

MEDICATIONS FOR OPIOID USE DISORDER TRAINING

FOR LOUISIANA PROBATION
AND CORRECTION OFFICERS,
AND LAW ENFORCEMENT

FINAL REPORT

JUSTICE SPEAKERS INSTITUTE



Justice Speakers Institute
PROMOTING JUSTICE WORLDWIDE



The Opioid Epidemic is N

5 X Increase - Heroin

116 people every day

11.5 million misus

2.1 million OUD

JSI's Vision is to Promote Justice and the Rule of Law Worldwide.

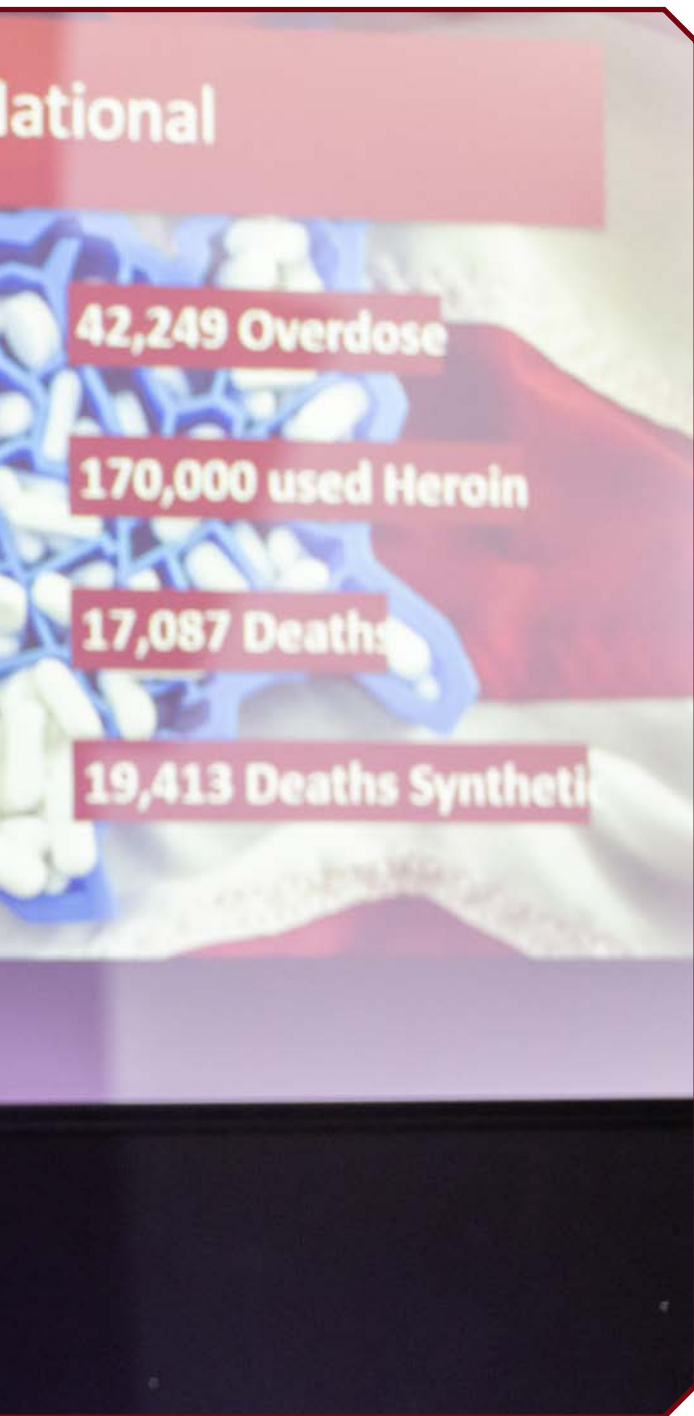


TABLE OF CONTENTS

03 **Table of Contents** >

04 **About Justice Speakers Institute** >

05 **About the Speakers** >

06 **About the Training** >

10 **Pre and Post Questionnaires** >

12 **Survey Results** >

28 **Conclusion** >

31 **The Agreement** >

The Justice Speakers Institute Partners and Associates are leaders in the justice system and provide the complete experience of education and application to improve your justice system.



ABOUT JSI

It is the mission of the Justice Speakers Institute to be the essential resource on justice issues worldwide.



Justice Speakers Institute
PROMOTING JUSTICE WORLDWIDE

The partners and associates of the Justice Speakers Institute (JSI) are internationally recognized experts with decades of experience and mastery of over 300 subjects impacting the justice system.

The Institute was founded in 2015 by the late Peggy Hora, Brian MacKenzie, and David Wallace. Currently, David is the President, with Mack Jenkins as the Vice President and Brian MacKenzie as the Chief Financial Officer. Additionally, there are just over twenty rigorously selected associates with expertise on a wide variety of justice and legal issues.

JSI's sister organization, Justice Speakers International, was launched in 2017 to focus on justice issues outside the U.S. JSI has provided services in countries on 6 of the 7 continents.

Learn more at www.JusticeSpeakersInstitute.com.



ABOUT THE SPEAKERS

The presenters for the three training programs consisted of a former Chief of Police, a retired Chief Probation Officer, a Medical Doctor and a retired Judge.

Between the four of them, they have over 100 years of service in the justice field, dealing with substance use disorders (ODs) on a daily basis within their professions.

It is that knowledge and passion they brought to each of the training programs, ensuring a broad display on how to address OD and MOUD within the attendees' community.



**CHIEF CYNTHIA
HERRIOTT (RET.)**



**CHIEF MACK
JENKINS (RET.)**



**DR. WILLIAM
MORRONE**



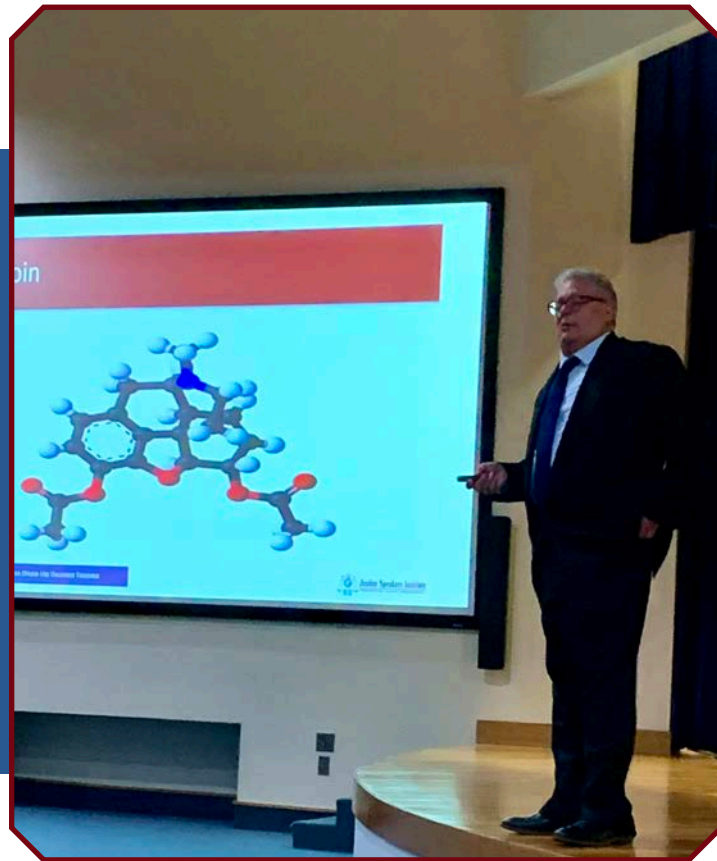
**JUDGE GENO
SALOMONE (RET.)**

ABOUT THE TRAINING

MEDICATIONS FOR OPIOID USE DISORDER TRAINING

Criminal justice professionals in Louisiana were educated about Opioid Use Disorder (OUD) and Medications for Opioid Use Disorder (MOUD) in three one-day training programs. The training utilized a collaborative learning model where participants learned with a team of subject-matter experts. Several of the sessions involved group discussions, and peer-to-peer learning.

This collaborative learning approach provided attendees with the up-to-date scientific information on the physiological and psychological effects of substance use disorders and recovery, enabling the attendees to make informed decisions when supervising or monitoring individuals with an OUD.



A variety of topics related to OUD and MOUD included:

- the effects of substance use disorders;
- recovery on the brain and body;
- stigma and patient rights;
- evidence-based screening and assessment for OUD;
- outcomes of MOUD for criminal justice populations;
- relapse management; and,
- the role of MOUD in long-term recovery.

ABOUT THE TRAINING, CONT.

The training also included a session about Narcan (also known as Naloxone); a medication used to rapidly reverse an opioid overdose. It is a critical tool in the fight against the opioid epidemic, and it has saved countless lives. The session focused on how Narcan works, and how to administer it.

During the training program, attendees learned about the Americans with Disabilities Act (ADA) and its impact upon individuals who are receiving MOUD. The ADA mandates government agencies to make reasonable accommodations for people with disabilities, including those on MOUD. Attendees also learned supervision best practices while monitoring individuals suffering from OUD.



VENUES.

**Louisiana State Police Auditorium,
Baton Rouge, LA**

**Bossier Parish Sheriff's Training
Academy**

Plain Dealing, LA

Fuhrmkann Auditorium

Covington, LA

ATTENDEES.

**Louisiana Probation, Parole,
Correction Officers, Law
Enforcement, Mental Health
Professionals and others.**



THE TRAINING AGENDA

Three one-day training sessions for law enforcement, probation and parole officers, and others was held in order to increase the knowledge around opiate use disorders (OUDs) and other substance use disorders (SUDs). The agenda for the training is shown below and on the next page.

A training on opioid use disorder (OUD) and overdose training for law enforcement, probation officers, corrections officers, and others.



TIME

8:30 — 8:45

ACTIVITY.

Welcome and Introductions

CHIEF MACK JENKINS (RET.)

8:45 — 9:30

Description of the Opioid Crisis, Including its Extent and How it Affects the Critical Work that Criminal Justice Professionals Do

CHIEF MACK JENKINS (RET.)

TIME	ACTIVITY.
9:30—10:30	Opioid Use Disorders, Brain Chemistry, Identification of Signs and Symptoms DR. WILLIAM MORRONE
10:30—10:40	BREAK
10:40—11:40	Identification of the Types of MOUD Substances and Their Effects, Including Methods of Use DR. WILLIAM MORRONE
11:40—12:30	Americans Disability Act & Medications for Opioid Use Disorders JUDGE GENO SALOMONE (RET.)
12:30—1:30	LUNCH
1:30 — 2:30	The Life Saving Benefits of Naloxone in Reversing Opioid Overdoses DR. WILLIAM MORRONE / CHIEF CYNTHIA HERRIOTT (RET.)
2:30 — 2:40	BREAK
TRACK 1	
2:40—3:40	Role of Medication Assisted Treatment (MAT) in Probation Supervision / Supervisions Officers Are Not Doctors. CHIEF MACK JENKINS (RET.)
TRACK 2	
2:40 — 3:40	Role of Medication Assisted Treatment (MAT) in Correctional Supervision / Correctional Officers Are Not Doctors CHIEF CYNTHIA HERRIOTT (RET.)
3:40—4:00	Group Discussions and Questions CHIEF MACK JENKINS (RET.)
4:00	Closing & End of the Day CHIEF MACK JENKINS (RET.)



PRE- & POST-QUESTIONNAIRES

Participants completed a web-based or paper survey prior to the training and after the training. The questionnaire assessed the participants' knowledge and attitudes toward OUD and MOUD before and after the training to determine if the training had impacted the attendees' understanding of OUD and MOUD. This report provides the results of the pre-post-training questionnaires.

A total of 52 participants completed the pre-training questionnaire.

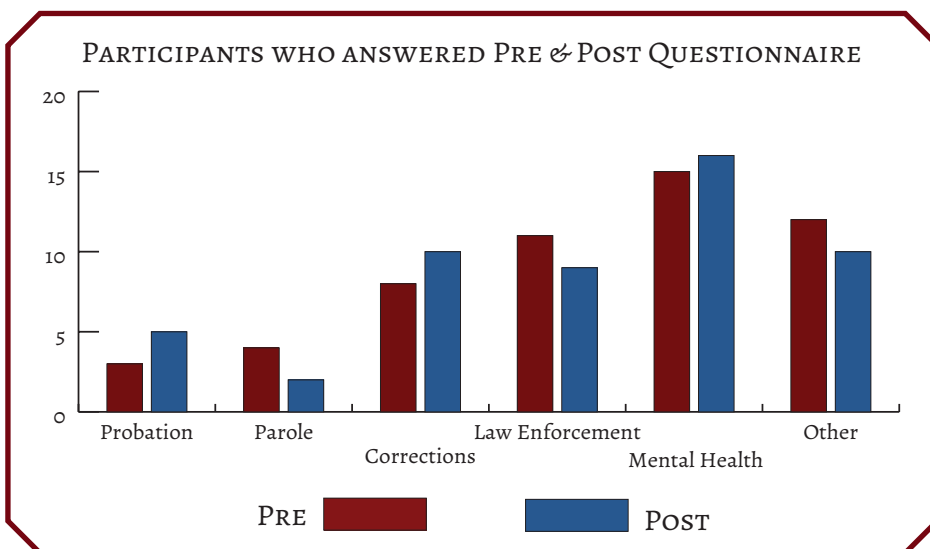


RESPONDING PARTICIPANTS

Participants were broken down into six different professions: Probation Officers, Parole Officers, Corrections Officers, Law Enforcement, Mental Health Professionals, and "other." A total of 52 participants completed the pre-

training questionnaire with 53 completing the post-training survey. The figure to the left displays the breakdown of the attendees who responded to each questionnaire by profession. The most prevalent profession was Mental Health professionals.

Regarding those who were listed as "other," it includes registered nurses, MAT Program facilitator, Peer Specialist, and Opioid Prevention Coordinator.



“A positive change indicates the training appreciably shifted the knowledge or the attitude of the attendees.”



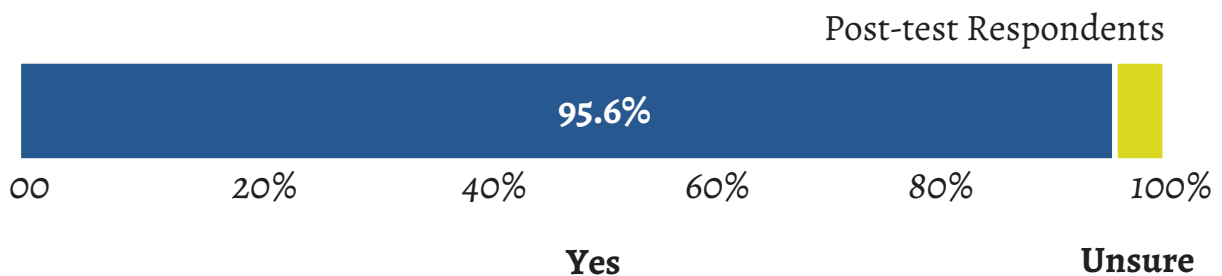
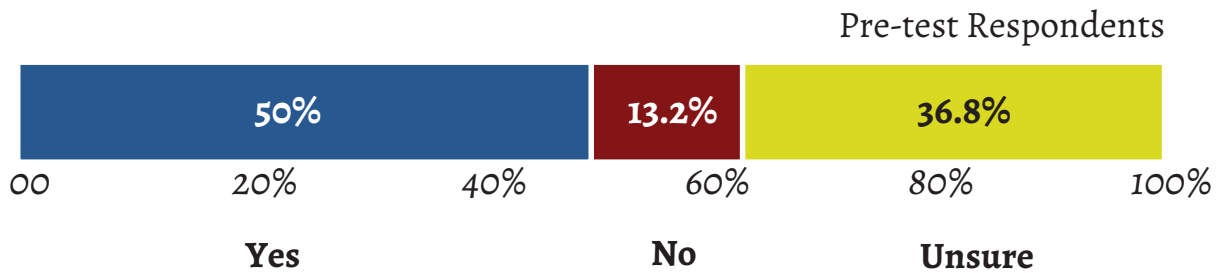
To have a better understanding of the overall impact of the training, pre- and post-training questionnaire results are shown next to each other with all of the participants' answers combined. Because the questions were done anonymously, it is important to recognize that everyone who responded in the pre-questionnaire may not be the same individuals in the post-questionnaire. The title of the graphs is displayed in the blue box and it is the question or statement that the attendees were responding to.

Where there is a difference in the pre- and post-questionnaire responses, it will be noted. A positive change indicates the training appreciably shifted the knowledge or the attitude of the attendees. Where an answer is not shown, for example, “No” or “Moderately Familiar” that means no one answered that particular question with that response.

SURVEY RESULTS

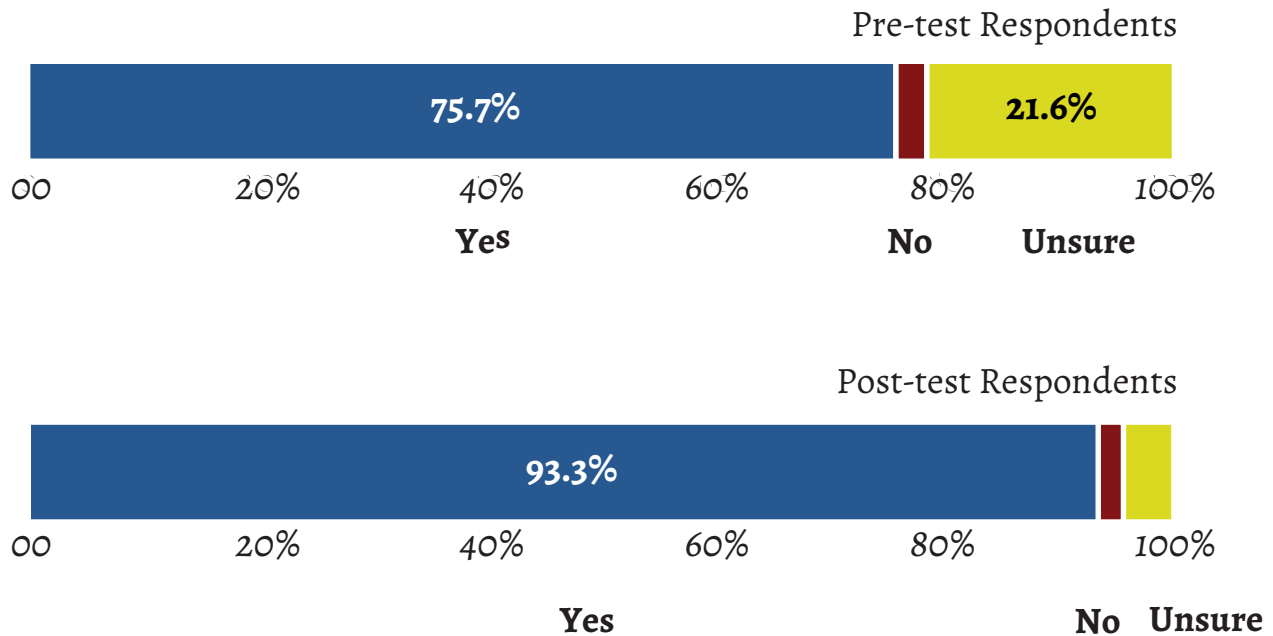
Post-training, attendees were significantly more likely to agree that OUD is considered a disability under the Americans with Disabilities Act (95.6% post-training versus 50% pre-training). Further, the training clarified the ambiguity of this topic for many attendees, as respondents were significantly less likely to select “unsure” in the post-training survey (4.49% relative to the pre-training survey (36.8%). In the post-test questionnaire, no attendee answered “no” to this question.

Is an OUD considered a disability under the Americans with Disabilities Act?



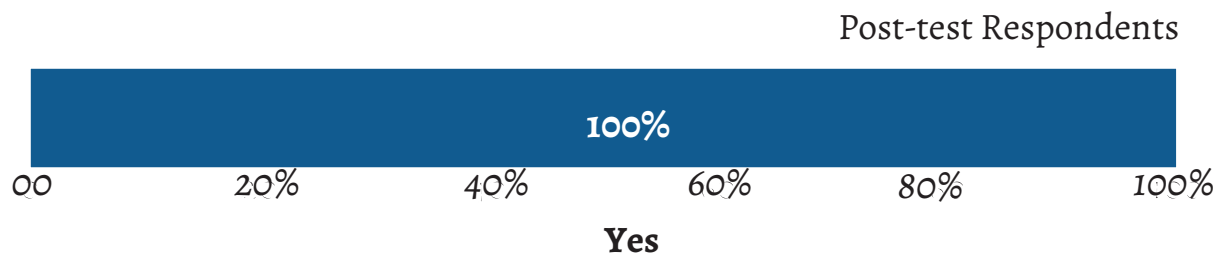
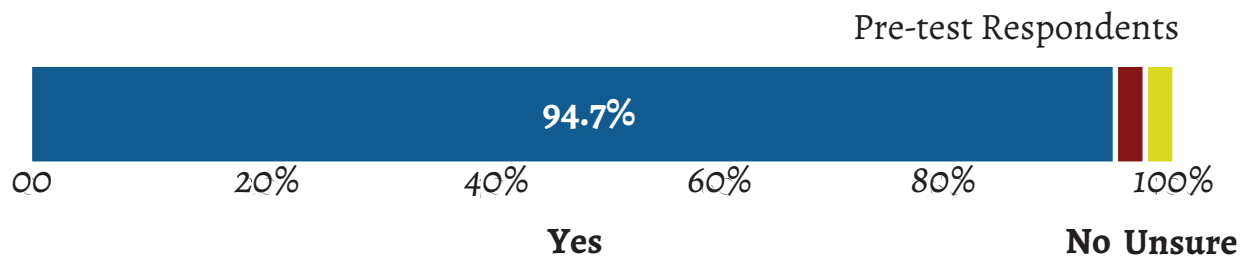
Is OUD a chronic disease?

Although in the pre-training survey a majority of attendees agreed that OUD is a chronic disease (75.7% strongly agreed), a larger proportion strongly agreed with this statement following the training (93.3%). Most participants understand OUD to be a chronic disease.



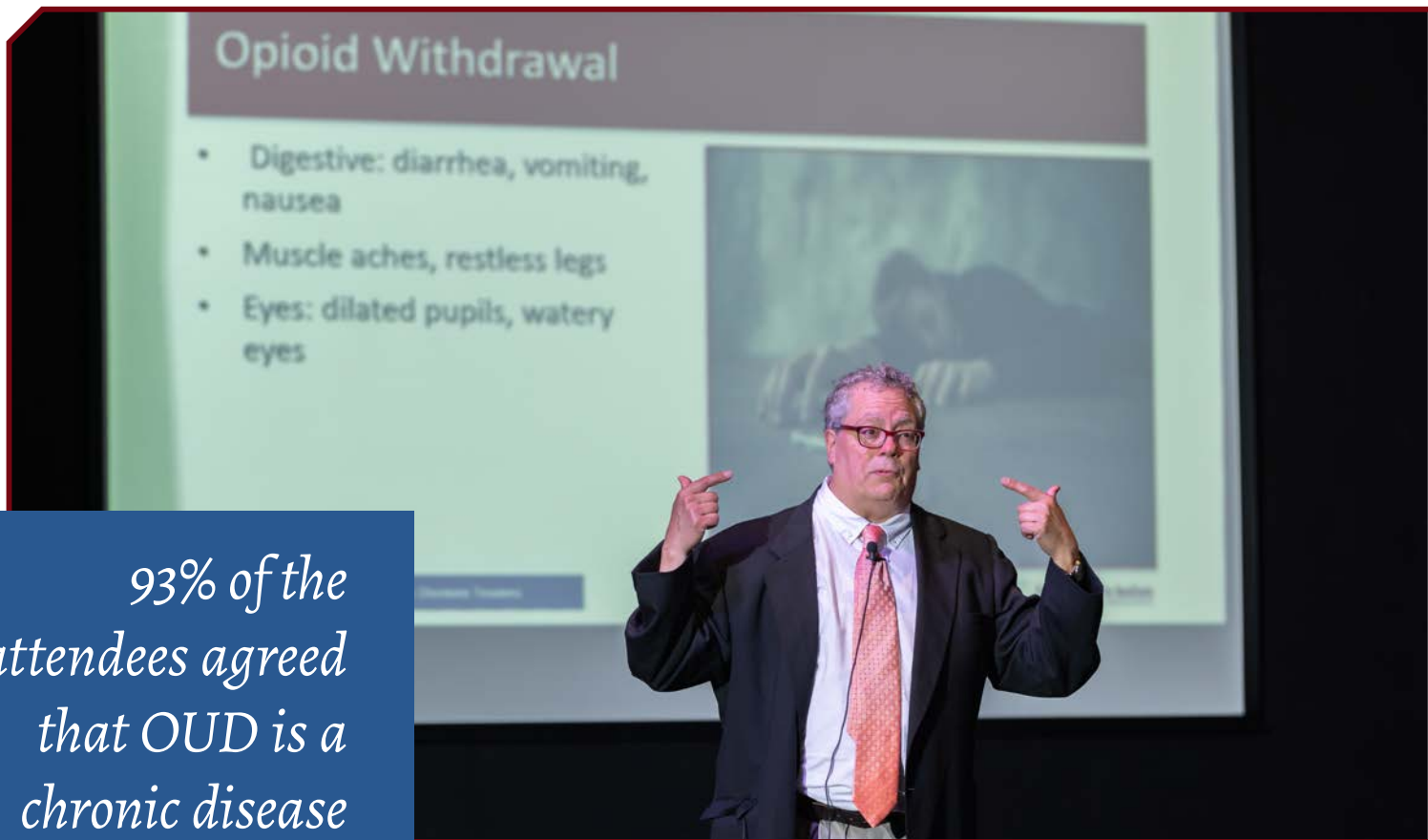
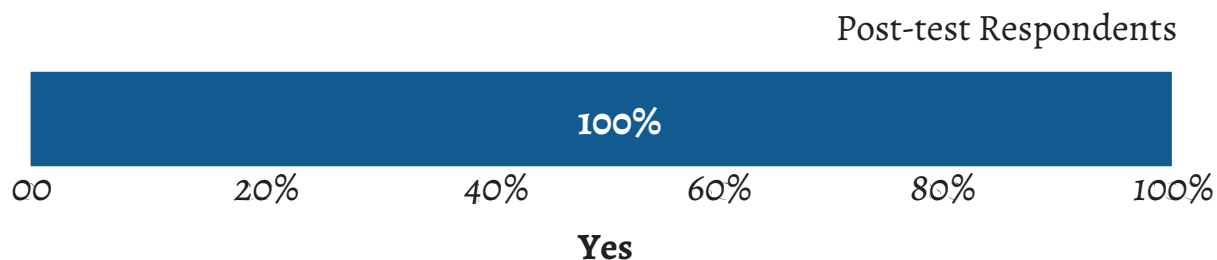
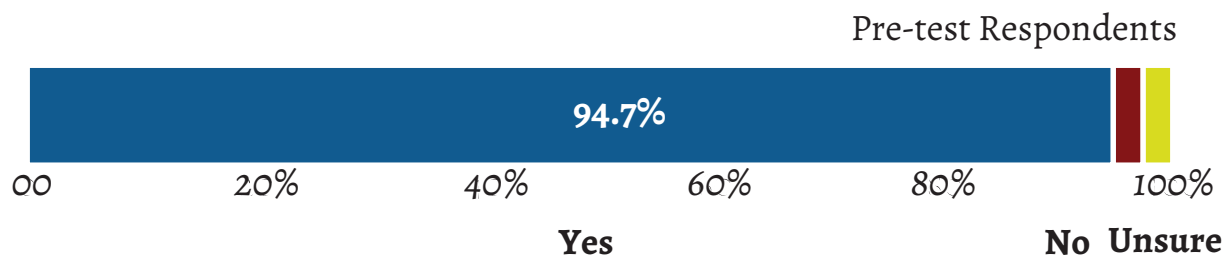
Is recovery possible after a substance use relapse?

Although in the pre-training survey a large majority of attendees agreed that OUD is a chronic disease (94.7% said yes), a larger proportion agreed with this statement following the training (100%). All participants now understand OUD to be a chronic disease.



Should addressing OUD be a goal of the Justice System?

Similar to the previous question, the vast majority of the attendees agreed prior to the training that addressing OUD should be a goal of the justice system. Those few who said “no” or were “unsure” changed their answer to “yes” on the post-training questionnaire. 100% of the attendees after the training agreed with the need to increase funding toward OUD services in the justice system.



93% of the attendees agreed that OUD is a chronic disease after the training.

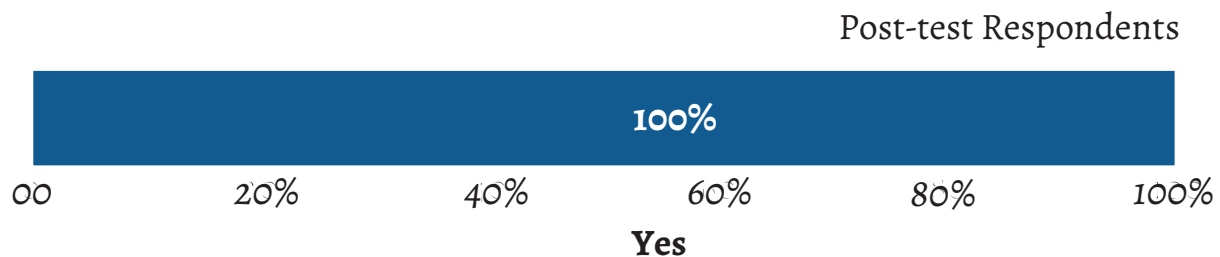
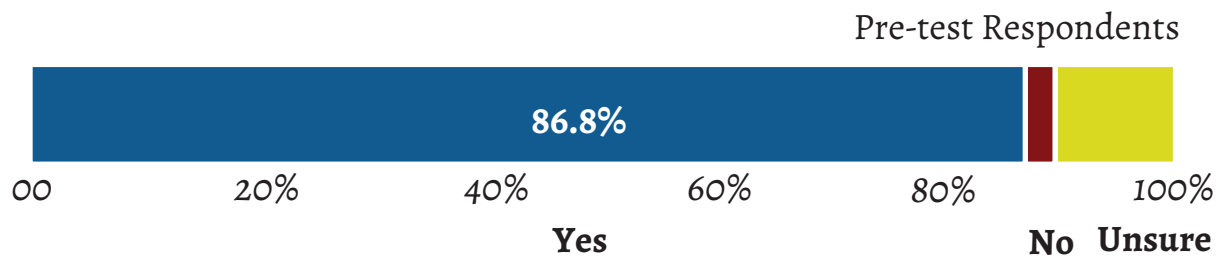


\$6,000 in

Possible acceleration
pandemic

Is additional funding needed to address the OUD impact in the Justice System?

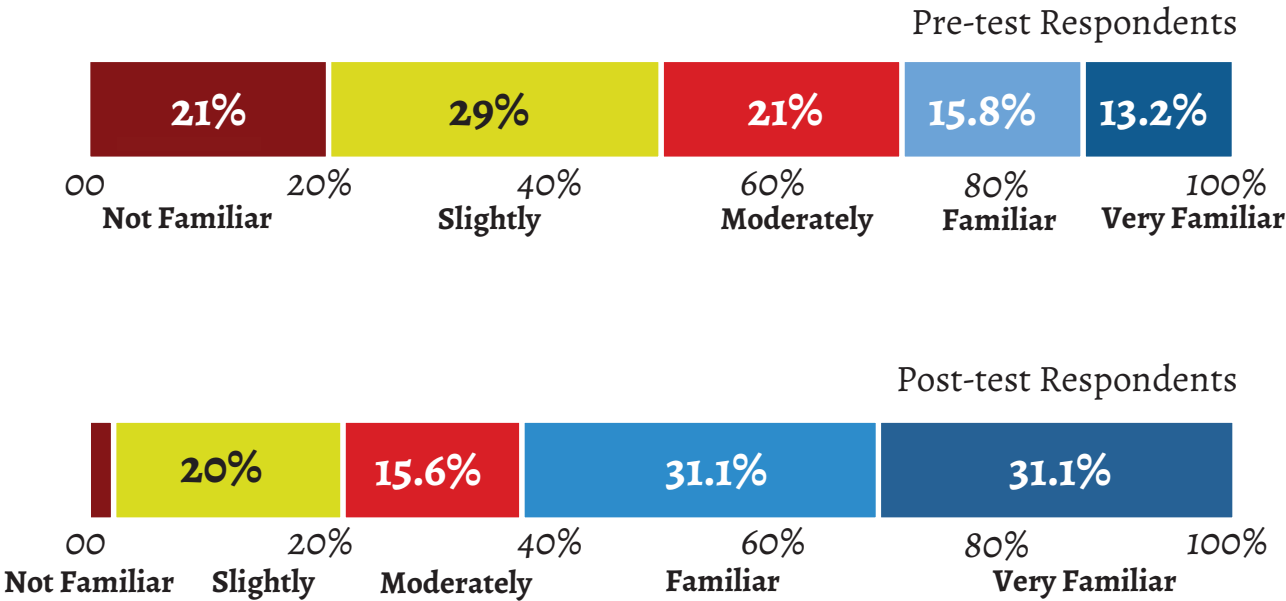
A majority of attendees agreed before the training that more funding was needed to address the impact of OUD. (86.8%), with 2.6% saying “no” and 10.6% as “unsure.” However, after the training 100% of the attendees agreed that funding should be increased to address the OUD’s impact.





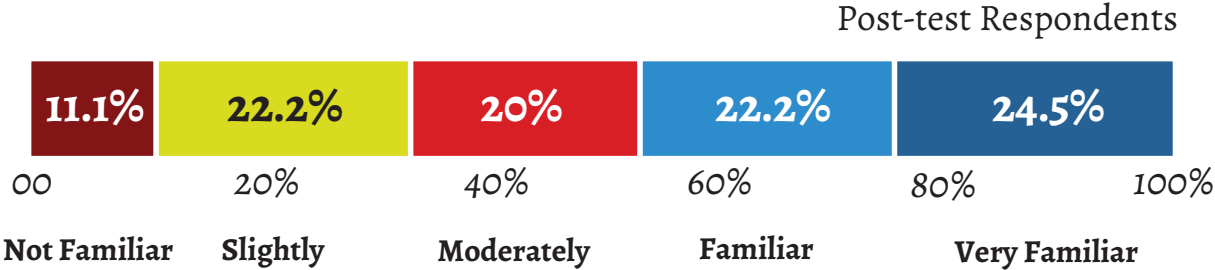
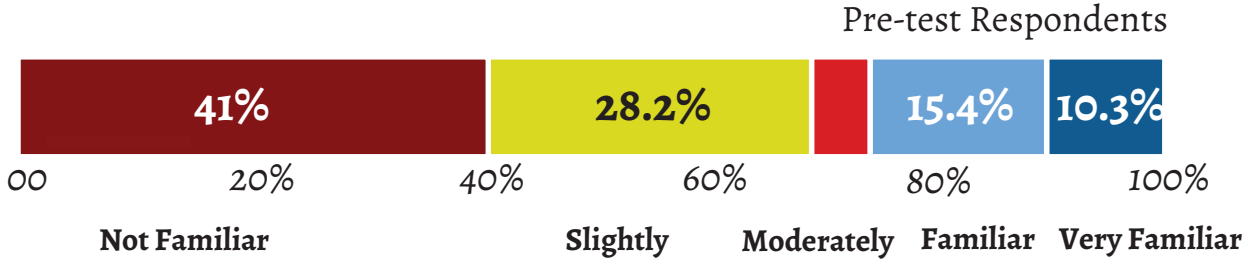
How familiar are you with Medications for Opioid Use Disorder (MOUD)

In the pre-training survey half of the attendees were either not familiar (21%) or slightly familiar (29%) with the medications used to address an OUD. After the training almost two-thirds of the attendees indicated that they were moderately (31.1%) or very familiar (31.1%) with the different medications. Only 2.2% said they were not familiar with these medications on the post-test.



How familiar are you with Substance Use Disorder (SUD) screening tools?

Participants indicated they significantly increased their familiarity with OUD screening tools for justice involved persons. Survey respondents were significantly more likely to feel “very familiar” with these tools (24.5%) and significantly less likely to say they were “not at all familiar” (11.1%).



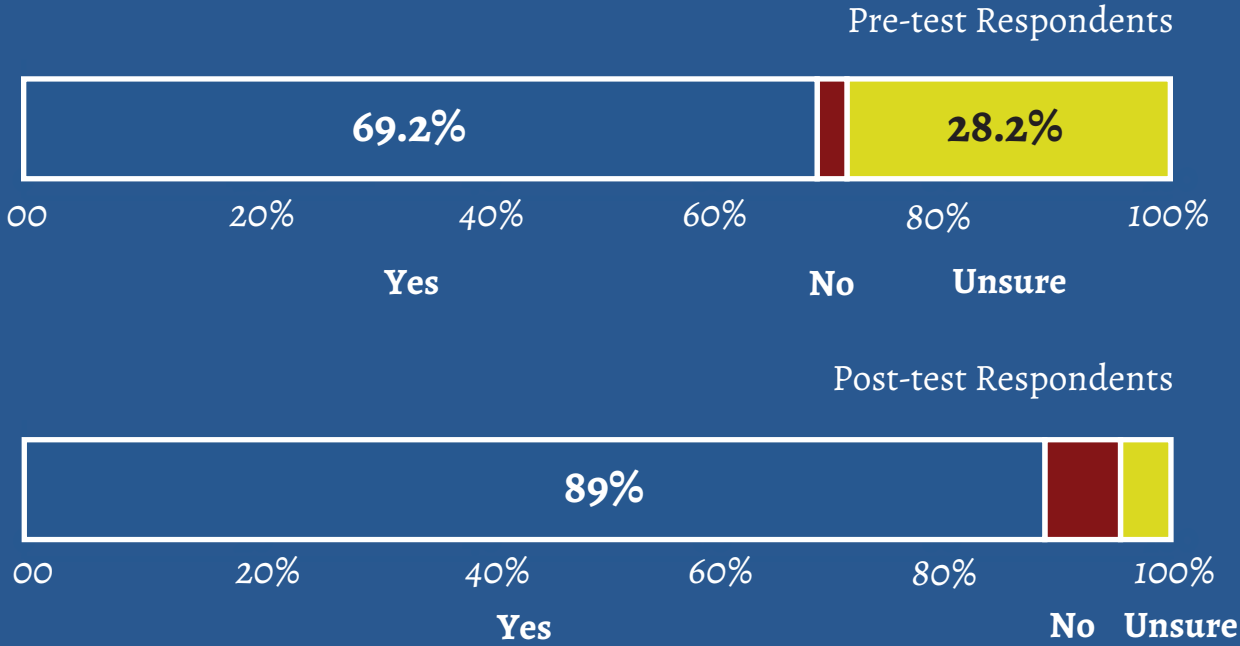
100% of the attendees believe that the Justice System should address the impact of OUD.





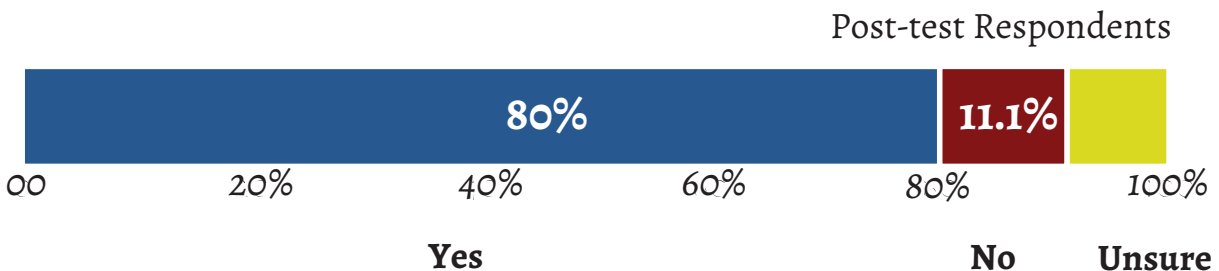
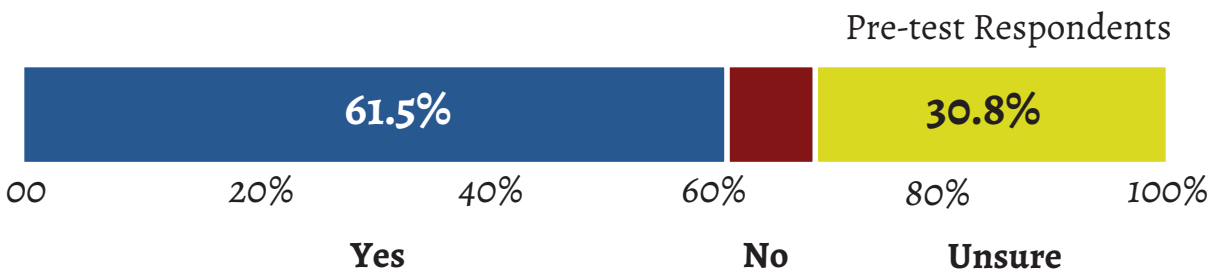
Should criminal justice professionals rely on treatment experts for changes in, length of time on, and tapering off, of a MOUD?

Both before and after the training programs, most attendees agreed that they should rely on the advice of treatment experts to determine any changes for an individual’s MOUD treatment regimen. But there was a significant increase in the majority, from 69.2% in the pre-test to 89% in the post-test. The vast change came from those who were unsure prior to the training.



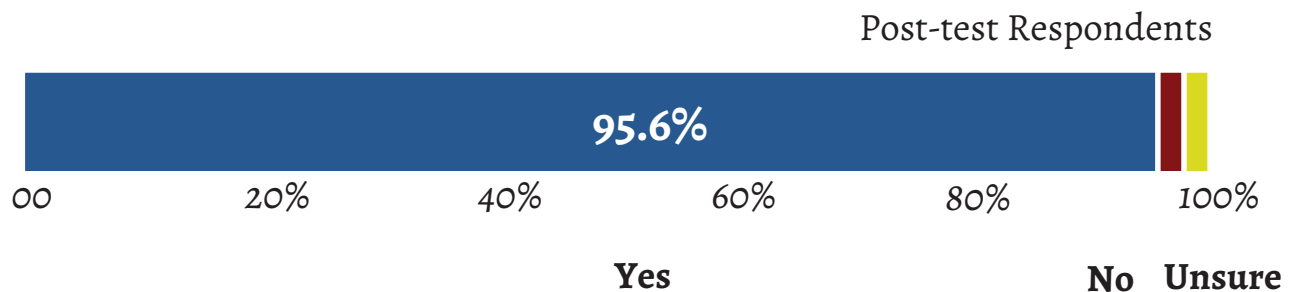
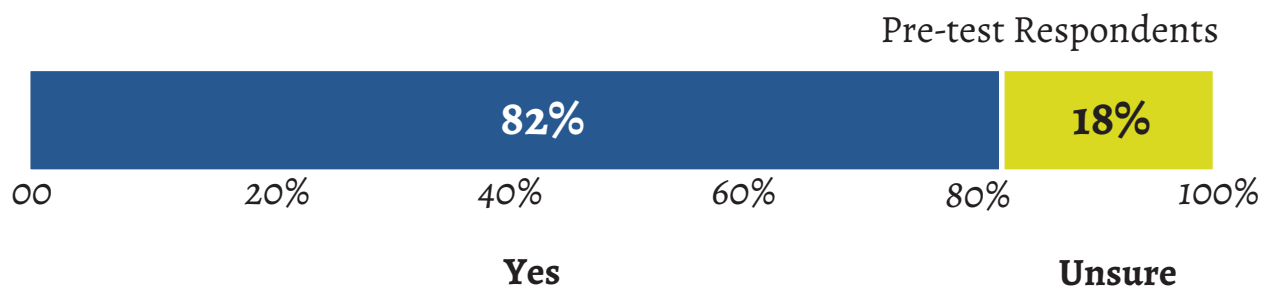
Is it appropriate for criminal justice professionals to make participation in a MOUD treatment program a requirement of supervision?

Prior to the training, 61.5% of the attendees agreed that participation in a MOUD treatment program is appropriate for supervision to require with 30.8% unsure of that requirement. After the training, 80% agreed with the expectation of participation in a MOUD treatment program. 11.1% still said no to this requirement, with 8.9% unsure. This is almost a 20% increase in recognizing the benefits of participating in a treatment program while under supervision on a criminal case.



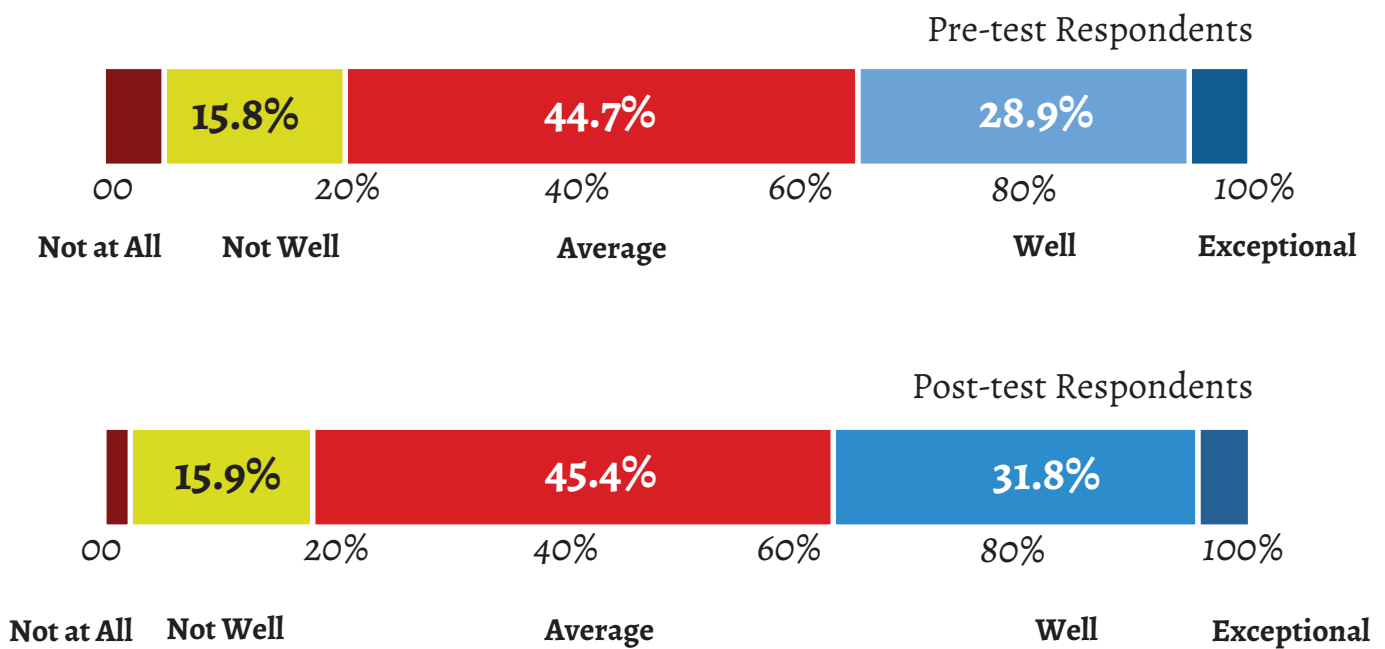
Can criminal justice professionals effectively collaborate with behavioral health professionals as part of a MOUD Treatment program?

The vast majority of the attendees agreed before and after the MOUD Training that criminal justice professionals can effectively collaborate with behavioral health professionals. The 18% of the participants who were “unsure” if there could be an effective collaboration, changed their position after attending the training. In the post-training questionnaire, 95.6% of the participants said it was possible to collaborate, with 2.2% saying “no,” and 2.2% still “unsure.”



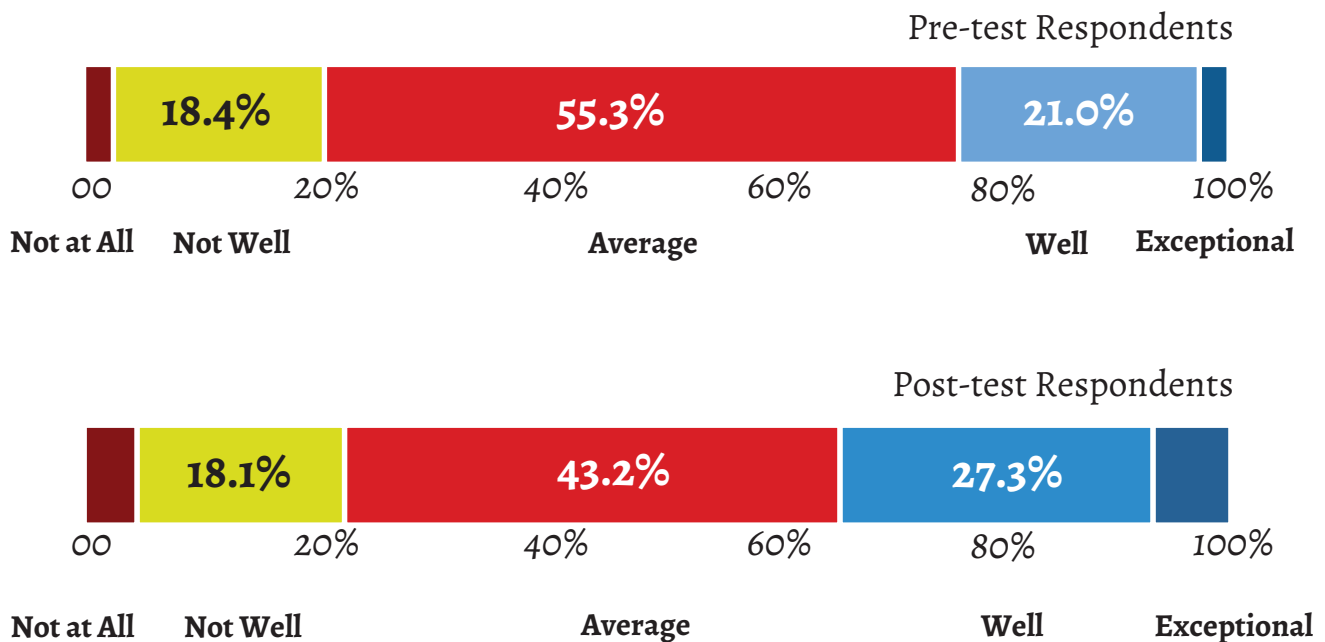
Rate how well your jurisdiction collaborates with behavioral health professionals as part of wrap-around support services.

Unsurprisingly, the attendees had an insignificant change on whether or not their own particular jurisdiction collaborates behavioral health professionals as part of a wrap-around support services. In both the pre-test and post-test approximately 45% felt their jurisdiction was average and approximately 30% believed their jurisdiction collaborated well with behavioral health professionals. In the pre-test questionnaire 5.3% thought the collaboration their jurisdiction was “exceptional.”



Rate how well your jurisdiction provides wrap-around support services as part of MOUD treatment programs.

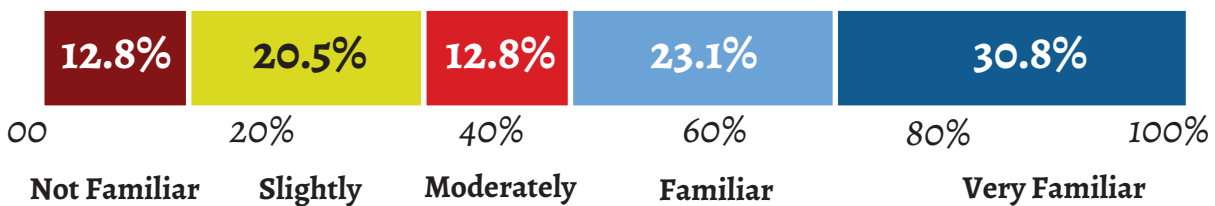
With a significant portion of the attendees stating there was “average” or “well” collaboration between their jurisdiction and behavioral health professionals (See page 22), it is not surprising that a majority of the participants stated that their jurisdiction provides “average” or “well” wrap-around support services as part of a MOUD treatment program. In the pre-test it is a combined 76.3% finding their wrap-around services were “average” or “well.” In the post-test responses, the combined score of “average” or “well” is 70.5%. The “exceptional” scoring changed from 2.6% in the pre-test to 6.8% in the post-test responses.



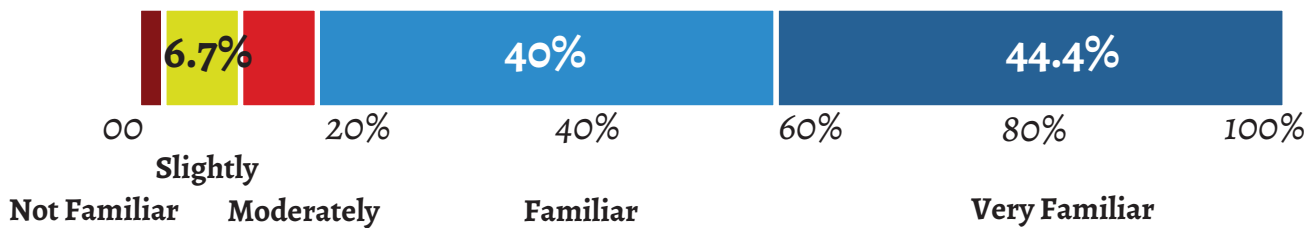
How familiar are you with Naloxone?

As a result of the training, the attendees had a significant improvement on declaring they were familiar with Naloxone, with approximately 50% of the attendees saying they were “familiar” (23.1%) or “very familiar” (30.8%) in the pre-test to over 80% of the participants stating they were familiar (40%) or very familiar (44.4%) with Naloxone in the post-test. The percentage who stated they were “not familiar” in the pre-test (12.8%) was significantly reduced to 2.2% out of all attendees.

Pre-test Respondents

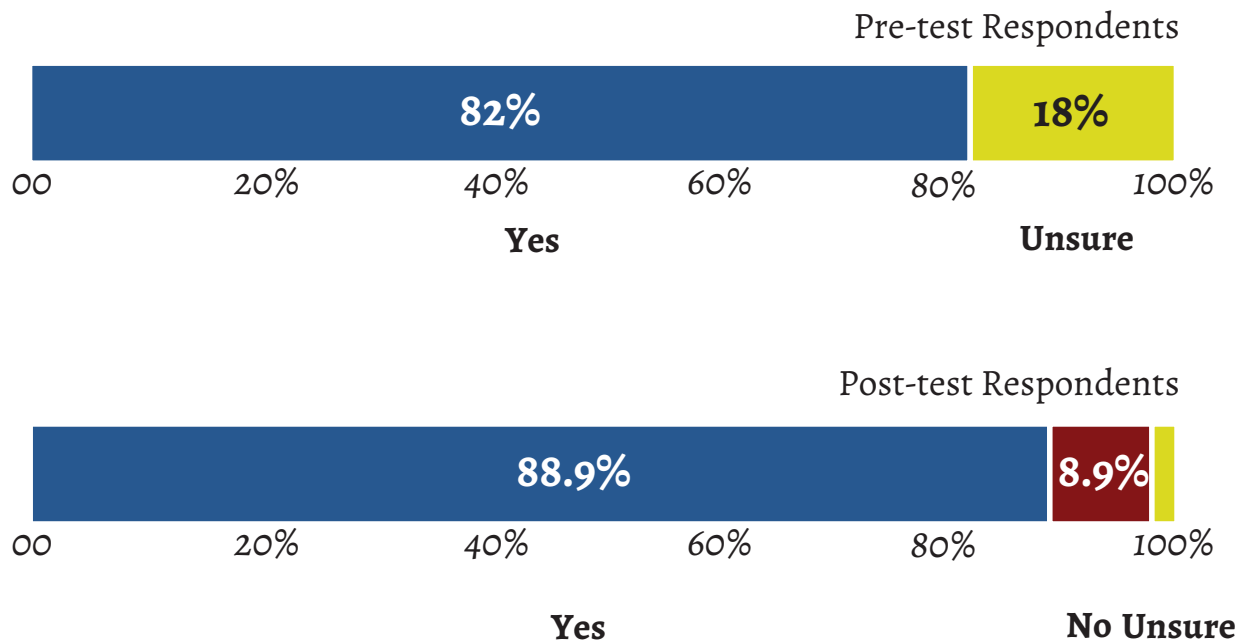


Post-test Respondents



Does your jurisdiction provide Naloxone as an overdose response?

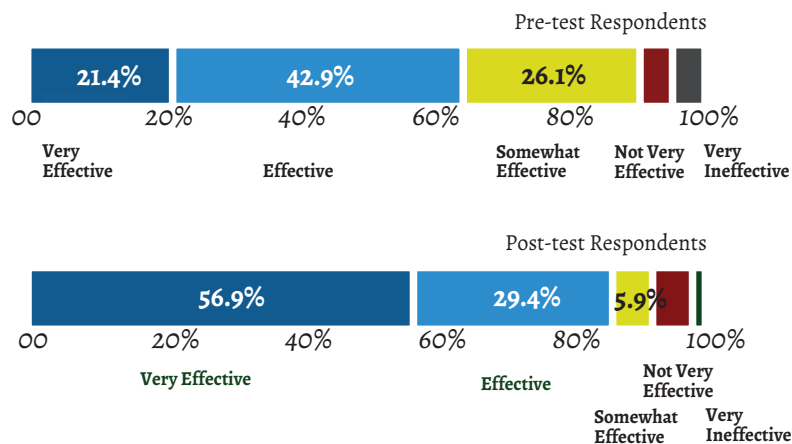
A significant percentage (82%) of the attendees in the pre-test indicated that their jurisdiction provides Naloxone as an overdose response. Interesting, there were 18% who indicated that they were unsure. None of the participants indicated they did not have Naloxone as a response in the pre-test. However, in the post-test, the “unsure” response was reduced and a number of the attendees (8.9%) said they did not have Naloxone as an overdose response. 2.2% in the post-test remained “unsure” of its availability in their jurisdiction.



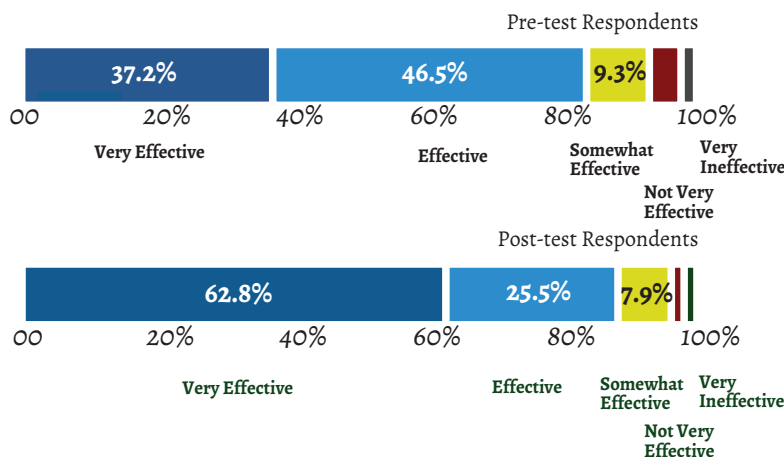
Please rate the effectiveness of the below medications in treating OUD among the justice-involved individuals.

Prior to the training, participants provided their opinion on the effectiveness of five types of medications used to treat an OUD (MOUD): Oral Naltrexone, Injectable Naltrexone, Methadone, Oral Buprenorphine, and Injectable Buprenorphine. They were again asked to rate the medications after the training. In the post-test questionnaire, the attendees rated the level of effectiveness for each type of MOUD higher following the training; a training that focused heavily on the science of MOUD. This change from the pre- to the post- test demonstrates a significant shift toward understanding that these substances are effective in treating OUD.

ORAL NALTREXONE

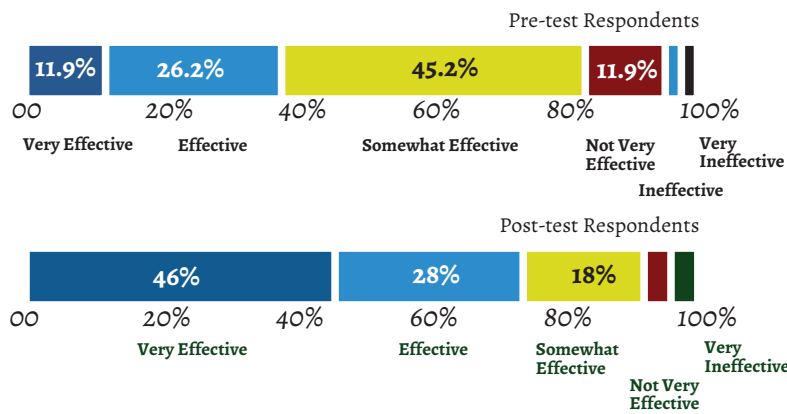


INJECTABLE NALTREXONE

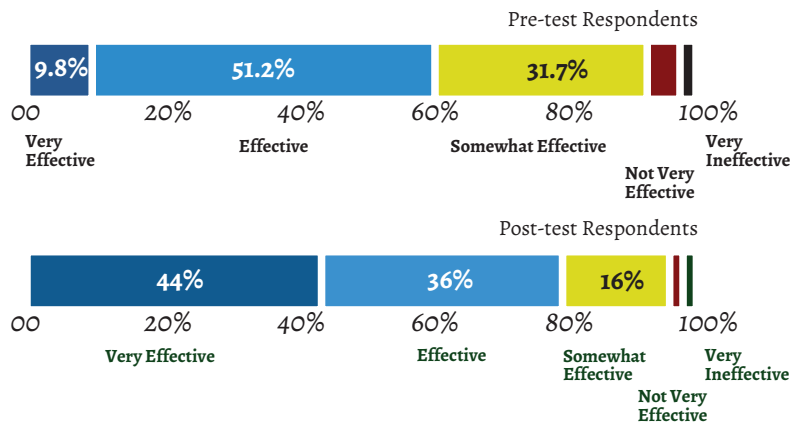


Oral Naltrexone considered as a “Very Effective” or “Effective” MOUD increased by 22%

METHADONE

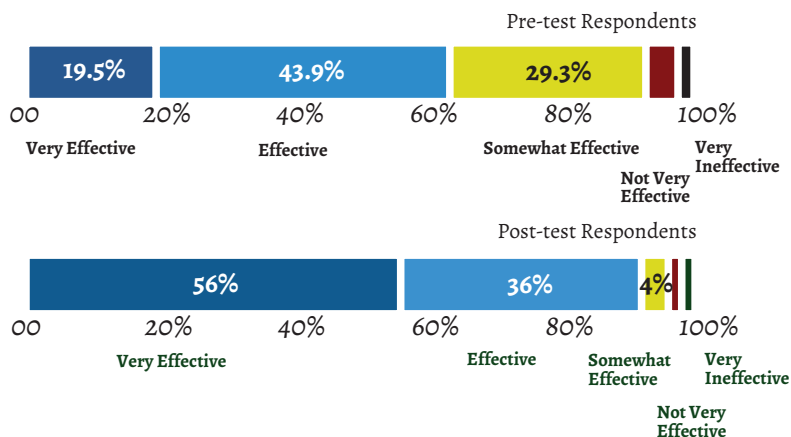


ORAL BUPRENORPHINE



Methadone considered as a “Very Effective” or “Effective” MOUD increased by 35.9%

INJECTABLE BUPRENORPHINE



CONCLUSION

In summary, this report presents an in-depth analysis of the outcomes stemming from a series of comprehensive training sessions dedicated to Medications for Opioid Use Disorder (MOUD). These training sessions were successfully conducted at three distinct locations, with the overarching goal of augmenting attendees' awareness of MOUD. The core focus of this analysis was drawn from the insights gleaned through the administration of pre- and post-questionnaires along with conversations with participating individuals.

The collected data strongly underscores a significant enhancement in attendee comprehension of Medications for Opioid Use Disorder (MOUD) across all three training sites. The initial disparities in knowledge levels among participants, pertaining to certain aspects of Opioid Use Disorder (OUD), were effectively addressed through these training programs.

TRAINING PRODUCES IMPROVED UNDERSTANDING OF MOUD

A prominent theme that emerged from attendee feedback was the revelation of inadequate familiarity with the signs and symptoms of Opioid Use Disorder (OUD) before the commencement of the training. Numerous participants conveyed that the training sessions played a pivotal role in rectifying this knowledge gap, leading to an improved grasp of the subject matter.

The impact of the training was evident through a range of observed improvements in participants' understanding, including:

- An almost twenty percent increase in the recognition of OUD as a disease.
- Heightened awareness of the safety of administering Naloxone during overdose situations.
- A significantly improved understanding of the implications of the American with Disabilities Act.
- A twofold increase in familiarity with substance use disorder (SUD) screening tools.
- A substantial rise in comprehension regarding the efficacy of medications for treating OUD.

The comprehensive analysis of the pre- and post-questionnaire responses provides compelling evidence attesting to a noteworthy advancement in attendees' knowledge concerning MOUD. The feedback from participants further reinforces the efficacy of these training sessions in bridging comprehension gaps related to OUD and its associated signs and symptoms.

A high percentage of participants concurred on the effectiveness of the instructors and the training itself. Moreover, they expressed their intent to apply the acquired content and skills in their current professional settings, underscoring the practical relevance of the training.

CONCLUSION, CONT.

It is noteworthy that attendees at each training site expressed the necessity for a leadership training program focused on this topic. Such a program could serve to advocate for programmatic changes among law enforcement and correctional leadership and medical staff.

THE NEED FOR ADDITIONAL TRAINING

The insights gained through this initiative highlight the need for further training efforts to better comprehend and address various facets of substance use disorders, addiction, and their implications. The identified areas for training encompass de-stigmatization strategies, the interplay between supervision and addiction, connections between mental health and substance misuse, and effective recognition of signs and symptoms of opioid use, depression, substance abuse, and suicide.

FROM THE TRAINING EVALUATIONS

After the training, the attendees were asked, among other things, to rate the faculty 1 to 5. With 5 as great. Here is how the faculty were scored:

5

out of 5

Cynthia Herriott

5

out of 5

Mack Jenkins

4.9

out of 5

William Morrone

4.5

out of 5

Geno Salomone

WHAT THE ATTENDEES SAID ABOUT THE TRAINING:

Very informative and great job!!!!!! Enjoyed the information that was given!!

The presenters were excellent. They were well prepared, knowledgeable and very engaging. Thanks again for sharing you heart and experiences!



CONCLUSION, CONT.

Finally, the identified need for training extends to diverse professional roles, including leadership, administrative staff, correctional personnel, law enforcement officers, medical staff in correctional settings, treatment personnel, and probation and parole supervisors. By addressing these educational gaps, we can collectively foster safer and more informed practices within the context of Opioid Use Disorder and related challenges.

THANK YOU

To conclude, we extend our gratitude to all participants who contributed to the success of these training sessions. We also wish to express our particular gratitude to Ms. Shelley Edgerton, LPC Program Director, Opioid/MAT Substance Treatment Programs, of the Louisiana Department of Corrections who contributed greatly to overall success of the training program.



THE JUSTICE SPEAKERS INSTITUTE



Judges, prosecutors, defense counsel, probation officers, law enforcement officers, psychologists, treatment providers, scientists, and other professionals stand ready to assist you.

THE AGREEMENT

This project was made possible through an agreement with the Justice Speakers Institute, LLC (JSI), and the Louisiana Department of Public Safety and Corrections.

The points of view expressed are those of the speakers and do not necessarily represent the official position or policies of the Louisiana Department of Public Safety and Corrections.



No part of this training or report may be reproduced in whole or in part without the permission of the Justice Speakers Institute, LLC. ©



LEARN MORE

JUSTICE SPEAKERS INSTITUTE

P.O. Box 20

Northville, MI 48167

Email: info@JusticeSpeakersInstitute.com

MEDICATIONS FOR OPIOID USE DISORDER TRAINING

*Final
Report*



Justice Speakers Institute
PROMOTING JUSTICE WORLDWIDE