56 MLC

STATE OF NEW HAMPSHIRE

DEPARTMENT OF CORRECTIONS

DIVISION OF ADMINISTRATION

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Helen E. Hanks
Commissioner

Robin H. Maddaus
Director

March 2, 2021

The Honorable Ken Weyler, Chairman
Fiscal Committee of the General Court
State House
Concord, New Hampshire 03301

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, NH 03301

REQUESTED ACTION

Pursuant to RSA 14:30-a, VI, authorize the NHDOC to **retroactively** accept and expend funds in the amount of $705,055 received from the NH Department of Health and Human Services (DHHS), to provide State Opioid Response (SOR) funding for substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources upon release, and post re-entry community care for the residents of the NH Department of Corrections (NHDOC). This request is effective upon Fiscal Committee and Governor and Executive Council approval for the period beginning January 1, 2021 through June 30, 2021. 100% Federal Grants to Other Agency

Funds are to be budgeted in an account, State Targeted Response, Accounting Unit 02-46-46-460010-40670000 as follows:

Account	Description	FY 2021 Current Authorized	Requested Action	FY 2021 Adjusted Authorized
020-500200	Current Expense	2,200.00	13,192.00	15,392.00
030-500311	Equipment	2,500.00	35,672.00	38,172.00
037-500173	Hardware - New	-	3,360.00	3,360.00
040-501587	Indirect Cost	1.00	-	1.00
042-500620	Additional Fringe Benefits	6,525.00	2,272.00	8,797.00
059-500117	Salary Temporary Employee	64,464.00	61,735.00	126,199.00
060-500611	Benefits	36,234.00	46,553.00	82,787.00
066-500546	Employee Training	8,140.00	-	8,140.00
070-500704	In-State Travel	2,482.00	1,800.00	4,282.00
100-500726	Prescription Drug Expenses	655,667.73	540,471.00	1,196,138.73
102-500731	Contracts for Program Services	18,719.00	-	18,719.00
Total Appropriations		796,932.73	705,055.00	1,501,987.73
00D-488592	Federal Grants to Other Agency	(796,932.73)	(705,055.00)	(1,501,987.73)

EXPLANATION

The NHDOC is requesting permission to **retroactively** accept an SOR sub grant administered through the DHHS due to DHHS not receiving approval of funding from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) in time to renew NHDOC's previous MOU, which expired on September 29, 2020. NHDOC utilized prior SOR funding which included in part, Medicated Assistance Treatment (MAT) funding to acquire medications for residents with Opioid Use Disorder but have a limited inventory. The retroactive acceptance of the SOR funding will allow NHDOC to continue the program efforts for residents currently enrolled in the substance abuse treatment program without interruption.

NHDOC will utilize the new SOR funding to continue the original SOR program initiatives using a two-prong approach, (1) to provide opioid use disorder case management services to include medication assisted treatment, referrals, transitional services to community resources, and post re-entry community care for up to twelve (12) months after release and (2) to provide previously purchased Naloxone kits and related instruction on administration available to individuals voluntarily with an opioid use disorder re-entering the community from NHDOC facilities.

Individuals, both male and female, that have an opioid use disorder and are re-entering the community from a NHDOC facilities, including transitional housing units will benefit from in-house and community based case management services through a more long-term support system approach to assist the individuals to maintain sobriety.

The goal of this collaboration is to successfully manage individuals with a history of opioid use disorder or who are at high risk by reducing the number of opioid-related deaths that occur in this population after re-entry into the community and to increase access to MAT services by ensuring there is a sufficient number of MAT prescribers.

The requested appropriations are to be expended as follows:

Class 020 – Supplies	Flashlights and medical gloves to perform oral mouth checks, pharmacy secure medication transport bags for MAT medications, TVs and stands for resident education while in monitoring sessions, office supplies for the (3) Re-entry Care Coordinators and training materials for instructional use of Naloxone.
Class 030 – Equipment	New Equipment: (2) pharmacy refrigerators to store MAT prescriptions, medical temperature sensors, (4) medical carts and (4) wall-mount cabinets
Class 37 – Hardware	(7) scanners for medical staff and Re-entry Care Coordinators to assist in program management
Class 042 – Addt'l Fringe Benefits	Additional Fringe Benefits: post-retirement expenses for the (3) Re-entry Care Coordinator positions supported by the sub grant.
Class 059 – Salary Temporary Employees	Salary for three (3) Full-Time Temporary Program Coordinator, Position #9T2889, #9T2934, #9T2935, LG 26, Step 9 (7) pay periods
Class 060 – Benefits	Benefits for the (3) Full-Time Temporary Re-entry Care Coordinator positions.
Class 070 – In-State Travel	In-State Travel for the (3) Re-entry Care Coordinators to travel in support of the SOR initiative objectives.
Class 100 – Prescription Drug Expenses	Purchase MAT medications to treat residents with Opioid or Stimulant Use Disorder (O/SUD) within correctional facilities and in preparation for re-entry into the community.

The following information is provided in accordance with the comptroller's instructional memorandum dated September 12, 1981.

1) *List of personnel involved*: Three (3) full-time temporary Re-Entry Care Program Coordinators.

2) *Nature, Need, and Duration*: This sub grant will provide O/SUD case management to residents in NHDOC facilities, to assist with referrals and enhance a successful transition to the community, effective retroactively from January 1, 2021 through September 29, 2021. There is an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Governor and Executive Council.
Data from our previously grant funded projected has demonstrated some promising impacts in comparison to our most recently published Recidivism Data from the 2017 that did not have access to this service, especially with males:

NHDOC Grant Project - Females - SOR Re-Entry					
Month/ Year	**Released # of Individuals receiving targeted case management (Males)**	**3 Month**	**6 Month**	**9 Month**	**12 Month**
July 2018 through September 2020	217	182 of 201	151 of 187	113 of 162	81 of 133
	Percentage Remaining in Community	90%	81%	70%	60%
NHDOC Grant Project - Males - SOR Re-Entry					
Month/ Year	**Released # of Individuals receiving targeted case management (Females)**	**3 Month**	**6 Month**	**9 Month**	**12 Month**
August 2019 through September 2020	255	182 of 209	156 of 189	113 of 151	44 of 62
	Percentage Remaining in Community	87%	83%	75%	71%
Overall Recidivism Trending					
	Calendar Year	2017			
Males	[redacted]	45.63			
Females		44.38			
All		45.45			

*****The Department follows the Association of State Correctional Administrators Performance-Based Measure System Counting Rules in how to measure recidivism. Recidivism rates are interpreted by the New Hampshire Department of Corrections (NHDOC) as being when an individual, after being released from a NHDOC facility or oversight, returns to a NHDOC facility within thirty-six months of their initial release date. Cohorts are grouped by calendar year.**

3) *Relationship to existing agency programs*: This funding will reinstate case management support services to the NHDOC resident population with opioid use disorder within NHDOC correctional facilities. All service recipients will receive substance use disorder case management services, medication assisted treatment, treatment referrals, transitional services to community resources, and post re-entry community care for up to twelve (12) months. Upon release those individuals identified as at-risk for overdose will be offered a Naloxone kit and instructions on the administration of Naloxone to potentially reduce the rate of overdose fatalities post release.

4) *Has a similar program been requested of the legislature and denied?* Yes, but not denied. NHDOC was awarded a prior SOR sub grant, which expired on September 29, 2020, for similar grant program services.

5) *Why wasn't funding included in the agency's budget request?* NHDOC's prior SOR sub grant expiring on September 29, 2020, FY 2021 portion of the award, July 1, 2020 - September 29, 2020, was included in NHDOC's FY 2021 budget. At the time the FY 2021 budget was created it was unanticipated there would be an additional SOR grant funding opportunity to support the Re-entry Care Coordinator positions and program initiatives.

6) *Can portions of the grant funds be utilized?* Grant funds shall be utilized for these Re-entry Care Coordinator positions.

7) *Estimate the funds required to continue the position*: If grant funds are not made available, these positions will not be restored.

The State Opioid Response grant award budget does not include Indirect Costs as this cost is not identified as part of the sub grant award. Audit Fee Set Aside is not included in the grant budget as it is the responsibility of the direct recipient of the federal grant (DHHS) to include Audit Fee Set Aside as part of their agency's budget.

This Agreement includes an option to extend for up to two (2) additional years, subject to continued availability of funds, satisfactory performance of services, and approval of the Governor and Executive Council.

Respectfully Submitted,

Helen E. Hanks
Commissioner

Fiscal Situation

NH Department of Corrections

NH Department of Health and Human Services, Division of Behavioral Health

MOU 2021-BDAS-04-OPIOI-01

Grant Period January 1, 2021-September 29, 2021

State Opioid Response (SOR) Grant

FY 2021 Funding		705,055.00
FY 2022 Funding		355,311.00
Total SOR grant award per MOU	$	1,060,366.00
Total FY 2021 SOR sub grant		705,055.00
Add: FY 2021 Appropriations (Prior SOR sub grant)		796,932.73
Less: FY 2021 Expenditures (Prior SOR sub grant)		(736,297.79)
Total Current FY 2021 Available		60,634.94
Less: Close to Control remaining prior SOR appropriations		(60,634.94)
Total FY 2022 SOR Funds Available	$	705,055.00
Amount of This Request	**$**	**705,055.00**

MEMORANDUM OF UNDERSTANDING BETWEEN
THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

MOU-2021-BDAS-04-OPIOI-01

1. GENERAL PROVISIONS

1.1. This Memorandum of Understanding (MOU) is between the New Hampshire Department of Health and Human Services (DHHS), Division for Behavioral Health, 129 Pleasant Street, Concord, NH 03301 and the New Hampshire Department of Corrections ("DOC"), 105 Pleasant Street, Concord, New Hampshire 03301, and sets forth the roles and responsibilities of DHHS and DOC related to collaboration on the State Opioid Response Grant ("SOR").

1.2. This MOU outlines how the DOC and its Agents will provide Opioid or Stimulant Use Disorder (O/SUD) case management service to Persons Under Departmental Control (also referred to herein as Residents) to assist with referrals and enhance the successful transition to community resources, and how Naloxone kits and related instruction on administration will be provided to individuals re-entering the community.

1.3. The DOC shall meet with the DHHS within sixty (60) days of the MOU Effective Date to review implementation.

1.4. In connection with the performance of this MOU, DHHS and DOC shall comply with all applicable laws and regulations.

2. TERM

2.1. Effective Date: This MOU is retroactive to January 1, 2021 upon Governor and Executive Council Approval.

2.2. Duration: The duration of this MOU is from the Effective Date through September 29, 2021. The parties may extend this MOU for up to two (2) years at any time by mutual written agreement, subject to the continued availability of funds, satisfactory performance of responsibilities, and approval of the Governor and Executive Council.

2.3. Modification: The parties may modify this MOU by mutual written agreement at any time, subject to the approval of the Governor and Executive Council.

2.4. Termination: Either party may unilaterally terminate this MOU upon written notice to the other party, in which case the termination shall be effective thirty (30) days after the date of that notice or at a later date specified in the notice. In the event of an early termination of this MOU for any other reason than the completion of services, the DOC shall deliver to DHHS, not later than thirty (30) days after the termination, a "Termination Report" describing in detail all activities performed and the MOU funds used up to and including the date of termination. In the event the services and/or prescribed outcomes described within this MOU are not met to the satisfaction of DHHS, DHHS reserves the right to terminate this MOU and any remaining funds will be forfeited. Such termination shall be submitted in writing to DOC and will require DOC to deliver a final Termination Report as described above.

3. RESPONSIBILITIES OF THE NEW HAMPSHIRE DEPARTMENT OF CORRECTION

Subsection I – Re-entry Services and Naloxone Kits and Instruction

3.1. The DOC agrees to:

3.1.1. Use the funding provided by DHHS to assist male and female

Residents with OUD by providing re-entry services through care coordination.

3.1.2. Fund and manage three (3) full time (37.5 hour) Re Entry Care Coordinator positions through the term of this MOU that will be provide services to individuals at any NHDOC facility or Field Services Office. Ensure that all Re-entry Care Coordinators implement comprehensive reentry planning to assist Residents in accessing appropriate relapse prevention, treatment, recovery, and ancillary services that will support their rehabilitative goals and reduce the risk for recidivism.

3.1.3. Provide training and education for DOC staff on providing instructions to Residents on the administration of Naloxone.

3.1.4. Assist eligible Residents with OUD and their residential companions through voluntary distribution of naloxone and providing education on how to use Naloxone, if need arises, once released from DOC facilities or a transitional housing unit to the community.

3.1.5. DOC may provide naloxone kits to NH Judicial Branch for distribution to drug court participants. This process will take place as agreed upon between DOC and NH Drug Court; all distributed kits will be tracked and reported back to the DHHS.

3.1.6. DOC shall follow the referral process for distributing Naloxone kits to Residents as follows:

3.1.6.1. Identify a Resident through the diagnosis of an OUD. The Resident may also self-identify and request a Naloxone kit.

3.1.6.2. Forward all referrals to the assigned case manager and to Reentry Care Coordinator assigned to the Resident being released.

3.1.6.3. The Case manager and the Reentry Care Coordinator will meet with the Resident and/or their community support person, if the Resident chooses, to provide education on how to use the Naloxone kit and how to obtain additional kits if needed.

3.1.6.4. Upon discharge, DOC will ensure that the case manager or other authorized correctional staff provides the Naloxone kit as the Resident processes out of the DOC facility.

3.1.6.5. DOC will ensure the distribution of the Naloxone kits for Residents is documented.

3.1.7. DOC shall collect and submit aggregate data and aggregate reports on the data elements identified in Section 5 to DHHS on a monthly basis.

3.1.8. DOC shall ensure Re-entry Care Coordinators offer targeted case management services to support the re-entry efforts of Residents with an O/SUD or history of overdose for up to twelve (12) months following release through face-to-face and/or telephone contact, including:

3.1.8.1. Providing follow up at three (3) and six (6) months following release.

3.1.8.2. Facilitating a post release check in within 72 hours of Resident's release, for the purpose of identifying and addressing any

issues with accessing community O/SUD treatment and substance abuse management.

3.1.8.3. Providing ongoing targeted case management services up to 12 months after release.

3.1.8.4. Providing comprehensive reentry planning to support rehabilitative goals and reduce the risk for recidivism including, but not limited to:

3.1.8.4.1. Healthcare navigation and barrier removal.

3.1.8.4.2. Supportive services to assist Residents in accessing appropriate relapse prevention, treatment, recovery, and ancillary services.

3.1.9. DOC shall coordinate with the Regional Doorway(s) for re-entry care coordination and GPRA data collection, and ensure Residents are referred to their preferred Regional Doorway(s) upon release to the community.

3.1.10. Purchase supplies, including general office supplies, postage, laptops, software and office equipment to better enhance targeted case management techniques and tracking for the purpose of reintegration.

3.1.11. Meet the following performance measures:

3.1.11.1. At six months, post-release 80% and at twelve Months, Post-release 70% of Residents who accept targeted case management services from a reentry care coordinator will remain in the community.

3.1.11.2. 100% of Residents with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered a Naloxone kit.

3.1.11.3. 100% of Residents with an OUD re-entering the community from DOC identified as at-risk for overdose will be offered instruction on the administration of Naloxone.

3.1.11.4. 100% of Residents receiving MAT will be connected with a community provider and support network, including their preferred Regional Doorway upon their release to the community.

3.1.11.5. 100% referral rate of Residents from the MAT treatment group to the Re-entry Care Coordinator.

Subsection II – Medication Assisted Treatment (MAT) Services

3.2. DOC agrees to:

3.2.1. Use medications, in combination with behavioral therapies, to provide a whole-patient approach to the treatment of OUD for Residents.

3.2.2. Provide MAT to individuals with OUD in correctional facilities as part of their treatment plan inside the institution and as preparation for re-entry into the community.

3.2.3. Provide training to DOC staff and Residents in MAT services that

includes:

3.2.3.1. Training DOC medical providers and clinical staff in the prescription of medications to treat opioid use disorder, delivery of services and the benefits of medication-assisted treatment; and

3.2.3.2. Ongoing training and education in MAT practices and benefits to DOC staff and Residents across all NHDOC facilities.

3.2.4. Ensure that the MAT process used by DOC is as outlined in the Policy Procedure Directive 6.08 Medication Assisted Treatment - Substance Use Disorders, with is attached hereto and incorporated by reference herein as Attachment 1, which includes:

3.2.4.1. Ensuring all Residents sign a MAT treatment agreement; and

3.2.4.2. Ensuring all non-compliant patients with MAT treatment or medications will receive additional education and counseling.

3.2.5. Increase participation and compliance with MAT for Residents as appropriate to their behavioral health needs and healthcare needs, which must include, but is not limited to:

3.2.5.1. Providing education on the benefits of treatment while on MAT to Residents and staff monthly.

3.2.5.2. Identifying and addressing include risks for specialized populations.

3.2.5.3. Connecting Residents released on MAT with a mental health condition or medical needs with community resources to address co-occurring concerns.

3.2.6. Ensure that medication is provided with a 14-day supply at release from custody for all individuals leaving DOC facilities dependent on transition services and insurance coverage established.

3.2.7. Purchase equipment and supplies as needed to better enhance targeted case management techniques for the purpose of reintegration.

3.2.8. Assist Residents in applying for health insurance coverage.

3.2.9. Meet the following performance measures:

3.2.9.1. 100% of DOC provider staff will be trained in buprenorphine prescribing practices and seek a DEA licensing waiver for such medications pursuant to NH Bureau of Drug and Alcohol Services (Guidance Document on Best Practices: Key Components for Delivering Community-Based Medication Assisted Treatment Services for Opioid Use Disorders in New Hampshire Second Edition) Within 3 months of hire date.

3.2.9.2. Identify and train 30 residents to provide peer recovery support services and trained in peer recovery support practices no later than 12 months after the Effective Date.

3.2.9.3. 100% of Residents on MAT will be referred to the Re-entry Program Coordinators for continuity of care prior to release from incarceration.

3.2.9.4. 80% of Residents in MAT will remain treatment compliant at 6 and 12-month intervals post-participation in MAT.

3.2.10. Collaborate with DHHS on the development, reporting, and quality improvement efforts for additional performance measures and outcome indicators.

4. **RESPONSIBILITIES OF THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4.1. DHHS agrees to:

4.1.1. Administer and manage the State Opioid Response Grant ("SOR") under the terms and conditions of the grants as approved by SAMHSA.

4.1.2. Provide funding to DOC upon receipt of approved invoices and subject to DOC's compliance with the terms and conditions of this MOU.

4.1.3. Make funds available from the SOR grant for reimbursement under this MOU not to exceed $1,060,366, including;

4.1.3.1. A maximum amount of $705,055 for SFY 2021, and

4.1.3.2. A maximum amount of $355,311 for SFY 2022.

4.1.4 Provide completed data reports to SAMHSA on a semi-annual basis.

4.1.5. Collaborate with DOC to obtain data and information necessary for monitoring the SAMHSA grants and developing and writing any required reports.

4.1.6. Attend and/or participate in any SAMHSA-required meetings, trainings or presentations.

4.1.7. Provide technical assistance on clinical programming and reporting requirements to DOC.

5. **IT IS FURTHER UNDERSTOOD AND AGREED BETWEEN THE PARTIES:**

5.1. DHHS will collaborate with DOC on the development, reporting, and quality improvement efforts for additional performance measures and outcome indicators.

5.2. Systems of Records:

5.2.1. DHHS and DOC will not be exchanging confidential data under this MOU.

5.2.2. DOC will provide de-identified aggregate data to DHHS from the following systems of records:

5.2.2.1. Resident Corrections Information System (CORIS).

5.2.2.2. Techcare Electronic Health Record.

5.3. Data Elements Involved:

5.3.1. DOC general demographic non-identifiable data elements of individuals served to be determined between DOC and the Department during initial contract "kick off" meeting within sixty (60) days of contract Effective Date.

5.3.2. DOC shall be required to prepare and submit ad hoc data reports, respond to periodic surveys, and other data collection requests as

deemed necessary by DHHS and/or SAMHSA.

5.4. DHHS may adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office without approval from the Governor and Executive Council, if needed and justified.

5.5. If federal funding no longer becomes available or if this MOU is terminated early, DHHS will not be required to provide funding to sustain any of the Care Coordinator positions referenced in Section 3.

5.6. Notwithstanding any provision of this agreement to the contrary, all obligations of DHHS hereunder, including without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. DHHS shall not be required to transfer funds from any other source in the event that funds become unavailable.

5.7. DOC shall take appropriate steps to accept and expend the funds provided within the project period. DOC agrees to submit monthly invoices to DHHS for costs incurred. Invoices must include line items with dates, description of services and associated costs.

5.7.1. Invoices shall be mailed or emailed to:

Department of Health and Human Services
Division for Behavioral Health
SOR Finance Manager
105 Pleasant Street
Concord, NH 03301
Melissa.Girard@dhhs.nh.gov

5.8. DHHS agrees to pay DOC within thirty (30) days of receipt of the approved invoices.

5.9. Disputes arising under this Memorandum of Understanding which cannot be resolved between the agencies shall be referred to the New Hampshire Department of Justice for review and resolution.

5.10. This Agreement shall be construed in accordance with the laws of the State of New Hampshire.

5.11. The parties hereto do not intend to benefit any third parties and this Memorandum of Understanding shall not be construed to confer any such benefit.

5.12. In the event any of the provisions of this Memorandum of Understanding are held to be contrary to any state or federal law, the remaining provisions of this Memorandum of Understanding will remain in full force and effect.

5.13. This Memorandum of Understanding, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Memorandum of Understanding and understandings between the parties, and supersedes all prior Memoranda of Understanding and understandings relating hereto.

5.14. Nothing herein shall be construed as a waiver of sovereign immunity, such immunity being hereby specifically preserved.

6. APPROVALS:

Lori A. Shibinette
Commissioner
NH Department of Health and Human Services

2.4.21
Date

Helen Hanks
Commissioner
NH Department of Corrections

2/2/2021
Date

The preceding Memorandum of Understanding, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

February 12, 2021
Date:

Catherine Pinos
Name:
Title:

The foregoing Memorandum of Understanding was approved by the following authority of the State of New Hampshire:

Date:

Name:
Title:

Attachment 1

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER Health Services STATEMENT NUMBER 6.08
SUBJECT: **MEDICATION ASSISTED TREATMENT PROGRAM – SUBSTANCE USE DISORDERS**	EFFECTIVE DATE 11/30/2018
PROPONENT: Paula Mattis, Administrative Dir. *Name/Title* Medical/Forensic Services 271-3707 *Office* *Phone #*	REVIEW DATE 11/30/2020 SUPERSEDES PPD# 6.08 DATED 12/4/2015
ISSUING OFFICER: *Helen E. Hanks, Commissioner*	DIRECTOR'S INITIALS DATE
	APPENDIX ATTACHED: YES NO
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:
The purpose of Medication Assisted Treatment (MAT) Program is to provide treatment for Persons Under Departmental Control (PUDC) of the NH Department of Correction (NHDOC) diagnosed with opioid use disorders and alcohol use disorders. This is to include treatment while a person under departmental control is housed in a NHDOC Facility, as well as specific pre-release treatment and post-release successful transition to community resources.

II. APPLICABILITY:
To all PUDCs receiving MAT and correctional staff involved in substance use disorder treatment services within the Department of Corrections.

III. POLICY:
This program involves prison-based residential and non-residential substance disorder treatment models in NHDOC Facilities, as well as collaboration and successful transition to community-based treatment resources. The goal of this program is to promote abstinence, harm reduction, and continuity of care, for opioid- and alcohol-addicted persons under departmental control.

IV. DEFINITIONS:
A. Medication Assisted Treatment (MAT) is an evidence-based treatment that uses FDA-approved medications, 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.
B. 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.

C. 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).
D. Naltrexone is a non-addictive opioid antagonist that blocks the effects of opioid medications. It also reduces alcohol craving in alcohol dependence
E. Vivitrol is an extended release injectable form of naltrexone
F. Buprenorphine is an oral combination opioid and opioid blocker that largely blocks the euphoria from other narcotics if these are ingested.
G. Sublocade is an extended release injectable form of Buprenorphine
H. 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.
I. Acamprosate is an oral medication designed to maintain the chemical balances in the brain that are disrupted by alcoholism, improving recovery.

V. PROCEDURES:

A. Medication Assisted Treatment Training
All Substance Use Treatment staff, participating in MAT shall receive training on methods to educate persons under departmental control on the following:
a. Eligibility Criteria;
b. Motivational Interviewing
c. Opioid Epidemic;
d. Overview of Opioid and Alcohol Dependence;
e. MAT Treatment foundation, philosophy, and types of Medications used in MAT;
f. Overview of MAT 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.

B. Participant Screening/Assessment
1. The Ohio Risk Assessment System (ORAS) is administered on all new admissions at the DOC's reception and diagnostic units. PUDCs 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 substance use disorder programming as well as MAT Program referral. In addition, referrals for these services may be generated by any clinical staff throughout the PUDC's incarceration.
2. All referrals will include a urinalysis facilitated by nursing staff and results documented in the PUDCs electronic health record with triage to the referring LADC. Any positive results identified by nursing will be triaged according to PPD 6.86 Detoxification.
3. 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 PUDC's stage of change, as per the Prochaska Stage of Change Model.
4. Appropriate referrals will be administered the Drug Abuse Screening Test (DAST), Texas Christian University Drug Screen 11 (TCU5), or others diagnostic/screening tools to assess need. Any PUDC who scores in the moderate or severe range will be recommended to the Department's 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.

5. After review of all available information on the PUDC meeting the assessed level of need, substance use treatment staff shall add a Special Needs code of SUD-MAT in the electronic health records, document in a progress note their recommendations 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:
   a. Meets current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for a substance use disorder
   b. Willingness to engage productively in psychosocial interventions for substance use treatment.
   c. 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.
6. 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 PUDCs who enter the MAT Program. 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 will have separate identifiable goals as part of the plan. Eligibility for inclusion at the screening stage will include:
7. Medical Evaluation
   a. Medical Provider Staff will meet with the PUDC to identify and diagnose any medical contraindications to MAT. 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. A psychiatric or medical provider will be assigned by the Chief Medical Officer (CMO) or Psychiatric Medical Director (PMD) to provide the medication interventions of the MAT, and will follow the established guidelines and seek consultation with the CMO or PMD The assigned psychiatric or medical provider will also coordinate treatment with the assigned clinical staff for treatment integration as necessary.
   b. Informed consent will be obtained, and any MAT will be prescribed according to clinical guidelines approved by the CMO, psychiatric medical director and Director of Medical and Forensic Services, in accordance with established National MAT guidelines concerning oral naltrexone, injectable naltrexone, oral buprenorphine, injectable buprenorphine. (Attachments A through D). Informed consent for additional or other MAT medication interventions will be done with the medication informed consent process in the EHR.
   c. When the treating psychiatric or medical provider begins the medication assisted treatment through initiating a prescription, they will notify the Administrator of Forensic Services and the psychiatric medical director that MAT has been initiated.
   d. The CMO and/or PMD will quarterly review a random sample of MAT 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.

8. Concurrent Psychosocial Treatment and Drug Screens
   1. The PUDC shall be required to attend all scheduled substance use counseling sessions/groups during the course of MAT which shall be no less than one clinical encounter every two weeks.
   2. The PUDC will be required to attend all MAT provider appointments, which shall be no less than quarterly.
   3. The PUDC will acknowledge these requirements in 1 and 2 above by signing the MAT Counseling Attendance Agreement (Attachment E).
   4. The counseling/group sessions with LADC Professional staff shall focus on continued assessment of motivational state, commitment to treatment and supportive/reinforcing counseling to strengthen commitment to recovery.
   5. The MAT 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), as well as documentation of stage of change
   6. Substance use treatment staff may discharge a PUDC from the program if he/she fails to meaningfully participate in recommended programming after consultation with the Administrator of Forensic Services and/or the Psychiatric Medical Director and through documentation of justification.
   7. Urine or saliva scan drug screens will be performed in accordance with approved MAT clinical guidelines, the PUDC's treatment plans, and as clinically or behaviorally indicated.
   8. 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.
   9. Any missed medication nursing staff will notify the LADC so an intervention can be scheduled at the next possible time.
   10. The treatment team for this population may include counselor/case managers, LADC staff, mental health clinicians, psychiatric and medical staff, and other disciplines as indicated by the individual case.
   11. Security staff will be consulted as to behavior and unit observations.
   12. All treatment plans will be updated every three (6) months.
   13. A substance use disorder (SUD) alert will be added in the EHR to ensure continuity of care when leaving departmental custody.
   14. Discharge planning and/or release planning will focus on a continuum of care with outside resources. The person under departmental control counselor/case manager shall make arrangements as indicated below. This will include, but not limited to the following referrals and interventions:
       a. Referral to the State Targeted Response (STR) Program Coordinator
       b. Referral for continued MAT services, as clinically appropriate and recommended by the current MAT provider
       c. 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)
https://www.samhsa.gov/medication-assisted-treatment

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

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