Co-chair Steve Young called the meeting to order at 12:05 p.m.

Approval of Minutes:

A motion was made to approve the March 2023 meeting minutes. Motion approved.

Co-chair Angela Bonaguidi spoke to meeting participants regarding delivery of methadone to jails from the OTP perspective. The presentation was followed by a discussion of how JBBS can help facilitate the process. OTPs present at the meeting reported on jails they are currently serving. Joel Miller provided information on jails in need of OTP services.

OTP Presentation (Angela Bonaguidi, Director of ARTS Outpatient Addiction Research and Treatment Services and Treatment Work Group Co-chair):

Overview of OTP’s work with the Department of Corrections and jails:

Jails should be notified when an individual is actively enrolled in an opioid treatment program and receiving methadone. Every opioid treatment program has an on-call phone number. Ryan Mueller serves as the Colorado’s State Opioid Treatment Authority within the Behavioral Health Administration. His contact information is readily available.
Jails should have a narcotic storage policy in place as well as an abandoned medication policy. When medication is left over, it must be rendered useless. For example, the ARTS Program uses a reverse distributor for incineration.

The OTP must complete an exception request signed by the medical director or OTP practitioner because the delivery is outside of approved federal take-home guidelines. It is important that the OTP completes the documentation. The OTP nurse must package the methadone in a locked box before delivery to the jail, where the jail nurse then receives the locked box and checks it. Both parties must sign an interagency transfer of medication form. One copy remains at the jail and a copy is given to the OTP.

If there is a change in patient status, the jail should notify the OTP. Changes might include impairment or symptoms of withdrawal. On occasion, some individuals will refuse methadone treatment while incarcerated. Any spills, suspicion of diversion, or medication loss should be reported to the OTP.

During incarceration, OTPs can provide virtual or phone consultations and in-person visits. ARTS has provided in-person, virtual, and phone treatment services.

It is also important that the OTP is notified when an individual is going to be released from incarceration. Since the first two weeks post incarceration often pose the highest risk of overdose and death, a few jails provide naloxone upon release.

**Meeting Participant Comments:**

Joel Miller, BHA Jail Based Behavioral Health Services (JBBS): Joel spoke about the steps that need to be taken for JBBS participation in the program, including a review of existing and proposed partnerships, funding required to deliver medication, and coordination with jails (possibly an MOU). There will need to be coordination with on-site medication vendors as well. Some inmates may not be involved with JBBS, but are otherwise receiving MAT services.

Michael Petersen, Bicycle Health: Michael recently joined Bicycle Health. He was formerly with Wellpath and is a retired police chief and drug task force unit commander. Bicycle is telehealth-based. They have providers currently assisting with jail MAT services in Huerfano and Las Animas counties as well as other locations around the country. They also work with the Federal Bureau of Prisons. They provide a combination of buprenorphine, sublocade, naltrexone, and behavioral health therapy. To contact Michael directly: Michael.petersen@bicyclehealth.com

Ursula Hollins, Executive Director, Elevate Healthcare: Elevate currently has an MOU with Fremont County in Colorado and would be willing to expand to Salida, Fairplay, and Trinidad as well as Chaffee and Huerfano counties. To reach Ursula Hollins: Ursula@elevatehealthcarellc.com

Rita Torres, President, Health Care Partners Foundation: Health Care Partners has a MAT program in Southern Colorado jails. Her organization meets on a weekly basis with the MAT provider and with individuals for counseling. They also provide training for detention officers. Rita pointed out that methadone services and education are required in rural areas. To reach Rita Torres: rita.torres@hcpfoundation.com

Ryan Mueller, BHA: Ryan mentioned the challenges involved in utilizing medical staff within a correctional facility to help complete methadone inductions. Several OTPs have asked for
waivers in order to provide services, and waivers have been approved. Ryan posted the following information:

During the COVID-19 Public Health Emergency, DEA extended the following flexibilities under the Administrator's enforcement discretion, authority to interpret DEA's regulations, and authority granted under 21 CFR 1307.03. DEA is further extending these flexibilities to respond to the Opioid Public Health Emergency. They will remain in effect until the expiration of the Opioid PHE unless first modified or withdrawn by DEA.

Off-Site Delivery Methods for NTPs (methadone). An announcement of DEA’s exercise of authority to allow NTPs to repeatedly deliver take-home doses of methadone to the same off-site location without becoming registered at that location, subject to certain limitations.

For questions or additional information regarding methadone/OTP/MOUD regulations (state and federal): Ryan.Mueller@state.co.us

Mila Long, Certified Addiction Specialist (lived experience), Denver Recovery Group, Boulder: DRG delivers methadone to a number of jails in Boulder, Denver, Arapahoe, and Jefferson counties. They are also able to provide services in the Montrose and Glenwood Springs communities. Mila said she would check to see if services can also be offered in Gunnison County. As part of a grant, Mila speaks to organizations regarding methadone treatment. She recently gave presentations to Boulder County prosecutors and judges. Her organization works closely with the local Substance Use Advisory Group. mila@denverrecoverygroup.com

Dayna DeHerrera-Smith, Front Range Clinic: FRC supports the use of sublocade, which requires the jail facility to have a DEA license and an on-site provider. This requirement can pose a barrier for rural jails. ddeherrera@frontrangeclinic.com

Discussion:

Meeting participants discussed the effectiveness of methadone compared to other medication assisted treatment (particularly for fentanyl), the lack of methadone availability in rural areas, and the lack of education and information available in rural counties regarding methadone. Other topics discussed included micro dosing, cost and storage restrictions, Medicaid coverage, and the importance of determining which medication would be the most appropriate on an individual client basis.

Amy Nichols said she would share educational information about methadone with county jails.

All county jails will have to comply with the Americans with Disabilities Act and Colorado HB-22-1326 (the Fentanyl Accountability and Prevention bill) by July 1, 2023. The bill requires jails to offer all FDA-approved forms of MAT.

Existing Gaps and Next Steps:

Joel Miller has compiled a listing of jails, some with limited services available and others with no services offered. He indicated that some jails in the southeast and northeast corners of the state are receiving services; however, other jails in those areas require support. The majority of jails do have some kind of access.
Areas lacking services: La Plata, Montezuma, Chaffee, Archuleta, Rio Grande/Saguache, Grand.

Amy Nichols said she would contact sheriffs in locations lacking services if provided with the listing. Capt. Jamison Brown, President of the Colorado Jail Association, would also like a copy of the list in order to contact locations.

Ryan Mueller added that OTPs are well versed in dose delivery and there are more OTPs in the state delivering methadone to facilities, including jails, than not. OTPs often make deliveries on behalf of another OTP, particularly in the Denver Metro and Aurora areas. Approximately 35 methadone clinics in the state cover 13 of 64 Colorado counties (most of the larger counties). OTPs are willing to expand deliveries to unserved and underserved jails. In order for the expansion program to be successful, reimbursement also needs to be discussed. Speaking to a point made earlier, Ryan said that regardless of how humane the downward titration of methadone is during incarceration, the person suffering with active, severe OUD is at increased risk of overdose in jail and upon release if opiate-naïve/no access to MOUD.

Adjournment and Upcoming Meetings:

The meeting was adjourned at 1:03 p.m. The next work group meeting will be held on Thursday, July 27, 2023 from 12 to 1 p.m. Contact Rosemarie MacDowell if you would like a meeting invitation. Rosemarie.macdowell@cuanschutz.edu

The next meeting to discuss jail assistance will be held on Wednesday, June 14th from 9:30 to 11 a.m. Steve Young encouraged all meeting participants to attend. Contact Shayna Micucci for the meeting agenda and link. Shayna.micucci@cuanschutz.edu

Attachments: Work group roster

Selected chat entries:

Ernest Bilinski, CDPHE: CDPHE can provide jails/sheriff’s offices free naloxone to use on-site and to distribute to inmates upon community re-entry. Contact: ernest.bilinski@state.co.us Phone: 720-254-1331 Website: https://cdphe.colorado.gov/naloxone-bulk-purchase-fund

Sophie Feffer, CDPHE: CDPHE has no-cost fentanyl test strips available for re-entry. Contact: sophie.feffer@state.co.us