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<b>HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures</b>		3/1/2024	5	2.16A

Title
<b>MEDICATION ASSISTED TREATMENT (MAT)</b>

Legal References	Related Policies/Procedures	Replaces:
IC 11-8-2-5	01-02-101	HCSD 2.16A (Eff.Date 4-1-2022)

I. PURPOSE:

The purpose of this Adult Health Care Services Directive (HCSD) is to provide written guidelines to implement medication assisted treatment (MAT) during a patient's incarceration and prior to their release to lessen the chance of relapse or overdose.

II. DEFINITIONS:

- A. ARS: Addiction Recovery Services
- B. MAT: Medication Assisted Treatment.
- C. PROVIDER: An individual health care professional with a Drug Enforcement Administration (DEA) license to provide health care diagnoses and treatment services including medication, surgery, and medical devices.

III. GUIDELINES:

Several medications have been approved by the United States Food and Drug Administration (FDA) to treat and prevent relapses and can be used in conjunction with behavioral health interventions to treat individuals with problematic substance use. All incarcerated individuals who arrive to the Department on MAT or who require induction while incarcerated will be afforded the opportunity to continue and/or participate in MAT during their incarceration, if clinically indicated. Appropriate referrals shall include a screening by Addiction Recovery Services staff to ensure clinically significant problems with a substance to which there is an FDA approved medication and a commitment to recovery.

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The patient is not necessarily required to be enrolled in Addiction Recovery Services at their facility and required enrollment will be determined on a case-by-case basis. Patients housed in a unit which precludes their participation in traditional addiction recovery group treatment (e.g., mental health unit or restrictive status housing unit) may be enrolled in Foundations Independent Study. The expectation is once a patient transfers from that unit, they will have the opportunity to begin active participation in ARS group treatment, if necessary and appropriate.

The decision for a patient to begin treatment with the chosen medication rests solely with the facility providers, who may collaborate with the Health Service vendor's Statewide Medical Director to determine appropriateness for MAT. All MAT medications shall be prescribed in accordance with State, federal, and local statutes, and meet all community standards.

#### IV. PROCEDURE:

##### A. Referral and Assessment Process

1. Incarcerated individuals who express interest in MAT should be encouraged to submit a State Form 45931, "Request for Health Care," to ARS staff at any point in their incarceration.
2. Any staff who believe a patient could benefit from MAT should make a formal referral by submitting State Form 46325, "Staff Referral for Medical Services," to ARS staff.
3. ARS staff shall screen for clinical need, document their findings, and follow the steps below, if appropriate, within twenty (20) days of referral:
  - a. Patients shall be provided verbal and written educational material by ARS staff regarding the MAT requirements and information about the medication approved for their substance of use, including the potential benefits, side effects, and risks of treatment.
  - b. ARS staff shall revise the patient's Behavioral Health code to "F" if they currently have a Behavioral Health code of "A".
  - c. The MAT information and referral forms shall be forwarded to the Health Services Administrator (HSA) and Director of Nursing (DON).
4. The patient shall be seen in provider sick call or psychiatric clinic within fourteen (14) days of receipt of referral, recognizing that some patients will

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need to be treated more urgently than others and triaged appropriately with other sick call and psychiatric appointments. During the provider appointment the patient will be assessed for medical appropriateness to begin MAT. The required physical examination shall be completed, appropriate workup ordered to include an initial Urine Drug Screen (UDS), an assessment for signs of hepatotoxicity, changes in mood, fatigue, weakness, myalgia, ease of bruising, ease of bleeding, dizziness, and the course of treatment will be discussed with the patient. A tolerance test may be considered at the discretion of the provider.

**B. Follow Up and Compliance Monitoring Procedures**

1. Once the patient begins MAT treatment, they shall be enrolled in the Chronic Care Clinic and/or added to the psychiatry roster.
2. Patients beginning a regimen of MAT are required to be seen by the facility provider monthly for the first six (6) months following the initial assessment, and may follow HCSD 3.01A, “Chronic Disease Intervention Guidelines,” after that time. Random UDS should be included in assessments eight (8) times per year or more frequently at the discretion of the prescribing clinician.
3. ARS staff will add the patient to the MAT roster and meet with the patient every six (6) months if they are not involved in active treatment in the Recovery While Incarcerated (RWI) treatment program.
4. Nursing staff shall monitor medication compliance through reviews of the Medication Administration Record (MAR), notifying the provider if a patient misses three (3) consecutive doses of their medication, or six (6) doses within the previous thirty (30) day period.
  - a. When non-compliance is recorded and the provider is notified, an appointment shall be scheduled within seven (7) days to allow for non-compliance counseling and determination of appropriateness to continue or restart treatment. Counseling sessions and determinations shall be recorded in the Electronic Medical Record (EMR).
  - b. A non-compliant patient may be subject to a breathalyzer and/or UDS at the discretion of staff. A positive breathalyzer test for alcohol or UDS of other substances may result in the medication being discontinued.

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5. When clinically indicated, or at the discretion of the provider or ARS Director, a multidisciplinary treatment team meeting shall be convened, to assess and review a patient's participation in MAT.
    - a. The multidisciplinary treatment team shall include facility representatives from Health Services and ARS and may include representatives from other clinical and non-clinical facility divisions (e.g., Mental Health, Unit Team, Custody/Operations).
    - b. A multidisciplinary treatment team meeting should be strongly considered whenever a decision is pending regarding discontinuing a patient's participation in MAT, especially when medication non-compliance or continued problematic use is present.
- C. Criteria for Possible Discontinuation of Treatment Medication
1. A determination of successful completion of MAT shall rest with the provider in collaboration with the patient.
  2. Medication non-compliance in conjunction with clinical judgment.
  3. Active substance use as evidenced by direct observation, direct report, or positive UDS or breathalyzer test, in conjunction with clinical judgment.
- D. Pre-Release
1. Patients on MAT will be identified as a special needs release and supported with Transitional Healthcare Services as outlined in HCSD 5.01A, "Transitional Health Care."
  2. Patients seeking long-acting injectable MAT for pre-release shall have a referral completed by the Transitional Healthcare Facilitator no less than forty-five (45) days prior to their Earliest Possible Release Date (EPRD) and submitted to the provider.
  3. The Health Services vendor's Transitional Health Facilitator shall identify a community provider/resource that will allow for continued care for patients on MAT at the time of their release and communicate this resource to the patient.
- E. Pregnant Women and MAT

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Pregnant women shall remain on MAT unless consultation or evaluation with a practicing maternal fetal medicine physician provides other recommendations.

V. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities housing incarcerated adults.

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signature on file  
Adrienne Bedford, MD  
Chief Medical Officer.

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Date