COMMUNITY AND CORRECTIONAL PARTNERSHIPS FOR MOUD LINKAGE TO CARE

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Background
Medications for opioid use disorder (MOUD) is a highly effective treatment for individuals with opioid addiction both during incarceration and reentry. Reentry programs can play a critical role in facilitating access to corrections and community-based MOUD treatment. One notable barrier to MOUD linkage is limited collaboration and communication between community and carceral systems. This study explored coordination between reentry programs and correctional facilities and challenges to community-correctional partnerships to facilitate linkage to MOUD treatment.

Methods
44 in-depth interviews were conducted with correctional and community healthcare providers who provided or managed linkage to care services. Participants were recruited across the United States. Interviews took place between April 2024 and August 2025. Interview topics included barriers and facilitators to relationships and partnerships with correctional facilities, communication with correctional staff, and MOUD linkage to care processes. The transcripts were analyzed using relational coordination and boundary spanning frameworks.

Results
Programs with formalized community-carceral partnerships were perceived to be very effective for facilitating MOUD access within correctional facilities and upon reentry. Accessing carceral monitoring systems and court records, meeting with incarcerated individuals for discharge planning, and scheduling MOUD appointments before release were also reported to be helpful for MOUD linkage. Challenges to effective collaboration and communication with correctional systems included barriers to gaining physical access to correctional facilities, limited responses from correctional staff and medical vendors, and lack of coordination during the discharge process. Participants indicated a need for correctional and community stakeholders to work collectively to improve coordination for reentry and substance use treatment.

Conclusion
Findings suggest that enhanced coordination with correctional staff, improved communication around discharge planning, and cultivation of community-correctional partnerships could improve the continuity of MOUD care. Creating human connection across institutional boundaries that too often operate in isolation is a critical component of the reentry process.

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