**Report on New Hampshire DOC Implementation of MAT in Custody Naltrexone Program**

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**Background**

In July of 2015, the Senior Director of Substance Abuse and Behavioral Health for the state of New Hampshire submitted 22 recommendations to Governor Maggie Hassan aimed at strengthening the state’s response to the opioid epidemic. They included working with the Department of Corrections (NH DOC) to develop a pilot pre- and post-release medication assisted treatment program using naltrexone. ([https://www.nh.gov/news/documents/pr-2015-07-21-abuse-recommendations.pdf](https://www.nh.gov/news/documents/pr-2015-07-21-abuse-recommendations.pdf%20))

In December of 2015, NH DOC adopted a new medication-assisted treatment (MAT) policy, contained in the Health Services chapter of NH DOC policy and procedure directives (6.08 - available at: [https://www.nh.gov/nhdoc/policies/documents/6-08.pdf](https://www.nh.gov/nhdoc/policies/documents/6-08.pdf%20) ). It offers guidance on MAT for opioid and alcohol use disorders with appropriate individuals under DOC care and custody, and addresses MAT in both custody-based programs and follow-up care with collaborating community-based providers.

**Naltrexone Oral Augmentation Clinical Guidelines** were developed prior to the implementation of the MAT policy and appear as an attachment to PPD 6.08 (referenced above), along with consent forms for the MAT program that outline participant responsibilities and patient information/consent forms specific to oral naltrexone.

The policy outlines the specific process for screening, assessing and referring individuals who express a desire to participate in SUD treatment and are interested in receiving adjunctive therapy with naltrexone. Motivated individuals who complete the assessment process are referred upon recommendation of a licensed drug and alcohol counselor and are immediately enrolled in the behavioral, educational and counseling components of SUD treatment. If they commit to participate for a minimum of six months and remain engaged, they are screened for both mental and physical health conditions that might contraindicate the use of medication. If there are no contraindicating factors upon completion of six months of treatment, they are referred to a staff physician who prescribes the medication, oversees administration and ongoing medication management.

**Implementation Status**

According to Heidi Guinen, Administrator VI, a licensed clinical social worker, involved in program planning and patient care at all secure facilities throughout the state, the program does not currently have the capacity to track outcomes or formal evaluation mechanisms. The information provided therefore is based on her direct experience, observations and informed estimates.

The roll-out of the MAT program coincided with a redesign of long-term substance use disorder treatment programming available to individuals in custody. A contract with a community-based treatment providers to deliver programming to re-entering individuals at transitional housing units and parole offices was finalized, which allowed the department to devote more of its qualified clinical staff to in-custody programs. The department staff undertook a planning process, which included careful selection of evidence-based interventions and curricula for program design.

**Program Kick-off and Enrollment**

The staff conducted outreach and informational sessions for the general population and especially for individuals already participating in treatment programs. Early enthusiasm was high, but enrollment decreased over time. Currently, it is estimated that one or two male inmates per month enroll in the oral naltrexone component of treatment. An estimated total of 35-40 men have received oral naltrexone since the program began; a few women have participated.

Currently, three individuals who completed the program are continuing to receive naltrexone post-release (in the long-acting injectable form, administered by a community-based treatment provider). Enrollment was higher when the program was first introduced but dropped off once participants fully understood they were not going to receive opioid replacement therapy with agonist medications. Also, most individuals who began receiving oral naltrexone while in custody opted to switch to buprenorphine or methadone upon release.

**Release Planning and Follow-up**

When individuals in the MAT programs approach release, they work with a case manager to set up an appointment to receive a Vivitrol injection. They must have this appointment set before their release paper work can be completed. NH DOC has established linkages with a statewide network of community-based providers that have been involved in planning the continuity of care aspects of the MAT program. DOC has a licensed alcohol and drug counselor assigned to field follow-up with re-entering individuals who participated in the MAT program while in custody. Although most are either receiving treatment services at transitional housing facilities or from community-based treatment providers, the DOC counselor checks in with them to make sure they have no difficulty obtaining follow-up Vivitrol injections. This service had no time limit and is available to MAT program participants whether or not they are under community supervision.

**Other Supportive Policies**

The NH prison population is small, but rates of opioid and other substance use disorders are high. The individuals interested in taking advantage of the naltrexone program represent only a small segment of potential candidates for treatment. The policy outlines the voluntary nature of the program and emphasizes that it must be offered absent of coercion. Rates of buprenorphine diversion and other opioid use in custody have been an ongoing problem. DOC recently revised its disciplinary policy regarding failing a drug screen while in custody. In the past, this infraction resulted in immediate transfer to administrative segregation. Now, such individuals are given a choice – entry into treatment or administrative segregation.

Individuals that voluntarily enter the MAT program and are completing the required six months of treatment before they receive oral naltrexone are not penalized for failing a drug screening during that period, as long as they are participating in the treatment program. Once they are cleared to begin receiving medication, they are offered medically managed detoxification prior to beginning naltrexone. Not all participants choose to take advantage of detoxification services.

The program is still in its infancy but has had some success. The behavioral component of treatment is also undergoing revisions to improve delivery. Recently, the department has highlighted the phased nature of the program and now offers color coded wrist bands to participants. The staff consistently reinforces each level of participation appropriately. Many of the innovations have required planning and collaboration with internal and external DOC partners.