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

ALERTS
• Patients on buprenorphine or naltrexone may require transfer to a triage and treatment area (TTA) or hospital, as medically indicated, if opioids are required for acute pain management.
• Patients leaving prison are at high risk for overdose-related harms and 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 relapse warning signs and supporting relapse prevention is a shared responsibility with the entire treatment team

SCREENING
• 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.
• Screening for SUD is done using the National Institute for Drug Abuse (NIDA) Quick Screen.
• This tool poses 4 questions regarding the use of alcohol, tobacco, prescription drugs for non-medical reasons, and illegal drugs.
• Affirmative answers (except to tobacco which triggers counseling) would trigger further assessment.
• For details see page 4 and Attachment A.

ASSESSMENT
• Assessment provides additional risk stratification using the NIDA Modified Assist (MA) 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.
• Motivational Interviewing techniques may assist with obtaining accurate assessments – see page 6.
• Diagnostic coding can be derived from 2 differing systems – DSM-V and ICD-10 – see page 8.
• The Addiction Medicine Central Team (AMCT) will evaluate and initiate patients who are eligible to receive Medication Assisted Treatment (MAT) (or oversee other trained providers in doing so).
• Primary Care Providers (PCP) will need to integrate SUD treatment into their overall patient care plans.

TREATMENT
• The cornerstone for treatment is behavioral, but for some may include pharmacologic and housing modalities as well.
• Behavioral treatment includes cognitive behavioral intervention (CBI) 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 the daily running of the community with staff. Studies find that participants in such therapeutic communities reduce substance abuse, criminal behavior, and mental health symptoms.
• Pharmacological treatment is available for patients with OUD or Alcohol Use Disorder (AUD). If considered a candidate for MAT, the AMCT will evaluate the patient and initiate accordingly. The AMCT will also be responsible for ongoing management and monitoring of patients on MAT and assisting with providing MAT prescriptions at the time of release from CDCR.
MONITORING

- Follow-up appointments for patients on MAT are scheduled according to medication and duration of stability – see page 14.
- Urine drug screening (UDS) is used to monitor MAT adherence and should be performed randomly at defined intervals.
- Annual labs and other diagnostic testing (e.g., EKG for patients on methadone) should be done as recommended – see page 14.
- Follow-up appointments for patients with SUD, but not on MAT, will be based on other clinical conditions.
- Patients will be monitored for their participation in the Integrated Substance Use Disorder Treatment (ISUDT) Program.

TRANSITION SERVICES

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 18 for more details.

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