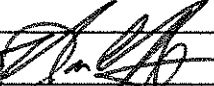
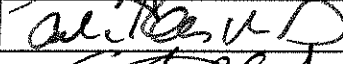
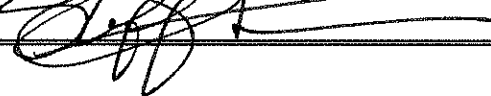




**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

Policy No. DOC 4.5.56A	Subject: Medication-Assisted Treatment Program (MAT)	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1-8	
Section 5: Clinical Services	Effective Date: 1/5/2023	
Department Director Signature: /s/ Brian Gootkin		Revised:
Medical Director Signature: /s/ Paul Rees, MD		
Health Services Bureau Signature: /s/ Steffani Turner		

**I. POLICY**

Montana Department of Corrections will provide access to Medication-Assisted Treatment for patients who request treatment for Opioid Use disorder (OUD), Alcohol Use Disorder or Amphetamine Use Disorder and meet the eligibility criteria to receive treatment prior to discharge.

**II. APPLICABILITY**

All secure care facilities Department-owned and contracted, as specified in contract.

**III. DEFINITIONS**

**A. Medication Assisted Treatment (MAT):** is the use of medications, in combination with counseling and behavior therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and the Montana DOC MAT program is clinically driven and tailored to meet each patient’s needs.

**B. Administering:** The act in which a single dose of an identified medication is given to a patient.

**C. Dispensing:** Placing one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and other vital information.

**D. Risk Evaluation and Mitigation Strategy (REMS):** is a strategy to manage known or potential risks associated with a drug and is required for certain medications by the Food and Drug Administration (FDA) to ensure that the benefits of the drug outweigh its risks.

**E. Qualified Health Care Professional:** Physicians, physician assistants, nurses, nurse practitioners, dentists, and others who by virtue of their education credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

**F. Qualified Mental Health Professional:** psychiatrists, psychologists, psychiatric social workers, psychiatric, licensed professional counselors and others who by virtue of their education credentials, and experience are permitted by law to evaluate and care for mental health needs.

**G. Medical Urine Drug Screen (UDS):** Clean catch urine specimen which will be sent to contracted lab facility for independent testing and results.

**H. Licensed Addiction Counselor (LAC):** Health Professionals, who by way of their licensure, advise individuals with alcoholism or other types of drug addiction to support their recovery.

**I. Substance Use Disorder (SUD):** A disorder resulting from the recurrent use of alcohol and/or drugs, which causes clinically and functionally significant impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

**J. Opioid Use Disorder (OUD):** Physical and psychological reliance on opioids, a substance found often in certain prescription pain medications and illegal drugs like heroin or fentanyl.

#### **IV. Responsibility**

DOC facilities providing MAT will have an authorized representative. The authorized representative, assigned Qualified Health Care Professional or designee, will be responsible for monitoring, compliance, and maintaining records with any REMS certification, state, and federal regulations

#### **V. DEPARTMENT DIRECTIVES**

##### **A. Referral**

##### **1. Screening and Evaluation**

- a. All patients will be screened upon entering the facility by a Qualified Healthcare Professional for evidence of a Substance Use Disorder (SUD).
- b. If substance use is recognized, patients will receive additional assessment by a Licensed Addictions Counselor for evidence of a Substance Use Disorder using a validated screening tool for the diagnosis of SUDs based on current DSM criteria.
- c. During the assessment, patients will be asked to sign releases of information to verify all community-based treatment of substance use disorders.
- d. The following information may be considered in making the diagnosis of a specific Substance Use Disorder:
  1. Outcomes of validated assessments tools
  2. History and severity of substance use
  3. Results from urine drug screens, current and past
  4. Community health records verifying diagnosis and or treatment for SUD's
  5. Evidence of emergency treatment for Substance overdose
  6. Review of Montana Prescription Monitoring System
  7. Intake physical exam findings

##### **2. Referral to Program**

- a. Once it is determined that a patient has a SUD which can be treated by MAT, and when the patient is 3-6 months from discharge or Parole, the LAC will refer the patient to the contracted MAT prescribing practitioner.
- b. Initial assessment will be performed by a contracted DEAx waived to determine appropriateness for the MAT program.

1. MAT prescribing practitioner will review Montana's Prescription Monitoring System
  - c. A medical urine drug screen for evidence of substance use will be ordered.
  - d. Once admitted to the program the patient will be assigned to an appropriate Case Manager and in conjunction with the Institutional Probation and Parole Officer (IPPO) will assist with discharge to an appropriate community MAT practitioner.
  - e. Other referrals may be considered on a case-by-case basis.
3. Patients who enter facility on MAT
  - a. Controlled medications arriving with inmates will be managed per DEA regulations.
  - b. Communication with community resource prescribers and pharmacies may be established to verify compliance with MAT medications. Attempts shall be made to verify MAT medication use and patient compliance
  - c. A medical urine drug screen and urine pregnancy test (as applicable) shall be done prior to continuing dosing of MAT medications. Results of the drug screen should be reviewed and considered by the contracted MAT prescribing practitioner.
  - d. Once verified, the patient will be scheduled with the MAT prescribing practitioner. The practitioner will assess the ongoing use of the MAT medications.
  - e. Those entering the facility on medications to treat SUD will be scheduled to see LAC at the earliest possible appointment.

## **B. Treatment Requirements**

1. Participation in the MAT program requires adherence to the following requirements:
  - a. Participation in or completion of a SUD/multi-targeted program;
  - b. Sign the MAT Patient Agreement;
  - c. Sign a medication informed consent for the indicated medication modality;
  - d. Adherence with the individualized treatment plan, including:
    1. Attendance to all scheduled appointments
    2. Engagement with Substance Use Behavioral Health services, programming, and case management related services
    3. Submission of medical and security urine drug screens as ordered
    4. The medication modality must be taken as prescribed, and the patient must adhere to the DOC medication administration protocol.
  - e. Engages respectfully with staff, ensuring a safe treatment environment.

## **C. Treatment Modalities**

1. Medications that are approved to treat SUD disorders by the Department Medical Director and are listed on the Montana Department of Corrections Formulary.
2. Substance Use Behavioral Health Services – patient will be actively engaged with SUD behavioral health services as indicated in their treatment plan.
3. Mental Health Services – patients who are referred will be actively engaged with mental health services as indicated in their treatment plan.

## **D. MAT Non-Adherence**

1. Creating an unsafe treatment environment
  - a. Patients who are actively enrolled in the MAT program and exhibit threatening or aggressive behaviors will be referred to a mental health provider to assess unsupportive behaviors. Prior to continuation of MAT related services, the patient must be stabilized, and their mental health provider and substance use provider must both approve their continued need for MAT program.
  - b. Patients who are identified as diverting MAT medications will be referred to the LAC for review and continued treatment recommendations.
    1. A patient found to be diverting MAT medications may be placed on an alternative treatment plan for SUD treatment, this plan will be documented in the electronic health record.
  - c. If participation in MAT is halted based on unsafe behaviors by the patient, the contracted MAT prescribing practitioner will make every effort to provide the patient with a humane and medically appropriate taper, if safely able to do so.
  - d. Patients discharged from the MAT program, based on safety concerns, who stabilize at a later period during their correctional confinement, may be referred back to the program by a LAC who has assessed the clinical appropriateness for treatment re-engagement.
2. Non-adherence with scheduled appointments
  - a. Missed appointments will result in the patient meeting with a LAC to determine a reason for the absence and identifying a solution to avoid future occurrences.
  - b. Consideration of modification to the patient's individualized treatment plan, up to and including discharge from MAT for a documented pattern of non-compliance with scheduled appointments, may be considered.
3. Non-adherence with ordered medical drug screens
  - a. A positive medical or security drug screen for substances other than prescribed medications will be evaluated by the contracted MAT prescribing practitioner and may result in the following:
    1. Consideration of adjustment to the individualized treatment plan
    2. Meet with a LAC to discuss the positive drug screen and potential changes to treatment
    3. A positive drug screen may not automatically result in dismissal from MAT
    4. A positive drug screen for benzodiazepines or other sedating substances may result in MAT medication adjustments, for the safety of the patient
  - b. A medical drug screen that is refused or tampered with by the patient will result in an inference that a specimen would be positive for substances other than prescribed medications.
  - c. Refusal or tampering with ordered medical drug screens by a patient may lead to the modification of the patient's individualized treatment plan, up to and including an alternate treatment plan that includes discontinuation from MAT medications.

d. A drug screen that is negative for the patient's MAT medication may lead to the modification of the patient's individualized treatment plan, up to and including an alternate treatment plan that includes discontinuation from MAT medications.

4. Non-adherence with DOC medication administration protocols
  - a. Patients attempting to divert MAT medications, during direct observation medication administration may result in the following:
    1. The patient will meet with a LAC to determine the reason for the diversion
    2. The contracted MAT prescribing practitioner will be notified
    3. Evaluation and adjustment of the individualized treatment plan will be considered, up to and including an alternate treatment plan that includes discontinuation from MAT medications.
    4. If the MAT medication is discontinued the contracted MAT prescribing practitioner will determine whether the patient may be re-inducted during their present incarceration or remain in the alternative treatment program. The determination will be documented in the electronic health record.

#### **E. Impairment**

1. If there is concern for patient impairment, an urgent dose adjustment may be necessary. To screen for objective signs of impairment an emergent medical evaluation will be requested. An impairment assessment can be requested by:
  - a. The patient
  - b. medical staff/ LAC/ mental health staff
  - c. All facility staff with the opportunity to observe the patient
2. Referrals for assessment of impairment will be considered urgent and the assessment must be completed as soon as possible.
3. The impairment assessment is performed by nursing or a facility medical practitioner
  - a. If a patient is found to have a positive impairment assessment, the contracted MAT prescribing practitioner must be contacted immediately for dose adjustment.

#### **F. Alternative Treatment Plans:**

1. Patients diagnosed with an OUD will not be removed from the MAT program, once accepted. However, they may be provided with an Alternative Treatment plan that does not include medication administration.
2. Patients who do not receive medication for an OUD will be tracked by a LAC and referred for Substance Use and mental health interventions as needed.
3. Patients may be considered for reinduction pending release by the contracted MAT prescribing practitioner.

#### **G. Care Coordination**

1. All Patients in the MAT program will be assigned to an appropriate Case manager who works in conjunction with IPPO and the MAT prescribing practitioner and assist with:
  - a. Setting up services for aftercare in the community including an appointment with a MAT practitioner in their community
  - b. Managing the treatment plan

c. Communication with new MAT practitioner at discharge

**H. Training**

1. All qualified healthcare professionals involved in administering MAT medications will first be provided training which includes known or potential risk associated with MAT medication, warnings, and precautions. Training will include general instructions on storage, handling, and administration of MAT medications.

**I. Storage**

1. Medications used for MAT that are classified as controlled substances will be stored, counted, and logged in compliance with all applicable state and federal regulations.

**J. Handling**

1. MAT medications will only be administered by a qualified healthcare professional.
2. Designated Qualified Health Care Professionals will count all narcotics/controlled drugs at the end of each shift and maintain written records documenting these counts.
3. Medications used for MAT will not be dispensed directly to patients for self-administration.
4. Medications that are classified as controlled substances will not be transferred, loaned, or sold to any other facility.
5. Disposal of expired or discontinued narcotic medications will be done in compliance with DEA regulations. Single doses will be disposed of via the "Rx Destroyer" receptacle and documented as per DEA regulations.
6. The QHCP will verify each patient by their DOC ID prior to administration.

**K. Administration**

1. buprenorphine strips
  - a. Patients receiving medications will be required to drink small cup of water prior to administration.
  - b. The nurse will place strip under the patient's tongue. If more than one strip prescribed, they should be placed on opposite sides of tongue to ensure strips do not stack on top of each other.
  - c. Patients will be observed by security staff the entire time it takes to dissolve.
  - d. Patients will be required to keep hands on knees or flat surface palms facing up as the strip is dissolved.
  - e. Patient can be dismissed after strip is dissolved and there are no concerns.
  - f. Patients will be required to open their mouth, show roof of mouth, lift tongue, and roll each lip for staff to view after dose is dissolved before.
2. buprenorphine injections
  - a. The week prior to the day of MAT injection clinic, nursing will verify that adequate doses are available for each patient prescribed.
  - b. The patients will be held in on the scheduled day and released to work after their injection is complete.
3. The injection will be administered by a licensed healthcare professional according to manufacture instructions and any REMS requirements. Other MAT medications may be prescribed per the practitioner's discretion, such as Vivitrol, Naloxone, etc.

#### **L. Medical Urine Drug Screening**

1. Medical Urine Drug screenings will be completed at least monthly on all offenders receiving MAT medications.
2. Nursing staff or designated health care professionals will arrange with security staff to await a witnessed specimen collection. Patients will be provided with water as needed to facilitate a specimen collection.
3. The Medical UDS will be sent to a contracted laboratory who will process the specimen.
4. Refusal of a Medical UDS will result in an inference of a positive screen.
5. The Medical UDS result will be forwarded to the contracted MAT prescribing practitioner or designee with a copy sent to the Health Service Manager.
7. Patients who are found to be non-adherent with the MAT program, by evidence of a positive Medical UDS screen, will be referred to a LAC to receive counseling regarding the current MAT treatment plan.
8. Patients with evidence of repeat or multiple positive Medical UDS screens may be placed on an alternative treatment program.
8. To protect patient confidentiality, the results of urine drug screens along with patient-identifying information will not be shared with DOC security staff. The Health Services Manager, or designee, may share evidence of general substance use data with facility security staff, excluding patient-identifying information, to help monitor facility substance use patterns and help ensure a safe environment.
9. Prior to release, patients who are on MAT must have completed a Medical UDS within the last thirty-days prior to discharge or parole.

#### **M. Discharge Planning**

1. Discharge planning shall be completed to ensure that the patient has an appointment with their community MAT Practitioner.

### **VI. CLOSING**

Questions concerning this policy should be directed to the Health Services Bureau Administrator.

### **VII. REFERENCES**

- A.
- B. NCCHC Standard PE-10
- C. NCCHC Standard PF-04
- D. SAMHSA

### **VIII. ATTACHMENTS**

none