

Operations

Identifying the Necessary Policies and Procedures and Potential Barriers to Operating a Medication Assisted Treatment Program within Corrections

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Opioid
Response
Network
STR-TA



Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Learning Objectives

- 
- Identify the necessary policies and procedures needed to operate a medication assisted treatment program within corrections, with an emphasis on clinical, medical, administrative, and institutional areas

- 
- Describe effective procedures currently used at the Rhode Island Department of Corrections Medication Assisted Treatment Program

- 
- Identify factors that may pose as potential barriers when drafting procedures, and provide recommendations to overcome them



CODAC OTP at RI Department of Corrections Program Goals

- ✧ **Screen** everyone upon commitment and prior to release and assessments as appropriate
- ✧ MAT if appropriate for 3 populations:
 - **Continue MAT for up to 4 years**
 - **Initiate MAT upon commitment**
 - **Initiate MAT prior to release**
- ✧ Seamless community **transition**
- ✧ **Comprehensive MAT services**



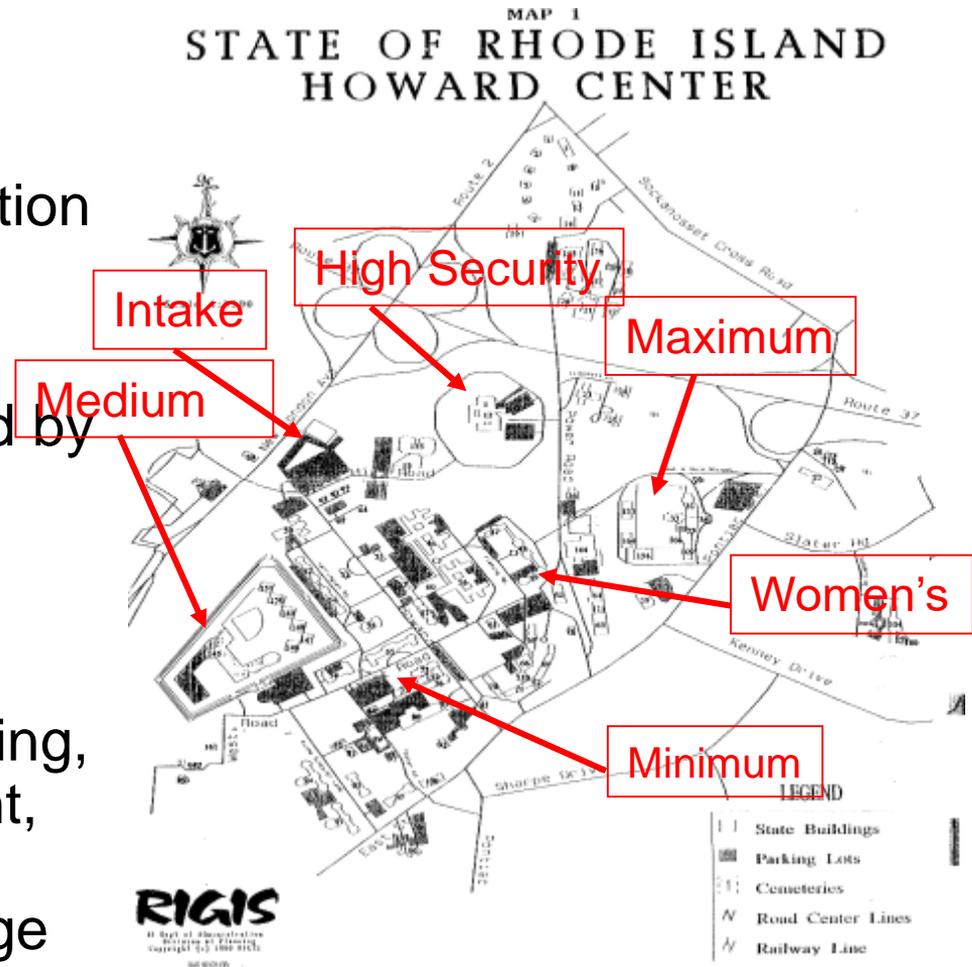
CODAC OTP at RI Department of Corrections Program Overview

- ✧ Onsite Dispensary (operated by vendor)
- ✧ Courier delivers medication to all 6 facilities, 7 days/week
- ✧ Medication administered by RIDOC MAT nurses
- ✧ Provider on-site 5 days/week
- ✧ MAT Services - counseling, medication management, peer support, comprehensive discharge planning, aftercare follow-up



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Policies to Consider

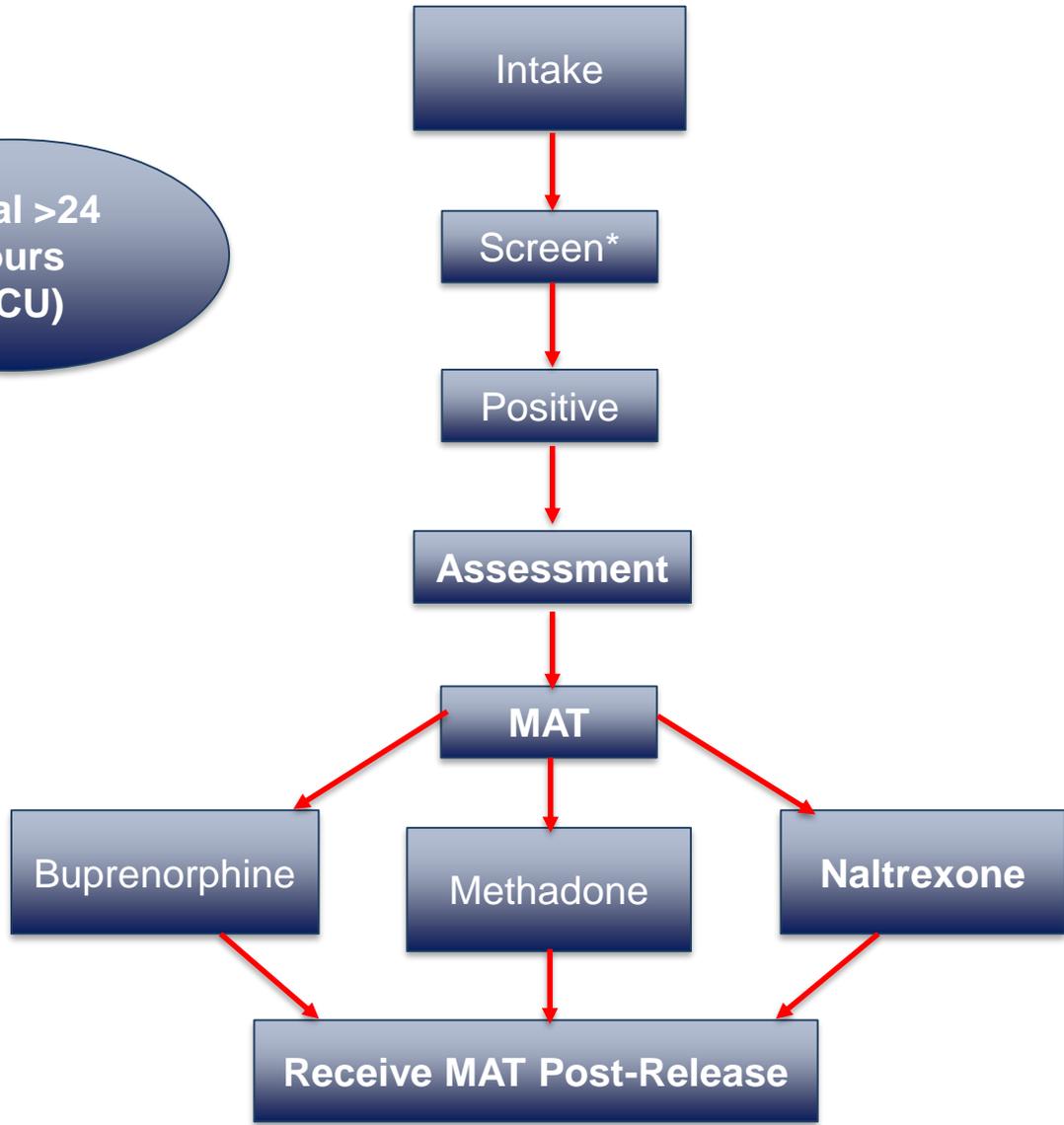
- ✧ Clinical
 - Access to OTP Services
 - Counseling
 - Discharge Planning
- ✧ Medical
 - Induction Protocols/Dose Evaluation Protocols
 - Toxicology
 - Medication Administration
- ✧ Institutional Considerations
- ✧ Administrative Considerations

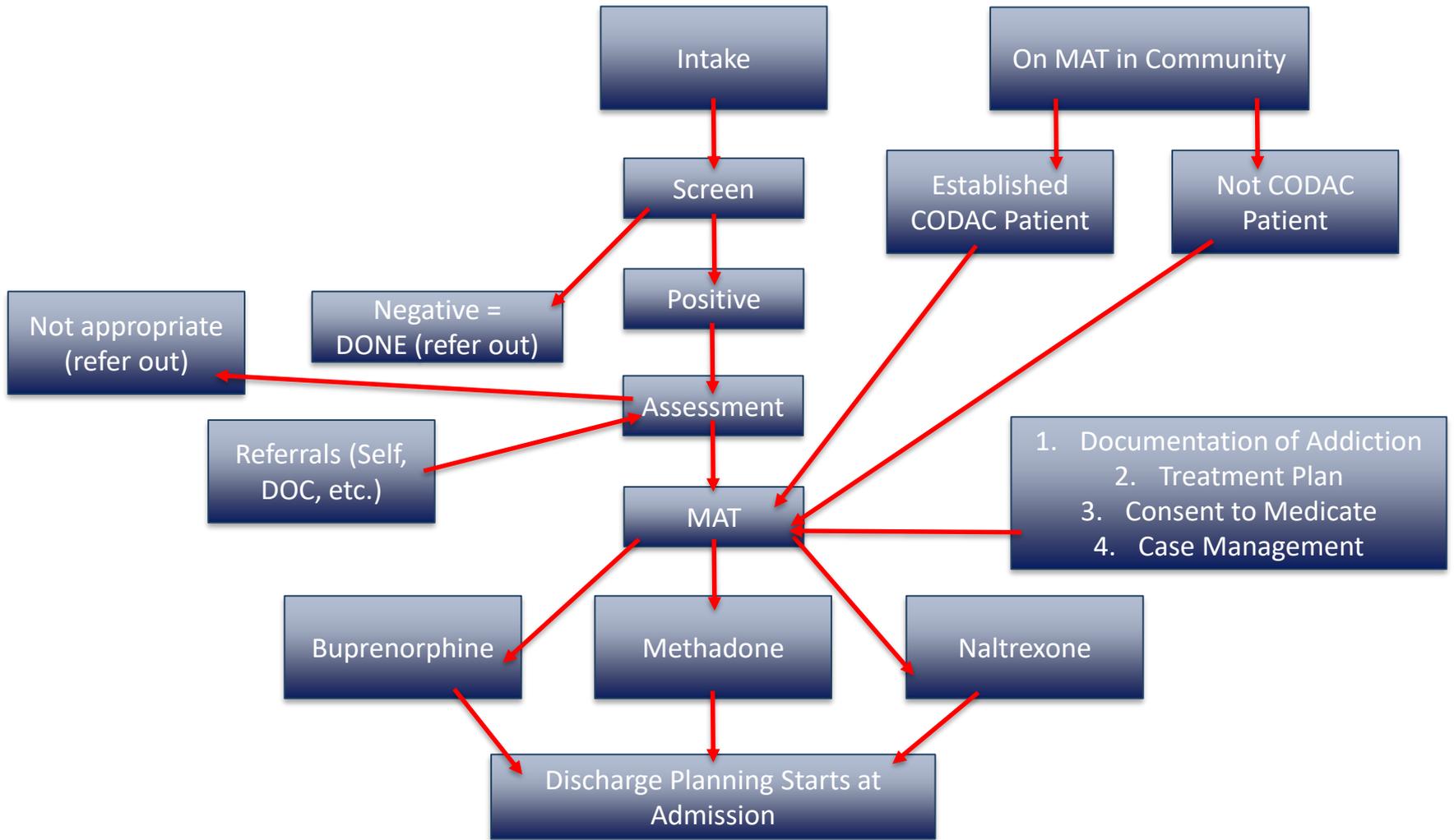


Access to Opioid Treatment Services



***Goal >24
hours
(TCU)**





Policy: Access to Opioid Treatment Services

Procedure:

Continuation – Newly committed inmates reporting current MAT in the community

During RIDOC nursing intake at commitment, inmate reports being on naltrexone (oral or injectable), buprenorphine/naloxone, buprenorphine or methadone in the community.

RIDOC committing nurse sends referral to the CODAC OTP through the RIDOC EMR. RIDOC committing nurse sends referral in RIDOC EMR for medication verification to be completed.

RIDOC nursing confirms medication with community clinic or pharmacy, or PDMP, and documents dose, where medication was verified and date last given or filled.

RIDOC nursing completes Inmate Registration Form, completes verbal order for medication in RIDOC EMR. The verbal order is under the RIDOC practitioner license. The prescription and Inmate Registration Form is faxed to CODAC Dispensary.

Pre-release Induction – Sentenced inmates not currently on MAT, and requesting induction prior to release

People who are incarcerated who are currently sentenced with documented opioid use disorder and are concerned about relapse may be eligible to be inducted onto MAT, no earlier than 12 weeks prior to his/her estimated release date.

Assessments will be completed no earlier than 16 weeks prior to estimated release date



Policy: Access to Opioid Treatment Services

Procedure:

New Induction – Newly committed offenders reporting opiate use and not currently on MAT

Any inmate who reports opiate use (past/present) during the nursing intake at commitment, is asked to provide a drug screen. They are advised that this is for treatment purposes only. This screen is secured and read by CODAC medical staff the following morning. Results are recorded in the RIDOC EMR.

RIDOC committing nurse sends a referral to the CODAC OTP through the RIDOC EMR.

CODAC OTP clinicians review daily and record all referrals onto a tracking sheet. These tracking lists provide name, date of referral, type of referral (e.g. medical, self, commitment) and any additional information (e.g. results of drug screens, previous patient, COWS, etc).

CODAC OTP clinicians complete all assessments in a timely manner, prioritizing referrals that are clinically and/or medically indicated.

| | | | | |
|--|-----------|----------|--------------------------------|----------------------|
| ██████████ ██████████ | ISC K 17B | 01/19/20 | On Site Referral - MAT Therapy | ██████████ Tainsh |
| Clinical Comments: Suboxone last filled 12/5 received 90 films. Im was taken 8-2 mg one three times daily. | | | | |

| | | | | |
|---|-------------|----------|--------------------------------|------------------------|
| ██████████ ██████████ | WF1 SEG 367 | 01/23/20 | On Site Referral - MAT Therapy | ██████████ Williams |
| Clinical Comments: using 1/2 strip daily street suboxone for approximately 1 year. Previous suboxone regimen ended d/t loss of insurance. Provider unknown at intake interview. | | | | |



Access to Opioid Treatment Services: Challenges & Lessons Learned

✧ Screening

- Computer based works – saves time
- Timing difficult (court, enemy issues, contract providers not a priority)
- Moving to night of admission
- TCU vs. Nursing Commitment Assessment
- Conclusion: Don't reinvent the wheel!

✧ Integrating two EMRs

- ✧ Consider implications if patient is transferred to another jurisdiction if started on MAT



Policy: Counseling

- ✧ OTPs are **required** to provide counseling
 - State & Federal Regulations
- ✧ Curriculum
 - Clinical
 - Orientation to treatment
 - Discharge Planning
 - Overdose prevention
- ✧ Acknowledge varying patient needs
 - Sentenced versus Awaiting Trial



Counseling: Challenges & Lessons Learned

- ✧ Establish clear expectations
 - Patients & Facilities

- ✧ Program may not fit into other correctional programming
 - E.g. Rules around discharge

- ✧ Space



Policy: Discharge Planning

Policy: Discharge planning for CODAC OTP patients begins at admission, and at a minimum includes arrangements for continuing opioid treatment in the community.

Procedure:

CODAC OTP employees at the RIDOC are responsible for discharge planning at it relates to medication assisted treatment in the community. CODAC OTP employees often assist in additional reentry needs beyond MAT continuation in the community, such as SNAP benefits, housing and transportation.

CODAC OTP staff begin the discharge planning process at admission to ensure that unplanned discharges are informed how to contact staff should he/she be released prior to admission, and of community resources necessary to continue treatment upon release.

For planned discharges to the community, CODAC OTP employees arrange for the patient to be enrolled in a community-based OTP of his/her preference so that he treatment started will continue, or so the patient can return to their previous OTP or community provider. If a patient's community appointment is not the immediate day after release, the patient can guest-dose at any CODAC site until he/she is able to successfully return/transfer to his/her preferred provider.

If a patient is released without active insurance, all CODAC sites will not interrupt treatment, and will continue to medicate the patient while as assisting them in obtaining/activating his/her insurance.

No patient is discharged from the RIDOC CODAC OTP with a supply of OTP medication.

All patients can receive medication at a CODC site upon release.



Discharge Planning: Challenges & Lessons Learned

- ✧ Understand current reentry services
 - Communicate
 - Do not duplicate
- ✧ Continuity of Care
 - Develop relationships with community providers
 - Identify point of contact
- ✧ Start slow
 - Secure seamless transition before awaiting trial inductions
- ✧ Transportation, Insurance



Medical Protocols: Induction & Dose Evaluations

| OVERVIEW: | Buprenorphine/Naloxone Film | Methadone | Naltrexone (Vivitrol) |
|-----------------------|---|---|--|
| Continuation Patient | <ul style="list-style-type: none"> Once daily 16mg film | <ul style="list-style-type: none"> Continue community dose | <ul style="list-style-type: none"> Start oral naltrexone 50 mg 28 days after last injection |
| New Induction Patient | <ul style="list-style-type: none"> Start dose: 2 – 4mg Day 2: 4 - 8mg Day 3: 8 – 12mg & hold Then reevaluate Max daily dose 16mg | <ul style="list-style-type: none"> Initial dose is 10-30mg Increase 3-5mg every day to 40-60mg and hold Wait 10-14 days and reevaluate, if indicated. If increase needed increase 3-5mg/day x 2days (3-10mg total) F/U 10-14 days | <ul style="list-style-type: none"> Challenge Give oral naltrexone 50mg daily |
| Pre-release Patient | <ul style="list-style-type: none"> 2 mg/ day week 1 4 mg/ day week 2 8 mg/ day week 3 & hold | <ul style="list-style-type: none"> Start 5-10mg Increase 5mg weekly to 40-60mg and hold for reevaluation | <ul style="list-style-type: none"> Oral naltrexone 50 mg daily 8 weeks prior to release Give injection close to the release date but at least 28 days after last injection |



Medical Protocols: Challenges & Lessons Learned

- ✧ Rate of taper
 - Follow up rates

- ✧ Dose evaluations after dosing



Toxicology

Required for Licensing & Accreditation

- ✧ Rhode Island 45.6.4
 - “Random drug testing shall be conducted as clinically indicated, but no less than eight (8) times/year while an individual remains in treatment”
- ✧ NCCHC Standard O-D-04 Diagnostic Services
 - “Facility wide random drug screening for inmates and routine, scheduled drug testing do not meet the intent of this standard.”

Random Drug Screening for MAT Patients:

- ✧ A randomized list of patients will be generated by the OTP for patients requiring random urine drug screening . The OTP enters orders. Assigned MAT Nurses will perform urines @ ISC, MED, WF & MAX
- ✧ (Phlebotomy nurse will perform random urine drug screening at HSC & MIN on the assigned phlebotomy days following the same procedure below). Run order manager for MAT Nursing Orders- Urine drug screen daily. Urine drug screenings will be completed daily
- ✧ If the patient is N/A or facility cannot accommodate the testing, the nurse may defer for a maximum of 2 days (if this needs to be deferred longer than 2 days, the nurse must note this in the EMR and notify the ordering provider)
 - ✧ Exception- @HSC & MIN the urine screenings will be completed on the regularly scheduled phlebotomy days only
- ✧ After the patient has been instructed to give the urine sample- the test may not be postponed and should be documented as a refusal and the ordering provider notified via an alert in the EMR.
- ✧ Results will be entered in the EMR by the MAT nurse under the designated form "point of care test" "urine drug screen." Refusals will also be documented on the point of care test form. Results & Refusals must be routed to the ordering provider for signature. Complete the order once the sample has been obtained and the results routed to the provider.



Toxicology: Challenges & Lessons Learned

- ✧ Identifying protocol
- ✧ Security vs. Confidentiality
- ✧ Educating non-medical staff on interpreting results:
 - Knowledge of physiological issues
 - Thorough understanding of the differences among laboratories
 - Factors that affect absorption, metabolism, and elimination of opioids

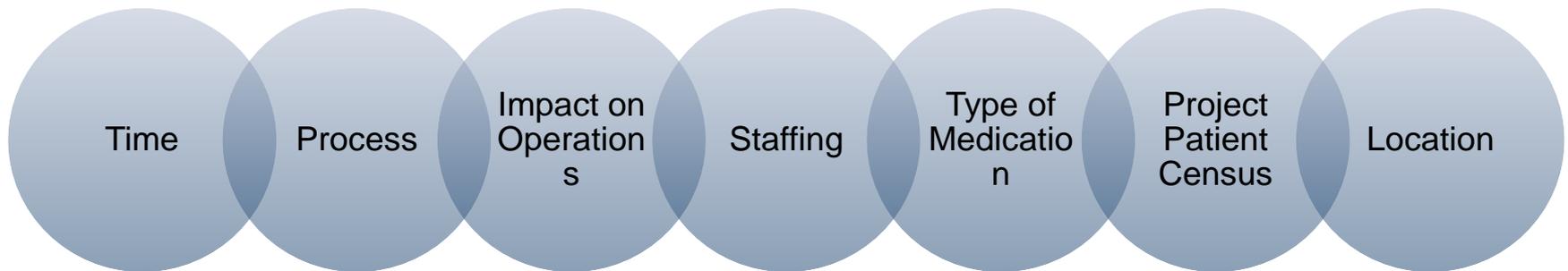


Medication Administration at RIDOC

- ✧ Men's Intake Service Center (7am, 12pm)
 - Buprenorphine: Administered in dining hall prior to court, breakfast
 - Methadone: Administered during med line prior to lunch
- ✧ Men's Minimum Security (7am)
 - Administered in medical area prior to work
- ✧ Men's Medium Security (12pm, 2pm)
 - Buprenorphine: Administered in dining hall
 - Methadone: Administered during med line prior to lunch
- ✧ Men's Maximum Security (10:30am)
 - Administered in medical area
- ✧ Men's High Security Center (8am)
 - Administered in medical area
- ✧ Women's Facility (9:30am)
 - Administered in visiting room



Medication Administration: Factors to Consider



Medication Administration Challenges & Lessons Learned

- ✧ Time Constraints
- ✧ Dosing
 - Morning med lines
 - Ideal: Prior to court
 - Tablet vs. Film vs. Crushed Tablet



Institutional Considerations

- ✧ Schedules
 - Staff Schedules
 - Provider Time
- ✧ Weather
- ✧ Medication Movement
- ✧ Space
 - Underestimated needs
- ✧ Diversion
- ✧ Restrictive Housing



Administrative Considerations

Financial

IT
(EHR, Record
Keeping)

Staffing

Relationships



Lessons Learned

- ✧ Policies should integrate both missions (security and treatment)
- ✧ Start slow!
- ✧ Develop specific SOPs
 - One size does not fit all
- ✧ Focus on sustainability of program



Additional Information

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