

MOUD in Jails Workgroup

Final Report to the Subcabinet on Opioids,
Substance Use, and Addiction

August 2025

Letter from the chairs

On behalf of the Medication for Opioid Use Disorder (MOUD) in Jails Workgroup through the Governor's Office of Addiction and Recovery, we would like to thank you for your interest in this critical issue that affects thousands of individuals across Minnesota. Thousands of individuals pass through Minnesota's jails every year, many of whom have an opioid use disorder (OUD). Without sufficient treatment during and after incarceration, hundreds die after release each year, and public safety is negatively impacted. The MOUD in Jails Workgroup brought together partners across healthcare and criminal justice sectors in Minnesota to develop recommendations that improve treatment during and after incarceration in jail. These recommendations are designed to not just stand alone but also complement and enhance other key strategies across Minnesota to improve outcomes for individuals involved in the criminal justice system and their communities.

This final report reflects key recommendations that were unanimously approved by our workgroup of dedicated professionals across healthcare and criminal justice sectors. ([Please see the interim report for initial recommendations released in January 2025.](#)) We hope that these recommendations can inform ongoing discussions around the Department of Corrections 2911 Rulemaking, the Department of Human Services 1115 Reentry Waiver, state and county decisions around opioid settlement funds, and other public discussions related to reducing opioid overdoses in Minnesota.

Our recommendations focus on policy and resources. First, we believe that a statewide model standard is needed that supports MOUD during incarceration and connections to care on release. Second, the state should invest in centralized resources that support the work across jails, such as a statewide jail-based electronic health record. Individual jails do not have the expertise or resources to individually implement some of the needed components of a model MOUD standard. Finally, local resources are needed to meet jails where they are at and troubleshoot barriers that are unique to local context. Mandates alone are unlikely to have the same sustaining power as a culture of education, training, and implementation support.

We hope that these recommendations from the workgroup will enhance important discussions already underway and lead to policy and practices that substantially reduce overdose deaths and improve public safety across Minnesota.

Sincerely,

Tyler Winkelman and James Stuart



Tyler Winkelman, MD, MSc

Workgroup Co-Chair

Division Director, General Internal Medicine,
Hennepin Healthcare



Sheriff (Ret.) James Stuart

Workgroup Co-Chair

President, Minnesota Sheriff's Association

Introduction



A key priority for the State is improving access to substance use disorder treatment services, including access to medications for opioid use disorder (MOUD) for people incarcerated in Minnesota jails. Since 2015 one in three overdoses in Minnesota occur within a year of incarceration. [Studies have shown](#) that individuals connected to MOUD in jail are less likely to overdose or be reincarcerated.⁽¹⁾

While improved access to MOUD reduces overdose fatalities for those leaving jail and improves public safety, a [2021 study by Minnesota Management and Budget \(MMB\)](#) found that fewer than half of Minnesota jails provided access to MOUD.⁽²⁾ Providing evidence-based services for individuals leaving jail is a key priority across federal and state governments because of the potential to improve both public health and public safety. Nationally, there has been substantial interest in expanding access to substance use services, particularly those related to opioid use. In Minnesota, multiple complementary initiatives to improve access to substance use disorder treatment are currently underway throughout the Walz-Flanagan Administration. These initiatives include an 1115 Reentry Waiver application to CMS to use Medicaid to pay for services during and immediately after incarceration and an update of the 2911 Rules that govern the minimum healthcare standards jails must provide, including substance use disorder and MOUD services. Opioid settlement funds are also available to state and local governments to use to improve substance use treatment during jail stays and during reentry. While several initiatives are underway, additional support and guidance is needed for healthcare providers and criminal justice leaders and staff who will be tasked with developing and implementing new programs in their local facilities. The Minnesota Office of Addiction and Recovery, in partnership with the Minnesota Medical Association and Minnesota Sheriff's Association, convened an MOUD in Jails Workgroup to propose policies and resources that would increase access to substance use treatment in Minnesota jails.

Significant racial and ethnic disparities exist in OUD rates, with American Indian Minnesotans experiencing 7 times higher prevalence of OUD and Black Minnesotans experiencing twice the prevalence compared to white Minnesotans. These communities are also disproportionately represented in the incarcerated population, highlighting intersecting systemic disparities. According to [recently published research](#), the rate of overdose death for people released from jail was 15.5 times higher compared to the overdose death rate in the general population.⁽³⁾

[Research conducted](#) with community members from populations most impacted by the overdose crisis highlighted critical barriers that emerge during this transition period, including the need for flexible, accessible treatment options and providers who can meet patients where they are in their recovery journey.⁽⁴⁾ In recognition of the scope and complexity of this work, the Office of Addiction and Recovery commissioned a separate Low Barrier MOUD Workgroup, comprised of community providers across various settings including primary care, emergency medicine, mobile medicine, and telehealth, to develop targeted recommendations for reducing barriers to community-based MOUD access, including supporting successful transitions from jail to ongoing treatment.

MOUD in Jails Workgroup

The workgroup is comprised of medical professionals, county corrections staff, sheriffs, Tribal representatives, and community partners. Current members include:

- Co-chair – Dr. Tyler Winkelman
- Co-chair – Sheriff (Ret.) James Stuart
- Dr. Scott Abrams
- Julie Bauch
- Tim Brummer
- Chris Burk
- Jeremiah Fairbanks
- Erin Foss
- Jordan Hansen
- Simone Haze Megas-Harmason
- Caroline Hood
- Dr. Shiela Klemmestsen
- Kathleen Lionberger
- Joey Pederson
- Jessica Pete
- Catherine Standfuss
- Carl White





Background on opioid use disorder (OUD)

Overdose deaths have risen significantly since 2018 in Minnesota when fentanyl became the dominant opioid in the illicit drug market. While 2023 marked the first decrease in overdose deaths in Minnesota, mortality from opioids remains substantially higher than pre-fentanyl levels. Recently incarcerated Minnesotans are more likely to die of an overdose than individuals in the general population and have substantially elevated rates of opioid use disorder (OUD) in this population.

Medication for opioid use disorder (MOUD) is an effective, [evidence-based treatment](#) that reduces overdose mortality and should be available in Minnesota jails. FDA approved MOUDs include methadone, buprenorphine, naltrexone, and suboxone.⁽⁵⁾

Rates of OUD in Minnesota

According to current MN EHR Consortium data general population vs. those with recent criminal justice involvement with OUD include:⁽⁶⁾

Opioid Use

- 2% General Population
- 9% Recent Jail Incarceration

Methamphetamine Use

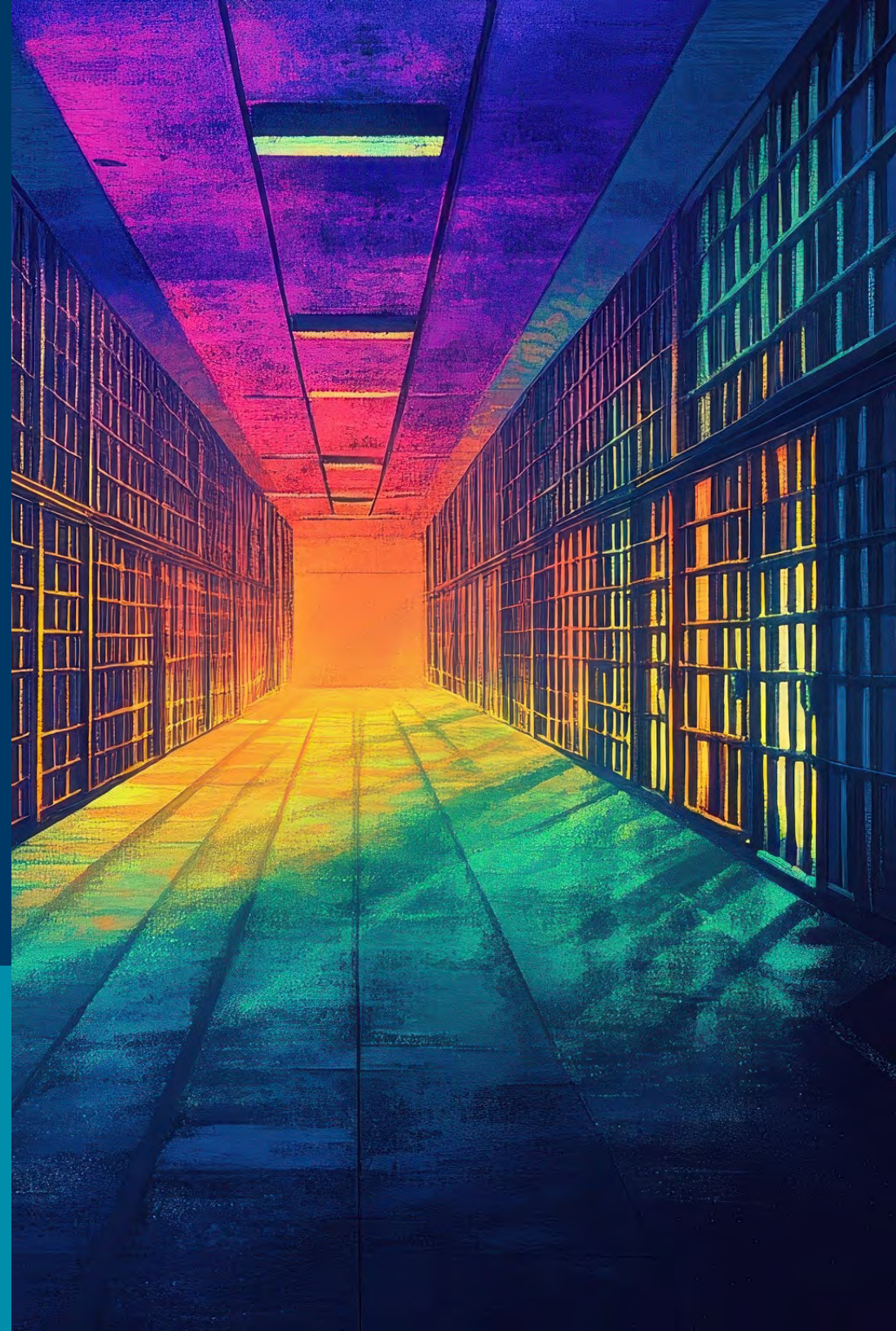
- 1% General Population
- 9% Recent Jail Incarceration





Importance of MOUD in correctional settings

Evidence from randomized clinical trials show that providing MOUD during incarceration is superior to referral at release and reduces mortality after release. Nonetheless, **a new study released in the fall 2024** reveals that fewer than half (43.8%) of 1,028 jails surveyed across the nation offered any form of medication for opioid use disorder, and only 12.8% made these available to anyone with the disorder. Some of the barriers included cost, logistical challenges, and complex regulations.⁽⁷⁾



Benefits of Implementing MOUD in Jails

There are several benefits to providing MOUD in Jails including for both incarcerated individuals, local governments, and broader public safety.



Improved health outcomes

A recent study examined the state of the literature on the effectiveness of MOUD delivered in prisons and jails and noted a 60% decrease in fatal overdoses and higher levels of post-release treatment engagement.⁽⁸⁾



Improved public safety

A study published in the journal Drug and Alcohol Dependence found that recidivism rates for incarcerated individuals receiving MOUD was nearly 15% percent lower than for those not receiving the medicine.⁽⁹⁾



Cost-effectiveness

A recent marginal value of public funds (MVPF) estimate suggests that every additional \$1 the government spends on providing inmates exiting prison with Medicaid coverage can result in social benefits ranging between \$3.45 and \$10.62.⁽¹⁰⁾



Public health benefits

An article in Current HIV/AIDS Report note that both Methadone and buprenorphine improve HIV viral suppression and retention in treatment, and were found to lower rates of HIV and hepatitis C.⁽¹¹⁾



Recommendations

The MOUD in Jails Workgroup was intentionally crafted to support collaboration among professionals with a significant breadth of perspectives and geographies. Members represented corrections and law enforcement, healthcare providers, and community organizations from urban, rural, and Tribal communities across Minnesota.

The workgroup began its efforts in May 2024 and quickly coalesced around recommendations focused on meeting jails where they are and providing supports for movement toward achieving a standard of care. An interim report was written to enable short-term impact while the workgroup continued its efforts.

With the interim report launched in January 2025, the workgroup expanded its focus from MOUD within jails to also consider the continuation of care as individuals transition into the community. This revised report reflects this wider focus and provides an expanded list of recommendations as well as next steps.

Workgroup meetings continued through June 2025 to develop additional recommendations.

The workgroup recommendations fell into three categories:



Policy options



Centralized Resources



Local Resources

The workgroup further refined their intentions and goals with these recommendations to:

- Look for intermediate steps that can be taken in the shorter term to increase access to MOUDs while broader reforms such as the 1115 Reentry Waiver take place and are implemented.
- Meet jails where they are and support them in moving along a continuum to achieve a standard of care.
- Advocate for resources to build capacity and reduce stigma.
- Acknowledge the disparities in Minnesota and the communities that are disproportionality impacted, including those based on race, geography, and economic status.



Workgroup recommendations by category

The following recommendations are designed to serve the diverse partners at multiple levels who shape and implement OUD treatment and care plans for people involved in the criminal justice system. These recommendations are intended to guide policymakers in crafting effective legislation, assist local governments in developing jail-based health programs, inform payers in their coverage and reimbursement decisions, support providers in delivering quality care, and empower communities in advocating for and participating in meaningful health system improvements.

Policy

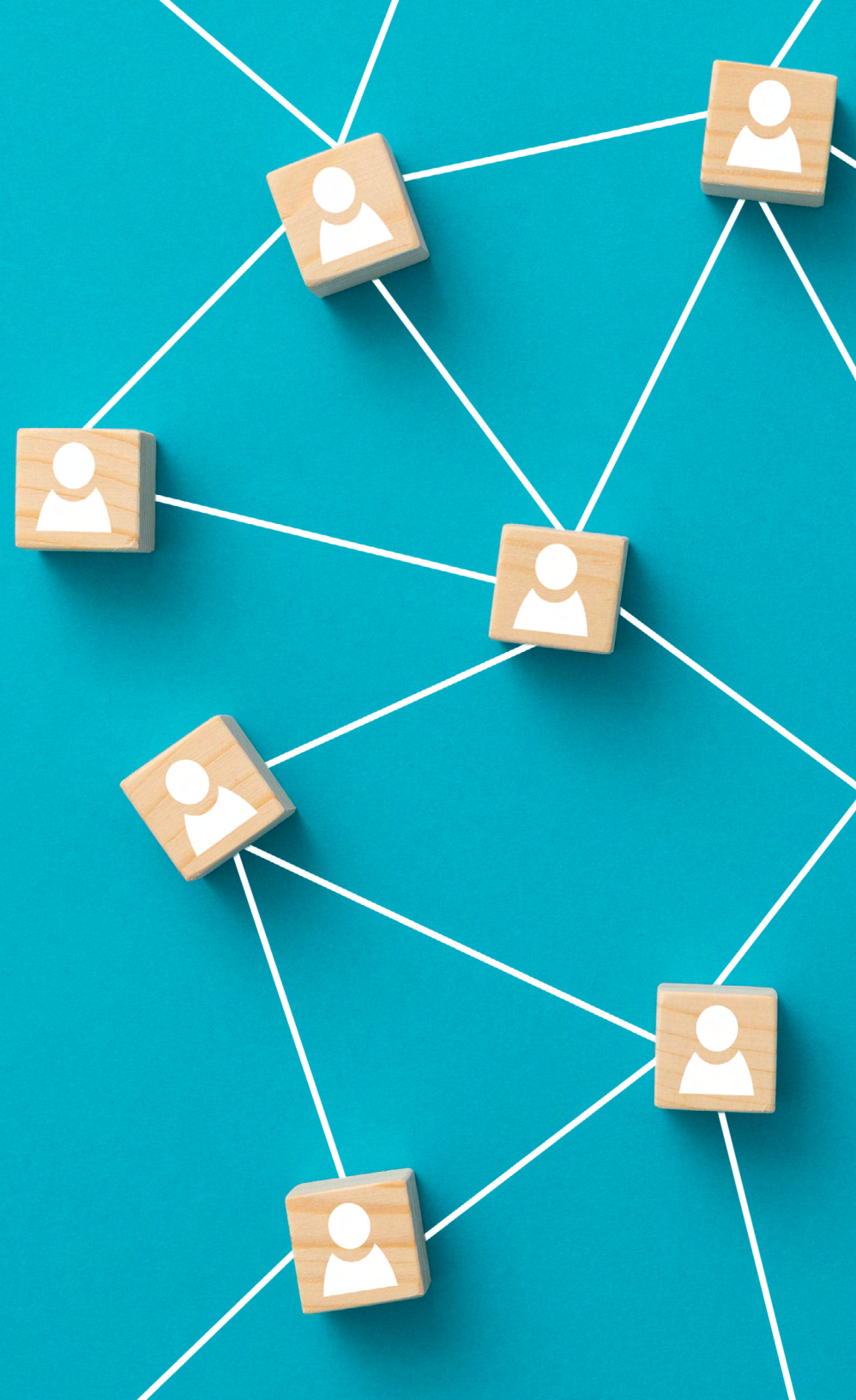
- Establish a model standard of care for MOUD in Minnesota jails that includes:
 - Continuing MOUD in Jails
 - Starting MOUD in Jails
 - Making connections to MOUD providers in the community at discharge
- Seek legislative approval to fund the Medicaid Collaborative Care Model (integrated behavioral health/primary care) to support better transitions to primary care in the community for people with mental illness and substance use disorders.
- Conduct a Minnesota-specific return on investment analysis to examine the financial and economic impacts of jail MOUD programs and evaluate the effectiveness of treatment centers to keep people engaged in treatment and reduce recidivism.
- Explore enhanced payment models for MOUD visits in primary care.
- Fund existing ECHO programs that support the integration of MOUD in jails and primary care.
- Explore funding options that build and support community coalitions – including recovery community organizations, social services, local law enforcement, schools, and healthcare providers.

Centralized Resources

- Fund centralized IT infrastructure such as a statewide electronic medical record for jails, billing applications, evaluation tools, telemedicine software, and care coordination tools to create capacity across Minnesota.
- Build capacity for providers who work in jails to utilize tools like Prescription Drug Monitoring Programs (PDMP) to identify MOUD use and proactively engage individuals.
- Explore potential “bridge” funding opportunities until full statewide implementation of the 1115 Reentry Waiver, such as building capacity to utilize the Behavioral Health Fund and/or opioid settlement dollars to bring resources to counties seeking financial support in implementing MOUD.
- Develop a statewide telebupe (buprenorphine via telehealth) bridging hotline with an interoperable referral network to connect individuals for ongoing care in the community.

Local Resources

- Support implementation of standards through jail and medical provider engagement and support. Meet jails where they are and provide coaching and resources to improve access to and quality of substance use treatment over time. Resources should include:
 - A [concise and practical “To do” list](#) that jail administrators can use to incorporate a program vs. a lengthy tool kit with guidelines;
 - Materials and conversations that support a baseline understanding of MOUD as a medically necessary service, trauma informed care, and stigma reduction; and
 - A comprehensive directory of all jail medical providers to connect and collaborate/statewide list of all providers who provide MOUD to support continuity of care after release.
- Convene local leaders of healthcare systems, payers, jails, and community organizations to foster better linkages to care after release. Include organizations that represent the communities most impacted whenever possible.
 - Collaborators should additionally build culturally rooted, trusting relationships with community members and expand access to culturally specific treatment options.



Conclusion



The recommendations in this report are the result of cross sector collaboration between health care, corrections, law enforcement, and community organizations, and provide a roadmap for policymakers to make meaningful progress in improving both public health and public safety. This commitment to achieving both aims was reflected in the organizations co-chairing this work—the Minnesota Sheriff’s Association and the Minnesota Medical Association. Nationally, there is bipartisan movement toward addressing substance use and misuse, particularly with opioids, with justice-involved populations. Corrections, law enforcement, and health care providers are increasingly hearing from their constituents that Minnesota needs to keep charging in this direction.

Importantly, there is shared commitment between healthcare and public safety that cooperation, collaboration, and partnership are foundational to moving this work forward now and into the future.

The recommendations in this report span the continuum of services an individual experiences in incarceration: from jail intake, through the incarceration period, to re-entry back into community. The workgroup came together to delve into specific barriers, challenges, and opportunities within this continuum and presented specific solutions to each. This comprehensive approach would not have been possible without the tremendous engagement and commitment of each work group member to addressing substance use and misuse amongst those experiencing incarceration.

The recommendations also reflect and are embedded in the broader public policy context around healthcare services and supports for incarcerated individuals, including the Department of Corrections 2911 jail rules rewrite, work toward implementing the 1115 Reentry Medicaid Waiver, opioid settlement funding, and other complementary initiatives.

Going forward, ensuring Minnesota remains positioned to continue expanding access to substance use disorder services and supports will require continued partnership between disciplines, units of government, and community. While the workgroup as a body is sunsetting with the production of this report, the commitment to working together to make substantial improvement in health and public safety remains.

Endnotes

- 1 Elizabeth A. Evans, Donna Wilson, Peter D. Friedmann, Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder, *Drug and Alcohol Dependence*, Volume 231, 2022, 109254, ISSN 0376-8716, <https://www.sciencedirect.com/science/article/abs/pii/S0376871621007493>.
- 2 Minnesota Management and Budget. (2021). https://mn.gov/mmb/assets/Treating%20Opioid%20Use%20Disorder%20for%20Criminal-Justice-Involved%20Individuals_tcm1059-511580.pdf
- 3 Katherine Hill, Peter J. Bodurtha, Tyler N.A. Winkelman, and Benjamin A. Howell: Postrelease Risk of Overdose and All-Cause Death Among Persons Released From Jail or Prison: Minnesota, March 2020–December 2021 *American Journal of Public Health* 114, 913–922, <https://doi.org/10.2105/AJPH.2024.307723>
- 4 Research in Action. [A Landscape Assessment on MOUD Use and Access Barriers for Black and Indigenous Clients](#). June 2025.
- 5 National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. Washington, DC: The National Academies Press, 2019. <https://nap.nationalacademies.org/catalog/25310/medications-for-opioid-use-disorder-save-lives>
- 6 [Health Trends Across Communities in Minnesota Dashboard](#) | Minnesota EHR Consortium
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- 10 Evans et al., 2022.
- 11 Fanucchi L, Springer SA, Korthuis PT. Medications for Treatment of Opioid Use Disorder among Persons Living with HIV. *Curr HIV/AIDS Rep*. 2019 Feb;16(1):1-6. doi: 10.1007/s11904-019-00436-7. PMID: 30684117; PMCID: PMC6420833.

