



## POLICY: MAT Continuation Program

NO. E-02a

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**REFERENCES:** NCCHC Standard (Prison & Jail) E-02 (2014)

Forms: Medication Assisted Treatment: Patient Agreement

### **PURPOSE:**

To provide Medication Assisted Treatment (MAT) continuation in accordance with evidence-based best practices. A full range of MAT medications may be provided, including but not limited to methadone, buprenorphine, and naltrexone. Naloxone shall be offered to all inmates upon release.

### **POLICY:**

DOC shall provide continuity of care for inmates who are verified to be engaged in a community-based MAT program immediately prior to incarceration. The DOC contracted healthcare provider shall collaborate and inform community providers of the inmate's incarceration status and continue as many inmates as possible on MAT while in DOC custody. MAT may be continued for up to 120 days while the inmate is incarcerated. Inmates continued on their MAT medication while in DOC custody shall remain on their dosage (verified at admission) dose for as long as possible. Inmates will not be discontinued from MAT due to a lack of information on a residence or due to a lack of information on the inmate's expected length of stay in DOC custody. Technical assistance and consultation shall be requested from other correctional jurisdictions to guide the development of Vermont DOC's MAT program. Inmates continued or discontinued from MAT shall be referred to the community-based MAT provider upon release. Methadone shall be provided in accordance with the procedures below as well as in accordance with all current and future Memorandums of Understanding with the Department of Health.

### **PROCEDURE:**

#### **Upon Intake**

1. During the "Initial Healthcare Receiving Screening," inmates will be asked if they had been engaged in an MAT program in the community. Inmates participating in a community-based MAT program will be asked to sign an "Authorization for Release of Healthcare Information" to permit the sharing of information between DOC's contracted healthcare provider and the inmate's community-based MAT clinic.
2. Healthcare staff will review the "Medication Assisted Treatment: Individual Agreement" with inmates who may be continuing MAT medication while in DOC custody. The inmate will sign the form indicating their decision to participate or not. The inmate shall be provided with a copy of the signed agreement.

3. A urine drug screen will be completed using the procedures in VDOC Policy and Procedure D-04a, Urine Drug Testing. Healthcare staff will explain to the inmate that if their urine drug screen is negative for the MAT medication, the medication may be discontinued.
  - a. When an inmate's urine drug screen is negative for the prescribed MAT medication, the results of the urine drug screen shall be faxed, along with the signed Authorization for Release of Healthcare Information, to the community-based MAT provider. The community-based MAT provider and the DOC contracted healthcare provider shall determine if the inmate's MAT shall be continued or tapered/discontinued during the inmate's incarceration. Inmate's will not be discontinued from the MAT program based on a negative urine drug screen for the MAT medication without first attempting to have a conversation with the community-based MAT provider or with the Statewide Medical Director if the community provider is unavailable.
  - b. If the results of the urine drug screen are unexpected, the provider should always request a confirmatory test for the unexpected results.
  - c. When an inmate's urine drug screen at intake is positive for only the expected MAT medication, on-site/on-call provider order should be obtained to continue the treatment for 2 weeks or as long as possible.
4. The DOC contracted healthcare provider's on-site or on-call provider or nurse shall inform the inmate's community-based MAT provider of the inmate's incarceration status and develop a plan for continuity of care.
5. When contacting community providers to verify MAT medications, the DOC contracted healthcare provider shall ask the community-based MAT providers if the community provider agrees to continue prescribing MAT medication for the inmate when released from incarceration. The answer shall be documented in the inmate's electronic health record and submitted to the prescribing on-site/on-call provider.
6. If a continuation order is needed for buprenorphine, an on-site/on-call Suboxone-waivered provider can be informed of the verification and give the clinically-indicated medication order. A discontinuation order can be given by any provider.
7. The inmate's community-based MAT provider will be the prescriptive authority for all methadone. For inmate on methadone, an order request will be sent to the inmate's community-based MAT provider to obtain methadone from the clinic and dispense as directed by the prescribing methadone provider.

#### **During Incarceration**

1. Inmates continued on MAT while in DOC shall be continued on their full dose of as long as possible, less the expected duration of a medically compassionate taper. All tapers and discontinuations from MAT shall be done in a medically compassionate manner which minimizes the inmate's discomfort, using the Clinical Opiate Withdrawal Scale (COWS).
2. Inmates will not be discontinued due to an unknown release date or length of stay (LOS).
3. Inmates that will verifiably be in DOC custody beyond the 120-day timeframe may be tapered and discontinued from their MAT as soon as sentencing or length of stay information is available.
4. Inmates that do not comply with the MAT Patient Agreement (e.g., diversion, use of un-prescribed medications while in DOC) may be tapered and discontinued from MAT.
5. A treatment plan will be developed in consultation with the community-based MAT provider whenever possible. The inmate shall be involved in developing their treatment plan for MAT continuation.
6. Care shall be continuously coordinated between the DOC contracted healthcare provider and the inmate's community-based MAT provider as the inmate's status on MAT changes and as the inmate approaches release.

#### **Release Planning**

1. Release planning shall be done in collaboration with DOC facility administration, the inmate's community-based MAT provider, and DOC's contracted healthcare provider.
2. Inmates continued on MAT during their time in DOC custody shall be re-referred to their community-based MAT provider upon release to re-engage in treatment.
3. Inmates that were tapered and discontinued from MAT while in DOC custody may be initiated on naltrexone prior to release to the community. This option is particularly important to consider for inmates with a history of heroin use.
4. Inmates that were tapered and discontinued from MAT while in DOC custody and for whom Vivitrol is not clinically indicated shall be re-referred to their MAT provider upon discharge.
5. Inmates shall be offered education on the risk of fatal or non-fatal overdose following a taper and discontinuation from MAT.
6. Information on naloxone shall be offered to all inmates prior to release.
7. A naloxone dose will be provided at release as medically indicated.
8. In the case of an unanticipated discharge, the DOC contracted healthcare provider will notify the inmate's designated MAT provider within 24 hours that the inmate has been released from DOC custody and when the last MAT dose was dispensed.

#### **Documentation**

1. Inmate's MAT status will be documented under the "Special Needs" section of the electronic health record.
2. If an inmate's MAT medication is discontinued, a Progress Note shall document the specific reasons for the discontinuation.
3. The On-site/on-call provider or a nurse will document discussions with the community provider regarding the inmate's treatment plan. Discussions with the inmate, DOC facility administration, and community-based MAT providers shall be documented as "Progress Notes" in the electronic health record. Notes should include all pertinent information, including but not limited to:
  - The name and contact information for the community-based MAT provider and/or the staff member with whom the conversation took place.
  - The basis for the decision to continue or discontinue MAT medications.
4. Urine Drug Screen results shall be documented in the inmate's electronic health record as soon as possible.