



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 18-25 Medication Assisted Treatment of Opioid Substance Use

TO: Arkansas Community Correction Employees

FROM: Sheila Sharp, Director

SUPERSEDES: AD 18-04

APPROVED: Signature on File

EFFECTIVE: July 9, 2018

- I. **PURPOSE.** To establish specific guidelines for the Medication Assisted Treatment of opioid substance use disorder offenders.
- II. **APPLICABILITY.** All ACC employees, Correct Care Solutions medical/mental health staff.
- III. **POLICY.** It is the policy of Arkansas Community Correction that the Medication Assisted Treatment (MAT) Program will provide for the initiation of treatment for eligible offenders prior to release once they receive appropriate education. The goals of the program are to increase and improve substance abuse treatment response among offenders prior to release and by this means, reduce relapse and recidivism related to future substance use.
- IV. **DEFINITIONS.**

Medication Assisted Treatment (MAT): Evidence-based substance use treatment approach made possible through prescribing and monitoring medications, along with other recovery supports such as counseling and peer support.

V. PROCEDURE.

A. Medication Assisted Treatment Training and Screening.

1. All Treatment Staff and Medical Staff participating in MAT will receive training on the methods to educate residents on the following:
 - a. Eligibility criteria
 - b. Opioid epidemic
 - c. Overview of opioid and alcohol dependency
 - d. Understanding types of medications used in MAT
 - e. Overview of the MAT program.

2. At the time of admission to the center, an approved opioid dependence screening tool must be completed by the appropriate treatment personnel.
3. Residents will not be coerced or pressured into receiving treatment in the MAT program at any time.
4. Once a resident is determined to have opioid dependency as indicated on the screening tool, the MAT counselor at the facility will provide education counseling and referral to medical staff if the resident is appropriate for the program.

B. Mental Health Evaluation.

1. During the program, a mental health professional will conduct a formal evaluation of the resident to determine if there are any current acute mental health contraindications before proceeding to a medical evaluation for MAT.
2. Mental health contraindications may include, but are not limited to, patients with current:
 - a. Acute psychiatric diagnosis
 - b. Suicidal ideations or plans
 - c. Mental incompetency for voluntary consent.
3. If any contraindications are identified, the mental health professional must make appropriate treatment recommendations or referrals. The resident may be reassessed when psychiatrically stable.
4. Residents who have no mental health contraindications and have completed the required MAT education will be sent to medical staff for medical consent and initiation of therapy.

C. Medical Evaluation.

1. The Medical Director, or designee, and appropriately trained nursing staff must meet with the resident and review risks and benefits of proposed MAT.
2. Informed consent will be obtained, and any MAT will be prescribed according to written order by the Medical Director.

D. Drug Screens and Initiation of/Continuation of Treatment.

1. A urine drug screen will be obtained prior to initiation of MAT.
2. Upon negative results, the resident will sign consent for treatment and be given the oral challenge medication.

3. The resident will be monitored for signs/symptoms of side effects or adverse reactions to the medication as per manufacturer recommendations. All signs/symptoms will be treated per the established community standard of care.
4. The initial injection of the medication will be initiated 4-5 weeks prior to release for center residents eligible based on length of stay for two doses.
5. The final injection of medication will be provided within seven (7) days of release.
6. Discharge planning and aftercare planning will include information for the resident related to follow up treatment once released from incarceration. Follow up appointments will be scheduled for the resident, and oversight of continued treatment will be monitored according to policy of the accepting physician/treatment provider as well as parole/probation staff.
7. All documentation related to the MAT preparation and initiation of treatment will be forwarded to the accepting physician/treatment facility upon release. ACC parole/probation staff will have access to documentation in eOMIS.

E. Continuation of Treatment Upon Discharge from Residential Services.

1. MAT program participants discharged from ACC centers will report to their assigned officer at the ACC Parole/Probation Office as scheduled and will be connected with the treatment staff at that location for follow up review of discharge and aftercare planning done at the center. Such review may also be done by the Parole/Probation officer with the participant and documented in eOMIS.
2. When the discharge review is done and documented by the P/P officer, the MAT program participant is scheduled to see the treatment staff within the week for Continuing Care planning.
3. Continuing Care Plan will include follow up with the accepting physician/treatment facility for continuation of medication as scheduled, individual and group counseling sessions with ACC treatment staff as scheduled, and random drug tests as per supervision requirement.
4. Parole/Probation officers and treatment staff will monitor and support a MAT program participant's compliance with all aspects of the program.
5. Following the last dosage of medication, MAT program participants will remain in counseling with ACC treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.

F. MAT Protocol Initiated Outside ACC Residential Services.

1. All MAT program participants must do so voluntarily. A probationer/parolee residing in the community and interested in participating in the MAT program will be screened by Probation and Parole Treatment Services staff to determined opioid dependency criteria.
2. A potential MAT participant who meets opioid dependency criteria will be provided an overview of MAT program and available medication alternatives prior to referral to the appropriate accepting physician/treatment facility for further medical and mental health screening for appropriateness for the chosen medication. An interested participant found inappropriate for MAT may participate in a traditional substance use disorder treatment program.
3. Unless the accepting physician/treatment facility provides a comprehensive MAT program that includes counseling, all MAT program participants in the community will participate in counseling with ACC Probation and Parole Treatment Services staff while receiving medication from the accepting physician/treatment facility.
4. Random drug testing of participants will continue as per supervision policy throughout the duration of MAT program.
5. Following the last dosage of medication, MAT program participants will remain in counseling with ACC Treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.
6. Upon completion of the Continuing Care program, all MAT program participants may be discharged from the program; must report to their officers as required for the remaining duration of their supervision, and will continue participation in the recovery community such as AA, NA, other support groups, etc. as needed.
7. An individual already on a MAT protocol prior to contact with ACC will continue the program as scheduled and report progress to his/her assigned officer during office visits or report to Treatment Services staff if also participating in other in-house treatment programs.