

Applicability: ADULT Operations Only JUVENILE Operations Only DEPARTMENT-WIDE

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PROGRAMS AND SERVICES: Medication Assisted Treatment (MAT)

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Approved By: , Secretary Next Scheduled Review: 01/2023

POLICY

Medication Assisted Treatment is to be implemented as part of a recovery-based model to reduce substance abuse and misuse within the population. It is to be a collaborative effort between KDOC, the current medical contractor, KDOC substance abuse program and services providers, and community substance abuse program, treatment, and services provider.

Substance abuse treatment and programs are to be evidence based and made available to as many residents as possible.

DEFINITIONS

Federally Qualified Health Centers (FQHC): Community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas.

Medication Assisted Treatment (MAT): The use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of substance use disorders (SUD) and can assist sustaining recovery, reducing risk of overdose and improved withdrawal management for those experiencing withdrawal syndromes.

MAT Oversight Team: A multidisciplinary team consisting of representatives from KDOC, Office of Health Care Compliance, the medical contractor, and substance abuse program contractors.

Rapid Opioid Dependence Screen (RODS): A tool used to screen for opioid use and identify potential candidates for medication assisted treatment.

PROCEDURES

I. General MAT Procedures and Oversight

- A. Medication Assisted Treatment (MAT) is to be made available to residents who meet the established criteria as part of the overall effort to effectively address substance use and support recovery.
- B. MAT may be administered on its own or in combination with cognitive-behavioral programming and other treatment, program, or recovery interventions.
- C. The MAT oversight team will be tasked with assessing residents for participation in MAT, selecting participants, and monitoring progress throughout programming.

II. Assessment and Referral

- A. An established assessment and referral protocol is to be followed to identify candidates for MAT.
 - 1. All residents are to complete the Rapid Opioid Dependence Screen (RODS) as part of the RDU intake process.
 - a. Residents with a positive result on the RODS are to be referred for possible participation in MAT.
 - 2. Candidates may be identified at intake, through participation in programming, or at any other point in their incarceration if opioid misuse is observed or suspected.
 - 3. Referrals are to be entered in the KDOC web-based program tracking application by the substance abuse provider and NextGen by healthcare staff.
 - 4. Referrals will then go through an initial screening before being forwarded to the MAT oversight team for further assessment.
 - 5. MAT interventions for alcohol abuse will be processed in the same manner as set out here.
- B. The MAT oversight team is to conduct scheduled meetings to staff referrals identified as appropriate for MAT through initial screening, and if selected, candidates are to be interviewed to determine interest in participation.
- C. Those who agree to participate are to undergo further evaluation by medical staff.
 - 1. This will include a rapid drug test conducted by KDOC, with results sent to the medical provider.
 - 2. Per KDOC IMPP 12-124D, Resident Drug Abuse and Intoxicants Testing, if the drug test result that is required as part of the MAT screening process is positive, the resident is not to receive a disciplinary report.

III. Administration of MAT and Coordination of Care

- A. Trained medical staff are to be responsible for the administration and any required follow-up medical monitoring of MAT.
- B. Participants are to have access to facility-based substance abuse programming and recovery services to supplement MAT as needed.
- C. Participation in additional programming, treatment, or recovery services is not a requirement of receiving MAT; however, it will be encouraged and supported as deemed beneficial.
- D. Participants are to be connected with coordinated treatment services in the community upon release to ensure a continuum of care.
 - 1. MAT oversight team is to maintain a current list of providers who deliver MAT services and collaborate with Federally Qualified Health Centers (FQHCs) or other community providers who are knowledgeable about and willing to prescribe MAT medication.
 - 2. When a resident who is participating in MAT will be released to community supervision, the Parole Officer assigned to the release plan is to be notified of the resident's MAT status and any plans for the continuation of care in the community.
- E. Residents entering the facility already enrolled and participating in a community MAT program are to have their medications continued to the extent possible with linkage back to the community provider upon release.

IV. Training and Research

- A. Specific training targeted to caseload carriers to raise awareness of use and resources for MAT is to be developed and delivered as needed.
- B. The MAT oversight team is to conduct ongoing reviews of research and literature to enhance strategies and maintain current, evidence-based practices.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

NCCHC P-F-04
5-ACI-6A-23
5-ACI-6A-41
5-ACI-6A-42

HISTORY

11-15-21 Original

ATTACHMENTS

None.