



**Justice Speakers Institute**  
PROMOTING JUSTICE WORLDWIDE

# INCORPORATING MOUD TREATMENT INTO COMMUNITY SUPERVISION

FOR CORRECTIONAL AGENCIES,  
PROBATION OFFICERS, AND PAROLE  
AGENTS

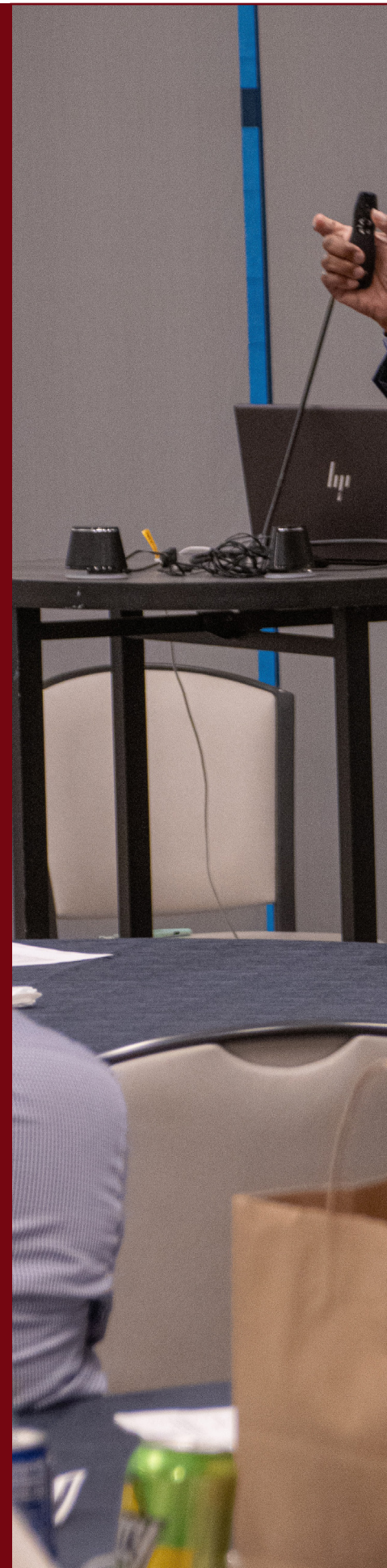
*Training held for APPA on February 26,  
2024*

**FINAL REPORT**

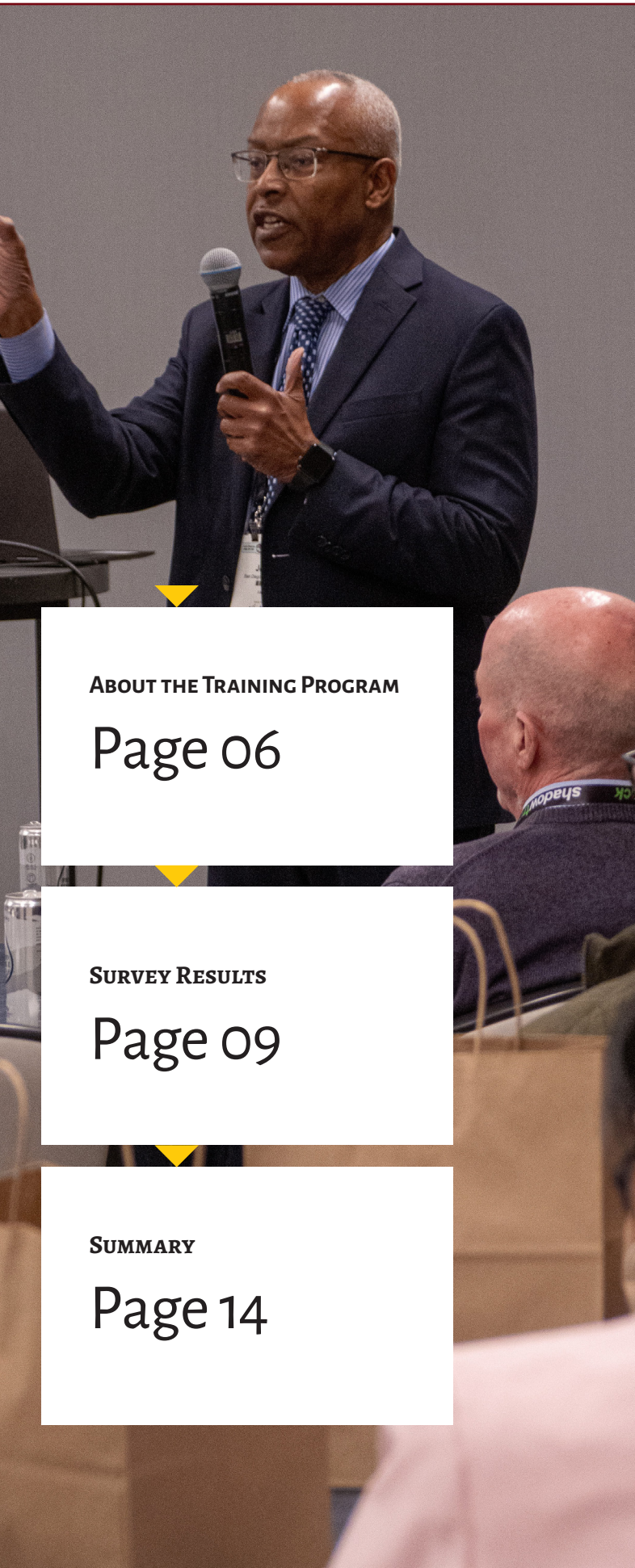
# INCORPORATING MOUD TREATMENT INTO COMMUNITY SUPERVISION - FINAL REPORT

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## Training

# I. OVERVIEW



There has long been a relationship between substance use and criminal justice involvement; and, consequently, overdose deaths from opioids among individuals under supervision have been disproportionately higher than those in the general population. Individuals under community supervision are at higher risk of overdose - particularly when released from custody.

The Justice Speakers Institute (JSI), in collaboration with the American Probation and Parole Association, and supported by Indivior, presented an opportunity for community supervision agencies to acquire additional knowledge on how to better supervise individuals with an Opioid Use Disorder (OUD) and/or other Substance Use Disorder (SUD).

## II. ABOUT JSI

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 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](http://www.JusticeSpeakersInstitute.com).







CHIEF CYNTHIA  
HERRIOTT (RET.)



CHIEF MACK JENKINS  
(RET.)



DR. WILLIAM  
MORRONE



JUDGE GENO  
SALOMONE (RET.)

### III. ABOUT THE SPEAKERS

The presenters for the one-half day training program consisted of a former Chief of Police, a retired Chief Probation Officer, a Medical Doctor, and a retired Judge.

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

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

# INCORPORATING MOUD TREATMENT INTO COMMUNITY SUPERVISION

## IV. ABOUT THE TRAINING

The Justice Speakers Institute (JSI), in collaboration with the American Probation and Parole Association (APPA) and Indivior, presented a half-day training to justice professionals about Opioid Use Disorder (OUD) and Medications for Opioid Use Disorder (MOUD) at the APPA Winter Training Institute in Seattle, Washington. The training utilized a collaborative learning model where attendees learned from a team

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

The training also included a session about Nalmefene and Naloxone; medications used to rapidly reverse an opioid overdose. These are critical tools in the fight against the opioid epidemic and have saved countless lives. The session focused on how these medications work and how to administer them. During the training program, attendees learned about the Americans with Disabilities Act (ADA) and its impact on 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. Finally, the training touched on the broader topic of Substance Use Disorder (SUD).







### **THE TRAINING AGENDA**

The half-day training session for probation and parole officers, and others, was held in order to increase the knowledge around OUDs and other SUDs. The agenda for the training is shown on page 8.

### **PRE AND POST QUESTIONNAIRE**

Attendees completed a survey of 15 questions prior to and after the training to determine if the training impacted the attendees' understanding of OUD and MOUD. This report provides a summary of the results of those questionnaires.

### **RESPONDING ATTENDEES**

On the survey, attendees were broken down into different professions: Probation Officers, Parole Agents, Corrections Officers, Law Enforcement, and "other."

Of the 78 attendees, 46 completed the pre-training survey with 36 completing the post-training questionnaire. The most prevalent profession was probation officer, with approximately 1/3 of those who listed professions in director or manager positions. Mental Health professionals in the *other* category were the next largest group with half of those indicating a director or managerial position. Technical assistance was the third largest group. The "other" category also included a court manager, a consultant, a senior secretary and supervisors from a Recovery Home.

### **LIMITATIONS**

Because the questionnaire responses were anonymous, it is important to recognize that those who responded to the pre-questionnaire may not be the same as those who responded in the post-questionnaire.

This difference in response rates prompts a cautionary note. It is important to acknowledge that the observed changes in perception, discussed below, may not comprehensively capture all of the alterations due to the possibility that some attendees did not respond to both questionnaires.

## PROGRAM AGENDA

12:30 — 12:40

### Welcome and Introductions

**CHIEF MACK JENKINS (RET.) / SCOTT BELL**

12:40 — 2:10

### Opioid Use Disorders, Brain Chemistry, Identification of Signs and Symptoms

AND

### Identification of the Types of MOUD Substances and Their Effects, Including Methods of Use

**DR. WILLIAM MORRONE**

2:10 — 2:20

### BREAK

2:20 — 3:05

### Americans Disability Act & Medications for Opioid Use Disorders

**JUDGE GENO SALOMONE (RET.)**

3:05 — 3:50

### The Life Saving Benefits of Nalmefene and Naloxone in Reversing Opioid Overdoses

**DR. WILLIAM MORRONE / CHIEF CYNTHIA HERRIOTT (RET.)**

3:50 — 4:30

### Best Practices in Supervising Individuals with Opioid Use Disorder: The Role of MOUD

**CHIEF MACK JENKINS (RET.)**





## Training Insights

# V. SURVEY RESULTS

### INTRODUCTION TO SURVEY RESULTS

This report summarizes the key findings of the evaluations. The purpose of the evaluation was to assess the impact of the training on the attendees' perceptions and knowledge related to various aspects of MOUD. The training aimed to enhance attendees' understanding of SUD, MOUD, and their impact on community supervision outcomes.

### SUMMARY OF THE SURVEY RESULTS

One of the survey questions asked: *How familiar are you with MOUD?* The possible answers were: Very Familiar, Familiar, Moderately Familiar, Slightly Familiar and Not Familiar.

- In the pre-training survey, none of the attendees (0%) were very familiar, and only 14% were familiar with MOUD. Twenty-six percent were moderately familiar, and more than 2/3 of the attendees (64%) indicated they were either not at all or only slightly familiar with the medications used to address an OUD.
- After the training, over half of the attendees indicated that they were now either very familiar (21%) or familiar (30%) with the different medications. Thirty-six percent said they were moderately familiar with another 12% stating they were slightly familiar. None (0%) said they were not familiar in post-training responses.

## AFTER THE TRAINING PROGRAM

PERCENTAGE INCREASE:

RECOGNITION THAT AN OUD COMES UNDER THE ADA

+86%



RECOGNITION THAT MOUD REDUCES CRAVINGS

+36%



RECOGNITION THAT SUD IS A CHRONIC DISEASE

+26%

Another question asked: *How familiar are you with OUD*, with similar potential answers as the previous question.

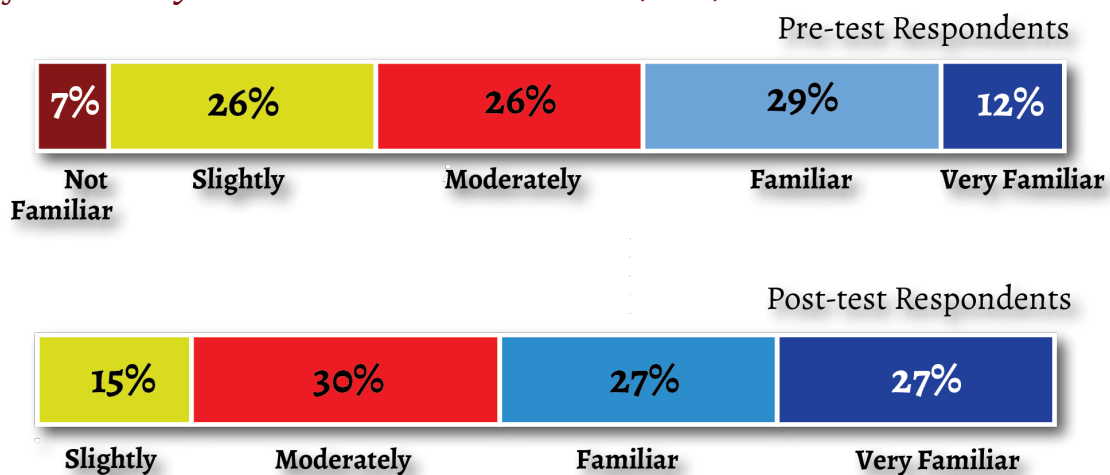
- In the pre-training survey, only about a quarter of the attendees were either very familiar (7%) or familiar (18%) with the disease of OUD. Another 22% said they were moderately familiar, which meant that over half (53%) of the attendees indicated they were not at all or only slightly familiar with the disease.
- After the training, over half of the attendees indicated that they were now either very familiar (33%) or familiar (27%) with OUD. Slightly more than a quarter (27%) said they were moderately familiar. None (0%) of the attendees said they were not familiar in post-training responses.

A third question asked: *How familiar are you with SUD?*

- In the pre-training survey, 41% indicated that they were very familiar or familiar with SUDs, another 26% were moderately familiar, with 33% indicating they were slightly familiar or not at all familiar.



### *How familiar are you with Substance Use Disorder (SUD)?*





60%

AFTER THE TRAINING, OVER HALF OF THE ATTENDEES INDICATED THAT THEY WERE NOW EITHER VERY FAMILIAR (33%) OR FAMILIAR (27%) WITH OUD



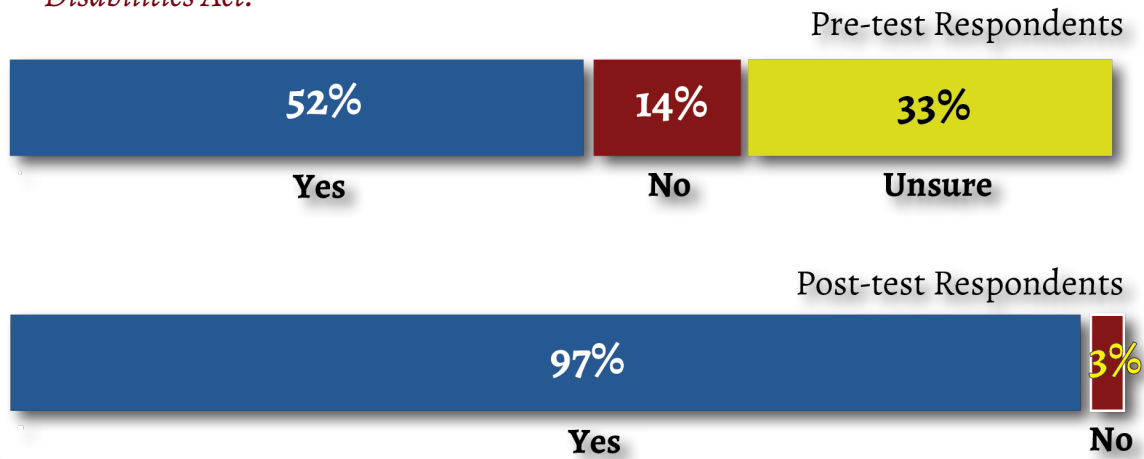
- After the training, over half of the attendees indicated that they were now either very (27%) or familiar (27%) with SUD. Approximately one-third (30%) said they were moderately familiar, while 15% stated they were slightly familiar. None (0%) of the attendees reported being unfamiliar.

*How familiar are you with administering Nalmefene Nasal Spray/ Naloxone was another question asked in the survey.*

- In the pre-training survey, less than 40% indicated that they were very familiar or familiar with Nalmefene and Naloxone. Twenty-four percent indicated that they were only moderately familiar, while 37% were either slightly familiar or not at all familiar.
- After the training, almost six out of ten attendees indicated that they were now either very familiar (24%) or familiar (33%) with Nalmefene and Naloxone. Thirty percent said they were moderately familiar, nine percent said they were slightly familiar, and only one percent said they were not familiar.

The attendees were asked about their: *Familiarity with best practices associated with supervising individuals with SUI/ OUD.* The possible answers were Not Familiar, Slightly Familiar, Moderately Familiar, Familiar, and Very Familiar.

*Is an Opioid Use Disorder (OUD) considered a disability under the American with Disabilities Act?*



- In the pre-training survey, only 37% of the attendees indicated that they were very familiar or familiar with SUD/OUD best practices. Thirty-two percent indicated that they were only moderately familiar, while 47% were either slightly familiar or not at all familiar.
- After the training, more than half of the attendees (54%) indicated that they were now either very familiar or familiar with best practices. Thirty-nine percent said they were moderately familiar, while another 6% said they were slightly familiar. None of the attendees (0%) reported being unfamiliar in their post-training responses.

Another question asked was: *Is an OUD considered a disability under the American with Disabilities Act?* The possible answers were yes, no, or unsure.

- In the pre-training survey, just over half of the attendees (52%) understood OUD qualified as a disability under the ADA. After the training, almost everyone (97%) understood it qualified as a disability.

Regarding MOUD, the attendees were asked if it is: *Appropriate to make participation in a Medication Opioid use Disorder MOUD program as a requirement of supervision?*

- In the pre-training survey, slightly more than one-fourth of the attendees (29%) understood MOUD should be mandated as part of supervision. After the training, the number of attendees who responded that it should be mandated more than doubled to 64%.

The attendees were also asked: *Is OUD a chronic disease.* Yes, no, or unsure were the possible answers.

- In the pre-training survey, only about three-fourths of the attendees (79%) recognized OUD was a chronic disease.





After the training, everyone (100%) understood it was.

*Does OUD Impact the brain's function?* This was another question asked, with the possible answers being yes, no, or unsure.

- In the pre-training survey, most but not all of the attendees (93%) understood OUD impacts the brain. After the training, everyone (100%) understood it does.

The question: *Does MOUD treatment work the same way as alcohol antagonists?* Again, the possible answers were yes, no, or unsure.

- In the pre-training survey, just over one-fourth of the attendees (29%) understood MOUD treatment works the same way as alcohol antagonists. After the training, almost three-fourths (69%) of the attendees understood that it does.

Another question the attendees were asked was: *Does MOUD treatment reduce cravings?* Yes, no, or unsure were the possible answers.

- In the pre-training survey, a majority of the attendees (69%) understood MOUD reduces drug cravings. After the training, almost all of the attendees (94%) understood that it does.

With the answers of yes, no, or unsure, another question asked was: *Can MOUD treatment improve criminal justice outcomes?*



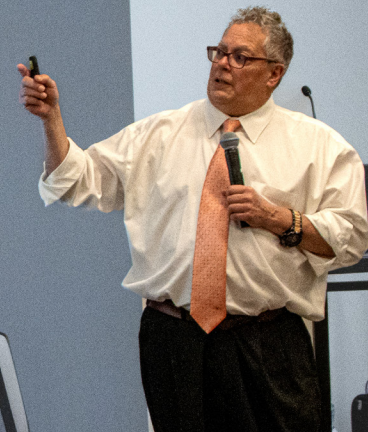
## Nalmefene – Clinical Pharmacology

- Nalmefene prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension.
- Nalmefene is an essentially pure opioid antagonist, i.e., it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists.
- Nalmefene has not been shown to produce tolerance or cause physical or psychological dependence.
- Nalmefene time to onset of reversal of respiratory depression was 2.5 to 5 minutes, and full recovery was demonstrated as early as 5 minutes.



Justice Speakers Institute

MEDICATIONS FOR OPIOID USE DISORDER TRAINING



- In the pre-training survey, only 7% of the attendees did not know that MOUD improved criminal justice outcomes. After the training, only one individual did not understand that it does.

## VI. SUMMARY

In summary, this report provides an in-depth analysis of the outcomes resulting from the half-day training at the APPA Winter Training Institute. The objective of this training was to enhance the participants' understanding of MOUD, and the questionnaire responses confirm that the objective was achieved. The



analysis primarily focuses on data collected from pre- and post-training questionnaires, as well as discussions held during the session.

The data from the questionnaire reveals a notable improvement in participants' understanding of Medications for Opioid Use Disorder (MOUD). Thus, this training effectively addressed the initial disparities in knowledge levels among attendees regarding various aspects of Opioid Use Disorder (OUD).

A prominent theme that emerged from attendee feedback was the recognition of insufficient familiarity with MOUD prior to the training. None of the attendees responded to the pre-training questionnaire by indicating that they were very familiar with MOUD, while almost two-thirds stating that they were either only slightly familiar or not at all familiar. The training resulted in a significant change in understanding, with post-training responses showing that over 50% of those attending stated they were very familiar or familiar with MOUD, and no one indicating that they were now unfamiliar with it.

The training's impact was evident through various improvements observed in participants' comprehension, including:



- A substantial increase in a familiarity with MOUD.
- A corresponding increase in an understanding of SUD.
- Heightened awareness regarding the safety of administering Nalmefene and Naloxone during overdose situations.
- A significantly enhanced understanding of the implications of the Americans with Disabilities Act on individuals with OUD and the agencies responsible for their supervision, particularly in regard to a denial of MOUD.
- A more than twenty percent rise in the recognition of OUD as a disease.
- Substantial improvement in comprehension regarding the efficacy of medications for treating Opioid Use Disorder (OUD).



Based on the responses received, attendees conveyed that the training sessions significantly contributed to bridging their knowledge gap, resulting in a better understanding of the subject matter. This feedback indicates that these training sessions effectively closed comprehension gaps related to OUD and its associated signs and symptoms.

A high percentage of attendees agreed on the effectiveness of both the instructor and the training itself. Furthermore, they expressed their intention to apply the acquired content and skills in their current professional settings, highlighting the practical relevance of the training

It is noteworthy that one attendee in a leadership position expressed the need for a follow-up meeting to review their organization’s approach to supervising individuals suffering from SUD/ODU

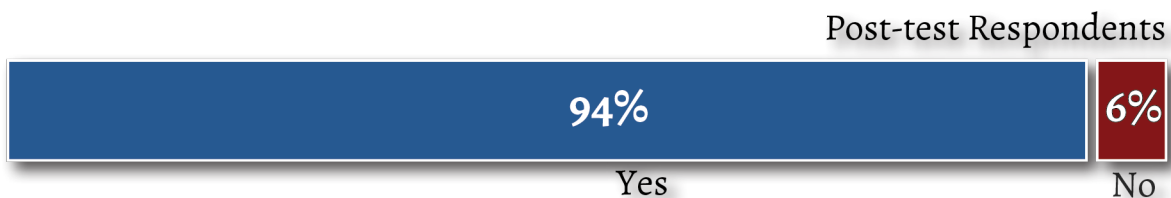
The insights gained through this initiative highlight the need for further training efforts to better comprehend and address various facets of MOUD, OUD/SUD, addiction, and their implications for those who work in the area of criminal justice



community supervision. The identified areas for additional training include more presentations on the impact of the ADA on supervision program operations, the interplay between supervision and MOUD, connections between mental health and substance misuse, and the effective use of Nalmefene and Naloxone.

Finally, there is a need for training that extends to diverse professional roles, including leadership, probation and parole supervisors, community supervision, correctional personnel, law enforcement officers and treatment personnel. By addressing these educational gaps, we can collectively foster safer and more informed practices within the context of OUD and related challenges.

*Does MOUD treatment reduce cravings?*





*THE INSIGHTS  
GAINED THROUGH  
THIS INITIATIVE  
HIGHLIGHT THE  
NEED FOR FURTHER  
TRAINING EFFORTS  
TO BETTER  
COMPREHEND AND  
ADDRESS VARIOUS  
FACETS OF MOUD,  
OUD/SUD,  
ADDICTION . . .*



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## VII. CONCLUSION

To conclude, we extend our gratitude to all participants who contributed to the success of this training institute. We also wish to express our particular gratitude to Ms. Veronica Cunningham, Executive Director of the APPA, Ms. Delores M. Johnson, Project Coordinator for the APPA and Mr. Scott Bell, Associate Director, Healthcare Ecosystems Indivior Inc.

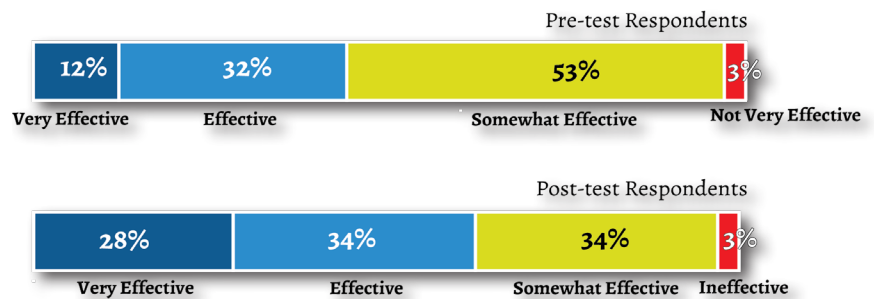


## VIII. APPENDIX A - MOUD

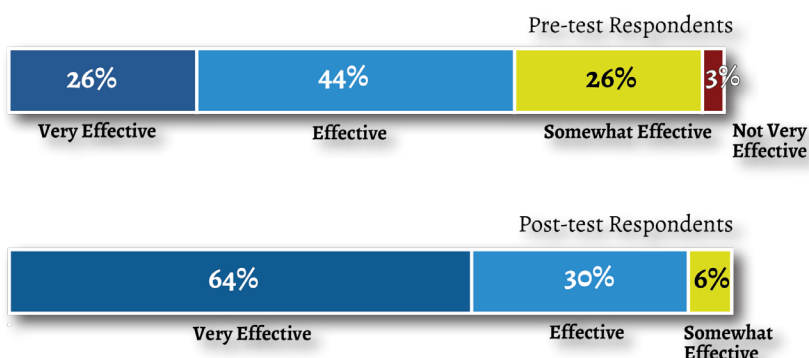
Prior to the training, participants provided their opinion on the effectiveness of six types of medications used to treat an OUD (MOUD): Oral Naltrexone, Injectable Naltrexone, Methadone, Oral Buprenorphine, Injectable Buprenorphine, and Naloxone/Nalmefene Nasal Spray. They were again asked to rate the 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.

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

### ORAL NALTREXONE



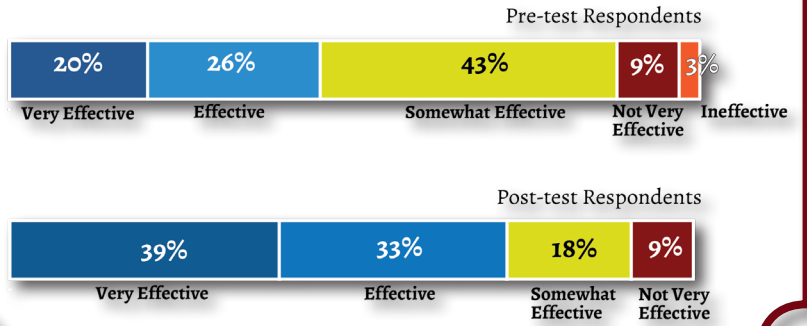
### INJECTABLE NALTREXONE



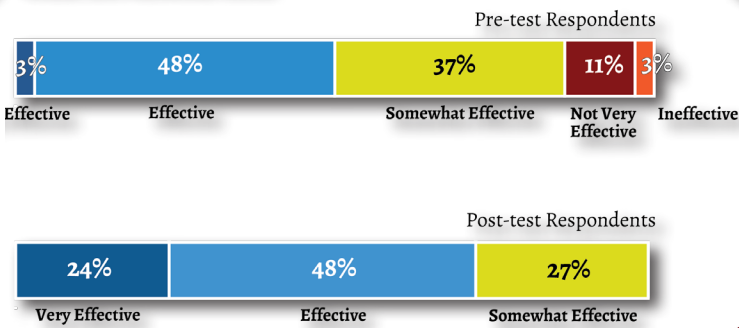
*Injectable Naltrexone considered as a "Very Effective" MOUD increased by 146%.*



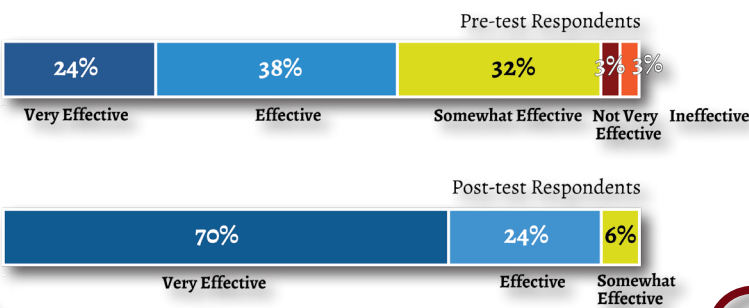
**METHADONE**



**ORAL BUPRENORPHINE**

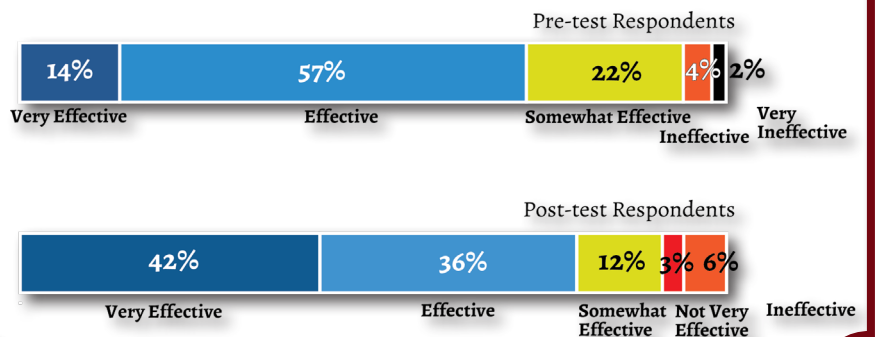


**INJECTABLE BUPRENORPHINE**



*Naloxone / Nalmefene Nasal Spray considered as a "Very Effective" MOUD increased by 200%*

**NALOXONE / NALMEFENE NASAL SPRAY**



# IX. APPENDIX B - JSI SPEAKERS & TRAINING EVALUATIONS

## 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:*

**4.29**  
out of 5

Cynthia Herriott

**4.62**  
out of 5

Mack Jenkins

**4.79**  
out of 5

William Morrone

**4.71**  
out of 5

Geno Salomone

### **WHAT THE ATTENDEES SAID ABOUT THE TRAINING:**

**Fabulous training, learned a lot.**

**Very informative and presenters are very knowledgeable.**

**Great information! Need more time.**

**Great training.**

**When asked about the Training Objectives and if they were defined, 100% said they either Strongly Agreed (85%) or Somewhat Agreed (15%) that the objectives were defined beforehand.**

**When asked if the Training Objectives were met, 100% said they either Strongly Agreed (79%) or Somewhat Agreed (21%) that the objectives were met through the training program.**

## The Agreement



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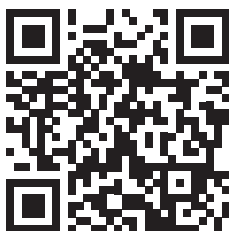
This project was made possible through an agreement with the Justice Speakers Institute, LLC (JSI), and the American Probation and Parole Association.

The points of view expressed are those of the speakers and do not necessarily represent the official position or policies of the American Probation and Parole Association.

This training session was sponsored by Indivior.



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