An Evaluation of Telehealth for Opioid Use Disorders in a Correctional Setting

Behavioral Health Approach in Franklin County, Massachusetts, Sheriff's Office

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At the height of the COVID-19 pandemic, in a community with high rates of opioid addiction, a jail in one county in rural Massachusetts showed that treating addiction for people cycling in and out of incarceration can be done better (Partners for a Healthier Community Inc. 2015). In 2020, the Franklin County Sheriff's Office (FCSO) capitalized on its previously built infrastructure and system partners to offer all three federally approved medications for opioid use disorders (MOUDs) and provide therapeutic counseling remotely to incarcerated people as a critical component of treatment. While the majority of jails in the United States do not offer MOUDs as an option to start or continue treatment during incarceration, the FCSO was able to continue offering all three medications (buprenorphine, methadone, and naltrexone) during the pandemic and to meet diverse clinical needs of people coming into their jail. The FCSO also continued offering individual and group counseling via telehealth throughout the pandemic and shifted to a mix of telehealth and in-person services in 2022.

In 2020, a research team from the Urban Institute and Chapin Hall at the University of Chicago, in partnership with FCSO leadership, worked closely to study what the FCSO had accomplished to continue offering all three modalities of MOUDs using telehealth. Our goal was to understand whether treatment and its critical component, individual counseling, could be done remotely. We also

wanted to understand what facilitated or hindered its successful application and how clients (that is, incarcerated people) and the professionals supporting them perceived the effects.

Our findings fill a critical gap in knowledge about whether counseling can be effectively delivered via telehealth in correctional settings. We hope this brief provides useful knowledge to other jails across the country on how to shift to a treatment philosophy. In addition, we hope it gives other localities some ideas on how to create an infrastructure that is conducive to treating opioid use disorders (OUDs) with the dignity and prowess required to address the complexities of the unaddressed mental health needs that often accompany addiction. The results of this study are promising, as illustrated in the following highlights:

- Over a decade ago, FCSO leadership set a vision and a strategy to become a nationally recognized facility that prioritizes high-quality behavioral health treatment rather than simply "warehousing" people. Such transformation took time, but our findings suggest that at the start of the COVID-19 pandemic, most FCSO staff recognized their important role in curbing high rates of opioid addiction in Franklin County. Staff made significant strides in expanding behavioral health treatment and therapeutic counseling as its critical component.
- By 2020, the FCSO was offering all three modalities of federally approved medications to treat opioid use disorders as continuation and induction options. While most jails in the United States still do not offer any MOUD treatment, FCSO provides a range of options to meet the complex needs of people with OUD diagnoses wherever they are in the recovery stage.
- Our evaluation demonstrates ways in which the FCSO was able to provide high-quality one-on-one counseling remotely at the height of the COVID-19 pandemic. For example, out of 31 surveyed clients, 90 percent reported a strong bond with their counselor, also known as therapeutic alliance, and 84 percent rated the quality of telehealth counseling as "good" or "excellent." Furthermore, 87 percent of respondents said that counseling via telehealth helped them more effectively deal with problems in their lives, including addiction.
- Although some FCSO behavioral health staff we interviewed reported it was challenging to do trauma work in jail with people struggling with addiction and who often get released quickly, overall, staff praised the FCSO's decision to offer high-quality counseling and maximize clients' time in therapy to address important mental health needs.

Introduction

The devastating impact of the opioid epidemic on its victims and their families in the United States has been well established and documented (Centers for Disease Control and Prevention 2023; Congressional Budget Office 2022). Ample research has been conducted on the high prevalence of OUDs among people who come into contact with the criminal legal system. Fifty-eight percent of people in state prisons and 63 percent of sentenced people in jails meet the criteria for drug dependency or abuse (Bureau of Justice Statistics 2017). Rural communities, especially, face a unique set of challenges in addressing the opioid epidemic, but little is known about how jails in rural settings

respond to OUDs and whether they are able to effectively diagnose OUDs and meet the complex treatment needs of people with OUDs.

Opioid Use Disorder Prevalence and Treatment Challenges in Rural Communities

The spread of the opioid epidemic has a compounding ripple effect in rural settings. When compared with urban cities, rural citizens with OUDs are more likely to be younger, single, uninsured, and impoverished; the number of drug-related deaths in rural communities is almost twice as high as that in urban cities (National Judicial Opioid Task Force 2019). Despite the severity of OUDs in rural communities, treatment is insufficient, exacerbating this problem. Both specialty and primary care providers are less common in rural areas, impacting patients' ability to receive a substance use disorder diagnosis and treatment (Madras et al. 2020). Of the providers in rural areas, many are apprehensive about offering evidence-based medications for opioid use disorders.[1] In addition, whether because of feeling unprepared or being unwilling to bridge some of the barriers associated with rural treatment, fewer rural clinicians offer MOUD services (Lister et al. 2019). As a result, many rural residents must travel incredibly long distances to receive treatment. One study (Cole et al. 2019) showed that rural Medicaid enrollees with OUDs travel four times longer to MOUD prescribers than the median of all Medicaid enrollees, which is associated with a lower likelihood of receiving MOUDs (Madras et al. 2020).

The problems that people with OUDs in rural areas face hold especially true for people in rural jails. Rural jails are less likely to have full-time behavioral health clinicians, thus compounding the challenges of diagnosing and treating OUDs (Kopak et al. 2019). A lack of full-time behavioral health clinicians also limits the ability to provide MOUD services. Individuals released from jails in rural communities often face many barriers to treatment because they live in rural communities. Often, jail facilities that provide OUD treatment fail to connect individuals with community-based programming upon release, which results in treatment being disrupted (Kopak et al. 2019). In rural communities, returning citizens lack transportation to service providers, experience difficulty building community relationships, and have concerns about the confidentiality of their OUDs in a small community and about a high cost of treatment—all of which decrease the chances of receiving MOUDs (Bunting et al. 2018). Treatment disruption also puts people at higher risk of relapse and, by extension, potential overdose (Ronquest et al. 2018).

OUD Treatment Philosophy and Approach in Franklin County

Franklin County has the third-highest overdose-fatality rate in the state. This, combined with the complexities of providing treatment in a rural setting, caused the Franklin County Sheriff's Office to shift its jail facility away from simply operating as a place to contain people. Instead, it became a jail that played an important role in the treatment solution to the opioid use epidemic. In 2011, the new FCSO sheriff had a very clear vision of how he wanted to transform the agency: he set out to shift the prevalent jail culture of containment (also known as "warehousing" people) to one that embraced a philosophy of rehabilitation.

According to our research team's interviews with 21 FCSO leaders and staff, this vision was not made a reality overnight. But the facility made important transformations with a concerted effort to bring in state and federal grant money. This allowed for expansion of treatment options, the FCSO's training and retraining of current staff, and the hiring of new staff with the right behavioral health backgrounds and skill sets. After more than 10 years of this transformation, today the FCSO offers all three federally approved MOUDs (buprenorphine, methadone, and naltrexone), provides high-quality individual and group counseling, and facilitates a continuum of treatment care upon reentry. Such a mix of treatment options to meet a variety of individual diagnoses and needs is still lacking in many jails across the United States.

Evaluation Goal and Objectives

From 2020 to 2023, a team of researchers from the Urban Institute and Chapin Hall at the University of Chicago partnered with the FCSO to study how its jail approached MOUD treatment, particularly via telehealth during the COVID-19 pandemic. The goal of our research was to conduct a mixed-methods implementation and outcome evaluation of the FCSO's use of telehealth technology to deliver MOUD treatment, as well as counseling, which is considered a critical complement of the treatment. The FCSO is in a rural area in Greenfield, Massachusetts, and houses between 150 and 200 individuals a day, approximately half of whom have an OUD diagnosis. Thus, the FCSO was suitable for this evaluation.

By 2019, the FCSO had established a comprehensive behavioral health treatment approach at its facility, which included use of all three federally approved medications (buprenorphine, methadone, and naltrexone). It also developed accompanying psychotherapeutic support via mandatory one-on-one counseling and group therapy, voluntary support groups, and postrelease services to maintain a continuum of care in the community. The FCSO also remains one of the few jails in the country to offer all three medications for those people who have been previously diagnosed in the community (known as a maintenance-on-drug option) or for those who are newly diagnosed and offered treatment for the first time upon admission (known as an induction option). Shortly after the COVID-19 pandemic began in March 2020, the FCSO shifted to using telehealth to continue providing behavioral health treatment to incarcerated people. Other correctional facilities ceased all but essential medical services. The FCSO has been a committed partner throughout this evaluation of the use and effectiveness of its telehealth services, both retrospectively during the pandemic as well as prospectively as services begin to normalize.

Research Questions

This evaluation aimed to answer the following research questions:

1. How has the FCSO implemented telehealth technology to support OUD treatment in jail and postrelease? What were the barriers and facilitators to successful telehealth implementation?

2. To what extent are FCSO correctional and behavioral health stakeholders committed to and able to sustain telehealth use in the long term?
3. How effective has telehealth technology been at providing broader access to treatment, addressing the precursors to OUD recovery, and reducing recidivism, as measured by:
   a. engaging individuals in OUD treatment;
   b. achieving satisfaction among OUD treatment participants;
   c. developing a positive OUD therapeutic alliance between counselors and clients;
   d. facilitating a continuum of care postrelease; and
   e. reducing future re-arrests or admissions to the FCSO jail?
4. To what extent has telehealth for OUD treatment been associated with reduced recidivism compared to in-person OUD treatment and postrelease services?

Research Design and Methods

To address the gaps in knowledge on the effectiveness of using telehealth to facilitate MOUD treatment in rural settings and answer the research questions, Urban and Chapin Hall conducted a mixed-methods evaluation, engaging in the data-collection activities described in box 1. The technical appendix accompanying this brief includes a full description of data sources and methodology.

BOX 1

Data-Collection Methods

The research team conducted a mixed-methods implementation and outcome evaluation of the FCSO's use of telehealth technology to deliver MOUD treatment, as well as counseling, using the following methods:

- We reviewed policy and program materials, including FCSO documentation regarding OUD treatment and telehealth use, as well as findings from prior analyses of OUD services.
- We collected and analyzed quantitative, administrative data, including de-identified individual-level records on study participants' criminal histories and OUD treatment during FCSO custody and postrelease.
- We conducted and analyzed semistructured interviews and surveys with 24 FCSO correctional and behavioral health staff and community providers regarding their perceptions of OUD treatment and telehealth implementation success, barriers, and facilitators and the extent of OUD treatment engagement, equity, satisfaction, therapeutic alliance, and continuum of care.

- We administered and analyzed surveys of 31 participants and 4 counselors who worked with them regarding their perceptions of OUD treatment engagement, equity, satisfaction, therapeutic alliance, and continuum of care.

Results and Findings

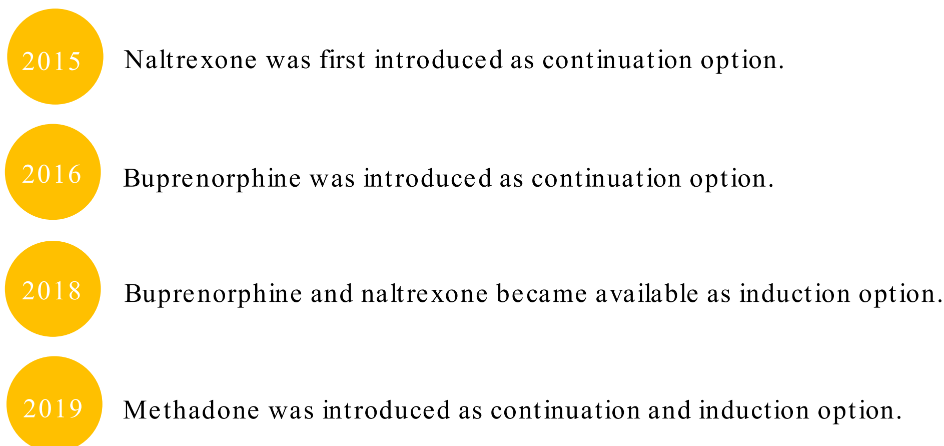
Working in partnership with the FCSO, we conducted a set of mixed-method evaluation activities (described above) to capture the nuances of providing behavioral health treatment at the FCSO and in the rural community at large. We also conducted activities to learn FCSO staff and clients' perceptions of telehealth effectiveness. Through these activities, we identified several larger themes.

1. Shifting to a Treatment Culture Takes Time

More and more jails across the country recognize the importance of providing behavioral health treatment, educational opportunities, and support groups, and of otherwise creating conditions to better people who are housed in their facilities. At the FCSO, the transition from a "containment philosophy" to one oriented toward treatment has taken over a decade. Figure 1 shows the FCSO's timeline for introducing medications for OUDs.

FIGURE 1

Evolution of Introducing Medications for Opioid Use Disorders at Franklin County Sheriff's Office



Source: Data provided by the Franklin County Sheriff's Office to the research team.

While it is still a work in progress, several interviewed FCSO staff and community partners noted that a treatment-oriented approach helps the facility meet incarcerated people where they are. According to some interviews—and in line with existing evidence—shifting away from abstinence as

the only option to offering MOUDs helps people stay in treatment and potentially reduces the risk of overdosing upon release (Substance Abuse and Mental Health Services Administration 2019).

This culture did not come overnight. A while back abstinence-type mentality prevailed. After release, many people come back to same doses, which puts their life at risk. So, over the years we have realized that we have a role [at the FCSO] in preventing overdoses and helping people engage and stay in treatment. —FCSO staff member

2. Providing a Variety of Treatment Options Helps Meet the Diverse and Complex Needs of People with Ouds

Over the last decade, the FCSO has built the capacity to offer all three federally approved medications—buprenorphine, methadone, and naltrexone—but the majority of people end up on buprenorphine or methadone. At the FCSO, all three options are offered as maintenance for those people who were on MOUDs before incarceration. People can initiate treatment with any of the three options even if they did not receive medication before incarceration. This result is notable. Most jails across the country still do not offer MOUDs as maintenance or initiation (National Sheriffs' Association and National Commission on Correctional Health Care 2018). Having a variety of options allows FCSO clinical staff to better tailor treatment to a variety of therapeutic needs and diagnoses. While there is a debate in the field on whether MOUD treatment should prioritize medication and make accompanying behavioral therapy optional, the Substance Abuse and Mental Health Services Administration still emphasizes that psychosocial therapy is a critical component of MOUD treatment (Mace et al. 2020). At the FCSO, a variety of available medications is accompanied by robust therapeutic treatment in the form of mandatory one-on-one counseling, group therapy, and voluntary support groups. Such therapeutic services help people address their mental health needs, which often accompany addiction.

3. Hiring and Supporting Staff with Behavioral Health Backgrounds Are Critical Components of a Comprehensive Treatment Approach

The FCSO made a strategic decision to hire and maintain staff with the right mix of skills and professional backgrounds to provide behavioral health treatment. The FCSO currently has a clinical manager and four full-time staff who provide group and individual counseling to people with OUDs; three nurses, one of whom exclusively works with MOUD patients; a robust clinical internship that, at the time of evaluation, included five interns who were obtaining their clinical social work degrees from Smith College and offering one-on-one counseling remotely; and a reentry team with case workers who help facilitate connection to treatment with behavioral health providers in the community.

All counselors and staff received supervision and participated in integrated care meetings to discuss individual cases. These integrated care meetings brought together behavioral health leaders and staff, counselors, clinicians who prescribed medication and adjusted dosage, and reentry staff to

discuss dosage adjustment and review specific people's progress toward recovery. Such an investment in hiring people who are properly suited for the job and supporting them on the job is welcomed by staff. During our research team's interviews, several staff who worked with patients directly noted that it was helpful to have an experienced supervisor who helped them navigate the complexity of OUD diagnoses and therapeutic needs. Many interviewees reported that they noticed and appreciated leadership's investment in increasing staff capacity to effectively engage and support people with complex diagnoses and needs. Several interviewees also noted that integrated care team meetings were very helpful in understanding the context and nuance of each person's journey and in making any necessary adjustments in their individual work with those patients whose cases were discussed.

4. When People Are Released Into the Community, Providing a Continuum of Care Can Be Challenging, So the FCSO Embedded a Community Behavioral Health Provider in Its Facility to Facilitate This Transition

Far too often, people do not continue their behavioral health treatment after incarceration for a variety of reasons. These include challenges with transportation, limited provider options, gaps in insurance coverage, or simply a desire to dissociate from treatment, which can remind them of their time in jail (Bunting et al. 2018; Cole et al. 2021; Guillen et al. 2022). While engagement in treatment upon release was still a challenge in Franklin County, we discovered that the FCSO and its community partner found a creative solution. The major behavioral provider in the community now has an embedded staff member who works at the FCSO. In partnership with the reentry team, this person can discuss treatment options with people preparing for release, make an electronic referral, and schedule their first appointment in the community after release. This solution reduced some of the burden on people who already faced many challenges when reintegrating back into society.

5. Similar to Many Other Jails across the Country, the FCSO Had to Face Many Challenges during the Pandemic but Was Able to Successfully Shift Most of Its Treatment Services and Supports Online

When the COVID-19 pandemic hit the US, after some trial-and-error experiences, the FCSO successfully shifted to remote delivery of most services to incarcerated people. Below is a summary of research findings based on each type of virtual telehealth activity the FCSO launched.

REMOTE ONE-ON-ONE THERAPEUTIC COUNSELING IS PERCEIVED AS EFFECTIVE BY 90 PERCENT OF PARTICIPANTS

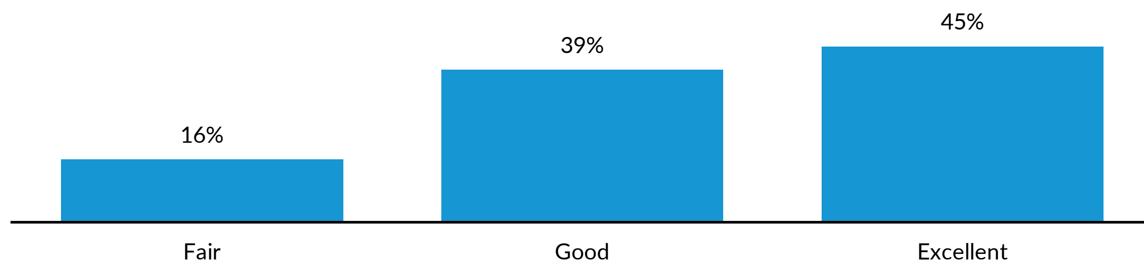
People who received MOUDs at the FCSO during the pandemic were mandated to participate in remote one-on-one therapeutic counseling. At the time of evaluation, counseling was provided by five interns who were working toward their clinical social work degrees in western Massachusetts. Our research team administered an online survey, which included the Helping Alliance Questionnaire-II, to telehealth counseling participants and their counselors to examine whether a therapeutic alliance was formed. Among 31 survey respondents, 90 percent of participants scored high, indicating a strong

therapeutic alliance with their counselor. Since jails are not often associated with a therapeutic environment, this was an important finding. The alliance was formed in the midst of distress brought on by the pandemic. That combined with addiction presented a unique set of stressors and challenges to overcome in therapy. Furthermore, as figures 2 and 3 show, 84 percent of participants rated the quality of counseling via telehealth as “good” or “excellent,” and 87 percent of participants said that counseling helped them more effectively deal with problems in their lives, including addiction. Furthermore, 77 percent of participants reported that they liked that virtual counseling allowed them to continue receiving services during COVID-19.

FIGURE 2

Franklin County Sheriff’s Office Telehealth Participants’ Satisfaction with Counseling

Question: How would you rate the quality of counseling you received via telehealth?

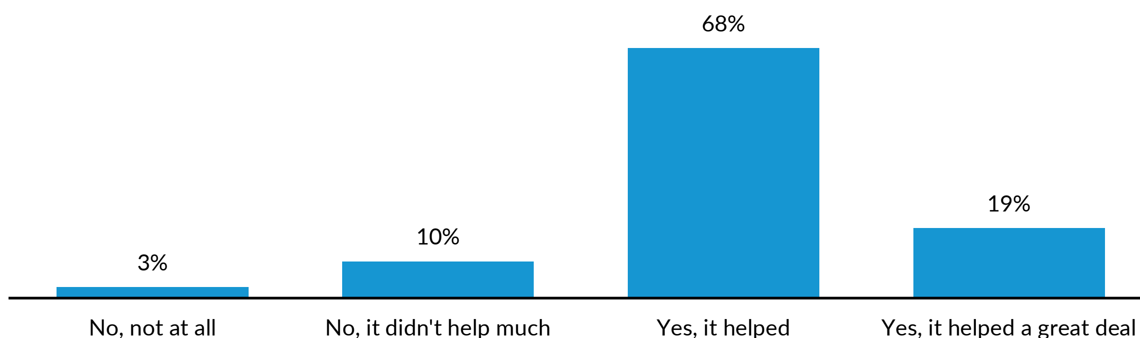


Source: Survey administered by the research team in February–March 2022.

FIGURE 3

Franklin County Sheriff's Office Telehealth Participants' Satisfaction with Counseling

Question: Has the counseling via telehealth helped you more effectively deal with problems in your life, including addiction?



Source: Survey administered by the research team in February–March 2022.

The research team also administered a therapist version of the Helping Alliance Questionnaire-II to the FCSO's telehealth counselors. The questionnaire asked about the participants they served during the pandemic. Counselors gave high therapeutic alliance scores less often than telehealth participants did. Namely, as figure 4 shows, 18 of the 31 scores (58 percent) that counselors provided were high (whereas 90 percent of the scores participants gave were). According to the authors of the Helping Alliance Questionnaire-II, however, in a general population, therapist scores are generally lower than those of clients/patients, but research has shown that the client/patient scores are most valid (Luborsky et al. 1996).

FIGURE 4

Comparing Therapeutic Alliance Scores between Telehealth Counselors and Participants

		Participant score	
		Low (*n* = 3)	**High (*n* = 28)**
Counselor score	**Low (*n* = 13)**	2 (6%)	11 (35%)
	High (*n* = 18)	1 (3%)	17 (55%)

Source: Survey administered to counselors in May 2021 and to clients in February–March 2022.

According to these surveys and our interviews with counselors, the FCSO initially experienced challenges with internet connections and some patients at the facility did not always have privacy.

However, over time the FCSO was able to address these issues and secure a private room dedicated to participants who attended remote counseling. Another issue that the FCSO highlighted in interviews and surveys was that trauma work was generally challenging for people with OUDs in a correctional setting, especially for people who justly have brief stays at the jail.

Among notable benefits of telehealth counseling, some counselors reported that providing counseling remotely was more convenient for their schedules and helped them feel safer. Additionally, according to interviews with several FCSO staff and counselors, connecting with counselors who were not physically in the jail helped clients distinguish counselors from the correctional staff, which may have addressed several challenges with creating a therapeutic environment in a correctional setting.

VIRTUAL THERAPEUTIC GROUPS HAVE MIXED RESULTS BUT MORE EVALUATION IS NEEDED

Clients who received MOUD treatment at the FCSO were mandated to participate in virtual therapeutic groups These groups were led by FCSO behavioral staff and an assistant facilitator. Some weekly groups employed what is known as Dialectic Behavioral Therapy,[2] which supports participants in early recovery and stages of change. Another group was an eight-session program conducted on a weekly basis that followed the Acceptance and Commitment Therapy approach.[3] The FCSO also offered a variety of support groups on a voluntary basis ranging from Alcoholics Anonymous or Narcotics Anonymous meetings, nurturing fathers, and educational groups facilitated by people from the outside, to a gamified addiction and recovery program known as ATARY that was co-led by FCSO staff and an external facilitator. This study primarily focused on the effectiveness of individual counseling, so we were not able to observe these groups or survey a larger number of participants and facilitators. During semistructured interviews, however, FCSO staff had mixed perceptions about the effectiveness of virtual group therapy. Some interviewees mentioned challenges creating a setup that allowed all participants to be seen on camera. Others said that meeting individual needs and managing people who presented with different symptoms and reactions to medication was a challenge. Most interviewees said that some people engaged well in group sessions, whereas others did not. Our analysis showed a trend that behavioral health staff tended to have more positive perceptions of virtual group interventions, whereas correctional staff expressed greater doubts about their effectiveness. Most interviewees agreed that having a variety of group and individual therapeutic options helped meet incarcerated clients' needs.

THE SMS PLATFORM TEXTEDLY HAS ANECDOTALLY HELPED REACH SOME CLIENTS AFTER RELEASE

Textedly is a texting platform for sending automatic SMS text messages in bulk. It became another telehealth tool for FCSO reentry staff to connect with and share motivational and treatment-oriented messages with people after their release into the community. As of March 2022, a total of 94 clients were enrolled in Textedly and fewer than 1 percent of clients opted to unsubscribe. FCSO staff used Textedly to send out information about community resources, motivational quotes, and COVID-19 testing sites. While most of the participants did not reply, some reached out to the staff member, such as by sending texts with positive reactions. According to two interviews, at the beginning of the pandemic, some men who typically did not engage with their reentry workers did reach out for help

via text. Further research is needed to understand whether SMS messaging is effective as another arm of behavioral health support and, if so, for whom. FCSO staff reported that they viewed Textedly as an additional option to reach and support some of their clients upon release.

People Who Received Counseling via Telehealth Had Similar Rates of Recidivism as Those before COVID-19

There is a growing body of research that points out the limitations of emphasizing recidivism as the main outcome when studying responses to interventions for people involved in the criminal legal system, particularly those with substance or behavioral health disorders.[4] Among the numerous challenges with recidivism studies, prominent limitations are: (1) the shift in emphasis to episodic failures rather than studying what system actors and community providers do to help people overcome challenges and succeed; (2) limited options for tracking events of returning to correctional settings where conviction is not the only available data point; and (3) the fact that documented events of recidivism do not necessarily reflect the nature of someone's behavior but instead the decisions of system actors that tend to include an overrepresentation of people who are poor and of color (National Academies of Sciences, Engineering, and Medicine 2022).[5]

With these issues in mind, more and more researchers focus on what is known as "desistance from crime," which shifts the focus of research from single events to studying the process through which people arrive to nonoffending in the future (Bucklen 2021). In line with this recent trend in research, the research team did not include measures of self-reported recidivism in the survey of telehealth participants and does not consider the official records collected as critical to evaluating the FCSO's approach to treatment. We do however present this outcome in the context of other findings highlighted above while acknowledging its limitations.

Our analysis of recidivism focused on study participants for whom at least 1 year of postrelease data was available, which was in line with previous analyses of FCSO recidivism data by its own researchers and by academics analyzing FCSO recidivism data for those with OUDs (Evans, Wilson, and Friedmann 2022). Of the 62 telehealth participants, 11 individuals (18 percent) had not been released from the FCSO at the time of this study's data collection and 12 individuals (19 percent) had been released but for less than a year. For these 23 individuals, we did not or could not examine their recidivism. For the remaining 39 people with OUDs who received telehealth counseling during their FCSO incarceration and had been released at least a year by the time of this study's recidivism data collection, 43 percent experienced some type of recidivism event within the first year of release, which included reincarceration or return to FCSO custody (23 percent), a new arraignment (31 percent), or violation of their probation or parole (11 percent). These 39 people included those who had been incarcerated in the FCSO on a sentence (28 percent) and those detained pretrial (72 percent), with the only significant difference between the two groups being that pretrial detainees did not incur any recidivism events involving violation of probation or parole.

Importantly, the recidivism percentages observed are comparable to those reported by Evans and coauthors (2022) in their analysis of FCSO recidivism data for 197 people with OUDs who exited the FCSO jail from 2015 to 2019 (before the COVID-19 pandemic, when only in-person counseling was provided). Specifically, these authors reported rates of any recidivism (48 percent), reincarceration (21 percent), new arraignment (36 percent), and violation of probation or parole (17 percent), compared with this study's rates of 43 percent, 23 percent, 31 percent, and 11 percent, respectively (as shown above) for people who received telehealth counseling during the pandemic. Despite the small sample sizes and limited observation window in the present study, this similarity in recidivism rates before and during the pandemic points to the viability of telehealth counseling for people with OUDs in correctional facilities.[6]

Limitations of the Study

This study was meant to address the gaps in research on whether counseling via telehealth as a critical component of MOUD treatment was potentially effective in correctional settings and to what extent it enhanced treatment for incarcerated people with OUDs. Since the pandemic, organizations across the country have embraced telehealth technologies more than ever before. But research is still lagging on how telehealth technology is used in jails and whether it can affect behavioral health outcomes as effectively as in-person treatment.

The FCSO was well suited to serve as an evaluation site. The facility offered a wide range of behavioral health services inside its walls and had strong partnerships with community providers despite its rural geography. Although the information provided in this brief can serve as a baseline for future research and evaluation in other correctional facilities, it is subject to some limitations (like all social studies), including the following:

- Our study did not focus on participants' ability to connect to OUD treatment upon release. Future research on this issue could provide critical knowledge of clients' ability and access to postrelease treatment and its relationship to overdose fatalities.
- Although this study included a variety of data-collection methods to examine staff and participant perceptions of individual counseling delivered via telehealth, we did not employ as many methods to explore other telehealth treatment modalities, such as telehealth group therapy and SMS messaging. Given the global trend toward remotely accessing behavioral health treatment, these modalities and others should be examined in greater depth in future studies.
- Of the 62 clients who received individual counseling via telehealth, only half completed our survey. Out of 31 survey completers, almost half were still (or again) incarcerated in the FCSO at the time. The other half were out in the community. We experienced challenges reaching many eligible participants who were released at the time of recruiting for the survey. Engaging formerly incarcerated people in research studies is a common challenge that often requires substantial resources and a longer study time frame to achieve.

- Counselors completed the survey in late spring 2021 and clients completed the survey in February and March 2022, answering questions about counseling that they received between May 2020 and April 2021. While counselors completed the survey soon after the last session with some of their clients, clients completed the survey later, after their last counseling session. This gap between client survey completion and the last day of service is subject to recall bias, which means that respondents may have had an inaccurate or incomplete recollection of their counseling sessions.
- As described previously, the success of treatment delivered by telehealth to incarcerated people with OUDs should be measured, ideally, through a comprehensive set of outcomes that capture diverse measures of behavioral changes over time. Measurement should be conducted for a relatively longer period and with a larger number of people than in this study.
- Recidivism data we examined were limited in scope, time, and size, and participants' behavioral changes could not be distinguished from decisions of system actors. We have reported on one-year recidivism rates based on the administrative dataset, but more research is needed on participants' recovery and desistance postrelease. This could be done through measures such as self-reported positive changes, overdose hospitalizations, and fatalities or probation records.

Conclusions

This study contributes essential knowledge about how telehealth can be used and evaluated in correctional settings to provide individual counseling, facilitate MOUD treatment, and improve outcomes for incarcerated people with OUDs. We hope that the background information on the institutional culture and the nuances of how MOUD treatment is delivered at the FCSO facility will offer important context for other jails that are considering or implementing MOUD treatment virtually or in person. Our hope is that the FCSO's example inspires other jails and correctional facilities across the country to shift to a treatment philosophy. They should also create an infrastructure that is conducive to treating opioid use disorders with the dignity and prowess required to address the complexities of mental health needs that often accompany addiction. Lastly, we invite our colleagues in research and evaluation to use our study to further examine and assess the complexities of offering MOUD treatment in other correctional settings.

Notes

[1] Within the field, the terms medication-assisted treatment (MAT) and medication for opioid use disorders (MOUD) are used. However, the Franklin County Sheriff's Office has more recently adopted "MOUD" when referring to treatment of OUD. As such, "MOUD" is the primary term in this brief.

[2] See Alexander L. Chapman, "Dialectical Behavior Therapy," *Psychiatry* 3, no. 9 (September 2006): 62–68, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/.

[3] See Russell Harris, "Embracing Your Demons: An Overview of Acceptance and Commitment Therapy," psychotherapy.net, accessed September 21, 2023, https://www.psychotherapy.net/article/Acceptance-and-Commitment-Therapy-ACT#section-the-goal-of-act.

[4] "Recidivism," National Institute of Justice, accessed September 21, 2023, https://nij.ojp.gov/topics/corrections/recidivism.

[5] Jeffrey A. Butts and Vincent Schiraldi, "The Recidivism Trap," Marshall Project, March 14, 2018, https://www.themarshallproject.org/2018/03/14/the-recidivism-trap; Jack Duran and Shawnda Chapman Brown, "Fewer People are Going Back to Prison—But that Doesn't Paint the Entire Picture," Vera Institute of Justice, August 7, 2018, https://www.vera.org/news/fewer-people-are-going-back-to-prison-but-that-doesnt-paint-the-entire-picture.

[6] Comparison with recidivism data for the in-person dataset is not presented because of a very small sample size. Of the 18 people incarcerated in the FCSO with OUDs who received at least three in-person counseling sessions, only 10 had recidivism information available for at least a year postrelease at the time of data collection.

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