

SMCDRC Process for MOUD

- SBIRT provided by medical team
- Inmates referred to MOUD Counseling team for assessment
- Inmates assessed with OUD who choose to participate are enrolled in Level 1 or Level 2.1 care with Counseling team
- Peer Specialist and Counselors meet collaboratively and individually with clients
- Individuals eligible for inpatient treatment receive a prescreen and, depending on timing of green light for treatment/placement in a bed, begin treatment with Counseling team on site; treatment placement with range of providers, including our company's sites
- SMCDRC Case Management often meets collaboratively with MOUD Counselor to start re-entry planning for newly enrolling inmates
- If Counselor/Peer Specialist team identifies a re-entry goal with the client, communicated with SMCDRC Case Management for follow up
- Connections with local Recovery Community Center (Beacon of Hope) for safe landing spot at release are sought



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Stops on *the Journey*

- Clients who are enrolled in MOUD program at SMCDRC receive inpatient treatment if authorized and clinically appropriate, engage with case management and outreach from our Community & Justice team of care coordinators and peer specialists to build supportive relationships for release to another level of care or community; MOUD Peer Specialist and community-based team continue to follow and support individual after discharge
- Our MOUD clients receive, at minimum, weekly counseling services based on EBP while incarcerated. Peer Specialist collaborates with Counselors as part of treatment groups as well as individually meets with clients who are interested in building their recovery foundations
- Our MOUD clients receive re-entry plan support from SMCDRC Case Management (ID, vital documents, potential placement in recovery house, benefit eligibility, insurance, etc.)
- Prior to re-entry, MOUD Counselor sets up a community appointment for client to continue MOUD and Counseling treatments in community (provider of choice)
- MOUD Peer Specialist, with support of community-based peer support specialists, follows up on treatment continuation in community and continues to invite client to participate in recovery community center for supports like recovery check-ups, mutual aid groups, individualized recovery coaching and recovery capital investment needs



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Bumpy terrain already on the map...

- Getting the client *consistently to treatment and peer support* while incarcerated directly improves their outcomes
- Recovery Capital pressures– *where* to live, work after release
- Gaps in knowledge about *how* to continue in recovery
- *Stigma*-while incarcerated on MOUD, after incarceration on MOUD
- *A way to stay in touch*-a phone at release where we can follow up
- *Getting and keeping appointments* for care in community
- Having enough *time* to help the client understand and make some choices regarding their recovery pathways options prior to release, making sure they have means to connect with these pathways on the outside



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Marco

- Marco was referred both by medical team & self-referred. He was assessed by MOUD Counselor and diagnosed with OUD. Marco was placed on MOUD, participated in Outpatient treatment while incarcerated, transferred to inpatient treatment, returned to St. Mary's County Detention Center from inpatient treatment to await sentencing and release. MOUD counselor provided referral in community for MOUD, aftercare plans was set up by SMCDRC Re-Entry Case Manager to a 3.1 level of care. Follow up with Marco indicates he is currently living at home with wife who is not in recovery, has continued with MOUD and substance use disorder treatment. Marco is employed and in contact with MOUD Peer Specialist.



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Himilco

- Himilco was referred by our medical team. He was assessed by MOUD counselor and diagnosed with OUD disorder. Himilco was placed on MOUD and Level One Outpatient treatment group within the facility, and is an active participant in group sessions. In preparation for court with possibility of release or home detention, Himilco requested a residential program as he would be temporarily homeless upon re-entry to community due to his charges and living in a HUD housing program. MOUD Counselor and Himilco made appointments ahead with MOUD provider and local substance use treatment program in advance of court. Re-entry Case Manager and Community-based Care Coordinator reached out to local sober living facility to set up interview for enrollment into program. We are able to offer Himilco funding opportunity from STOP grant to assist with rent fees for sober living facility. Peer Support in community will make a personal accountability contract with him to engage in recovery supports like recovery coaching, mutual aid groups, peer specialist recovery check-ups while he is receiving grant funded recovery housing with ongoing follow up from MOUD Peer Specialist.



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Jean-Baptiste

- Jean came in to facility on MOUD and had relapsed prior to incarceration. He was pre-screened for Inpatient treatment and accepted into a long-term treatment facility which he completed successfully. In community, Jean continued on MOUD and was doing well on probation. Jean's path got very bumpy due to unhealthy relationships in his life that led to a re-arrest and incarceration. He has returned to facility and continues MOUD after a year of maintaining his ongoing recovery through these challenges. MOUD program will continue to support his care, focusing on treatment and recovery paths that help him understand what tripped him up, and provide peer follow up and connections to ongoing care upon release.



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Aloha

- Aloha was assessed and diagnosed with OUD while incarcerated. She participated in Intensive Outpatient group while in facility. While incarcerated, Aloha also attended individual and mutual aid groups facilitated by Peer Specialist member of local recovery community center team funded by STOP grant. She was discharged upon re-entry into community with recommendation to continue MOUD care and substance use treatment. When Aloha did not follow up with community-based appointment to continue treatment, Peer Specialist who had met with her while she was incarcerated followed up several times and re-engaged with her including transportation support to/from recovery community center. Aloha is now enrolled in community-based Outpatient treatment. Community-based Peer Specialist team, working with MOUD Peer Specialist, remain in contact.



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Amelia

- Amelia entered both MOUD treatment and substance use treatment for the first time when incarcerated. She was pre-screened for Inpatient treatment and accepted into a facility from SMCDRC as a detainee. A person in long-term homelessness, she walked out of treatment prior to completion. Her boyfriend convinced her to turn herself in, and she returned to SMCDRC and MOUD treatment care. Upon release, she was offered recovery housing by Re-Entry Case Manager and declined because she wanted to live with her boyfriend who had entered recovery about 2 months prior to her initial incarceration. Community-based programs of peer support, leveraging STOP funding and other local funding, have assisted with crisis housing supports while Amelia has remained on MOUD treatment. Amelia eventually obtained her ID, started GED classes, and entered workforce “on the books” for the first time in her life this year. After 22 months of ongoing recovery and continued MOUD treatment, Amelia and her now husband have at last secured a supportive housing program apartment and will be moving in soon.



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Our biggest success:

access to care, getting started on their path

Our biggest challenge:

helping the client stay on their path

- Readiness- client is at a stage of change that is more contemplative or preparatory, either at release or after “reality” hits in community
 - Clients report needing 60-90 days to adjust to medications
- Genuine groundwork of what recovery actually involves (long term, ongoing effort) takes time to establish for the individual and/or the family
- Long-term investment is often required by individual and support system(s) in building/rebuilding recovery capital from devastation of addiction to employability, housing security, health, basic needs, relationships
 - Also an issue for those going on to DOC or to another county’s facility as to how to continue MOUD treatment
- Stigma ongoing related to MOUD in community and (in some cases) within the recovery community and internally within the individual



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Leveraging for More...

- STOP grant funds in community for follow up that is not time-limited: allows us to stay in supportive relationship with individuals and families to continue to work on recovery education and inclusion, meeting some recovery capital needs (transportation, tele-communication, safe housing—often at recovery houses, basic and vocational needs)
- Adult Recovery Support grant funds in community (Beacon of Hope Recovery Community Center) bridge gaps in readiness for the participant in terms of recovery education (individual and family) and recovery inclusion, addressing recovery capital gaps in transportation, basic needs, resource referrals
- Wrap around with Problem Solving Courts (Adult Recovery Court) or Diversion Programs (Pre Trial, Home Detention) increase accountability and resource availability



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Strategies We are Working on...

- Anticipating releases of information needed for post re-entry follow up
- Referral for community-based MOUD at treatment plan in event of early release
- Investigating our capacity to refer to trauma specialist and grief counseling resources
- Leveraging collaborative programs like Beacon of Hope outreach to inpatient treatment and Community Justice Care Coordination outreach to inpatient treatment programs to follow clients who left facility to go to inpatient treatment
- Peer Specialist to Peer Specialist “warm hand-off” to Beacon of Hope same-day of release or as close to it as possible
 - Creating tools to improve awareness of these programs and transport to the center itself
- Persistent follow up by Peer Specialist post-release to confirm uptake of treatment and recovery support services, with ability to consult with MOUD Counselor as needed for additional advocacy
 - Leveraging tele-health grant funding to assist us to stay in touch
- Recognize need for education within our system(s) and our client’s environment(s) regarding a positive understanding of power of MOUD interventions and medication management in general



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*Thank you to SMCDRC leadership, Re-Entry team,
Friends Research and all collaborative members!*



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