



**CORRECTIONS MEDICINE**  
**Medication-Assisted Treatment Program**  
**ACA Standard: 4 ALDF – 4C – 38**

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CM – 69

- I. **PURPOSE:** To provide patients in the Buzz Westfall Justice Center with evidence-based treatment for opioid use disorder.
  
- II. **POLICY:** It is the policy of the Corrections Medicine practice to provide medication-assisted treatment (MAT) for opioid use disorder (OUD) for clinically appropriate patients contingent upon the resources and capacity of the Corrections Medicine program. Therapeutic options include buprenorphine, methadone and naltrexone.
  
- III. **RESPONSIBILITY:** All staff members working in the Corrections Medicine program are responsible for the content of and adherence to this policy.
  
- IV. **PROCEDURE:**
  - 1. Program Expectations
    - a. Patients with confirmed prescribed buprenorphine or naltrexone products will be assessed, and if the patient meets program criteria, therapy will be continued. Patients with confirmed prescribed methadone will be assessed, and if the patient meets program criteria, shall be referred to an outpatient treatment program (OTP) for therapy. Patients who do not have an active prescription for MAT medications shall be assessed for an OUD diagnosis. If program criteria is met and the patient desires therapy, the patient shall be offered buprenorphine and naltrexone, contingent upon the resources and capacity of the Corrections Medicine program.
  
    - b. All patients enrolled in the program must sign the *Consent to Participate in Medication-Assisted Treatment for Opioid Use Disorder* to engage in care. Expectations of program engagement include, but are not limited to, complying with procedural expectations of medication dosing, engaging in recommended care, producing urine specimens for urine drug screening regularly, and committing to using medications only as prescribed.
  
    - c. Patients who do not comply with program requirements, refuse care, miss 3 or more doses of medication in a 1-month period, or for whom there is suspected diversion of medications shall meet with a provider immediately to discuss medical needs and their engagement in the program. After 3 such infractions, patients may continue to participate in the program but will not be able to use opioid agonist therapy as part of their treatment plan.
  
    - d. Patients who divert medications will immediately be scheduled for a MAT visit with the provider, MAT RN, and/or Discharge Planner. The MAT team and Department of Justice Services (DJS) staff shall identify the diversion cause and that information will be used to determine next steps for treatment of their opioid use disorder.

- e. Patients who elect to continue in the program after losing the ability to use opioid agonists may be re-considered for opioid agonist therapy after six (6) months of active program engagement.

2. Medication-Specific Care

a. *Buprenorphine*

- i. Buprenorphine shall be dosed daily in a separate medication pass.
- ii. After the initial visit, patients shall be seen in follow up at two (2) weeks, then monthly while incarcerated. Visits may be scheduled more frequently as requested by the patient or if clinically indicated.
- iii. Upon release, patient shall be released with a prescription for buprenorphine for up to seven (7) days at the dose they were given during incarceration in order to bridge until their follow up visit with their previous provider or other community resource.

b. *Naltrexone*

- i. Patients who have been maintained on naltrexone injections will be referred to a medical provider at the Buzz Westfall Justice Center to discuss the option of taking oral naltrexone daily while incarcerated. Prior to release, long-acting naltrexone injection will be administered.
- ii. After the initial visit with a Corrections Medicine provider, patients shall be seen for a follow up visit in one (1) month, then every two (2) months while incarcerated. A provider visit may be scheduled more frequently as needed or if clinically indicated.

c. *Long-acting naltrexone visit (MAT RN)*

- i. Long-acting naltrexone (injection) shall be given 1-7 days prior to release if it has not been received in the last 28 days.

d. *Methadone*

- i. Patients who have an existing prescription for Methadone may be continued on Methadone therapy. Methadone shall be prescribed by a community OTP. An initial visit will be scheduled and follow up visits for dispensing of pre-packaged daily doses of methadone for a specified period of time. Follow up visits will be scheduled to ensure continuity of therapy.
- ii. Patients on methadone shall maintain a regular follow up schedule with the Corrections Medicine provider. After the initial visit, patients shall be seen for a follow up in two (2) weeks, then monthly while incarcerated. Visits may be scheduled more frequently as needed or if clinically indicated.