

Best Practices for Supervision Individuals with Opioid Use Disorder: The Role of MOUD

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1

Opioid Use Disorder (OUD)

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2

Opioid Use Disorder (OUD)

- OUD is a mental health condition in which a pattern of use causes distress and or impairs daily life.
- Symptoms may be mild, moderate or severe
 - Two to three signs of symptoms = mild
 - Four to five = moderate
 - Six or more = severe
- Involves an overpowering drive to use opioids despite consequences.
- Is a chronic condition with potential consequences of: disability, overdose, relapse, and death.

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3

OUD vs Opioid Dependence

- Opioid dependence refers to the development of tolerance or withdrawal.
- Tolerance is needing higher doses to produce the same effect from the same dose over time.
- OUD is a pattern of opioid use that causes life problems or distress.
- Subject finds it difficult to adjust or eliminate use in response to problems caused by the drug.
- OUD may involve physical and psychological dependence.
- Psychological dependence occurs when the drug is so central to thoughts, emotions, and activities it use becomes a compulsion despite negative consequences.

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4

Factors Contributing to the Development of OUD

- Opioids effect on brain chemistry.
 - Opioids trigger reward centers in the brain
- Access and exposure to opioids.
 - The availability volume of prescription opioids
- Genetics and biology
 - Individuals with a first degree relative with OUD are more likely to develop it.
- Mental health and medical conditions
 - Research shows 50% with a mental health condition will also experience SUD (Substance Use Disorder)
- Adverse Childhood Experiences (ACEs)
 - ACEs are strongly related to the development of health issues including SUD

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5

The Intersection Between the Criminal Justice System and SUD (including OUD)

- An estimated 65% of the prison population has an active SUD. (Center on Addiction)
- An estimated 20% did not meet SUD criteria but were under the influence of substances at the time of their crime. (Center on Addiction)
- In addiction, justice Involved individuals:
 - Traffic drugs
 - Engage in criminal activity driven by SUD
 - Commit crimes for drugs
- Only 5% of individuals with OUD receive Medication Assisted Treatment (MAT). (National Academy of Sciences)


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6

Supervising Individuals with OUD

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7

Improving Supervision Outcomes for individuals with OUD- Key Themes

- Increasing Interagency Agency Coordination
- Ensuring Continuity of Care and Identification of Treatment Needs
- Increasing Treatment Capacity
- Utilize Evidenced Based Supervision Practices

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8

Supervision Objectives

- Public safety
- Accountability
- Deter non-compliant behavior
- Detection and early intervention
- Serving as adjunct to treatment
 - Through a collaborative application of Risk Need Responsivity Model (RNR)
- Supporting sobriety and eventual recovery

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9

Research Supported Practices for Supervision (EBPs)

- Assess risk
- Enhance motivation
- Use positive reinforcement
- Target specific behaviors
- Teach new skills
- Use community resources
- Track outcomes

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10

Supervising Individuals who have Substance Use Disorder (SUD)

- Supervision as an element of case management.
- Involves an effort to proactively monitor the behavior and compliance of an individual with both criminogenic and clinical needs.
- A priority of supervision involves supporting treatment, attendance, and engagement, including the use of Medication Assisted Treatment (MAT) as necessary.
- Balanced Approach model
 - Achieves both enforcement and social work roles
 - Includes the "coach" role
 - Focuses on accountability and behavior change

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11

Components of Case Management

- Assessment
 - - Criminal risk/need, clinical
- Planning
 - - Case plan based on assessment
- Linkage
 - - Engagement with services based on case plan goals, direct service delivery
- Monitoring
 - - Proactively overseeing participant progress towards goals-supervision
- Advocacy
 - - Working in the best interest of the individual under supervision

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12

Supervision Model

- Supervision as a “behavioral intervention” for the justice involved.
- Focus is accountability and behavior change.
- **Balanced Approach model**
 - Balances both enforcement and social work/therapeutic roles
 - Includes the “coach” role/engagement
 - Focuses on accountability and behavior change

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13

Supervision-Treatment Relationship

- On going communication (attendance, progress, treatment engagement)
- Knowledge of frequency of and schedule of MAT doses
- Collaboration on criminogenic and clinical intervention/treatment goals

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14

Applying Risk Needs and Responsivity (RNR)

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15

Risk Need Responsivity Principles

- Risk Principles
 - Match the level of service to the individual
- Need Principle
 - Assess criminogenic needs and address in treatment. Criminogenic need is different than clinical diagnosis but there may be a relationship
- Responsibility Principle
 - Maximize success of rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to learning style, motivation, and abilities and strengths of the individual.

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16

Risk Factors Associated with Recidivism

Static risk factors

- Criminal history (# of arrests, convictions)
- Current charge
- Age at first arrest
- Current age
- Gender

Dynamic risk factors

- Anti-social attitudes
- Anti-social friends and peers
- Anti-social personality
- Substance use
- Family and or marital factors
- Poor employment history
- Lack of prosocial leisure activities

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17

Responsivity Factors

- Homelessness/housing stability
- Unemployment/unstable employment
- Employability/work history/job skills
- Poverty
- Literacy
- Health (physical/mental)

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18

Addressing Responsivity Needs

- Responsivity factors should be addressed in the supervision case plan
- Research shows the order in which the factors are addressed is critical:
 - General responsivity factors (homelessness, detox, withdrawal symptoms, mental illness symptoms).
 - Criminogenic (cause recidivism-criminal thinking, criminal associates, antisocial values).
 - Maintenance needs (do not cause crime but must be addressed, unemployment, lack of job skills, literacy, poverty, undereducated).
 - Restorative needs (restitution, community services, other financial obligations).

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19

Additional Supervision Factors to Consider

- Individuals with OUD:
 - Criminality (risk to recidivate) may range from low to high.
 - May have a history of unsuccessful attempts to control use.
 - Have challenges fulfilling responsibilities at work, school or at home, as a result than use.
 - At greater risk blood born infections through shared injection equipment.
 - Opioid overdose
 - Suicide

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20

Treatment for OUD

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21

Intervention Approach

- Effective treatment of OUD requires a comprehensive approach beyond counseling and detoxification with no follow up.
- Treatment should be individualized and based on screening, assessment, and diagnosis.
- For CJ populations, a treatment should begin during incarceration and be sustained after release in community treatment programs.
- Treatment interventions include:
 - Outpatient therapy/counseling
 - Intensive outpatient treatment
 - Short term residential
 - Long-term therapeutic communities

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Medication Assisted Treatment (MAT)

- Part of the criminal justice evolution. (Not reform)
- An evidenced based response in the medical model of addiction. (Severe Substance Use Disorder)
- A Definition:
 - "Medication-assisted treatment is the use of FDA approved medications. In combination with counseling and behavioral therapies, to provide a 'whole person' approach to the treatment of substance use disorders." (SAMSHA)

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23

Medication Assisted Treatment (MAT)

- Approved MAT medications:
 - Methadone-blocks symptoms of withdrawal, reduces cravings
 - Buprenorphine-blocks opioid withdrawal, reduces opioid cravings
 - Naltrexone-non-narcotic non-addictive opioid antagonist that blocks euphoric and sedative effects.
- Studies show MAT has been associated with:
 - Decreased opioid use
 - Reduced opioid related overdose deaths
 - Reduced infectious disease transmissions
 - Reduced criminal activity
 - Increased social function and treatment retention

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24

Supervision Case Plan Using the RNR Model

- Supervision level commensurate with assessed risk.
- Identify and target criminogenic factors.
 - i.e. criminal thinking - cognitive behavioral interventions
- Clinical needs identified and addressed.
 - SUD treatment including MAT
- Utilize an incentive and sanctions matrix.
- Random drug testing
 - Deter use
 - Detect new use
 - Support sobriety

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25

Key Tools

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26

Supervision Tools- Core Correctional Practices

- Core Correctional Practices are skills/interventions designed to enhance the therapeutic potential in a relationship between a person under supervision and the supervision officer.
 - Effective use of authority
 - Prosocial modeling
 - Effective reinforcement and approval
 - Effective disapproval
 - Problem solving
 - Relationship skills
 - Structured skill building

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27

Competencies for Supervision Officers

- To effectively engage with and supervise individuals with SUD, including OUD, suggested competencies include the knowledge of:
 - SUD including OUD
 - Trauma and its impact
 - Pharmacology
 - Stages of change
 - An overview of MAT
 - General treatment approaches
 - Relapse and relapse prevention
 - Motivational interviewing skills
 - Field safety skills
 - Working with treatment/clinicians

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28

Competencies for Supervision Officers

- Other competencies include:
 - Trauma and its impact
 - Pharmacology
 - Stages of change
 - An overview of MAT
 - General treatment approaches
 - Relapse and relapse prevention
 - Motivational interviewing skills
 - Field safety skills
 - Working with treatment/clinicians

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29

Summary

- Effective supervision of individuals with OUD involves the following:
 - A "continuum of care" ideally starting with treatment (including MAT) during any period of incarceration.
 - A "warm handoff" to community supervision with an assessment driven case plan prioritizing continued engagement with MAT and compressive supportive services.
 - Application of the RNR model, addressing criminogenic, and clinical needs along with responsivity factors.
 - A "Balanced Approach" case management model of supervision focused on accountability, behavior change, and supporting treatment engagement.

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30

Thank you

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31