Session D:

Implementation Strategies to Improve Practice

Moderator:

Rosemarie Martin

Brown University Hub

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Presentations by:

1. *Amelia Bailey – Brown University Hub*

2. *Jennifer Becan – Texas Christian University Hub*

3. *Maggie Kaufmann – University of Chicago Hub*

4. *Margaret Bordeaux – Brown University Hub*

5. *Todd Molfenter - CTC*

An Implementation Science Framework to Contextualize an Innovative Intervention Integrating Medications for Opioid Use Disorders in the Probation System

Amelia Bailey, MPH

Doctoral Research Assistant

Wednesday, June 12th

School *of* Public Health
BROWN UNIVERSITY

Disclosure

All authors involved in this work

We have nothing to disclose or any conflicts of interest with the presented material in this presentation

Agenda

- **Background**
  - Interventions of interest
  - Implementation science
  - Our aim
- **Methods**
  - Data collection via interviews
  - Analytic approach
- **Results**
  - Primary findings
  - Illustrative quotes
- **Conclusions**
  - Key takeaways

Background

Opioid use disorder (OUD) treatment in the community corrections setting

Medications to treat opioid use disorder (MOUD)

- Buprenorphine, methadone, naltrexone
- Effective in reducing opioid-related mortality among criminal legal-involved individuals
- Barriers to engagement are multi-level

Peer support services (PSS)

- Provide non-clinical services and support to help individuals with OUD initiate and maintain recovery

Opioid use disorder treatment in the community corrections setting

Need to improve diverse strategies for OUD treatment engagement and retention for those in the criminal legal system

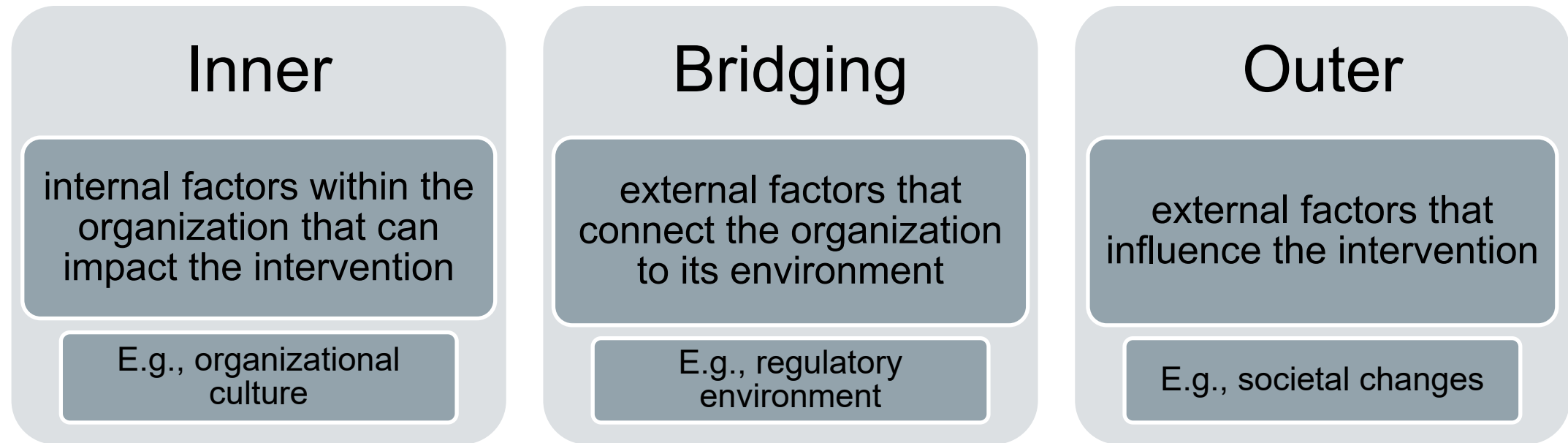Particularly for improving transitions across systems of care
- i.e., from incarceration to community supervision (parole/probation)

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Implementing evidence-based interventions in the community corrections setting is crucial...

However, it demands an in-depth understanding of the unique context in which it is being implemented to enhance the intervention efficacy and effectiveness

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Exploration, Preparation, Implementation, and Sustainment (EPIS) framework

- Utilized to guide the effective implementation of novel practices through the identification of key factors and processes

  - E.g., identify problem being address, identify key partners

| Inner	Bridging	Outer
internal factors within the organization that can impact the intervention	external factors that connect the organization to its environment	external factors that influence the intervention
E.g., organizational culture	E.g., regulatory environment	E.g., societal changes

We aimed to understand the **implementation contexts** for *providing OUD screening and linkage to MOUD* in the **community corrections setting**.

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Methods

Participants

- Treatment providers and probation staff involved in the treatment and provision of services for individuals on probation (n=10)

- 2021

- In-depth individual interviews
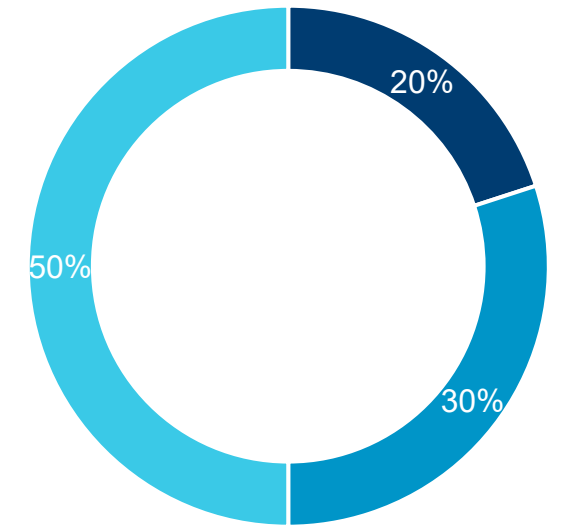
Legend:
- Treatment providers — 20%
- Probation/parole supervisors — 30%
- Probation/parole officers — 50%

Data collection via interviews

Interviews examined stakeholder perspectives on MOUD and PSS implementation among people who are under community supervision

- Zoom, lasted 50-80 minutes in duration

- Understanding of and perspectives on healthcare needs for people under community supervision

- Organizational climate of MOUD, understanding of MOUD, and perspectives towards the implementation of MOUD with this population

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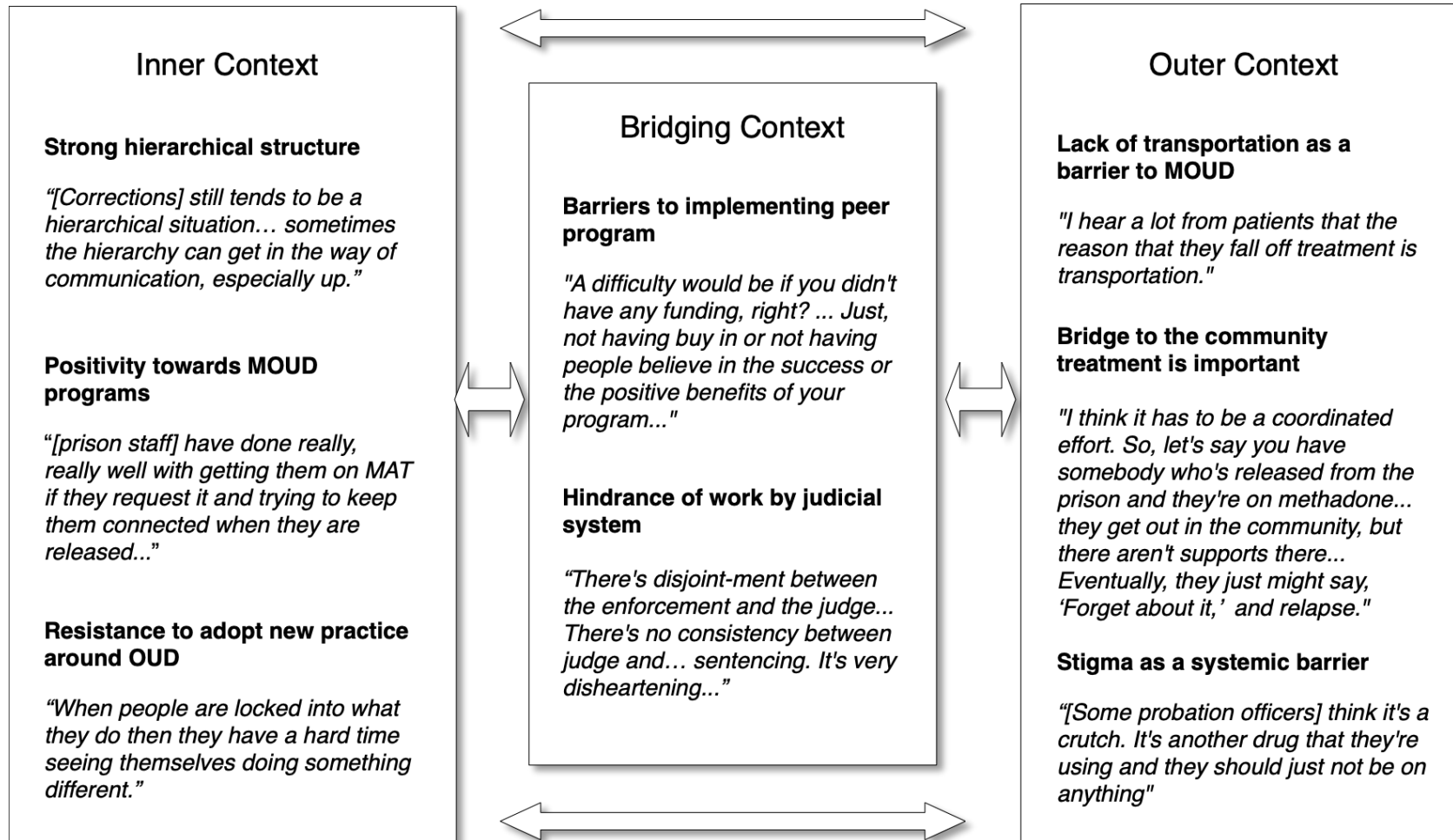
Data collection: Analytic approach

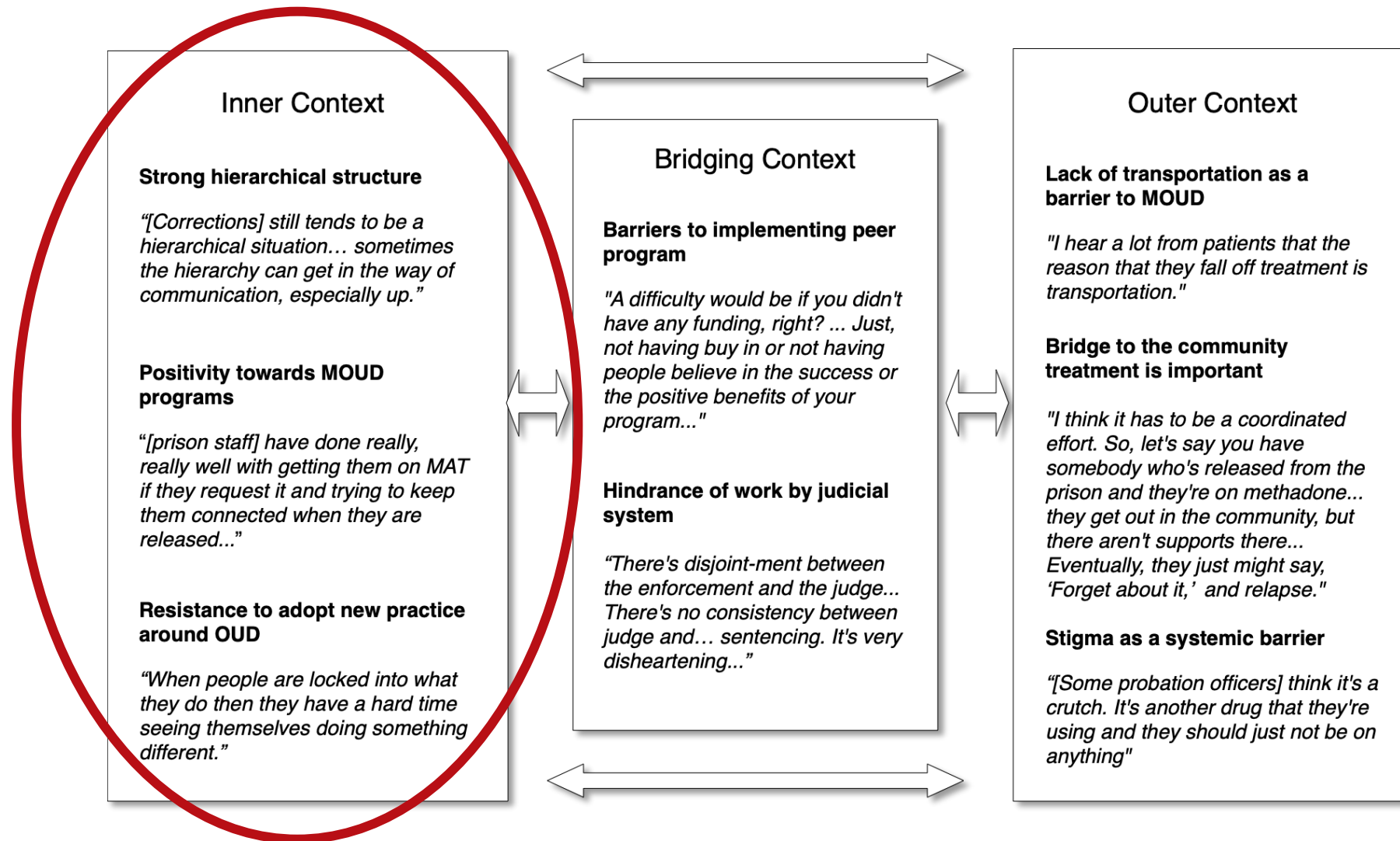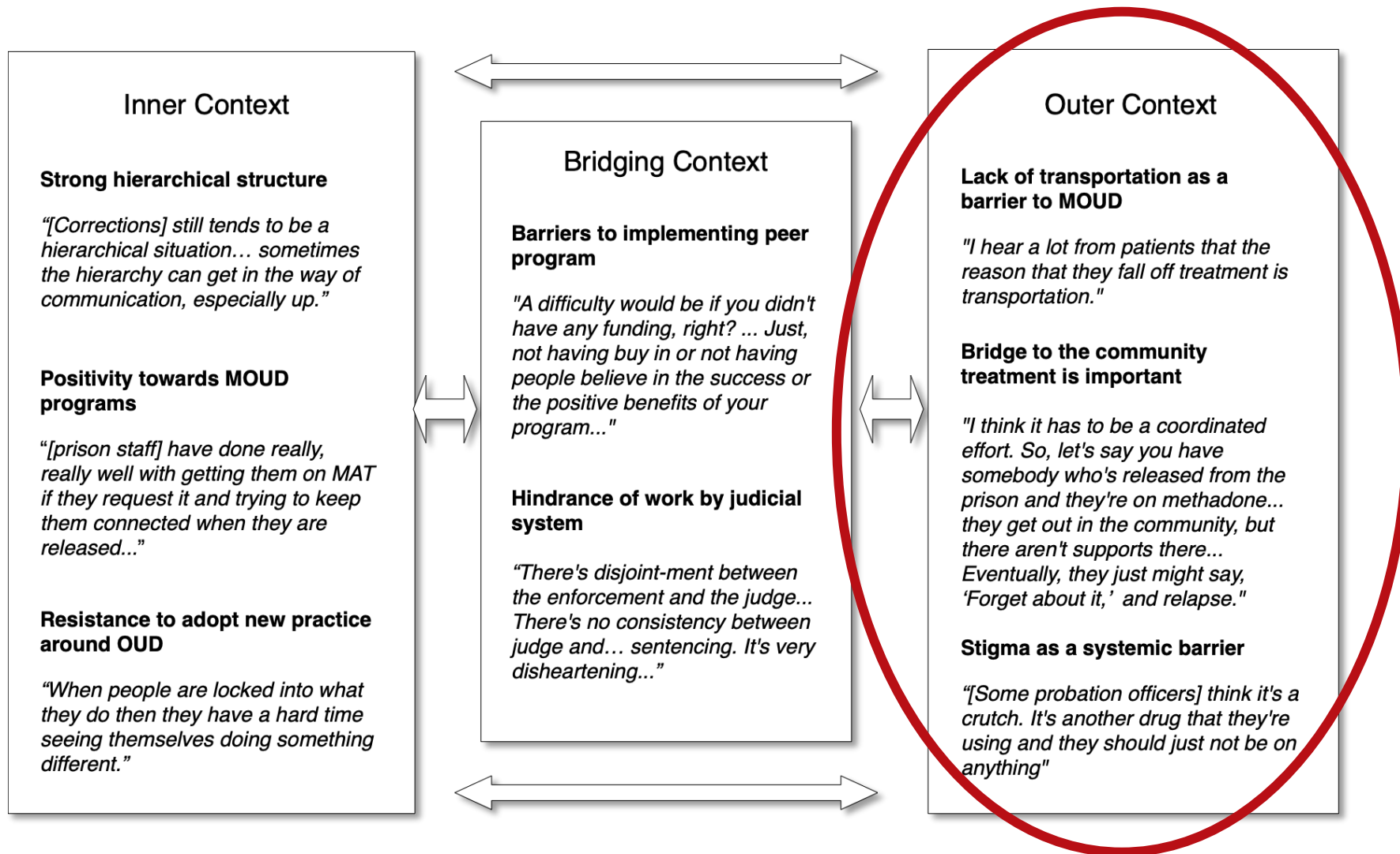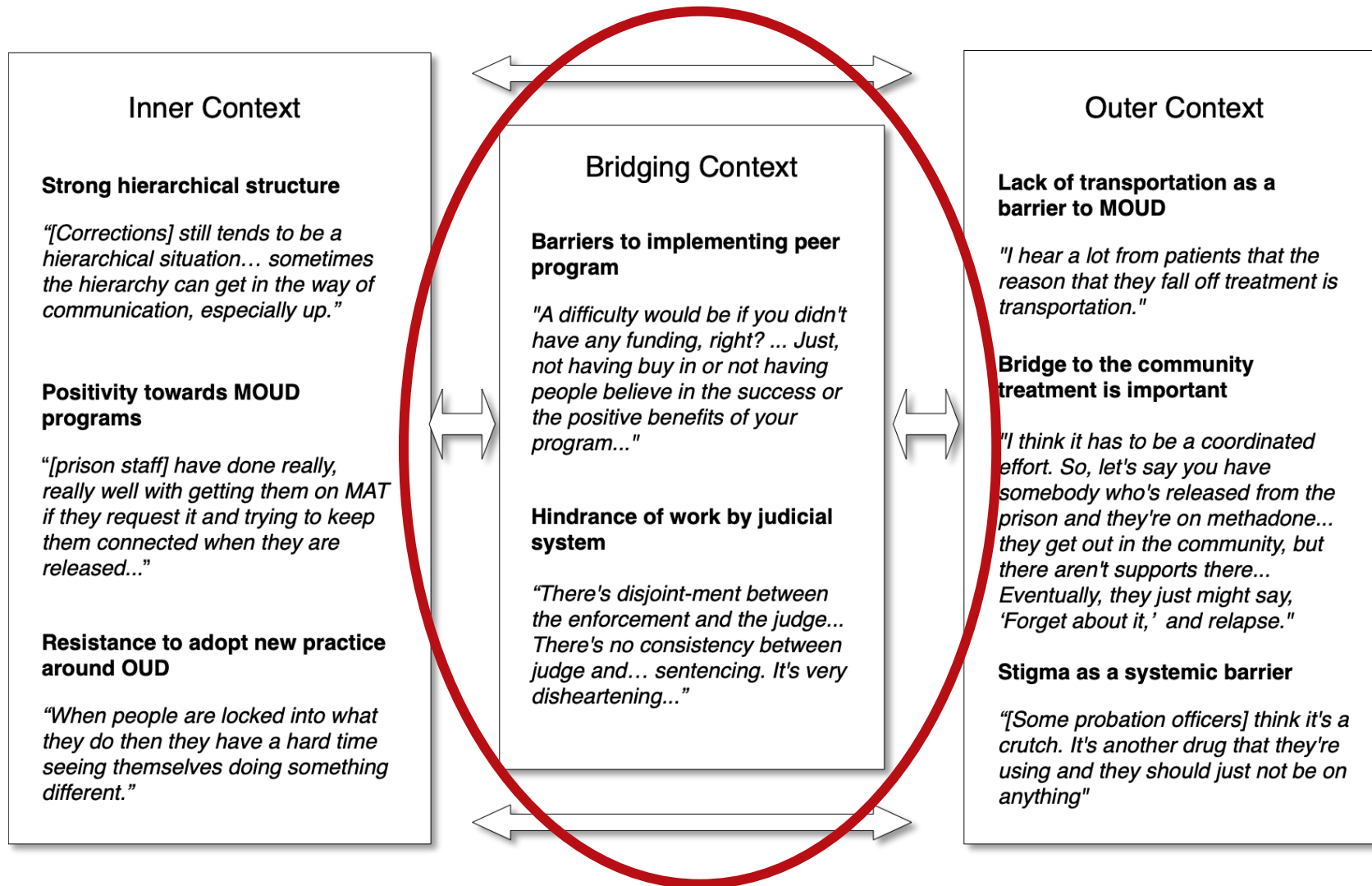| Thematic analysis	Deductive and inductive thematic analysis were used to code responses
Mapped onto framework	Codes, subcodes, and themes were mapped onto the inner, outer, and bridging contexts of EPIS

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Results

Inner Context

Strong hierarchical structure

"[Corrections] still tends to be a hierarchical situation… sometimes the hierarchy can get in the way of communication, especially up."

Positivity towards MOUD programs

"[prison staff] have done really, really well with getting them on MAT if they request it and trying to keep them connected when they are released..."

Resistance to adopt new practice around OUD

"When people are locked into what they do then they have a hard time seeing themselves doing something different."

Bridging Context

Barriers to implementing peer program

"A difficulty would be if you didn't have any funding, right? ... Just, not having buy in or not having people believe in the success or the positive benefits of your program..."

Hindrance of work by judicial system

"There's disjoint-ment between the enforcement and the judge... There's no consistency between judge and… sentencing. It's very disheartening..."

Outer Context

Lack of transportation as a barrier to MOUD

"I hear a lot from patients that the reason that they fall off treatment is transportation."

Bridge to the community treatment is important

"I think it has to be a coordinated effort. So, let's say you have somebody who's released from the prison and they're on methadone... they get out in the community, but there aren't supports there... Eventually, they just might say, 'Forget about it,' and relapse."

Stigma as a systemic barrier

"[Some probation officers] think it's a crutch. It's another drug that they're using and they should just not be on anything"

Key *inner contexts* influenced the provision of OUD treatment services for individuals with OUD who were on probation…

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Stigma as a systemic barrier

"[Some probation officers] think it's a crutch. It's another drug that they're using and they should just not be on anything"

Outside of the criminal legal system, factors in the *outer context* were also influential

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Stigma as a systemic barrier

"[Some probation officers] think it's a crutch. It's another drug that they're using and they should just not be on anything"

Factors "in between" the criminal legal system and other systems, *bridging factors*, were key barriers to connecting populations involved with community corrections to treatment

Inner Context

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Conclusions

Key take-aways from these interviews

Implementing screening and linkage to MOUD and PSS intervention in the probation setting **requires coordinated effort** between correctional systems, probation agencies, and community-based treatment providers

It is **imperative to understand the contextual factors** that influence the provision of MOUD and PSS to individuals on probation to improve intervention efficacy and effectiveness

These critical inner, outer, and bridging contexts can inform future implementation efforts

Check-out this research (& learn more!) in our published manuscript...

Kang *et al. BMC Public Health*   (2024) 24:658
https://doi.org/10.1186/s12889-024-18133-5

BMC Public Health

RESEARCH   **Open Access**

Contextualizing medications for opioid use disorder and peer support service provision in the probation system with implementation science

Augustine W. Kang[1,2]*, Amelia Bailey[1], Siena Napoleon[1] and Rosemarie Martin[1]

Abstract

Background Medications for opioid use disorder (MOUD) is an evidence-based approach that reduces opioid-

Thank You

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Using Implementation Strategies to Close Service Linkage Gaps: TCU Hub

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HEAL Initiative

Much Appreciation to the JCOIN TCU Hub Team

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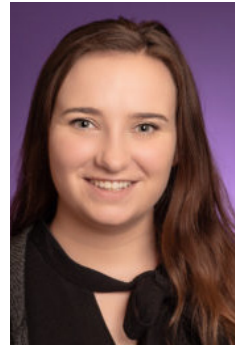
Heather Hines
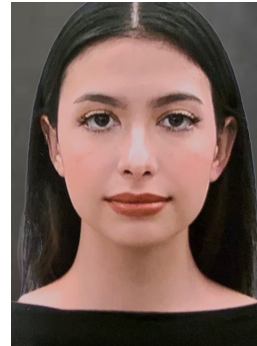
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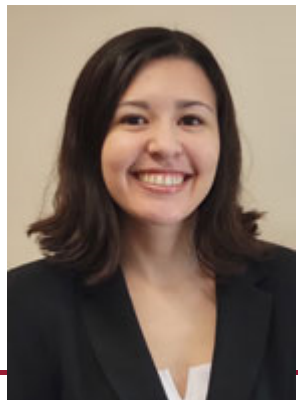
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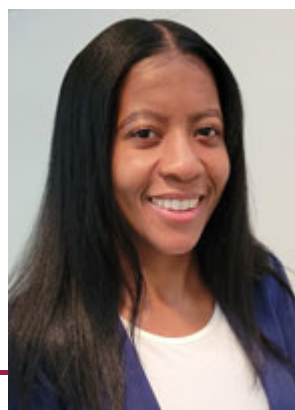
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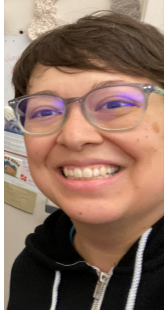
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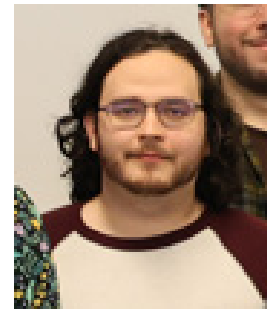
Daniel Vega

R. Neil Greene

Rosemarie Armijo

Linda Freeman

Mission: Increase access to and retention in substance use and medications for opioid use disorder treatment among individuals who have –
A history of, or at risk for, using opioids or other substances
Recently been released from prison and placed on parole

Substance Use Services Cascade

Screen → Assess → Treatment Referral → Treatment Initiation → Treatment Engagement

15 parole-provider communities with interagency workgroups

Texas
Illinois
New Mexico
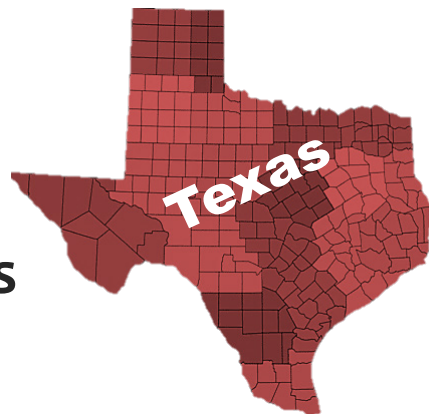
2.5 Years of a Bundled Implementation Strategy Approach

Exploration, Preparation, Implementation, Sustainment

Community-Level Baseline Measures

Agency Survey
Service Availability/Policy

Staff Survey
Service Acceptability & Adoption

Agency Records
Service Receipt

Needs Assessment
Service Process

Community-Level Intervention

Service Resource List

Community Feedback Report

Resource Guide and Webinar

Goal Selection
Community-Tailored Implementation Strategies

R

Horizontal Rollout & Coaching
Sequential

Vertical Rollout & Coaching
Simultaneous

Goal Sustainment

Workgroup Representation at Goal Selection Meetings
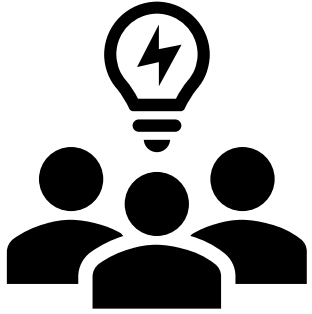
15 Community Workgroups
- Texas (6)
- New Mexico (4)
- Illinois (5)
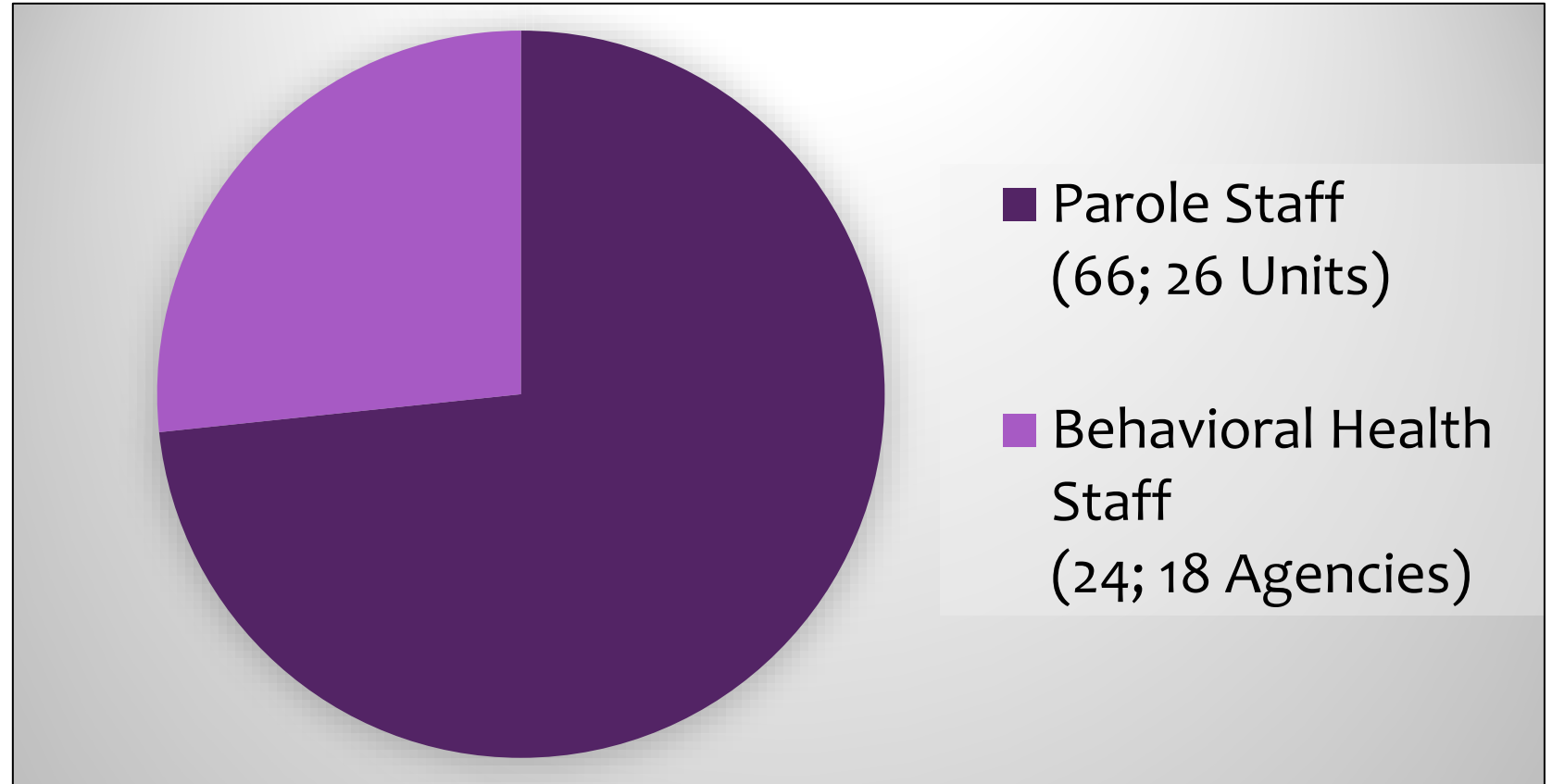
Parole Staff
(66; 26 Units)

Behavioral Health Staff
(24; 18 Agencies)

What Cascade Elements were Prioritized for Improvement?

Screening 12%
Assessment 6%
Referral 13%
Treatment Initiation 20%
Treatment Engagement 49%

What Cascade Elements were Prioritized for Improvement?

Pie chart:
- Treatment Engagement 49%
- Treatment Initiation 20%
- Referral 13%
- Assessment 6%
- Screening 12%
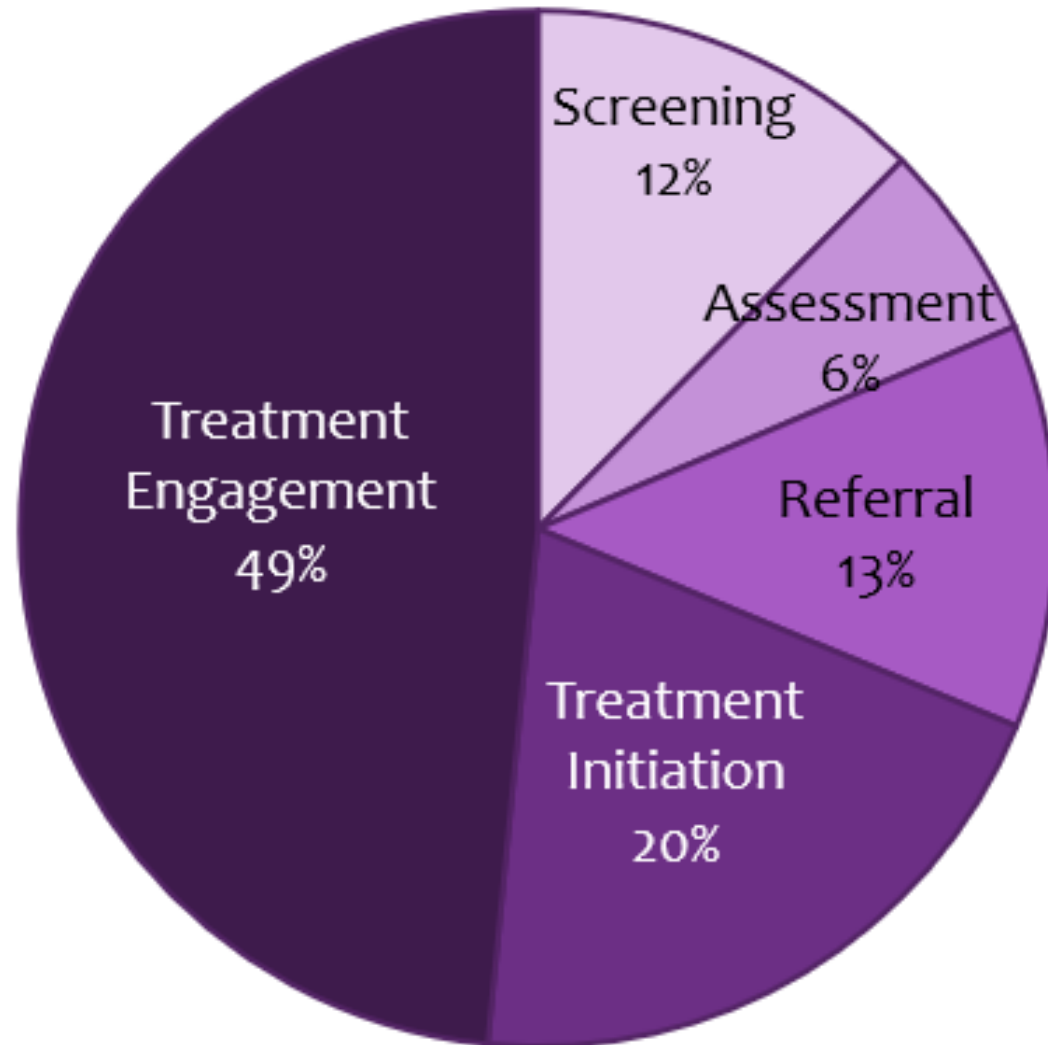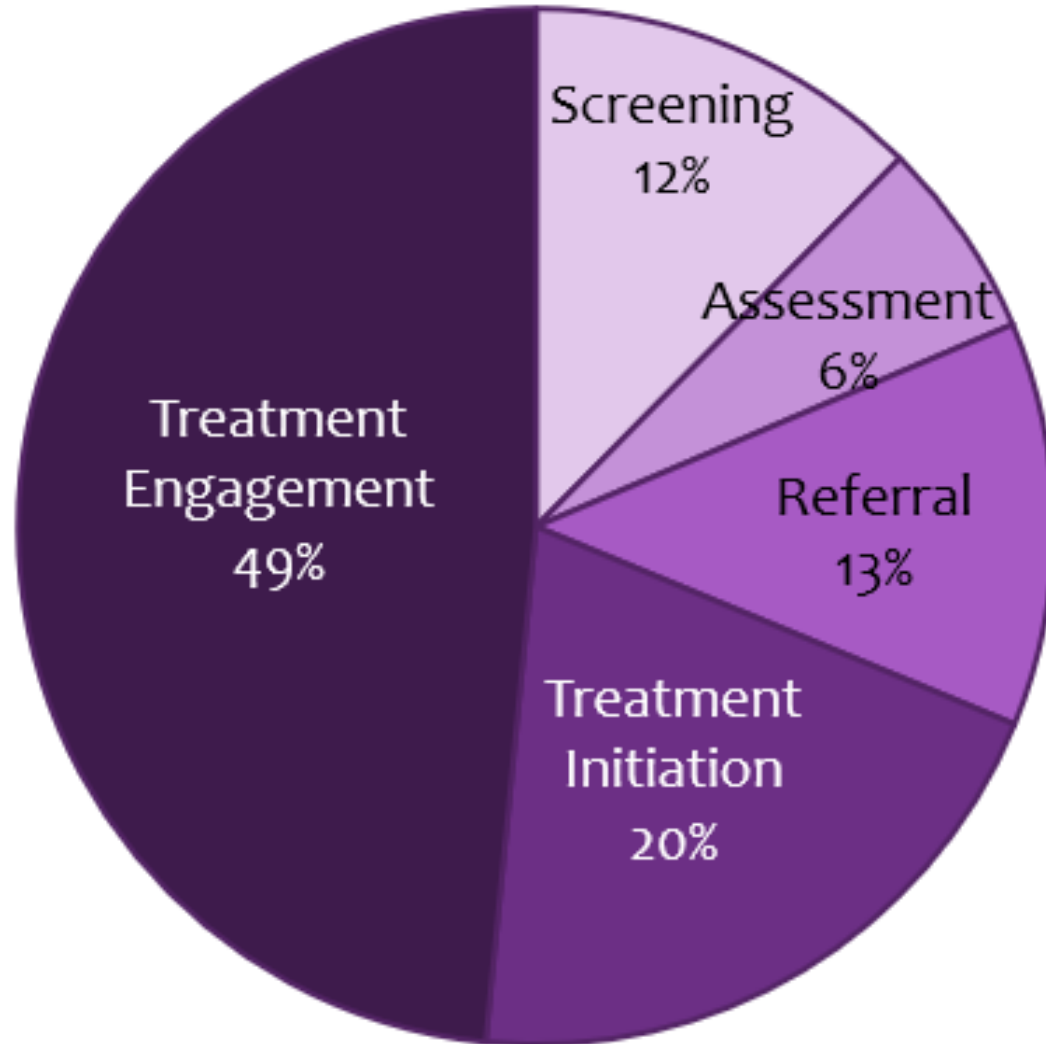
Top Cascade Priority

Increase proportion of clients who are retained/engaged in treatment **by improving communication and information sharing between parole and providers.**

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)

What Implementation Strategies were Prioritized to Support Cascade Improvement?

What Implementation Strategies were Prioritized to Support Cascade Improvement?

Pie chart:
- Plan 34%
- Educate 32%
- Restructure 20%
- Quality Management 11%
- Policy Context 2%
- Finance 1%
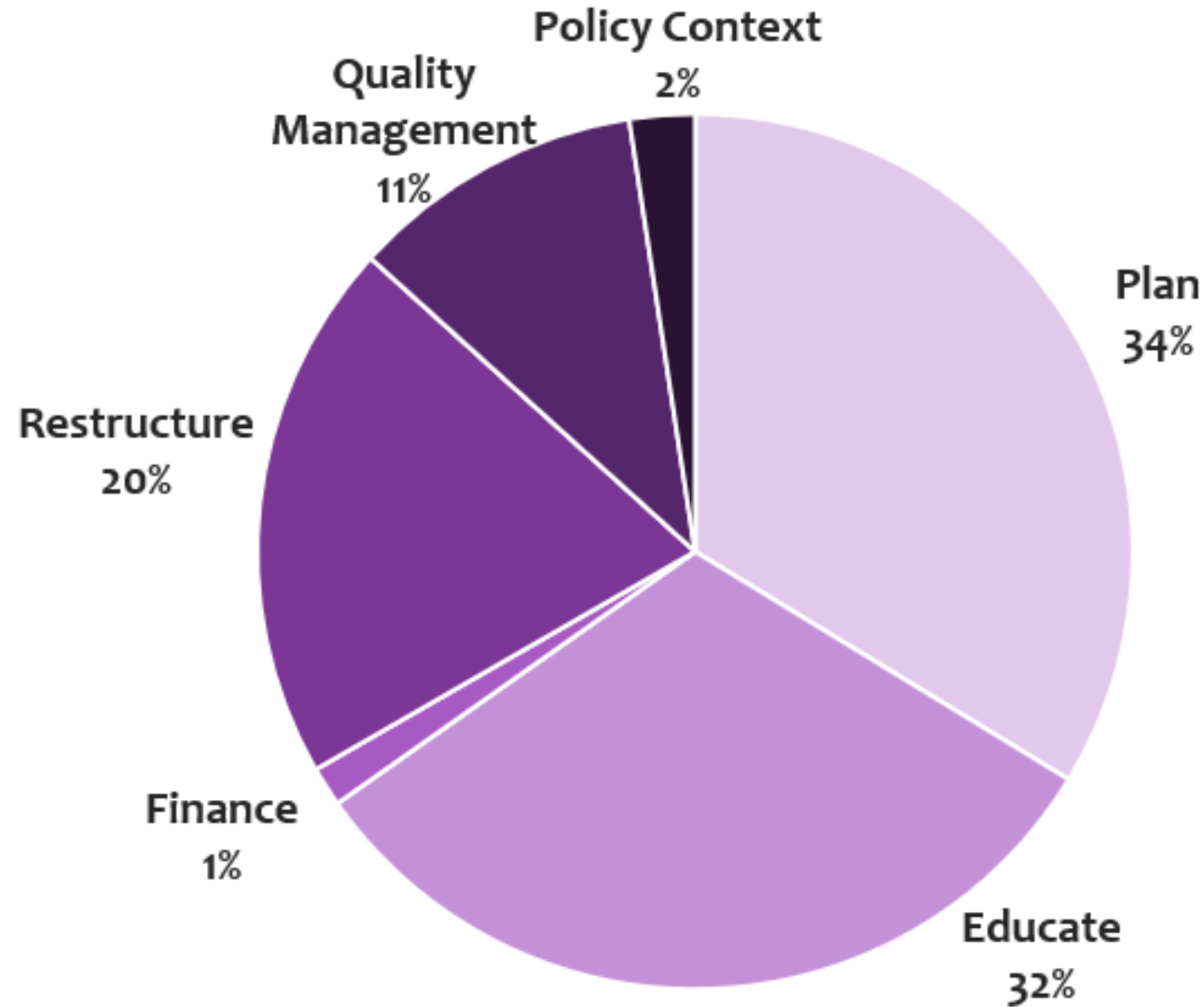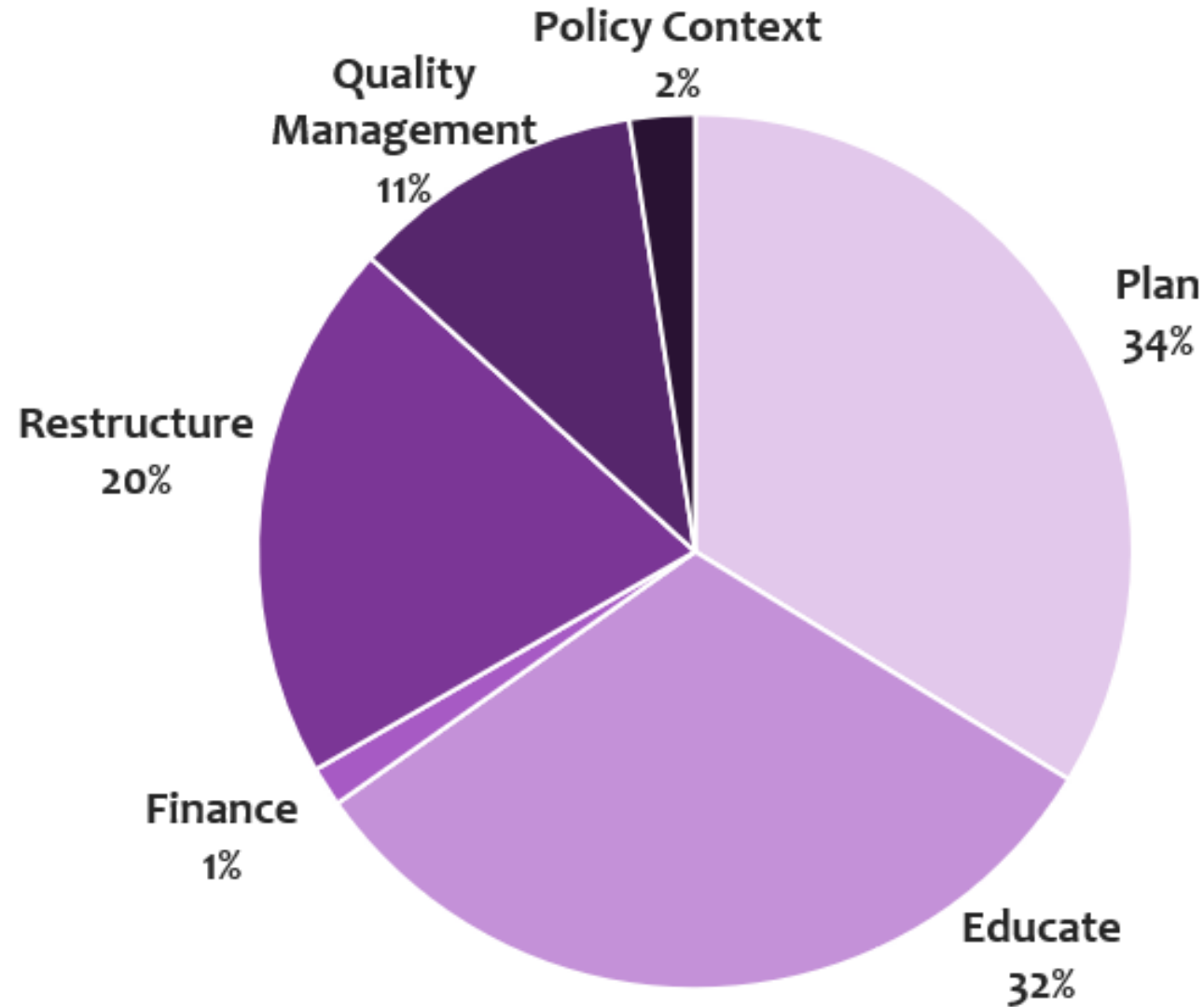
Top Implementation Strategies

- **Planning:** Build relationships, Build buy-in, Gather information

- **Educating:** Inform and influence stakeholders

- **Restructuring:** Facilitate relay of clinical/correctional data to stakeholders, revise professional roles

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)

JCOIN TCU Hub Coaching Strategies

Host monthly coaching calls with Community Workgroup Liaison.

Attend Workgroup meetings, as requested.

Support selection of goal target measurements and track progress (e.g., PDSA).

Provide technical assistance as requested (e.g., demo TCU Hub developed Services Map).

Meet with DOC leadership to elevate common community gaps and strategies that may need higher level approval; and communicate community successes.

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)

Collaborative Approach with Texas Department of Criminal Justice (TDCJ) on Community Priorities

Step 1:	Step 2:	Step 3:	Step 4:
Brainstorm on action steps that **do not** require upper level approval to implement.	Confirm action steps that can be approved at Parole regional level.	Meet with Parole state leaders to identify action steps with state prioritization.	Share prioritized action steps with workgroups & regional staff; put into action!
GAP: Limited SU Clinical and MOUD Service Contracts.			
Utilize TCU Hub services map to identify additional agencies. Suggest flyer to educate BH agencies on value of being a DOC contract provider.	No feedback provided.	TDCJ to circulate flyer at Texas addiction conference.	Workgroups to develop flyer for TDCJ to use.

Take-aways

- The exploration and preparation implementation strategies, as facilitated by academic/justice partners, helped communities prioritize service gaps and develop tailored implementation plans.

- System change takes a thorough understanding of organizational structure and decision making hierarchies. Every state and community is different.

- Academic partners can help move the needle by elevating common community priorities and providing research that objectively identifies gaps.

Implementation Strategies to Support Peer Recovery Coach and Case Management Substance Use Treatment Navigation for Criminal Legally-involved People who use Drugs

Maggie Kaufmann MA/MPH Intervention Project Director
University of Illinois Chicago, School of Public Health,
Community Outreach Intervention Projects (COIP)

June 12, 2024
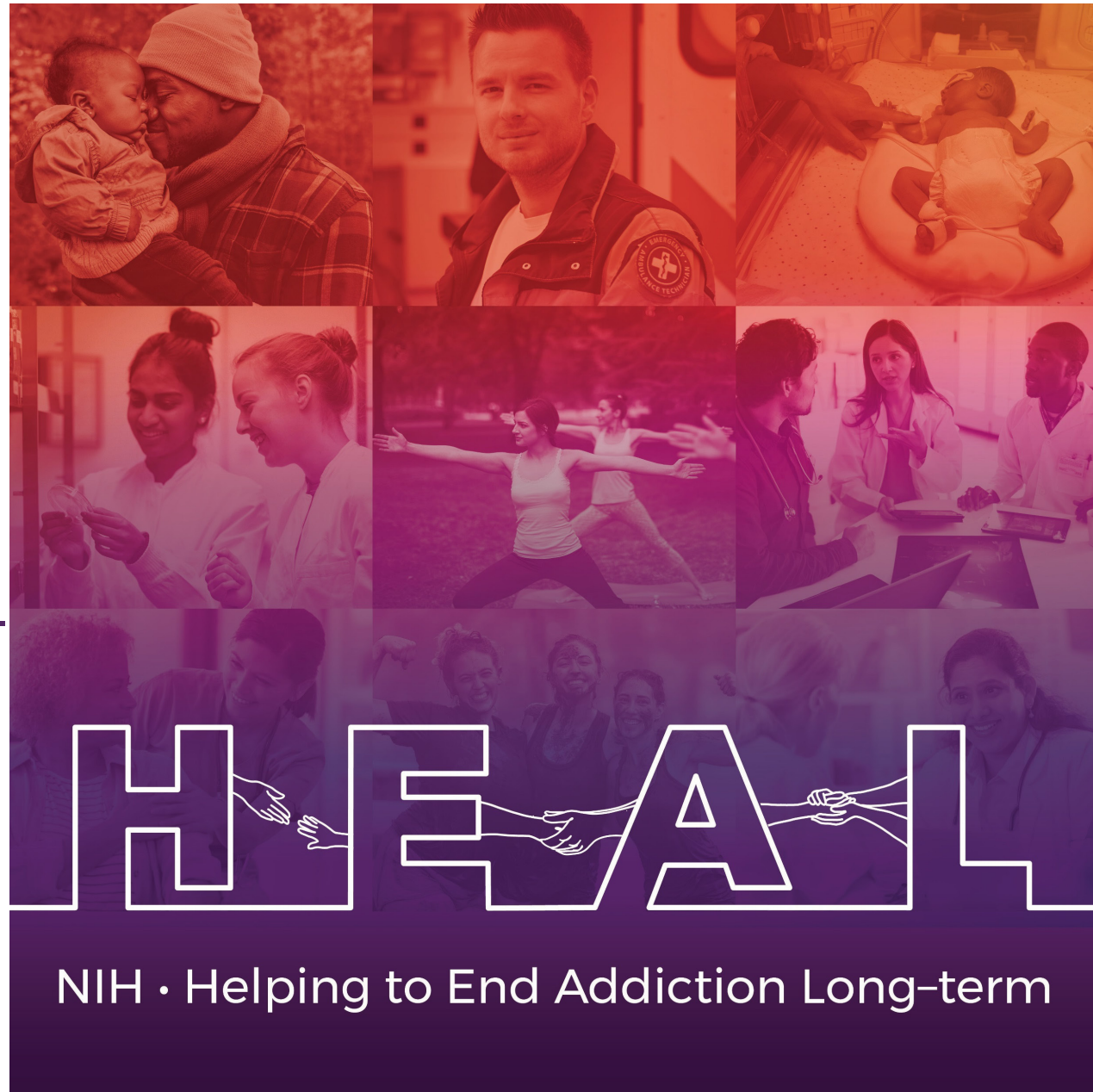
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Community Outreach Intervention Projects

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Outline

- Study overview
- Background
- Methods
- Results
- Conclusions

Overview: Reducing Opioid Mortality in IL (ROMI)

Research question: Can a paired case manager / peer recovery coach (CM/PRC) intervention engage individuals re-entering the community from jail or prison into substance use disorder treatment?

Study arms:
- CM/PRC and harm reduction (HR) services, including naloxone: n=300

- Naloxone and information about local HR and treatment services: n=300

Study sites: 4 county jails; multiple state prisons; rural and urban settings

Eligibility: $\geq$ 18 years old, reside in study counties, meets criteria for likely SUD (opioids or stimulants), and any interface/interaction with the criminal legal system in the past 30 days (e.g. arrest, re-entry, etc.).

Subject participant duration: 12 months

Outcomes:
- **Primary:** MOUD treatment engagement / retention (3 visits within 2 months)

- **Secondary:** Re-arrest, insurance enrollment, mental health service engagement, among others

Recovery Support Workers (RSW)

- Essential workforce delivering EBIs for PWUD: peer recovery coaches, case managers, peer navigators and community health workers

➢ **Strengths of RSWs**
  - ➢ **Trusted members of a community and empathy**
  - ➢ **Lived experience and stigma-free support**
  - ➢ Local contextual understanding of substance use landscape
  - ➢ Facilitate linkages to quality, culturally humble services and care[1,2]

- Multiple issues can threaten the well-being, effectiveness and sustainability of RSWs
  - **Limited training and supervision**
  - **Personal boundary setting**
  - **Burnout and threats to personal recovery**

- Implementation strategies to address barriers
  - Learning collaboratives[8]
  - Peer engagement in intervention modification[9]
  - Hub-and-spoke models[10]
  - Certifications and checklists[11]

➢ Little known about effectiveness or pathways

Implementation Strategies: Hub and Spoke Model

- Four primary strategies
  - **Comprehensive training**
  - **Group consultation**
  - **Individual clinical supervision**
  - **Longitudinal technical assistance**

- Strategies were selected and developed based on team's prior experiences with peer supported interventions for PWUD[3-7]

- Centralized access to highly skilled supervisory staff and knowledge sharing across geospatially remote teams.
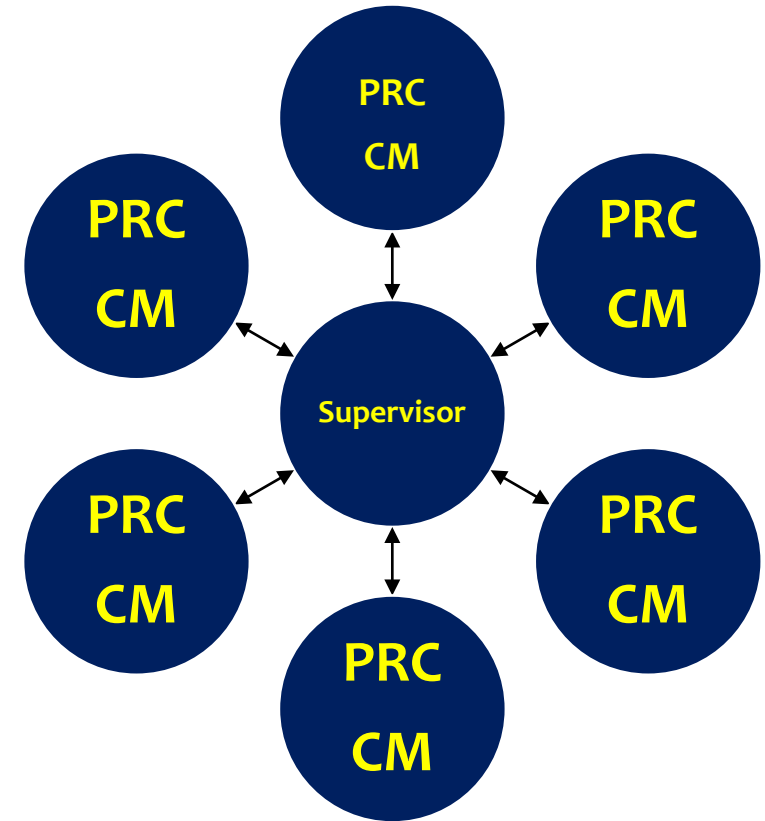
ROMI Implementation Strategies to Support: Hub and Spoke Model

Strategy	Operational Definition	Barrier Addressed*	Actor	Action Target (PRC/CM)	Dose	Temporality
Training	Provide PRCs/CMs with baseline training in knowledge & intervention strategies and approaches	Lack of training for BH workforce, particularly RSWs	Content Experts	Both	PRC : 244 hrs CM: 47 hrs	Pre- and post-imp
Individual Clinical Supervision	Provide PRCs/CMs with expert supervision, consultation and assistance to ensure fidelity and provide support in their role and stressors associated with work	Lack of formalized, ongoing supervision. Burnout and threats to recovery	Clinical Supervisor	Both	Weekly for 1 hour	Pre- and post-imp
Group Consultation	Provide PRCs/CMs forum to share cases, get peer input and feedback; deepen learning and practice, and engage in continued education	Lack of dynamic training, support for ongoing consultation; continuous examination of implementation	Supervisor	Both	Biweekly for 90 minutes	Pre- and post-imp
Technical Assistance	Provide PRCs/CMs with assistance for administrative reporting (intake & ongoing assessments; documentation); addressing common barriers, and site-specific relationship building	Lack of centralized technical assistance	Administrative Supervisors, Project Coordinators and Inv. Team	Both	Ongoing	Pre- and post-imp

Methods

- Group Consultation and Clinical Supervision
  - Consultation: recorded and coded for content and frequency of topics
  - Supervision: anonymously coded for content and frequency of topics

- **Post-implementation interviews:**
  - N=8 PRC and CM (four each)
  - Semi-structured protocol: Consolidated Framework for Implementation Research (CFIR)[12]
  - Explore perspectives on all strategies and recommendations to improve implementation
  - Audio recorded and transcribed
  - CFIR derived codebook from two trained analysts using Dedoose
  - Establishing credibility and confirmability: findings shared with RSWs in group consultation + anonymous survey eliciting feedback[13]
  - No RSWs disagreed with strategy findings

Frequency(%) of Topics Discussed in
Individual Supervision and Group Consultation

Legend:
- Group Consultation
- Individual Clinical Supervision

Categories: Harm Reduction, Ongoing learning, MAT, Motivational Interviewing, Mental Health, Trauma Informed Care, Biases/Countertransference, Other, Substance Use Mngmt, Crisis Consultation, Team Issues, Documentation, Boundaries, Recovery Capital, Professional Dev, Self-Care/Personal Support, Systems/Structural Issues, Referrals/Resources, Outreach/Engagement

CM/PRC Feedback on Supportive Implementation Strategies

Training

"They're really good about sending us trainings for trending drug patterns. So down here in [rural area], we hear things way later. So for us to know ahead of time, it's kind of awesome".

Group Consultation

"We get to talk about the new skills I've acquired, what the trainings included, what that application looks like, so the clinical supervision has been **amazing across the board**"

Individual Supervision

If we're having a rough time or whatever, I know that [SUPERVISORS] are always available, it is absolutely no big deal to shoot an email...To me, that's something you don't get anywhere. **People that care for you**. Without those consultations and stuff, my heart would hurt a lot."

Conclusions

➢ Multiple strategies provide range of support: knowledge, skill building, and emotional support

➢ Clinical supervision as a fundamental implementation strategy for RSWS

  ➢ Separate from task supervision and technical assistance:

  ➢ Need highly skilled practitioner and supervisors

➢ Hub and spoke model can address differential access to resources and ongoing education across sites of practice

  ➢ Continual training with dynamic adaptation allows for responsiveness to the evolving drug use and resource landscape (ex. new threats such as Xylazine)

Remembrances:

The ROMI study would like to dedicate this presentation to the memories of Dr. MoDena Stinnette and Mr. Floyd McGee. They both left large shoes to fill and helped people with compassion, understanding and unconditional love.

"If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."

--Lilla Watson

IN LOVING MEMORY OF

Floyd McGee

AUGUST 15, 1962 - JANUARY 17, 2021

October 09, 1969-April 26, 2024

For more information or questions:

Maggie Kaufmann, mkaufm4@uic.edu

Scan for an overview of the ROMI study

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➢The ROMI Project is funded by the National Institute Of Drug Abuse

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➢The ROMI Project would like to thank PRC-CM staff for their tireless work and commitment to intervention implementation and study participants

➢We would like to honor and remember those study participants that have been lost to overdose over the course of the project period

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References:

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4. Boodram & Mackesy, 2015
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7. Victor et al., 2021).
8. (Staton et al., 2021)
9. (Kleinman et al., 2021)
10. (Miele et al., 2020)
11. (Byrne et al., 2023)
12. Damschroder et al., 2008 (CFIR paper)
13. (Lincoln & Guba, 1986).

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Learning Objectives

01 To share how our project navigated implementation challenges

02 To identify strategies to adapt to real-world issues when conducting community-centered work

The Providing Interventions for Enhancing Recovery in Community Supervision (PIERS) Study

- PIERS is a NIDA funded Study that is part of the Justice Community Opioid Innovation Network (JCOIN)
- Three Sites: North Carolina, Pennsylvania, & Rhode Island

Study Aims

1. Test effectiveness of the EPIS Core Implementation Intervention relative to baseline
2. **Identify organizational & staff barriers & facilitators to intervention implementation**
3. Compare Peer Support Specialist (PSS) services vs. treatment as usual (TAU) on outcomes of individuals on community supervision
4. Additionally, conduct a cost-benefit analysis of implementing a PSS model compared to TAU

At our NC site, during our implementation phase, our NC state partners declined participation in the research.

This presentation identifies strategies we used to pivot our research activities because of this change

Research Questions

01 What happens when state-level support for implementation interventions diminishes?

02 How do project teams pivot in the face of real-world challenges?

Methods

We utilized informal conversations with project teams, project documentation of changes, & observations of team interactions & meetings and will describe:

1) challenges and solutions to waning local support (e.g., what pivots need to be made to achieve aims);

2) the collateral impact of any changes on intervention components.

After support changed, decisions were made relevant to:

1. optimizing intervention impact
2. ensuring the project aims could be met

Changes included:

1. local change teams to include broader community representation, focusing on engagement with treatment providers
2. developing expansive recruitment techniques that did not rely on official partnership
3. strategy to support partner re-engagement at any time

Results

Plan   VS   Pivot

LCT will consist of 6-8 members including Probation/Parole Officers (POs), PO supervisors, & community treatment staff.

LCT) consists of 6-8 members including health educators & other local health department representatives, community treatment program staff, employment services, linkage to care specialist, & the Deputy Director of a community-based reentry organization.

Information provided by Community Corrections & community treatment providers is used to construct a needs assessment based on the Behavioral Health Service Cascade model. A Site feedback report identifying specific needs concerning evidenced-based practices for those with OUD is prepared for each site

A Site Feedback Report will be constructed using publicly available data and approximations that identify specific needs concerning evidence-based practices for those with OUD on community supervision in Brunswick County, including lack of available data.

The MOUD Training Toolkit guide is tailored to: (1) provide community supervision officers & community treatment providers with the knowledge, tools, & resources to respond to the treatment needs of individuals under supervision, & (2) improve access & linkage to evidence-based treatment in the community for individuals with opioid use disorders who are under supervision.

The MOUD Training Toolkit is now being offered to leaders & representatives from the local health department & other local change team organizations.

Plan VS Pivot

For qualitative interviews, each recruitment site will aim to recruit 8-15 potential participants, roughly balanced between criminal justice & community treatment staff & with representation from a variety of positions (e.g., leadership, supervisors, & line staff).

In addition to community treatment staff, 8-15 potential participants will be recruited from other justice-involved community providers & local change leaders to meet the project aims.

Recruit directly from community corrections offices, connecting in person at probation office waiting rooms, Recruit out of the main probation building, &/or receive monthly data that will identify potentially eligible for peer support services intervention.

Leverage local change team partnerships and existing networks, including opioid treatment and reentry service providers, to distribute flyers & contact cards to connect with potentially eligible participants.

Acknowledgements

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NATIONAL INSTITUTE ON DRUG ABUSE

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BELLWETHER COLLABORATIVE FOR HEALTH JUSTICE

TO LEARN MORE ABOUT OUR TEAM & ON-GOING RESEARCH, VISIT OUR WEBSITE

WWW.BELLWETHERCOLLABORATIVE.COM

Using Cascade of Care to Facilitate MOUD Use in Criminal Justice Settings

Presented by Todd Molfenter, Ph.D.

June 12th, 2024

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK

Cascade of Care

Method of tracking individuals through stages of care from identification to treatment completion

Provides an objective view of which stages may be inhibiting quality care

Previously used in HIV/AIDS, Diabetes, etc.

Found that targeting gaps at each individual stage of the cascade was more effective than attempting to improve care as a whole

Assists in:
- Targeting where policy and implementation require attention
- Finding issues where greatest motivation for change exist

Screened

In Need of Treatment

Referred to Treatment

Initiation of Treatment

Treatment Engagement

Continuing Care
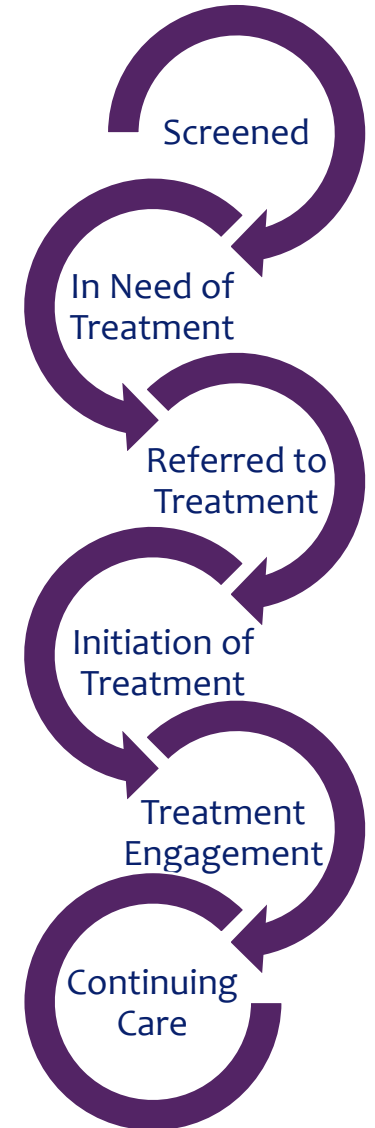
Fostering MOUD Use in Justice Populations

- **Test impact of two different implementation strategies and dosages on the adoption and effectiveness of MOUD treatment for justice involved populations**
  - NIATx Process Improvement Model
  - ECHO (Extension for Community Healthcare Outcomes)
- **Two-Year Study**
  - 12-months implementation & 12-month sustainability
- **4 Study Arms**
  - High-Dose NIATx/ECHO, Low-Dose NIATx/ECHO, High-Dose NIATx Only & Low-Dose NIATx Only
- **3 Study Cohorts**
- **50 Sites (29 county jails/21 community-based treatment providers)**
- **14 States**
- **256 Staff enrolled**
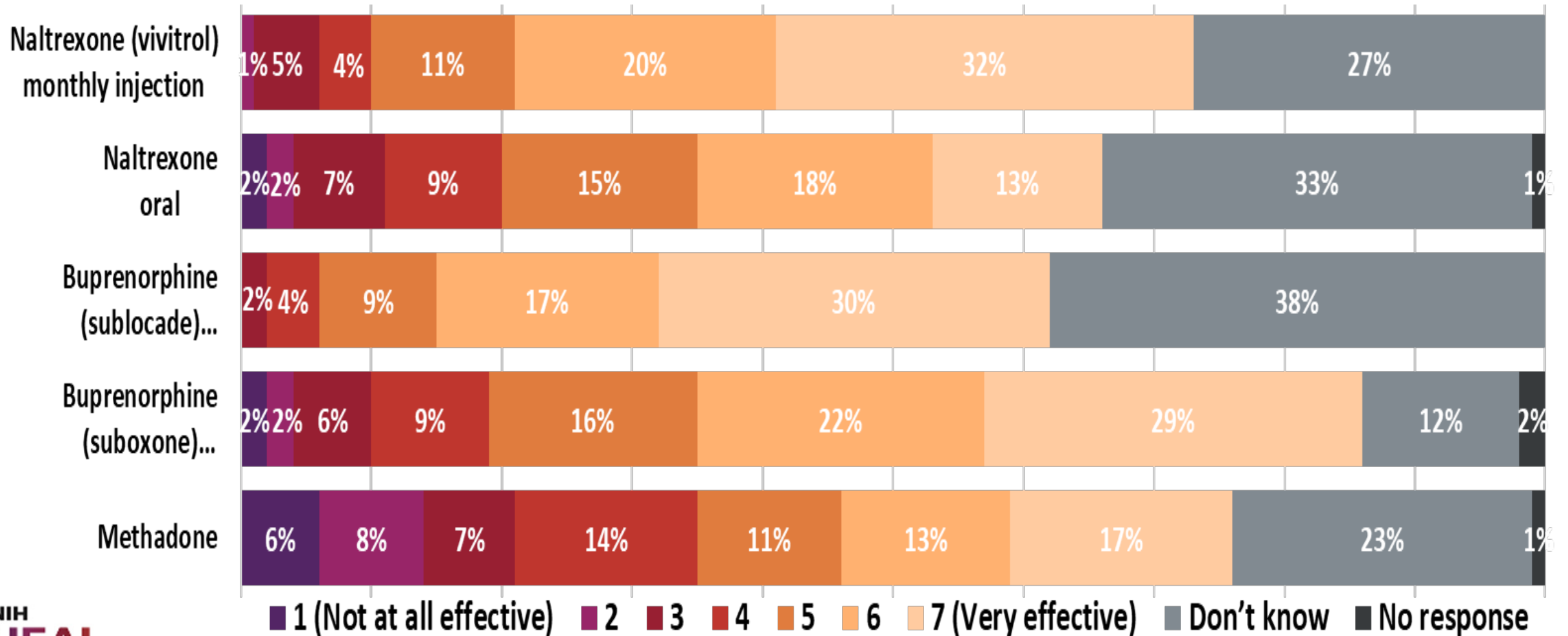- **Data collection completed March 2024**

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Site "Small Aims"

Screened
Increase the number of screenings with incarcerated individuals with SUD at entry. **(n=2)**
In Need of Treatment
Setup an opioid treatment program (OTP) within the jail.
Increasing the number of individuals connected to MOUD through use of flyer/hotline number.
Referred to Treatment
Initiation of Treatment
Increase the # of individuals receiving MOUD medication. **(n=3)**
Add buprenorphine induction to our existing MOUD and scale it to all appropriate residents. **(n=2)**
Increase MOUD treatment with buprenorphine initiation for those in OUD need.
Transition from Suboxone to Sublocade to improve efficiencies including staff time/diversion.
Co-staff all incoming bookings with community service providers and jail medical to increase number of people on MOUD.

Site "Small Aims" Continued

Treatment Engagement (in corrections facility)
Increase interdisciplinary jail staff communication and coordination of care for MOUD patients.
Increase the number of individuals continuing with suboxone while incarcerated.
Increasing the number of patients staying on buprenorphine when transferred to other DOC facilities rather than taper off.
Continuing Care (transition to community)
Improve the warm handoff to local community treatment providers upon release. **(n=2)**
Increase the number of community treatment partners the jail has connections to.
Increase connection to community resources upon discharge. **(n=8)**
Increase the rate in which individuals are connected with community MOUD clinic. **(n=2)**
Create a bridge prescription protocol for release to the community. **(n=2)**
Increase the distribution of naloxone kits at release for individuals who request or have been diagnosed with OUD.
General
Create formal protocol for pregnant women.

MOUD Staff Attitudes (N=208)
EFFECTIVENESS of Medications for Justice Involved Individuals

Medication	1 (Not at all effective)	2	3	4	5	6	7 (Very effective)	Don't know	No response
Naltrexone (vivitrol) monthly injection	1%	5%		4%	11%	20%	32%	27%	
Naltrexone oral	2%	2%	7%	9%	15%	18%	13%	33%	1%
Buprenorphine (sublocade)…		2%	4%	9%	17%	30%		38%	
Buprenorphine (suboxone)…	2%	2%	6%	9%	16%	22%	29%	12%	2%
Methadone	6%	8%	7%	14%	11%	13%	17%	23%	1%

■ 1 (Not at all effective) ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 (Very effective) ■ Don't know ■ No response

MOUD Staff Attitudes (N=208)
ACCEPTABILITY of Medications for Justice Involved Individuals

Medication	1 (Completely unacceptable)	2	3	4	5	6	7 (Very acceptable)	No response
Naltrexone (Vivitrol) monthly injection	1%	2%	5%	10%	14%	23%	41%	4%
Naltrexone oral	3%	3%	6%	15%	17%	21%	30%	5%
Buprenorphine (sublocade) monthly injection	3%	2%	4%	14%	14%	21%	37%	6%
Buprenorphine (suboxone) oral	3%	3%	4%	15%	19%	20%	32%	4%
Methadone	4%	14%	11%	18%	12%	13%	23%	5%

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)
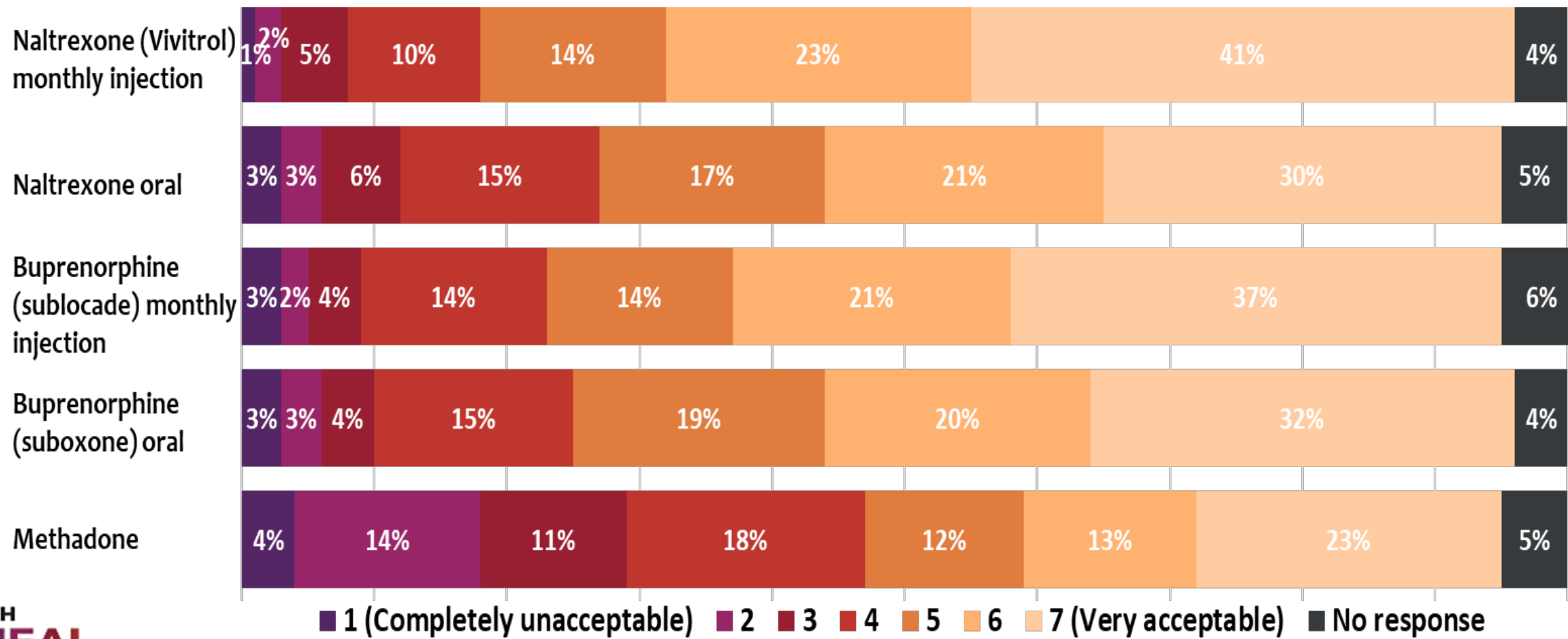
MOUD Staff Attitudes (N=208)
Medication EFFECTIVENESS by Race

Naltrexone (vivitrol)
- White: 2% | 53%
- Black: 45%
- Asian: 13% | 63%

Buprenorphine (suboxone)
- White: 5% | 50%
- Black: 55%
- Asian: 88%

Methadone
- White: 14% | 28%
- Black: 5% | 55%
- Asian: 75%

Legend: ■ Not effective ■ Effective

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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK (JCOIN)
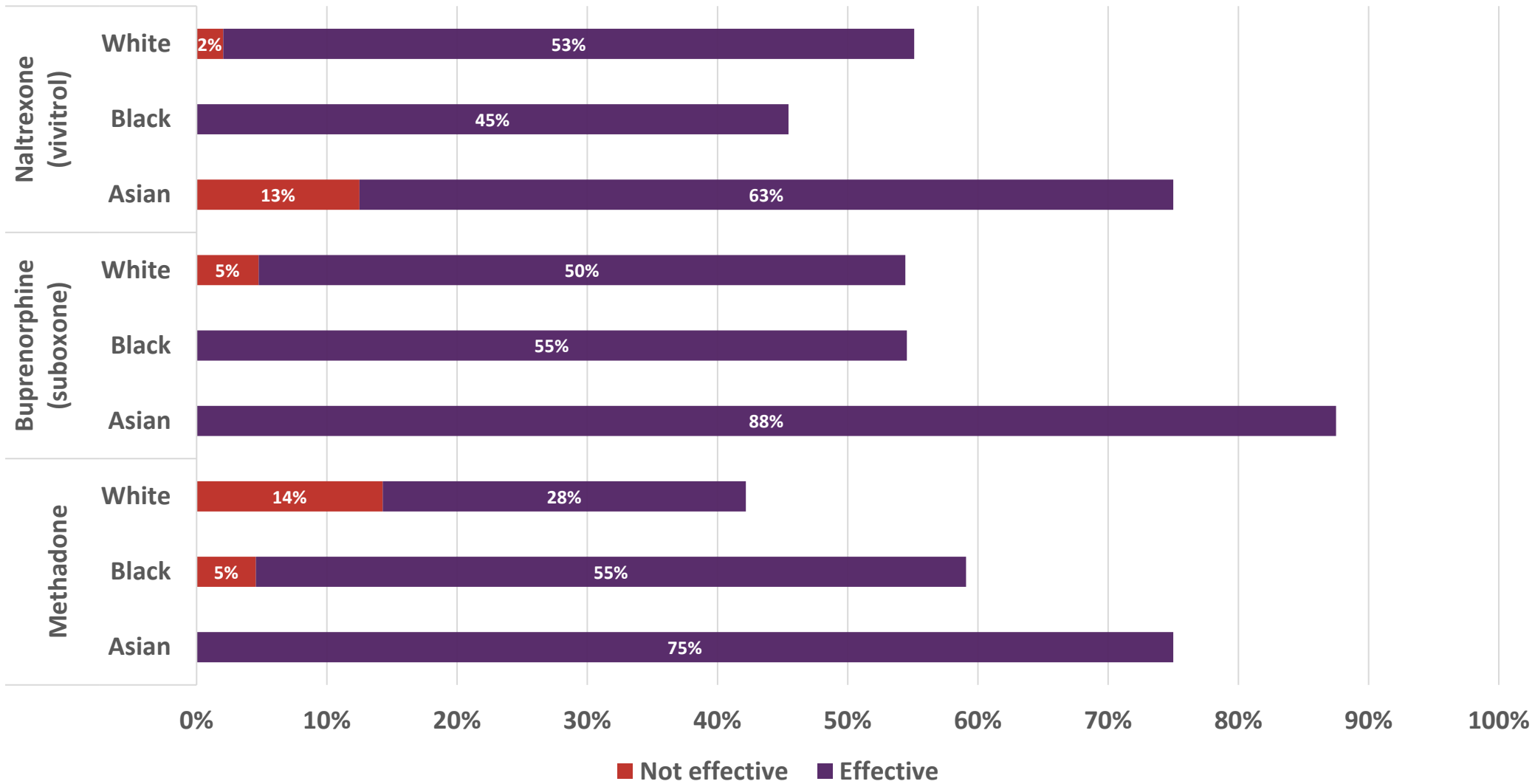
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Questions?

Thank you!

The next sessions will begin at 10:30.

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