

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

Day: 2 Interactive Breakouts: MOUD Implementation Challenges
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Room name: Continuity of Care (reentry and discharge planning, warm handoffs)

Questions asked:

Who is doing what in the facilities?

Who is doing what in the community?

Creating Universal Access?

Does anyone have a successful Feedback Loop?

Discussion themes that arose:

Current continuity issues – warm hand-off methods – stigma and double stigma (OUD and CJ involvement) – SUD/OUD is a chronic illness – how each group of people provide MOUD at their respective facilities – internal options to provide universal MOUD – external options to provide continuity of care – continuation of care, institution to institution – continuation of care, institution to community – Narcan importance – partnerships encourage continuity of care – Medicaid importance with continuity – allowing clients the opportunity to be a part of the discussion of their plan, they feel invested

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

This session was driven by the experiences and discussion of individuals from the Michigan DOC, Chesterfield Virginia jails, Oregon prison, and Idaho division of Bureau of Prisons. There was lengthy discussion regarding the current continuity issues, and the steps each organization has taken to mitigate those barriers and what barriers still exist. We watched the participant success story video and discussed the importance of education for all stakeholders. That education is a backbone of continuity of care, it also increases community support and reduces stigma. The barriers exist even when the mechanics are in place. SUD/OUD should be treated as a chronic illness, and creating a universal access is the end goal. There was discussion of how to improve access from the inside with provider training, peer support and clinician team for prerelease and post-release support, and for outside the facility, specialized probation officer assignments. Harm reduction, current medication offerings, and post-release maintenance options were shared from all groups, and the ultimate goal was to keep the whole process patient centered. Allowing clients the opportunity to be a part of their recovery plan ensures the buy-in of their own recovery.