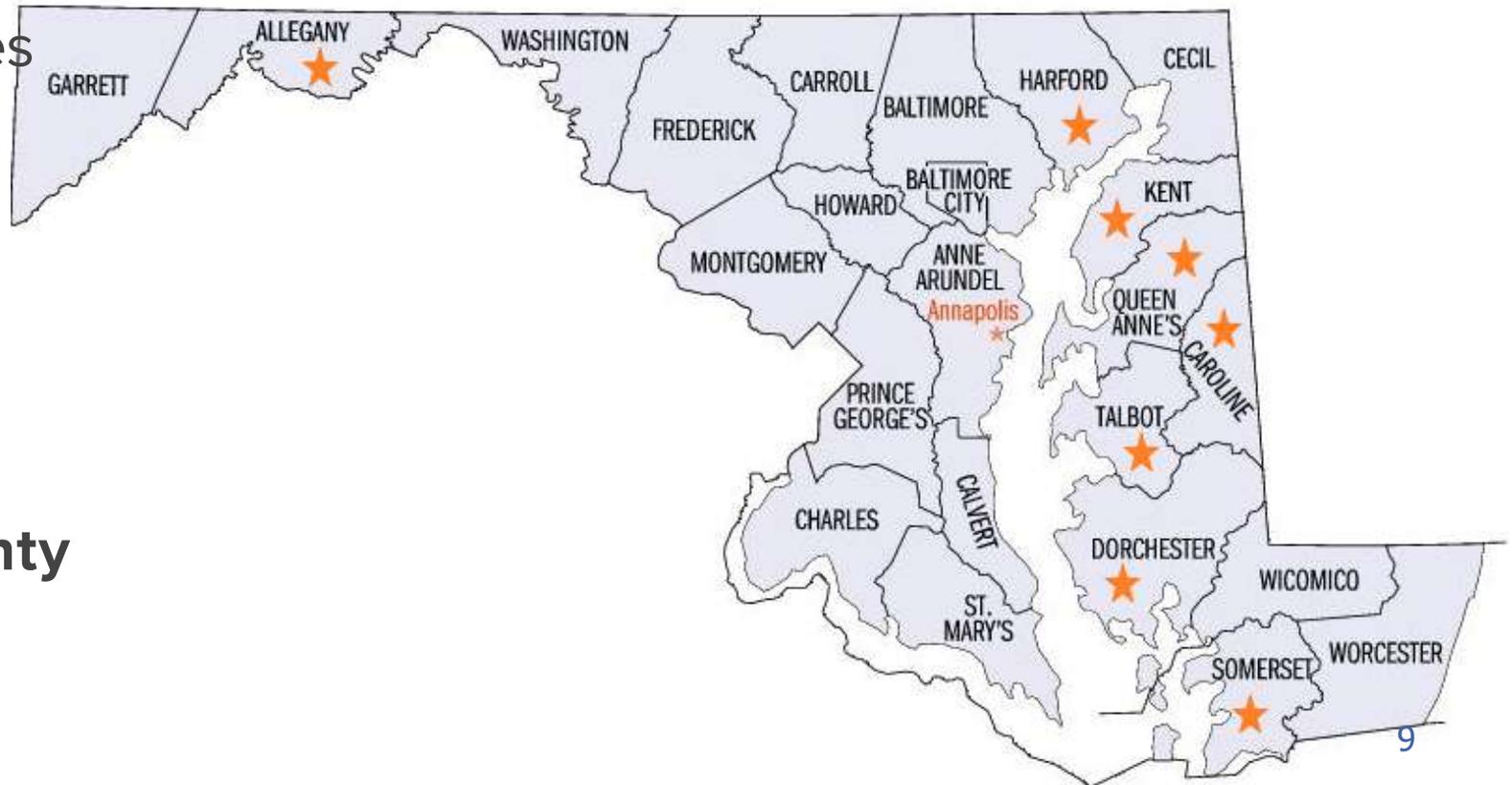
Daniel Lasher, Captain
Allegany County Sheriff's Office

Population & Settings

Target population: Incarcerated men and women with OUD who are interested in sublingual and injectable extended-release buprenorphine ($N = 500$)

Settings: County Jails throughout MD (focus on rural communities) & community pharmacies

- **Allegany County**
- **Dorchester County**
- **Caroline County**
- **Harford County**
- **Kent County**
- **Queen Anne's County**
- **Somerset County**
- **Talbot County**



Approach & Intervention

A patient preference trial of sublingual versus extended-release buprenorphine telemedicine and pharmacy linkage for individuals re-entering the community from jail

- Use telehealth to provide buprenorphine treatment to rural county jails with limited resources, continue providing telemedicine in the community to reduce barriers to treatment (e.g., transportation), linkage with pharmacies (who will also provide XR-B injections)
- Patient preference (conditions will be balanced using PSA)
- Includes an implementation aim to examine barriers and facilitators to implementing telemedicine in jails and providing buprenorphine at pharmacies
- 8 counties/jails and 6 pharmacies (including Safeway)

Aims & Outcomes

Aim 1. Compare the effectiveness of XR-B *vs.* SL-B

Primary Outcome. (a) retention in buprenorphine treatment (i. days receiving buprenorphine and ii. time to treatment dropout). **Secondary Outcomes.** (b) illicit opioid use; (c) other illicit substance use; (d) overdose events; (e) health-related quality of life; (f) HIV risk behaviors; and (g) criminal activity.

Aim 2. Document factors relevant to implementation and sustainability (using CFIR and RE-AIM) of the telemedicine buprenorphine intervention in jails and pharmacy settings

Primary Outcome. *N* = 80 (10 per site) interviews with key stakeholders (e.g., pharmacists, telemedicine providers, jail staff). Guided by CFIR and RE-AIM implementation frameworks, we will document factors relevant to implementation and sustainability of the telemedicine buprenorphine intervention in jails and pharmacy



*STAND: Strengthening buprenorphine treatment for
Individuals in carceral settings (STAND): A hybrid
implementation-effectiveness trial of long-acting
injectable versus sublingual buprenorphine*

NYULH / NYU Grossman School of Medicine

Joshua D Lee MD MSc

JCOIN Phase II

North Bethesda, MD

Sept 29-30, 2025



JCOIN 2.0 STAND UM1 NYU Research Hub

- NYU Grossman SOM
Joshua Lee (MPI), Keith Goldfeld (Biostatistics), Yifan Xu, Talia Rosen
- Yale University, Connecticut DOC (statewide jail-prison system)
Sandra Springer (MPI), Ralph Brooks (DataCore), Sandra Violette (CLS Lead)
- Dartmouth COM, NH DOC (state prisons)
Lisa Marsch (MPI), Elizabeth Saunders
- Friends Research Institute, Delaware DOC (statewide jail-prison system)
Jan Gryczynski (MPI), Mishka Terplan MD, and Anjalee Sharma

Sites and Interventions

3 statewide sites w established MOUD programs, all part of JCOIN Phase I

- CT DOC, a unified jail-prison system w community supervision
 - 18 facilities, York CI for women, 11,000 individuals incarcerated
- DE DOC, a unified jail-prison system w community supervision
 - 3 main facilities (1 women), 4,500 individuals
- NH DOC, a state prison system w community supervision
 - 3 main facilities (1 women), ~2,200 individuals
- Unified jail-prison systems (CT, DE) allow for multiple OUD cascades and comparisons

XR-buprenorphine

- Pilot RCT in NYC showed higher retention, but post-release d/c of XRB in favor of SLB
- JCOIN 1.0 EXIT-CJS trial : more retention vs XR-naltrexone, but...
 - some sites discontinued XRB pilots post-trial due to costs
 - community retention is not guaranteed, on-site injection is required
- 14– Navigators-peers and phone support were not rigorously studied

Approach and Implementation Methods

Effectiveness Trial of XRB vs. SLB

- RCT N=300, 1:1 XRB:SLB, pre-release recruitment and treatment

Implementation Approach

- Consolidated Framework for Implementation Research (CFIR)
- Mixed methods data collection among participants and stakeholder:
 - perceptions of implementation, sustainability,
 - barriers and facilitators
 - cost measures, a huge issue w XR branded formulations for local CLS budgets

Adapting to JCOIN Phase II

- we are considering modifications and hybrid2/3 approaches that align w the overall network and other MOUD trials

Aims, Outcomes, and Study Flow

Aim 1 **Effectiveness**: XRB vs. SLB for 12-week buprenorphine retention post-release?

Aim 2 **Implementation**: implementation, feasibility, and relative costs of XRB vs. SLB

Aim 3 **Network Collaboration**: pilot studies and cross-Hub analysis

