

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Medical and Forensics</u> STATEMENT NUMBER <u>551.00</u>
SUBJECT: <b>ADDICTION TREATMENT MEDICATION PROGRAM – SUBSTANCE USE DISORDERS</b>	EFFECTIVE DATE <u>07/29/2024</u>
PROPONENT: <u>Paula Mattis, Director</u> <i>Name/Title</i>  <u>Medical &amp; Forensics, 603-271-5563</u> <i>Office Phone #</i>	REVIEW DATE <u>07/29/2027</u> SUPERSEDES PPD# <u>6.08</u> DATED <u>12/04/2015</u>
ISSUING OFFICER:          <u>HELEN E. HANKS, COMMISSIONER</u>	DIRECTOR'S INITIALS _____ DATE _____  APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

(a) PURPOSE:

The purpose of Medication Assisted Treatment (MAT) is to provide treatment for the residents of the New Hampshire Department of Correction (NHDOC) diagnosed with an opioid use disorder (OUD) or alcohol use disorder (AUD). This treatment strategy combines FDA approved medication treatment, while a person is under departmental control and housed in a NHDOC Facility, as well as specific pre-release treatment and post-release successful transition to community resources. This policy is to ensure that all addiction treatment medications (ATM) are clinically driven to provide a whole person approach and are tailored to meet each resident's needs.

(b) APPLICABILITY:

This policy applies to:

- (1) All residents receiving ATM and correctional staff involved in substance use disorder treatment services within the Department of Corrections.

(c) POLICY:

- (1) This program is inclusive of all residents with a documented appropriate diagnosis of a substance use disorder. The goal of this program is to promote abstinence, harm reduction, and continuity of care, for opioid- and alcohol-addicted persons under departmental control.

(d) DEFINITIONS:

- (1) Medication Assisted Treatment (MAT), Medication for OUD (MOUD), Addiction Treatment Medication (ATM), and Medication for Alcohol Use Disorder (MAUD) are evidence-based treatments that uses FDA-approved medications and can be used in combination with counseling and other behavioral therapies, to provide a whole person approach in the treatment

of substance use disorders. It is designed to increase adherence, improve outcomes, and assist with long term abstinence and harm reduction.

- (2) Outpatient Substance Use Treatment Programs are defined as substance use treatment provided in the general prison housing settings, in the outpatient mental health clinic and other transitional housing units.
- (3) Modified Residential Substance Use Treatment is defined as substance use treatment provided in specifically identified treatment units in our prison housing settings (e.g. Focus Unit, Wellness, and Residential Treatment Unit).
- (4) Naltrexone is an oral, non-addictive opioid antagonist that blocks the effects of opioid medications. It also reduces alcohol craving in alcohol dependence.
- (5) Vivitrol is an extended-release injectable form of naltrexone.
- (6) Buprenorphine is sublingual combination opioid and opioid blocker that largely blocks the euphoria from other narcotics if these are ingested.
- (7) Sublocade is an extended-release injectable form of Buprenorphine.
- (8) Suboxone is a sublingual formulation that includes Buprenorphine and Naloxone.
- (9) Disulfiram is an oral medication that inhibits the body from metabolizing alcohol normally, usually causing a toxic reaction when alcohol is consumed, with vomiting, sweating, headache, palpitations, and other physical distress resulting almost immediately.
- (10) Acamprosate is an oral medication designed to maintain the chemical balances in the brain that are disrupted by alcoholism, improving recovery.
- (11) Clinical Opiate Withdrawal Scale (COWS): An assessment tool used to rate common signs and symptoms of opiate withdrawal and manage severity.
- (12) Clinical Institute Withdrawal Scale (CIWA): An assessment tool used to rate common signs and symptoms of alcohol withdrawal and manage severity.

(e) PROCEDURES:

- (1) Training: All prescribing providers will keep up to date on best practices. The Addiction Nurse Coordinator will continue to educate residents through a series of education modules and staff yearly on the following:
  - a. Eligibility Criteria.
  - b. Motivational Interviewing
  - c. Opioid Epidemic.
  - d. Overview of Opioid and Alcohol Dependence.
  - e. MAT/MOUD/MAUD Treatment foundation, philosophy, and types of Medications used in ATM.
  - f. Overview of this PPD.
  - g. Orientation to approved MAT Clinical Treatment Guidelines, as established in the References Section of this policy.
  - h. Tracking of individuals throughout entry, active participation, follow up care in the MAT Program and referral to Re-entry Program Coordinator's for continuity of care.
- (2) Participant Screening/Assessment
  - a. All incoming residents shall receive nursing general health assessments, if during these assessments, there is any indication of opioid or alcohol withdrawal, the resident will be further assessed for withdrawal using the Clinical Opiate Withdrawal Scale (COWS) or Clinical Institute Withdrawal Scale (CIWA) respectively. Residents who are in opioid or alcohol withdrawal must be referred to a primary care provider immediately for withdrawal management.
  - b. All residents who arrive on MAT/MOUD, MAUD or any ATM shall be immediately referred to the primary care provider and provide confirmation of prior use of any ATM including dose, by contacting previous prescriber or pharmacy.

- c. The Ohio Risk Assessment System (ORAS) is administered on all new admissions at the DOC's reception and diagnostic units. Residents who score moderate/high in the Substance Use Domain will be referred by the counselor/case manager to a LADC clinician for further screening of need for both substances use disorder programming as well as MAT/MOUD, MAUD, ATM Program referral. In addition, referrals for these services may be generated by any clinical staff throughout the resident's incarceration. The referral will include the results of the ORAS, any history of addictions and overall information. The referral will be to LADC Services and to Nursing requesting a urine screen for consideration of ATM.
- d. All referrals will include a urinalysis facilitated by nursing staff and results documented in the resident's electronic health record with triage to the referring LADC and/or provider. Any positive results identified by nursing will be triaged according to PPD 551.01 Detoxification Clinical Opiate Withdrawal Scale (COWS): An assessment tool used to rate and manage common signs and symptoms of opiate withdrawal will be administered.
- e. Candidates who are referred and are interested in participating in the Medication-Assisted Treatment Program will be assessed by a licensed alcohol and drug counselor to determine the residents under departmental control stage of change and may use the Texas Christian University Motivation of change (TCUMOT) Attachment 1 and Texas Christian University Drug Screen (TCUDSV) Attachment 2, or others diagnostic/screening tools to assess need. Any resident who scores in the moderate or severe range will be recommended for the appropriate treatment intervention to include residential and/or outpatient substance use treatment program after the completion of the Addictions Severity Index (ASI) affirming the results. A clear diagnosis will be determined and documented in the electronic health record. A multidisciplinary approach will be taken for treatment of any identified coexisting mental health disorders.
- f. After review of all available information on the resident meeting the assessed level of need, substance use treatment staff shall add a Special Needs code of SUD in the electronic health records, document in a progress note their recommendations, update the diagnoses list in Techcare and send an alert in the electronic medical record to the Administrator of Forensic Services and/or the Psychiatric Medical Director regarding the recommendations. The reviewing administrator will then determine final recommendations for treatment. Participation for inclusion will include:
  - 1. Meets current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for a substance use disorder.
  - 2. Willingness to engage productively in psychosocial interventions for substance use treatment.
  - 3. Assessed as possessing a commitment to achieving demonstrable harm reduction, with a goal of total abstinence from illegal substances as well as misuse of prescribed medications and alcohol.
  - 4. A treatment plan will be developed by the LADAC in coordination with the psychiatric or medical provider assigned and documented into the electronic health record for all residents who enter the MAT Program and are enrolled in clinical treatment. This will include documentation on: substance use disorder diagnosis, current stage of change, motivational strategies to be utilized appropriate for identified stage of change, integration into current psycho-social substance use treatment services, as well as identification and treatment plan integration for treatment of other identified mental health diagnoses. If there is an existing treatment plan, substance use treatment and MAT/MOUD/MAUD will have separate identifiable goals as part of the plan. Eligibility for inclusion at the screening stage will include:
    - (i) Medical Evaluation
      - i. Provider Staff will meet with the resident to identify and diagnose any medical contraindications to ATM. If there are medical contraindications,

these will be addressed and continued referral, when appropriate, will be made to the Administrator of Forensic Services or Psychiatric Medical Director. Complete a medical, psychiatric, and substance use history, including history of cardiovascular disease, diabetes, thyroid disease, seizure disorder, central nervous system impairment, and kidney or liver disease. Determine which prescription and over-the-counter medications the patient is taking, including herbal preparations. Perform a physical examination, baseline liver and kidney function tests, urine toxicology screen, and (in women) a pregnancy test. Assess the patient for allergies. A psychiatric or medical provider will be assigned by the Chief Medical Officer (CMO) or Chief Psychiatric Officer (CPO) to provide the medication interventions as clinically appropriate. Providers seeking support will follow the established guidelines and seek consultation with the CMO or CPO. The assigned psychiatric or medical provider will also coordinate treatment with the assigned clinical staff and the Addiction Nurse Coordinator for treatment integration as necessary.

- ii. Informed consent will be obtained, and the provider will educate the resident on medication-assisted treatment and the specific medication being recommended. ATM will be prescribed according to clinical guidelines approved by the CMO, CPO, and Director of Medical and Forensic Services in accordance with established National MAT/MOUD and MAUD guidelines. Informed consent for additional or other medication interventions will be done with the medication informed consent process in the EHR. The treatment agreement will be initiated at this time along with any other services recommended for treatment compliance.
  - iii. When the treating psychiatric or medical provider begins the treatment through initiating a prescription, they will notify the Addiction Nurse Coordinator that ATM has been initiated.
  - iv. The CMO and/or CPO will quarterly review a random sample of ATM patients to ensure adherence to the clinical guidelines as referenced in the reference section, as appropriate to the medication intervention section, and report findings in the Quality Review (QI) meeting on a quarterly basis.
- (ii) Concurrent Psychosocial Treatment and Drug Screens
- i. The resident shall be required to attend all scheduled substance use counseling sessions/groups during treatment as referred.
  - ii. The resident will be required to attend all provider appointments, which shall be no less than quarterly.
  - iii. The resident will acknowledge these requirements in 1 and 2 above by signing the Addiction Medication Treatment Agreement (Attachment 3).
  - iv. The attendance of counseling/group sessions will be discussed with the provider.
  - v. The provider appointments shall focus on assessment of general and mental health status, side effects, review of abstinence through review of CORIS drug screens, review of medically ordered drug screens, assessment of physiologic responses to treatment (cravings, triggers). Substance use treatment staff may discharge a resident from treatment if the resident fails to meaningfully participate in recommended programming or contract agreement after staff consultation with the resident's treatment team.
  - vi. Urine or saliva scan drug screens will be performed in accordance with approved clinical guidelines, the resident's treatment plans, and as clinically or behaviorally indicated.

- vii. The nursing staff shall coordinate the collection of the urine drug screen. LADC staff will collect saliva scans. Both nursing and LADC staff will document in progress notes the action of doing the screens and outcome of the screen in the EHR.
- viii. Any missed medication nursing staff will notify the prescribing provider and Addiction Nurse Coordinator, so an intervention can be scheduled.
- ix. The treatment team for this population will include the Addiction Treatment coordinator, counselor/case managers, LADC staff, mental health clinicians, psychiatric and medical staff, and/or other disciplines as indicated by the individual case.
- x. Security staff will be consulted to observe resident and unit behavior and should have an updated a list of active program participants.
- xi. Residents who divert their prescribed medication will be referred to attend class on the dangers of diverting medications and may be discontinued from the program if safeguards are not followed.
- xii. A substance use disorder ATM alert will be added in the EHR to ensure continuity of care when leaving departmental custody.
- xiii. Discharge planning and/or release planning will focus on a continuum of care with outside resources. The person under departmental control and the counselor/case manager shall plan as indicated below. This will include, but not limited to the following referrals and interventions:
  - Referral to the State Targeted Response (STR) Program Coordinator
  - Referral for continued MAT/MOUD or MAUD services, as clinically appropriate and recommended by the current provider.
  - Referral to mental health treatment resources as clinically appropriate and recommended by mental health treatment staff for the purpose of integrated care with above treatment modalities.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services  
Third Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition Standards

National Commission on Correctional Healthcare  
STANDARDS FOR HEALTH SERVICES IN PRISONS: 2008

**P-D-02: MEDICATION SERVICES (essential)**

**P-G-08: OFFENDERS WITH ALCOHOL AND OTHER DRUG PROBLEMS (important)**

Other

Medicaid Coverage and Financing of Medications to Treat Alcohol and Opioid Use Disorders

<http://store.samhsa.gov/shin/content//SMA14-4854/SMA14-4854.pdf>

Medication-Assisted Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA)

[Providers Clinical Support System - Medications for Alcohol Use Disorders \(PCSS-MAUD\) | SAMHSA](#)

Guidance Document on Best Practices: Key Components for delivering Community Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire, second edition

<https://www.dhhs.nh.gov/dcbcs/bdas/documents/matguidancedoc.pdf>

ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use

<http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22>

National Commission on Correctional Healthcare

[Medication-Assisted Treatment \(MAT\) For Jails, Prisons & Correctional Facilities \(necchresources.org\)](#)

American Correctional Association

[Standards Information - ACA Standards](#)

New Hampshire Alcohol and drug abuse Counselors association

[Home \(nhadaca.org\)](http://nhadaca.org)

California Department of Health Care Services

[DRAFT BHIN 23-XXX MAT Services Requirements for SUD Recovery or Treatment Facilities.pdf \(ca.gov\)](#)

Texas Christian University (TCU) Drug Screen

[TCU Drug Screen 5 – Institute of Behavioral Research](#)

Code for Federal Regulations

[CFR - Code of Federal Regulations Title 21 \(fda.gov\)](#)