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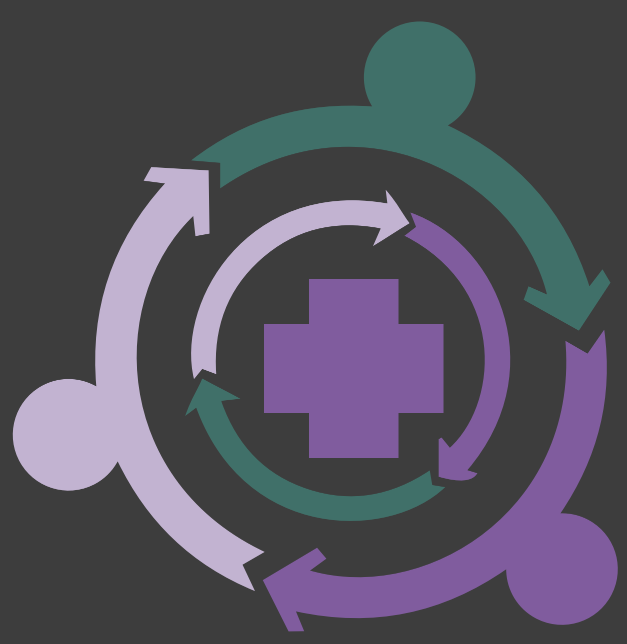
7 Best Practices for Using MOUD across the Cascade of Care in Criminal Legal Settings



The cascade of care is a framework that establishes a uniform treatment process ranging from screening to treatment discharge and can be used across various settings. The cascade of care framework can be used to understand and improve care for substance use disorders (SUD) in the community and in criminal legal settings. The cascade of care typically includes six stages: 1) screening for SUDs, 2) identification of treatment needs, 3) referral to treatment, 4) treatment initiation, 5) treatment engagement, and 6) treatment continuation of care.

Considering the unique characteristics of criminal legal settings, implementing the principles of the cascade of care regarding medications for opioid use disorder (MOUD) may require special considerations and adaptations. In a study published in 2023, researchers from George Mason University and the University of Wisconsin detail best practices for applying each stage of the cascade of care in correctional settings. The following provides a comprehensive overview of these considerations.

1 SCREEN INDIVIDUALS FOR SUBSTANCE USE DISORDER AT INTAKE

- Use validated and standardized screening tools at intake for signs of substance use and withdrawal and to determine if a more comprehensive assessment is needed and if immediate care is needed.
- The screening process can be used to divert non-violent individuals from the criminal legal system to treatment or other services rather than incarceration.

2 IN NEED OF TREATMENT

- Do not detox people who are already on MOUD or require them to switch their medications upon arrest/incarceration. Providers should meet patients where they are and provide treatment without contingencies on abstinence.
- Facilities should have protocols to ensure individuals have access to evidence-based, medically-managed withdrawal services if treatment services are not immediately available.

3 TREATMENT REFERRALS

- Ensure treatment plans are comprehensive and are based on the patient's needs.
- Concurrent SUD and mental health disorders, and/or chronic pain needs should be considered during treatment planning.
- Treatment referrals should be made following OUD-related emergency room visits and inpatient hospital stays.

4 INITIATION OF TREATMENT

- Facilities should offer all three FDA-approved MOUDs, and patient preferences should be considered.
- Facilities should be prepared to initiate MOUD as soon as possible upon admission, without contingencies or prerequisites.
- Patients who received MOUD in the community should be able to continue their treatment during incarceration and should not be required to switch MOUD type.
- Other strategies to ensure successful treatment initiation include utilizing telehealth, staff training, and working groups to ease workload and improve service delivery.

5 TREATMENT ENGAGEMENT IN CORRECTIONS FACILITIES

- Individualized dosing and continuous monitoring should occur throughout treatment. Providers should offer counseling, behavioral therapies, recovery support, and medical care alongside MOUD treatment as needed.
- MOUD treatment should not be terminated for any reason other than if the treatment is harming the patient. Patients should be informed about the risks associated with discontinuing MOUD treatment and re-engaging with opioids.

6 CONTINUING CARE DURING REENTRY

- Discharge planning should occur upon intake or treatment initiation to ensure that a seamless transition of care to a local MOUD program occurs during release.
- Facilities and community-based service providers should coordinate treatment plans and allow providers to have access to medical records. A plan for a warm handoff should be solidified before a person returns to the community.
- At release, facilities should distribute naloxone and other harm reduction services, and make bridge prescriptions available to ensure uninterrupted access to MOUD.
- Community-based treatment should be immediate and intense for a minimum of 6 months, and recovery management check-ups should occur regularly. MOUD should continue for as long as the patient and their treatment provider determine it to be beneficial. Treatment alterations or termination should be decided by the patient in consultation with their medical practitioner.

7 GENERAL GUIDELINES ON MOUD

- Juvenile and pregnant populations should have the same guidelines and access to MOUD as general adult populations. To combat stigma and improper medication withholding practices, correctional staff and justice-involved individuals should receive training and education on MOUD.
- Correctional and community treatment providers should have specific training/safeguards to prevent the diversion of MOUD.
- Facilities should develop a robust evaluation approach at the outset to continuously track patient outcomes, and to monitor success at each step of the care cascade.

This information is based on the findings from the following publication:

Clark, K. J., Vechinski, J., Molfenter, T., & Taxman, F. S. (2023). Cascade of care in the legal system: Best practices and goals for agencies providing care to patients Concurrently navigating substance use disorders and criminal legal involvement. Journal of Drug Issues, 0(0). https://doi.org/10.1177/00220426231196304

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