

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

Day:1
Room name: 4a Fully engaged in implementation

Questions asked:

How to expand program to include new inductions?
Many questions and confusion around becoming an OTP.
How to increase staff and be able to pay them enough?
How to start providing sublocade?
What are the pros/cons of tablets vs. strips? Required observational period?
Require therapy to be in program or does that add barriers? Type of therapeutic activities?
How do you engage clients after they are released into the community?

Discussion themes that arose:

New inductions
Reentry into the community
COVID pausing expansion efforts
Becoming an OTP
The Medline
Staffing issues
Stigma

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

In this group, most people reported consistently implementing MOUD and a few reported intermittently providing MOUD in their facility.
Expanding MOUD to include new inductions, especially in the time of COVID, is a major challenge.
Reentry into the community and sufficient discharge planning are areas of the MOUD program that need to be further developed.
Staffing issues is another major challenge. It is difficult to have sufficient medical and security staff as well as program staff.