

Resources and Lessons Learned for Correctional and Detention Facilities Preparing for the Release of Persons with Substance Use Disorder during COVID-19

Linking people with substance use disorder (SUD) to care and treatment as they return to their communities is an important consideration for correctional and detention facilities anticipating scheduled releases or seeking to reduce incarcerated populations in response to the COVID-19 pandemic.

Numerous studies demonstrate that the post-release period is an especially common time for fatal drug overdoses, particularly opioid overdoses.^{i,ii,iii} Linkage to care and treatment, including access to medications for opioid use disorder (**MOUD**) and provision of naloxone, an opioid overdose reversal drug, can help ensure the safety of those released. Research shows that providing incarcerated people buprenorphine or methadone, two of three medications used to treat opioid use disorder, while persons are in custody or for at least 4 weeks in the community after release, is associated with significant reductions in overdose deaths in the immediate post-release period.^{iv,v}

These critically important linkages to care can be logistically complex during the COVID-19 pandemic, especially in the case of unscheduled or early release. This resource highlights strategies and lessons learned based on conversations with several criminal justice professionals who have linked people granted early release to care and treatment for SUD during the COVID-19 pandemic. Many of these considerations apply to early and scheduled releases and constitute best practices even in the absence of COVID-19. Their application ultimately will depend on locally available programs and resources.

BEFORE RELEASE

Begin coordinating post-release care early

- Consider screening all incarcerated individuals for SUD with an evidence-based screening tool at the earliest possible opportunity, ideally during intake or booking, and start persons with SUD on treatment upon incarceration.
- Review early release criteria for your community, if applicable, and identify people with SUD who may be eligible for early release due to COVID-19.
- Even if early release is not indicated, use screening results to start planning post-release care and treatment. Ideally,
 - » start planning immediately, given that some people have shorter stays.
 - » work with incarcerated people to identify appropriate [community-based treatment](#) providers, [including those providing MOUD](#), in addition to other needed services and support.
 - » assist with making initial appointments with community providers in advance, if possible.
 - » delegate planning to reentry coordinators, case managers, or other transitional support staff, if available.



- In case pre-release planning is not always possible, identify SUD treatment and other service providers in the community (including syringe service, housing, primary care, and nutritional support programs) who are able to accept recently released people. Share their contact information when the person is released. Building partnerships with treatment and service providers in advance is important for success.
- As mentioned, provide contact information to people being released and assist with making appointments if possible. If persons with SUD do not have insurance, ensure that all eligible people are enrolled or reenrolled in [Medicare](#) and/or [Medicaid](#) before release to facilitate connections to community providers.
- For persons being transferred to another facility, provide temperature and symptom checks before transfer.

[Follow CDC guidelines for screening people for COVID-19 prior to release.](#) This is critical to reduce community transmission and ensure linkage, as some community-based providers may require a negative COVID-19 test result to receive SUD care.

Assist in ensuring that medications for opioid use disorder are provided continuously at the correctional facility

- Some strategies that jails and prisons can follow to support provision of MOUD to people who need it include:
 - » using telehealth to initiate or continue patients on medication without an in-person visit, in accordance with SAMHSA regulations during the national emergency declared in response to the COVID-19 pandemic.
 - » shifting to cell-side dosing, where medications are administered to individuals in their cells as opposed to a shared dosing room.
 - » planning for staffing shortages that could affect service delivery.
 - » reserving the clinical space required for initiating MOUD.
- Sustaining access to MOUD for incarcerated populations both on-site and after release is critical for reducing their chances of nonfatal or fatal overdose upon release and increasing likelihood of getting treatment in the community.

Prepare for immediate medication-related treatment needs in the post-release period

For Persons Receiving MOUD During Incarceration:

- In alignment with other COVID-19 guidance for prescribing and dispensing medication, consider steps to ensure that anyone taking MOUD is provided enough medication or a bridge prescription to last until their first appointment with a community-based provider post-release. If their appointment date is unknown, consider providing a 14–28 day supply of medication.
 - » For [buprenorphine](#): To begin treatment for opioid use disorder the patient must abstain from using opioids for at least 12 to 24 hours and be in the early stages of opioid withdrawal.
 - » For [naltrexone](#): To reduce the risk of withdrawal symptoms, patients should wait at least 7 days after their last use of short-acting opioids and 10 to 14 days for long-acting opioids, before starting naltrexone.

For Persons NOT Receiving MOUD During Incarceration:

- If MOUD is not available to individuals who need it during incarceration, consider offering extended-release buprenorphine or naltrexone injections at the time of release, if medically appropriate, along with linkage to continued medication treatment with a community-based provider. Ensure that people being released are also aware that, during the pandemic, SAMHSA allows buprenorphine to be prescribed via telehealth without an in-person examination.

Use educational and training videos

- Facilities can show educational videos on relevant topics, such as MOUD, recovery, harm reduction, and overdose prevention and response, to supplement information typically provided by staff.

For additional linkage to care resources, please see [Public Safety-led Linkage to Care Programs in 23 States.](#)

POST RELEASE

Provide additional harm reduction and recovery resources at release

- Consider arranging for peer recovery specialists or other transitional support staff to meet people at discharge with vehicles that allow for social distancing to [protect yourself when using transportation](#).
- Provide other critical resources, such as naloxone kits and information on how to join an online recovery support group, develop an overdose prevention plan, and enroll in a local syringe services program.

Follow up with recently released persons

- If staffing and resources permit, have transitional support staff follow up with recently released individuals in the community to ensure linkage to and retention in care and treatment.
 - » Use information from follow-up with recently released people to inform updates to release processes.

Strive for warm handoffs to community-based providers

- In contrast to cold handoffs, which involve the provision of information or referrals that put the burden of follow-up on the recently released person, warm handoffs link people directly to treatment and other support services, such as housing, employment, and vocational training. Warm handoffs to community-based providers can lead people to engage more with services after their release.
- Strategies may include connecting people with post-release providers before release, facilitating transportation to services upon discharge and in the weeks and months that follow, and pairing individuals with peers for ongoing assistance with navigating systems of treatment and care.

SPOTLIGHT

In response to COVID-19, one county jail in the Midwest reduced its jail population by half within 1 week, resulting in the early release of approximately 600 people. During this period, all behavioral staff transitioned to providing services via telehealth, with the exception of two mental health workers who continued working onsite with personal protective equipment (PPE). Reentry case managers and peer recovery coaches continued in-person meetings with people outside the facility at the time of their release (with appropriate PPE). Behavioral health staff also adjusted their schedules to include night and weekend hours to be able to screen as many people as possible for substance use disorder (SUD) before release. Staff followed up with 100% of people released to offer linkage to care and treatment in the community, whether or not they had a case manager visit before release.

ADDITIONAL RESOURCES

CDC [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#)

Toolkit page [COVID-19 toolkit for correctional facilities](#)

SAMHSA [DEA/SAMHSA Guidance Buprenorphine Telemedicine](#)

SAMHSA [SAMHSA FAQs for the provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency](#)

SAMHSA [SAMHSA Medication assisted treatment](#)

SAMHSA [Buprenorphine Practitioner Locator](#)

ⁱ Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: Opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med.* 2013;159(9):592-600.

ⁱⁱ Ranapurwala SI, Shanahan ME, Alexandridis AA, et al. Opioid overdose mortality among former North Carolina inmates: 2000-2015. *Am J Public Health.* 2018;108(9):1207-1213.

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). Evidence-based strategies for preventing opioid overdose: What's working in the United States. National Center for Injury Prevention and Control, CDC, U.S. Department of Health and Human Services, 2018. Accessed January 3, 2021 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>.

^{iv} Marsden J, Stillwell G, Jones H, et al. Does exposure to opioid substitution treatment in prison reduce the risk of death after release? A national prospective observational study in England. *Addiction.* 2017;112(8):1408-1418.

^v Degenhardt L, Larney S, Kimber J, et al. The impact of opioid substitution therapy on mortality post-release from prison: Retrospective data linkage study. *Addiction.* 2014;109(8):1306-1317.

