JCOIN CONFERENCE ABSTRACTS

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CONCURRENT SESSION "A" – Linkage Facilitation across the Justice Community Opioid Innovation Network

This panel reviews multiple examples of Linkage Facilitation used across the Justice Community Opioid Innovation Network (JCOIN). A broad overview will be provided of Linkage Facilitation activities based on a survey given to Linkage Facilitators across time. In addition, for each site, the approach to Linkage Facilitation will be described by researchers and Linkage Facilitators including challenges and what worked well. The Linkage Facilitation taxonomy will be used to note commonalities and differences across practice. Panelists will be asked to describe next steps to advance the field in terms of research and practice.

CONCURRENT SESSION "B" – MOUD Pre- and Post-Release: Client, System, and Cost Perspectives

B1. Medications for Opioid Use Disorder (MOUD) in Massachusetts' County Houses of Correction: Preliminary Findings on Post-release MOUD Treatment, Overdose, Reincarceration and Mortality – *Peter Friedmann, Massachusetts Hub*

Background: In response to a legislative mandate in Massachusetts, seven county houses of correction (HOC, i.e. jails) initiated a pilot program in 2019 to provide all FDA-approved forms of medication to treat opioid use disorder (MOUD) to eligible jailed persons with OUD.

Methods: This study used multiple linked datasets from the Massachusetts Public Health Data Warehouse to examine post-release MOUD treatment, documented non-fatal and fatal opioid overdose, all-cause mortality and reincarceration among 6,383 jailed persons with OUD who did (n=2,723; 42%) and did not (n=3,660; 58%) receive MOUD treatment while incarcerated. Analyses included individuals who were enrolled between September 2019 and December 2020 and exited before July 2021, ensuring at least 180 days of post-release community follow-up. Propensity score (PS) weights adjusted for selection effects accounting for age, sex, race, educational attainment, HOC county, adjudication status, veteran status, homeless history, pre-incarceration overdose, MOUD at jail entry and days incarcerated.

Results: Most individuals treated with MOUD in these jails received buprenorphine (68.1%), followed by methadone (25.7%), and naltrexone (6.1%). More of those treated with MOUD in jail were non-Hispanic White than those not treated with MOUD (75.1% vs. 58.4%), and fewer were non-Hispanic Black (5.8% vs. 16.3%) or Hispanic (18.4% vs. 24.1%). Also, a greater proportion of sentenced (65.2%) than pre-trial (37.0%) persons were treated with MOUD. Individuals treated with MOUD in jail were more likely to receive community MOUD treatment in the first 30-days post-release than individuals not treated with MOUD in jail (PS weight adjusted odds ratio [aOR], 3.2, 95% CI, 3.0-3.5, $p<0.01$). Those treated with MOUD in jail also had fewer total opioid overdoses (aOR 0.66, 95% CI, 0.59-0.73) and reincarcerations (aOR 0.88, 95% CI, 0.81-0.95) in the first 180-days post-release. No statistically significant effect on 180-day overdose fatality was detected

(aOR 0.83, 95% 0.61-1.13), although all-cause mortality was reduced over the entire follow-up period (adjusted hazard ratio 0.48, 95% 0.41-0.56).

Conclusion: Jail-based MOUD treatment is associated with continued post-release MOUD treatment in the community, as well as lower rates of total opioid overdose, reincarceration and all-cause mortality. Racial and ethnic disparities in MOUD treatment access merit intervention.

B2. Cost Analysis of MOUD Implementation and Sustainability in Massachusetts Jails – *Sean Murphy, Weill Cornell Medicine (Health Economics Team)*

Background: In 2018 Massachusetts mandated that county jails offer all FDA-approved medications for opioid use disorder (MOUD) to incarcerated individuals with OUD. Healthcare budgets in jails are typically limited and inflexible; thus, uncertainty surrounding the resources and associated costs needed to implement and sustain an MOUD program can serve as a significant barrier to adoption. The MOUD delivery model options available to a given facility, of which there could be many, will differ according to their existing services, community-based treatment resources, and regulatory oversight. The objective of this study was to identify the type of MOUD model deployed by the jails serving as research sites for the Massachusetts JCOIN hub, determine which resources were utilized at each stage of development/execution, and estimate the associated costs.

Methods: The resources required to implement and sustain the MOUD programs were identified through detailed, site-specific microcosting analyses at each of the six participating jails in Massachusetts. Quantitative resource utilization data were captured primarily through in-person site-visits and semi-structured interviews with key personnel. Interviews were guided by the DATCAP instrument. Our customizable budget impact tool, designed to assist jails/prisons with assessing the viability of alternative MOUD models, was used to organize each site's resources and estimate their associated costs. The tool allows users to organize resources according to the manner in which they are deployed for the intervention (fixed start-up, time-dependent, variable), then assigns nationally-representative price weights to estimate costs by phase (implementation, sustainment). Resources/costs were summarized by site, according to type and phase, and cross-site comparisons were made to identify common program elements and unique models.

Results: Three MOUD models were identified. Model 1 consisted of a vendor hired to deliver and administer methadone daily, while clinical jail staff administered buprenorphine and extended-release naltrexone. Model 2 included facilities that hired a certified vendor to operate an in-house opioid treatment program (OTP) to oversee the administration of all MOUD. Jails in Model 3 became certified OTPs, thereby allowing jail staff to manage all aspects of the MOUD program. There was considerable variability in implementation costs, both within and across models, driven by model-specific factors, but also with switching models, expanding infrastructure, etc. Interestingly, upon paying off the fixed start-up costs and entering the sustainment phase, the per-person costs of care were quite similar across models, but differed according to the proportion of costs considered time-dependent vs. variable. The larger the proportion of time-dependent costs, the greater the site's ability to lower the per-person cost of care as their MOUD patient population expands.

Conclusion: Our findings represent the most detailed and comprehensive estimates of resource/cost requirements for jail-based MOUD programs. Given the budget constraints faced by

jails, the investment required to implement/sustain an MOUD program will likely result in the need to obtain additional funding or reallocate existing resources away from other initiatives. The findings, in conjunction with our customizable and publicly-available budget impact tool, will assist jails with making informed decisions regarding the feasibility and potential fiscal challenges of adopting alternative MOUD programs.

B3. Factors contributing to the expansion of medication for opioid use disorder (MOUD) within the New Hampshire Department of Corrections (NH DOC) – *Lisa Marsch, Dartmouth College (NYU Hub)*

Introduction: Expanding access to MOUD to people involved in the carceral system is a priority for the New Hampshire Department of Corrections (NHDOC), where an estimated 50% of people incarcerated in prison have an opioid use disorder (OUD) diagnosis. NHDOC was engaged as a site in the multi-site Justice Community Opioid Innovation Network clinical trial, "Long-acting buprenorphine vs. naltrexone opioid treatments in criminal justice system-involved adults (EXIT-CJS)." In 2019, NH DOC's expanded MOUD program offered extended-release naltrexone, extended-release buprenorphine, sublingual buprenorphine, and oral naltrexone. The program slowed due to COVID-19, but was reinvigorated in 2021 by the addition of a Medication Assisted Therapy Nurse Coordinator. In 2022, extended-release buprenorphine and naltrexone were removed from the NH DOC formulary and available only through EXIT-CJS. We examine the contributing factors to the expansion of the NHDOC MOUD program from 2021-2023, including participation in EXIT-CJS.

Methods: Data on quarterly MOUD prescribing were abstracted from the NHDOC medical records from July 1, 2021- December 31, 2023. To examine factors influencing expansion of the program, conversations were conducted with NHDOC medical team leadership and staff.

Results: From 2021-2023, the quarterly number of patients treated with MOUD at the NHDOC increased by more than 400% from a total of 165 patients in July-September 2021, to 685 patients in October-December 2023. At the policy-level, elimination of the federal DATA-Waiver (X-Waiver) Program allowed additional providers to prescribe MOUD. At the organizational level, support from NH DOC leadership, including Medical and Forensics and the Commissioner's Office, encouraged broader engagement from medical providers, mental health providers, and other staff. Educational programming for medical providers and staff at the NH DOC facilities was delivered by the MAT Coordinator. Resulting discussions between medical providers, experts on addiction treatment, staff and residents supported a culture change in attitudes about MOUD. An expansion of medical and mental health workforce increased the number of MOUD patients. EXIT-CJS recruitment occurred synergistically with the expansion of the MOUD program. Engagement of experts in addiction treatment provided support and training to providers. As NH DOC was engaged as a site in EXIT-CJS, study recruitment increased awareness of extended-release treatment options among patients and staff. EXIT-CJS employed a patient navigator to support recruitment and engagement of patient participants and provide referrals and education.

Conclusions: Policy-related, external, and internal factors contributed to the expansion of the MOUD program at the NH DOC, including the synergistic expansion of recruitment for EXIT- CJS.

B4. A Naturalistic Study of Individuals Involved in the Justice System Who Experienced Both Formulations of Extended-release Buprenorphine – *Thomas Blue, Friends Research Hub*

Objectives: To compare participants' experiences on two different formulations of extended-release buprenorphine.

Methods: Participants were part of a larger parent study comparing BRIXADITM (extended-release buprenorphine), hereafter called BRIXADI, to extended-release naltrexone. At the time, BRIXADI, was not fully FDA approved and due to medication supply issues, 12 individuals were switched to SUBLOCADETM (a different formulation of extended-release buprenorphine), hereafter called SUBLOCADE, for one dose and then back to BRIXADI. Ten of those individuals completed semi-structured interviews regarding their experiences with each medication.

Results: In general, most participants preferred BRIXADI and most found SUBLOCADE to cause more injection site pain/discomfort. Participants' experiences with respect to cravings, medication wearing off too soon, withdrawal symptoms, and perceived helpfulness with recovery are also discussed.

Conclusions: Patients may prefer BRIXADI to SUBLOCADE because of injection site pain/discomfort. This could be mitigated with topical or sub-cutaneous anesthetics. Findings are mixed with respect to the effect of the medications on cravings, withdrawal symptoms, and the medication wearing off too soon. To address feelings of the medication wearing off too soon, patients could be given additional weekly doses of BRIXADI (for patients on monthly doses of BRIXADI) or supplemental sublingual buprenorphine (for patients on either BRIXADI or SUBLOCADE.

B5. Factors Associated with MOUD Participant Preference Alignment among Individuals Recently Released from Incarceration – *Lisa Puglisi, Yale-TCN Hub*

Introduction: Overdose is the leading cause of death in individuals recently released from jails, and the third leading cause of death in custody. And yet few jails prescribe all three FDA approved medications to treat opioid use disorder which have been shown to reduce mortality and return to carceral systems. Recently, a handful of jails have started to prescribe at least one FDA-approved medication for treatment of opioid use disorder but it is unclear whether patient preference is being weighed into decisions about what medications are offered. In this study, we sought to investigate the factors associated with MOUD participant preference alignment among individuals recently released from jails.

Methods: We used data from three prospective studies funded by NIDA's Justice and Community Opioid Innovation Network, which are studying OUD treatment cascade outcomes among individuals released from jail. Each of these studies embedded questions on patient preference for MOUD, specifically, "which OUD medication treatment type would you most prefer to receive if it were available to you now?" We then examined specific demographic and clinical factors associated with patients received their MOUD treatment preference. We calculated the participant preference alignment and examined factors that were associated with it using a Classification and Regression Trees (CART) analysis.

Results: Among 241 participants, 90.8% are receiving MOUD; and of those 56% stated a preference for Buprenorphine/Suboxone, 18.3% preferred Methadone, and less than 1% had a preference for Naltrexone/Vivitrol. Only half (50%) of participants had their MOUD preference align with their current MOUD prescription and in the states that offered all three options, only 36.7% had their preferred MOUD. Results from the CART model showed that people who are between 21.5 and 30.5 years old, had less than 2.5 members, had a legal house income between $20,000 - $40,000, a current jail sentence of less than 50.5 days, experienced their last OD from an opioid more than a year ago, and had not used an illicit drug in the past year or have used in the past month were more likely to have their MOUD preference and prescription aligned. In terms of race, we found that among participants with a current jail length of 50.5 days or less, those who identified as White more likely to receive their preferred MOUD than other race. However, for participants who were older than 51 year or younger than 49 years, those who identified as Black were more likely than any other race to receive their preferred MOUD.

Conclusion: We found that only 50% of participants received their MOUD of choice and that younger people who are uninsured, with low SES, a short jail sentence, and little to no recent drug/opioid use were more likely to received their preferred MOUD. Future studies will explore whether patient preference is associated with improved OUD treatment outcomes.

B6. Jail-based MOUD and post-release linkage to care reduces opioid-related overdose mortality in in-silico modeling and analysis – *Jonathan Ozik, MAARC*

Simulation-based, or in silico, approaches complement clinical trial investigations by providing the ability to run synthetic analogues of clinical trials that would not be practical or ethical to conduct. The Justice-Community Circulation Model (JCCM) provides a framework for location-specific agent-based models of opioid use disorder (OUD) in individuals with criminal-legal involvement, along with interventions intended to reduce opioid-related overdose mortality among individuals released from jail. The current work extends the JCCM framework to the types of interventions being examined by the JCOIN Hub clinical trials. We investigate outcomes of simulated interventions to estimate their impacts on outcomes, including drug use behaviors, overdose mortality, and recidivism in the modeled population of persons released from jail.

Large-scale simulation experiments, coupled with model parameter sensitivity analysis, are being used to address multiple important research questions. First, simulations are used to assess the impacts on reducing opioid-related overdose mortality by intervening at various points in the OUD treatment process. This includes a focus on institutional factors such as increasing the ability of jails to offer different medications for OUD (MOUD) treatment, starting interventions earlier, increasing the proportion who initiate MOUD in jail, and post-release linkage to care for treatment of OUD.

Analyses show states of the individuals in the JCCM model after booking into jail and possible transition to states for receiving MOUD treatment, eventual release from jail, and linkage to care at time of release from jail. We highlight key institutional factors that are modeled in the process, including wait times for OUD screening, initiation of MOUD while in jail, and linkage to post-release MOUD treatment. The modeled institutional factors are varied via simulation sensitivity analysis to examine a range of potential real-world implementations that affect jail-

based MOUD initiation and post-release linkage to care, and ultimately, post-release opioid-related overdose mortality.

The in-silico MOUD trials include comprehensive sensitivity analysis of the time durations within the jail process to simulate the effects of delay, and reducing delays, in carceral OUD treatment settings. Delays in initiating MOUD while incarcerated may result in failure to provide care to individuals before they are released from jail, which can significantly increase the risk of opioid-related overdose after release. Furthermore, the model is used to investigate the effects of individual MOUD medications including oral route methadone, sublingual buprenorphine, and extended release (XR) buprenorphine and XR naltrexone.

Analyses also illustrate the potential range of opioid-related overdose mortality among persons released from jail when XR buprenorphine is offered to those with OUD, using population and overdose risk data for Cook Co, IL in year 2020. Mortality rates include persons with OUD that are both adherent or nonadherent to MOUD treatment, post-release. When XR-buprenorphine is offered, estimated OOD mortality can be markedly reduced given high rates of OUD screening and MOUD acceptance. OOD mortality rates were reduced by 35% relative to baseline, to approximately 28 deaths per 1,000 person years given 90% rates of OUD screening and 80% rates of MOUD acceptance. Improved post-release linkage to care can further reduce overdose mortality.

CONCURRENT SESSION "C" – Highlighting JCOIN Early Stage Investigators

C1. Competing Risk Analysis of Treatment Outcomes among Patients referred for Outpatient Opioid Use Disorder Treatment – *Soham Sinha, MAARC*

Background: People who experience opioid use disorders (OUD) enter treatment centers with the goal of reducing use and achieving recovery. Along the course of opioid use disorder (OUD) treatment, patients face the risk of competing events of unsuccessful outcomes. It is important to understand the dynamics of pertinent treatment outcomes among patients in addiction care at different points over the full duration of the treatment experience, and how observed relationships between key predictive variables and treatment outcomes may differ at different points in the treatment experience. This study seeks to understand the competing risks of pertinent treatment outcomes among opioid using individuals who are seeking treatment for opioid use disorder (OUD) in non-intensive outpatient service settings.

Study Design: This study used 2011-2021 data on 1,953,103 individual discharges from non-intensive OUD treatment centers episodes captured in the Treatment Episode Data Set: Discharges (TEDS-D). We estimated cause-specific piecewise Cox proportional hazards models to understand competing risks of successful outcomes such as treatment completion, unsuccessful outcomes such as discontinuing treatment, incarceration and death, and miscellaneous outcomes such as transferred and other. Log hazard ratios for each treatment outcome were estimated for three time periods after initiating treatment – 3-14 days, 15-29 days, and 30+ days. Analyses were stratified by gender (men vs. non-pregnant women). Given policy challenges in this domain we also stratify our analyses by treatment referral source (criminal legal system vs. non-criminal legal system).

Principal Findings: We found that the results of the competing risk analysis vary by sub-populations and treatment outcomes. Both the magnitude and direction of association for a given covariate often differed across the three time periods after initiating treatment. Known-protective-factor covariates such as, employment status and education were positively associated with successful OUD treatment outcomes and negatively associated with unsuccessful outcomes — but only for patients who remained in outpatient OUD treatment for thirty days or longer. Our findings are consistent with the possibility that measures to expand treatment access through Medicaid expansion require complementary supports, as patients with higher observed and unobserved risks may now have greater access to treatment services.

Conclusion and Policy Implications: Accounting for treatment duration improves predictive accuracy regarding the likelihood of successful and unsuccessful treatment outcomes at different points along the trajectory of treatment. Such modeling is pertinent for informing intervention trials and for focused resource allocation to serve vulnerable populations. Policymakers must ensure outpatient treatment centers and other sources of support have adequate resources to help patients not just enter but also remain in treatment long enough to reduce use, sustain treatment engagement, and pursue successful recovery.

C2. Collaborations between problem-solving courts and MOUD providers – *Basia Andraka-Christou, University of Central Florida (JRIG Project)*

Background: Medications for opioid use disorder (MOUDs) are underutilized by problem-solving court (PSC) participants. Lack of PSC-MOUD provider collaborations could serve as a barrier to routine referrals from PSCs to MOUD providers. As part of a mixed method JRIG-funded study, we examined factors that affect PSC staff willingness to collaborate with MOUD providers and the prevalence of such collaborations.

Methods: During 2022-2023, we conducted individual interviews and focus groups with PSC staff from four states to identify factors that could affect PSC staff willingness to collaborate with local MOUD providers, as well as the process that led to any existing PSC-MOUD provider collaborations. Audio data was recorded, transcribed, and analyzed for themes using iterative categorization – a mixed deductive-inductive approach. Based on interview results, we then created an online survey that included questions about current PSC-MOUD provider collaborations. The instrument was disseminated nationally in 2024 via Qualtrics using publicly available email addresses of PSC staff. We used descriptive statistics to identify the frequency of collaborations with different types of MOUD providers (i.e., those who offer methadone, buprenorphine, and/or naltrexone.)

Results: QUALITATIVE: 54 PSC staff from 33 courts participated in either interviews or focus groups, with the vast majority from Florida. Adult drug courts were the most common courts in the sample, and court coordinators were the most common roles. PSC staff indicated that the following MOUD provider characteristic would be associated with greater willingness to form a PSC-MOUD provider collaboration: frequent drug testing, frequent communication with the court, provision of counseling alongside MOUD, nonprofit status, and acceptance of Medicaid. PSC staff also had higher willingness to collaborate with buprenorphine and naltrexone providers than methadone providers. PSC staff described two different processes by which existing PSC-MOUD provider collaborations had developed: (1) a treatment agency with whom the court was already

collaborating began offering MOUD, either of its own accord or due to pressure from the court; or (2) the court specifically sought an MOUD provider to establish a relationship (e.g., due to grant requirements, participant needs). QUANTITATIVE: 52 PSC staff from across 15 states (approximately 25% from Florida) answered questions about court-MOUD provider collaborations. 53% of respondents were from rural courts, while 42% were from urban courts (others did not respond to this question). Adult drug courts were the most common court type in the sample (46% of respondents) and court coordinators was the most common role (62% of respondents.) 51% of respondents said their court collaborated with a methadone provider; 76% of respondents said their court collaborated with a buprenorphine provider; and 80% of respondents said their court collaborated with a naltrexone provider.

Conclusion: Our findings suggest that PSC staff desire specific MOUD provider characteristics when seeking a partner with whom to collaborate. Both qualitative and quantitative results suggest a higher willingness to collaborate with non-methadone providers than methadone providers. More collaborations with methadone providers could dispel misconceptions about methadone, or better education for PSCs about methadone could increase willingness to collaborate. Study limitations include a non-representative, small sample.

C3. The Recovery Capital Model in a Drug Court Setting: Results from Pilot and Feasibility Studies – *Emily A. Hennessy, Mass General Hospital (JRIG Project)*

Background: Individuals with SUD in the criminal legal system (CLS) encounter barriers that impede the accrual of recovery capital, i.e., resources that support recovery. These barriers increase stress levels, reduce coping skill development, and can result in substance use and recidivism. Individuals with CLS involvement need to be assertively connected with resources that will help them initiate and build on sources of recovery capital. Our standardized recovery planning intervention, the Recovery Capital Model (REC-CAP), aims to do just that. The primary aim of this presentation is to describe the REC-CAP, our feasibility pilot implementing REC-CAP with two federal drug treatment courts, and preliminary client outcome findings from our current pilot of the REC-CAP implemented as part of standard court practice. We will also describe factors related to the sustainability of the REC-CAP as part of standard practice in this setting.

Method: The REC-CAP is a standardized survey tool, implemented for free in REDCap, that also provides summary data of all scales: overall recovery capital is on a score of -100 to 100 with negative recovery capital (risks, barriers, and unmet needs) scored -100-0 and positive recovery capital (strengths and resources) scored 0-100. The feasibility pilot involved onsite training, focus groups, technical assistance with court staff, and descriptive client data analysis. The evaluation pilot involved updated virtual training, technical assistance, and client data analysis with a historical comparison group not engaged in the REC-CAP. Both courts have client censuses ranging from 10-15/year and one probation officer assigned to the program.

Results and Conclusions: In the one-year feasibility pilot (2021), 23 clients completed a REC-CAP; staff felt this provided important information about clients' strengths/barriers and suggested next steps. Staff wanted more concrete opportunities for goal planning, so we added node-link mapping. In the present evaluation pilot, 13 clients have completed at least one REC-CAP (92% male; 62% white, 23% black; 23% Hispanic; M= 43 years). Court 1 has 9 client completions, all of whom agreed to share data. These participants had a wide range of recovery capital during court

entry (range = 7-71), representing a combination of both high negative recovery capital (many barriers) and high positive recovery capital (many supports). Negative recovery capital decreased for most clients after their initial assessment, resulting in increased overall recovery capital for the later phases (36-83; outlier = 6). Court 2 has 5 client completions, 4 of whom agreed to share data. These participants reported lower recovery capital during earlier phases (range = 41-60), due to lower positive recovery capital rather than high negative recovery capital. Recovery capital scores increased for the later phases (86-96). One key challenge was many court staff transitions in one court, along with a decreasing client census in both courts. Yet, REC-CAP appears to be a promising strengths-based way of engaging both staff and clients. Later work with an increased sample will examine the drug screens shared by the court and will compare these cases to previous court clients who did not engage in the REC-CAP.

C4. Minneapolis Addiction Recovery Initiative (MARI) Safe Station: A Year-End Process Evaluation – *Julia M. Krupa, Michigan State University (CTC)*

Substance use and misuse in the United States is an ever-increasing challenge leading to premature death, disease, and a range of other societal and economic costs. Given the impact of substance use, there is a need for empirical evidence and service models to inform practitioners and policy makers on the suitability of recovery informed approaches to substance use disorder (SUD) prevention and treatment. Process evaluation serves as a mechanism to assess such approaches and is crucial for understanding the extent to which interventions are being implemented as planned, the contextual factors influencing implementation, and the critical resources needed to create change. In 2019, Minnesota had an overdose mortality rate of 11.9%, which was one of the lowest ranking overdose mortality rates in the nation. While this has been overall encouraging, it has made it easy to overlook the substantial disparities in overdose mortality that exist in Minnesota. In that same year, the overdose mortality rate of African Americans in Minnesota was 20.2%, and mortality rate among American Indians was 80.7%. In response, the Minnesota Addiction Recovery Initiative (MARI), a collaborative regional project, implemented the Safe Station program in Minneapolis. Safe Station provides access to substance use treatment and linkage to peer recovery coaches (PRCs), via self-referrals, by leveraging fire stations as safe, neutral access points. The goal of this project is to engage PRCs and outreach experts to reduce the unmet needs of underserved communities with SUDs. Utilizing the behavioral health service cascade, the current study assesses the implementation of MARI Safe Station via a process evaluation. This study examines program enrollment and participant characteristics, care coordination, community outreach efforts, and program development and implementation. Finally, it identifies recommendations for program refinements to inform implementation and preparation for an outcome evaluation focusing on participant recovery outcomes.

C5. State Medicaid Initiatives Targeting Substance Use Disorder in Criminal Legal Settings, 2021 – *Cashell Lewis, University of Chicago Hub*

Objectives: To document state Medicaid pre- and post-release initiatives for individuals in the criminal legal system with substance use disorder (SUD).

Methods: An Internet-based survey was sent in 2021 to Medicaid directors in all 50 US states and

the District of Columbia to determine whether they were pursuing initiatives for persons with SUD across 3 criminal legal settings: jails, prisons, and community corrections. A 90% response rate was obtained.

Results: In 2021, the majority of states did not report any targeted Medicaid initiatives for persons with SUD residing in criminal legal settings. Eighteen states and the District of Columbia adopted at least 1 Medicaid initiative for persons with SUD across the 3 criminal legal settings. The most commonly adopted initiatives were in the areas of medication for opioid use disorder treatment and Medicaid enrollment. Out of 24 possible initiatives for each state (8 initiatives across 3 criminal legal settings), the 2 most commonly adopted were (1) provision of medication treatment of opioid use disorder before release from criminal legal settings (16 states) and (2) facilitation of Medicaid enrollment through suspension rather than termination of Medicaid enrollment upon entry to a criminal legal setting (14 states). Initiatives pertaining to Medicaid SUD care coordination were adopted by the fewest (9) states.

Conclusions: In 2021, states' involvement in Medicaid SUD initiatives for criminal legal populations remained low. Increased adoption of Medicaid SUD initiatives across criminal legal settings is needed, especially knowing the high rate of overdose mortality among this group.

CONCURRENT SESSION "D" – Implementation Strategies to Improve Practice

D1. An Implementation Science Framework to Contextualize an Innovative Intervention Integrating Medications for Opioid Use Disorders in the Probation System – *Amelia Bailey, Brown University Hub*

Aim: Medication for opioid use disorder (MOUD) is an evidence-based approach that reduces opioid-related mortality, particularly among justice-involved populations. Peer support services (PSS) have demonstrated efficacy in improving substance use treatment engagement and outcomes, though its use among individuals under community supervision (i.e., supervision under probation) and who are receiving MOUD has not been studied. Implementing evidence-based approaches in the context of probation settings require an in-depth understanding of specific contexts to improve intervention efficacy and effectiveness. To this end, we aim to use the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework (an implementation science tool) to obtain evidence that guides effective intervention implementation.

Methods: In-depth individual interviews were conducted with key programmatic stakeholders (n=10 treatment providers and probation staff involved in service provision for people on probation) in Rhode Island (the first with a comprehensive statewide MOUD program). The study examined their perspectives regarding MOUD and PSS implementation among those under community supervision. Deductive and inductive thematic analysis was conducted, and subsequently the codes, subcodes, and themes were mapped onto the EPIS framework to better understand implementation needs.

Results: We deduced key inner, outer, and bridging contexts that shape treatment service provision for individuals with OUD on probation. Inner contexts include a strong hierarchical order in the probation agency that potentially facilitates leadership-led change (e.g., MOUD implementation), favorable views of peer support services and belief in its efficacy, and some

stigma towards those with OUD. Outer contexts include difficulties navigating insurance coverage for the population. Bridging contexts include transportation barriers to accessing MOUD treatment, and a lack of coordination between agencies (e.g., between probation and courts) that hinders treatment planning.

Conclusion: Findings identify inner and outer context factors that may facilitate and impede MOUD programming and highlight bridging context factors that need to be addressed to improve service delivery.

D2. Lessons learned from the TCU Hub on using implementation strategy approaches to build community capacity for addressing service linkage gaps – *Jennifer Becan, TCU Hub*

This presentation will describe two types of implementation strategy bundles incorporated in the TCU Hub community change initiatives for 16 communities across three states. First, this presentation will provide a brief overview of the strategies facilitated by the Hub investigator team to build community capacity. Local stakeholder workgroups comprised of parole leadership and staff, as well as community substance use agencies, were formed and engaged in a series of strategies. These strategies helped the community workgroups to identify substance use service gaps among individuals released from prison and placed on parole; prioritize goals for addressing the most pressing service gaps; and developing action plans to implement change. This presentation will provide an overview of what the local communities voiced as the areas of greatest need to close the gap in linkage to care. Across the three states there are a few areas that emerged as common service gaps. Lastly, this presentation will also describe how our research hub amplified the community stakeholders voice through collaboration efforts with the state department of corrections.

D3. Implementation strategies to support peer recovery coach and case management substance use treatment navigation for criminal legally-involved people who use drugs – *Maggie Kaufmann, University of Illinois at Chicago (University of Chicago Hub)*

Background: Social support interventions to improve the health of people who use drugs (PWUD) are often implemented by peer recovery coaches, case managers and community health workers with direct experience with substance use. Peer recovery workers, including those with lived experience with substance use, bring unique strengths to supporting PWUD, such as the ability to provide empathic, stigma-free support that can foster trust and improve self-efficacy. However, challenges in training, supervision, personal boundary setting, burnout, and for those with lived drug use experience, threats to personal recovery, can jeopardize the well-being, efficacy and sustainability of this frontline workforce. We describe the implementation strategies for a hub and spoke model of remote supporter training, individualized supervision, and longitudinal group supports for peer recovery coaches and case managers implementing the Reducing Opioid Mortality in Illinois (ROMI), a paired peer recovery coach and case manager (PRC-CM) intervention for PWUD with recent carceral involvement. We focus on the implementation strategies to center the key issues of feasibility in real world settings, program sustainability, and generalizability.

Methods: ROMI is an ongoing hybrid type I trial testing the efficacy of a paired PRC-CM plus overdose education and naloxone distribution (OEND) intervention in linking people with illicit

opioid and/or stimulant use and recent carceral involvement to treatment compared to OEND alone. We implemented a bundled package of four core strategies foundational to the PRC-CM intervention, and describe the composition of the technical assistance team. Comprehensive Training was developed to progress from general knowledge to skillset generation, and included PRC competencies and state certification, trauma-informed care, harm reduction, and motivational interviewing. Individual Supervision is remotely provided by experienced clinical staff through a central hub of technical assistance, and includes support to address interpersonal and systems issues. Longitudinal Group Case Consultation is to share real-time lessons, build collaborative culture, and engage in mutual learning and reflection. Project Management offers operations and coordination technical support to the PRC-CMs, including triage and solution identification, and supports electronic platforms to facilitate documentation of acuity assessments and service delivery. Tracking of implementation strategies adaptations was performed using the Framework for Adaptations and Modifications to Evidence-Based Implementation Strategies (FRAME-IS), and the Consolidated Framework for Implementation Research was used to evaluate of each of these strategies via in-depth interviews with peer recovery coaches and case managers.

Conclusion: Understanding the practical depth and scope of the implementation activities required to support the implementers of complex interventions such as social support and navigation for criminal legal-involved PWUD will be essential to contextualizing the clinical trial results, and elucidates the organizational and professional capacities that may be required for translation for real world implementation.

D4. Centering the Pivot: Honoring the Science & Population – ***Margaret Bordeaux, Duke University (Brown University Hub)***

Background: An estimated one in 55 adults under community supervision have a substance use disorder, and individuals with a history of incarceration have a significantly higher risk of overdose fatality. Providing Interventions for Enhancing Recovery in Community Supervision (PIERS) main objective is to enhance interorganizational coordination between Community Supervision departments and community-based treatment agencies. With three diverse sites, PIERS was developed in partnership with community supervision authorities in each state, but, in light of COVID and local policy changes, support at some sites waned over time. In this presentation, we highlight the importance of the pivot and how flexibility is necessary of real-world, implementation-focused interventions.

Research question(s): What happens when state-level support for implementation interventions diminishes? How do project teams pivot in the face of real-world challenges?

Methods: Utilizing informal conversations with project teams, project documentation of changes, and observations of team interactions and meetings, we will document: 1) challenges and solutions to waning local support (e.g., what pivots need to be made to achieve aims); and 2) the collateral impact of any changes on intervention components.

Results: After support changed, decisions were made relevant to 1) optimizing intervention impact and 2) ensuring the project aims could be met. Changes included: local change teams to include broader community representation, focusing on engagement with treatment providers, developing

expansive recruitment techniques that did not rely on official partnership, and strategy to support partner re-engagement at any time.

Conclusions: Implementation studies are designed to account for real-world challenges that may impede optimal intervention. However, there is little research that documents real-time pivot toward unexpected research activities. We will share how PIERS navigated significant implementation challenges to advance our project aims.

D5. Using Cascade of Care to Facilitate MOUD Use in Criminal Justice Settings – *Todd Molfenter, University of Wisconsin-Madison (CTC)*

Enhancing low medication for opioid use disorder (MOUD) use rates in jail settings provides an important opportunity to reduce overdose risk post-jail release. Data collected in a comparative effectiveness implementation study focused on increasing MOUD utilization provides insights into environmental and operational characteristics affecting MOUD delivery in jail/post-jail settings. The sample included 50 sites (29 jails/21 affiliated community-based organizations (CBOs)) and represented a national 14-state sample. Jail MOUD environmental and operational characteristics data were based on a) a survey of staff attitudes on the appropriateness and efficacy of different MOUDs, b) an assessment of best MOUD practice use across the jail/post-jail MOUD cascade of care, and c) an inventory of strategies jails are implementing to enhance the MOUD cascade of care.

The study team surveyed 208 staff from jail and jail-recruited CBO settings to assess their attitudes towards MOUDs. Fifty-six to 67% of respondents indicated that buprenorphine and naltrexone MOUD formulations were appropriate. Yet just 37% of respondents considered methadone appropriate. Extended-release (ER) formulations were the most favored at 70% for ER-naltrexone and 58% for ER-buprenorphine. For effectiveness, buprenorphine and ER-naltrexone were considered most effective at 52% and 51%, respectively. Methadone was rated as least effective at 28% effectiveness. An analysis of perceived effectiveness by race showed that black staff members are more likely to perceive methadone as effective, at 42%, and white individuals least likely, at 28%, possibly reflecting racial bias.

The national cascade of care analysis provided insights into MOUD practice application. The most active MOUD practice in the cascade occurred at screening, with 86% of jails screening for OUD and OUD withdrawal symptoms. At entry, 82% of jails provided medications to address withdrawals, with 48% providing buprenorphine. For initiation and provision of care, 82% use at least one MOUD, and 75% of jails provide non-MOUD substance use disorder (SUD) care. MOUD use was 51.7% for buprenorphine and ER-naltrexone and 31.0% for methadone. Notable gaps in the cascade of care are a) 62% percent of sites offer only one MOUD, b) the lack of choice results in 51%–75% of the sites not being able to continue to prescribe an individual's MOUD regimen once they are in the jail setting, c) the SUD continuum of care is also lacking, with only 44.8% of jails providing outpatient care, and d) only 50% of individuals receive MOUD continuing care support post-release.

In the study sample of 29 jails, 2 conducted projects to enhance screening, 10 to increase the types of MOUD available, 7 to improve MOUD initiation, 3 to improving MOUD retention

within the facility, and 15 to improve post-release MOUD retention by enhancing the continuum of care.

Findings suggest a) more education in jail settings are needed on MOUD effectiveness how to reduce racial bias towards Methadone; and b) Opportunities exist to strengthen the cascade of care by improving the diversity of MOUDs being provided and post-release continuing care planning.

CONCURRENT SESSION "E" – Research on Stigma Interventions and Impacts

E1. Understanding experienced, anticipated, and internalized stigma through the voluntary and involuntary disclosure of addiction, MOUD, and criminal legal system histories – *Shannon Gwin Mitchell, Friends Research Hub*

Background: Using illicit substances, particularly opioids, is highly stigmatized in US society. Even using medication to treat opioid use disorder (MOUDs) sometimes confers additional stigma on those who take them as part of their recovery. Stigmatization's negative impacts on people with opioid used disorder (OUD) are broad and deep and include such things as social exclusion, hopelessness, treatment ambivalence/avoidance, discrimination in health care, employment, housing, and other arenas. These harms are compounded and complicated when people internalize these stigmatizing messages, and when people are also involved in the criminal justice system. The proposed presentation will draw from qualitative data to examine the ways in which people with OUD, MOUD, and criminal legal histories navigate issues surrounding disclosure of these stigmatized identities/behaviors, and their relationship to experienced, anticipated, and internalized stigma.

Methods: Eleven methadone patients with histories of involvement in the criminal legal system participated in semi-structures interviews in January and February 2022 as part of a pilot study to modify an existing stigma reduction intervention. Interview participants were purposively selected to include a range in terms of respondent age, sex, race, time in methadone treatment, and length of criminal justice experiences. Interviews were conducted independently by one of the two project PIs who utilized a semi-structured interview guide that included questions concerning experiences and observations of the ways in which people with OUD, criminal legal system involvement, and MOUD participation are stigmatized. Nine of the interviews were conducted via Zoom and two were done in-person. All interviews were digitally recorded, transcribed and checked for accuracy, and analyzed using Atlas.ti 9.0.

Results: Participants described a range of situations in which they felt compelled to disclose their addiction histories, use of MOUDs, and/or criminal legal system involvement. Stories often described these as "no win" situations in which disclosing these stigmatized identities/behaviors resulted in being denied resources or being treated badly, whereas withholding the information could result in additional problems and ultimately reinforce stereotypes of them being untrustworthy people. There was little faith that people would treat them fairly either way. When it came to instances in which they had the option to disclose stigmatized identities/behaviors to others, people's prior experienced stigma and internalized stigma influenced whether or not they chose to disclose their MOUD or carceral system history. While choosing not to self-disclose was

self-protective and understandable, it also sometimes created barriers to building the social capital that can be so helpful in the recovery process.

Conclusion: Forced disclosure of multiple stigmatized identities can create both short and long-term difficulties for this population. Interventions that help people prepare to successfully navigate both voluntary and involuntary disclosure of their addiction, MOUD, and/or criminal legal histories could help mitigate the fall-out from sharing that information and protect/support them in their recovery journey.

E2. Substance Use-related Stigma and Social Supports Among Incarcerated Women with Opioid Use Disorder – *Martha Tillson, University of Kentucky Hub*

Aim: For women, anticipated stigma related to substance use can be a barrier to entering substance use treatment and may be compounded by other stigmatizing statuses (e.g., criminal legal system [CLS] involvement). Past experiences of stigmatization (enacted stigma) may contribute to women's anticipation of future stigma, yet little research to date has examined factors that could attenuate this relationship. Stigma is an inherently social construct: thus, this presentation aims to examine the relationship between enacted and anticipated stigma related to substance use as a function of CLS-involved women's social support.

Methods: Participants were 900 women recruited from nine Kentucky jails who were screened for opioid use disorder as part of a larger clinical trial under the NIDA-funded Justice Community Opioid Innovation Network (JCOIN). All eligible and consenting women completed a baseline survey while incarcerated, including the Substance Use Stigma Mechanisms Scale (SU-SMS; Smith et al., 2016), a validated measure of substance use stigma. For purposes of this study, the SU-SMS subscales for enacted and anticipated stigma were used (ranges 6-30). Participants also completed the Multidimensional Scale of Perceived Social Support (MSPSS; range 12-84), a validated measure of individuals' perceived support including three subscales (support from significant others, family, and friends; ranges 4-28).

Results: On average, women scored 20.1 on the SU-SMS measure of enacted stigma and 16.7 on the measure of internalized stigma. Enacted stigma was significantly correlated with anticipated stigma ($r=0.60$, $p<.001$). Overall, women scored 63.0 on the MSPSS, with highest support received from significant others ($M=23.1$), followed by family ($M=20.6$) and friends ($M=19.2$); all three subscales were negatively associated with anticipated stigma (all $p<.001$). In a series of linear regression models with anticipated stigma entered as the dependent variable, a significant interaction was observed between enacted stigma and support from friends ($p=.001$). Specifically, women who reported high enacted stigma yet lots of support from friends had relatively lower anticipated stigma compared to women who had high enacted stigma but low friend support. However, support from family and significant others did not significantly moderate the enacted-anticipated stigma relationship.

Conclusion: Results suggest that past experiences of substance use-related stigma were strongly associated with future expectations about stigma in this sample of incarcerated women with OUD. However, findings indicate that support from friends may mitigate this association among women who have felt highly stigmatized in the past. Future research should examine what might be unique about this type of support compared to that from partners and family members, which did not

moderate the enacted-anticipated stigma relationship. Studies should also examine longitudinal changes in stigma and social supports after release from incarceration.

E3. In-Detention SUD Treatment and Its Impact on Sense of Self – *Valerie Gray Hardcastle, Northern Kentucky University (JRIG Project)*

Purpose: Between 50% and 85% of incarcerated individuals in the U.S. have a history of substance misuse (NIDA, 2021). Release from detention is a critical time for offenders with Substance Use Disorder (SUD), with high risks for recidivism and relapse (Edwards et al., 2022). One explanation for recidivism is that those with a criminal history may harbor a negative self-identity (Bachman et al., 2016). Individuals tend to act in ways that are consistent with their self-view (Hogg, Terry, & White, 1995). Thus, those with a negative (positive) self-identity will be more (less) likely to engage in problematic (prosocial) behaviors. Paternoster and Bushway (2009) proposed the identity theory of desistance (ITD) to explain this process in the context of recidivism. ITD posits that desistance occurs when offenders connect current failures with future failures, and then anticipate that a feared-self will result if they stay active in offending. A pro-social identity thus evokes a desire to sever a criminal past, suppressing the desire to recidivate. Quantitative data supports ITD (Liu & Bachman, 2021), yet we know little about the cognitive processes involved in creating more positive self-identities and how these processes are compounded by the presence of SUD.

Procedure: The setting for this study was a rural detention center in the southeastern U.S. with a chemical dependency program (CDP) for women. We obtained essays written by detainees when they joined the CDP (n=42) and when they completed the program (n=30). Essays reflected unstructured responses to a singular prompt, “How I Feel.” Using thematic analysis (Braun & Clarke, 2012), we identified emergent themes pre- and post-treatment (see Fig. 1 and 2) and then examined differences in themes across the time periods.

Results: Results for the pre-treatment essays revealed that detainees harbored strongly negative self- and social-identities, as reflected in themes such as self-reproach, disassociation, and loss of valued relationships (children, families). In contrast, results for post-treatment essays revealed markedly more positive self (e.g., feeling whole, and self-worth) and social (family, motherhood) identities. Exemplar quotes from the pre- and post-treatment letters provide rich descriptions of these self-perceptions.

Conclusions and implications: Findings demonstrate how in-detention treatment programs can be used to help shift detainees’ sense of self. We will discuss the nature of the program, and factors that participants tied to their changed sense of self, including the role of program staff.

E4. Medical Mistrust and Opioid Knowledge Predicts Social Stigma Towards Adults Living with an Opioid Use Disorder – *Trey V. Dellucci, Indiana University Hub*

Background: Accidental overdose on opioids is a leading cause of death in the United States. While stigma has been identified as a critical component for accessing treatment of OUD, little is known about predictors of opioid related stigma specifically. No study to date has examined the associations between medical mistrust, health literacy, and opioid related stigma. Grounded in

the knowledge-attitude-behavior framework, it is reasonable to believe that medical mistrust may be associated with opioid related stigma indirectly through opioid knowledge. The current study aims to fill this gap by examining opioid knowledge and medical mistrust as predictors of public and enacted opioid stigma, and the indirect effect between medical mistrust and opioid stigma through opioid knowledge. This study further examines minority identities as moderators.

Methods: Data were analyzed from a cross-sectional survey administered from October 2021 to November 19, 2021 (n = 6,515 adults) with participants drawn from a random sample of panelists from AmeriSpeak which was collected through NIDA JCOIN initiative. A structural equation model was calculated to examine the indirect association between medical mistrust and opioid stigma through opioid knowledge. We further explored if the association between opioid knowledge and opioid stigma was moderated by minority identity (racial minority vs. racial majority; sexual minority vs. sexual majority).

Results: Medical mistrust was negatively associated with opioid knowledge (B = -0.16, p< .001). In turn, opioid knowledge was negatively associated with social stigma towards OUDs (B = -0.18, p < .001). Minority identity further moderated the association between opioid knowledge and opioid stigma. This association was weaker for those who identified as a sexual minority compared to those who identified as heterosexual (B = -0.20, p < .001), but was stronger for those who identified as a racial minority compared to those who identified as non-Hispanic White (B = 0.07, p = .012).

Conclusion: This study is among the first to demonstrate the importance of medical mistrust and health literacy on opioid related stigma in a large national sample and provides insight into possible intervention and prevention programing. Opioid knowledge is modifiable and may be a mechanism for reducing stigma and improving attitudes towards people living with OUDs. Existing brief interventions can be utilized to increase opioid knowledge and reducing opioid related stigma. At the same time, the significant interaction between minority identity status and opioid knowledge on stigma towards individuals living with OUDs also suggests that a "one-size-fit-all" strategy to reducing opioid stigma may not be appropriate. Future research is needed to determine cultural considerations for tailoring these interventions.

E5. Stigma Reduction Among Criminal Legal Staff: Evidence from a Multilevel Stigma Reduction Intervention – *Kelly E. Moore, East Tennessee State University (JRIG Project)*

The stigma tied to a history of incarceration and substance use is pervasive in the criminal legal system. People with addiction and incarceration backgrounds are often viewed as unpredictable, dangerous, untrustworthy, unreliable, and unable to be rehabilitated. Although criminal behavior is often directly related to the symptoms of substance use disorder, the criminal legal system's response (i.e., incarceration) is the same and treatment is rarely prioritized. Aware of negative perceptions toward them, individuals with addiction and incarceration backgrounds often expect rejection, feel ashamed and discouraged, and fail to engage in healthcare and treatment systems, which increases their risk of continued legal involvement. These trickle-down impacts of stigma are detrimental, and it is critical to address stigma in the criminal legal system to help prevent these individual-level stigma outcomes from occurring. This study presents data from a pilot feasibility trial of a multilevel stigma reduction intervention for the criminal legal system, focusing on the social stigma reduction component.

Participants were criminal legal staff (e.g., judges, probation, attorneys, treatment providers, corrections) working in the Tennessee Recovery Oriented Compliance Strategy program across 6 rural Tennessee counties (n=46). Staff enrolled in a 4-hour live, virtually-delivered training that involved psychoeducation about stigma, discussion of myths about addiction and crime, behavioral change strategies, and personal stories from a certified peer recovery specialist. Participants completed pre- and post-intervention follow-up online surveys to capture stigmatizing attitudes as well as other relevant factors including organizational culture and feelings of safety and comfort in the workplace. Anonymous surveys were also administered to gather feedback about the intervention.

Among 46 people who completed the baseline, 33 completed the post-test and 22 completed the 3-month follow-up. Overall, 74% of participants reported the training was useful for their job, 68% said they learned strategies to reduce stigma, and 71% said they planned to monitor and change their use of stigmatizing language/behavior. Staff reporting a higher level of organizational stress (e.g., "Staff frustration is common here." "Staff are under too much pressure to do their jobs effectively.") and those who reported feeling uncomfortable or afraid of violence at their jobs reported greater stigmatizing attitudes, denied that stigma was a barrier to reentry and treatment success, and reported less openness to stigma reduction strategies. Several items capturing stigmatizing attitudes/behaviors changed from pre-intervention to 3-month follow-up, such as increases in past month attempts to help justice-involved individuals feel comfortable/respected (MD = -.78, p=.006, d = 1.1), enjoying interactions with clients (MD = -1.0, p=.040, d = 1.9), and decreases in difference and disdain (MD = -.65, p=.150, d = 1.8).

This new intervention for criminal legal staff is promising and may help address negative attitudes about addiction and criminal involvement, improve how staff interact with justice-involved individuals, and increase openness to treatment. However, criminal legal staff who are experiencing stress, burnout, or violence at their jobs are unlikely to be amenable to stigma reduction approaches. Efforts to reduce stigma among criminal legal staff must address these organizational issues alongside any implementation of novel training programs.

CONCURRENT SESSION "F" – New Perspectives on Old Problems

F1. No Help Finding Help: The Search for MAT/MOUD Treatment In Critical Access Areas – *Danielle Rudes (CTC) and Harold Pollack (University of Chicago Hub)*

Funded by the U.S. Congress in 1992, The Substance Abuse and Mental Health Association (SAMHSA) is tasked with providing education, technical assistance, training, and funding to providers to increase understanding and outcomes for individuals with substance use disorder (SUD) treatment or mental health needs. One important component of SAMSHA's offerings includes the publicly accessible Treatment Locator database, whereby researchers and individuals in need of services can search by U.S. zip code to find available providers in their area. In essence, short of a Google search, word-of-mouth, or a referral, individuals with SUD seeking medication opioid use disorder treatment (MOUD) or medications for opioid use disorder (MOUD), can use this database to locate highly needed treatment and/or services including physician's names, clinic addresses, telephone numbers, and other important information…the first step on the pathway to help and potentially recovery. The SAMSHA Treatment Locator also allows for searching by desired

treatment type and includes codes for buprenorphine and general opioid use disorder treatment. However, several scientific studies find the Treatment Locator lacking in critical ways. These weaknesses include: 1) a low proportion of clinics and providers who offer initial appointments; 2) incomplete information within a dynamic field in which many providers enter and exit the field of MOUD treatment; 3) a lack of treatment providers who adhere to SAMHSA's behavioral health crisis care best practices, and 4) few treatment services that include information regarding patient experience ratings. In this paper, our team focuses on #2 above by reporting on challenges associated with the use of the SAMHSA Treatment Locator some two years after several studies detailed these challenges. Using a randomly selected sample of 200 previously-identified critical care units (treatment providers largely located in rural or isolated areas who are often the only medical treatment provider in their local areas) identified using the SAMHSA Treatment Locator, we find only 32% (n=64) were active (in-business and providing MOUD) with the other 67% of sites not providing MOUD, were simply referral to MOUD services, or were out-of-business. Additionally, after a rigorous contact process (phone, email, and online forms) only three providers (at three critical care units) agreed to interview with our team noting the stigma and difficulty they face in their communities as a primary explanation for a lack of study participation. Without being able to identify, contact, and/or access critical care units, persons who need services face an increased likelihood of poor health outcomes, including increased potential for suicide and overdose. Additionally, researchers cannot conduct necessary data collection to inform clinicians, policy makers, and communities regarding resources strategies to improve MOUD treatment access and service availability for those most in need of assistance.

F2. Developing and Evaluating a Behavioral Health Literacy Curriculum in State Prisons: A Community-Engaged Approach with Carceral Staff and Residents – *Carrie Pettus and Danielle Rudes (CTC)*

Behavioral health literacy (BHL) is a critical component of effective mental health and substance use disorder (SUD) interventions (aka behavioral health interventions), particularly in correctional settings where these issues are prevalent. Behavioral health literacy refers to the understanding of mental health and substance use disorders including their etiology, their impact on daily living, and potential informal and formal supports for coping with life challenges related to mental health and substance misuse. Carceral staff and residents must grapple with behavioral health where they work and live in carceral settings. Enhancing BHL among both prison staff and residents can facilitate better understanding, support, and management of mental health and substance use disorders, leading to improved outcomes for individuals and the prison environment as a whole.

This study aims to develop, implement, and evaluate a comprehensive BHL curriculum tailored for male and female state prison populations and carceral staff. The curriculum is designed to improve knowledge and attitudes regarding mental health and substance use disorders, promote the use of formal and informal support mechanisms, and facilitate the translation of clinical language into terms consistent with language and processes used in a carceral environment. A participatory research approach was employed, involving 48 prison staff and residents in the development of the curriculum. Initial qualitative interviews were conducted to gather insights into the specific needs and preferences of the target population. Based on these findings, a draft curriculum was developed and subsequently refined through iterative feedback sessions with both staff and residents. The finalized curriculum encompasses interactive modules on understanding mental health and substance use disorders, identifying and accessing support resources, and effective

communication strategies. The effectiveness of the curriculum will be tested through a pre-post intervention design, with assessments of BHL, attitudes towards mental health and substance use disorders, and self-efficacy in managing these issues.

The development phase yielded a culturally and contextually relevant curriculum, with content that resonates with the lived experiences of the participants. The upcoming evaluation phase will provide quantitative and qualitative data on the impact of the curriculum on BHL and related outcomes.

This study represents a novel approach to enhancing BHL in correctional settings, with a strong emphasis on collaboration between researchers, prison staff, and residents. By involving the target audience in the development and refinement of the curriculum, the intervention is tailored to meet the specific needs of the prison population. The findings from this study will contribute to the evidence base for BHL interventions in correctional settings and offer insights into the potential for scaling and adapting the curriculum for broader implementation.

F3. Creating Timeline Followback (TLFB) and Event Review Cycles: Teaching REDCap New Tricks – *Ralph Brooks, Yale-ACTION Hub*

Background: REDCap (Research Electronic Data Capture) is a secure, web-based platform used worldwide to support customizable data capture for research studies. It natively provides significant functionality, including automatic data backup with audit trail, data exporting for analysis, and capability for offline data capture. However, use for activities like Timeline Followback (TLFB) and Event Review cycles, are complex in their own right and remain challenging to implement.

Challenges: TLFB is a well-established retrospective calendar-based self-report tool for participants having a history of substance use. Traditionally it utilizes excel spreadsheets and paper calendars to capture types of substances and days of use. TLFB is difficult to aggregate for data analysis, and training to enter data accurately is intensive. Translation to REDCap, has been problematic, as traditional 7-day weekly calendars cannot be easily created due to difficulties in manipulating dates. Another challenging area is that of Event Review cycles (e.g., Reviews of Adverse Events and Data Request) where supervisors need real-time notification of events, but then also need to login to submit a response, viewable by the team.

Solutions: Our solutions use only the native tools in REDCap itself, without relying on external online tools or API methods. For TLFB, we designate an anchor day as a reference. Subsequent use of native REDCAP commands (@CALCDATE and DATEDIFF) rely on this anchor. The resulting calendar has been standardized to 6 weeks; up to 5 calendars can be use serially if needed to capture all time elapsed since previous assessment (Max=6 months). REDCap TLFB uses a large number of fields, requiring it to be a standalone project. If combined with other data instruments, project response time is slowed. For Event Review cycles, we developed a user-friendly process whereby REDCap's alert and notification feature is coupled with surveys and repeat return links to allow those in oversight roles to be notified of an event, supply feedback, and communicate back to support staff in real-time, without requiring specific login. All activities are recorded in the system.

Conclusion: REDCap's great utility is in its flexibility, such that users can utilize its array of features in combination to overcome challenges to study management and implementation. Bringing TLFB to REDCap can improve study efficiency, especially around limiting transcription errors, and creation of an auto-populating 'Summary' containing "total days of use" calculations for each substance, and each substance family, to streamline later analysis. Our Review Cycle process has also streamlined our Data Request and Adverse Events reviews with great success.

F4. Development and Validation of a Shorter Version of the PROMIS Quality of Life and Patient Preference Rating (PROPr) with People Coming out of County Jails with Opioid Use Disorders – ***Michael Dennis, Chestnut Health Systems Hub***

The Patient-Reported Outcomes Measurement Information System® (PROMIS®) is a 32-item quality of life measure with 8 domains (cognitive-abilities, anxiety, depression, fatigue, pain, physical-function, sleep-disturbance, social-activities) and national norms that has been translated into patient rating for use in quality adjusted life years (QALY) for economic research. It is currently a core measure in NIDA's Justice Community Opioid Innovation Network (JCOIN; the largest single cooperative under NIH's HEAL Initiative). As JCOIN approaches the next 5-year cohort of research studies, there is widespread interest in seeing if its core measures can be shorten without losing much information to allow for more time to measure other things. The goal here is to shorten the core QOL and PROPr measures.

Data are from 304 people interviewed as part of Chestnut's JCOIN research study of people being released from county jails who use opioids. Participants are 88% male; 75%-black, 12%-Hispanic, 8%-white, 18%-multiracial/other; 73% age 40-60, 21% 18-39, 61% 61+. In the 90 days before going to jail, 96% were using heroin, 45% fentanyl, and 12% other opioids; 35% had overdosed (17% two or more times); 79% had been in treatment before (65% with medication); 90% self-report symptoms consistent with severe opioid use disorders.

A principal components analysis of the 31 items reveals 7 eigenvalues of 13.7, 3.0, 2.2, 1.6, 1.3, 1.2, 1.0, followed by 24 under 1.0 (less reliable than the average item per the Kaiser Guttmann rule). The large first eigenvalue suggests the items primarily represent one common dimension, with 4-7 possible correlated sources of variation. Comparison of obliquely rotated solutions using GEOMIN for 4-7 factors; this revealed that the 4 factor solutions produced the most parsimonious explanation of the rotated factor matrix (CF=0.86, RMSEA=0.09). These four factors were items: depression-anxiety-social-activities; fatigue-cognitive-sleep-disturbance; physical-functioning; and pain. The correlations among the 4 factors ranged from 0.07 to 0.66, indicating a moderate degree of separation among the factors. Based on the item loading and Rasch Analysis of the across and within factors, selected the best item from each content domain (2 per factor) to create an 8-item version. PROPr scores from the original 32 items were then used to calibrate the scores from the shorter version.

The 8- and 32-item versions of the QOL and PROPr scores were highly correlated (r>.9) both cross-sectionally and as measures of change. They also had similar relationships with other variables including the substance use frequency scale, the substance disorder screener, the risk behavior screener and the crime and violence screener. This suggests that the shorter scale is more efficient – fewer items even after adjusting for minor loss of information.

F5. Using cognitive interviews to explore discrepancies in criminal legal system-involved study participants' urine test results and perceived fentanyl exposure – *Dennis Watson, Chestnut Health Systems Hub*

Due to their greater overdose risk, there is need to study fentanyl exposure risk perceptions and engagement in risk reduction activities among criminal legal system-involved individuals. As part of a study supported by the Justice Community Opioid Innovation Network, we sought to understand discrepancies in study participants' reporting of fentanyl exposure and their understanding of risk reduction questions. We conducted cognitive interviews with 10 participants who had a urine test positive for fentanyl but who indicated after receiving test results that they had not recently used fentanyl or did not know if they had. Interviews focused on their understanding of and answers to questions about past recent perceived fentanyl exposure and risk reduction activities used. Findings indicate participants believed urine test results and attempted to answer questions truthfully. However, they based answers on knowledge at time of drug purchase vs. knowledge gained after urine testing. Additional areas of concern related to harm reduction questions included: testing drugs through small preliminary doses vs. drug checking, carrying naloxone, and use of treatment medications to avoid fentanyl. Findings highlight areas for question improvement to benefit future research on fentanyl exposure and risk reduction and improve validity of data to inform policy and practice.

POSTERS

1. Team member perspectives on service delivery in Veterans Treatment Courts – *James Byrne and Kim Kras, CTC*

This poster will highlight key insights from interviews with 145 team members in 20 Veterans Treatment Courts across the country, with a focus on team member perspectives on how to improve service provision for justice-involved veterans, and the unique boundary spanner role of the VA's Veterans Justice Outreach (VJO) Specialist in VTCs. Team members noted that current eligibility requirements for participation in VTCs may exclude a sizable subgroup of veterans that need the most help and support. In terms of service availability, team members noted the lack of residential mental health services available in their jurisdictions, and particularly from VAs, resulted in long waiting lists and an extended time to treatment for justice-involved veterans. They recommended developing veterans-only transitional and long-term housing options. Similar strategies employing veterans-only mental health and substance use treatment programs were also recommended. Finally, team members felt that information sharing is a continuing challenge, in large part due to the silo-ing of client data across two large bureaucracies – the court and the VA--which renders any assessment of VTC program fidelity incomplete.

2. A multi-site assessment of service provision networks in Veterans Treatment Courts: Preliminary Findings – *Don Hummer and James Byrne, CTC*

As part of a project supported by supplemental funding from the Bureau of Justice Assistance, the CTC is examining patterns and outcomes of service delivery in Veterans Treatment Courts. This poster highlights our preliminary assessment of the target population, assessment process, and service provision strategies used in three Veterans Treatment Courts. Measures of in-program improvements in identified need areas are used to assess VTC service provision networks, along with overall VTC completion rates.

3. Perceived Substance Use Treatment Barriers Among Justice-Involved Women with Opioid Use Disorder – *Erin Winston, University of Kentucky Hub*

Background: Women with untreated opioid use disorder (OUD) are at risk for health and legal consequences. Thus, it is important to better understand women's perceptions of substance use treatment barriers. The current study (1) describes substance use treatment barriers in a sample of justice-involved women with OUD, and (2) examines demographic correlates of substance use treatment barriers.

Method: Women (N=700) from eight Kentucky jails were randomly selected, screened for opioid use, consented, and interviewed in jail. Participants were asked about whether they perceived affordability, accessibility, and availability barriers to substance use treatment (2 items each) as well as any other treatment barriers. Demographic correlates of treatment barriers were examined with correlation and chi-square analyses.

Results: The sample had an average age of 37.2 years, was mostly white (92.9%), single (62.4%), unemployed (76.1%), from a non-metropolitan area (64.0%), and had at least a high school education (73.3%). Approximately one-third (33.3%) of women reported perceiving substance use treatment barriers in the 3 months prior to incarceration, and one-fifth (20.4%) received any

substance use treatment during that time. Women who received treatment were less likely to perceive any barriers (18.9% vs. 37.0%, $p < .001$). Demographic characteristics were unrelated to barriers except that women from non-metropolitan areas were less likely to have perceived any treatment barrier compared to women from metropolitan areas (29.2% vs. 38.8%, $p = .010$). Specifically, women from non-metropolitan areas were less likely to report "other" barriers (46.6% vs. 61.7%, $p = .025$) but more likely to indicate accessibility barriers (42.0% vs. 25.5%, $p = .011$). A content analysis revealed that most "other" barriers were psychological in nature including a lack of desire, criminal justice concerns, and never thinking about seeking treatment.

Conclusions: Findings indicate varied substance use treatment barriers for justice-involved women with OUD, yet two-thirds of women with OUD perceived no treatment barriers. Although treatment barriers are typically more associated with non-metropolitan areas, this may be particularly true for those relating to accessibility. Psychological barriers to treatment were prevalent and suggests the need for targeted approaches to increase treatment motivation.

4. Justice-Community Opioid Innovation Network Linkage Facilitation – ***Lyn Stein (Brown University Hub), for the JCOIN Linkage Facilitation Workgroup***

Aim: It is important to gain better understanding regarding the range of experiences/activities of persons who facilitate client linkage to substance services. Peer, Navigator, Health-worker and other terms describe this role; however, a more general term is "Linkage Facilitator" (LF).

Methods: N=30 LFs (4 sites) were anonymously surveyed. Respondents rated: A) frequency (0=hardly ever to 4=almost always) of 28 client activities (e.g., share recovery story), communicating with 5 parties (e.g., client's family), 7 communication modes (e.g., text); and 4 resource connection methods (e.g., transportation); B) Days/month (0=never to 5=24+) engaged in 4 activities to support their work (e.g., advocacy); and C) usefulness (0=not received to 3=very useful) of 4 training topics (e.g., pandemic). Simple summary statistics are presented.

Results: 80% responded; 83% were employed fulltime; 67% had certification requirement; 92%, 96% and 96%, respectively, viewed lived experience, supervision and overdose training as important to their work; most frequent client activity was assessing needs/setting goals (M=3.3); most frequent resource connection method was providing contact information (M=3.2); most frequent support activity was selfcare (M=3.4); 21% received supervision only as needed; most frequent contact was with health providers (M=2.2); most frequent communication mode was phone call (M=3.2); 46% communicated weekly with clients; 61% remained in contact for 3-12 months; most useful training topic was confidentiality (M=2.8).

Conclusion: LFs are in regular contact over the course of months with clients. Value placed on confidentiality training is important given collateral contacts. Although supervision is important, 21% do not receive regular supervision, which could support valuable selfcare. Whereas providing referral contact information is less active, assessing client needs/setting goals actively supports recovery. Results guide key aspects of training (e.g., confidentiality) and supervision (e.g., regularity) that could inform professional guidelines.

5. Development and Testing of a Digital Coach Extender Platform for MOUD Uptake – *Jessi Vechinski, University of Wisconsin-Madison (CTC)*

The criminal legal system (CLS) and/or health systems are complex, and the interagency relationships can further complicate effective dissemination, adoption, implementation, and sustainment of evidence-based practices and treatments, including the implementation of medications for opioid use disorder (MOUD). Coaching is a favored implementation strategy, but it is labor-intensive for the coach, the organization, and the involved staff. Given the current labor crisis, this is a substantial barrier and often makes this pivotal implementation strategy costly, particularly with human resources. Accordingly, coaching techniques need to be designed for scaling up and affordability to maximize the full potential of the external coaching function.

Researchers at the University of Wisconsin–Madison and George Mason University are conducting a pilot that includes development of a Coaching Extender Platform (CEP). CEP is an asynchronous communication approach that does not require live or synchronous communication between the coach and the site. CEP's objective is to provide an affordable way to extend the coaching function and increase coaching effectiveness. The pilot has three study phases: 1) Design and develop the CEP prototype using user-based needs assessment and user-centered design strategies and Web application development best practices, 2) Conduct a six-month pilot with four jail settings to assess CEP's ability to increase targeted MOUD utilization, and 3) Conduct a qualitative analysis of jail staff who interact with the CEP to understand the factors that promote or impede its implementation. The study team has completed phase one and is currently piloting the prototype in phase two.

During completion of the first phase, a User-centered design (UCD) approach was used to develop the CEP prototype. UCD places the end-users at the heart of the design and development process. It is a methodology that prioritizes users' needs, preferences, and feedback to create software that functions effectively and results in higher user satisfaction and adoption rates. This approach involves a series of iterative stages that encompass understanding, designing, and evaluating the user's interactions with the software. User personas, user journey mapping, and wireframing are three key practices in UCD that the study team utilized in the development process. These three practices led to the development of a CEP prototype that includes a Project Management Center, Cascade of Care (CoC) Performance Tracker, Communication Center, Resource Center, and Skills Toolbox.

The CEP pilot will provide researchers with the necessary information to gain initial insights into the utility of virtual coach supports and evaluation feedback on how to refine CEP for effective use on a larger scale. The CEP's intended purpose is to promote scaling up and affordability of coaching to maximize the full potential of the external coaching function to address the opioid crisis and other pressing public health issues.

A research team member will be available during the poster session to demonstrate the platform and encourage feedback.

6. Sharing the opioid epidemic narrative: A content analysis of the most engaging opioid-relevant content on social media – *Alex Kresovich, NORC (MAARC)*

Introduction: The U.S. opioid epidemic persists as a major public health crisis, with devastating consequences. Social media platforms wield significant influence in shaping public discourse and policy agendas, yet their role in framing the opioid epidemic remains understudied. This study aims to fill this gap by analyzing the framing of the opioid epidemic on Facebook (FB) and Instagram (IG), exploring prevalent themes and perspectives.

Method: We utilized CrowdTangle, a real-time monitoring tool for FB and IG, to collect the top 0.5% most engaging public content related to the U.S. opioid epidemic from July 1, 2022, to June 30, 2023. A set of 68 keyword rules was employed to retrieve posts, resulting in a sample of 1,267 high-engagement posts after data cleaning. Human coders categorized posts into six main codes and 54 subcategories, analyzing themes, references, blame attribution, and account types. Post hoc local news analyses added three additional codes.

Results: Analyses revealed that the most popular opioid conversation on FB and IG predominantly revolves around law enforcement narratives, with posts focusing on criminality/police action (45.5%). The most mentioned opioids were fentanyl (60.3%) and heroin (20.4%), and blame for the epidemic was most often directed at illicit opioid providers (52.2%). "Criminality/Police Action" posts prominently featured terms associated with law enforcement activities, along with dollar amounts like "000" and "$". The "News" theme keywords highlighted media reports and discussions related to drug incidents and law enforcement involvement, while the "Political" category included keywords like "fentanyl," "Biden," "crisis," and "drug". Partisan analysis indicated significant differences in attribution and language use between right-wing and left-wing accounts. Right-wing accounts more frequently blamed illicit opioid providers (75.0% vs. 44.2%) and government/immigration policies (70.1% vs. 9.1%), while left-wing accounts were more inclined to blame individuals with opioid use disorder (10.9% vs. 3.4%), pharmaceutical companies (1.3% vs. 0.4%), and medical professionals prescribing opioids (5.2% vs. 0.0%). Additionally, right-wing accounts employed sensationalist/crisis language more frequently (26.5% vs. 11.7%), with 42% of such language coming from right-wing accounts despite comprising only 21% of total posts. Celebrity mentions and discussions of celebrity opioid overdoses were more common in posts with higher engagement levels, with 7.3% of all posts referencing celebrity incidents. Our local news analysis suggests that a notable proportion followed a format similar to official statements or reports issued by police departments.

Discussion: The prevalence of law enforcement narratives in the most engaging opioid-related posts on FB and IG underscores the platforms' influence in shaping public perceptions and policy agendas related to the epidemic. Portraying individuals with OUD as criminals may contribute to stigma and support for punitive responses. The diverse blame attribution across account types reflects varying perspectives on the epidemic's causes and responsibilities. Right-wing accounts emphasize illicit providers and government policies, often using sensationalist language, while left-wing accounts focus on systemic and healthcare-related factors. Political posts' ideological disparities highlight the politicization of the epidemic, presenting challenges for consensus-building and policy formulation. Further research is needed to understand how these exposures influence the American public's attitudes and responses to the ongoing opioid crisis.

7. Descriptions of the Cross-System Collaboration between the Youth Legal System and Community Mental Health: A Qualitative Study – *Lauren O'Reilly, Indiana University Hub*

Collaboration across systems offers a potential solution to complex public health problems and involves the communication among individuals who serve different sectors, such as government, healthcare, and community organizations. Cross-system collaboration has been recognized by numerous organizations, such as the Centers for Disease Control and Prevention and the National Academy of Medicine, as a key to provide integrated public health responses (Calancie et al., 2021). Cross-system collaboration has been applied to adult substance use disorders yet minimally applied to adolescent substance use. While nationally representative survey data indicates that substance use is declining among adolescents, adolescent substance use continues to be a concern. In particular, substance use among legal-involved youth is common; approximately 70% of arrested youth reported prior drug use (Belenko & Logan, 2003). Research from a multisite study of improving substance use identification and connection to treatment between the youth legal and mental health systems (JJ-TRIALS) suggested that among those identified in need of substance use care, 47% were referred to treatment and among those, 52% initiated treatment (Dennis & Smith, 2019). Cross-system collaboration between the youth legal system and mental health care may facilitate the connection to substance use care among legal-involved youth.

The current study aimed to examine qualitative descriptions of the cross-system collaboration between the youth legal system (YLS) and community mental health centers (CMHCs). The data were derived from the Alliances to Disseminate Addiction Prevention and Treatment (ADAPT) project in eight Indiana counties. The primary aim of the project was to study the implementation of a learning health system between the YLS and CMHC within each county to increase legal-involved-youth connection to evidence-based substance use treatment. As part of this project, personnel working in the YLS or CMHCs were interviewed at three time points: pre-implementation of the learning health system (n=31 total interviews, 19 from YLS, 12 from CMHC), mid-implementation (n=30, 16 from YLS, 14 from CMHCs), and post-implementation (n=16, 7 from YLS, 9 from CMHC). Transcripts were deidentified and coded by two independent coders. While coding themes were developed deductively through previously established cross-system collaboration frameworks, a hybrid coding approach was adopted to allow for potential inductive coding themes to emerge. Informed by Bryson and colleagues (2015), deductive themes included antecedent conditions, the structure of collaboration, the process of collaboration, challenges to collaboration, and outcomes of collaboration. Preliminary results suggested that personnel from both systems reported an improvement in the collaboration between the YLS and CMHCs in their respective counties. Numerous personnel reported an improvement in their tracking system of referrals from the YLS. Ongoing challenges to collaboration were often specific to CMHCs, including challenges hiring and retaining staff and, therefore, reduced capacity to accept referrals from the YLS. Additionally, personnel from both systems noted the general lack of robust treatment options for youth with substance use disorders, especially intensive outpatient services. Results from the current study support that cross-system collaborations can be effective in improving the relationship between the YLS and local mental health care resources. However, cross-system collaboration continues to be limited by mental health work shortages, highlighting the critical need to improve recruitment and retention strategies in the mental health sector.

8. Attitudes towards and Training in Medications for Opioid Use Disorders: A Descriptive Analysis Among those in the Youth Legal System and Community Mental Health Centers – *Lauren O'Reilly, Indiana University Hub*

Research demonstrates gaps in the uptake of medications for opioid use disorder (MOUDs; methadone, buprenorphine, and naltrexone) especially among adolescents (Mauro et al., 2022). These gaps may be partly attributable to attitudes about MOUDs among youth-serving professionals, who often play key roles in facilitating treatment access for youth and influencing public perceptions. We extended prior research by conducting descriptive analyses of attitudes regarding effectiveness and acceptability of MOUDs, as well as training in MOUDs, among youth legal system (YLS) workers and community mental health center (CMHC) providers who interface professionally with youth. Using survey data from eight counties in one Midwest state (n=181), we examined: 1) mean differences in MOUD attitudes/training by MOUD type and respondent demographics, and 2) prediction of MOUD attitudes/training by participant-reported initiatives to implement evidence-based practices (EBPs), workplace culture around EBPs, and workplace stress. Attitudes/training were measured in reference to five MOUD types (i.e., methadone, oral buprenorphine, injectable buprenorphine, oral naltrexone, and injectable naltrexone) on three subscales (effectiveness, acceptability, and training) on a 7-point Likert scale from not at all (1) to very/a lot (7). First, dependent group t-tests demonstrated that most outcomes differed significantly by MOUD type (differences observed among 20 of 30 t-tests). One-way ANOVAs suggested MOUD differences based on demographics. For methadone, younger professionals had more training than older peers. For buprenorphine, CHMC providers viewed oral or injectable buprenorphine as more effective than YLS workers, respondents from more rural counties viewed oral buprenorphine as less effective than those from less rural counties, and younger professionals had less training in buprenorphine than older peers. For naltrexone, CMHC providers had more training in injectable naltrexone than YLS workers, and women viewed injectable naltrexone as more effective than men. Second, Poisson regression analysis did not find an association between personal initiatives to implement EBPs, workplace culture supporting EBPs, or workplace stress and effectiveness or acceptability of MOUDs. However, personal initiatives to implement EBPs did predict training on every MOUD measure (e.g., methadone: β=0.24 (95% CI=0.07-0.40)). These results highlight a few key findings: effectiveness and acceptability of MOUDs and training in MOUDs largely differ by MOUD type; setting, rurality, age, and gender explain group differences in perceived effectiveness of and training in MOUDs; and implementing EBPs is associated with training in MOUDs. Future research would benefit from examining what predicts change in MOUD attitudes longitudinally, as well as exploring the association between provider attitudes and youth outcomes.

9. Buprenorphine dose induction of opioid non-tolerant individuals in jail – *Michael Gordon, Friends Research Hub*

Background: Buprenorphine maintenance treatment remains unavailable in most jails in the US. We provide data on a four-day rapid sublingual buprenorphine (SL-B) induction strategy onto weekly extended-release injectable buprenorphine (XR-B) with individuals who were not opioid tolerant in jail.

Methods: Between October 2020 to February 2024, N=63 individuals with an opioid use disorder in jails participating in a larger randomized controlled trial received sublingual buprenorphine (SL-B)

and extended-release buprenorphine (XR-B) prior to release. Primary outcomes included completing the proposed dose induction and any reported adverse events (AEs).

Results: Sixty-three individuals received SL-B dose induction from our team's medical staff, 50 (79.4%) completed the four-day SL-B dose induction prior to receiving their first weekly XR-B injection. Of the 63 individuals 5 (8.94%) reported 13 AEs that occurred during the dosing period. Three (4.76%) additional participants reported 5 AEs that occurred in the week following the dosing period.

Discussion: Overall, our study findings demonstrated the feasibility of implementing a four-day sublingual dose induction followed by a weekly XR-B injection with individuals who are not opioid tolerant and in jail. This study provides important data to illustrate a dose induction strategy that might assist in reducing illicit diversion in jails, which is a main barrier to buprenorphine delivery cited by correctional administrators.

10. Mental health and treatment utilization among incarcerated urban and rural women with a history of opioid use disorder in Kentucky jails – *Michele Staton, University of Kentucky Hub*

Mental health (MH) issues are common among incarcerated women with opioid use disorder (OUD), but research on MH treatment before incarceration is limited. This presentation will (1) profile MH issues and treatment utilization among incarcerated women from rural and urban areas; and (2) examine correlates of MH treatment utilization. Through the NIDA-funded Justice Community Opioid Innovation Network cooperative, women (N=900) were randomly selected, screened for OUD, consented, and interviewed. Analyses examined MH issues and treatment before incarceration as a function of lifetime justice system involvement and rurality. Women reported 10 lifetime arrests (median) and 27 lifetime months incarcerated. Most reported MH issues included anxiety (62.2%), depression (76.3%), and traumatic stress (78.9%), but only 10.7% reported receiving MH treatment in the 90 days before jail. Rural women reported higher traumatic stress (81.6% vs. 73.2%, p=.004) and depression (78.5% vs. 71.1%, p=.016) than urban women, but no other MH differences were observed. Additionally, rural women were less likely to engage in MH treatment with a primary care provider than urban women (4.5% vs. 8.7%, p=.014). Other treatment utilization did not differ by rurality or justice system involvement. Findings indicate that incarcerated women with OUD report high levels of MH issues, but few receive MH treatment, regardless of living in a rural or urban area. In addition, prior criminal justice involvement was unrelated to MH treatment, which may suggest that the criminal legal system may be a critical point of linkage to mental health treatment during community re-entry.

11. The Opioid-Treatment Linkage Model: Tools to Enhance System Improvement – *Chelsea Wood, TCU Hub*

Background: The Opioid-Treatment Linkage Model (O-TLM) Resource Guide and Webinar Series were developed by the TCU Hub of the Justice Community Opioid Innovation Network (JCOIN) to provide a centralized location where parole and community treatment provider workgroups could find best practices and innovative resources to improve service linkages for clients with substance use disorders. The O-TLM materials are mapped onto the Opioid Services Cascade of Care, with an introduction focused on interagency collaboration. The O-TLM materials serve as a platform to educate workgroup members on topics, such as medications for opioid use disorder (MOUD) and best practices in substance use treatment. Additionally, workgroup members are provided with a

variety of tools designed to aid in collaboration between parole and community treatment providers. The tools found within various chapters of the O-TLM Resource Guide serve as a starting point for workgroups in their efforts for system change.

Methods: After engaging in the O-TLM materials, workgroup members took brief surveys including a pre/post-test for the Webinar Series and an attitude-based feedback survey for each chapter of the O-TLM Resource Guide.

Results: Pre-post test results indicate that workgroup members (especially parole officers) demonstrated knowledge gain through watching the O-TLM Webinar Series and reading through the O-TLM Resource Guide. Examples of knowledge gain and ways in which workgroups used the resources to advance service access among individuals on parole will be provided.

Conclusion: The O-TLM materials have given parole and providers across 16 communities within three states a deeper understanding of tools that can be used to change service linkage, referrals, and support treatment and recovery. Based on interest, the O-TLM will be disseminated beyond the existing audience to other NIH HEAL projects.

12. Enhancing Client Recovery during Community Supervision—Medications for Opioid Use Disorder (MOUD): A Toolkit – *Claudia Stagoff-Belfort, Brown University Hub*

Background: Individuals with opioid use disorder (OUD) are historically overrepresented in the criminal legal system and have higher mortality rates than the general population. Following incarceration, risk of opioid overdose death is 56 times higher than for the general public. In 2020, an estimated 1 in 66 adults in the U.S. was under community supervision and it is estimated that 60 to 80% of individuals on probation have a substance use disorder. Community Supervision is a critical point for intervention and continuation of care. The majority of individuals with OUD on community supervision do not receive the care needed to help them recover. Professionals working with individuals under community supervision can play a significant role in ensuring clients with OUD are connected to care in the community. Evidence-based practices education and digestible training tools designed for community supervision are needed.

Research Goals: Our goal was to create and develop a brief, digestible, evidence-based toolkit for community supervision professionals and their community treatment provider counterparts focused on OUD and the medications to treat OUD (MOUD).

Methods: Through an extensive, iterative, and collaborative process we first identified toolkit objectives, determined overall topic content, including establishing module objectives. We then drafted the toolkit outline, module scripts, PowerPoints, and additional materials before transforming each modules' finalized materials into an interactive training video. Lastly, created a dissemination plan and we packaged the materials as an educational MOUD toolkit. Results: We created a free multicomponent product consisting of seven self-paced didactic modules plus bulletins, implementation guides, and easy-to-reference handouts; where applicable, we also provide links to additional resources. Defining characteristics of the toolkit are that it is a free, asynchronous and self-paced, publicly available resource that is brief, but targeted and comprehensive.

Conclusion: Community supervision professionals have limited time and the COVID-19 pandemic has created many barriers to in person training. This toolkit was designed specifically to meet community supervision professionals' needs to better serve clients with OUD while providing a sustainable training and workforce development tool.

13. A Classification System for Youth Outpatient Behavioral Health Services Billed to Medicaid – *Gabriela M. Rodriguez, Indiana University Hub*

Outpatient behavioral healthcare utilization patterns are understudied, especially among children and adolescents. Behavioral healthcare is inclusive of interventions designed to address mental (e.g., depression, conduct) and/or behavioral (e.g., substance use) health concerns. Given rising rates of these concerns among youth, it is critical that we understand how these problems are being treated. However, types of behavioral healthcare provided in the community can vary widely (e.g., skills training vs. therapy). Thus, characterizing utilization patterns requires a standard way to describe the types of behavioral health services furnished to youth in a community setting.

Previous research in the U.S. has used administrative data, such as the data routinely collected by healthcare systems to bill for services provided and to characterize behavioral health service utilization with various service classification methods. While administrative data is a powerful tool for identifying behavioral health service utilization patterns for children and adolescents, there is a dearth of guidance on how best to classify the services used by youth. Previous studies using administrative data to describe service utilization have relied on a combination of diagnosis (e.g., F90.9, Attention-Deficit Hyperactivity Disorder) and lists of procedure codes (e.g., 90834, Psychotherapy, 45 minutes with patient; 90847, Family psychotherapy with patient present, 50 minutes) selected a priori by the research team to characterize behavioral health services. Other studies using administrative data have classified services as behavioral health-related by identifying those billed by a mental health specialist or associated with specific psychiatric diagnostic codes.

Though there is some overlap in the methods described to identify behavioral health services within administrative healthcare datasets, there are some challenges that limit their utility. One limitation is the absence of individual provider taxonomy codes in Medicaid billing data for some states. Another limitation relates to changes in procedure codes over time. Using only active procedure codes would thus lead to inadvertently excluding some behavioral health services when examining historical billing claims data. Differences in how providers document diagnoses for billing purposes can also limit capacity to capture all behavioral health visits.

Finally, there are important differences among types of behavioral health services. Grouping services together into broadly defined "psychosocial" or "behavioral health" visit counts limits characterization of the treatment received. Services that may be related to behavioral health beyond psychotherapy, such as assessment, psychological testing, and case management, could be missed using existing methods.

Our current goal is to address these limitations by reviewing and classifying standardized procedure codes according to behavioral health service type, without relying on diagnosis or detailed provider taxonomy codes. We reviewed all codes billed to Medicaid on an outpatient basis for youth patients during a 10-year period within one large, Midwest county in the U.S. We identified 158 outpatient behavioral health procedure codes and classified them according to service type

(assessment, case management/skills training, Category II, crisis therapy, outpatient group therapy, outpatient therapy, psychological testing, and unspecified behavioral health service). This classification system can be used by health services researchers to better characterize youth behavioral health service utilization.

14. Interactions with law enforcement are associated with increased substance use and worse mental health, among young black sexual and gender minorities (YBSGM): An ecological momentary assessment analysis – *John Schneider, MAARC*

Background: High rates of law enforcement interactions, monitoring and harm are experienced by younger Black sexual and gender minorities (YBSGM) which can impact mental health, substance use and associated co-morbidities like HIV.

Methods: The Networks and Neighborhoods (N2) cohort cycle 6 includes YBSGM (n=597) who were systematically sampled in 2022-24. As part of study procedures a 14-day ecological momentary assessment (EMA survey, we examined how participants substance use (alcohol, cannabis, methamphetamine, cocaine, opioids) and mental health (PHQ-4 anxiety and depression) are associated with personal encounters and/or witnessed negative interactions with law enforcement. We also explored the relationship that a negative police interaction had on HIV status neutral care engagement (i.e. viral suppression for participants living with HIV and PrEP utilization those without HIV). We performed mixed-effects logistic regressions to evaluate these relationships, with random intercepts specified for participants.

Results: Interim analysis included 508 YBSGM (mean age 27.9, SD 3.8, 45.7% PLWH) with a high EMA response rate (85.1%, n=508/597), providing up to 5448 encounters. Over a third (n=184, 36.2%) participants experienced a negative interaction with law enforcement, while 30.9% witnessed negative interactions over a 2-week period. Majority reported 80.1% using cannabis (407/508), 68.7% alcohol (349/508), 15.2% stimulants (77/508), and 4.7% opioids (24/508) at least once over the 14-day EMA period. Of those who reported substance use (n=3239), 6.8% reported polysubstance use.

More than half of the participants reported symptoms of anxiety (n=298, 58.9%) and/or depression (n=292, 57.7%). Participants engaged in HIV status neutral care were about 37.6% (1629/4334) over the 14 days. In our mixed effects models, we found higher odds for cannabis use (OR 2.12, 95% CI 1.52, 2.96, p<0.01), polysubstance use (OR 1.85, 95% CI 1.01, 3.39, p=0.05), depression (OR 2.32, 95% CI 1.66, 3.25, p<0.01), and anxiety (OR 2.81, 95% CI 2.02, 3.92, p<0.01) for those who experienced direct and/or witnessed those negative interactions. Higher odds for alcohol (OR 1.42, 95% CI 1.01, 1.00, p=0.04) and stimulants (2.14, 95% CI 1.05, 4.35, p=0.04) use for witnessing a negative interaction among YGSGM but no association with direct law interaction. For HIV status neutral care engagement, there was a positive association with any law interaction, whether directly experienced or witnessed (OR 2.35, 95% CI 1.36, 4.08, <0.01).

Conclusions: Interactions with law-enforcement were associated with an increase substance use behaviors and worse mental health; however, engagement in care was higher among those experiencing negative interactions with law-enforcement. Despite these findings, criminalization of YBSGM and their intersection is critical to improved mental health and substance use.

15. Patterns of Past Month Cannabis Consumption and Cannabis Use Disorder: Insights from a Nationally Representative Survey – *Bruce Taylor, NORC (MAARC)*

As cannabis use continues to surge, revealing a spectrum of health outcomes, the imperative to differentiate between medical and recreational use becomes increasingly paramount. It is also important to understand the complexities of past-month consumption and usage frequency among both medical and non-medical users. This study examines cannabis dependence, a critical facet in mitigating escalating health hazards (e.g., depression and heart disease), and evaluates the prevalence and severity of Cannabis Use Disorder (CUD) among past-month medical and recreational cannabis users, and in relation to the frequency of past-month medical and recreational use.

Method: A large nationally representative stratified sample of US households was drawn from the AmeriSpeak® web-based panel. Participants (n= 6,385) were general population adults ages 18 and older who completed a self-report survey in Dec. 2023 or Jan. 2024. Demographic and socioeconomic factors for cannabis use were estimated, incorporating survey sampling and non-response weights. We used the CUD identification test and measured usage frequency, elucidating the spectrum of cannabis use and examining the ramifications of differing definitions on research outcomes. Scores of 8 or more indicated hazardous cannabis use, while scores of 12 or more indicated a possible CUD. Multivariable ordinal logistic regressions were conducted to explore the association between sociodemographic characteristics and cannabis dependence across various categories including past-month medical use, past-month recreational use, and further segmented by past-month frequency of medical use and recreational use.

Results: Any past medical use of cannabis over the past month was associated with a 25% CUD rate (hazardous use 17%). However, when examining past-month medical cannabis use broken down by frequency we see a range of 16% to 34% for CUD (rare monthly medical use of cannabis= 16% CUD, occasional monthly medical use= 29% CUD, and regular monthly medical use= 34% CUD), revealing a clear trend of increasing prevalence with higher frequency of medical use. Similar patterns were observed for recreational use of cannabis, with a 21% CUD rate for any past month recreational use compared to segmented rates by frequency, where 13% CUD was observed for rare recreational monthly use, 32% CUD for occasional recreational monthly use and 35% CUD for regular recreational monthly use. The presentation will also include regression results exploring the association of a range of covariates across our CUD variables.

Discussion: While our study did not reveal significant differences between medical and recreational cannabis use, the nuances and variations and in usage patterns become obscured when grouping all past-month cannabis users together, potentially masking important differences in risk levels for both medical and recreational cannabis use. Similar to alcohol research, where assessing both past month use and frequency/quantity of drinks is standard practice, integrating frequency of cannabis use is imperative. By incorporating frequency and quantity metrics, healthcare providers can gain a more comprehensive understanding of cannabis use behaviors and associated CUD risks. Understanding these differences by frequency patterns provides crucial insights into patterns of consumption and associated risks and is vital for developing targeted interventions, support services, and strategies to address cannabis-related issues effectively.

16. Availability of medications for opioid use disorder in U.S. jails: Findings from a national survey of jails, 2022–2023 – *Elizabeth Flanagan, NORC (MAARC)*

Introduction: Medications for opioid use disorder (MOUD) can effectively reduce overdose deaths and increase engagement in community-based treatment among recently detained populations, yet few jails make MOUD available to all detained individuals with an opioid use disorder (OUD). Recent policy changes present opportunities to increase the availability of MOUD in jail settings, and therefore, examining current MOUD provision in local jails is important for understanding changes in this practice. This study used a nationally representative survey of jails to assess the extent to which treatment for OUD is available in U.S. jails, followed by a more in-depth survey with the subset of jails that provide MOUD.

Methods: We conducted a cross-sectional, nationally representative survey of jails on their provision of substance use disorder treatment services. A random sample of 2,791 jails stratified by US Census region was invited to participate in the survey. A total of 1,028 jails completed the survey, for a response rate of 36.8%, which is comparable to similar studies with jails. The participating sample was weighted to adjust for the distribution within each region and jail-level non-response. Jails who indicated MOUD was available to individuals in their facility were asked to complete a second survey about procedures, facilitators, and challenges to making MOUD available. Of the 463 jails invited, 279 completed the in-depth survey about the provision of MOUD in their facility. Analysis included descriptive statistics and binary logistic regression to identify characteristics of jails associated with MOUD availability.

Results: Fewer than half of jails (43.8%) offered MOUD to at least some individuals in their jail and only 12.8% offered it to anyone with an OUD. Among jails who offered MOUD, buprenorphine was the most common type of medication offered (69.9%). Availability of MOUD within the jail was associated with a jail's health care services model (e.g., contracted, direct), size, region, and the social vulnerability of and MOUD availability within the surrounding county. Among the jails that offered MOUD, most offered medications for continuity of care or continuation of medications started in the community (86% buprenorphine, 87% methadone, 62% naltrexone). Jails less commonly initiated treatment with MOUD during detainment. Specifically of jails offering buprenorphine, only 63% used it for initiating treatment; of jails offering methadone, 41% used it for initiating treatment; and of jails offering naltrexone, 54% used it for initiation. The most common challenges among jails included concerns about diversion (66% of those offering buprenorphine) and not being a licensed opioid treatment program (35% of those offering methadone).

Discussion: Our findings shed light on the extent to which MOUD is available in US jails, how it is made available, and the importance of the community context surrounding the jail. Because individuals released from jails are at increased risk of overdose, jails are well-positioned to help curb key aspects of the opioid epidemic. Suggested next steps may include expanding MOUD availability in communities and increasing resources for healthcare services in jails to make MOUD available in more jails nationwide.

17. Effects of a Local Change Team to Facilitate use of MOUD – ***Anthony Coetzer-Liversage, University of Rhode Island (Brown University Hub)***

Background: Opioid misuse is a significant public health concern, particularly among justice-involved individuals. Probation offices are key settings for identifying and referring individuals with opioid use disorder (OUD) to treatment services. However, barriers often impede effective screening and referral processes for Medications for Opioid Use Disorder (MOUD). Such barriers include communication between probation officers and treatment providers (POs and TPs).

Methods: The project aimed to enhance inter-organizational coordination between Community Corrections (CC) departments and community-based opioid treatment providers to improve engagement in evidence-based care for individuals with opioid use disorder (OUD) in Rhode Island. A comprehensive needs assessment was conducted to understand system functioning and identify opportunities to address opioid service needs. Key findings revealed inconsistencies in OUD screening practices, delayed referrals to MOUD care, communication gaps among stakeholders, and challenges in accessing treatment. In response, a Local Change Team (LCT) was formed to address these issues. Supported by a coach, the LCT focused on implementing the Substance Use Disorder Screening Implementation (SUDSI) within probation offices using the Plan-Do-Study-Act (PDSA) cycle. The goal was to pilot and deploy the SUDSI to enhance screening rates and improve referral processes within these settings.

Results: The LCT successfully deployed the SUDSI, resulting in a substantial increase in monthly screening rates from zero to an average of 117 persons over 12 months. A total of 1400 screenings were conducted, with an opioid-positive rate of 19.2%. Among persons with OUD, 36% received referrals. Adjustments to the SUDSI process improved identifying those already in treatment, reducing unnecessary referrals. Despite challenges, including low attendance at initial appointments post-referral, the project demonstrated significant progress.

Conclusion: Collaborative efforts between probation and treatment systems, facilitated by the LCT, show promising outcomes in enhancing screening and referral processes for MOUD within justice settings. Lessons learned from this initiative can inform future efforts to improve access to evidence-based treatments for justice-involved individuals with OUD.

18. User-Centered Design of Data Visualizations to Improve Cross-System Collaboration and Youth Engagement in Substance Use Treatment – ***Katherine Schwartz, Indiana University Hub***

Background/Objectives: Data dashboards have been shown to support cross-system collaboration and decision-making, particularly when the design process includes end users. We will present outcomes of the process of developing data visualizations with participants in the Indiana Hub project: Alliances to Disseminate Addiction Prevention and Treatment (ADAPT). From eight Indiana counties, ADAPT participants included leaders from each county's juvenile probation department (JJ) and community mental health center (CMHC). The purpose of ADAPT was to implement a Learning Health System (LHS) intervention to improve collaboration between JJ and CMHC representatives, facilitating local efforts to increase engagement in substance use services by youth involved in the juvenile legal system. By reviewing data dashboards, which were updated quarterly with JJ and CMHC administrative records, ADAPT participants could gain insights regarding potential gaps in the substance use care continuum for system-involved youth and then brainstorm local solutions to improve youth connection to and retention in care within their

community. For the current project, our team sought feedback on the data dashboard from ADAPT end users.

Methods: To build the project's data dashboard, our research team first record-linked juvenile probation records and CMHC billing data to capture cross-system care connection. Through an iterative design process, we collaborated with JJ and CMHC site champions to develop initial visualizations of local rates of system-involved youth completing substance use care cascade steps (i.e., substance use risk screening, referral to behavioral health services, treatment initiation, and treatment engagement). End-users reviewed visualizations to assess their local progress toward youth achieving all steps in the care continuum and discuss potential process and programmatic changes needed. Topics of particular interest included the length of time between youth achieving cascade steps and racial/ethnic disparities in cascade step completion. Champions provided feedback on the dashboard content throughout the project, resulting in incremental design changes. In addition, several Champions participated in focus groups in which they had an opportunity to provide direct input about the style and content of the dashboard. Using thematic analysis, we reviewed both meeting notes and focus groups to identify common end-user feedback.

Results: Our poster will display data dashboards before and after the collaborative design process. End-user feedback themes included: 1) Improve interface aesthetics and point and click functionality; 2) Adjust content to allow for within and cross system benchmarking; 3) Correct content to ensure visualizations reflect local practice. Illustrative end user quotes will be shared, including: "I think that we try to really drive decisions that we make by data, … kind of as checks and balances. We want to follow the data to ensure that … programming is really targeting the areas that need to be."

Conclusion: Engaging end users in a collaborative data dashboard design process helped our research team improve the tool, thereby improving its potential to facilitate the cross-system decision-making and problem solving central to ADAPT aims.

19. Scoring the JCOIN Core and Local Measures: Psychometrics and Recommendations – *Kate Hart, Chestnut Health Systems Hub*

JCOIN core measures include a variety of standardized measures and some developed specifically for/by the cooperative. We adapted short scales from the GAIN, PROMIS, and PROPr to score the JCOIN core measures. We used data from the Chestnut Health System Hub (n=305, including 1366 follow-up observations across 24 months) to assess the psychometric properties of these measures. Intraclass correlations, predictive power, and reliability of these measures will be presented, and detailed information on scoring these items will be provided.

20. Two New Tools for Opioid and Stimulant Use Disorder Diagnoses – *Angela DiPaola, Yale-ACTION Hub*

Aims: Evaluations to diagnose a substance use disorder (SUD) are lengthy and are limited to those who have undergone extensive trainings. Upon diagnosis of an SUD the accessibility to access treatment in a timely fashion is limited. A diagnostic tool that can be administered by non-clinicians would increase SUD diagnosis and result in quicker access to treatment. This study had two aims 1) update the Rapid Opioid Dependence Screen to DSM-5 opioid use

disorder criteria, and 2) create a new tool to screen and diagnose a stimulant use disorder based on DSM-5 criteria. Each diagnostic tool consists of 8 items and can be administered by non-clinicians in minutes.

Methods: Individuals with a history of opioid and/or stimulant use disorder were asked to complete a cross-sectional survey of the new Rapid Opioid Use Disorder Assessment, Rapid Stimulant Use Disorder Assessment (ROUDA and RSUDA), and substance use disorder module of the Mini International Neuropsychological Interview (MINI), DSM-5 version (N=150). Results from the ROUDA and RSUDA were analyzed for congruency of DSM-5 criteria for moderate to severe opioid and stimulant use disorder.

Results: When compared to the opioid use disorder module of the MINI, the ROUDA had a sensitivity of 82.5% (95% confidence interval [CI] 75.7, 89.2) and specificity of 100.0% (95% CI: 100, 100). The positive predictive value (PPV) was 100% and negative predictive value (NPV) was 59.5%. The RSUDA had similarly high sensitivity (83.8%, 95% CI: 77.7, 89.9) and specificity (91.4%, 95% CI: 86.8, 96.1) when compared to the stimulant use disorder module of the MINI (PPV 96.7% and NPV 65.3%). Furthermore, the ROUDA and RSUDA showed strong internal consistency (α=0.94 and α=0.87 respectively).

Conclusion: The ROUDA and RSUDA are effective and reliable measures that can be used by persons with minimal training to diagnose people with DSM-5 moderate to severe opioid and stimulant use disorders. These tools can increase the ability for providers to identify opioid and stimulant use disorders and initiate lifesaving treatment in a timely manner. Measures are now published. Contact Sandra Springer, MD for use authorization.

21. Long-acting buprenorphine vs. naltrexone opioid treatments in CJS-involved adults: the EXIT-CJS trial and results to date – *Joshua Lee, NYU Hub*

The 'EXIT-CJS' trial of opioid use disorder (OUD) treatments among adults with OUD leaving incarceration or in the community with current criminal justice system (CJS) involvement is evaluating the non-inferiority and comparative effectiveness of extended-release buprenorphine (XRB) vs. extended-release naltrexone (XRN). XRB is a relatively new monthly formulation of buprenorphine, and XRB's feasibility and 'stickiness' as long-term OUD therapy before and after incarceration is relatively unknown.

Methods: EXIT-CJS is an open-label, non-blinded, randomized controlled comparative effectiveness trial of XRB vs. XRN among a target sample of 670 participants randomized 1:1. Partner sites with correctional and community recruitment are: CT/Yale, DE/Friends Research Institute, NH/Dartmouth College, NJ/Rutgers, and OR/OHSU; NYC/NYU, community recruitment only. We also recruited a proportionately large, conveniently sampled quasi-experimental observational enhanced treatment as usual (ETAU) arm not interested in randomization but otherwise meeting similar eligibility criteria. Study medications are provided free of charge and within usual care settings. The RCT's primary outcome is retention on study medication (0-24 weeks) through a 24-week community treatment phase beginning with release from corrections. Secondary outcomes are adverse events and overdoses, craving, urine toxicology, and opioid and other drug use, and non-study medications.

Results: Recruitment and enrollment began JAN-2021 and ended DEC-2023; 'last patient out' of

the 24-week treatment window will occur JUL-2024 and final study follow-up visit JAN-2025. After consenting and initiating screening in 796 individuals, the total enrolled sample was N=670 (67% of target): n=222 XRB, n=222 XRN, n=226 ETAU. At baseline, demographics were: 66% male, 33% female, 1% Transgender/non-conforming; 60% White, 27% Black, 12% Other or Multiple Races; 19% Hispanic. All met criteria for moderate to severe OUD per inclusion criteria. Up to 31 participants did not release from corrections as planned; further data cleaning may yield a final analytic sample of N~639. Mid-trial monitoring has included follow-up rates for monthly research visits (52-61% completed per monthly visit across all sites) and Serious Adverse Event monitoring, including fatal and non-fatal overdoses (OD). Deaths have totaled 6 (3 XRB, 3 XRN, 0 ETAU) with one death study related. 94 participants have reported 1 or more SAEs (33 XRB, 30 XRN, 31 ETAU) to date. Collateral information or patient report has recorded 52 participants with 1 or more overdoses (OD): 3 fatal ODs, 120 non-fatal OD, and suggesting an estimated mid-trial OD event rate of 7-8% per person-year. Naloxone OD reversal was commonly reported, as was heroin or fentanyl ingestion prior to OD; stimulant ingestion was reported at much lower rates.

Conclusions: The EXIT-CJS trial has ended recruitment. We anticipate main results for study drug retention (for XRB and XRN) and overall MOUD exposure across all participants through week 24 will be available July/August 2024. General trial experience, tracking and safety outcomes indicate both study medications are acceptable in this CJS-OUD adult patient population, while comparative effectiveness main results and overall treatment retention rates remain pending. OD events appear common, confirming the high OD and mortality risk faced by persons leaving corrections and among those with community CJS-involvement.

22. Staff identification of barriers and facilitators to medications for opioid use disorder for people on community supervision in a rural county in North Carolina – ***Margaret Bordeaux, Duke University (Brown University Hub)***

Background: An estimated one in 55 adults under community supervision have a substance use disorder, and individuals with a history of incarceration have a significantly higher risk of dying from overdose. Brunswick County, NC, is one of three recruitment sites of the Brown University Hub implementation intervention to enhance interorganizational coordination between community supervision departments and community-based opioid treatment providers to increase access to medications for opioid use disorder (MOUD).

Research question(s): What barriers to receiving MOUD do staff at community supervision and treatment provider offices think individuals under community supervision face? What facilitates receiving MOUD for individuals under community supervision?

Methods: We conducted qualitative interviews with n=12 community supervision officials and community treatment agency staff. Interviews were coded and using general inductive theory, we identified relevant themes.

Results: Barriers identified included lack of funding, insurance coverage, and lack of public and accessible transportation. Possible facilitators included implementing peer support programs and secure housing.

Conclusions: Our findings contribute to the critical body of evidence to inform and support emerging programs and policies that offer solutions to address opioid use disorder for people who

are justice-involved.

23. Predicting Medication for Opioid Use Disorder (MOUD) Treatment Entry and Length of Stay – *Michael Dennis, Chestnut Health Systems Hub*

In NIDA's Justice Community Opioid Innovation Network (JCOIN; the largest single cooperative under NIH's HEAL Initiative), the effects of virtually all of the interventions are predicated on Medication for Opioid Use Disorder (MOUD) Treatment Entry and Length of Stay. Yet many people with opioid use disorders in the justice system do not enter MOUD treatment. Of those that do, the median time in treatment is only 90 days. This presentation will look at the primary predictors of who enters MOUD treatment and how long they stay in a two part analysis.

Data are from 304 people interviewed as part of Chestnut's JCOIN research study of people being released from county jails who use opioids. Participants are 88% male; 75%-black, 12%-Hispanic, 8%-white, 18%-multiracial/other; 73% age 40-60, 21% 18-39, 61% 61+. In the 90 days before going to jail, 96% were using heroin, 45% fentanyl, and 12% other opioids; 35% had overdosed (17% two or more times); 79% had been in treatment before (65% with medication); 90% self-report symptoms consistent with severe opioid use disorders. They were followed up quarterly for 24 months.

The first analysis will use logistic regression to predict who will enter MOUD treatment in the next 90 days measured dichotomously. Predictors include substance use, substance disorder, overdose, risk behaviors, crime/violence, quality of life, recovery environment risk, prior episodes of MOUD and non-MOUD treatment, current interest in any treatment and MOUD treatment, treatment motivation, treatment resistance, and treatment barriers. We will also check for potential effects of justice history (prior arrests, years of incarceration, days incarcerated in the prior quarter, and probation status at the beginning of the quarter) and demographics (gender, ethnicity/race, age, marital status, and sexual orientation). The second analysis will be conducted on the subset with any time in treatment during the quarter. It will be conducted with survival analysis treating those already in treatment at the beginning of the quarter as left censored and those who are still in treatment at the end of the quarter as right censored. The predictors will include all of the above variables plus time in the current episode of treatment at the beginning of the quarter. Sensitivity analysis will be conducted to see if the predictors interact with the time in treatment at the beginning of the quarter.

The resulting analyses have implications for program planning on how to further improve treatment entry and retention rates. They can also serve as covariates to improve the power of the Chestnut hubs experiment – for which total MOUD dosage is the primary outcome. To the extent that several local measures are useful in this regard, it also suggests potential additions to the next JCOIN cohort.

24. Assessing Linkage to Care Models: Patient Navigation vs. Mobile Health Units for HIV Prevention and Treatment, and Substance Use Disorder Services in Justice-Involved Individuals – *Sandra Springer, Yale-ACTION Hub*

Persons involved in the justice system face disproportionately high risks of HIV acquisition, transmission, and drug overdose upon reintegration into the community. Models of care, such as Peer/Patient Navigation (PN) and Mobile Health Units (MHUs), effectively provide access or

linkage to substance use and HIV treatment along with HIV pre-exposure prophylaxis (PrEP). PNs assist with access to Medications for Opioid Use Disorder (MOUD), behavioral health services, HIV/HCV treatment, and PrEP while addressing social needs such as housing and transportation. MHUs offer integrated services including a clinician to provide HIV/HCV treatment, PrEP, and MOUD as well as a community health worker (CHW) to provide linkage to social services. Given the use of both PN and MHU as standalone interventions, a comprehensive evaluation is imperative to rigorously compare their effectiveness in delivering evidence-based treatment and prevention services for this vulnerable population. The Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now (ACTION) study aims to compare PN and MHU provision of care to enhance linkage to and engagement in HIV treatment and prevention, and MOUD services across four diverse geographic communities in Connecticut (CT) and Texas (TX).

Methods: This on-going NIDA funded five-year Hybrid Type 1 randomized controlled trial compares PN and MHU service delivery for justice-involved individuals with a history of opioid and/or stimulant use. The primary objective is to assess the time to initiate PrEP or ART based on HIV status, with secondary objectives including complete care cascades for HIV, HCV, and OUD. Participants are randomly assigned to PN or MHU groups. Here we describe acceptability and feasibility of this project as well as baseline characteristics, needs assessments, HIV/HCV testing results, PrEP interest, and SU/OUD diagnoses for the current enrolled sample.

Results: Recruitment began in March 2022, with 407 individuals (75% of target) enrolled as of February 2024 (MHU n= 204; PN n= 203). Baseline demographics: 23% female, 0.3% Transgender/non-conforming; 27% Black, 8% Other or Multiple Races; and 24% Hispanic. Needs assessments highlighted transportation (77%), housing (76%), and food (68%) as the primary social needs. Additionally, 31% requested access to naloxone and 25(7%) individuals requested syringe services. HIV testing was conducted for 94% of participants, resulting in one new diagnosis and 5% reporting a previous HIV diagnosis with 39% of those who tested negative meeting PrEP eligibility were interested in PrEP. Ten individuals, all in CT, started injectable PrEP. Additionally, 45 (12%) individuals tested positive for HCV, 13% reporting a previous HCV diagnosis. Forty-four % had moderate/severe OUD and 34% stimulant use disorder with 17% having previously received MOUD. Retention rate has been 79% for the 12 month-trial. There were 10 fatal overdoses (6 PN, 3 MHU, 1 non-randomized) with none study related.

Conclusion: The ACTION study represents the first direct comparison between Patient Navigation and Mobile Health Unit interventions aiming to enhance access to HIV prevention and treatment and SUD treatment post-release. Our findings underscore the concurrent needs of this population during reintegration, emphasizing the importance of social support services.

25. Beyond Incarceration: Exploring the Economic Costs of Criminal Legal Activity – *Sean Murphy, Weill Cornell Medicine (Health Economics Team)*

Background: The economic impact of criminal-legal activity in the US is profound, encompassing a wide range of tangible and intangible expenses, including direct costs to the criminal-legal system and victim, as well as pain/suffering, crime career costs, etc. Moreover, engagement with the criminal-legal system is associated with higher levels of substance use disorder and comorbid conditions. A recent estimate of the annual economic burden of criminal-legal activity to the US was ~$3.25 trillion, only 25% of which can be accounted for by tangible costs to taxpayers and victims, including over $100 billion in healthcare costs. The overarching objective of this study was

to explore the relationship between an individual's level of criminal-legal involvement and the costs incurred by society on their behalf.

Methods: The 2018 Global Appraisal of Individual Needs (GAIN) data were utilized, with a focus on individuals who had been involved with the criminal-legal system in the prior year. The social cost variable included all healthcare resource utilization and criminal-legal activity over the prior 12 months. Criminal-legal activity was valued using societal price weights for specific criminal acts, where possible, or the direct cost of incarceration when not. The societal price weights account for costs that are both tangible (e.g., police protection, legal and adjudication, corrections, property loss) and intangible (e.g., pain and suffering) in nature. The independent variable of interest was criminal-legal engagement over the prior year, which was operationalized as a 3-point scale of increasing intensity, ranging from 1 – had engaged in illegal activity, and/or been arrested in the past year; 2 – had been on probation or parole in the past year; or 3 – had been incarcerated for 14 or more of the previous 90 days. A multivariable generalized linear mixed model (GLMM), with random effects for county nested within state was estimated to explore the relationship between criminal-legal intensity and societal costs, while accounting for regional variations and the hierarchical structure of the data. Predicted mean values were then estimated for each level of criminal-legal intensity, and pairwise comparisons made to test the differences between the categories.

Results: Regarding criminal-legal intensity, 49% of participants fell in Group 2, 28% fell in Group 1, and 23% fell in Group 3. There was a positive and statistically-significant association between criminal-legal intensity and societal costs. The predicted mean total cost to society across the three groups was $482,286. On average, 55% ($263,728) of those costs were accounted for by individuals Group 3, 27% ($129,953) by those in Group 2, and the remaining 18% ($88,605) by those in Group 1. Other important predictors of societal cost, which also varied across groups, included gender, race/ethnicity, age, insurance type, quality of life, SUD treatment received, vocational engagement, Substance Problem Scale, Environmental Risk Scale, and type of problematic substance, if any.

Conclusion: The results underscore the significant impact of criminal-legal activity on society, and the importance of addressing the underlying demographic and behavioral factors that contribute to societal costs.

26. Evaluating a Continuity of Care Program for Detainees with SUD – *Valerie Gray Hardcastle, Northern Kentucky University (JRIG Project)*

Purpose: A majority of incarcerated individuals in the U.S. have a history of substance misuse (NIDA, 2021). Release from detention is a critical time for offenders with Substance Use Disorder (SUD), with high risks for recidivism and relapse (Edwards et al., 2022). The post-release period is highly stressful (LaCourse et al., 2019). Reentry support is needed to address treatment needs and the myriad other challenges confronting detainees (including housing, employment, and legal assistance). While detention-based treatment programs are increasingly available, continuity of care and wrap-around social services during probation and parole are not. This explains the relative failure of parolees to maintain recovery post-release. The purpose of this study is to examine a continuity of care program, focusing on how the program impacts participants' self-perceptions, relationships with others, intentions to reuse, and post-release behaviors.

Procedure: The setting was a rural detention center in the U.S. with a chemical dependency program (CDP) for women. We gathered quantitative and qualitative data from those starting the program (nt0=10), those in the program for at least one month (nt1=18), and those receiving continuity of care after release (Nt2=11). We computed descriptive statistics to assess participant characteristics and differences in substance and judicial history across groups. We then coded the semi-structured interviews and examined themes pertaining to participants' self-concepts, relationships, and SUD-related attitudes and behaviors.

Results: The women represented a variety of backgrounds and histories relative to SUD and judicial involvement. Yet, they entered the CDP with fairly similar beliefs regarding their SUD, expectations for staying in recovery, and prior experiences with treatment. Once in the program, they expressed gratitude for program staff and the opportunity to learn about the biological bases of their SUD. After release, participants acknowledged the importance of continuing treatment to maintain their recovery, freedom, and connections to children and family. They further described challenges that many participants face accessing continued treatment due to logistical constraints and the lack of availability of these programs.

Conclusions: Repeated detention is costly for detainees and the criminal justice system. Continuity of care programs hold promise for reducing recidivism by providing opportunities for support and treatment during the post-release period. Yet, access to these programs remains quite limited. We will discuss implications for practice and policy.

27. Can Targeted Federal Funding on the Intersection of Opioid Use Disorder for Criminal-Legal Involved Populations Build Collaborative Capacity? – ***Abbey Cliffe, University of Chicago (CTC/MAARC)***

In response to the devastating impact of the opioid epidemic, there was a marked increase in federal funding to states, especially targeting state actors providing opioid use disorder services for criminal legal-involved individuals (OUD/CL). In 2019 alone, nine federal agencies allocated approximately $540 million to 54 awardees. The 2019 federal funding of OUD/CL provides a rare case in which many states, struggling to meet local need for years, were suddenly flush with funding to address a specific social problem. Given these circumstances of relative fiscal flush, this paper explores the experiences of stakeholders working at the OUD/CL intersection under seemingly optimal conditions: high and quick funding for an identified social problem. It asks, when an ostensibly appealing collaborative window emerges, what are local implementers' perspectives on and experiences with OUD/CL collaboration? In-depth interviews via zoom were conducted with 53 respondents (from Federal agencies and with grantees across 9 states (KY, MA, RI, WV, MN, MT, NJ, PA, SC). Main findings include: (1) When federal agencies structure grants aimed at the intersection of SUD/OUD for justice-involved populations, they focus on technical assistance, but do not consider how to help build relational infrastructure to maximize the effectiveness of collaborative activities; (2) For grantees that already have established interagency relationships, federal funding in this area helps to increase collaborative capacity. However, when grantees do not have existing relationships, it is difficult for grantees to leverage federal funds to their full benefit due to relational deficits. We conclude by offering recommendations for how federal funding could be revised to more purposefully address collaboration-related needs and, ultimately, increase collaborative effectiveness.

29. JCOIN: More than the sum of its parts – *Lori Ducharme, NIDA*

JCOIN is NIH's largest-ever investment in research on health services in criminal legal settings and populations. Since its inception in 2019, JCOIN has supported more than 80 distinct research protocols, ranging from administrative supplements and pilot projects to multisite clinical trials. The Coordination and Translation Center (CTC) provides support for network collaboration, conducts original dissemination and implementation research studies, and offers a wide array of capacity building activities that help bridge the research-to-practice gap and accelerate practice change. The Methodology and Advanced Analytic Resource Center (MAARC) provides data infrastructure for the network, and conducts original research projects including modeling, mapping, and survey research. This poster maps all of these JCOIN activities.

30. Qualitative Findings from Participants' Experiences with Adaptive Recovery Management Checkups (RMC-Adaptive) to Improve OUD Treatment Linkage and Retention – *Jodie M. Dewey, Chestnut Health Systems Hub*

Individuals with opioid use disorders (OUD) face numerous challenges to accessing OUD treatment upon their release from jail. This study conducted semi-structured qualitative interviews with twenty recruited trial participants who were part of the Chestnut Hub JCOIN study, which tested the adapted Recovery Management Checkup (RMC-Adaptive) for linking people to OUD treatment following their release from jail. Researchers employed a grounded theory approach in data collection, coding, and analysis which allowed the interview process to evolve with each interview. Interview questions focused on gathering as much descriptive information on participants' experience with the case conference, an adaptive addition to the RMC model that provides regular check-ups with Linkage Managers who assist participants in accessing and staying in treatment. The goal of the case conference is to provide a more intensive and frequent team-based intervention for individuals who need additional support, as evidenced by continuous opioid use over their prior check-ups.

Findings show that 85% of clients perceived the case conference as helpful. Many viewed this additional time with a linkage manager as an opportunity to gain experience about and get connected to medication for opioid use disorder (MOUD) and treatment programs. Several clients also valued their interactions with the linkage manager as they were able to talk through their own decisions, articulate life goals, and discuss next steps for treatment. These discussions helped clients to arrive at their own treatment decisions and provided an opportunity to express feelings around anxiety and mental health challenges. Clients shared renewed faith, confidence, and hope in their ability to successfully complete treatment when linkage managers highlighted their own lived experiences.

Initial quantitative results show that individuals who had at least one case conference were more severe on standardized measures of substance use disorder, sleep disorder, fatigue, pain, and overall social roles and functioning. Considering these challenges, the case conference provides additional time and attention with skilled linkage managers, some of whom bring their own lived experiences to the meeting, so that clients can process the trepidation and anxiety that emerge as barriers to treatment connection and retention.

31. JTEC: Learning and Engagement for Diverse Audiences – *Amy Murphy, CTC*

As JCOIN's information-sharing medium, the Coordination & Translation Center (CTC) embraces translational science by collecting information and findings from the Network, but also producing content for dissemination. The translational method is designed to build capacity in justice settings and with key stakeholders by disseminating understandable and usable information. To achieve the JCOIN vision that "Every individual involved in the justice system with a substance use disorder should have access to effective treatment, whether detained or residing in the community," actors who work in justice and health settings must have a common knowledge about effective treatments and practices. Websites can be a valuable transmittal medium only if the material is targeted to specific audiences and engages those audiences.

This poster will highlight the JCOIN Training and Engagement Center (JTEC), which uses information management strategies to organize and present information for diverse audiences, e.g., judges, prosecutors, treatment providers, correctional staff, individuals with lived experiences, researchers, young scholars. To build community among various audiences, the materials tackle issues that underscore effective interventions such as stigma, myths about OUD and/or medications, effective processes, and other key topic areas that are integrated into the material to showcase scientific information and translate the information to address barriers to effective implementation. Addressing myths involves clarifying issues regarding definitions of key terms, identifying practices that key players can use, and helping to address issues related to misinformation. An active dissemination strategy engages the pertinent stakeholder group with targeted materials including engaging the stakeholder group in co- production of material. Using the six-item Perceived Communication Effectiveness instrument, the CTC measures how well-received the material is by the audience, which provides a feedback loop on the courses and informs future content development. The website is not just an information source, it is a dissemination tool designed on principles of effective engagement.

32. Correction of misinformation: Findings from a study of justice and behavioral health professionals – *Xiaoquan Zhao, CTC*

Medications for opioid use disorder (MOUD) are an evidence-based practice for helping individuals with criminal legal system (CLS) involvement achieve and maintain sobriety (Baser et al., 2011). Availability of MOUD for people with CLS involvement and opioid use disorder (OUD) has grown in recent years, but many people are not offered the option, especially in incarcerative settings.

This study seeks to understand what factors influence the viewpoints of people working in the CLS and behavioral health systems about the use of MOUD. The study team developed a series of short messages that correct some common misconceptions around MOUD, e.g., that a person using MOUD is "replacing one drug with another." The messages include: a corrective information sheet (i.e., a series of facts about MOUD); a narrative about the MOUD experience from the perspective of a CLS-involved OUD patient; and combination of the two messages.

Online survey participants recruited through professional associations and word of mouth answer a series of questions including the Opinions about Medication Assisted Treatment (OAMAT) scale. Participants are randomized to view no message, the corrective information message, the narrative message, or both messages. Respondents then answer questions about the reading and the repeated OAMAT scale. Initial findings indicate that individuals who received no message were

unlikely to indicate changes in opinions compared to those who read one or both messages. In this paper we will discuss development of the messages and our findings.