

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

Day: 1 (1/26/21)
Room name: 4B: Fully engaged in implementation

Questions asked:

Can the whiteboards, notes & slides be shared with participants?

Longer term sentences – what’s the plan for individuals longer term?

Discussion themes that arose:

See whiteboard notes

- Discussion was very focused on availability (or lack thereof) of treatment options (vivitrol vs suboxone, methodone, etc)
- Staffing issues – scale to programs is challenging because its difficult to recruit and hire staff
- Staff buy-in is a big challenge
- Misuse/abuse of suboxone presents challenges
- Often cited challenges around transition to community (“warm hand-offs”), but did not bring up building partnerships with community corrections – was focused only on community based treatment providers
- Modified operations inside facility due to covid – no group tx programs being offered (MA-DOC)

From Chat:

15:47:25 to Everyone : we had a big issue with staffing during covid and trips for methadone dosing as well.

16:11:49 to Everyone : Vivitrol is always the CJS's MAT of choice. However, not the best sometimes given stage of addiction, etc. I think that all forms should be offered at County, State and Federal Level and available for all transitional services. This is the best place to regulate methadone, suboxone and Naltrexone-incarceration. I hear that Education, Approach to MAT, Staffing and Coordination for warm handoff and understanding is issues. My 2 cents.

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