



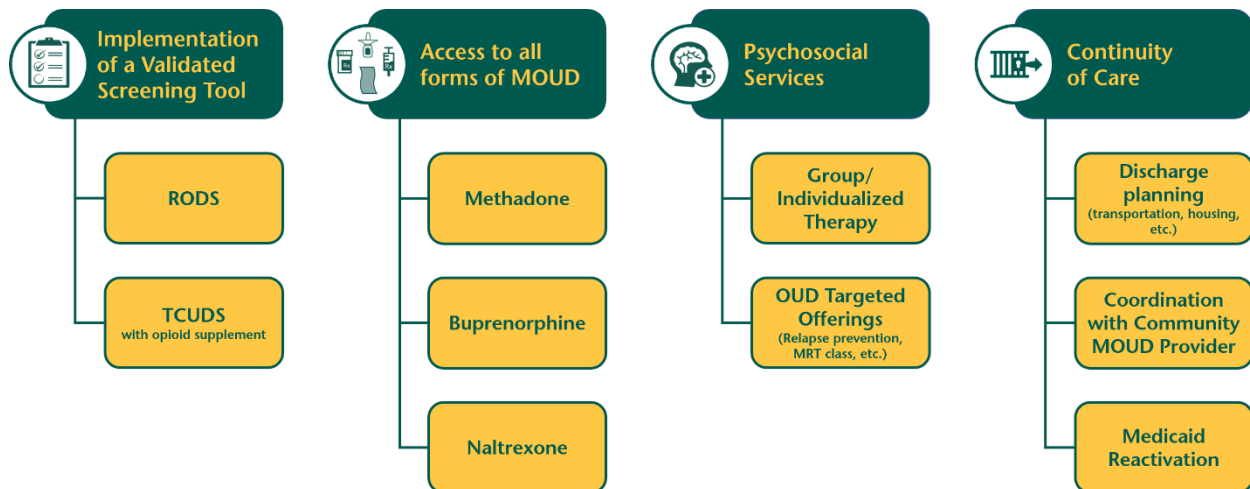
MOUD in Jail Fidelity Assessment

Medications for Opioid Use Disorder

County jails are a pivotal touchpoint where public health systems can intervene with people who have Opioid Use Disorder (OUD). Fatal overdose is 129 times more likely within the first two weeks of incarceration than it is for the general population. There is no OUD treatment with stronger evidence than medications for opioid use disorder (MOUD), which includes methadone, buprenorphine, and naltrexone. Despite these findings, MOUD remains largely unavailable in correctional settings.

MOUD in Jail Model

The MOUD in Jail model, developed by the Center for Behavioral Health and Justice, incorporates multiple evidence-based practices to assure persons with OUD who are booked into jail receive the standard of care during incarceration and post release. Full MOUD model implementation uses validated screening tools, access to all three forms of MOUD, adjunctive psychosocial services, and a continuity of care plan with naloxone distribution on release. Integrating these services into jails and prisons can improve treatment outcomes and save lives.



Using the Fidelity Assessment Tool

This tool is designed to assess implementation of the above MOUD in Jail model. Results will be shared with local change teams to identify barriers, solve problems, and set goals for further implementation efforts. For items 1 through 13, each YES response = 1 point for a total possible score of 13. A jail must achieve a score of 13 to reach full implementation of the MOUD in Jail model. Follow-up questions in each section are unscored.



County Jail: _____

Date of Assessment: _____

ITEM #	Implementation of a Valid Screening Tool	Yes	No
1	<p>Does your facility use a validated screening tool for OUD (RODS, TCUDS-V Opioid Supplement, etc.) that is fully integrated into your booking process?</p> <p>Follow up questions:</p> <ol style="list-style-type: none"> 1. What OUD screening assessment is used? 2. If you do not use a validated tool, how do you screen for OUD? 3. Who administers the assessment (booking officer, medical, self-report)? 4. Who receives this screening tool? 5. What % of people booked into your facility get screened? 6. What is your medical provider's protocol for treating opioid withdrawals? <p>Notes:</p>		
2	<p>Access to All Forms of MOUD</p> <p>Do you provide methadone for patients with existing prescriptions in the community?</p> <p>3 Do you provide methadone for new inductions?</p> <p>4 Do you provide buprenorphine for patients with existing prescriptions in the community?</p> <p>5 Do you provide buprenorphine for new inductions?</p> <p>6 Do you provide naltrexone for patients with existing prescriptions in the community?</p> <p>7 Do you provide naltrexone for new inductions?</p> <p>Follow up questions:</p> <ol style="list-style-type: none"> 1. How does your facility verify active medication prescriptions? 2. Does your facility guest dose medications prior to independent verification? 3. Does your facility structure MOUD patients' release to allow for dosing on the day of release? 4. Does your facility have capability to use telehealth services for MOUD patients? Are you currently using telehealth to do so? 5. Who is your jail medical provider? Who is your MOUD prescriber, if different from jail medical? <p>Notes:</p>		



Psychosocial Services		Yes	No
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8

Is your facility providing individual and/or group behavioral health services to those receiving MOUD?

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Are the available individual and/or group behavioral health services targeted toward people with OUD?

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Follow up questions:

1. Which of these services does your facility provide?

MRT/DBT/MI/workbooks, relapse prevention training, peer support specialist

2. Does your facility have capability to use telehealth for behavioral health/SUD services? Are you currently using telehealth to do so?

Notes:

Continuity of Care		Yes	No
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Does your facility create and provide a detailed community reentry plan for all MOUD participants?

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Follow up questions:

1. What is included in the plan (housing, transportation, employment, etc.)?

2. Do you offer follow-along services for MOUD patients in the community following their release from jail? If so, who provides these services and what support is available?

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Does your facility make appointments for MOUD participants with community-based providers prior to their release?

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Follow up questions:

1. How do you coordinate care for people released unexpectedly?

2. How do you coordinate care for people who are released to reside in another county?

3. How do you coordinate care for people who have pending out-county holds?

12

Does your facility begin Medicaid reactivation with MOUD patients prior to release?

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13

Does your facility provide naloxone kits upon release?

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Follow up questions:

1. Who receives naloxone at release?

2. Who provides training on naloxone?

3. What training modality is used to promote safe naloxone use?

4. Where is naloxone stored and who distributes it?

Notes:



Scoring

For items 1-13, add 1 point for each YES response:

Insert score here / 13

Items that have not yet reached full implementation:

List item numbers here