



Readiness for Implementation Toolkit

Preparing to Implement *Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals in Local Jails*

June 2024



BJA
Bureau of Justice Assistance
U.S. Department of Justice



INIC
National Institute of Corrections

This project was supported by Grant No. 2019-AR-BX-K061 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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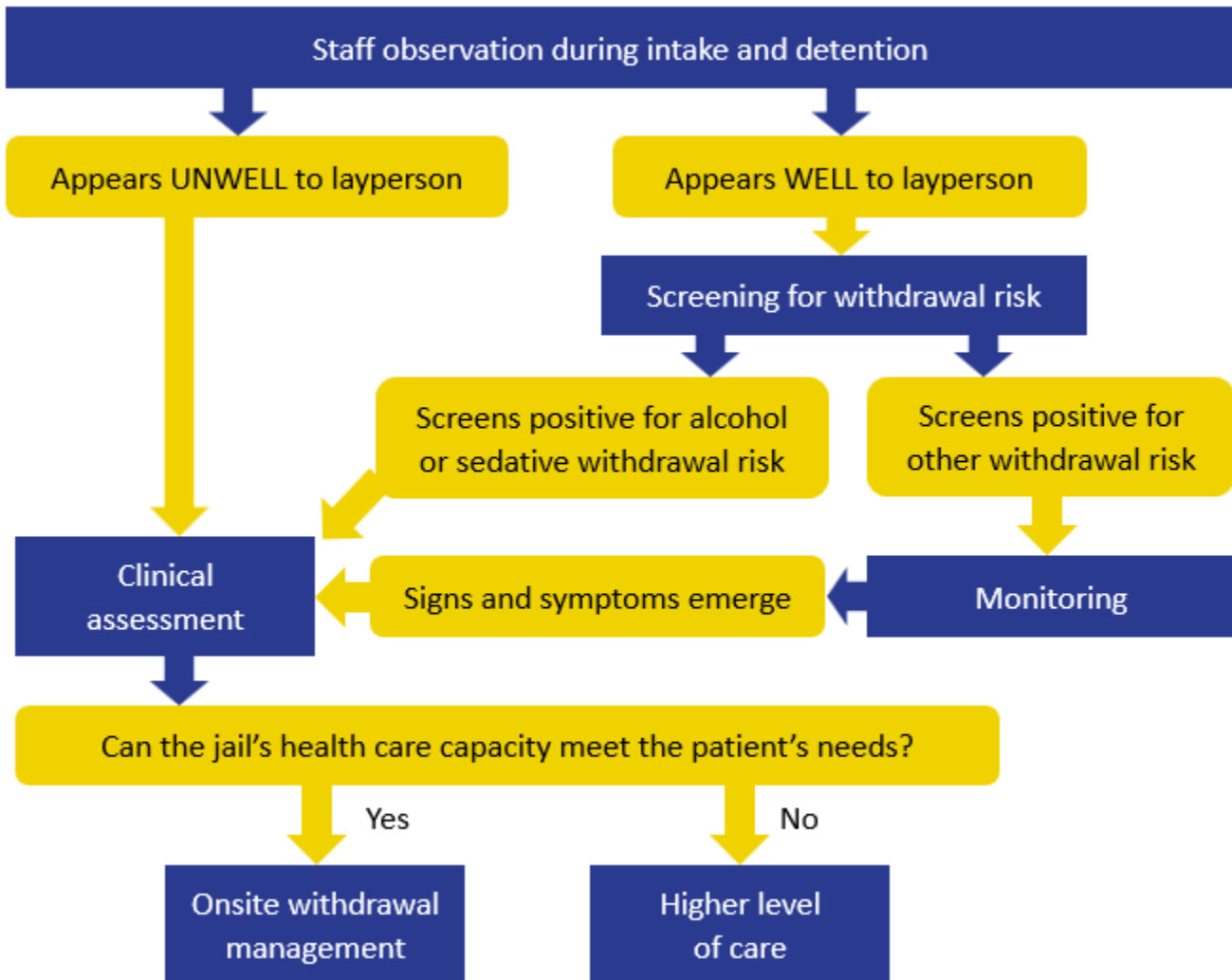
Introduction

[*Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals*](#) (the *Guidelines*) is designed to support jails* and communities in providing effective health care to adults (18 years of age and older) who are at risk for or experiencing substance withdrawal and who are:

- Sentenced or awaiting sentencing,
- Awaiting court action on a current charge, or
- Being held in custody for other reasons (e.g., violation of terms of probation or parole).

The *Guidelines* include clinical recommendations and supporting narrative on evidence-based practices for managing withdrawal from specific substances, as well as a universal process for managing substance withdrawal (figure 1).

Substance Withdrawal Management Process



* The term "jail" includes detention, holding, and lockup facilities.

How to Use This Toolkit

This toolkit is intended to help jail administrators, in collaboration with correctional staff, health care professionals, and community partners, build on their jail's current efforts to manage substance withdrawal as outlined in the *Guidelines*, which recognizes that each jail will start at a different place due to its unique circumstances. For example, some jails may be exploring ways to establish screening policies and procedures as their first step toward implementation; others have some essentials of effective withdrawal management in place and are seeking to address identified gaps; and still others have established withdrawal management practices, policies, and procedures and are aiming to enhance them.

Implementation Readiness Stages



*Including methadone and buprenorphine for preventing withdrawal from opioids, as well as long-acting benzodiazepines for managing withdrawal from alcohol or sedatives.

Step 1: Familiarize Yourself with the *Guidelines*

Regardless of the status of substance withdrawal management at your facility, the first step is for you, your staff (both health care and custody), and external stakeholders to become familiar with the *Guidelines*. Following a brief description of the withdrawal management process, the *Guidelines* present recommendation statements and supporting narrative in five sections:

- General Guidance (G-1–70) addresses issues universal to substance withdrawal management in jails.
- The ensuing sections focus on substance-specific considerations for alcohol (A-1–51), sedatives (SH-1–22), opioids (O-1–61), and stimulants (S-1–21).

The *Guidelines* will ground you and your team in the basics of withdrawal management, allowing you to facilitate effective management of jail resources, foster community partnerships, and ensure care for individuals at risk for or experiencing substance withdrawal.

This toolkit will help you and your leadership team assess the current services in your facility, identify areas in need of alignment with the *Guidelines*, and prioritize action steps.

Resources

- [Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals](#)
- [Frequently Asked Questions](#)
- [Guidelines Overview Fact Sheet](#)

Step 2: Complete the Initial Implementation Readiness Assessment

The next step is to spearhead your team's completion of the [Implementation Readiness Assessment](#). Results of the assessment will indicate your stage of readiness (Starting Out, On Our Way, or Refining) for implementing what is set forth within the *Guidelines* and identify areas in need of attention.

Step 3: Drill Down

Next, work with your team to prioritize key areas for establishing, expanding, or refining substance withdrawal management at your facility using any or all the following checklists, which are cross-referenced to the *Guidelines* to help you and your team identify the extent to which existing policies and procedures align with the recommendation statements.

- [Checklist for Jail Administrators](#)
- [Checklist for Health Care Professionals](#)
- [Checklist for Local Government Officials](#)
- [Checklist for Staff Training](#)

Use the [Assessment of Correctional Officers' Training Needs](#) to elicit input from custody staff on their understanding of their role in providing substance withdrawal management services and their ability to do so.

Step 4: Request Training and Technical Assistance

The above activities will help your team identify gaps and may indicate areas in which you need additional resources and support. The Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program's (COSSUP's) [Resource Library](#) provides valuable resources and offers training and technical assistance (TTA) opportunities. To submit a TTA request for any identified area for which you need support, complete a [TTA request form](#).

Terminology

Please note the following terms used throughout this toolkit, which are also defined in the *Guidelines*:

Appears unwell: Observed signs, symptoms, or indications by a layperson that (1) an individual may be sick (physically or psychologically) or, (2) in the case of a patient who has already been assessed by a qualified health care professional, the patient's condition is worsening, becoming unstable, or becoming a danger to self or others.

Clinical assessment: An evaluation conducted through a clinical encounter by a qualified health care professional who is either licensed or certified and may include psychological, laboratory, or other testing and compilation of collateral information from others who are in close proximity to the individual.

Monitoring: Regular and active surveillance to detect changes in physical or mental status that may indicate health problems, which facilitates appropriate interventions and ensures patient safety. Monitoring may be conducted by a qualified health care professional or well-trained and supervised custody staff.

Qualified health care professional: A physician, physician assistant, nurse, nurse practitioner, or another who, by virtue of their education, credentials, experience, and licensure, can competently and legally execute the clinical activity at hand.

Screening: A brief, routine process designed to identify indicators, or "red flags," for the presence of mental health, substance use, or other issues that reflect an individual's need for treatment.

Well-trained: Having completed training designed and delivered by appropriate clinical professionals for making an immediate referral to medical services when potential signs and symptoms of withdrawal are observed, when an individual otherwise appears unwell, or when an individual reports experiencing withdrawal.

Implementation Readiness Assessment

This initial, high-level assessment focuses on the foundational components of substance withdrawal management: observation, screening, clinical assessment, treatment, and monitoring.

Answer each question by checking “Yes,” “Sometimes,” “No,” or “Unsure.” Indicate “Sometimes” when the answer is yes for some individuals (e.g., those who are pregnant) but not for all.	Yes	Sometimes	No	Unsure
1. Are staff observing all individuals for indicators of being unwell immediately upon arrival to your jail and throughout their detention?				
a. Are individuals who exhibit signs of substance withdrawal or who otherwise appear unwell referred for immediate clinical assessment?				
b. Does your jail have clear protocols for medical stabilization or immediate transfer of individuals to obtain necessary medical or psychiatric care?				
2. Are all individuals screened immediately upon arrival for current intoxication, current withdrawal, or risk of withdrawal from alcohol ?				
a. Are individuals who screen positive for recent, regular, and heavy use of alcohol referred for immediate clinical assessment?				
3. Are all individuals screened immediately upon arrival for current intoxication, current withdrawal, or risk of withdrawal from sedatives ?				
a. Are individuals who screen positive for recent and regular use of sedatives referred for immediate clinical assessment?				
4. Are all individuals screened immediately upon arrival for current intoxication, current withdrawal, or risk of withdrawal from opioids , including prescription opioids?				
a. Does your jail provide timely continuation (access within 24 hours of entry) of medication for opioid use disorder ¹ that the individual was taking in the community, including any form of:				
i. Buprenorphine?		See b.		
ii. Methadone?		See b.		
b. If your response is “Sometimes,” please elaborate:				
5. Are all individuals screened immediately upon arrival for current intoxication, current withdrawal, or risk of withdrawal from stimulants ?				
6. Does your jail have policies and procedures in place for monitoring individuals at risk for substance withdrawal for the first 72 hours of detention (in the case of sedatives, for the first week of detention)?				
a. Does your jail have the capacity, including well-trained staff, for monitoring at least every 4 hours for emergence of substance withdrawal signs and symptoms?				
7. Is a qualified health care professional available 24/7 (either in person, on call, or via telehealth) for conducting a clinical assessment to determine the appropriate level of care?				
8. Does your jail provide long-acting benzodiazepines to manage alcohol and sedative withdrawal?				

¹ Buprenorphine and methadone are first-line treatments for opioid withdrawal and opioid use disorder.

Answer each question by checking “Yes,” “Sometimes,” “No,” or “Unsure.” Indicate “Sometimes” when the answer is yes for some individuals (e.g., those who are pregnant) but not for all.	Yes	Sometimes	No	Unsure
9. For patients at risk of opioid withdrawal, does your jail provide any form of the following medications ² to manage or prevent withdrawal?				
a. Buprenorphine to manage opioid withdrawal				
b. Methadone to prevent or manage opioid withdrawal				
10. Does your jail have policies for ensuring 24/7 access to water or electrolyte solution for patients experiencing withdrawal whose behavior requires water shutoff?				
11. Does your jail have policies and procedures in place for monitoring individuals being treated for substance withdrawal?				
a. Does a physician, physician assistant, or nurse practitioner review a daily census of all patients undergoing substance withdrawal management?				
b. Is a qualified health care professional available to provide clinical assessments at least two times per day, not more than 16 hours apart?				
12. Have your jail’s policies, procedures, and protocols related to substance withdrawal management been reviewed by a physician with substance withdrawal management expertise?				
13. Upon reentry with 24-hour notice, do patients in treatment for withdrawal management or substance use disorder receive a sufficient quantity of medication to sustain them until their next appointment with a community provider?				

Next Steps

Results of this assessment will indicate one of three stages of readiness: Starting Out, On Our Way, or Refining. Activities for moving forward, based on each respective stage of readiness, are suggested below.

Starting Out. If your responses are predominantly “No” or “Unsure,” explore what lies ahead by completing the [Checklist for Jail Administrators](#) and coordinating completion of other applicable checklists with your team. For example, consider asking local government officials to complete the [Checklist for Local Government Officials](#) as a first step in building community support for substance withdrawal management in local jails.

Information gathered from these activities may lead to and inform your [request for training and technical assistance \(TTA\)](#), which could include coaching from subject matter experts, support from jails experienced in substance withdrawal management, sample policies and procedures, and tailored resources. TTA can also help you determine what is most appropriate for your jail.

On Our Way. If your responses are a mix of “Yes,” “Sometimes,” and “No,” complete the [Checklist for Jail Administrators](#) and other checklists with your team to create an action plan to identify and consider strategies to address significant gaps. For example, your facility may need to create and implement formal policies and procedures related to substance withdrawal management services or expand these services to include not just specific populations (such as pregnant patients) but all who are at risk of or experiencing withdrawal. The [Checklist for Health Care Professionals](#) will also help identify what is needed. For assistance in creating an action plan, [request TTA](#).

Refining. If your responses are predominantly “Yes” or “Sometimes,” use the checklists to identify areas that need to be more closely aligned with recommendations set forth in the *Guidelines*. Regardless of your stage of readiness, the [Checklist for Staff Training](#) and the [Assessment of Correctional Officers’ Training Needs](#) will inform professional development for both health care and custody staff. Again, specific implementation resources and a [TTA request form](#) are available through the [COSSUP Resource Center](#).

² Naltrexone is a U.S. Food and Drug Administration (FDA)-approved medication for opioid use disorder, but it is not approved by the FDA for—nor is it clinically appropriate for—the treatment of opioid withdrawal.

Checklist for Jail Administrators

An effective substance withdrawal management program is driven by evidence-based policies and procedures that are clearly written, reviewed, and approved by the responsible provider with input from a physician with substance withdrawal management expertise and followed by all staff. Jail* administrators are encouraged to collect input from correctional and health care staff on the degree to which the jail’s policies and procedures align with [Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals](#), while meeting the needs and capacity of the facility. Refer to [How to Use This Toolkit](#) for step-by-step guidance on using this checklist and other tools within this toolkit.

For more information on individual items on this checklist, go to the related recommendation statements (RS) and accompanying narrative of the *Guidelines* noted in the right-most columns of the chart below.

- General Guidance: G-1–70 on pages 7–23
- Opioid Withdrawal: O-1–61 on pages 41–53

Has your jail established policies and procedures for the items below?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
CAPACITY						
1. Providing 24-hour, on-call clinical support (at minimum a registered nurse, which may include telehealth options) for substance withdrawal management.					G-40	Staffing and Staff Training (p. 17)
2. Determining when to provide services in-house or transfer to a facility equipped to provide the necessary level of mental health or medical care. <ul style="list-style-type: none"> ○ Transferring individuals to local clinical services if no on-call support for substance withdrawal management is available. ○ Securing medical clearance when readmitting individuals returning from a medical facility to the jail. 					G-15–19	Level of Care (p. 13)
3. Preventing suicide and self-harm among individuals at risk for or experiencing substance withdrawal.					G-60–63	Suicide (p. 21)
4. Addressing, in consultation with obstetric specialists, the needs of patients who are pregnant or postpartum and at risk for or experiencing substance withdrawal.					G-64–69	Pregnancy and Postpartum (p. 21)
5. Addressing the needs of older adults at risk for or experiencing substance withdrawal.					G-70	Older Adults (p 22)

* The term “jail” includes detention, holding, and lockup facilities.

Has your jail established policies and procedures for the items below?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
CAPACITY						
6. Formally establishing polices with outside organizations contracted to provide health care services.					O-40	Screening to Flag Withdrawal Risk (p. 7), Monitoring Patients During Withdrawal Management (p. 50)
7. Providing staff training on substance use disorder (SUD), efficacy of SUD medication, first aid, screening, and referral (see Checklist for Staff Training) at least every 2 years.					G-41–50	Staffing and Staff Training (p. 17)
SCREENING, REFERRING, AND MONITORING						
8. Screening all individuals, immediately upon arrival to custody, for current intoxication, current substance withdrawal, and risk of withdrawal. <ul style="list-style-type: none"> ○ Informing individuals about confidentiality protection of health information. ○ Referring individuals who appear unwell or at risk for substance withdrawal for immediate clinical assessment. 					G-1–4	Screening to Flag Withdrawal Risk (p. 7)
9. Conducting clinical assessments in a timely fashion to determine the appropriate level of care for anyone referred for immediate clinical assessment.					G-11–14	Clinical Assessment and Diagnosis (p. 11)
10. Monitoring for changes in condition among individuals who are at risk for or experiencing withdrawal.					G-5–10 G-28–33	Monitoring for Withdrawal Signs and Symptoms (p. 9), Monitoring Patients During Withdrawal Management (p. 15)
MEDICATION AND TREATMENT						
11. Providing individuals experiencing substance withdrawal, or at risk of substance withdrawal, treatment and medication specific to their needs, including long-acting benzodiazepines (for alcohol and sedative withdrawal) and methadone and buprenorphine (for opioid withdrawal).					G-20–26 G-34–36	Withdrawal Management by Qualified Health Care Professionals (p. 14), Medications (p. 16)
12. Identifying and responding to opioid overdose, including administering overdose reversal medication (e.g., naloxone, nalmefene).					G-37–38	Medications (p. 16)
13. Providing medications for SUD treatment, whether continuation from the community or initiation in custody.					G-27	Withdrawal Management by Qualified Health Care Professionals (p. 14)
14. Providing supportive care to alleviate common physical complications, such as but not limited to dehydration.					G-52–54	Supportive Care (p. 18)

Has your jail established policies and procedures for the items below?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
PREPARATION FOR REENTRY						
15. Establishing referral pathways for community treatment (including for uninterrupted continuation of SUD medications) and information on recovery support resources (e.g., housing, transportation) to individuals preparing for release.					G-55 G-57–59	Reentry (p. 19)
16. Providing access to opioid overdose reversal medication (e.g., naloxone, nalmefene) and education on its use to individuals preparing for release.					O-61	Reentry, under Opioid Withdrawal (p. 53)
17. Providing patient navigation services prior to release to support patient engagement in community treatment, when possible.					G-56	Reentry (p. 19)
QUALITY ASSURANCE						
18. Forming a dedicated team of custody and health care staff guided by a team lead to monitor quality assurance using structured procedures.					G-39 G-51	Staffing and Staff Training (p. 17) Quality Assurance (p. 18)

- Focus your planning efforts on improving or adding items to which you answered “Partially,” “No,” or “Unsure.”
- To submit a training and technical assistance (TTA) request for any identified area for which you need support, complete a [TTA request form](#).

Checklist for Health Care Professionals

Input from health care professionals is critical to the development and enhancement of policies and procedures for substance withdrawal management in jails.* The items below reflect current standards of practice, as presented in [Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals](#). Work with your health care colleagues to respond to the checklist items. Refer to [How to Use This Toolkit](#) for step-by-step guidance on using this checklist and other tools within this toolkit.

For more information on individual items on this checklist, go to the related recommendation statements (RS) and accompanying narrative of the *Guidelines* noted in the right-most columns of the chart below.

- General Guidance: G-1–70 on pages 7–23
- Alcohol Withdrawal: A-1–51 on pages 25–33
- Sedative Withdrawal: SH-1–22 on pages 35–39
- Opioid Withdrawal: O-1–61 on pages 41–53
- Stimulant Withdrawal: S-1–21 on pages 55–60

Are policies and procedures established in the jail for the following items?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
SCREENING, ASSESSING, AND MONITORING						
1. Providing 24-hour, on-call clinical support (at minimum a registered nurse, which may include telehealth options) for substance withdrawal management.					G-40	Staffing and Staff Training (p. 17)
2. Preventing suicide and self-harm among individuals at risk for or experiencing substance withdrawal.					G-60–63	Suicide (p. 21)
3. Screening all individuals entering the jail, including those who are pregnant, for risk of substance withdrawal.					G-1–3	Screening to Flag Withdrawal Risk (p. 7)
a. Informing individuals about health information confidentiality.						
4. Monitoring individuals for signs and symptoms of substance withdrawal.					G-5–10	Monitoring for Withdrawal Signs and Symptoms (p. 9)
5. Providing clinical assessment by a qualified health care professional to:					G-11–14	Clinical Assessment and Diagnosis (p. 11)
a. Identify any emergent medical or psychiatric needs.						
b. Evaluate current withdrawal signs and symptoms.						
c. Evaluate risk for severe or complicated withdrawal.						

* The term “jail” includes detention, holding, and lockup facilities.

Are policies and procedures established in the jail for the following items?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
d. Assess risk for suicide and severe psychiatric symptoms.						
e. Determine the appropriate level of care.						
f. Assess for substance use disorder (SUD).						
6. Monitoring patient wellness during substance withdrawal management.					G-20–33	Withdrawal Management by Qualified Health Care Professionals (p. 14), Monitoring Patients during Withdrawal Management (p. 15)
7. Determining when to provide services in-house or transfer to a facility equipped to provide the necessary level of care.					G-15–19	Level of Care (p. 13)
a. Transferring individuals to local clinical services if insufficient support for substance withdrawal management is available.						
b. Securing medical clearance when readmitting individuals returning from local clinical services to the jail.						
MEDICATION AND TREATMENT						
8. Verifying prescriptions for individuals who enter jail while taking prescription medications associated with physiological dependence.					G-4	Screening to Flag Withdrawal Risk (p. 7)
a. Consulting with a prescriber when medication cannot be verified within 24 hours.						
9. Dosing and administering ordered medications for substance withdrawal management.					G-34–36	Medications (p. 16)
a. Long-acting benzodiazepine for alcohol withdrawal.						Medications, within Alcohol Withdrawal (p. 29)
b. Long-acting benzodiazepine for sedative withdrawal.					Narrative	Medications, within Sedative Withdrawal (p. 38)
c. Initiation or continuation of buprenorphine or methadone to prevent opioid withdrawal and treat opioid use disorder.					O-6–38	Medications, within Opioid Withdrawal (p. 43)

Are policies and procedures established in the jail for the following items?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
d. Medications for symptom relief during stimulant withdrawal.					S-7-12	Medications, within Stimulant Withdrawal (p. 57)
10. Identifying and responding to opioid overdose (e.g., administering overdose reversal medication, engaging emergency medical services).					G-37-38	Medications (p. 16)
11. Directing supportive care to alleviate common physical complications, such as but not limited to access to water or electrolyte solution to prevent dehydration.					G-52-54	Supportive Care (p. 18)
SPECIAL POPULATIONS						
12. Managing, under the direction of a physician with experience in SUD and obstetrics, substance withdrawal among individuals who are pregnant or postpartum.					G-64-69	Pregnancy and Postpartum (p. 21)
13. Increasing monitoring for side effects and/or lowering medication dosages to meet the needs of older adults experiencing withdrawal management.					G-70	Older Adults (p. 22)
TOOLS						
14. Using substance withdrawal severity assessment tools.					G-43-44	Staffing and Staff Training (p. 17)
a. Using the Clinical Institute Withdrawal Assessment for Alcohol Scale, Revised (CIWA-Ar) or other validated tool for assessing alcohol withdrawal severity.					A-11-14	Monitoring Patients During Withdrawal Management, within Alcohol Withdrawal (p. 27)
b. Using the Clinical Opiate Withdrawal Scale (COWS) or other validated tool for assessing opioid withdrawal severity.					O-39-42	Monitoring Patients During Withdrawal Management, within Opioid Withdrawal (p. 50)
15. Providing patient education handouts describing risk versus benefit about medications for substance withdrawal and ongoing treatment.					G-53, G-66, G-69	Supportive Care (p. 18), Pregnancy and Postpartum (p. 21)
QUALITY ASSURANCE						
16. Participating in a dedicated team of custody and health care staff guided by a team lead to monitor quality assurance.					G-51	Quality Assurance (p. 18)
17. Regularly assessing appropriate scoring of monitoring tools (e.g., COWS, CIWA-Ar) and remediating when necessary.					G-45-46	Staffing and Staff Training (p. 17)

Are policies and procedures established in the jail for the following items?	Yes	Partially	No	Unsure	Related RS	Accompanying Narrative
REENTRY						
18. Providing information on community resources for continuing withdrawal management and initiating or continuing treatment for SUD upon reentry.					G-55–59	Reentry (p. 19)
a. Facilitating engagement in care upon patients' release from jail.						
b. Sharing health records with the patient's community providers, in accordance with applicable laws and regulations.						
19. Providing opioid overdose reversal medication (e.g., naloxone) and education on its use to individuals preparing to reenter the community.					O-61	Reentry, within Opioid Withdrawal (p. 53)

- Focus your planning efforts on items that you answered other than “Yes,” working in collaboration with the jail administrator, medical director, and other stakeholders to establish or improve these policies and procedures.
- To submit a training and technical assistance (TTA) request for any identified area for which you need support, complete a [TTA request form](#).

Checklist for Local Government Officials

Community support is essential for effective management of substance withdrawal in jails,* as described in [Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals](#). As a local government official, you can help forge a shared understanding of appropriate responses to individuals at risk for or experiencing substance withdrawal. Refer to [How to Use This Toolkit](#) for step-by-step guidance on using this checklist and other tools within this toolkit.

For information on items below, go to the resources listed in the right column. Page numbers (p.) refer to the most relevant section of the *Guidelines*, which may be specific recommendation statements, narrative, or both.

- General Guidance: G-1–70 on p. 7–23
- Alcohol Withdrawal: A-1–51 on p. 25–33
- Sedative Withdrawal: SH-1–22 on p. 35–39
- Opioid Withdrawal: O-1–61 on p. 41–53
- Stimulant Withdrawal: S-1–21 on p. 55–60

Do you have a working knowledge of the items below? If yes, check the item. To learn more, consult the resources below.		
	CONTENT AREA	RESOURCES
<input type="checkbox"/>	1. The substance withdrawal management process, as described in the <i>Guidelines</i> (observation, screening, clinical assessment, monitoring, and onsite care or transfer to external care).	The Withdrawal Management Process (p. 5)
<input type="checkbox"/>	2. Clinical capacity of the jail to manage substance withdrawal in general and for individuals who are pregnant or postpartum, over age 55, experiencing comorbidities, or living with polysubstance use disorder.	<ul style="list-style-type: none"> • Level of Care (p. 13) • Pregnancy and Postpartum (p. 21) • Older Adults (p. 22) • Managing Comorbidities (p. 32) • Polysubstance Use Disorder (p. 33)
<input type="checkbox"/>	3. Legal responsibilities associated with the care of individuals in custody, including those who have a substance use disorder (SUD) or who are pregnant, and potential consequences for failing to provide appropriate care. <ul style="list-style-type: none"> ○ Does the jail have sufficient health care and custody staff, as well as funding resources, to address the legal responsibility of providing substance withdrawal management? 	<ul style="list-style-type: none"> • Managing Substance Withdrawal in Jails: A Legal Brief • Pregnancy and Postpartum (p. 21)
<input type="checkbox"/>	4. Federal, state, and community resources supporting treatment of substance withdrawal and SUD in the jail and upon release (e.g., community opioid treatment programs).	<ul style="list-style-type: none"> • Bureau of Justice Assistance Funding and Awards • Substance Abuse and Mental Health Services Administration’s State Opioid Response Grants • State-specific opioid settlements • G-39 (p. 5)

* The term “jails” includes detention, holding, and lockup facilities.

Do you have a working knowledge of the items below? If yes, check the item. To learn more, consult the resources below.

	CONTENT AREA	RESOURCES
<input type="checkbox"/>	5. Need for training among medical and custody staff to carry out and support effective substance withdrawal management in jails.	<ul style="list-style-type: none"> • Staffing and Staff Training (p. 17) • Checklist for Staff Training
<input type="checkbox"/>	6. Value of providing opioid overdose reversal medication (e.g., naloxone, nalmefene) and education on its use to jail staff, individuals preparing to reenter the community, their families, and other members of the community.	<ul style="list-style-type: none"> • Medications (p. 16) • G-37–38 (p. 17) • O-61 (p. 53) • Centers for Disease Control and Prevention’s (CDC’s) Overdose Prevention—Public Health and Public Safety Resources
<input type="checkbox"/>	7. Specific demographic (including race, gender, and age) data on prevalence of SUDs and substance withdrawal among individuals in local jail custody, prevalence of overdose and suicide during local jail custody and during reentry, and substance withdrawal-related morbidity and mortality in local jails.	<ul style="list-style-type: none"> • National Institute of Corrections’ Drugs and Substance Abuse in Corrections—Statistics • Bureau of Justice Statistics’ Mortality in Correctional Institutions • CDC’s Provisional Drug Overdose Death Counts • Data collected by local correctional facilities
<input type="checkbox"/>	8. Impact of stigma related to SUD and how to minimize that stigma.	<ul style="list-style-type: none"> • A Note on Terminology (p. 3) • G-47 (p. 18) • Pregnancy and Postpartum (p. 21) • Appendix C: Preferred Terminology (p. 73) • The Stigmatization of Justice-involved Individuals with Substance Use Disorders • Understanding and Addressing Substance Use Disorder Stigma Among Public Health and Public Safety Professionals
<input type="checkbox"/>	9. The efficacy of medications to treat SUD and the role of stigma in limiting access to effective treatment for SUD.	<ul style="list-style-type: none"> • Rural Health Information Hub’s Addressing Stigma for Rural MOUD Programs • Myths and Facts About Medication-assisted Treatment
<input type="checkbox"/>	10. The importance of transition planning for individuals preparing to reenter the community.	Reentry (p. 19)

- To submit a training and technical assistance (TTA) request for any identified area for which you need support, complete a [TTA request form](#).
- Discuss items on this checklist with your local jails and community stakeholders to build awareness, share information, and facilitate collaboration.

Checklist for Staff Training

The scope of staff training needed to properly implement [Guidelines for Managing Substance Withdrawal in Jails: A Tool for Local Government Officials, Jail Administrators, Correctional Officers, and Health Care Professionals](#) depends on the size, staffing, and capacity of the jail.* Use this checklist and the [Assessment of Correctional Officers’ Training Needs](#) to help identify your staff training needs. Refer to [How to Use This Toolkit](#) for step-by-step guidance on using this checklist and other tools within this toolkit.

This checklist summarizes the *Guidelines’* recommendation statements on staff training (G-39–50 on pages 17–18) in the following categories:

- (a) Minimum training expected for all custody and health care staff.
- (b) Additional training for custody staff when health care staff is limited.
- (c) Additional training for all health care staff.

Does your jail provide training on the items below? If yes, check the item.		
A. TRAINING FOR ALL CUSTODY AND HEALTH CARE STAFF, REGARDLESS OF SIZE AND HEALTH CARE CAPACITY OF JAIL		
Custody staff	Health care staff	Item
<input type="checkbox"/>	<input type="checkbox"/>	1. Responding appropriately to individuals’ self-report and/or signs of unwellness that emerge after the initial monitoring of individuals at risk for substance withdrawal (first 72 hours of detention for alcohol, stimulants, and opioids; first week of detention for sedatives).
<input type="checkbox"/>	<input type="checkbox"/>	2. Making an immediate referral for a clinical assessment when signs and symptoms of substance withdrawal are observed, an individual otherwise appears unwell, or an individual reports experiencing substance withdrawal.
<input type="checkbox"/>	<input type="checkbox"/>	3. Responding appropriately to medical, dental, and mental health complaints and observations (including intoxication and substance withdrawal).
<input type="checkbox"/>	<input type="checkbox"/>	4. Following the jail’s policies regarding confidentiality of health information.
<input type="checkbox"/>	<input type="checkbox"/>	5. Identifying and responding to an opioid overdose (e.g., administering overdose reversal medication while awaiting emergency medical services).
<input type="checkbox"/>	<input type="checkbox"/>	6. Administering first aid, including giving CPR and managing seizures while awaiting emergency medical services.
<input type="checkbox"/>	<input type="checkbox"/>	7. Addressing misconceptions about substance use disorder (SUD) and its treatment (including medications), as well as stigmatization and how to avoid it.
<input type="checkbox"/>	<input type="checkbox"/>	8. Explaining legal responsibility for providing substance withdrawal management.
<input type="checkbox"/>	<input type="checkbox"/>	9. Supporting policies and protocols on withdrawal management roles and responsibilities of custody and health care staff.
<input type="checkbox"/>	<input type="checkbox"/>	10. Ensuring 24/7 access to water or electrolyte solution for patients who are experiencing withdrawal.

* The term “jail” includes detention, holding, and lockup facilities.

Does your jail provide training on the items below? If yes, check the item.

B. ADDITIONAL TRAINING FOR CUSTODY STAFF WHEN HEALTH CARE STAFF IS LIMITED

- 1. Conducting screening for substance withdrawal risk (with yearly competency checks).
- 2. Determining when an individual needs to be referred for medical evaluation.
- 3. Coordinating with on-call health care staff, when applicable.
- 4. Providing support for onsite tasks associated with clinical assessment (e.g., vital sign collection), under the direction of a qualified health care professional.
- 5. Monitoring patients during substance withdrawal management, under the direction of a qualified health care professional.
- 6. Administering withdrawal severity tools (e.g., Clinical Opiate Withdrawal Scale [COWS], Clinical Institute Withdrawal Assessment [CIWA]).

C. ADDITIONAL TRAINING FOR HEALTH CARE STAFF

- 1. Conducting screening for withdrawal risk (with yearly competency checks).
- 2. Conducting screening for risk of self-harm and responding to a positive screen.
- 3. Managing, under the direction of a physician with experience in SUD and obstetrics, substance withdrawal among individuals who are pregnant or postpartum.
- 4. Increasing monitoring for side effects and/or lowering medication dosages to meet the needs of older adults experiencing withdrawal management.
- 5. Conducting clinical assessments (with yearly competency checks).
- 6. Monitoring patients during substance withdrawal management.
- 7. Administering substance withdrawal severity tools, such as COWS and CIWA.
- 8. Providing nutritional supplementation, intravenous fluids, glucose, management of electrolyte abnormalities, and other supportive care, as clinically indicated.

- Focus your planning efforts on improving or adding training on items that are unchecked.
- To submit a training and technical assistance (TTA) request for any identified area for which you need support, complete a [TTA request form](#).

Assessment of Correctional Officers' Training Needs

You serve a key role in your jail's* ability to successfully provide substance withdrawal management. While the scope of your responsibilities depends on the size, staffing, and capacity of your jail, your responses to this anonymous assessment will help leadership identify gaps in training or understanding of staff roles and responsibilities. Refer to [How to Use This Toolkit](#) for step-by-step guidance on using this assessment and other tools within this toolkit.

Return the completed assessment as directed by your supervisor.

For each item below, check the column that reflects your understanding of the task and your confidence in carrying it out.	I am responsible for this task, and I am able to carry it out.	I am responsible for this task, but I need more support to carry it out.	I am not responsible for this task, but I know who in the jail is responsible for carrying out this task.	I am not responsible for this task, and I am unclear on whose responsibility it is.
1. Identifying and responding to opioid overdose and administering overdose reversal medication while awaiting emergency medical services.				
2. Immediately initiating the jail's protocol for engaging emergency services when an individual appears to be experiencing a medical or psychiatric issue.				
3. Administering first aid, including giving CPR and managing seizures while awaiting emergency medical services.				
4. Immediately referring any individual at risk for or inflicting self-harm for medical evaluation.				
5. Immediately referring any individual who appears unwell for medical evaluation.				
SCREENING AND CLINICAL ASSESSMENT FOR SUBSTANCE WITHDRAWAL				
6. Conducting screening for substance withdrawal risk upon jail entry.				
7. Maintaining confidentiality of health information per jail policies.				
8. Making an immediate referral to health care when signs and symptoms of substance withdrawal are observed, an individual				

* The term "jails" includes detention, holding, and lockup facilities.

For each item below, check the column that reflects your understanding of the task and your confidence in carrying it out.	I am responsible for this task, and I am able to carry it out.	I am responsible for this task, but I need more support to carry it out.	I am not responsible for this task, but I know who in the jail is responsible for carrying out this task.	I am not responsible for this task, and I am unclear on whose responsibility it is.
otherwise appears unwell, or an individual reports experiencing substance withdrawal.				
9. Providing support for onsite tasks associated with clinical assessment (e.g., collecting vital signs), under the direction of a qualified health care professional.				
SUBSTANCE WITHDRAWAL MANAGEMENT				
10. Monitoring patients during substance withdrawal management, under the direction of a qualified health care professional.				
11. Administering the Clinical Opiate Withdrawal Score, Clinical Institute Withdrawal Assessment, or other substance withdrawal severity tool.				
12. Ensuring 24/7 access to water or electrolyte solution for patients who are experiencing withdrawal.				

- Focus your training efforts on items checked that indicate more support or training is needed.
- To submit a training and technical assistance (TTA) request for any identified area for which you need support, complete a [TTA request form](#).