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| *Health Services* | **POLICY: Medication-Assisted Treatment Program**<br><br>**Table of Contents** | |
| | | **Date of Draft: 2.8.19, 2.10.19**<br>**Revised: 2.26.19, 3.8.19, 3.16.19, 3.18.19, 5.1.19** |

**Vermont Corrections Medication-Assisted Treatment (VCMAT)**
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## Policies



## Attachments

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| *Health Services* | **POLICY: Medication-Assisted Treatment Program**<br>**Background and Policy Statement** | |
| | **NO. A** | **Date of Draft: 2.2.19, 2.8.19, 2.10.19**<br>**Revised: 2.26.19, 3.8.19, 3.16.19, 3.18.19, 5.1.19** |

**REFERENCES:**
Vermont Legislative Act 176, *S.166* **(**Act 176)

Binswanger, Ingrid A Et al. Release from prison--a high risk of death for former inmates. New England journal of medicine vol. 356,2 (2007): 157-65.

National Sheriffs' Association (NSA) and the National Commission on Correctional Health Care (NCCHC). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field. Published October 2018.

Substance Abuse Center for Behavioral Health Statistics and Quality. Results from the 2016 National Survey on Drug Use and Health: Detailed Tables.

SAMHSA. https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm. Published September 7, 2017. Accessed March 7, 2018.

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018.

**ATTACHMENTS:**
Centurion Healthcare Information for Release

**A. BACKGROUND:**
The Surgeon General of the United States has stated that opioid use disorder is a treatable brain disease, not a moral failure or character flaw, and that a cultural shift is needed of how we think about and treat patients with substance use disorders.

*The National Commission on Correctional Health Care and the National Sheriffs' Association have stated their unequivocal support for use of evidence-based treatment for opioid use disorder within jails. A 2015 study from SAMHSA showed that about half of state and federal prisoners meet criteria for substance use disorder, and the Bureau of Justice Statistics estimates that two-thirds of people in jail meet criteria for drug dependence or abuse.*

Patients with opioid use disorder who have engaged in criminal activity and are placed in the correctional system have significant risk factors for morbidity and mortality, and have a high rate of recidivism. From a public health perspective and from the standpoint of costs to society, these high-risk patients are in immediate need of stabilization of their disease. Upon release from correctional custody, patient with opioid use disorder are 129 times more likely to die of an opioid related overdose as compared to the community. Based on the empirical evidence, the criminal justice system must adopt medication assisted treatment that includes the use of gold

standard medications such as buprenorphine, methadone, and naltrexone to successfully treat patients with opioid use disorder.

**B. STANDARD:**
The Vermont Corrections Medication-Assisted Treatment (VCMAT) Program mission is to provide high-quality Medication–Assisted Treatment (MAT) for all patients in Vermont correctional facilities who request treatment for opioid use disorder and meet the guidelines to receive treatment, for as long as medically necessary, in accordance with Vermont Act 176 and evidence-based best practices. All patients with a confirmed diagnosis of opioid use disorder will have access to treatment during their correctional confinement. Treatment will consist of one or more of the following modalities:

a. Buprenorphine
b. Methadone
c. Naltrexone.
d. Behavioral health services.

Upon release, all VCMAT patients will be provided with a reentry plan that includes coordination with a MAT community based provider for continuation of treatment services. Patients will be provided with a prescription of buprenorphine upon release, as needed, to allow time to register with the identified MAT community based provider.

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| *Health Services* | **POLICY: Medication-Assisted Treatment Program Admission Criteria** | |
| | **NO. B** | **Date of Draft: 2.2.19, 2.8.19, 2.10.19 Revised: 3.8.19, 3.16.19, 3.18.19, 5.1.19** |

**ATTACHMENTS:**
TCU Screen 5
TCU Opioid Supplement Screen
Clinical Opiate Withdrawal Scale (COWS) Assessment

**STANDARD:** The Vermont Corrections Medication-Assisted Treatment (VCMAT) Program is to provide high-quality Medication Assisted Treatment (MAT) for all patients who meet established treatment guidelines, for as long as medically necessary, in accordance with Vermont Act 176 and evidence-based best practices.

**ADHERENCE INDICATORS:** The following will be utilized to admit patients to VCMAT:

1. All individuals entering the correctional system or current inmates seeking medication assisted treatment will be assessed by a qualified healthcare professional for evidence of a substance use disorder using a validated screening tool for the diagnosis of substance use disorders based on DSM-5 criteria. Additionally, urine drug screening for evidence of substance use will be ordered. Requests for evaluations, by those already in custody, should be done through the established inmate healthcare request form process.

2. Patients that screen positive for the evidence of a substance use disorder will receive further comprehensive assessment by a qualified healthcare professional to determine history and severity of drug use through a standardized tool.

3. During the receiving screening process, patients will be asked to sign a release of information to verify all community based treatment of substance use disorders, including treatment for over-dose.

4. Patients requesting VCMAT services, who screen positive for an opioid use disorder during screening, will receive a clinical review by a Qualified Healthcare Provider. The following information may be reviewed in making the diagnosis of opioid use disorder:
   a. Patient meets criteria for the diagnosis of an opioid use disorder based on a validated assessment tool.
   b. Evidence of current or history of opioid use through urine drug screens (i.e., positive screen for opiates, oxycodone, fentanyl, buprenorphine, and/or methadone).
   c. Community health records verifying diagnosis and/or treatment of opioid use disorder, including emergency treatment for overdose.
   d. Vermont Prescription Monitoring System (VPMS) and other records convey history of opioid use disorder and/or treatment

e. Physical exam findings support diagnosis of opioid use disorder (Clinical Opiate Withdrawal Scale (COWS) assessment, pupil diameter, diaphoresis, tremor, track marks).

Based on the medical provider's assessment and clinical judgment, diagnosis of an opioid use disorder will be added to the individualized treatment plan, including Chronic Care and MAT treatment planning froms for admission to VCMAT services.

5. Based on the medical provider's assessment, patients who meet criteria for a substance use disorder, other than opioid use disorder, will be referred to the Behavioral Health department for assessment of services. Should the medical provider believe alternative medical treatment is clinically indicated, an order will be written and the patient scheduled for follow-up services.

6. When a patient has stopped taking the MAT prescription by request and later decides that s/he would like to be back on the prescription, the patient must be seen by a buprenorphine-waivered MAT Provider or a non-waivered provider who consults with the MAT On-call provider. The determination will be documented in the medical record.

7. When a patient is re-incarcerated:

   a. Verification of continued community MAT engagement will be made. Once verified MAT medications will be continued in compliance with medication continuation protocols.
   b. If a patient has not continued community MAT engagement, they will be reassessed for continuation of care through the established intake assessment protocols.

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| *Health Services* | **POLICY: Medication-Assisted Treatment Program**<br><br>**Program Treatment Requirements** | |
| | **NO. C** | **Date of Draft: 2.2.19, 2.8.19, 2.10.19**<br>**Revised: 2.26.19, 3.8.19, 3.16.19, 3.18.19, 5.1.19** |

**ATTACHMENTS:**
Treatment Adjustment form

**STANDARD:** All patients who will continue community based treatment or be initiated for treatment of opioid use disorder with methadone, buprenorphine, or naltrexone, including the support of behavioral health counseling, during the course of correctional confinement are to be admitted to the Vermont Corrections Medication-Assisted Treatment (VCMAT) Program.

Participation in the VCMAT requires adherence to the following requirements:

1. Patient signature of the VCMAT consent for treatment form.
2. Patient signature of a medication informed consent for the indicated medication modality, when a medication is part of the treatment plan.
3. Patients in federal custody, out of state compact agreements, ICE, or facing incarceration outside of the State of Vermont must sign an acknowledgement to accept the risk of being moved out of state while receiving MAT, which may result in treatment disruption or termination.
4. Participant in the VCMAT program, the patient has an Opioid Use Disorder (OUD), a chronic illness. Patients with an OUD chronic illness are to be seen by a provider for a chronic care visit every 90 days.
5. Adherence with the VCMAT individualized treatment plan, to include:
    A. Attendance at all scheduled appointments
    B. Engagement with all counseling and case management related services
    C. Submission of urine for a urine drug screen as ordered
    D. Medication adherence as prescribed
6. Engage respectfully with Health Services staff, ensuring a safe treatment environment.
7. Adhere to DOC medication administration protocol.
8. Treatment non-adherence is addressed in policy NO. H VCMAT Treatment Non-Adherence.

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| *Health Services* | **POLICY: Medication-Assisted Treatment Policy**<br><br>**Impairment Policy** | |
| | **NO. D** | **Date of Draft: 2.3.19, 2.10.19**<br>**Revised: 2.26.19, 3.8.19, 3.16.19, 3.18.19, 5.1.19** |

**ATTACHMENTS:**
Impairment Assessment Tool

**STANDARD:**
If there is concern about the impairment of a VCMAT patient, a referral for assessment is to be made to the Health Services department. An impairment assessment may be requested by all facility staff with the opportunity to observe the patient, or by self-request of the patient.

1. Referrals for assessment of impairment will be considered urgent and the assessment completed as soon as possible.

2. Security staff will escort the patient to the Health Services department to be screened for objective signs of impairment using the impairment assessment tool. This assessment will be documented in the medical record.

3. The impairment assessment will be performed by a nursing staff member and if positive, referred to the facility medical provider for review of the treatment plan and follow up orders as clinically indicated. This review will be documented in the medical record.

4. When assessment results are positive for impairment, the dose of buprenorphine or methadone will be held and the VCMAT on-call provider will be immediately contacted for follow-up orders.

**ATTACHMENTS:**
VCMAT Patient Agreement form

**STANDARD:**
Adherence to policy No. C VCMAT Treatment Requirements, supports the effectiveness of treatment for an opioid use disorder. When barriers to effective treatment exists, based on non-adherence with program requirements, modification of the patient's individualized treatment plan, to include discontinuation from MAT medications, will be considered.

The following are considered behaviors of non-adherence and are barriers to effective treatment:

1. **Creating an unsafe treatment environment:**
   a. Patients who exhibit threatening or aggressive behaviors contributing to an unsafe treatment environment will be referred to behavioral health for an immediate risk assessment. Prior to continuation of VCMAT related services, the patient must be stabilized and the behavioral episode resolved.
   b. In the event that participation in VCMAT is halted based on unsafe behaviors by the patient, VCMAT will provide the patient with a humane and medically appropriate taper with buprenorphine and adjunctive non-opioid medications, when safely able to do so.
   c. Patients who are identified as diverting MAT medications, and upon review are discontinued from prescribed MAT medications, will be placed on an alternative treatment plan for opioid use disorder treatment. This plan will be documented in the medical record.
   d. VCMAT patients discharged based on safety concerns, who stabilize at a later period during their correctional confinement, may be referred back by a behavioral health professional or medical provider, who has assessed the clinical appropriateness for treatment re-engagement.
   e. In the event that participation in MAT is discontinued for unsafe behaviors that do not stabilize, VCMAT will attempt to re-induct the patient on buprenorphine seven-days prior to release.
   f. All VCMAT patients with behavioral concerns, whether on a MAT medication at release or not, will be assisted in connecting with a community HUB to continue treatment, if desired by the patient.

2. **Non-adherence with scheduled appointments**
   a. Missed appointments will result in the patient meeting with a VCMAT treatment team member to determine a reason for the absence and identifying a solution to avoid future occurrences. This will be documented in the patient's medical record. Consideration of modification to the individualized treatment plan, up to and including discontinuation from MAT medications for a documented pattern of non-adherence with scheduled appointments, may be considered.

3. **Non-adherence with ordered drug screens.**
   a. A positive drug screen for substances other than prescribed medications will be evaluated by the VCMAT treatment team and result in the following:

- Consideration of adjustment to the individualized treatment plan.
- A member of the VCMAT treatment team will meet with the patient to discuss the positive drug screen and potential changes in treatment.
- A positive drug screen will not automatically result in dismissal from VCMAT.
- A positive drug screen for benzodiazepines or other sedating substances may result in MAT medication adjustments, for the safety of the patient.

b. A drug screen that is refused or tampered with by the patient will be presumed positive for benzodiazepines or other sedating substance.
c. Refusal or tampering with ordered drug screens by a patient may lead to the development of an alternative treatment plan.
d. A drug screen that is negative for the patient's MAT medication will lead to modification of the patient's individualized treatment plan, up to and including an alternate treatment plan that includes discontinuation from MAT medications.

5. **Non-adherence with DOC medication administration protocols**
   a. Patients attempting to divert MAT medications, during direct observation medication administration will result in the following:
      - The patient will meet with a VCMAT team member to determine the reason for diversion
      - The VCMAT Medical Director will be notified.
      - Evaluation and adjustment of the individualized treatment plan will be considered, up to and including an alternate treatment plan that includes discontinuation from MAT medications.
      - Patients who have their MAT medication discontinued due to diversion will be treated compassionately with non-opioid medications.
      - Patients on an alternate treatment plan may reapply for MAT treatment after ninety-days of adherence to the alternate treatment plan. Patients may request reconsideration through a healthcare request form or be referred by their VCMAT case manager.
      - The VCMAT Medical Director will determine whether the patient may be re-inducted during the present incarceration, be offered induction 7 days prior to release, or remain in the alternative treatment program. The determination will be documented in the medical record.

| Health Services | POLICY: Medication-Assisted Treatment Policy<br><br>Care Coordination | |
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| | NO. F | Date of Draft: 2.3.19, 2.8.19, 2.10.19<br>Revised: 2.26.19, 3.8.19, 3.16.19, 3.18.19, 5.1.19 |

**ATTACHMENTS**:
HUB Transfer of Care
Centurion Healthcare release form

**STANDARD:**
Follow-up care planning begins at admission into VCMAT. All VCMAT patients will be offered community based MAT follow-up services that are accessible and available upon release.

1. Collecting documentation for Care Coordination begins when the patient is inducted onto a MAT medication. The following documents are completed for each medical record labeled MAT initiation.
    a. Release of Information
    b. Patient's requested HUB upon release
    c. Patient consent for treatment
    d. The MAT Medical Determination form, including all completed assessments and the final MAT determination
    e. Anticipated release date

2. When Health Services is informed of a patients release date, communication from the VCMAT care coordinator to the identified HUB begins.

3. Patients will be given a re-entry information packet with community follow-up contact information upon admission. This will include what the patient is to do if released without receiving their reentry plan documentation.

4. The Care Coordinator or designee will enter all the care coordination release information in the patient's discharge summary found in the medical record.

5. When a patient is released from incarceration, there will be a standardized referral packet that will be sent to the community HUB or provider for the transfer of care:
    a. When the Health Services department is notified by DOC of a patient's anticipated release date the coordination to transfer care to the community begins.
    b. VCMAT care coordination staff will complete the referral process by submitting the HUB transfer of care request and required documentation for a patient being released to the community. When necessary the Care Coordinator will complete additional HUB referral information, as requested. Information provided to the HUB and/or community provider will include:
        - The most recent urine drug screen and lab results
        - Patient's medical and mental health history, medications, and treatment plans
        - The last physical assessment completed
        - Recent COWS scores
        - MAT medical determination
        - Notice of the most recent MAT prescription and dose

- VCMAT discharge identifying the selected community HUB and scheduled appointment date/time

c. The community HUB accepting the transfer of care will confirm the request by returning the transfer of care form, with the HUB medical director signature, indicating acceptance of the patient upon release. Confirmation will be faxed to the Health Services department.

d. If the HUB appointment or community provider appointment cannot be scheduled on the day of release, the patient will be provided a prescription for buprenorphine, sufficient to continue MAT until the scheduled HUB appointment; typically, this will not exceed a four-day order.

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| Health Services | **POLICY: Medication-Assisted Treatment Policy**<br><br>**Urine Drug Screening** | |
| | **NO. G** | **Date of Draft: 2.3.19, 2.8.19, 2/10/19**<br>**Revised: 2.26.19, 3.16.19, 3.18.19, 5.1.19** |

**ATTACHMENTS:**
None

**STANDARD:**
Completeing Urine Drug Screens is a required component of the VCMAT program.

1. Nursing staff will perform monthly Urine Drug Screenings (UDS) of at least twenty percent (20%) of the inmate population receiving MAT Medications.

2. Nursing staff will randomly select the required number of inmates (divided between different units),

    a. Identified patients will be escorted to a dry cell in or near the health services unit, or a location identified by DOC and agreed upon by medical, to await a witnessed specimen collection. Patients will not be allowed to return to the housing unit until a specimen has been collected to check for compliance. Patients will be provided with water as needed to facilitate a specimen collection.

3. A UDS report will be completed by nursing to include:
    a. Name of nurse completing compliance check
    b. Name of observing security staff
    c. Name of inmate and patient ID or DOB, verified by nursing staff
    d. Designation of “Compliant” or “Non-compliant” for each patient named
    e. Date and time of compliance check
    f. Action taken for non-compliance, if applicable

4. Patients who test positive will be scheduled for UDS screens 1x per 30 days, for 90 days. Refusal of a UDS will be considered a positive screen.

5. The report will be forwarded to the Health Service Administrator with a copy sent to the VCMAT Medical Director or designee.

6. Patients who are found to be non-adherent with the VCMAT program, by evidence of a positive UDS screen, shall receive immediate education and counseling by nursing staff, followed by scheduled case management assessment with a VCMAT provider. Two positive UDS screens will result in provider education and counseling, and review of the patient VCMAT individualized plan for consideration of modification.

7. Patients with evidence of repeat or multiple positive UDS screens may be placed on an alternative treatment program. Patients may be re-referred for MAT consideration after ninety-days of compliance with the alternate treatment plan, by self-request or by referral of the VCMAT case manager.

8. To protect patient confidentiality, the results of urine drug screens along with patient-identifying information will not be shared with DOC. The VCMAT Medical Director, or designee, may share evidence of general substance use data with DOC, excluding patient-identifying information, to help monitor facility substance use patterns and help ensure a safe environment.

9. Upon release patients who are on MAT will need to have UDS completed within the last thirty-days to comply with HUB requirements.

10. Patients with a scheduled CIC, who have not had a UDS completed over the last thirty-days, either random or scheduled, will have a UDS completed as part of the CIC visit.