

H 476 and H468 Crosswalk

4.19.2017

Subject	H476 - Study	H468 – MAT expansion	MAT pilot report
Screening by medical and mental Health upon entry	Sec 1. A.1.A		
Continuity of preexisting RX and medication treatments	Sec. 1.A1. B Broader than MAT	<ol style="list-style-type: none"> 1. DOC shall provide MAT followed by compassionate taper – inmate on MAT within 90 days prior to intake and meets reasonable standards VDH 2. DOC shall not deny MAT to inmate test positive 3. Inmate won't be subject to transfer OOS 4. DOC provide induction services 5. Opiate OD prevention training to inmates and naloxone kits 6. 	<p>MAT workgroup states immediate prior to incarceration</p> <ol style="list-style-type: none"> 2. SAMSHA standards are case by case-clinical discretion of provider both in community and in incarcerate setting 3. OOS criteria based on several criteria (inclusive of medical) and all are sentenced for more than 90 days to serve. 4. MAT workgroup did not make this recommendation, we can't predict future engagement, SAMSHA correctional facilities as interim maintenance sites. 5. We have offered to some patients both through health services and through some case managers.
Provision of supportive and treatment enhancing activities throughout incarceration	Sec. 1. A.1.C Treatment, recovery coaching and certified alcohol and drug counselors		<p>Specific to MAT- health services and DOC this would require DOC to become an Opiate Treatment Provider and meet Federal guidelines MAT workgroup recommend that DOC remain an interim site</p>

			and not be required to become an OTP
Developing community provider relationships	Sec.1.a.1.D		<p>MAT – there is frequent communication between Health Services and the community provider regarding continuity of care.</p> <p>Challenge with regional access – examine access to telehealth capacity and/or VITAL interface</p>