

Guidance for Coordination of Care for Patients Entering or Leaving Incarceration on Medication for Opioid Use Disorder (MOUD)



Since 2018, MOUD has been expanding for incarcerated patients through a number of trial sites across the Commonwealth, and it's become clear that serving patients who are on MOUD and incarcerated requires specialized care coordination due to the uncertainties associated with release dates and legal status. Communication and information sharing among OTP providers located in the community and either within or contracted with correctional facilities is critical to maintaining continuity of care between community and correctional OTPs.

This document provides operational guidance for correctional and community OTP providers when coordinating the care of incarcerated patients on MOUD. This protocol is designed to avoid disruption in medication and treatment and thereby reduce risk for destabilization and/or overdose as patients transition into and from correctional institutions.

Definitions / Helpful Terms to Know

The following terminology is used commonly in correctional environments. It's helpful for community OTPs to learn the terminology to make decisions on whether to keep an incarcerated patient's case open in the community or discharge them.

1. **House of Correction** (HOC) - county jail that holds detained or sentenced inmates serving time for crimes that carry a maximum sentence of 2.5 years.
2. **Department of Correction** (DOC) – state prison that holds sentenced inmates for any term of years, up to and including a life sentence.
3. **Awaiting Trial or Pre-Trial Detainee** – an inmate who is not sentenced or convicted who is being held in a county jail with a court date pending.
4. **Bail** – a temporary release determination by the court to be held with (or without) bail while awaiting trial or next court date.
5. **Parole** – an early release of a state or county sentenced inmate with conditions and/or stipulations and post release supervision.

Correctional OTP Providers Should:

- Establish a network of contacts at each correctional institution throughout the state, for community providers to be able to easily access contact phone numbers and fax numbers for the following purposes: last dose verification, requesting medical record information, and transfer of care coordination.
- Upon arrival at a correctional facility, contact the community OTP provider to verify last dose of medication. OTP contact and last dose information can be found at <https://helplinema.org/community-based-opioid-treatment-program-otp-dose-verification/>.
 - When verifying the dose, the correctional OTP shall inform the community OTP of the legal status of the patient (i.e., sentenced, detainee, parole violation, probation violation, pre-trial detainee held with or without bail, section 35 commitment), and if there is an upcoming court date.
- While a patient is incarcerated, notify the community OTP provider in writing, using the **Correctional and Community OTP Communication Form**, while the community OTP case remains open and as soon as the projected release information becomes available.
 - Request and review medical records from the community OTP provider. Note: the sharing of information, other than verifying the dose, requires signing of a release of information form.
- On release, provide patient with a last dose letter. Note: this is not always possible due to patients who are bailed out unexpectedly, released from court and/or transported by state and county transit who may/may not allow patient to bring anything on to the transportation vehicle.
 - Patients who are detainee /pre-trial status shall be advised on where to go to continue treatment if they are bailed out or released from court.
 - Correctional OTP staff shall contact the community OTP to provide information regarding last dose whenever possible, especially if the patient leaves without a last dose letter.
- Coordinate with the community OTP provider to ensure patient is set up to continue their medication in the community. This should be done with as much advance notice as possible.
 - If the community OTP has left the case open anticipating a short-term incarceration, the correctional OTP shall coordinate transfer back to the community OTP.
 - For patients serving longer-term sentences and therefore discharged from the community OTP, the correctional OTP shall assess discharge planning needs prior to release and make a referral to a community OTP in the area closest to where patient will reside or stay to continue medication in the community. A guest-to-perm dosing form should be attached to the Communication form (note: these must be faxed to the community OTP no later than 2pm weekdays).

Community OTP Providers Should:

- Consider the patient's current legal status to determine if the patient's case shall remain open for a period of up to 30 days or if they should be discharged immediately.
 - **Example:** Patient is sentenced for 30 days; the community OTP provider can leave the case open for anticipated return.
 - **Example:** Patient is sentenced for more than 30 days and less than 60 days; the community OTP provider can decide to either leave the case open for anticipated return or close the case.
 - **Example:** Patient is sentenced to 6 months or more; the community OTP provider shall discharge patient immediately.
- Follow up with the correctional OTP provider and check status of the patient as necessary.
- Notify the correctional OTP provider when a determination is made to discharge patient from the community treatment program using the ***Correctional and Community OTP Communication Form***.
- For patients who remained enrolled in a community OTP while incarcerated and return to the community OTP without a last dose letter, a call can be placed to the correctional OTP to verify last dose and/or obtain a last dose letter.
- For patients released from incarceration seeking re-admission or admission, request a guest-to-perm dosing form and medical records from the correctional OTP provider if patient shows up at the program without contact by the correctional OTP (e.g., patient comes to a different OTP than planned at release or refused a referral or direct admit at release and has a change of heart after release).

Community and Corrections OTP Communication Form

Fax number: _____

Date: _____

Patient Name: _____ DOB: _____

Patient is currently incarcerated and receiving OTP services with:

_____ at _____.

Type of correctional facility: Dept of Correction House of Correction/ County Jail MASAC

Current Legal Status:

- Sentenced – Patient is serving a sentence of _____ Days Months Years
- Awaiting Trial/Detainee – Patient has an upcoming court date, however, may or may not have bail before that date. Next court date(s): _____.
- Parole Violation – Patient is held for a parole violation and parole may or may not be revoked.
- Sect. 35 Civil Commitment - Patient is held on section 35 civil commitment and may release to the community on or before the following date: _____.

Other relevant information to be shared with the community provider: _____

NOTE: If there is any change to expected release date, this form should be updated and faxed to the community OTP provider prior to release.

Community OTP Provider Patient Status

Agency Name and Address: _____

- Patient shall remain active and may return on or by _____ to continue community treatment.
- Patient shall be discharged from the community OTP on or by _____

Other relevant information to be shared with the correctional OTP provider: _____
