



POLICY DIRECTIVE

Policy:	DOC 4.5.56A MEDICATION-ASSISTED TREATMENT (MAT) PROGRAM
Effective Date:	01/05/2023 Page 1 of 6
Revision Date(s):	08/01/2025; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department will provide access to Medication-Assisted Treatment (MAT) for patients who are identified as meeting criteria and have agreed to participate in the treatment for Opioid Use Disorder (OUD) and/or Alcohol Use Disorder (AUD).

II. APPLICABILITY

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

III. DEFINITIONS (see Glossary)

IV. RESPONSIBILITY

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

V. REQUIREMENTS

A. Referral

1. Screening and evaluation
 - a. All patients will be screened upon entering the facility by a Qualified Health Care Professional for evidence of a Substance Use Disorder (SUD).
 - b. For those reporting a history of substance abuse, screening instruments and an American Society of Addiction Medicine (ASAM) evaluation will be utilized. In instances where post custody SUD placements will be pursued, ASAM criteria will be shared following proper guidelines.
 - c. During the assessment, patients will be asked to sign releases of information to verify all community-based treatment of SUDs.
 - d. The following information may be considered in making the diagnosis of a specific SUD:
 - 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 SUDs
 - 5) Evidence of emergency treatment for substance overdose
 - 6) Review of Montana Prescription Monitoring System
 - 7) Intake physical exam findings
 - 8) Substantiated collateral report
2. Referral to program
 - a. Once it is determined that a patient has a SUD that 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.
 - 1) The MAT prescribing practitioner will review Montana's Prescription Monitoring System.
 - b. Once admitted to the program, the patient will be assigned to appropriate staff to facilitate continuance of MAT while in custody and after discharge.
 - c. 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.
 - 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. Signing a medication-informed consent for the indicated medication modality;
 - c. Adherence with the individualized treatment plan, including:
 - 1) attendance at 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 Department medication administration protocol
 - d. Respectful engagement with staff, ensuring a safe treatment environment.

C. Treatment Modalities

1. Medications that are approved to treat SUDs by the Department Medical Director are listed on the Montana Department of Corrections Formulary.
2. Substance Use Behavioral Health Services
 - a. Patients will be actively engaged with SUD behavioral health services as indicated in their treatment plan.
3. Mental Health Services
 - a. 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 both their mental health provider and substance use provider must 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 an 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 an 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) Meeting with 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 Department 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 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 staff 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 LAC and referred for substance use and mental health interventions as needed.
3. Patients may be considered for re-induction 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 a Case Specialist and the MAT prescribing practitioner and assists 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
 - d. training
2. All Qualified Health Care Professional (QHCPs) involved in administering MAT medications will first be provided training that 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.

H. 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.

I. Handling

1. MAT medications will only be administered by a QHCP.
2. Designated QHCPs 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 completed 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.

J. Administration

1. Buprenorphine strips
 - a. Patients receiving medications will be required to drink a small cup of water prior to administration.
 - b. The nurse will place strip under the patient's tongue. If more than one strip is 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. 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.
 - f. Patient can be dismissed after strip is dissolved and there are no concerns.
2. Buprenorphine injections
 - a. The week prior to the day of the MAT injection clinic, nursing staff will verify that adequate doses are available for each patient prescribed.
 - b. The patients may 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 health care professional according to manufacturer instructions and any REMS requirements. Other MAT medications may be prescribed per the practitioner's discretion, such as Vivitrol, Naloxone, etc.

K. Medical Urine Drug Screening

1. Medical Urine Drug Screening (UDS) will be completed prior to treatment initiation and at least monthly thereafter 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 that 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 MAT prescribing practitioner or designee with a copy sent to the Health Services Manager.
6. Patients who are found to be non-adherent with the MAT program, by evidence of a positive Medical UDS screen, will be referred to LAC to receive counseling regarding the current MAT treatment plan.
7. 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 Department 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.

L. Discharge Planning

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

VI. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VII. REFERENCES

- A. *NCCHC Standard PE-10; NCCHC Standard PF-04*
- B. *SAMHSA*