

# How Sustainable Is Your Jail MOUD Program?

## Program Sustainability Matrix

When correctional facilities make the commitment to make medications for opioid use disorder (MOUD) available to detainees, a significant amount of change and technical implementation is required, as indicated in the **domains for MOUD implementation** listed below. Programs can be derailed by change in leadership, new state requirements, staffing crises, or loss of grant funding. Access to MOUD is a best practice to reduce overdose death, and every jail is encouraged to solidify their program so that it can withstand any changes.

Reflect on the status of each implementation domain in your facility and consider what additional steps are needed to support the ongoing progress, success, and sustainability of your MOUD program. Possible strategies are included in some domains for consideration.

Domains for MOUD Implementation	Low Level of Sustainability	Moderate Level of Sustainability	Recommended for Sustainability
<b>Funding</b>	Limited or short-term funding for MOUD program; using discretionary funds in existing budget; may be using some grants funds.	Defined but short-term funding sources; using braided funding or multiple grant sources.	Dedicated funding through assigned budget allocation (i.e., eligible for reappropriation in next budget cycle); may be supplemented through grants.  [Strategy: Use MOUD performance data to “make the case” for dedicated funding.]
<b>Training of Health Care (HC) Staff</b>	Some HC staff have received <i>ad hoc</i> training on topics such as substance use disorders (SUD), MOUD, stigma, and withdrawal.	Some or all HC staff have received training on SUD, MOUD, processes, stigma, and withdrawal, but it is not standardized (e.g., included in the annual training plan).	Training on SUD, MOUD, processes, stigma, and withdrawal is a specific component of ongoing HC training plan that specifies trainer responsibilities and curriculum used.
<b>Training of Corrections Staff</b>	Corrections staff have had some <i>ad hoc</i> training on topics such as SUD, MOUD, stigma, and withdrawal.	All corrections staff have had training on SUD, MOUD, processes, stigma, and withdrawal, but it is not standardized (e.g., part of the annual training plan).	Training on SUD, MOUD, processes, stigma, and withdrawal is specific component of ongoing corrections staff training plan that specifies trainer responsibilities and curriculum used.

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<b>Corrections Leadership</b>	Limited leadership; jail staff implementing program with limited jail admin/sheriff support.	Clearly defined strong leadership support for MOUD program with no succession planning.	Clearly defined strong leadership support for MOUD program with succession planning. [Strategy: Include leadership of MOUD effort in position job description(s) and in individual performance reviews/evaluations.]
<b>Health Care (HC) Leadership</b>	Limited HC leadership; staff are engaged in the program, but no clear HC leader, sponsor, or champion.	Clearly defined HC leader, sponsor, and champion with no succession planning.	Clearly defined HC leader, sponsor, and champion with succession planning. [Strategy: Include leadership of MOUD effort in position job description(s) and in individual performance reviews/evaluation.]
<b>Integrated Multidisciplinary Team (MDT)</b>	HC and corrections confer on an <i>ad hoc</i> basis on issues related to MOUD; no policies and procedures that outline roles and responsibilities and integrated approach.	Have policies and procedures that outline the roles of custody and HC in addressing issues related to MOUD; no standing meeting for MDT.	Regular standing meeting for MDT to review specific cases and issues related to MOUD program as outlined in policies and procedures. [Strategy: Incorporate review of the jail's MOUD performance metrics.]
<b>Documentation</b>	MOUD program is running but not documented in policies, procedures, and standard operating procedures (SOPs).	MOUD program has some documentation in policies, procedures, and SOPs but not complete.	All elements of the MOUD program are documented in policies, procedures, and SOPs and are reviewed/updated regularly. [Strategy: Where feasible and meaningful to support efficient and effective processes toward MOUD program goals, incorporate relevant templates and prompts into jail management systems (JMS) and electronic health records (EHR).]

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<b>Defined MOUD Workflows</b>	MOUD initiation and continuation are handled on a case-by-case basis with no standard procedure.	Some custody and HC staff have well defined roles for supporting MOUD initiation and continuation, but gaps remain in the process (e.g., no standardized screening or connection to behavioral health counseling).	All steps of MOUD initiation and continuation, from screening to medication administration to reentry planning, are clearly defined, and staff are assigned to each.  [Strategy: Where feasible and meaningful to support efficient and effective processes toward MOUD program goals, incorporate relevant templates and prompts into JMS and EHR.]
<b>Data/Performance Measurement</b>	Jail tracks no or very little data.	Jail has a defined set of metrics for tracking various MOUD program components (e.g., diversion, # of people treated).	Jail has a defined set of metrics for tracking various MOUD program components (e.g., rate of diversion, # of people treated) and reviews them periodically at a continuous quality improvement (CQI) or other meeting (as noted in MDT domain above).
<b>Board of Supervisors/ County Board (for County Jails)</b>	Aware of MOUD program.	Supportive of MOUD program.	Supportive of MOUD program and has allocated county resources to continue the program.  [Strategy: Provide a high-level annual brief on MOUD data (at a minimum).]
<b>Community Engagement</b>	Community is largely unaware of the jail MOUD program.	Jail MOUD program has some connection to community SUD programs.	Jail MOUD program is well-connected to and supported by community SUD programs, both inside the jail and for reentry planning.  [Strategy: Periodic social media posts on county and/or sheriff sites with milestone achievements and success stories for jail MOUD.]

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<b>Management of Clinical Services</b>	Clinical resources in place to provide care for detainees on MOUD but services not documented through a contract or memorandum of understanding (MOU); HC contract does not explicitly cover MOUD.	Clinical relationships are partially documented through some MOUs and contracts.	All clinical relationships have an MOU with defined roles and responsibilities, and HC contract specifies MOUD responsibilities.  [Strategy: Include roles and functions related to MOUD effort in position job description(s) and in individual performance reviews/evaluation.]
<b>IT Infrastructure</b>	MOUD components are not supported through JMS or EHR.	Some MOUD components are supported through JMS and EHR.	All MOUD components are supported through EHR (e.g., assessment, MOUD prescribing) and JMS as needed (e.g., screening, diversion history).  [Strategy: Where feasible and meaningful to support efficient and effective processes toward MOUD program goals, incorporate relevant templates and prompts into JMS and EHR.]