

# Substance Use Disorder Care Guide

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CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

*Information contained in the Care Guide is not a substitute for a health care professional's clinical judgment. Evaluation and treatment should be tailored to the individual patient and the circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.*

## SUMMARY

### GOALS

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- ✓ Reduce Substance Use Disorder (SUD) related morbidity and mortality.
- ✓ Equip patients with tools, techniques, and treatments necessary to successfully manage their addiction.
- ✓ Ensure continuity of care while incarcerated and when reintegrating into the community when leaving the California Department of Corrections and Rehabilitation (CDCR).

### ALERTS

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- If opioids are required for acute pain management, patients on methadone, buprenorphine/naloxone or naltrexone may require transfer to a triage and treatment area (TTA) or hospital, as medically indicated.
- Individuals leaving prison are at high risk for overdose-related harms, therefore everyone will be offered naloxone upon release.
- Pregnant patients with SUD/Opioid Use Disorder (OUD) require specialist management. (See [CCHCS Care Guide: MAT for OUD in Pregnancy](#)).
- Recognizing signs of withdrawal and supporting relapse prevention is a shared responsibility with the entire treatment team. (See [CCHCS Care Guide: Intoxication and Withdrawal](#))

### SCREENING

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- The treatment team is multidisciplinary, and team members have unique roles and responsibilities in delivering major components of the program including screening, assessment, treatment, monitoring and transitional services (see [page 2](#)).
- The first question in the National Institute for Drug Abuse (NIDA) Modified ASSIST (NM-ASSIST) screens for SUD.
- Affirmative answers in the first question will trigger completion of questions two through eight which will be referred to as “brief assessment”. (See assessment section below)
- For details see [page 4](#) and [Attachment A](#).

### ASSESSMENT

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- Assessment provides additional risk stratification using the NM-ASSIST and/or a multidimensional assessment developed by the American Society of Addiction Medicine (ASAM) that provides a common language for a holistic, biopsychosocial assessment that is used for service planning and treatment – known as the ASAM Criteria (see [page 4](#) and [page 9](#)).
- Motivational Interviewing techniques may assist with obtaining accurate assessments (see [page 6](#)).
- Diagnostic coding can be derived from 2 differing systems – DSM-5 and ICD-10 (see [page 8](#)).
- Primary Care Providers (PCP) will integrate SUD treatment into their overall patient care plans.

### TREATMENT

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Comprehensive treatment utilizes behavioral, pharmacologic and/or housing modalities to stabilize an individual. These treatment modalities may be utilized individually or in combination based on patient need and consent.

- Patients are responsible for their own recovery. The treatment team should work to provide all the evidence-based approaches that increase their chance at success.
- Behavioral treatment begins with motivational interviewing techniques and a therapeutic relationship with one’s care team and may include Cognitive Behavioral Intervention (CBI), Cognitive Behavioral Therapy (CBT) and peer support.
- Supportive Housing provides designated space where patients can be active participants in their own and each other’s recovery and where they share responsibility for therapeutic interactions among the community and staff. Studies find that participants in such therapeutic communities reduce substance abuse, criminal behavior, and mental health symptoms.
- Pharmacological treatment (MAT) is available for patients with OUD or Alcohol Use Disorder (AUD). If considered a candidate for MAT based on assessment findings, the patient will be started on MAT after signed consent.

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## MONITORING

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- Follow-up appointments for patients on MAT are scheduled according to medication and duration of stability (see [page 16](#)).
- Urine drug screens (UDS) are used to monitor MAT adherence and performed randomly at defined intervals (see [page 18](#)).
- Annual labs and other diagnostic tests (e.g., EKG for patients on Methadone) should be done as recommended (see [page 16](#)).
- Follow-up appointments for patients with SUD, but not on MAT, will be based on other clinical conditions.
- Key performance indicators for institution and providers are included on the [ISUDT Dashboard](#).

## TRANSITION SERVICES

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- Transition services will be provided for those patients who are part of the ISUDT Program at the time of release in order to facilitate their ongoing treatment and recovery without interruption. See [page 20](#) for more details.
- A 30-day supply of medication (MAT) are dispensed at time of release. See [page 20](#).

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