MASSACHUSETTS
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Opioid Treatment Program
Training & Technical Assistance Center

Expanding Access to Medications for Opioid Use Disorder (MOUD) in Jails and Prisons:

Implementation Strategies

Assistant Superintendent Jason W. Faro, BS, MS

June 17, 2026

Housekeeping

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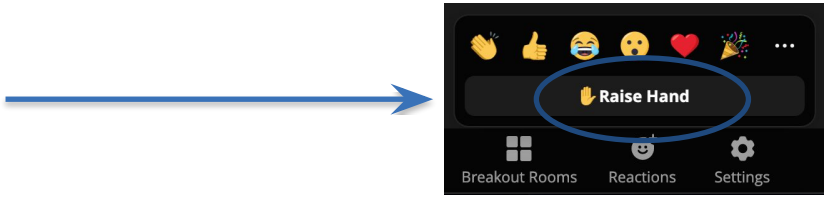

- Use the chat to submit questions for speakers, panelists, and our TTA team

- We are recording today's session

Session Reminders

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Today's Presenter

MASSACHUSETTS
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Opioid Treatment Program
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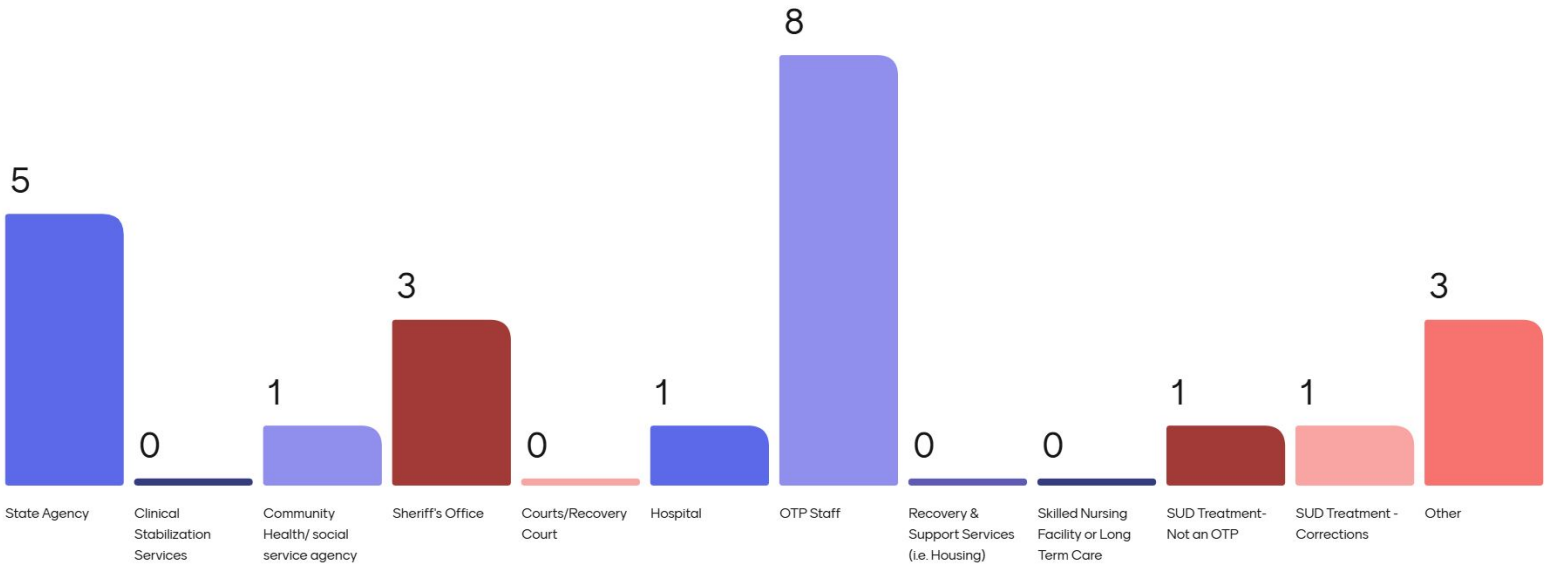
Jason W. Faro
Assistant Superintendent IV
Director of Specialized Re-Entry Services

Session Objectives

1. Highlight steps involved to increase access to medications for opioid use disorder (MOUD).
2. Describe ways MOUD program implementation is influenced by policy and state requirements.
3. Name common challenges and suggested strategies applied to address barriers.

Menti

Which of the following best describes your organization or primary work setting?



November 2018
Essex County Sheriff's Department (ECSD)

Pesce (Inmate) v. Coppinger (Sheriff Kevin F. Coppinger)

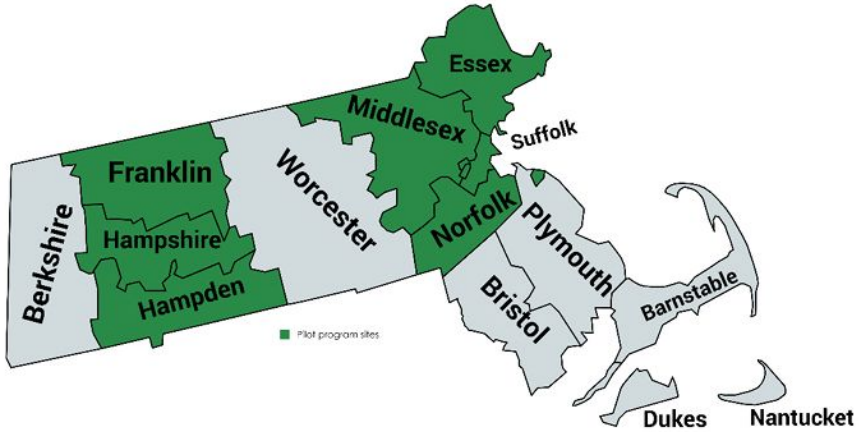
"Pesce" was in sustained remission from opioid use disorder (OUD) for two years with the help of methadone treatment program.

- Alleged ECSD policy to detox from methadone violated the Americans with Disabilities Act (ADA)*
- Alleged cruel & unusual punishment
- Alleged deliberate indifference

*OUD is a disability under the ADA, which requires that jails and prisons maintain the medications of individuals in treatment for their OUD.

MOUD Pilot Program 2018

Sheriff Departments (7) and
The Department of Correction



Key Considerations

- Acknowledge and address powerful stigma with corrections.
- Avoid a "blind dive"
  Ensure thorough due diligence.
- Prioritize litigation awareness and adherence to best practices.
- Take ownership by creating our own solutions.
- Influence the process and make sure our voice is heard.

Introduction of Naltrexone/Vivitrol

- Bureau of Substance Addiction Services (BSAS)
- Followed the Department of Corrections Model
- Treated 15 - 20 individuals per month

DPH
Bureau of Substance Addiction Services

Combating Overdose Related Deaths

- Commonwealth of Massachusetts CARE Act Legislation, 2018
- Legislation was in response to overdose related deaths
- 2,013 Opioid Related Overdose Deaths 2018
- Mandating a corrections base response through best practice.

Investigating MOUD Programs

- Don’t Recreate the Wheel!!
- Reach Out
- Visit
- Access existing resources
    - Rhode Island & California

The Essex Model

What Does Patient Volume Look Like?

- Bring medication in from outside Vs Administering medication inside
- What worked for Essex County & why?
    - Partnering with an outside vendor who specialized in OTP's and MOUD.

Challenges

Correctional Culture & MOUD

Preconceived Ideas

- Facility will be filled with opiates
- Anyone can get on the program
- We can't terminate treatment
- Constant diversions
- Education
- MOUD is a controlled and managed treatment delivery
- Sharing Information
- Engage staff in the process
- Create a clear & consistent patient admission criteria
- Explaining the 'WHY'

Outside Agencies

- Community OTP in a Correctional setting…
  differences
- Regulatory oversight
- Building the relationships
- Integrating:
  - Regulations
  - Security
  - All Interests

Movement & Classification

- Equal access to treatment
- DPH treatment requirements

Knowing What You Don't Know!

- Partnering with industry experts
- Understanding patient volume
- Accessing independent licensing
- Benefits
- Relationship building and guidance
  - Bureau of Substance Abuse Services
  - Department of Public Health
  - State Pharmacy
  - Drug Enforcement Administration
  - Substance Abuse and Mental Health Services Administration
- Challenges
- Is seeking independent licensing for us?

1 Acquire OTP Certification

2 Partner with existing OTPs to provide onsite treatment

3 Partner with existing OTP to provide off site treatment or transports meds daily

Implementation

Understanding your Population and Scope of Need

- How many diagnosed with an opioid use disorder and may require treatment?
- How many could potentially access induction?
- How many at intake will require maintenance of treatment?

Study

250 individuals screened for Opioid Use Disorder (~20% of population)

Instrument

DSM-5

Findings

27% of the screened population identified as scoring from moderate to severe

Projected number of individuals eligible for treatment:

300-325

Identity & Philosophy

- Delivering a medical program within a correctional framework
- Partnering and adhering to DPH standards to reduce liability and maintain high quality care
- Allow program to operate as medical based program with multidisciplinary input from other disciplines (Mental Health, Security)
- Remember “It’s a medical program” and should not be foundationally managed by security
- Staff education
    - Deconstructing myths
    - Legitimizing program

Determining Scope of Service

Physical Plant

- Model/Design
- Choosing space that satisfies needs of:
  - Medical/Clinical
  - Security/DEA diversion
  - Facility movement and classification interests
  - Schedules (clinical, medical, groups, dosing)
- Staffing ratios
  - Clinical
  - Medical
  - Security

Determining Eligibility

Induction

- Sentenced inmate
- No less than 30 days from their parole eligible date, or 90 days from their release date
- Pre-screened for opioid use disorder diagnosis and program criteria
- Physical Exam to finalize program eligibility

Maintenance

- Last dose is verified through PDMP (for Buprenorphine)
- Community provider contacted to verify last dose of medication
- Admission U/A collected to determine treatment
- Order obtained from provider to continue dose while under the care of correctional OTP

Patient Experience

- First dose of medication is received
- Meeting with clinical department to complete Intake and Assessment
- Provider appointment to complete physical exam
- Orientation groups
- Continuation of care
- Treatment Groups
- Individual Sessions
- Case Management/Discharge Planning

Assessments

Clinical Assessments

- DSM-5 Checklist: to assess and diagnose OUD
- Biopsychosocial Assessment

Medical Assessments

- Health Assessment:
  physical examination conducted by MD/NP to evaluate all medical history
- Cardiac Risk Assessment:
  rule out any pre-existing cardiac risk factors that could be exacerbated by opioid dependence medications
- Clinical Opiate Withdrawal Scale (COWS):
  to assess opiate withdrawal symptoms
- Induction Phase Dose Evaluations:
  evaluate positive and negative symptoms starting on a new medication

Discharge Planning

Other services provided through the grant:

- Placement to long term treatment settings
  i.e. residential programs, sober homes, day programs, etc
- Department of Children and Family (DCF) supported community interventions and referrals
- Expanded aftercare services: mental health, housing, family restoration and additional referrals

Clinic Construction

- Decision to replicate a community clinic environment
- 1,600 ft of old print shop space
- Construction cost ≈ $800k
- Procurement process and design

Clinic Construction & Security

Physical Plant

- Construction and Procurement Process
- Patient flow
- Patient movement and scheduling/classifications
- Meeting needs of Medical, Clinical and Security

Security Considerations

- DEA consideration NO EXISTING BLUEPRINT
- Institutional interests and needs
  - Duress alarm system
  - Correctional staffing and training specific to MAT operations
  - Dispensary security elements
  - Motion Detection
  - CCTV/Archiving/IT
  - Door and window contacts
  - Access control Clinic/Dispensary
  - Key control
  - Inmate classifications
  - Alarm system and centralized monitoring
  - Safe considerations tilt and door alarms

Defining Medication Diversion

Diversion Elements

- Inmate does not place medication in mouth as directed by correctional/medical staff.
- Inmate voluntarily removes medication from mouth.
- A device to divert medication is discovered. Devices may include pieces of cloth, pen caps, cotton or any other foreign instrument used to divert medication.
- Medication is diverted as a direct result of attempts to distract, interfere, refuse staff instruction, or introduce devices. Reports should articulate event in detail and have necessary elements for termination hearing.
- Behavior presents risk and harm to others.

Images and Common Methods of Diversion

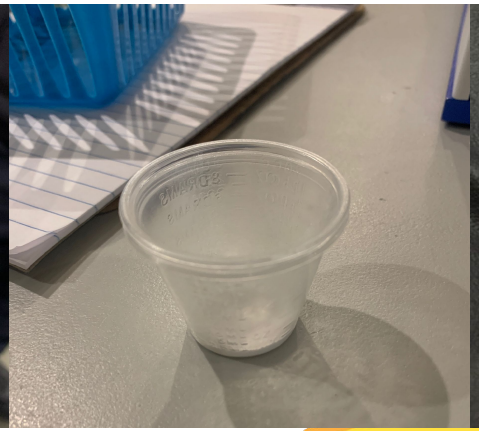
Examples of diversion methods include:

- Pen caps in mouth
- Cotton in mouth
- Tucked in gum line
- Spit in uniform pocket

Since 3/1/2020:

- OTP has administered roughly 278,000 doses of Buprenorphine and Methadone combined
- Roughly 400 intercepted






Due Process with Managing Diversions

Termination from Treatment

Program Developments

April 2023

- Essex County Sheriff's Department (ECSD) obtained their own independent OTP licensure

August of 2024

- ECSD expanded by building and licensing a medication unit at the Pre-Release Center that serves all of the pre-release facility with OTP services.

2024 - 2026: ECSD expanded treatment by:

- Increasing the maintenance and induction eligibility windows
- Introducing Brixadi (injectable buprenorphine) as an alternative medication option for OTP patients.
- Adding Medically Supervised Withdrawal (MSW) Services

2025 ECSD-OTP at a glance

Maintenance: *Allows for individuals who have been actively receiving MOUD prior to incarceration.*

Medically Supervised Withdraw (MSW): *Allows for individuals to be referred for OTP admission following completion of MSW protocol. Protocol is managed by medical/infirmary staff.*

Induction: *Allows for individuals to be screened for OTP admission 60-90 days prior to release.*

	Maintenance/MSW	Induction	Total
Middleton	704	84	788
ECPRC	0	17	17
WIT	18	4	22
TOTAL	**722**	**105**	**827**

References

Massachusetts Executive Office of Health and Human Services: 105 Commonwealth of Massachusetts Regulations (CMR) 164.00

Narcotic Treatment Manual: A Guide to Drug Enforcement Administration Narcotic Treatment Program Regulations. Rev. 2022

Substance Abuse Mental Health Services Administration (SAMHSA) Federal Guidelines for Opioid Treatment Programs. Rev. 2024

Title 42 Code of Federal Regulations

Thank you!

Questions?

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