

IMPLEMENTING MAT IN THE JAIL SETTING

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OBJECTIVES

- Discuss planning and preparation for MAT program
- Discuss 3 Phase approach and rationale for phases
- Discuss training –medical staff, mental health, officers
- Review multidisciplinary approach
- Discuss collaboration with outside agencies
- Identify barriers to care
- Expectations for further resources possibly needed

PLANNING AND PREPARATION FOR MAT

- Consult with DOH, OASAS
- Obtain resources (Best Practice Guidelines, SAMHSA TIP 43, TIP 60, TAP 30- Information on Medications for Opiate Use Disorder, Buprenorphine: Guide for Nurses)
- Revise policy and procedures (addressing MAT maintenance, detox, induction, administration procedures and MAT in pregnant women)
- Providers need DEA-X
- Set up staff with NYS HCS user names and passwords to access Prescription Monitoring Program

PLANNING AND PREPARATION FOR MAT

- Add drug testing kits to CLIA waiver
- Obtain drug testing kits and train staff on use
- Format consent forms, releases and other assessment forms (drug testing consent and consent for MAT treatment)
- Contact outside agencies and internal departments to form a committee (Catholic Charities, local methadone clinics, drug courts, OASAS, DOH, CASAC's, Mental Health Corrections)
- Determine statistical information that will be needed to determine success

3 PHASE APPROACH & RATIONALE

- Phase 1:
 - Continuation of medication for patients arriving to facility already on prescribed MAT
- Phase 2:
 - Induction of patients reporting OUD on admission that are now County or state sentenced
- Phase 3:
 - Using Suboxone for detox and/or inducing new patients reporting OUD, regardless of release date
- Rationale: Each phase comes with own challenges.
 - resources needed,
 - barriers
 - maintaining organization and communication

TRAINING- NURSING, MENTAL HEALTH AND OFFICERS

- DOH can assist in training for medical staff & mental health staff
 - Training on medication
 - Dispel misconceptions
 - Training on administration procedures, risk for diversion
 - Narcan training
- OASAS has provided train-the-trainer for Correction Officers
 - Explanation of use of MAT
 - Attempt to change culture of thinking surrounding Bup
 - Narcan training

MULTIDISCIPLINARY APPROACH

- Joint collaboration between corrections, medical, mental health, CASACS, outside entities
- Open lines of communication
- See patients as “all of our patients”
- Follow patient from admission to discharge and beyond
- All staff need to work together to have a successful program

COLLABORATION WITH OUTSIDE AGENCIES

- Develop working relationship with a health hub: Catholic Charities, courts, community programs
- Develop business agreements with local methadone clinics
- Identify discharge and transitional process
- Outside funding available for Narcan (give kits on release), program implementation, hopefully medications soon
- Pharmacies- provide bridge scripts

BARRIERS TO CARE

- Lack of staff education
- Lack of patient participation
- Lack of open communication between departments
- Stigma of addiction and treatment
- Availability of outside prescribers to link patients to care
- Closed minds
- Lack of staffing, resources



EXPECTATION OF FURTHER RESOURCES NEEDED

- More CASACs
- Re-entry coordinator
- More prescriber hours dedicated to MAT program
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- Reassessment of needs through each phase

CONCLUSION

- Joint effort
- Not an easy undertaking
- Working together for common goal
- Patient care and safety first
- Learning experience
- Assistance is out there

