

MOUD in Jails Workgroup

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

January 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. Hundreds of individuals pass through Minnesota's jails every day, 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 interim report reflects three key recommendations that quickly gained unanimous approval from the workgroup. Because the overdose crisis continues to severely impact our communities, we felt it was important to release recommendations for which there was consensus quickly rather than wait to publish a comprehensive final report. 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, education and training, and centralized resources. First, we believe that a statewide model standard is needed that supports MOUD during incarceration and connections to care on release. Second, education and training 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. Finally, 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.

We hope that these initial recommendations from the MOUD 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

Executive Director,
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 a re-write 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, resources, and education that would increase access to substance use treatment in Minnesota jails.

MOUD in Jails Workgroup

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

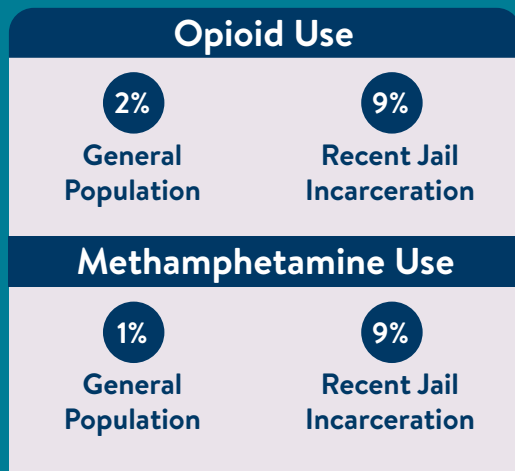
- Co-chair – Dr. Tyler Winkelman
- Co-chair – Sheriff (Ret.) James Stuart
- Dr. Scott Abrams
- Julie Bauch
- Tim Brummer
- Chris Burk
- Jeremiah Fairbanks
- Erin Foss
- Jordan Hansen
- Simone Haze Megas-Harmason
- Caroline Hood
- Dr. Shiela Klemmestsen
- Kathleen Lionberger
- Joey Pederson
- Jessica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

Rates of OUD in Minnesota

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



Significant racial and ethnic disparities exist in OUD rates, with American Indian Minnesotans experiencing 7 times higher prevalence 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](#)⁽³⁾, and adjusting for age and gender, it is estimated that the rate of overdose death for people released from jail was 15.5 times that of the Minnesota general population.

Medication for opioid use disorder (MOUD) is an effective, [evidence-based treatment](#)⁽⁴⁾ that should be available in addition to other modes of treatment . FDA approved MOUDs include methadone, buprenorphine, and naltrexone.

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](#)⁽⁵⁾ 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 other regulations.



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 for incarcerated individuals, including addressing disparities

[A recent study examined the state of the literature on the effectiveness of MOUD^{\(7\)}](#) delivered in prisons and jails and noted a 60% decrease in fatal overdoses and higher levels of post-release treatment engagement.



Improved public safety

A [study published in the journal Drug and Alcohol Dependence^{\(8\)}](#) found that recidivism rates for incarcerated individuals receiving MOUD was nearly 15% percent lower than for those not receiving the medicine.



Cost-effectiveness

A recent [marginal value of public funds \(MVPF\) estimate^{\(9\)}](#) 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 .



Public health benefits

An [article in Current HIV/AIDS Report^{\(10\)}](#) 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.

Recommendations

The workgroup initially convened in May 2024 and had their first working meeting in June. The workgroup quickly coalesced around several recommendations. After an initial set of meetings, the workgroup conducted a survey of its members. This facilitated rapid organization around some key principles that the group aims to share with the broader group of stakeholders across the state, including the Subcabinet on Opioids, Substance Use, and Addiction.

The workgroup recommendations fell into three categories:



Policy options



Centralized resources



Local education and training



Workgroup members then considered three factors:

- Potential impact on increasing the use of MOUD in jails
- Level of effort required to develop recommendations
- Priority for our workgroup to pursue

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 identified categories



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

Explore potential “bridge” funding opportunities such as building capacity to utilize the Behavioral Health Fund to bring resources to counties seeking financial support in implementing MOUD.



Local Education and Training

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. Resource 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 that support a baseline understanding that MOUD is just like any other medically necessary service; 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.



Centralized Resources

Fund centralized medical infrastructure such as a statewide electronic medical record for jails, billing applications, evaluation tools, and telemedicine software to create capacity across Minnesota.

Endnotes

- 1 Evans EA, Wilson D, Friedmann PD. Recidivism and mortality after in-jail buprenorphine treatment for opioid use disorder. *Drug Alcohol Depend.* 2022 Feb 1;231:109254. doi: 10.1016/j.drugalcdep.2021.109254. Epub 2022 Jan 18. PMID: 35063323; PMCID: PMC8852331.
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- 3 Health Trends Across Communities in Minnesota Dashboard | Minnesota EHR Consortium
- 4 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>
- 5 <https://nap.nationalacademies.org/catalog/25310/medications-for-opioid-use-disorder-save-lives>
- 6 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2823908?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=092424
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- 8 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://doi.org/10.1016/j.drugalcdep.2021.109254>.
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- 10 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.

