

EXAMPLE MAT POLICY

Medication Assisted Treatment/Medication for Addiction Treatment (MAT)

POLICY STATEMENT:

The Department shall offer FDA approved, evidenced based Medication Assisted Treatment/Medication for Addiction Treatment (MAT) to prisoners who present with an alcohol use and/ or opioid use disorder.

RELATED POLICIES:

POLICY:

DEFINITIONS

Alcohol Use Disorder (AUD): As defined by the DSM-5, an alcohol use disorder or AUD, is a problematic pattern of alcohol use that leads to clinically significant impairment or distress. This is sometimes referred to as alcohol dependence, alcoholism, or alcohol abuse.

Clinical Opiate Withdrawal Scale (COWS): An assessment tool used to rate common signs and symptoms of opiate withdrawal.

Medication Assisted Treatment/Medications Addiction Treatment (MAT): Medications for Addiction Treatment refers to medications approved by the FDA to treat substance use disorders. MAT may also be referred to as Medication Assisted Treatment.

Opioid: All natural, synthetic, and semi-synthetic chemicals that interact with opioid receptors in the body and brain to relieve the feelings of pain and reduce pain signals. Opioids include but are not limited to heroin, fentanyl, morphine, oxycodone, codeine. The term opiate refers to natural opioids (opium) or those derived from opium.

Opioid Use Disorder (OUD): As defined by the DSM-5, an opioid use disorder or OUD, is a problematic pattern of opioid use that leads to clinically significant impairment and or distress. This is sometimes referred to as opioid dependence, opioid addiction, and or opioid abuse.

Qualified Health Professional (QHP): A Physician, Psychiatrist, Nurse Practitioner, Physician Assistant, Psychologist, Social Worker, Licensed Professional Counselor, Dentist or Registered Nurse who is licensed and registered/certified by..... to practice within the scope of his/her training

Qualified Mental Health Professional (QMHP): A Physician, Psychiatrist, Nurse Practitioner, Physician Assistant, Psychologist, Social Worker, Licensed Professional Counselor, or Registered Nurse who meets the requirements set forth in..... and is trained and experienced in the areas of mental illness or mental disabilities.

GENERAL INFORMATION

- A. For the purposes of this policy “prisoner” includes any individual currently incarcerated in an MDOC operated facility.
- B. All prisoners must be educated on their diagnoses and treatment benefits and risks, as per XYZ Health Care Services

SCREENING AND ASSESSING FOR OUD/ AUD

Intake

- C. All incoming prisoners shall be screened for substance abuse by the administration of XYX or other assessment test(s) authorized by, in accordance with XYZ Policy on Substance Abuse Programming and Testing. Prisoners who screen positive for substance abuse, and have a preferred drug of opioids or alcohol, shall receive a referral for MAT programming services.
- D. All incoming prisoners shall receive nursing assessments, laboratory testing, general health assessments and shall be offered vaccinations in accordance to..... If during these assessments, there is any indication of opioid withdrawal, the prisoner will be further assessed for withdrawal using the Clinical Opiate Withdrawal Scale (COWS). Prisoners who are in opioid withdrawal must be referred to the primary care provider immediately for withdrawal management.
- E. All prisoners who arrive on MAT shall be immediately referred to the primary care provider for same-day evaluation. The provider shall confirm prior use of MAT including dose, by contacting previous prescriber or pharmacy.

Post Intake Referrals

- F. Prisoners who have already completed the intake process and are suspected of having significant substance abuse, shall be referred to a QMHP to be further assessed for a SUD using DSM-5 criteria.

Assessment

- G. Prisoners who screen positive for substance abuse during intake or have received a referral, shall be further evaluated by a QMHP for opioid use disorder, alcohol use disorder, other substance use disorders, and mental health concerns using the DSM-5 criteria.
- H. If the assessment conducted by the QMHP indicates a serious mental illness (SMI), the prisoner shall be referred for a Complete Psychiatric Evaluation (CPE) with a psychiatric provider. If the CPE is positive for SMI, the case will be added to the Mental Health (MH) caseload for the appropriate services. If there is active withdrawal, or the risk of withdrawal, management of the withdrawal shall be referred to the primary care provider. The psychiatric provider shall manage the MAT once the prisoner is stabilized if MAT is appropriate for those with SMI.
- I. If the assessment conducted by the QMHP indicates an Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD) but no other serious mental illness that would require behavioral health services outside of SUD counseling, the QMHP will develop the treatment plan for the substance use disorder (SUD). Primary care will be alerted of the OUD or AUD for further evaluation and MAT consideration.

INFORMED CONSENT

- J. Prisoner participation in medication for addiction treatment shall be voluntary. Refusals to participate shall be documented on a Release of Responsibility for Medical Treatment form. Prisoners who have refused to participate in MAT, may participate at a later date if they so choose.
- K. Prisoners participating in any MAT shall be educated on the risks and benefits of their participation, and their understanding of the MAT program and consent to participate shall be documented on an informed consent form, and a program agreement form.
- M. Prisoners wishing to participate in MAT, shall have decision making in their treatment medication in alignment with their provider. A provider shall not base medication recommendations based on personal beliefs and shall use clinical evidence as guidance when recommending a MAT medication.

MAT PRESCRIBING AND DISCONTINUATION

Prescribing and Administration

- N. Buprenorphine shall only be prescribed by a provider who has received their DATA 2000 waiver.
- O. Methadone may only be prescribed by a DEA approved Opioid Treatment Program (OTP).
- P. COWS shall be administered and scored for all prisoners prior to administering an agonist MAT medication for an OUD to ensure the prisoner is in withdrawal, and therefore reducing the occurrence of a precipitated withdrawal. A urine drug screen shall be conducted prior to administration of Vivitrol or Naltrexone, to ensure that the prisoner has not engaged in recent use of alcohol or opioids, reducing the occurrence of a precipitated withdrawal.

The CIWA-Ar tool shall be administered for all prisoners prior to administering benzodiazepine treatment for alcohol withdrawal. It may also be used to determine severity of benzodiazepine withdrawal. Providers will utilize a symptom-triggered approach.

Withdrawal will be managed by general medical providers. Initiation of any MAT that requires close medical monitoring, such as vital signs or withdrawal symptoms, will be conducted by general medical providers. Continuation of these medications once stable, or initiation and management of MAT that does not require such intensive medical monitoring initially may be provided by psychiatric providers for prisoners with severe and persistent mental illness (SPMI) with no, or stable, chronic general medical conditions. When there is SPMI but there are unstable or complex acute or chronic general medical conditions, the primary care provider will prescribe MAT with consultation from the assigned psychiatric provider.

To ensure continuity and sufficient time for stabilization, intake settings will manage withdrawal symptoms but will not initiate longer-term MAT.

DISCONTINUATION

- Q. Discontinuation of MAT shall primarily be considered for prisoners with those with evidence of sustained medical, behavioral and psychosocial stability, those who are refusing treatment, or those who develop contraindications.

DIVERSION MANAGEMENT

- R. The Department shall enforce and follow established protocols to reduce the chance that the MAT medications are diverted.
- S. Prisoners receiving Methadone and Buprenorphine medications shall receive their medications in a separate, dedicated med line, and will be required to stay in the area until a final mouth check has been performed. To enter the med line, long sleeves, sweatshirts, and coats will not be permitted. Dentures, partials, sponges, et cetera will not be permitted in the mouth. Long hair must be tied back. Prisoners will not be permitted to wear their ID badges in the line and shall give them to an officer to hold onto until they are dismissed from the area.
- T. Prisoners receiving Methadone and Buprenorphine medications shall participate in mouth checks before medication administration and eating/drinking before or after medication administration to ensure the prisoner has consumed the medication.
- U. Naltrexone and other MAT medications which are less likely to be diverted, shall be administered in a regular medication line and follow diversion procedures of other like medications.

MISUSE OF MEDICATION

- V. While the misuse of medication including MAT, other medications and other contraband, does not automatically result in MAT discontinuation, the prisoner misusing the medication will be subject to any disciplinary action due to misconduct, and may be required to complete a drug screen to ensure agonist MAT treatments are being taken.

COORDINATION UPON RELEASE

- W. When possible, the Department will coordinate post-release transition to community resources for continuation of treatment services. However, challenges with community-based continuation of treatment should not be a reason to refuse induction during incarceration

SPECIAL POPULATIONS

Pregnant Women

- X. Prisoners who are pregnant and have been assessed as having an OUD, can participate in MAT and shall be offered Methadone if not currently on buprenorphine. New pregnant intakes already on buprenorphine may remain on buprenorphine. The primary care provider shall assess if the prisoner shall transition to Buprenorphine after completion of pregnancy.

Severe Mental Illness

- Y. Prisoners who have severe mental illness and have been assessed as having an OUD or AUD may participate in MAT. The primary care providers will initiate MAT that requires close medical management (such as symptoms-triggered withdrawal therapy, methadone, and buprenorphine initiation). The psychiatric provider may become the

primary prescriber once stable/maintenance doses are achieved if the prisoner has an SPMI, and general medical conditions, if present, as stable.