MOUD in Corrections: Moving to Implementation Notetaking Template – Breakout Rooms

Day:1/26/21
Room name: 2A

Questions asked:

Intake / screening tools requested for folks entering incarcerations (added to request sheet)?

How are others using MOUD? As a treatment modality or something as they leave?

How to get people on board?

Discussion themes that arose:

<u>Structural Barriers:</u>

- MOUD implemented in the facility but not necessarily in the community
- COVID creating major set backs
- Geographical barriers
    - i.e. jails in rural areas and the only clinics (18 total in state) in the community that provide
    - MOUD are in the urban areas of the state
- Mental health and substance abuse are treated as different camps in jails
    - SU is not seen as a mental health issue
- Jails and prisons handle things differently
    - Judges don't understand and are often not on board
    - Some judges say no MOUD as a term of probation
    - Jails operate independently, different leadership, different sizes, the populations is more transient
    - Connect with other jails during your research phase, get advice
- Getting people in the facility on board (even when there is funding available)

<u>Challenges with Assessment:</u>

- Intake assessments – electronic is a better option vs pen and paper
- Finding Dr's that are able to provide
- Defining the population/eligibility:
- Who gets MOUD
- Is it those who come in on MOUD, those detoxing, those on the way out?
- Look at your data – how many are in each category
- Want to give it to people who will use it – it is not an unlimited resource
- Start with those coming in on MOUD
- People are often not put on it until right before they leave

- We often get stuck in the “pilot” phase
- Want to make sure people get it before the weekend they leave – people can often leave early than expected
- Try for at the minimum 6 months out
- If you have the capacity try to start early
- Some places MOUD is a 1st priority
- Try to make start it close to front end of incarceration verses back end
- MOUD can reduce incidence of crimes
- Diversion is less of a concern
- Cruel to not provide treatment

Barriers with stigma:

- MOUD is viewed by many as continuing addiction with another drug
- Stigma not only for MOUD but SU itself
- Suboxone specifically has a stigma because of the form it is (can be smuggles, sent in letters, etc.)
- Try to tell CO’s that this will make their life easier (no one will be sick etc.)
- Find someone on the inside who is a champion
- We need to educate and listen to people on both ends so they can understand
- Having someone with lived experience talk about their experience with MOUD and SU can be a great option
    - Some want to use peers but they can’t make it past background checks etc.
    - Jails are often not as open for peers to come back as prisons are
    - Element of exclusivity
- Fear of contraband, fear of people getting high etc.
- Then again, some people are willing to take the risk and say there are people overdosing and dying
- Drug courts need to think about how when they sentence someone for 30 days in jail it’s not helpful because those who were using MOUD in the community now will not be able to because it is not offered in the jail
- Self-Stigmatization - some people don’t want to try MAT

Summary (a brief description summarizing key points that came out of interactive breakout session):

What is the most effective time to start MOUD

Who should be receiving MOUD

Structural Challenges and judicial challenges
Jails and prisons are not the same and there are different barriers to get them to accept

Stigma and Self-stigma