

# Chelan County Jail MAT Program 2017

## Goals

1. Reduce accidental opioid overdose deaths in recently released inmates
2. Reduce opioid related crime and imprisonment
3. Offer Medication Assisted Treatment for opioid use disorder (OUD) in a high-risk population

## Identification

Program candidates might be solicited and identified through any combination of:

1. Prosecuting attorneys solicit and identify candidates based upon the nature of their crime
2. Inmates self-identify as interested in MAT
3. Jail staff identify candidates through intake health-screening questionnaire
4. Marketing materials within the jail

## Screening

Once identified, Chelan Jail staff will maintain a list of candidates. Candidates will be screened first by the Center of Alcohol and Drug Treatment (Center), and subsequently by Columbia Valley Community Health (CVCH). The goals of screening are to identify inmates with OUD who are considered good candidates for buprenorphine treatment.

## Center Screening

1. Questions to be answered
  - a. Does the inmate meet criteria for OUD?
    - i. Feel out of control with their opioid use
      1. Taken in amounts larger than intended
      2. Unsuccessful efforts to reduce or control use
      3. Excessive time/energy spent in acquisition
      4. Continued use despite knowledge of physical damage
    - ii. Cravings
    - iii. Negatively affecting social function
      1. Work, school, home
      2. Continued use despite known negative social function
      3. Intentional reduction of social obligations
      4. Use in dangerous situations
    - iv. Tolerance/Dependence/Withdrawal
  - b. Would the inmate be a good candidate for MAT with buprenorphine?
    - i. Motivation (high, moderate, poor)
    - ii. Degree of insight and acceptance of their OUD (high, moderate, poor)
    - iii. Quality of their clean and sober support systems (high, moderate, poor)
    - iv. Quality of their clean and sober housing options (high, moderate, poor)

- v. Capacity to participate in treatment (high, moderate, poor)
- 2. Summarize as follows:
  - a. GOOD CANDIDATE (LOW RISK): Initiate treatment with buprenorphine
    - i. Specify what makes patient a good candidate
    - ii. Recommend behavioral treatment
      - 1. Individual and/or group counseling
      - 2. Pharmacotherapy (for co-occurring psychiatric diagnoses)
      - 3. Inpatient and residential treatment
      - 4. Intensive outpatient treatment
      - 5. Partial hospital programs
      - 6. Case or care management
      - 7. Recovery support services
      - 8. 12-step self-help groups, e.g., Narcotics Anonymous
      - 9. Peer supports
  - b. FAIR CANDIDATE (LOW-MODERATE RISK): Initiate treatment with buprenorphine simultaneously with other recommendations
    - i. Specify what makes patient a fair candidate
    - ii. Recommend behavioral treatment
      - 1. Individual and/or group counseling
      - 2. Pharmacotherapy (for co-occurring psychiatric diagnoses)
      - 3. Inpatient and residential treatment
      - 4. Intensive outpatient treatment
      - 5. Partial hospital programs
      - 6. Case or care management
      - 7. Recovery support services
      - 8. 12-step self-help groups, e.g., Narcotics Anonymous
      - 9. Peer supports
  - c. POOR/UNACCEPTABLE CANDIDATE (HIGH RISK): Do not recommend treatment with buprenorphine
    - i. Specify what makes patient a poor candidate
    - ii. Recommend behavioral treatment
      - 1. Individual and/or group counseling
      - 2. Pharmacotherapy (for co-occurring psychiatric diagnoses)
      - 3. Inpatient and residential treatment
      - 4. Intensive outpatient treatment
      - 5. Partial hospital programs
      - 6. Case or care management
      - 7. Recovery support services

8. 12-step self-help groups, e.g., Narcotics Anonymous
9. Peer supports
3. Good candidates who are interested in enrolling in the program would then complete the Center's intake process.
4. A summary of the Center's screening would be forwarded to the CVCH screeners
  - a. See template \*\*\*needs to be developed\*\*\*

### CVCH Medical Screening

1. Questions to be answered
  - a. Does the inmate meet criteria for OUD?
  - b. Would the inmate be a good candidate for MAT with buprenorphine?
    - i. Review Center screening
    - ii. No high-risk criteria
      1. Recalcitrant poly substance abuse
      2. Moderate or severe comorbid psychiatric disease
      3. History of dismissal from health care facilities/treatment
      4. History of repeated failure of buprenorphine therapy
      5. Cognitive impairment or personality disorders to a degree that the inmate is unlikely to be able to comply with requirements of the program
      6. Medical contraindications to buprenorphine use
        - a. Comorbid liver failure
        - b. Comorbid heart failure > NYHA Stage II
2. If the inmate is found to be a good candidate
  - a. They will be educated regarding CVCH's buprenorphine treatment program
  - b. Buprenorphine treatment agreement will be signed
  - c. The candidate will be enrolled as a client of CVCH
  - d. Provider will prescribe initial doses of buprenorphine
  - e. If appropriate, DSHS will be alerted that the inmate requires DSHS intake
  - f. If appropriate, social worker will be alerted that the inmate requires their services

### DSHS Services

### Social Work Services

### Timelines

1. Identification/solicitation will occur as early in the inmate's jail term as possible
2. Center screening will occur as soon after identification as possible
3. CVCH screening will occur as soon after Center screening as possible, and always at least two weeks prior to release.
4. DSHS screening will occur as soon after CVCH screening as possible, and always at least one week prior to release.
5. Buprenorphine dosing will begin three days prior to release.

- a. ?? how this is supplied/afforded
  - b. At the time of release, inmate will be provided enough doses of buprenorphine to last until their initial appointment at CVCH
- 6. At the time of release, inmate will be provided a written instruction sheet which will contain the times and dates of their follow-up appointments.
  - a. See template attached
- 7. If required, inmate will present to DSHS office as soon after release as possible to activate their benefits
- 8. Inmate with follow up at CVCH, as appointed, within 3 days of release

# CVCH Buprenorphine Treatment Agreement

## Initials

- I request treatment for my opioid dependency by \_\_\_\_\_.
- I understand that this treatment includes both prescription medications, and behavioral treatment. I agree to engage fully in both.
- I want to have a trusting therapeutic relationship with my care team. For that to happen I agree to always treat everyone at CVCH with courtesy and respect. I will not lie or deceive any member of the care team.
- I will not allow any other person to take my medication.
- I will make every effort to attend my appointments. If I cannot make an appointment I will call and cancel and explain my absence.
- I understand that addiction is a chronic relapsing disease. If I relapse I will call and ask to return to treatment.
- I understand that BUPRENORPHINE, the medicine I will be taking, is a strong opioid, and if I use alcohol, or other sedative drugs while taking BUPRENORPHINE I might stop breathing and die.
- I understand that our goal is clean and sober living; sobriety is sobriety and I agree to abstain from all chemicals, including alcohol, Marijuana, and opioid pain medicine.
- I understand that:
  - I must be seen at the clinic at the frequency recommended by my doctor.
  - A Urine Drug Screen (UDS) will be obtained at each visit and sometimes between visits. I will be responsible for the cost of these tests.
  - I will have a working phone number at all times during treatment (My current phone number is: \_\_\_\_\_)
  - All of my prescriptions for these medicines must be printed on paper, and I must come to the clinic to pick them up.
  - I must participate in chemical dependency education, behavioral treatment, relapse prevention, and Narcotics Anonymous meetings as recommended by my doctor.
- I understand that BUPRENORPHINE must be placed under my tongue. It will not work if swallowed.
- I will only take my medicine as directed. If I feel the dose should be changed I will contact my care team prior to making any changes.

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Patient Signature and Date

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Provider Signature and Date