



Health Care Compliance Unit  
Internal Management Procedures

Internal Management  
Procedure  
MED.MAT.001

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**Internal Management Procedure Title:**

**MEDICATION ASSISTED TREATMENT**

**Effective Date:**  
April 10, 2017

**Revised/Reviewed:**  
March 2024

**Authority :** NJ DOC PS  
MED.001.012

**Promulgating Office:** Health Services Unit  
Authentication Statement

**1-Boston Medical Center - Office Based Opioid Treatment Guidelines**  
**2-SAMSHA buprenorphine induction guidelines**

**Applicability:** This Internal Management Procedure applies to all units of all DOC institutions.

**Supersedes:** N/A

**Review Schedule:**  
This document is scheduled for annual review on or about March 2025.

**I PURPOSE**

To establish procedures for selecting and prescribing medications used to support substance abuse treatment. Current research supports that for opiate addiction, treatment success is heavily dependent on the use of MAT either as primary therapy or optimally in conjunction with counselling services. Medications for all forms of substance use disorder are available, however MAT treatment services will concentrate on Opioid Use disorder because of the high effectiveness of medications for opiate addiction.

This procedure describes a minimum framework for approaching the use of MAT. Providers are expected to utilize clinical judgment, professional training; consultation and published professional protocols in the administration of MAT. This IMP references the edited *SAMSHA guidelines for buprenorphine/naloxone protocol* and the *Boston Medical Center - Office Based Opioid Treatment Guidelines*.

**II DEFINITIONS**

The following terms, when used in this procedure, shall have the following meanings, unless the context clearly indicates otherwise.

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**Edna Mahan Correctional Facility for Women (EMCF):** The NJDOC facility which houses female IPs. The facility provides a substance abuse counselling and treatment program similar to the program provided to male IPs at Mid-State Correctional Facility.

**Gateway Foundation Corrections, Inc. (Gateway).** The health care contractor selected to provide substance use disorder treatment to NJDOC IPs.

**Medication Assisted Treatment (MAT):** The use of prescription medications typically used as a compliment to behavioral therapy in the treatment of substance use disorders.

**Mid-State Correctional Facility (MSCF):** The NJDOC facility dedicated to providing substance abuse counselling and treatment.

**New Jersey Prescription Monitoring Program (NJPMP):** Is a web-based program for monitoring patients who are prescribed Schedule II narcotics. Enrollment by NJ licensed physicians is mandatory.

**Office of Substance Abuse Programming and Addiction Services (OSAPAS):** OSAPAS is the NJDOC Unit responsible for managing overall substance abuse treatment and directly provides substance abuse counselling services and programs to IPs.

**Rutgers University – UCHC:** The health care contractor selected to provide all medical, mental health and dental services.

**SUD:** Substance Use Disorder.

**SUD Vendor:** Gateway Foundation Corrections, Inc.

### III POLICY

The New Jersey Department of Corrections expects that all appropriately credentialed healthcare providers will prescribe FDA approved medication to assist in the treatment of substance use disorder. Prescription medication will be made available both at MSCF and in any facility where an appropriately credentialed provider determines that the IP would benefit from pharmacologic treatment.

The following FDA approved medications will be available when clinically indicated:

For Opiate Addiction

- Methadone
- Naltrexone
- Buprenorphine
- Buprenorphine/Naloxone

For Nicotine Addiction

- Nicotine lozenges
- Bupropion
- Varenicline

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For Alcoholism

- Disulfiram
- Naltrexone
- Acamprosate
- Extended Release (depot) naltrexone
- Topiramate

#### IV PROCEDURES

##### A. IPs admitted to the NJDOC on *preexisting* MAT:

- Any IP admitted to the NJDOC on MAT will have those medications continued for at least 30 days (P.L. 2016, c.70; C30:4-16.6).
- Continuation of chronic MAT after the 30-day period should take into account the expected duration of incarceration (i.e. whether there is sufficient time to taper and then restart and stabilize MAT before release), and the patient's history of illicit substance use during incarceration (e.g. history of serious opioid overdose during incarceration).
  - i. Expected duration of incarceration: Although MAT for addiction is presumed to be lifelong, current studies do not demonstrate benefit beyond two years. IPs with sentences exceeding two years should be consider for *taper-to-abstinence* with continued counselling therapy. IPs with shorter sentences should be considered for *taper-to-abstinence* if continued MAT provides no clear benefit or the IP choses to discontinue MAT. IPs maintained on opiate agonists during their incarceration period must have a reliable discharge plan and handoff to a community provider who can continue to administer the opiate agonist. If a reliable appointment cannot be secured then treatment with an opiate agonist should be tapered and stopped until the IP arrives at the community provider's office. Wherever permitted by IP security classification (medium security), IPs should be referred to the SUD Vendor Program for substance abuse counselling.
  - ii. There must be demonstrated continued clinical benefit of MAT to the IP, not simply the IP's preference.
  - iii. If the IP has or is receiving treatment with the SUD Vendor, continuation or discontinuation of MAT should be done in consultation the SUD Vendor.

##### B. Initiating MAT for IPs not currently on MAT:

- For IPs beyond 60 days of prison release, there must be a clinically documented rationale to initiate MAT for an IP currently in custody, for example:
  - Objective evidence of regular on-going substance use in prison – particularly opiate use,
  - Substance use requiring naloxone rescue, hospitalization for opiate overdose or other potentially lethal event,
  - Evidence of high risk of death in the absence of MAT intervention.

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- IPs within 60 days of prison release should be considered for MAT if they meet any of the above three risk groups, if they have a SUD Vendor strong history of addiction and repetitive incarceration as a result of incarceration, or if they have a history of MAT in the community. The preferred medication should be an extended release opiate antagonist as this provides the greatest protection against opiate overdose and death during the peri-release period. IPs induced on an opiate agonist must have reliable post-release appointment and hand-off to a community provider to prevent unintended withdrawal. If a reliable appointment cannot be secured then treatment with an opiate agonist should be deferred until the IP arrives at the community provider's office.

**C. Selection of specific medication for MAT**

1. All currently licensed pharmaceuticals used for MAT will be available except where prohibited by law.
2. Providers are required to have current DEA certification for prescribing any medication for which a special waiver is required (example: a buprenorphine waiver.)
3. Specific choice of MAT should be individualized to specific IP/patient needs and preferably after consultation with SUD Vendor or other experienced provider. The SAMSHA guidelines that accompany this IMP provide details on buprenorphine-naloxone induction.

**D. Clinical Urine testing for substance use**

1. All IPs assigned to licensed SUD Vendor programs will be randomly tested for drug use at the rate of 20 percent monthly.
2. The results of positive urine tests will be made available to treating providers.
3. Health care providers may administer their own urine tests as clinically appropriate.

**E. Administration of MAT within NJDOC facilities**

- All MAT administered within facilities will be *Direct Observed Therapy* as directed by MED.PHA.021\_Direct\_Obs.\_Medicat\_Admin.

**F. Transfer to a licensed SUD Vendor program**

1. Any IP considered for MAT should be transferred to a licensed SUD Vendor program (MSCF or EMCF) whenever IP classification status would allow for entry into a licensed program. Health care providers should communicate directly with OSAPAS staff or SUD Vendor staff to determine IP candidacy for admission to a SUD Vendor program.
2. Transfer to a SUD Vendor program requires IP consent and is strictly voluntary for the IP.

**G. Transfer to an RCRP while on MAT**

1. Any IP on MAT at the time of transfer to an RCRP or RCRP Assessment Center will continue on MAT as prescribed.
2. All IPs will receive a two-week supply of medication as per existing contracts.

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3. IPs may receive MAT either as *Direct Observed Therapy* or as *Keep On Person* at the discretion of the RCRP and as per their existing policies regarding the administration of Schedule II narcotics.

**V. FACILITY LEVEL MODIFICATIONS TO STATE-WIDE PROCEDURE**

**All Local Facilities follow the State-Wide Procedure as Published  
Except where noted below**

ADULT DIAGNOSTIC AND TREATMENT CENTER

BAYSIDE STATE PRISON

EAST JERSEY STATE PRISON

EDNA MAHAN CORRECTIONAL FACILITY FOR WOMEN

GARDEN STATE YOUTH CORRECTIONAL FACILITY

MID-STATE CORRECTIONAL FACILITY

NEW JERSEY STATE PRISON

NORTHERN STATE PRISON

SOUTHWOODS STATE PRISON

WILLIAM H FAUVER YOUTH CORRECTIONAL FACILITY [formerly MOUNTAINVIEW]



Health Care Compliance Unit  
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Procedure #  
(MED.PHA.021)

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**Internal Management Procedure Title:**

**Direct Observation of Medication Therapy Administration**

**Effective Date:**  
January 31, 2003

**Reviewed/ Revised:**  
March 2024

**Authority :**  
NJ DOC MED.001.005

**Promulgating Office:**  
Health Services Unit,  
Division of Operations

**Professional Association  
Standard cited:**  
ACA Std. 4-4378

**Applicability:** This Internal Management Procedure applies to all organizational units of the New Jersey Department of Corrections.

**Supersedes:** Mental Health Services Policy #27.21 effective 01/31/2003

**Review Schedule:**  
This document is scheduled for annual review on or about March 2025

**I PURPOSE**

To establish procedures which govern and monitor the administration of psychotropic medication, consistent with the provision of a full continuum of mental health services for all incarcerated individuals who fall under the auspices for the New Jersey Department of Corrections (NJDOC) in order to insure care and safety.

**II DEFINITIONS**

N/A

**III POLICY**

The NJ Department of Corrections mandates that all incarcerated individuals under the control of the Department of Corrections will have access to both emergency and non-emergency mental health services which shall include, but not be limited to, non-emergency involuntary psychotropic medication administration when clinically indicated by the treating psychiatrist for a seriously mentally ill IP who, despite reasonable efforts by mental health providers to obtain voluntary compliance, refuses to accept such medication prescribed as part of an individualized treatment program.

<b>Internal Management Procedure Title:</b>  <b>Direct Observation of Medication Therapy Administration</b>	<b>Effective Date</b> <b>January 31, 2003</b>	<b>Internal Management Procedure #</b> <b>(MED.PHA.021)</b>
	<b>Reviewed/ Revised</b> <b>March 2024</b>	<b>Page 2 of 3</b>

The administration of psychotropic medication will be Direct Observed Therapy, with the exception of patients in the minimum units and farms. Oral medication, when prescribed for substance use disorder (SUD) will be direct observed therapy. Administration will be done by nursing staff on a dose-by-dose basis in areas designated by the NJ DOC.

#### IV PROCEDURES

- A. The nurse will prepare medication carts prior to the assigned medication time.
- B. When appropriate, the nurse will give the IP a full cup of water with or prior to providing the medication. The IP must take the medication before leaving the window or other approved area. The IP must return the medication cup and water cup to the nurse or officer.
- C. Officers assigned to monitor medication lines/passes will work collaboratively with nursing staff and be provided education on "cheeking prevention" techniques such as asking the IP to open his/her mouth after he/she has taken medication to check for "cheeking". For SUD medication administration, custody officers will be present *to assist nursing and if requested by nursing staff*, monitor for absorption of the medication.
- D. There will be documentation in the MAR of all dispensed medications plus all refusals and no-shows for any prescribed medication. After the third consecutive refusal and/or no-show or pattern of missed doses, a referral order documented by the RN/Medication Technician will be placed in the EMR to the appropriate healthcare provider i.e. Mental Health, Physician, NP, PA, Dentist, Psychiatrist. (See Level I Internal Management Procedure MED.PHA.011, *Monitoring Psychotropic Medication*) The referral order will result in the patient being counseled by healthcare staff. The counseling session is to be documented in the EMR. **NOTE: Patients on TB medications will be referred immediately to the physician after one missed dose.**

#### V CROSS REFERENCE DOCUMENTS AND POLICIES

Document/ Policy Number	Title	Effective/ Revision Date
MED.001.005	<i>Pharmacy and Medications</i>	
MED.MHS.003.003	<i>Emergency Involuntary Medication Administration</i>	
MED.PHA.010	<i>Psychotropic Medication</i>	
MED.PHA.011	<i>Monitoring Psychotropic Medications</i>	

<b>Internal Management Procedure Title:</b>  <b>Direct Observation of Medication Therapy Administration</b>	<b>Effective Date</b> <b>January 31, 2003</b>  <b>Reviewed/ Revised</b> <b>March 2024</b>	<b>Internal Management Procedure #</b> <b>(MED.PHA.021)</b>
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**VI APPLICABLE FORMS**

<b>Form Number</b>	<b>Form Title</b>	<b>Effective/ Revision Date</b>
MR-051	<i>Involuntary Medication Report</i>	

**VII. FACILITY LEVEL MODIFICATIONS TO STATE-WIDE PROCEDURE**

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