



**CARROLL COUNTY
DEPARTMENT OF CORRECTIONS**

P.O. Box 688
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Policy and Procedure Directive	Chapter: 4 Policy Number: 4-C-114
Title: Medication-Assisted Treatment	Effective Date:
Approving Authority: <hr/> Superintendent Jason Henry	Revised Date:
Standard: Protection from Illness or Injury	
Reference: American Society of Addiction Medicine (ASAM) Substance Abuse Mental Health Services Administration (SAMHSA) NH RSA 30:B:4, V Superintendents Duties	

POLICY:

To provide the inmates of Carroll County Department of Corrections (CCDOC) that are on established Medication-Assisted Treatment (MAT) in the community or those who are currently abusing illicit or prescribed opioids the opportunity to continue treatment with the same or similar medications during incarceration. The goals are to minimize disruption in care, reduce the adverse effects of opiate withdrawal, reduce the risk of relapse to non-prescribed opiates upon release, and to positively impact the recidivism rate, and improve the prospect for employment post-incarceration.

DEFINITION:

Under NH RSA 30-B Superintendent Duties

The Superintendent shall provide each prisoner in (his or her) the Superintendent's custody with necessary sustenance, clothing, bedding, shelter, and medical care, including screening for and provision of medication-assisted treatment for substance use disorders where medically appropriate and regardless of whether the prisoner was receiving medication-assisted treatment prior to incarceration. "Medication-assisted treatment" means treatment approved by the Food and Drug Administration for treatment of substance use disorders, including, but not limited to, naltrexone, buprenorphine, methadone, or other compounds.

SCOPE:

1. Inmates will not be eligible for the CCDOC MAT program if MAT is not medically appropriate.

Eligible for the CCDOC MAT program will be offered to:

1. Inmates entering the facility who have been diagnosed with a moderate to severe opioid use disorder and are on established MAT within the community. This population will be offered to continue with their current MAT regimen or an alternative MAT regimen as determined/decided upon by the patient and medical providers after appropriate medical assessment.
2. Inmates who are actively abusing illicit opioids or prescribed opioids upon entering the facility and who meet the criteria for a diagnosis of moderate to severe opioid use disorder and is medically appropriate that they need MAT.

POLICY:

CCDOC will use evidence-based practices to improve substance abuse treatment response among people under CCDOC control and provide referrals for post-release aftercare. MAT involves prescribing and monitoring medications in conjunction with other recovery supports such as cognitive behavioral therapy, drug/alcohol rehabilitation counseling, and group/peer counseling. CCDOC has contracted with an outside treatment provider American Institutional Medical Group LLC to provide in-house MAT assessments, ordering of pertinent laboratory tests, and prescribing of appropriate medications. The Contractor will also provide patients and staff with education services regarding the following:

1. Opioid Dependence and Abuse
2. The various applications of MAT
3. Understanding of medications that are used in a MAT program

4. Clinical Treatment Guidelines regarding MAT
5. Aftercare protocols for MAT

PROCEDURE:

1. At the time of initial health screening, inmates will be asked/ screened as to whether:
 - a. They are engaged in a regimen of MAT through a community-based program/provider and if they have an interest in continuing their current MAT regimen or an acceptable alternative during incarceration.
 - b. They are actively abusing illicit opioids or prescribed opioids in the community, and if they have interest in undergoing a medical assessment to determine if they have moderate to severe opioid use disorder and if so, to consider a MAT regimen.
2. If interested in continuing or initiating a MAT regimen, the medical department will proceed with the steps outlined below. Otherwise, the patient will proceed/ undergo medical detoxification in accordance with the medical department protocol.
3. If an inmate is already engaged in a regimen of MAT and wishes to continue with their current regimen, then the medical department will:
 - a. Verify all reported MAT prescriptions through the dispensing pharmacy or via the prescribing provider. Information sought will include that the inmate's use of MAT has been recent (within the past seven days), the exact medication, dose of medication, and last date(s) of prescription.
 - b. Notify the on-call medical provider to inform them of a patient needing ongoing MAT and medical assessment.
 - c. At the discretion of the on-call medical provider, orders will be given to continue MAT if no medical contraindications to ongoing treatment exist. If contraindications exist, then medical detoxification will commence.
 - d. If the patient's MAT is methadone, then they will be appropriately referred to the local methadone clinic for ongoing treatment.
 - e. A urine drug screen will also be required upon entry of the facility if one desires to continue their current MAT regimen.
 - f. The patient will be referred to mental health to participate in counseling in regard to their opioid use disorder.
 - g. A signed release of information from the patient will be obtained so that CCCOC may effectively communicate with community providers and the drug court.
 - h. A formal medical assessment will take place within a month of a qualifying patient's entry to the facility. All appropriate medical records will need to be available for review from community

MAT providers. All diagnostic studies (i.e., urine drug screens) will be ordered at the time of this visit.

4. If an inmate does not wish to continue with their currently prescribed MAT within the community or if an inmate is actively abusing illicit opioids or prescribed opioids within the community, and it has been determined that the inmate after court proceedings, such as arraignment, will be housed for greater than seven days then the medical department will arrange for the inmate to be seen by the MAT provider during the next scheduled MAT clinic. This subset of patients, following a medical assessment by an MAT provider, will be offered the following options if there are no contraindications to treatment:
 - a. Buprenorphine/suboxone treatment during incarceration
 - b. Methadone treatment during incarceration, which will be managed by a local methadone clinic
 - c. Naltrexone orally during incarceration with a transition to Vivitrol just prior to release.
 - d. Abstinence during incarceration with reassessment three months prior to release for consideration of initiating MAT (buprenorphine/suboxone, methadone, or Vivitrol) to minimize relapse and overdose deaths upon re- entry to the community.
5. All patients desiring MAT will be required to participate in counseling as this is an equally important part of treatment. Refusal to partake in counseling will likely result in all MAT being discontinued or disqualify an inmate from initiating or participating with a MAT regimen.
6. All patients enrolled in the MAT program will be seen monthly at a minimum or more frequently as per the discretion of the MAT provider.
7. Release-reentry planning will be ongoing, but at a minimum of three months prior to an inmate being released, contact will be made with a community-based MAT provider to ensure adequate follow-up care has been arranged for ongoing MAT and counseling.
8. All medical staff and providers will become well versed and familiarize themselves with buprenorphine/naloxone, buprenorphine, methadone, oral naltrexone, and Vivitrol indications, contraindications, dosages, administration, storage, warning and precautions, adverse reactions, drug interactions, use in special populations, and patient counseling material.
9. Informed consent outlining the potential benefits and risks of either buprenorphine/naloxone, buprenorphine, or Vivitrol will be obtained prior to starting this treatment.
10. Patients with a history of opioid abuse or dependence may at any time during their incarceration request to be evaluated for the MAT program by completing a request slip.
11. All other inmates who have been abstinent of opioids during their incarceration and who have a diagnosis of moderate to severe opioid use disorder will be offered an assessment or reassessment to determine the appropriateness of MAT prior to their release. If willing to participate and comply with all requirements of the MAT program, then either buprenorphine/naloxone, buprenorphine or Vivitrol will be offered before release. Identified inmates will have to agree to

counseling in regard to substance abuse and agree to follow up with a community MAT provider upon discharge.

12. Buprenorphine only will be used in rare instances such as during pregnancy and in those desiring to transition from methadone to buprenorphine/naloxone.
13. The following action items will occur if a patient is to receive Vivitrol as a form of MAT prior to release:
 - a. Medical assessment or reassessment will need to take place 1-3 months prior to the patient's release to assure that Vivitrol is safe for administration.
 - b. The patient will be opiate free for a minimum of 10 days before the administration of Vivitrol.
 - c. During these 10 days, the patient will have to be on a detox watch and have all findings recorded as per the detox watch protocol.
 - d. All appropriate labs will be ordered at the time of medical assessment or reassessment.
 - e. A Naltrexone Challenge test will be administered to ensure no signs of withdrawal or adverse reaction to naltrexone. The Naltrexone Challenge is as follows: Naltrexone orally 50 mg daily x 2 days. After the administration of the first dose of naltrexone, the patient will be observed for one hour to assess for evidence of withdrawal.
 - f. If there is no withdrawal or adverse reaction to oral naltrexone, then Vivitrol will be administered in the last week before release.

Supersedes: N/A- New Policy (2019)