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MOUD/MAT Jail Delivery Models: Benefits and Tradeoffs

The following table provides benefits and tradeoffs for each buprenorphine and methadone delivery model. Some jails will have a combination of arrangements depending on their needs, staff expertise, and community resources.

BUPRENORPHINE

MOUD delivery model with anticipated benefits and tradeoffs	
Benefits	**Tradeoffs**
Correctional clinician provides buprenorphine onsite – The jail in-house medical provider prescribes and doses buprenorphine onsite. Other variations exist including performing all inductions offsite then continued dosing at the jail. Per DEA regulations, the provider will need DEA license and to complete the required 8 hours of training. ***** New DEA regulations make this a relatively easy and feasible option for jails.*****	
- Utilization of own provider and staff - Dose timing can be coordinated more efficiently - Fewer patient transports - Limited outside provider costs - Everything done in house	- Jail provider time and expertise - Reduction in medical time for other health needs - Finding/reconstructing space - Cost to store and dose medications
Onsite medication administration by an external provider – External provider comes to jail to provide buprenorphine to patients under the external provider's license (can include inductions).	
- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for buprenorphine - Provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor and staff - Jail staff time for dosing - Coordinating with jail staff and agreeance on buprenorphine policies
Telehealth – The jail uses telehealth (outside providers) to provide buprenorphine onsite. Telehealth must have video, not just audio per SAMHSA/DEA guidelines.	

- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for buprenorphine - Outside provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor and staff - Jail staff time for dosing - Coordinating with jail staff and agreeance on buprenorphine policies
Mobile MOUD unit – Mobile MOUD unit travels to the jail. Patients are escorted outside where they see an external provider who provides buprenorphine.	
- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for buprenorphine - Outside provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor & staff - Jail staff time for escorting; time required to dose a high volume of patients - Coordinating with jail staff and agreeance on buprenorphine policies
Offsite medication administration for buprenorphine – patients are transported offsite to community OTP, hospital, or other medical provider for daily medication dosing.	
- Outside provider has OUD and pregnancy expertise and is responsible for patient counseling, medication dosing, and care (staff time/expertise) - Outside provider holds and pays for the licenses and accreditation required for buprenorphine - Continuity of care post-release if same provider	- Jail pays the outside provider - Patients must be frequently transported offsite for dosing and/or dose adjustments (staff time & security risks) - Relationship with provider must be established through meetings and/or trainings (staff time) - Care coordination and use of alternative options if the provider is closed/unavailable (staff time & cost of hospital)

METHADONE

MOUD delivery model with anticipated benefits and tradeoffs	
Benefits	**Tradeoffs**
Correctional clinician provides methadone onsite – The jail registers as a hospital/clinic per the new SAMHSA/DEA regulations and the jail in-house medical provider prescribes and doses methadone. Other variations exist including performing all inductions offsite then continued dosing at the jail. For more information, please see this FAQ sheet.	

- Utilization of own provider and staff - Dose timing can be coordinated more efficiently - Fewer patient transports - Limited outside provider costs - Everything done in house	- Jail provider time and expertise - Reduction in medical time for other health needs - Finding/reconstructing space - Cost to store and dose medication
Onsite medication administration by an external provider – External provider comes to jail to provide methadone to patients under the license of the external provider (can include inductions).	
- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for methadone - Outside provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor & staff - Jail staff time for dosing - Coordinating with jail staff and agreeance on methadone policies
Telehealth – The jail uses telehealth (outside providers) to provide methadone onsite. Telehealth must have video, not just audio per SAMHSA/DEA guidelines.	
- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for methadone - Outside provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor & staff - Jail staff time for dosing - Coordinating with jail staff and agreeance on methadone policies
Mobile MOUD unit – Mobile MOUD unit travels to the jail. Patients are escorted outside where they see an external provider who provides methadone.	
- Outside provider responsible for patient counseling, induction dosing, and care (staff time/expertise) - Outside provider holds the licenses and accreditation required for methadone - Outside provider may provide discharge planning and addiction counseling - Continuity of care post-release if same provider	- Cost of the provider - Meetings and trainings with vendor & staff - Jail staff time for escorting; time required to dose a high volume of patients - Coordinating with jail staff and agreeance on methadone policies
Offsite medication administration for methadone – patients are transported offsite to community OTP, hospital, or other medical provider for daily medication dosing.	

- Outside provider has OUD and pregnancy expertise and is responsible for patient counseling, medication dosing, and care (staff time/expertise) - Outside provider holds and pays for the licenses and accreditation required for methadone - Continuity of care post-release if same provider	- Jail pays the outside provider - Patients must be frequently transported offsite for dosing and/or dose adjustments (staff time & security risks) - Relationship with provider must be established through meetings and/or trainings (staff time) - Care coordination and use of alternative options if the provider is closed/unavailable (staff time & cost of hospital)
Methadone is either picked up by jail staff or delivered to the jail by OTP and the correctional clinician administers methadone – Could be used for initiation or continuation of methadone.	
- Utilization of own provider and staff - Dose timing can be coordinated more efficiently - Fewer patient transports - Limited outside provider costs - Everything done in house - Outside provider holds the licenses and accreditation required for methadone	- Relationship with provider must be established through meetings and/or trainings (staff time) - Cost to store and dose medications in jail - Jail provider time and expertise - Reduction in medical time for other health needs - Finding/reconstructing space - Cost to store and dose medication
Jail becomes an OTP – the jail obtains an OTP license to dispense methadone for opioid use disorder treatment.	
- Utilization of own provider and staff - Dose timing can be coordinated more efficiently - Limited patient transports offsite - No outside provider costs	- Jail provider time and expertise - Reduction in medical time for other health needs - Finding/reconstructing space - Cost to store and dose medication - Licensing and accreditation requirements

Adapted from:
Mace, S., Siegler, A. Wu, K., Latimore, A., & Flynn, H. The National Council for Behavioral Health and Vital Strategies. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.

Murphy, SM., Ryan, D., Wiley, T. (2023). *New Budget Impact Tool to Estimate the Costs of MAT in Jails/Prisons*. [PowerPoint slides]. https://www.jcoinctc.org/wp-content/uploads/MOUD-Costing-Tool-Webinar_Slides.pdf