

## MEETING MINUTES

Re: CCRJC Opioid MAT Work Group  
May 11, 2017

Attending: Dr. Malcom Butler, CVHC; Tim Hoekstra, CVCH; Chris Tippet, CFADT; Billye Tollackson, CCRJC; Courtney Ward, NCWBH; LouAnn Pierce, NCWBH; Steve Clem, DCPA.

Go Live target date is July 1, 2017.

### 1. Assessment/Screening Process

A. How do we identify inmates for MAT for initial assessment/screening?

- CCRJC referral to CFADT based upon inmate desire for treatment.
- Initially, only inmates serving sentences will be considered for participation. [If specific arrangements can be made among court, prosecutor, defense attorney and inmate, with a release dates coordinated for MAT, low-level offense pretrial inmates may be considered.]

B. **CCRJC will add questions to booking medical screening regarding opioid use and inmate's interest in MAT.** CCRJC can accomplish this by June 1.

C. **Steve Clem will contact and educate public defenders regarding MAT** program with hope that they recommend client participation. This will be done mid-June as we approach go-live.

D. Marketing through flyers posted and other materials available at CCRJC. **Opioid Public Outreach/Education work group has this task.**

E. Initial assessment will be conducted by CFADT in response to referral from CCRJC. **CJTA funding is available for assessments.**

- **CVCH and CFADT will work on criteria that will qualify/disqualify inmate for MAT.**
- Environmental assessment factors for inmates to increase recovery sustainability: family support, stable post-release residence.
- Negative assessments may be based upon prior failed MAT, poly-substance co-addiction, and lack of stable post-release environment.
- CVCH has shared its MAT assessment tool with CFADT.

F. **Medical assessment will be conducted by CVCH.**

## 2. Begin MAT

A. Length of incarceration impacts when suboxone will begin prior to release.

- Inmates incarcerated for more than 60 days can start suboxone a few days prior to release.
- Inmates incarcerated for less than 60 days may need suboxone started for as long as 12-14 days prior to release.
- Upon release inmate will be provided 2-3 day supply of suboxone and a prescription for suboxone. **Possible retroactive Medicaid billing?**

B. Sustainability of recovery requires both MAT and substance abuse treatment.

- CFADT will explore providing enrolled inmates with treatment prior to release. Possible CJTA funding.
- Initially, CVCH will provide medical services without charge.
  - Issue – Will medical consultation occur at CCRJC or can inmate be seen at CVCH?

C. Who pays for suboxone?

- Funding source needs to be identified.
  - **There may be ability to bill Medicaid retroactively for suboxone. Courtney Ward at NCWBH to follow up.**
- Inmates are not eligible for Medicaid
  - **See Dr. Butler-DSHS meeting below.**
- CJTA funding cannot be used for medication

## 3. Pre-Release Planning

A. Medicaid eligibility is a major issue.

- Can Medicaid eligibility be automatically triggered by release? [After application and approval while incarcerated.]
  - **Dr. Butler has meeting scheduled with DSHS to discuss Medicaid “eligibility” triggered by release from custody, avoiding waiting until 1st day of month to start eligibility, and billing retroactively for suboxone provided while incarcerated/before eligibility.**
- DSHS worker at CCRJC to assist inmate re eligibility?

B. Social worker at CCRJC is needed to assist inmate with:

- Medicaid application
- Housing
  - [Oxford House – MAT participants not eligible - opioid replacement issue]

- **PORCH or PACT funding for housing may be available through mental health services**
- Employment/training/education
- **Mental health counseling referral**

**Can CCRJC staff – Jennifer Latimer, provide social work services?**

Initially, CVCH will possibly provide social worker. [Dr. Butler will consult TH.]

**C. Social worker sets up post-release appointments at CVCH (evaluate suboxone prescription levels), at CFADT (set up counseling, NA, etc.); DSHS (Medicaid application and/or authorization, if needed); and at NCWBH network provider (mental health services, if needed).**

#### **4. Post-Release Treatment**

A. Within two days after release, patient must report to:

- CVCH for medical appointment follow-up and suboxone prescription.
- CFADT to arrange substance abuse treatment.
- DSHS to complete Medicaid application process.

B. Housing is critical. Identify agencies that may be able to assist with securing housing. Explore the possibility of existing agencies or a new agency taking on post-release housing issues.

- CFADT has limited ability to assist with identifying housing.
- NCWBH and/or network providers have PORCH and PACT available for inmates enrolled in mental health services

C. Identify or explore sponsoring an NA group that welcomes MAT.

- **CFADT can identify NA groups as part of treatment.**
- **Possibility that MAT participants can set up MAT welcoming NA group. [Note – people in recovery will attend different NA groups, depending upon schedule and need.]**

D. Explore funding sources for needed non-Medicaid intensive outpatient and residential treatment.

#### **5. Funding**

- A. Substance abuse assessment (CJTA funding)
- B. Medical assessment (Possible retroactive Medicaid billing?)
- C. Social Worker (TBD)
- D. Suboxone – pre- and post-release. (TBD)