
# Medication Assisted Treatment for Substance Use Disorders
# 1st Report to the Legislature

March 2017

California Department of Corrections and Rehabilitation

Statewide Mental Health Program

## Introduction

On June 27, 2016, Governor Brown approved Senate Bill 843, which requires that the Department of Corrections and Rehabilitation (CDCR), under the direction of the Undersecretary of Health Care Services, create a three-year pilot program at one or more institutions to develop and then implement a medically-assisted substance use disorder treatment model for treatment of patients with a history of substance use problems. Medication-assisted treatment (MAT) "is the use of medication in combination with counseling and behavioral therapies for the treatment of substance use disorders" (SAMSA-HRSA, 2017). MAT programs have been used across the country, in both community and prison, to help patients because of the burgeoning national problem of substance abuse (NIDA, 2015).

## Development and Implementation

In response to the new California Penal Code Section 2694.5, CDCR worked with its partners at the California Correctional Health Care Services (CCHCS) to develop a MAT pilot program in CDCR. The goal of this program is to create a model that addresses the issues of patient drug and alcohol use in prison and a method to reduce risks when patients are released from prison. Risks upon release include overdosing on narcotics, relapsing into substance abuse, and engaging in drug-related recidivistic criminal activities. Treatment before release is essential. MAT requires close integration with the complete care model in CDCR facilities, in which all medical needs of the patients are integrated, including the patients' need for substance abuse treatment.

The development of the program required coordination and communication between the Division of Adult Institutions, the Division of Rehabilitative Programs, the Division of Adult Parole Operations at CDCR as well as Nursing, Pharmacy, and Medical at CCHCS. A MAT leadership team that included stakeholders from the divisions mentioned above was assembled to design the CDCR MAT pilot program for patients. The program required the establishment of criteria for participation, the coordinating of locations including identifying appropriate office and treatment space, the drafting of policies and forms, and the recruitment of staff and participants. The MAT program takes advantage of the existence of the psychosocial substance abuse network of programs already a part of the Division of Rehabilitative Programs (DRP), because substance abuse treatment programs using pharmacological interventions work best in conjunction with these. The MAT program uses evidence-corroborated models of treatment for substance abuse disorders, including providing comprehensive psychiatric and physical screening for patients with substance abuse disorders, ongoing evaluation of patients at least every 30 days, and the use of psychotherapeutic and medication interventions designed to decrease cravings and prevent relapse into opiate and alcohol abuse. The use of extended-release naltrexone in MAT programs has been shown to be particularly effective for those who abuse opiates and alcohol. Many medications can be part of MAT substance abuse programs, but naltrexone (oral and extended-release injectable suspension) and acamprosate (oral) were chosen because multiple studies corroborate the efficacy and safety of these medications in the treatment of opiate and alcohol abuse disorders, and because there is little or no risk of diversion (patients illegally giving or selling their medication to a third party), addiction, or abuse. These medications also allow for the greatest flexibility with respect to housing patients upon release from CDCR. With patients on extended-release naltrexone, the median number of weeks of confirmed abstinence from narcotics increases from 35% to 90% (Krupitsky, 2011).

Patients in the MAT program will receive comprehensive post-treatment assessments. We are also developing extensive networking with the community to facilitate seamless transfer when patients leave prison.

California Institution for Men (CIM) was identified as the pilot site due to its longstanding large Substance Use Disorders (SUD) program, the immediate availability of space, and the enthusiasm of its leadership. Psychiatric evaluations will be provided through telepsychiatry in order to enable easier expansion of potential psychiatric services for this program statewide. Office space was provided for MAT psychiatric providers and support staff at the telepsychiatry offices in Rancho Cucamonga, while CIM provided office space to accommodate two hired licensed clinical social workers and two licensed psychiatric technicians. Policies and Local Operating Procedures were prepared (Attachment B & C). Posters advertising the MAT program were created and hung at CIM (Attachment C). A database has been created to track patient progress through the program.

In late 2016, CDCR completed the foundational work and then began operating the program at CIM in early January 2017. Twenty-two referrals occurred over the first two months of the program. Thus far, nine patients have proceeded with treatment and two are still involved in the evaluation process. The program is currently serving seven patients but has the capacity, at current funding levels, to grow to 40. If additional patients are interested, currently enrolled in DRP SUD, and meet medical criteria, CDCR will endeavor to provide the care to these patients as well. As of the date of this report, seven patients are actively receiving treatment through the MAT program. Two patients have stopped treatment because of side effects. Given that the program is in the early stages of implementation, CDCR does not have information regarding the percentage of participants with negative urine toxicology screens for illicit substances during treatment and post treatment while incarcerated. For the same reason, CDCR does not have information on linkages to post-release treatment.

However, given the importance of links with the community, the MAT program leadership continues to tailor the type of medication offered to the ability of communities to provide follow-up services. Certain counties, for example, have identified themselves as having a MAT program, so patients going to one of those counties can immediately access providers who can deliver extended-release injectable naltrexone, while other patients will benefit more from orally-delivered medications.

## Next Steps

Over the next two years, CDCR intends to continue to refine and improve the MAT program. CDCR is preparing continuing medical education activities for physicians and those involved with substance abuse treatment throughout the CDCR and CCHCS systems as well as creating program guides for providers to understand MAT principles. CDCR is currently building the necessary infrastructure for implementation of this program within the new Electronic Health Records System.

Also, CDCR is examining the potential of expansion of the MAT pilot program to encompass more patients in need, including patients at the California Institute for Women and those patients who may not be leaving the prisons.

Additionally, CDCR will be expanding our links with the community. For example, CDCR will continue its outreach to the community including with California Chiefs of Probation. In addition, a delegation from CDCR will attend a National Institute of Correction sponsored technical training from the Kentucky Department of Corrections on March 27, 2017 and March 28, 2017. It will be helpful to understand the organization of a longstanding and successful MAT program in Kentucky.

Ultimately, CDCR is hopeful that its MAT program will facilitate smoother transition from prison to the community by allowing patients to have access to continued substance abuse treatment in the community. Through this program, CDCR will decrease the likelihood of recidivism for its participants.

## Bibliography

Krupitsky, e. a. (2011). Krupitsky, et al. (2011) Injectable extended-release naltrexone for opioid dependence: a double blind, placebo controlled multicenter randomized trial. *Lancet* , 1506-13.

NIDA. (2015). *Trends and Statistics.* https://www.drugabuse.gov/related-topics/trends-statistics.

SAMHSA-HRSA. (2017). *Medication Assisted Treatment (MAT).* http://www.integration.samhsa.gov/clinical-practice/mat-overview.

## Attachments

Attachment A: MAT for SUD Project Program at CIM Memo

Attachment B: MAT for SUD Project Program at CIM Policy

Attachment C: MAT for SUD Project Program at CIM Procedure

Attachment D: MAT Poster

## Questions about this report or to request a copy please contact:

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Attachment A

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

# MEMORANDUM

**Date:** 1/4/2017

**To:** Louie Escobell, Chief Executive Officer, California Institution for Men
Muhammad Farooq, Chief Medical Executive, California Institution for Men
Alex Serrano, Chief Nurse Executive, California Institution for Men
Victor Jordan, Chief of Mental Health, California Institution for Men

**From:**

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**Subject:** **MEDICATION ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS PROJECT PROGRAM AT CALIFORNIA INSTITUTION FOR MEN**

This memorandum announces the release of the new Medication Assisted Treatment (MAT) for the Substance Use Disorders (SUD) Project Program at the California Institution for Men (CIM). The policy and procedure (attached) are being disseminated in tandem with the CDCR MH-7710 MAT for SUD forms set that includes nine total forms (attached).

Effective immediately, patients at CIM scheduled for release in 2017 or 2018, shall be screened and evaluated for SUD that could be amenable to MAT using the CDCR MH-7710 forms set. Health care staff shall provide patient education regarding MAT, offer MAT to eligible patients, and ensure patients who consent to this project are given MAT.

Patients who are not eligible for MAT or decline to participate in the MAT project shall continue to receive substance use treatment currently available within California Department of Corrections and Rehabilitation (CDCR).

If you have any questions or require additional information regarding the MAT for SUD project program please contact the Mental Health Policy Unit via email: CDCR MHPolicyUnit@CDCR.

Attachments

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# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

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|---|---|
| **MEDICATION ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS PROJECT PROGRAM** | Effective Date: 1/4/2017 |
| **INTERIM POLICY APPLIES TO CALIFORNIA INSTITUTION FOR MEN ONLY** | Attachments: Yes ☐ No ☒ |

## I. POLICY

California Correctional Health Care Services shall ensure health care staff implement a project to screen, evaluate and treat substance use disorders (SUD) that could be amenable to medication assisted treatment (MAT).

Health care staff shall provide patient education to patients regarding MAT, offer MAT to patients who are eligible, and ensure patients who consent to this project are given MAT.

Patients who are not eligible for MAT shall continue to receive substance use treatment as is currently available within CDCR. Patients who decline the MAT project after education and evaluation shall continue to receive substance use treatment as is currently available within CDCR.

## II. PURPOSE

To offer MAT to patients with substance use disorders amenable to such treatment.

## III. DEFINITIONS

**MAT:** Medication assisted treatment to facilitate maintaining sobriety.

**SUD:** Substance Use Disorders, as defined by Diagnostic and Statistical Manual Fifth Edition (DSM-5), "a problematic pattern of substance use leading to clinically significant impairment, as manifested by at least two of the following, occurring within a 12 month period…"

## IV. RESPONSIBILITIES

**A.** The Statewide Chief Psychiatrist, or designee, shall ensure the designated responsibilities are carried out at each institution where MAT is offered.

**B.** The Chief Executive Officer (CEO), or designee, of each institution is responsible for the implementation, monitoring, and evaluation of this policy. The CEO or designee shall ensure a Local Operating Procedure is established to implement this policy and its corresponding procedures.

## V. REFERENCES


- California Senate Bill 843 2016 Public Safety
- Diagnostic and Statistical Manual Fifth Edition
- The American Society of Addiction Medicine (ASAM) National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use
- Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide by Substance Abuse and Mental Health Service Administration
- Knowledge Application Program Keys For Clinicians, Based on Treatment Improvement Protocol 49, Incorporating Alcohol Pharmacotherapies Into Medical Practice by Substance Abuse and Mental Health Service Administration

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

| MEDICATION ASSISTED TREATMENT FOR SUBSTANCE USE DISORDERS PROJECT PROGRAM | Effective Date: 1/4/2017 |
|---|---|
| INTERIM PROCEDURE APPLIES TO CALIFORNIA INSTITUTION FOR MEN ONLY | Attachments: Yes ☐ No ☒ |

## I. PROCEDURE OVERVIEW

This procedure provides processes for screening, evaluation, and medication assisted treatment (MAT) for patients with substance use disorders (SUD) within the California Department of Corrections and Rehabilitation (CDCR).

## II. DEFINITIONS

**Acamprosate:** (Trade name: Campral®; only formulation available is oral). A gamma aminobutyric acid and glutamate activity modulator approved for alcohol dependence.

**MAT:** Medication assisted treatment to facilitate maintaining sobriety.

**Naltrexone:** (Trade name for injectable long acting formulation: Vivitrol®; Trade name for oral formulation: Revia). An opioid antagonist approved for alcohol dependence and for opioid dependence.

**PHQ 9:** Patient Health Questionnaire is a self-report validated depression severity measure.

**SBQ-R:** Suicide Behavior Questionnaire is a self-report of prior suicidal thoughts and behaviors and likelihood of future suicide.

**SUD:** Substance Use Disorders, as defined by Diagnostic and Statistical Manual Fifth Edition (DSM-5), "a problematic pattern of substance use leading to clinically significant impairment, as manifested by at least two of the following, occurring within a 12 month period…"

## III. RESPONSIBILITIES

**A.** The Statewide Chief Psychiatrist, or designee, shall ensure the designated responsibilities are carried out at each institution where MAT is offered.

**B.** The Chief Executive Officer (CEO), or designee, of each institution is responsible for the implementation, monitoring, and evaluation of this procedure.

## IV. MINIMUM ELIGIBILITY CRITERIA

**A.** Alcohol and/ or opioid use disorder

**B.** Willing to participate in MAT program

**C.** Willing to participate in psychiatric and medical clearance

**D.** At least 30-days prior to parole

## V. PROCEDURE

### A. Referrals

The Division of Rehabilitative Programs (DRP) shall refer any patient interested in medication assisted treatment for substance use disorders to the MAT for SUD program via a Mental Health Referral Chrono (128-MH5).

### B. Screening within MAT program

1. If the patient is paroling in the next year, the MAT clinician (social worker or psychologist) shall check to see if the patient is paroling to a county where MAT providers can administer injectable medications.
   a. If injectable medication providers are available, then injectable medications shall be considered if indicated.
   b. If injectable medication providers are not available, then only oral medications shall be considered.
2. The MAT clinician shall complete a substance use assessment, mental health screening, Suicide Risk Assessment (SRE), Application to Participate in MAT for SUD Program and Consent to Disclosure of Drug and Alcohol Treatment Information.
3. The patient shall complete a PHQ-9, SBQ-R and Urge to Use Scale, which shall be reviewed by the MAT clinician during a face-to-face appointment.
4. If the patient has severe acute risk for suicide, the patient shall be monitored for safety and an emergent referral to Mental Health Services Delivery System (MHSDS) via a 128-MH5 completed by the clinician (per MHSDS Program Guide) and the clinician shall place a phone call to the Mental Health (MH) department per Local Operating Procedure (LOP). If the patient has any indication or need for mental health treatment, then a routine or urgent referral shall be made on a 128-MH5.
5. If the patient does not have a moderate or severe acute risk of suicide and is still in agreement with MAT medications, then labs shall be ordered to determine appropriateness of MAT medications by the psychiatric provider and the patient shall be scheduled to see the psychiatric provider when the labs return.
6. If the patient is willing to proceed with further evaluation for MAT, they shall be given a MAT for SUD Program Consent Packet Section II: Medication Guide: Medication Assisted Treatment for Substance Use Disorders by the MAT clinician.

### C. Psychiatric Appointment

1. The psychiatric evaluation (by a psychiatrist or a psychiatric nurse practitioner) shall include review of the substance use assessment, mental health screen, SRE, a psychiatric and substance history, which includes review of any recent suicidality, when last substances were used, and any evidence of alcohol or opioid withdrawal. Documentation of this appointment shall reference the Evaluation Guide for MAT: Psychiatry Form CDCR MH-7710-2 (12/16).
2. Lab tests shall be reviewed at this appointment by the psychiatric provider.
3. If the patient has an alcohol or opioid use disorder, absence of suicidality, no opioid withdrawal, labs and psychiatric disorders do not indicate a contraindication to a medication treatment option, then the psychiatric provider completes a preliminary review of medical issues and if no clear contraindication exists, a recommendation for the use of naltrexone or acamprosate shall be made and the patient shall be referred to the assigned primary care provider by the psychiatric provider for a more thorough medical evaluation.

**D. Primary Care Medical Evaluation**

The primary care provider performs an evaluation that includes the assessment of any contraindications to MAT such as opioid withdrawal, pregnancy, breast feeding, thrombocytopenia, coagulopathy, severe liver dysfunction, severe renal insufficiency and co-morbid illnesses that would interfere with treatment and indicates the medical acceptability for the use of naltrexone and/or acamprosate. Documentation of this appointment shall reference the Evaluation Guide for MAT: Medical Form CDCR MH-7710-1 (12/16).

**E. Oral Medication Trial**

If the psychiatric and primary care providers have determined the patient is appropriate for oral medication:

1. The psychiatric provider shall have the patient sign sections II and IV of the Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD) Program Consent Packet CDCR MH-7710-6 (12/16) and request a medical hold be placed.
2. The psychiatric provider shall order the oral medications to be nurse administered for the first week and subsequently to be administered based on the providers discretion.
3. The psychiatric provider shall refer the patient to the assigned Primary Care Registered Nurse (PCRN) for follow-up evaluation for medication side effects.
4. The patient shall receive medications at the designated medication administration area in accordance with Inmate Medical Services Policies and Procedures (IMSP&P), Volume 4, Chapter 11.4.
5. The psychiatric provider shall order a follow-up appointment to personally evaluate the patient no later than 30 days after oral medication is first administered.

**F. Evaluation of Oral Medication Trial**

1. After the first dose of medication, the PCRN shall schedule the patient to be seen within 24-96 hours to assess for side effects to medication.
2. The PCRN shall assess the patient within 24-96 hours after oral medication initiated for side effects. If the patient is having side effects, the PCRN shall contact and generate a referral to the MAT psychiatric provider.
3. The MAT psychiatric provider shall see the patient within 30 calendar days after oral medication is started. At this appointment the following shall occur:
    a. If the patient is having side effects, the provider may decrease the dose of medication, instruct the patient in other interventions to decrease side effects (such as taking medication with food or changing the time of day medication is administered) or switch medications as clinically indicated.
    b. If the patient is not having side effects, but is still having cravings, the medication may be adjusted as clinically indicated.
    c. If the patient is not having side effects or cravings, the provider shall consider changing from oral medication to injectable medication for naltrexone, as clinically indicated.
    d. A toxicology screen shall be ordered.
    e. If no change in medications is made, then further medications may be ordered for use within CDCR as well as for parole medications and a wallet card and/or medic alert bracelet or necklace shall be ordered with parole medications.
    f. If medications are changed, then another follow up appointment with the psychiatric provider shall be scheduled within 30 calendar days to reassess side effects and effectiveness of medication and parole medication would be written at that time and a

wallet card and/\or medic alert bracelet or necklace shall be ordered with parole medications.

4. If injections are ordered, the patient shall receive their injections, in accordance with LOP.
   a. The staff administering the injections shall ensure proper hand hygiene is performed prior to and after preparing and administering the injection and ensure the injection site is clean.
   b. The staff administering the injections shall prepare and administer the injection in accordance with the package insert.
   c. The staff administering the injections shall avoid placing the injection where there are visible veins, sores, or rash.
   d. The staff administering the injections shall document the date and time of administration, and site of injection on the MAT Nursing Assessment Flowsheet CDCR-MH-7710-4 (12/16).
   e. If the patient experiences an immediate adverse reaction upon administration of the injection, staff administering the injections shall take appropriate care of the patient, and the following shall be documented in the health record:
      i. The patient's reaction.
      ii. Whether a health care provider was notified.
      iii. Whether an emergency protocol was initiated.
   f. The PCRN shall assess the patient for side effects within 24-96 hours after each injection and document the assessment in the patient's health record on (nursing assessment flow sheet).
   g. If the patient is transferred to a facility without a dedicated MAT program, then MAT can be provided by primary care providers or psychiatric providers with consultation from a MAT provider.
5. Before a patient in the MAT SUD program is released from CDCR, the MAT clinician shall provide the patient with a follow-up appointment at a location where the patient can be evaluated for MAT after release from CDCR and shall notify the outpatient provider or county, state or federal agency coordinating or administering this follow-up.
6. When a patient on naltrexone leaves the facility to go to any outside appointment and upon completion of incarceration, the patient shall be given a wallet-card, bracelet, and/or necklace identifying him/herself as a patient taking an opioid antagonist.

**G. Documentation**

1. In order to conform to Federal Regulations, all substance abuse charting shall be completed in real time in a separate chart from the patient's health record. A brief rationale for medication, lab orders, and medication orders shall be documented in the patient's health record.
2. If accommodations are required to ensure effective communication, both the accommodation(s) and the need for ensuring effective communication shall be documented.
3. A prominent warning that the patient is taking an opioid antagonist shall be added to the patient's health record on the problem list, if the patient is prescribed oral naltrexone or naltrexone for extended release injectable suspension.
4. When the patient leaves the facility to go to an outside medical appointment, and he or she is on oral naltrexone or naltrexone for extended release injectable suspension, a notification shall be made to the outside medical provider as part of the consultation that the patient is

on an opiate antagonist.

5. If the patient is leaving CDCR custody temporarily to go to a non-medical location (such as out to court), while taking oral or naltrexone for extended release injectable suspension, a warning shall be prominently displayed on accompanying medical records stating that the patient is on an opioid antagonist.
6. Outcomes of MAT interventions shall be measured by the MAT Program. These outcomes include: number of people referred, number of people who agreed to treatment, number of people given oral or injectable medications, reasons why people were not started on treatment, number of months on treatment before leaving CDCR, type of treatment at time of release from CDCR (naltrexone for extended release injectable suspension, oral naltrexone, acamprosate), number of positive toxicology screens prior to leaving CDCR for patients on MAT compared to those not on MAT, % of patients who have Rule Violation Reports (RVR) while on MAT compared to those who are not on MAT.

**H. Patient Education**

1. Written materials shall be provided by the DRP program regarding MAT.
2. Reinforcement of written materials shall occur during clinician appointments.
3. The risks and benefits of MAT shall be discussed at psychiatry appointments before prescribing medication and reviewed at subsequent visits.
4. The licensed nurse shall provide patient education as necessary during each medication injection visit.

## VI. ATTACHMENTS

- Medication Assisted Treatment (MAT) for Substance Use Disorders (SUD) Program Consent Packet

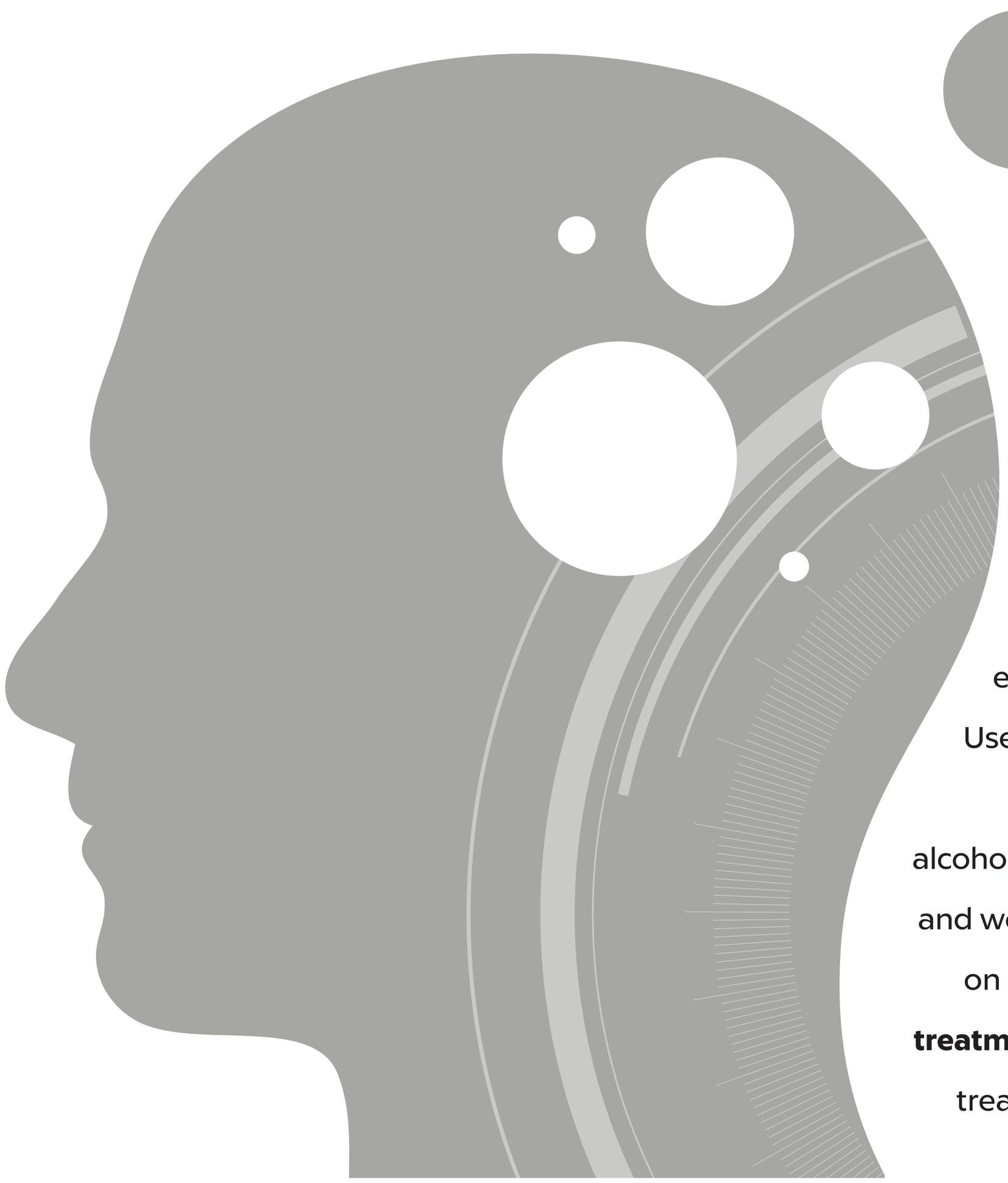
## VII. REFERENCES


- California Senate Bill 843 2016 Public Safety
- Diagnostic and Statistical Manual Fifth Edition
- The American Society of Addiction Medicine (ASAM) National Practice Guideline For the Use of Medications in the Treatment of Addiction Involving Opioid Use
- Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide by Substance Abuse and Mental Health Service Administration
- Knowledge Application Program Keys For Clinicians, Based on Treatment Improvement Protocol 49, Incorporating Alcohol Pharmacotherapies Into Medical Practice by Substance Abuse and Mental Health Service Administration
- California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Mental Health Services Delivery System Program Guide, Section 12-1-4 Referral to Mental Health
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 11.4, Medication Administration Procedure

Attachment D

# MAT

## MEDICATION-ASSISTED TREATMENT



If you are currently enrolled in Substance Use Disorder Treatment and suffering from alcohol or opioid addiction, and would like information on **medication assisted treatment**, please ask your treatment counselor for referral information.

CALIFORNIA CORRECTIONAL
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CDCR | Division of **Rehabilitative** Programs