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JUSTICE PROGRAMS OFFICE SCHOOL OF PUBLIC AFFAIRS

BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT TECHNICAL ASSISTANCE/CLEARINGHOUSE PROJECT

FREQUENTLY ASKED QUESTIONS SERIES: Information Inquiry Regarding Use of Medication Assisted Treatment (MAT) by Drug Courts

Subject: Information Inquiry Regarding Use of Medication Assisted Treatment (MAT) by Drug Courts
From: BJA Drug Court Technical Assistance/Clearinghouse Project
Date: (March 16, 2015) April 23, 2015 (rev.)

This "FAQ" memo is an update and expansion of an earlier FAQ memo we prepared on the extent to which Medication Assisted Treatment (MAT) is being used by drug courts and, for those that use MAT, relevant policies, protocols and services that apply. The earlier "FAQ**",** prepared in 2011, focused primarily on the use of buprenorphine-based addiction medications —e.g., suboxone. The 2015 "FAQ" focused on the use of MAT[1] generally.

The need to make available MAT to drug court participants is becoming an increasingly urgent issue for many reasons, including the research demonstrating its effectiveness, experience gained in developing appropriate protocols to avoid diversion or misuse – which has been a frequent concern -- and the current heroin crisis for which MAT can be highly effective, with proper administration. The recently released FY 2015 U.S. Department of Justice/BJA Drug Court Program "Request for Proposals" requires all applicants to demonstrate that MAT will be available to participants if/as determined to be "medically necessary." [2] See Footnote 2 for the language in the original solicitation issued February 19, 2015. See Footnote 3 for the revised language issued recently.[3]

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[1] Definition of Medication Assisted Treatment: U.S. Department of Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA): "the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders" (http://www.dpt.samhsa.gov/).

[2] The Bureau of Justice Assistance (BJA), U.S. Department of Justice (DOJ)'s recently released 2015 Request for Proposal (RFP) for the Drug Court Discretionary Grant program includes the following provisions:
"Applicants must demonstrate that the drug court for which funds are being sought will not: 1) deny any appropriate and eligible client for the drug court access to the program because of their **medically necessary** use of FDA-approved medication assisted treatment (MAT) medications (methadone, injectable naltrexone, non-injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine) that is in accordance with an appropriately authorized physician's prescription; and 2) mandate that a drug court client no longer use **medically necessary** MAT as part of the conditions of the drug court if such a mandate is inconsistent with a physician's recommendation or prescription. Under no circumstances may a drug court judge, other judicial official or correctional supervision officer connected to the identified drug court deny the use of these medications when **medically necessary** and when available to the clients and under the conditions described above."

[3] The following is a ***revised*** excerpt of the pertinent provisions relating to MAT in the solicitation:
Medication-Assisted Treatment (MAT) is an evidence-based substance abuse treatment protocol and BJA supports the right of individuals to have access to appropriate MAT under the care and prescription of a physician. BJA recognizes that all communities may not have access to MAT due to a lack of physicians who are able to prescribe and oversee clients using anti-alcohol and opioid medications. This will not preclude the applicant from applying, but where and when available, BJA supports the client's right to access MAT. This right extends to participation as a client in a BJA-funded drug court.

The 2015 FAQ inquiry presented the following questions:

General:

If your program has MAT available:

(1) What medications are being used?
(2) Who pays for the medication? How much does it cost on a monthly basis?
(3) Does your program work with one or more physicians, or other medical professionals who are expert in addiction treatment and use of these medications?
(4) When did your program begin to accept participants using MAT?

Administration and Dosage

(5) Are participants who agree to use the medication required to sign a consent form?
(6) Does the consent form include the terms under which participants are to use the medication? (e.g., dosage, administration, required psycho-social services, etc.)?
(7) How is dosage for each participant determined?
(8) Who administers the medication
(9) For how long a period do participants generally use the medication?
(10) Can participants remain on the medication after program graduation?

Special Program Policies and Procedures Developed to Support MAT Use

(11) Does your program have a policy regarding the length of time the medication can be used?
(12) Does your program have a policy regarding the use and administration of the medication?
(13) Does your program have a policy for handling potential abuse situations (i.e., participants not complying with the terms under which they are to use the medication, such as giving it to others, not taking it as prescribed, etc.?

Drug Testing

(14) Is there any testing conducted to be sure the individual is taking the medication?
(15) What action is taken if a person tests positive for drugs while taking the medication? Is that action different from what would be taken if the person tested positive for drugs and was not taking medication?

Treatment Services

(16) Is the participant receiving the prescribed drug court psycho-social services as part of their drug court participation while taking the medication?
(17) Are psycho-social services augmented or modified for participants receiving the medication?

Applicants must demonstrate that the drug court(s) for which funds are sought will not deny any eligible client for the drug court access to the program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations, disulfiram, and acamprosate calcium). Specifically, methadone treatment rendered in 7 BJA-2015-4087 accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder must be permitted. Similarly, medications available by prescription must be permitted unless the judge determines the following conditions have not been met:

- the client is receiving those medications as part of treatment for a diagnosed substance use disorder
- a licensed clinician, acting within their scope of practice, has examined the client and determined that the medication is an appropriate treatment for their substance use disorder
- the medication was appropriately authorized through prescription by a licensed prescriber

In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the medication is clinically beneficial. Grantees must assure that a drug court client will not be compelled to no longer use MAT as part of the conditions of the drug court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription.

Under no circumstances may a drug court judge, other judicial official, correctional supervision officer, or any other staff connected to the identified drug court deny the use of these medications when made available to the client under the care of a properly authorized physician and pursuant to regulations within an Opioid Treatment Program or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of abuse, misuse, or diversion of these medications. .."

(18) Does your program intermingle in treatment sessions participants who are taking medication with those who are not?

Evaluation/Impact

(19) Has your program conducted an evaluation of the experience with using MAT? If so, has this evaluation focused on the process? The impact?

Special Issues

(20) Have any special issues/problems developed regarding the use of medications?

Advice to Other Programs Contemplating the Use of MAT

(21) What advice, if any, can you provide to other drug courts contemplating the use of MAT?

The 2011 inquiry included the following additional questions:

(1) How have you identified/do you identify which of your drug court participants is to receive suboxone? Is there any special screening conducted?
(2) Have any special protocols been put in place to monitor the provision of the medication?
(3) What factors led you to begin using suboxone?

The responses to these two inquires have been combined and presented in the following sections:

Part One:	Overview of Responses
Part Two:	Summary Compilation of Responses to the "FAQ" Questions
Part Three:	Narrative Responses from Respondents
Part Four:	Appendix Materials Provided by Respondents

Part One: Overview of Responses

- **Drug Courts Using MAT**

The composite responses from the 2011 and 2015 inquiries identified over 275 programs in 17 states using various forms of MAT, with varying protocols in place. Drug courts in Massachusetts began to accept participants using MAT in the 1990's, with most other reporting drug courts having begun using MAT starting in the early 2000's, with a few beginning during the past year or two. Drug court representatives in two additional states (North Carolina and Ohio) indicated that MAT was not presently used, primarily because of past experience with diversion and misuse and, for Ohio, the abstinence philosophy of the treatment providers, although indication was also given that the subject would be continually reviewed. A 2011 response from the then state drug court coordinator in Michigan (also a registered nurse) indicated support for MAT although no information has been available regarding its use by local drug court programs. Although no response was received from the state of Indiana, the problem-solving courts practice guidelines regarding participant medication use found on their website is appended and supports the allowance of MAT.

- **Medications Being Used**

Responses from the 269 responding drug courts most frequently reported the use of suboxone, vivitrol, oral naltrexone and methadone, with other medications also referenced (See Parts Two and Three). The 63 programs in Kentucky permit participants on Suboxone to enter the program, with the anticipation that they will detox in consultation with the MAT provider.

- **Who pays for the medication?**

2011 responses reported that payment for the medication was most frequently paid by the client and/or their insurance, with some instances of state Medicaid payment for eligible clients. Responses to the 2011 inquiry, however, indicated increasing availability of state Medicaid funds (Massachusetts, New Hampshire, Missouri. for example), along with client self-pay and insurance. In 2014, the Florida Legislature

appropriated approximately $5 million toward the cost of monthly injections of Vivitrol, which is approximately $ 1,000 per injection.[4]

- **Relationship with Local physicians or Other Addiction Experts**

Respondents appear to work primarily with local treatment providers who may have physicians on staff but no formal relationships with the physician/medical addiction specialist community.

- **Method for Determining Dosage**

Although specific methods vary among programs, dosage is generally determined by the prescribing physician with occasional input from the case manager

- **Length of time participants use the MAT**

Some 2011 responses noted designated timeframes during which a drug court participant could use MAT, generally six months, or during pregnancy, while others deferred to the prescribing entity. 2015 responses most frequently indicated that the timeframe was indefinite, determined by the prescribing physician or other entity, or other expert recommendations.

- **Policies for handling potential abuse situations** (e.g., participant gives the medication to another)

The responding drug courts do not appear to have developed clearly articulated policies regarding diversion of MAT, perhaps due to the recent frequency of the use Vivitrol which because it is injected by a physician, does not raise the diversion issue.

- **Testing to Ensure Participant is taking the medication**

Testing practices appear to vary among drug courts with none consistently testing to ensure the participant is taking the medication. Again, the use of Vivitrol, with its monthly injections administered by a physician, obviates the need for routine testing to be sure a participant is following the prescribed MAT, so that testing can focus on the presence of prohibited substances generally.

- **Action taken when a participant on MAT tests positive for other drugs**

Most programs indicate the response to a positive drug test is the same for a participant on MAT as for one who is not, with each case dealt with individually.

- **Provision of psycho-social services to drug court participants on MAT**

All programs provide the same level of psycho-social services to participants on MAT as are provided to those not on MAT and do not segregate participants taking MAT from other participants; they are intermingles in the same groups.

- **Special Issues Encountered**

The most frequently noted issues were: (1) misuse and diversion of the substance; and (2) cost, particularly for vivitrol -- a medication that can obviate these issues but is very costly. Other issues noted related to the need: to educate all stakeholders on the role of MAT in a drug court's available resources; disseminate relevant research on MAT and its import as an adjunct to substance abuse treatment; to build relationships with the medical community, particularly physicians specializing in addiction medicine; and to have appropriate administrative protocols in place..

- **Evaluative Information Available**

Of the jurisdictions that responded, no program has yet conducted an evaluation of the experience with using MAT.

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[4] "Florida rolls out free Vivitrol injections for some justice clients." January 20, 2015 by Gary A. Enos, Editor. Tampa, Fla., drug treatment agency has become the first provider in Florida to be authorized to offer injectable naltrexone free of charge to opioid-dependent individuals mandated to treatment by the criminal courts. The Drug Abuse Comprehensive Coordinating Office (DACCO) in Tampa began Vivitrol injections last week. Florida legislators last year appropriated around $5 million to go toward the monthly injections, which normally cost upwards of $1,000 per dose. The Tampa Bay Times reported Jan. 19 that around 15 substance use treatment clinics have applied so far to be able to serve court-mandated clients with Vivitrol. "Right now we're starting it with people that are in drug courts, people that are on county probation, people that are on state probation," Florida Alcohol and Drug Abuse Association (FADAA) director Mark Fontaine said in the newspaper article. FADAA is exploring whether patients who are civilly committed to treatment also will be eligible for the free medication."

The following materials provided by responding programs are included in Part Four: Appendix:

(A) Denver, Colorado

1. Colorado Access To Recovery (ATR) -- Suboxone Pilot Program;
2. Access To Recovery (ATR) Denver Drug Court Procedure (Revised);
3. Colorado Access To Recovery (ATR) Pilot Project -- Denver Area Contacts, Procedures, and General Information;
4. Denver MAT Protocol;

(B) Indiana

Indiana Judicial Center. Problem-Solving Courts Practice Guidelines, Participant Medication Use.

(C) State of Maine

Medication Protocol

(D) Amherst, New York

Amherst Treatment Courts Participation Agreement for Drug Court Participants Using Suboxone and Subutex;

(E) Josephine County (Grants Pass), Oregon Drug Court

Sanctions and Incentive Grids – January 2015;

(F) Waukesha County, Wisconsin Drug Treatment Court

Medication-Assisted Treatment (MAT) Grant Implementation Plan (October 2012)

Part Two: Summary Compilation of Responses to the "FAQ" Questions

(1) WHAT MEDICATIONS DO YOU USE?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Our program allows Suboxone, Methadone and Vivitrol
IL (Champaign)	Methadone and Suboxone, will be starting Vivitrol shortly
MA (All 21 Programs)	All MAT is permitted in Massachusetts but not all courts are using it. Vivitrol is preferred
ME (All 12 Programs)	The "criminal" drug courts use Suboxone, Subutex, oral naltrexone, and Vivitrol as well as psychotropic medications for co-occurring mental health issues. Methadone as an opiate replacement therapy is not accepted in those dockets. The family drug courts permit all opiate replacement therapies as well as psychotropic medications.
MO (All 124 Programs)	Vivitrol and oral naltrexone. We have programs that use all of the above and (on occasion) have utilized acamprosate or disulfram.
NH (3 Programs)	Suboxone, Vivitrol, Naltrexone, (one program uses Methadone)
NJ (All 35 Programs)	All (Suboxone, Vivitrol, And Methadone) - though only on a temporary basis.
OR (Grants Pass)	Suboxone and Methadone
WI (Waukesha)	Naltrexone and Vivitrol are preferred. Referrals for these MAT are made to Waukesha County Health and Human Services Outpatient Clinic. Some program participants are prescribed Suboxone by private providers.

(2) WHO PAYS FOR THE MEDICATION? HOW MUCH DOES IT COST ON A MONTHLY BASIS?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	County cost
FL (Ocala)	The clients are responsible for the costs associated with the program.
KY (All 63 Programs)	If a participant in drug court is detoxing from suboxone, he/she is responsible for the cost.
MT (Bozeman)	Client
NY (Amherst)	It is paid for by the participant through insurance or private pay.
TX (Dallas)	Clients pay for it, with cash or through insurance, Medicaid or other state and federal funding if qualified.
VT (Rutland)	Clients pay it generally through their insurance or Medicaid if qualified.
	RESPONSES TO 2015 MAT INQUIRY
CO (Denver)	N/A
FL (Orlando)	Depends on the client's track in the program and whether or not the client has insurance. Generally, the costs of medications are paid by the participants, however, there are currently State funds available to pay for Vivitrol. Because the above medications are not paid for by our program, the costs are unknown.
IL (Champaign)	Drug Court does not pay for medication, but this may change shortly. If anyone is on methadone or suboxone, they went on the drug on their own and they pay. They are not required to stop using methadone or suboxone to enter the program.. We are hoping to start Vivitrol shortly.
MA (All 21 Programs)	Mass Health/ Medicaid and private insurance pay for Vivitrol. The cost is approximately $1500 per injection
ME (All 12 Programs)	Funding is provided by MaineCare (Maine's version of Medicaid) or other third party payors. Self-pay is challenging given that Suboxone/Subutex are relatively expensive. Vivitrol is estimated to cost $1,000 per monthly injection. Oral naltrexone is inexpensive enough for out of pocket payment.
MO (All 124 Programs)	Depends upon the provider and if the participant has any healthcare coverage. Some providers have had access to funds through Missouri Department of Mental Health Division of Behavioral Health, others utilize Medicaid funding or insurance and some are self-pay by the participant. Programs may also use funding they receive from the state Drug Court Resource Fund to pay for MAT. Cost depends upon the medication.
NH (3 Programs)	Medicaid will cover it depending on the plan
NJ (All 35 Programs)	The defendant must pay
OR (Grants Pass)	OHP or Private Pay (Medicaid); It cost $500 - $1,000
WI (Waukesha)	Grant Funding or Medicaid. $1,000 per Vivitrol injection. Participants with prescriptions for Suboxone through private providers are funded either by themselves or by their insurance.

(3) DOES YOUR PROGRAM WORK WITH ONE OR MORE PHYSICIANS, OR OTHER MEDICAL PROFESSIONALS WHO ARE EXPERT IN ADDICTION TREATMENT AND USE OF THESE MEDICATIONS?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Our program partners with a treatment provider that has a clinician on staff who is an expert in addiction treatment combined with the use of medications.
IL (Champaign)	Not at this point, but this will change shortly
MA (All 21 Programs)	Each of our individual drug courts have relationships with area medical/mental health/substance abuse treatment centers

(3) DOES YOUR PROGRAM WORK WITH ONE OR MORE PHYSICIANS, OR OTHER MEDICAL PROFESSIONALS WHO ARE EXPERT IN ADDICTION TREATMENT AND USE OF THESE MEDICATIONS?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
ME (All 21 Programs)	Yes, although the level of expertise in dealing with the criminal justice or child welfare system varies.
MO (All 124 Programs)	There are a few programs that work directly with an addiction specialist, but most rely on their local treatment provider which may have someone on staff or have to refer out to a local physician.
NH (3 Programs)	Yes
NJ (All 35 Programs)	No
OR (Grant Pass)	Yes
WI (Waukesha)	Yes. There is one Addictionologist on staff at the HHS Outpatient clinic. He sees patients and also consults with other physicians and advance practice nurse practitioners within the clinic who see patients.

(4) WHEN DID YOUR PROGRAM BEGIN TO ACCEPT PARTICIPANTS USING MAT?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Our program has been utilizing MAT since inception of the program. (2000)
IL (Champaign)	2007
MA (All 21 Programs)	It varies by court. Some have been open to using MAT since the 1990's, others do not allow.
ME (All 12 Programs)	Although methadone has never been permitted in the adult, co-occurring disorders, and veterans courts, the other medications have been allowed since 2001. The family drug courts accepted participants using MAT since their inception in 2005.
MO (All 124 Programs)	This varies around the state. Some have been accepting for several years, but more so in the last couple years as it has become a recommended best practice. There are still some who are resistant to MAT within treatment court
NH (3 Programs)	2013 for some 2014 for others
NJ (All 35 Programs)	We are not united on this front; some courts allow others do not
OR (Grants Pass)	Began using Methadone in 1997
WI (Waukesha)	January 2013

(5) ARE PARTICIPANTS WHO AGREE TO USE THE MEDICATION REQUIRED TO SIGN A CONSENT FORM?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Any agreement for use of medication while in the program is done so between the participant and the treatment provider who oversees the participants use of medication while in the program

(5) ARE PARTICIPANTS WHO AGREE TO USE THE MEDICATION REQUIRED TO SIGN A CONSENT FORM?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
IL (Champaign)	Not yet, but have prepared forms to be used when program starts using vivitrol
MA (All 21 Programs)	Not specific to MAT
ME (All 12 Programs)	Not specifically for the court. The bail contract does generally refer to reviewing medications with the case manager and the team.
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Yes, just a general release so we can communicate with the Doctor
NJ (All 35 Programs)	No
OR (Grants Pass)	Yes. Administered by physician or clinic
WI (Waukesha)	HHS Outpatient Clinic patients are required to sign a consent form with the nursing staff who dispense the medications. It is unknown what level of informed consent the private providers require.

(6) DOES THE CONSENT FORM INCLUDE THE TERMS UNDER WHICH PARTICIPANTS ARE TO USE THE MEDICATION? (E.G., DOSAGE, ADMINISTRATION, REQUIRED PSYCHO-SOCIAL SERVICES, ETC.)?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	N/A
IL (Champaign)	N/A
MA (All 21 Programs)	The consent form lists specific and all treatment agencies and providers. We do not prescribe dosages. A participant must obtain prior approval for all prescribed medications
ME (All 12 Programs)	No
MO (All 124 Programs)	Varies by program
NH (3 Programs)	No, the consent is just to talk about the case with the Dr. the Dr. is the one that determines dosage, admin, etc.
NJ (All 35 Programs)	No
OR (Grants Pass)	Yes
WI (Waukesha)	The HHS consent form acknowledges that they have been given instructions for administration, that there are alternative options available, that support groups are encouraged with treatment, that the patient gives consent for the medication, the duration of the consent, and that they may revoke their consent at any time.

(7) WHO ADMINISTERS THE MEDICATION?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A

(7) WHO ADMINISTERS THE MEDICATION?	
	[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
FL (Orlando)	All Medication is administered by either the participants' private prescribing physician or the Advanced Registered Nurse Practitioner employed by the treatment provider
IL (Champaign)	N/A
MA (All 21 Programs)	A licensed medical professional must administer Vivitrol injection
ME (All 12 Programs)	Vivitrol injections are provided by the prescriber; otherwise, medications are self-administered.
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Depending on the medication, it could be a shot that the Dr. gives or take home by the participant
NJ (All 35 Programs)	Physician/ Treatment
OR (Grants Pass)	Physician or Clinic
WI (Waukesha)	The HHS Outpatient Clinic nursing staff

(8) FOR HOW LONG A PERIOD DO PARTICIPANTS GENERALLY USE THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	Determined by the suboxone professional staff.
FL (Ocala)	It depends on the treatment assessment from the maintenance program.
KY (All 63 Programs)	Participants must begin the detox process upon entry to drug court. Our conversations with physicians indicate that most individuals can effectively detox within a 6 month period. That is our goal, however, if a participant reaches the end of the 6 months and is not completely detoxed, as long as they are following the previously agreed upon protocol and meeting all other requirements of the program, he/she will be allowed to continue to detox in the program.
MT (Bozeman)	We established the 6 month timeframe on our own, but the client's doctor agreed that the timeframe was reasonable.
NY (Amherst)	Time is decided by participant with the prescribing Dr. and treatment counselor. (See Appendix C)
TX (Dallas)	Clients typically use it during their residential treatment stay. Pregnant mothers, throughout the pregnancy to term. Others into outpatient environments until gradually detoxed.
VT (Rutland)	Determined by the prescriber and the participant.
	RESPONSES TO 2015 MAT INQUIRY
CO (Denver)	N/A
FL (Orlando)	For however long the participants prescribing physician deems necessary
IL (Champaign)	N/A
MA (All 21 Programs)	We are in the early stages of MAT. No length of treatment determined.
ME (All 12 Programs)	Methadone is commonly used for a relatively long period of time: in excess of the time of participation in the court. Suboxone/Subutex is now being used for longer periods of time than initially indicated: in excess of 2 years. Our experience with Vivitrol is limited so duration of use is not known but the literature suggests 6 months.

(8) FOR HOW LONG A PERIOD DO PARTICIPANTS GENERALLY USE THE MEDICATION?	
MO (All 124 Programs)	Varies by program
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
NH (3 Programs)	Casey by Case
NJ (All 35 Programs)	As short as possible
OR (Grants Pass)	6 moths to 1 year
WI (Waukesha)	12 months recommended. It is ultimately determined in consultation between physician and participant

(9) CAN PARTICIPANTS REMAIN ON THE MEDICATION AFTER PROGRAM GRADUATION?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Participants may remain on any prescribed medication upon completion of the program at their own expense
IL (Champaign)	N/A
MA (All 21 Programs)	Yes, participants can remain in MAT after graduation
ME (All 12 Programs)	Yes. Special Program Policies and Procedures Developed to Support MAT Use (See Appendix B)
MO (All 124 Programs)	Although it is a recommended best practice, there are still some programs who require participants to be free of MAT before graduation
NH (3 Programs)	Yes
NJ (All 35 Programs)	No, defendants must be off medications in order to graduate program
OR (Grants Pass)	Participants titrate off during their time in Drug Court
WI (Waukesha)	Yes. However, the ones who are funded through grant money are only funded while they are actively participating in the court programming.

(10) DOES YOUR PROGRAM HAVE A POLICY REGARDING THE LENGTH OF TIME THE MEDICATION CAN BE USED? IF SO, PLEASE SEND A COPY OF THE POLICY	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	There is not a specific time frame associated with the use of medications while in the program
IL (Champaign)	N/A
MA (All 21 Programs)	We do not have written policies regarding MAT
ME (All 12 Programs)	No – the medical professional determines that.
MO (All 124 Programs)	Varies by program

(10) DOES YOUR PROGRAM HAVE A POLICY REGARDING THE LENGTH OF TIME THE MEDICATION CAN BE USED? IF SO, PLEASE SEND A COPY OF THE POLICY	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
NH (3 Programs)	No
NJ (All 35 Programs)	Informally, off by graduation. Varies greatly court to court
OR (Grants Pass)	Determined on a case by case basis
WI (Waukesha)	This is determined in consultation between the prescribing physician and the patient.

(11) DOES YOUR PROGRAM HAVE A POLICY REGARDING THE USE AND ADMINISTRATION OF THE MEDICATION?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Treatment is responsible for monitoring the use and administration of all medication for program participants.
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Yes
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Follow the Doctors orders
NJ (All 35 Programs)	No
OR (Grants Pass)	Determined on a case by case basis
WI (Waukesha)	The medication is dispensed at HHS with instructions for administration. The injections are scheduled in advance with the nursing staff and patients are screened for recent AODA usage prior to administration.

(12) DOES YOUR PROGRAM HAVE A POLICY FOR HANDLING POTENTIAL ABUSE SITUATIONS (I.E., PARTICIPANTS NOT COMPLYING WITH THE TERMS UNDER WHICH THEY ARE TO USE THE MEDICATION, SUCH AS GIVING IT TO OTHERS, NOT TAKING IT AS PRESCRIBED, ETC.?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	When such activity is discovered, the matter is brought to the attention of the drug court team for discussion and each incident is addressed on a case by case basis. In severe circumstances, program termination is recommended.
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME	Only in general terms in the bail contract

(12) DOES YOUR PROGRAM HAVE A POLICY FOR HANDLING POTENTIAL ABUSE SITUATIONS (I.E., PARTICIPANTS NOT COMPLYING WITH THE TERMS UNDER WHICH THEY ARE TO USE THE MEDICATION, SUCH AS GIVING IT TO OTHERS, NOT TAKING IT AS PRESCRIBED, ETC.?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
(All 12 Programs)	
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Yes
NJ (All 35 Programs)	No
OR (Grants Pass)	General Drug Court Guidelines apply; Please see Sanction/Incentives Grid (See Appendix D)
WI (Waukesha)	Each situation is handled on a case-by-case basis with care to follow sanction guidelines and remain consistent between situations

(13) IS THERE ANY TESTING CONDUCTED TO BE SURE THE INDIVIDUAL IS TAKING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	There is regular monitoring at the suboxone center, and evaluation at the Drug Court treatment center.
FL (Ocala)	No
KY (All 63 Programs)	We do have the ability to test for buprenorphine with a rapid device and use the DAR (Drugs of Abuse Recognition) drug testing method for confirmation.
MT (Bozeman)	Not that we could afford.
NY (Amherst)	Yes, both in treatment and court, buprenorphine specific testing and wide range of opiates and other common drugs of abuse including benzo's.
TX (Dallas)	Not by Divert Court staff, though we regularly have urinalysis. That monitoring is done by the attending physician, or their staff.
VT (Rutland)	UA's and pill counts.
RESPONSES TO 2015 MAT INQUIRY	
CO (Denver)	N/A
FL (Orlando)	Testing for appropriate use of medication is done through the random urine analysis testing that is part of the program requirement
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Routine drug testing to determine illicit use although if someone is prescribed a medication and it does not show on a drug test, clearly the individual is not taking as prescribed and may be providing it to others. Our drug testing does not detect naltrexone
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Yes
NJ (All 35 Programs)	No

(13) IS THERE ANY TESTING CONDUCTED TO BE SURE THE INDIVIDUAL IS TAKING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
OR (Grants Pass)	Yes
WI (Waukesha)	Random pill counts by case managers. Administration of Vivitrol injections at HHS is documented for the treatment team.

14) WHAT ACTION IS TAKEN IF A PERSON TESTS POSITIVE FOR DRUGS WHILE TAKING THE MEDICATION? IS THAT ACTION DIFFERENT FROM WHAT WOULD BE TAKEN IF THE PERSON TESTED POSITIVE FOR DRUGS AND WAS NOT TAKING MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	This has not happened in our program, to date. Early on, people had "felt so normal" that they stopped treatment and relapsed. Now we have included in our process and explanation of this "feeling" and to stay focused on recovery, while taking suboxone
FL (Ocala)	Every case is looked at on an individual basis; No
KY (All 63 Programs)	If a participant detoxing from suboxone tests positive for another illicit drug, he/she is sanctioned just as a participant who was not taking suboxone would be. If it is a persistent issue with a participant, he/she would be referred for a higher level of care. The result of the drug test would also be provided to the physician prescribing the suboxone so that he/she could determine their course of action.
MT (Bozeman)	We would consider any positive test just like any other drug use.
NY (Amherst)	Yes, it is a more severe penalty usually with removal from the suboxone per the physician and possible return to criminal court.
TX (Dallas)	The action for testing positive for heroin would be the same whether the client had been prescribed suboxone or not. There would be a staffing, and the appropriate sanction and/or clinical response would follow.
VT (Rutland)	It would be treated as any other use w/ the addition that the prescribing physician would be notified and there may be a recommendation from clinicians or CM to discontinue the prescription. Yes, in that we would call their physician.
RESPONSES TO 2015 MAT INQUIRY	
CO (Denver)	N/A
FL (Orlando)	This issue is handled in the same manner as when an individual tests for drugs and not on medication
IL (Champaign)	N/A
MA (All 21 Programs)	If a person tests positive while using MAT, they are surrendered to court for further action
ME (All 12 Programs)	No
MO (All 124 Programs)	Varies by program
NH (3 Programs)	Same action as if they were not on the medication
NJ (All 35 Programs)	Sanctions remain the same, most likely jail, where they will not get MAT
OR (Grants Pass)	Same as other Drug Court violations; No
WI (Waukesha)	Essentially the same as other court participants although MAT participants are encouraged to resume their MAT and explore the events leading up to their decision to discontinue MAT and/or use AODA

(15) IS THE PARTICIPANT RECEIVING THE PRESCRIBED DRUG COURT PSYCHO-SOCIAL SERVICES AS PART OF THEIR DRUG COURT PARTICIPATION WHILE TAKING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	Yes, these services are provided to all participants.
FL (Ocala)	Yes, via monthly updates
KY (All 63 Programs)	Kentucky drug court participants all receive psycho-social services, regardless of whether they are detoxing from suboxone or not.
MT (Bozeman)	In our example, the prescribing doctor required regular psycho-social therapy in conjunction with the Suboxone medication plan.
NY (Amherst)	Yes, the treatment provider must recommend the use and they then alter the treatment plan accordingly.
TX (Dallas)	Psycho-social services should always accompany the prescribing of this medication. Monitoring would be done by case managers along with clinical staff.
VT (Rutland)	Yes. In addition they are regularly required to attend special MAT groups with their provider.
	RESPONSES TO 2015 MAT INQUIRY
CO (Denver)	N/A
FL (Orlando)	Yes
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Yes
MO (All 124 Programs)	Yes, for those who utilize MAT, they incorporate into the individualize treatment plan
NH (3 Programs)	Yes
NJ (All 35 Programs)	Yes
OR (Grants Pass)	Yes
WI (Waukesha)	Yes

(16) IS THE PARTICIPANT RECEIVING THE PRESCRIBED DRUG COURT PSYCHO-SOCIAL SERVICES AS PART OF THEIR DRUG COURT PARTICIPATION WHILE TAKING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	Yes, these services are provided to all participants.
FL (Ocala)	Yes, via monthly updates
KY (All 63 Programs)	Kentucky drug court participants all receive psycho-social services, regardless of whether they are detoxing from suboxone or not.
MT (Bozeman)	In our example, the prescribing doctor required regular psycho-social therapy in conjunction with the Suboxone medication plan.
NY (Amherst)	Yes, the treatment provider must recommend the use and they then alter the treatment plan accordingly.
TX (Dallas)	Psycho-social services should always accompany the prescribing of this medication. Monitoring would be done by case managers along with clinical staff.
VT (Rutland)	Yes. In addition they are regularly required to attend special MAT groups with their provider.

(16) IS THE PARTICIPANT RECEIVING THE PRESCRIBED DRUG COURT PSYCHO-SOCIAL SERVICES AS PART OF THEIR DRUG COURT PARTICIPATION WHILE TAKING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	Yes
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Yes
MO (All 124 Programs)	Yes, for those who utilize MAT, they incorporate into the individualize treatment plan
NH (3 Programs)	Yes
NJ (All 35 Programs)	Yes
OR (Grants Pass)	Yes
WI (Waukesha)	Yes

(17) ARE PSYCHO-SOCIAL SERVICES AUGMENTED OR MODIFIED FOR PARTICIPANTS RECEIVING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	N/A
FL (Ocala)	The clients receive treatment at Drug Court and through the maintenance program provider as well.
KY (All 63 Programs)	N/A
MT (Bozeman)	We augmented that programming with our standard CD Treatment and additional counseling.
NY (Amherst)	N/A
TX (Dallas)	Services are not necessarily augmented, since all clinical social services are individualized for each client.
VT (Rutland)	N/A
RESPONSES TO 2015 INQUIRY	
CO (Denver)	N/A
FL (Orlando)	Yes, on a case by case situation
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	A participant may be part of a Suboxone treatment group. Otherwise, services are essentially the same. A challenge in Maine is that a drug court participant on methadone may not be able to have MaineCare coverage for outpatient treatment services since the belief is that the methadone clinic is already providing those services. However, in reality, that is not the case.
MO (All 124 Programs)	N/A
NH (3 Programs)	No

17) ARE PSYCHO-SOCIAL SERVICES AUGMENTED OR MODIFIED FOR PARTICIPANTS RECEIVING THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2015 INQUIRY**
OR (Grants Pass)	No
WI (Waukesha)	Yes. There is collaboration between providers and the court team.

(18) DOES YOUR PROGRAM INTERMINGLE IN TREATMENT SESSIONS PARTICIPANTS WHO ARE TAKING MEDICATION WITH THOSE WHO ARE NOT?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	While at "intensive outpatient program", they are mixed. This is the first phase of assessment and treatment planning. Thereafter, more targeted treatment would segregate participants.
FL (Ocala)	Yes
KY (All 63 Programs)	Yes
MT (Bozeman)	Yes, although the client was involved in the 'treatment' with the prescriber and therapist in addition to our programming.
NY (Amherst)	Yes. As of now there is not any separation of participants. It is easy to forecast the development and beginning of Medically Assisted Treatment Courts in the not too distant future.
TX (Dallas)	All participants co-exist at all levels of care, irrespective of their medication regiments (i.e. psychotropic meds etc.)
VT (Rutland)	Yes
RESPONSES TO 2015 INQUIRY	
CO (Denver)	N/A
FL (Orlando)	Yes, individuals that are taking medication are not separated from those that are not
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Yes
MO (All 124 Programs)	There is only one drug court in Missouri which has a separate staffing and docket for any participant on MAT
NH (3 Programs)	Yes
NJ (All 35 Programs)	Yes
OR (Grants Pass)	Yes
WI (Waukesha)	Yes

(19) HAS YOUR PROGRAM CONDUCTED AN EVALUATION OF THE EXPERIENCE WITH USING MAT? IF SO, HAS THIS EVALUATION FOCUSED ON THE PROCESS? THE IMPACT?	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	No
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	No
MO (All 124 Programs)	As part of a statewide BJA grant, the use of MAT will be included in an evaluation of programs and a cost-benefit analysis. This is the first year of the grant and there is no data available at this time to share
NH (3 Programs)	No
NJ (All 35 Programs)	No
OR (Grants Pass)	No
WI (Waukesha)	Temple University is currently conducting a process and outcomes evaluation of the drug court program, including use of MAT, through our federal BJA Implementation grant. The report is expected by the end of the year.

(20) HAVE ANY SPECIAL ISSUES/PROBLEMS DEVELOPED REGARDING THE USE OF MEDICATIONS? IF SO, WHAT WERE THESE? HAVE THEY BEEN RESOLVED? IF SO, HOW HAVE THEY BEEN RESOLVED?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	We had clients start suboxone, and feel better than they have in years, and then get a relatively quick relapse. Now we have anticipated this issue, address it at the beginning of treatment, and then continue to reinforce the need to "stay in recovery" with great success.
FL (Ocala)	No
KY (All 63 Programs)	The major issue we have is the potential for abuse of this substance. Of course, marketing indicated that this was a drug that would not/could not be abused; however, in Kentucky there are thousands of addicts who tell a different story. This is a drug that is widely abused in our state. We do not feel that we can adequately distinguish those who are taking it because they want relief from addiction from those who take it to feed their addiction. Because it can be obtained illegally as well as legally, it is next to impossible to determine if participants who have legitimate prescriptions are taking it as prescribed, or supplementing their prescribed dosage with suboxone they purchase off the streets. Our resolution has been to remain a zero tolerance program for all maintenance/replacement therapy drugs and refer those who choose to be maintained on suboxone, etc. to a more appropriate treatment milieu.
MT (Bozeman)	I would caution programs from unilaterally accepting the use of Suboxone for their clients without clear expectations set forth in advance for the tapering and elimination of the drug. Suboxone will ease the withdrawal effects for those addicted to narcotic pain medicine, but programs need to decide under what conditions the use will be acceptable.
NY (Amherst)	Some physicians have possibly over prescribed (32mg) above the recommended dosage of Reckitt-Benkise (usually 16mg but possibly 24mg). Some doctors protocol does not adhere to our policy. We are reviewing the possibility of limiting the physicians a drug court participant may engage.
TX (Dallas)	No special problems have surfaced. Doctors in Texas are specially trained to prescribe and monitor this drug before they may prescribe it.
VT (Rutland)	There is a lot of diversion problems associated with prescription buprenorphine in general. In our program it is much more difficult to divert due to random and frequent pill count. It has been suggested to physician to prescribe lesser amounts for new inductees as well as change packaging to bubble packs so each pack is reflective of what has been used that week or month. To date this change has not been made.
RESPONSES TO 2015 MAT INQUIRY	
CO (Denver)	N/A

(20) HAVE ANY SPECIAL ISSUES/PROBLEMS DEVELOPED REGARDING THE USE OF MEDICATIONS? IF SO, WHAT WERE THESE? HAVE THEY BEEN RESOLVED? IF SO, HOW HAVE THEY BEEN RESOLVED?	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
FL (Orlando)	Nothing notable
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Methadone is problematic in the criminal drug courts in spite of the research on its use being provided to teams and warnings regarding possible ADA or other legal issues. Suboxone/Subutex are progressively being viewed less positively in Maine given the high rates of misuse and diversion. Vivitrol is new and expensive so seen by many as not worth considering. The proposed biennial budget released by Maine's governor last week "eliminates" all state funding for methadone.
MO (All 124 Programs)	There is still some resistance from some programs to fully implement the use of MAT within their treatment court. Recommendations have been made to all programs to follow this best practice and cautioned of the legal implications if they are not allowing participants to use MAT services. We are working at a state level to continue to educate and provide information/research to these programs and all of their team members
NH (3 Programs)	N/A
NJ (All 35 Programs)	Getting everyone on board, individuals think that MAT is not drug free. We have a great deal of resistance towards accepting MAT in the program
NJ (All 35 Programs)	Getting everyone on board, individuals think that MAT is not drug free. We have a great deal of resistance towards accepting MAT in the program
OR (Grants Pass)	Access and length of treatment
WI (Waukesha)	There have been issues with program participants who are prescribed Suboxone through outside providers allegedly giving Suboxone to other participants. There have also been issues with participants who use opiates failing to disclose these relapses and not attending their appointments for Vivitrol injections. Buprenorphine diversion as well as the perception of it is a 'magic pill'. Participants frequently do not want to engage in therapy, education, or support groups because they believe the only problem was the physical dependence. It is often difficult to address the psychological dependence with this group. Also, funding options for grant funded MAT when grants expire are an issue.

(21) WHAT ADVICE, IF ANY, CAN YOU PROVIDE TO OTHER DRUG COURTS CONTEMPLATING THE USE OF MAT.	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
FL (Orlando)	The use of medication while in a drug court program should only be considered if administration, monitoring and costs have been arranged
IL (Champaign)	N/A
MA (All 21 Programs)	N/A
ME (All 12 Programs)	Education to all stakeholders is necessary. Additionally, team members need to either accept that the use of MAT will result in some misuse that requires a great deal of effort to detect (and not all misuse will be detected) or not accept these participants, even though MAT is a best practice and eventually the legal authority of drug courts to reject these participants may be challenged
MO (All 124 Programs)	Educate all team members, partner agencies and community stakeholders regarding the research supporting the use of MAT. Although some resistance comes from the legal community, there are still some treatment providers who do not fully understand MAT and its benefits. For participants, it is important to have the full support of their community and family if they are using MAT during recovery so community education is just as important

(21) WHAT ADVICE, IF ANY, CAN YOU PROVIDE TO OTHER DRUG COURTS CONTEMPLATING THE USE OF MAT.	
[QUESTION NOT ADDRESSED IN 2011 SUBOXONE INQUIRY]	
JURISDICTION	**RESPONSES TO 2015 MAT INQUIRY**
CO (Denver)	N/A
NH (3 Programs)	Make sure it's a team decision have many policy meetings educating the team about MAT, it's benefits and limitations. Have an open relationship with the Dr. and or agency – if they can attend staffing that is best, if not a phone call or written report.
NJ (All 35 Programs)	N/A
OR (Grants Pass)	Coordinate care with other providers
WI (Waukesha)	Collaboration among all treatment providers and treatment that addresses the psychological and spiritual components of addiction as well as the physical addiction addressed through MAT.

THE FOLLOWING QUESTIONS AND RESPONSES ARE FROM THE 2011 "FREQUENTLY ASKED QUESTIONS SERIES: POLICIES/PROCEDURES RE USE OF SUBOXONE FOR DRUG COURT PARTICIPANTS", AND WERE NOT ADDRESSED IN THE 2015 MAT INFORMATION INQUIRY:

(1) HOW HAVE YOU IDENTIFIED/DO YOU IDENTIFY WHICH OF YOUR DRUG COURT PARTICIPANTS IS TO RECEIVE SUBOXONE? IS THERE ANY SPECIAL SCREENING CONDUCTED?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	All of our clients are counseled on all options, total detox, methadone and suboxone. The case manager and client make the determination, and appropriate referrals are made. We are networked with the county program and have slots allocated for our client
FL (Ocala)	Our clients have come into the drug court program already on the suboxone maintenance program. We have not had anyone start after entering the program.
KY (all 63 programs)	Participants actively participating in Kentucky drug courts are not permitted to seek suboxone or other replacement/maintenance drugs.
MT (Bozeman)	We had a client come to us who was already taking suboxone. We decided to allow her to continue with some parameters in place to ensure that she would transition off the medication. We met with her team of doctors in a conference call to set reasonable timetables to push for a 6-month transition plan.
NY (Amherst)	Yes, must be recommended and/or approved by the participants treatment provider, primary physician and finally by the judge
TX (Dallas)	Our clients who use suboxone are typically in residential treatment settings, under a doctor's care, and are gradually detoxed as they step - down to outpatient treatment on a continuum.
VT (Rutland)	We call it "medically assisted treatment" or mat and actually have a treatment group for everyone in our program who is on suboxone or subutex. All participants receive an evaluation from a nurse practitioner when they enter the program. She may make an initial recommendation based on her consult. If not the case manager monitors progress and with the support of our providers clinical staff a recommendation may be made directly to a suboxone prescribing physician. There is one coordinating clinician for all the area physicians who prescribe to reduce drug seeking. The case manager monitors pill counts weekly and updates physician if there is abuse, misuse or dispensing suspected. Urine levels are helpful to determine diversion.
WI (Waukesha)	Clients are screened for mat on a voluntary basis
[QUESTION NOT ADDRESSED IN 2015 MAT INQUIRY]	

(2) HAVE ANY SPECIAL PROTOCOLS BEEN PUT IN PLACE TO MONITOR THE PROVISION OF THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (san Francisco)	Yes, this is a professional clinic that collaborates with our other treatment responsibilities for the client.
FL	No

(2) HAVE ANY SPECIAL PROTOCOLS BEEN PUT IN PLACE TO MONITOR THE PROVISION OF THE MEDICATION?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
(Ocala)	
KY (All 63 Programs)	Ongoing, active communication between the participant, provider and drug court staff, including written reports from the provider detailing the decrease in dosage throughout the process.
MT (Bozeman)	Testing was almost impossible. Standard urine testing was not able to detect the suboxone, and it was cost prohibitive to test for the drug specifically.
NY (Amherst)	Yes, extended minimum time in court to 18 months to allow for being titrated off and 6 months clean. More frequent tests.
TX (Dallas)	No provisions have been made by our court, and there is lengthy team staffing whenever clients have this prescription.
VT (Rutland)	Yes, some scripts are on a weekly basis, some monthly depending on how the participant is doing. Case manager monitors ua levels. Physician does also but not as closely as cm. All participants on buprenorphine are in the special mat group (medically assisted treatment).
WI (Waukesha)	Medication-monitoring is by the physician and the case manager

(3) WHAT FACTORS LED YOU TO BEGIN USING SUBOXONE?	
JURISDICTION	**RESPONSES TO 2011 SUBOXONE INQUIRY**
CA (San Francisco)	Literature research. Also, san francisco has had this pilot project for some years. We never engaged our clients in the test because we had medical detox while in jail, or availability of methadone in our jails, prior to release from custody and entry into drug court. When we networked with the suboxone clinic, we were able to stabilize clients on suboxone prior to release from jail. As a result, we have jail bed cost savings, and enhanced compliance with drug court program requirements.
FL (Ocala)	The drug court clients that are currently using suboxone have all had pain management issued from injuries or illnesses.
KY (All 63 Programs)	N/A
MT (Bozeman)	Individual case
NY (Amherst)	A test collaboration after discussions and meeting with the reckitt-benkiser representative. Also the explosion of opiate abuse in the area and relatively poor treatment outcomes.
TX (Dallas)	Most significantly pregnant women and heroin addicts unable to stop relapsing in early recovery, even after, long - term (six months) residential stays in treatment.
VT (Rutland)	Research indicating it is a very useful tool for addicts.
WI (Waukesha)	Attending several workshops on mat at the NADCP conference in Nashville last year and after the reality check we received when we started our drug court program in march 2012
[QUESTION NOT ADDRESSED IN 2015 MAT INQUIRY]	

PART THREE: NARRATIVE RESPONSES FROM RESPONDENTS TO THE 2011 AND 2015 INQUIRIES

CALIFORNIA

Judge Ronald Albers (*Response to 2011 inquiry*)
Drug Court Magistrate
San Francisco Superior Court
San Francisco, CA
ralbers@sftc.org

(See comments on chart)

COLORADO

Kristin Wood (*Response to 2015 inquiry*)
Deputy Court Administrator
Denver District Court
Denver, CO
kristin.wood@judicial.state.co.us

(See comments on chart)

(See Appendix A 1: *Denver, Colorado – Colorado Access To Recovery [ATR] – Suboxone Pilot Program Eligibility Screening Form*; Appendix A 2: *Denver, Colorado – Access to Recovery [ATR] Denver Drug Court Procedure [Revised]*; Appendix A 3: *Denver, Colorado – Access to Recovery [ATR] Pilot Project – Denver Area Contracts, Procedures, and General Information*; Appendix A 4: *Denver, Colorado – Denver MAT Protocol*)

FLORIDA

Auria Oliver *(Response to 2015 Inquiry***)**
9th Judicial Circuit Court
Orlando, FL
ctdcao1@ocnjcc.org

(See comments on chart)

Kristina Valdez (*Response to 2011 inquiry*)
Court Operations Manager
Fifth Judicial Circuit Drug Court (Marion County)
Ocala, FL 34475
kvaldez@circuit5.org

(See comments on chart)

KENTUCKY

Connie Neal (*Response to 2011 inquiry*)
State Drug Court Coordinator
Kentucky Administrative Office of the Courts
Frankfort, KY
connieneal@kycourts.net

This has been an issue of much debate in Kentucky. In the eastern region of our state, we have a huge problem with the abuse of "replacement therapy" medications, including suboxone and methadone. Although Kentucky has a very good monitoring and accountability system for these meds in place, many of our citizens cross the borders into neighboring states where the monitoring isn't as good and bring them back to be used and sold for the purpose of abuse. As a result, it was/is very difficult to monitor all aspects and deal with all issues related to participants taking these meds. Kentucky has elected to only take participants on these meds into the drug court programs if they agree prior to entry to begin actively detoxing from the meds while in drug court. We have chosen a time frame of 6 months in order to accomplish the detox.

Certainly, if a participant reaches the end of the 6 months and isn't completely detoxed, as long as they are continuing to go through the process, they will be allowed to remain in drug court. Our staff and the participant together contact the medication provider at the time the participant agrees to detox and request that a detox schedule be developed. A release of information is signed allowing our staff to communicate with the provider to ensure that the process is continued and the participant is compliant. If, once the participant enters the program, he/she begins to decompensate, reverts to using behavior, or determines with physician guidance, that their best option for recovery is with the replacement therapy, we will pursue an administrative discharge from drug court.

If a prospective participant declines to undergo the detox process, he/she is determined to be ineligible for drug court. Participants are not permitted to begin a suboxone, methadone, etc. treatment course while in drug court, if the participant chooses to pursue this without informing staff, sanctions will be imposed and termination or administrative discharge will be considered, unless the participant agrees to detox. While this may seem harsh to some, Kentucky is and will remain a zero tolerance state with regard to the use of these types of substances in drug court. We do recognize that this type of maintenance does work and is beneficial to some individuals, our position is that these individuals are free to pursue their recovery in the manner that best works for them, however, drug court is not an appropriate means to that end.

ILLINOIS

Judge Jeffery Ford (*Response to 2015 inquiry*)
Champaign County Circuit Judge
Champaign County Drug Court
Champaign, IL
JFord@co.champaign.il.us

(See comments on chart)

INDIANA

Although no response was received from the state of Indiana, the problem-solving courts practice guidelines regarding participant medication use found on their website is appended and supports the allowance of MAT. (See Appendix B: *Indiana Judicial Center. Problem-Solving Courts Practice Guidelines: Participant Medication Use*)

MAINE

Hartwell Dowling (*Response to 2015 inquiry*)
Coordinator of Specialty Dockets and Grants
State of Maine Judicial Branch - AOC
Augusta, ME
Hartwell.Dowling@courts.maine.gov

(See comments on chart)

(See Appendix C: *State of Maine – Medication Protocol.*)

MASSACHUSETTS

Marie Burke (*Response to 2015 inquiry*)
Drug Court Coordinator
District Courts at Massachusetts Trial Court
Boston, MA
marie.burke73@comcast.net

(See comments on chart)

MICHIGAN

Phyllis Zold-Kilbourne (*Response to 2011 inquiry*)
Registered Nurse & Former State Drug Court Coordinator
Michigan Supreme Court
Detroit, MI
pzold@yahoo.com

During the course of my involvement with drug court programs I discovered buprenorphine and suboxone was highly regulated. Doctors had to have "training" to use it and, at least a few years ago, (regulations may have changed since) doctors were only allowed a fixed number of patients to be on these medications at any

one time. The doctors were monitored by the FDA and if they exceeded a particular number they were sanctioned.

I also discovered the protocol needs to be about 6 weeks. Some treatment programs try to detox patients from opiates using buprenorphine and suboxone in 3-5 days. This I have learned and discovered, was very ineffective leading to immediate relapse.

At the time I looked into the use of suboxone a few years ago, the patient monitoring protocol was very rigid. A patient had to see the ASAM doctor every 3 days and was given a prescription each time for 3 days of medication only (the physicians I was familiar with). The medication was fairly inexpensive, as I remember, and a miracle medication. After 6 weeks of properly monitored suboxone, I learned — (and also observed)— that persons prescribed the medication could, along with appropriate psycho-social services, become clean and remain clean.

I swear by it. Opiate addiction is so difficult to treat and relapse is high because of the painful withdrawals. Buprenorphine and suboxone eliminate these discomforts WITHOUT causing any mood alterations. I never understood the resistance to using something that helps the addicts' withdrawals. We medically detox alcoholics all the time with addicting and mood altering medications to relieve the withdrawal. In my personal opinion, and as a nurse who worked a detox unit in my hay day, it's almost punitive NOT to use it. It is nothing like methadone, where, in my personal view, the methadone clinics maintain the patient's addiction at a cost that can go on indefinitely and the withdrawal from methadone is terrible!

MISSOURI

Angela Plunkett (*Response to 2015 inquiry*)
Court Services Supervisor II
Office of State Courts Administrator
Jefferson City, MO
angela.plunkett@courts.mo.gov

(See comments on chart).

Additionally, 124 drug courts are using MAT in Missouri.

MONTANA

Eric Bryson (*Response to 2011 inquiry*)
Director of Court Services
Gallatin County
Bozeman, MT
Eric.Bryson@gallatin.mt.gov

(See comments on chart)

NEW HAMPSHIRE

Alex Casale (*Response to 2015 inquiry*)
Statewide Drug Court Manager
Dover, NH
acasale@co.strafford.nh.us

(See comments on chart)

Two programs are open to it, but does not have a provider in the area.

NEW JERSEY

Donna Plaza (*Response to 2015 inquiry*)
Statewide Drug Court Manager
Trenton, NJ
Donna.Plaza@Judiciary.State.NJ.US

(See comments on chart)

NEW YORK

Judge Mark G. Farrell (*Response to 2011 inquiry*)
Amherst Drug Court
Amherst, NY
judgefarrell@aol.com

(See comments on chart)

Jim Cavanaugh (*Response to 2011 inquiry*)
Coordinator
Amherst Drug Court
Amherst, NY
cavatamherstdc@hotmail.com

(See Appendix D: *Amherst, New York – Amherst Treatment Courts Participant Agreement for Drug Court Participants Using Suboxone and Subutex*)

NORTH CAROLINA

Tracie Bodford (*Response to 2015 inquiry*)
Adult Drug Treatment Court Coordinator
Buncombe County Courthouse
Asheville, NC
Tracie.Bodford@buncombecounty.org

We do not offer MAT in our drug court. We have tried suboxone for a short period of time but people were abusing it, selling it, etc. However, we have had some folks who graduate end up going to the methadone clinic in order to stay clean. We do not encourage that but our main goal is for our graduates to stay out of jail.

OHIO

Stephanie Belconis (*Response to 2015 inquiry*)
Ashtabula County Drug Coordinator
Ashtabula County Common Pleas Court Judge
Jefferson, OH
slbelconis@ashtabulacounty.us

The Ashtabula County Drug Court Program currently is an abstinence based program that does not utilize Medically Assisted Treatment. Prior to entry into the program all participants, with the exception of pregnancy, are not permitted use of any medications, which may be utilized for Opiate recovery.

The decision not to utilize MAT is based on the Drug Court Team's philosophy of an abstinence-based program, the successful outcomes of the Drug Court since its inception in 2007, and the high costs associated with the medication including personnel to monitor the compliance of the medication. The Drug Court Team will continue to monitor the research regarding MAT.

ORGEON

Casey Black (*Response to 2015 inquiry*)
Josephine County Drug Court Coordinator
Southern Oregon Public Defender, Inc.
Grants Pass, OR
Casey@grants.sopd.net

(See comments on chart)

(See Appendix E: *Grants pass, Oregon – Josephine County Drug Court – Sanctions and Incentive Grids – January 2015*)

TEXAS

Keta Dickerson (*Response to 2011 inquiry*)
Drug Court Coordinator
Dallas "Divert" Drug Court
Dallas, TX
KEDickerson@dallascounty.org

Craig Ross (*Response to 2011 inquiry*)
Clinical Supervisor
Dallas "Divert" Drug Court
Dallas, TX
CRoss@dallascounty.org

(See comments on chart)

VERMONT

Kim DeBeer (*Response to 2011 inquiry*)
Drug Court Coordinator
Rutland Drug Court
Rutland, VT
Kim.DeBeer@state.vt.us

(See comments on chart)

WISCONSIN

Rebecca Luczaj (*Response to both inquiries*)
Waukesha County CJCC Coordinator
Waukesha County Drug Treatment Court
Waukesha, WI
RLuczaj@waukeshacounty.gov

(See comments on chart)

(See Appendix F: *Waukesha County, Wisconsin – Waukesha County Drug Treatment Court Medication-Assisted Treatment [MAT[Grant Implementation Plan [October 2012]*)

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We welcome any additional information and/or perspective readers may have on this topic.

BJA Drug Court Clearinghouse/Technical Assistance Project
Justice Programs Office, School of Public Affairs
American University
4400 Massachusetts Avenue NW, Brandywine, Suite 100
Washington D.C. 20016-8159
Tel: 202/885-2875Fax: 202/885-2885
e-mail: justice@american.edu Web: www.american.edu/spa/jpo

APPENDIX

(A) Denver, Colorado

1. **Colorado Access To Recovery (ATR) -- Suboxone Pilot Program Eligibility Screening Form;**
2. **Access To Recovery (ATR) Denver Drug Court Procedure (Revised);**
3. **Colorado Access To Recovery (ATR) Pilot Project Denver Area Contacts, Procedures, and General Information;**
4. **Denver MAT Protocol;**

(B) State of Indiana

Problem-Solving Courts Practice Guidelines: Participant Medication Use.

(C) State of Maine

Medication Protocol

(D) Amherst, New York

Amherst Treatment Courts Participant Agreement for Drug Court Participants Using Suboxone and Subutex;

(E) Josephine County (Grants Pass), Oregon

Drug Court Sanctions and Incentive Grids – January 2015

(F) Waukesha County, Wisconsin

Waukesha County Drug Treatment Court Medication-Assisted Treatment (MAT) Grant Implementation Plan (October 2012)

COLORADO ACCESS TO RECOVERY (ATR) -- SUBOXONE PILOT PROGRAM

***NOTE:* It is extremely important to get as much of the requested information as possible for us to meet the requirements of the Grant. All information is confidential to the partners of the Grant and no identifying information is reported to any government entity.**

Date:	Social Security Number:	
Client Name: (First)	(M.I.)	(Last)
Address:	City:	State: Zip:
Home Phone: ( )	Work Phone: ( )	
Gender: ___ MALE ____ FEMALE	Cell Phone: ( )	
Drug Court: ____Yes ____No	Urban Peak: ____Yes ____No	
CLIENT DATE OF BIRTH:	Email:	

GPRA Ethnicity & Race Data: *PUT AN "X" THROUGH APPROPRIATE REPLY*

1. Are you Hispanic or Latino?	«Yes» «No» «Refused»
2. [If yes], What ethnic group do you consider yourself?	***[If "NO" to #1, skip #2]***
Central American	«Yes» «No» «Refused» «Don't Know»
Cuban	«Yes» «No» «Refused» «Don't Know»
Dominican	«Yes» «No» «Refused» «Don't Know»
Mexican	«Yes» «No» «Refused» «Don't Know»
Puerto Rican	«Yes» «No» «Refused» «Don't Know»
South American	«Yes» «No» «Refused» «Don't Know»
Other: Specify_____	
3. What is your race? (Answer for each)	
Black/African American	«Yes» «No» «Refused» «Don't Know»
Asian	«Yes» «No» «Refused» «Don't Know»
Native Hawaiian/Pacific Islander	«Yes» «No» «Refused» «Don't Know»

Alaska Native	«Yes» «No» «Refused» «Don't Know»
White	«Yes» «No» «Refused» «Don't Know»
American Indian	«Yes» «No» «Refused» «Don't Know»
Other: Specify_____	«Yes» «No» «Refused» «Don't Know»

Interest In Receiving Services from a Faith-Based Provider:

On a scale of 1-5, where 1 is "Not interested at all" and 5 is "Very interested", how interested would you be in receiving services from a faith-based provider? _____

"Are you willing to consent to the assessment, treatment and data collection components of the program and allow the program partners to share information to facilitate the referral and treatment process?" _____Yes _____No

_____ _____

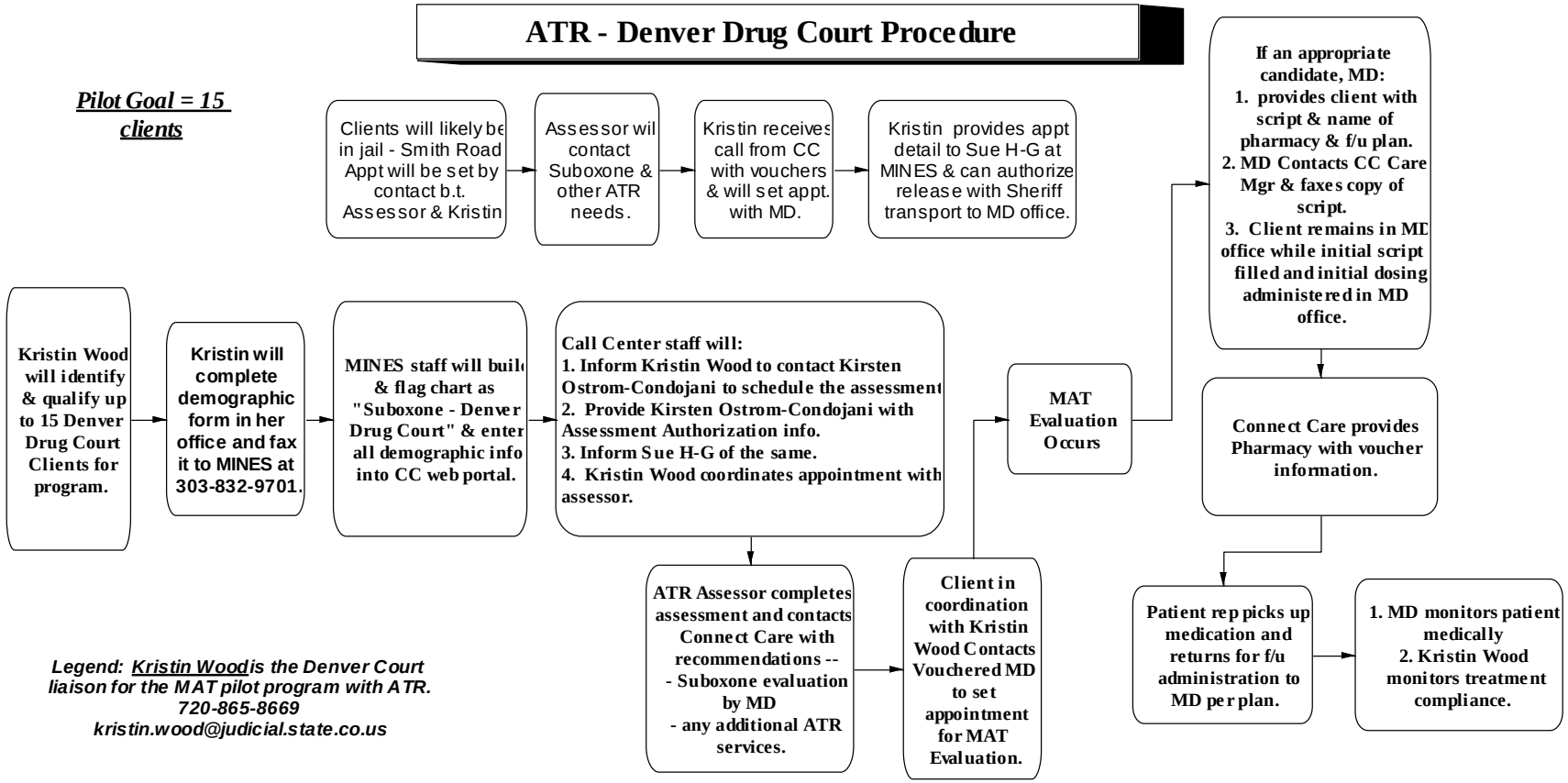
Client Signature Date

_____ _____

Signature of Screener Date

Fax Completed Form to: 303-832-9701 **Questions: Call 303-953-4053 or 888-227-3616**

Appendix A: (2) Denver, Colorado – Access To Recovery (ATR) Denver Drug Court Procedure (Revised)



ATR-- 303-953-4053 or 888-227-3616

Kirsten Ostrom-Condojani - Assessor
303-818-6279

Sue H-G - MINES Case Mgr
303-832-1068 x4010
Cell: 303-525-3561

atr - denver drug court procedure - 0210

Access to Recovery Suboxone Pilot Project
Denver Area Contacts, Procedures, and General Info v.1.0 - 2.25.2010

Contacts:

Physicians:

John Martens, M.D.
303-312-1538
martensj@comcast.net
3400 Lutheran Pkwy.
Wheatridge, CO 80033

Ivor Garlick, M.D. P.C.
303-873-6990
ivgarlick@yahoo.com
1211 S. Parker Road, Suite 100
Denver, CO 80231

Jane Kennedy, D.O.
303-322-0202
jakenn6@gmail.com
1894 Vine St.
Denver, CO 80206

Charles Park, M.D.
303-344-0305
parkc000@hotmail.com
8158 E. 5th Ave., Suite 200
Denver, CO 80230

Edmund Casper, M.D.
303-880-3545
Edmund.casper@comcast.net
3400 E. Bayaud Ave., Ste. 210
Denver, CO 80209

Suboxone will be funded through ATR while other psychotropic meds will be funded through the Denver Drug Court – Kristin will coordinate additional med needs.

Pharmacy:

Cornell Pharmacy
303-388-1674
t2jones@msn.com
2190 E. 18th Ave.
Denver, CO 80206

Drug Court Liaison/Coordinator:

Kristin Wood
720.865.8669
kristin.wood@judicial.state.co.us

ATR Support:

Ryan Smith
719-314-2524
ryan.smith@ppbhg.org

ATR Billing:

Becky Gibson
Becky.Gibson@ppbhg.org
719-314-2534

ATR Authorizations: (for voucher requests)

Julie Adorno 719-314-2544
Jeff Mitchell 719-314-2530

ATR Website to obtain authorizations for care (after they are authorized by Jeff or Julie – (see above):
https://www.connectcare.org/ccpp/

**Please contact Ryan Smith for support with the website.*

Denver MAT Protocol:*

1. There will be one point of contact at each agency to assist in a streamlined referral process for a participant to be referred, evaluated and enrolled in Denver's MAT program.

2. Participants identified as a prospective MAT candidate shall be referred to the Drug Court Coordinator. Once referred, the Drug Court Coordinator will meet with the participant to:

    - Provide information about the MAT program; medication information (how it works/expectations/monitoring), referral and evaluation process, Doctor and Pharmacy locations, etc.
    - Review and sign ROI for unrestricted communications between the participant, Court, Probation/Pretrial Office, Access to Recovery (grant funder), Mines & Associates (program evaluator), Kyersten Condonjani (clinical evaluator), Cornell Pharmacy and the selected treating physician
    - Review and complete referral form which includes demographic and contact information to enable ATR to establish a patient account for payment of all fees for service and for Mines to collect the GPRA intake, follow-up and discharge evaluation data
    - Schedule an appointment with the Clinical Evaluator to determine appropriateness of the candidate to enter the MAT program

3. Participant must be screened and assessed for appropriateness of MAT by an ATR approved assessor. The assessor for Denver's MAT project is Kyersten Condojani. Upon completion of the assessment, Kyersten will notify ATR, Mines and the Drug Court Coordinator if the participant is appropriate for MAT.

4. If the participant is determined appropriate for MAT, the Drug Court Coordinator will schedule an appointment with one of five contracted physicians for an intake evaluation and induction appointment.

5. The participant will attend the scheduled intake/induction appointment as established by the Drug Court Coordinator. During this appointment, the Drug Court Coordinator/Case Manager will obtain a prescription from the physician and have the prescription filled at Cornell Pharmacy. The medication will then be delivered to the physician's office, at which time the participant will be Suboxone induced; should the physician concur the participant is appropriate for MAT and in a proper state of withdrawal for induction.

6. A maximum of 12 months treatment with a 2 month taper will be paid for by ATR. Treatment or Taper may be extended based on clinician's assessment of need for continued treatment. Dr. agrees to attempt to add participant to one of their three pro bono slots for continuity of care.

7. Participants must be in concurrent treatment at the assessed level of care. Individual appointments with the prescribing physician will not be substituted for treatment, but rather, is an adjunct to treatment.

8. Participants are eligible for additional wrap around recovery support services from ATR to aid in better support for the client and outcomes of the program.

9. The Denver Drug Court will provide regional bus/light rail passes to ensure transportation is not a barrier to access treatment or physician appointments.

10. The Coordinator will provide updates to the physicians regarding treatment attendance, overall program compliance and urinalysis results. The Coordinator will provide updates to probation regarding compliance in the MAT program, physician appointment attendance and urinalysis results conducted by the physician. If the physicians and officers are comfortable communicating directly with one another, they may do so, but the Coordinator is to be copied on all communication.

11. Contracted physicians will test for the presence of Buprenorphine in the participant's urine, to ensure consumption of Suboxone; Buprenorphine is not tested for on a standard opiate (natural or synthetic) panel.

Coordinator, probation officer, participant and doctors will work together to establish a long term plan for continued treatment after ATR funding ends; i.e. doctor may absorb a drug court client as one of their three clients they are able to treat for free (paid for by the pharmaceutical company); participant may be eligible for Medicaid and if Medicaid is obtained, client will receive treatment/medication from a Medicaid authorized provider, offender service dollars to be used for sustainment of tx, or utilization of other grant funding.

Monitoring:

Participant will submit to pill counts, buprenorphine testing, and in person dosing; as deemed necessary by the physician (in cases where there is cause to believe the participant is still using illicit substances or diverting Suboxone medication).

Participant will comply with all physician appointments and his/her proscribed treatment regimen or be subject to removal from the Drug Court sponsored and ATR paid for MAT program. This does not preclude the participant from seeking his or her own MAT.

Participant will comply with the Prescription Drug Policy.

Contacts:

Coordinator is the main POC for ATR (grant)
Mines and Associates (evaluator)
Connect Care (voucher and provider coordinator)
Kyersten Condojani (assessor)
Cornell Pharmacy (authorized contracted independent pharmacy)
Dr. Kennedy, Dr. Garlick, Dr. Casper, Dr. Park and Dr. Martin (contracted physicians in the Denver Metro area).

Court or probation will initially identify a participant for treatment. Court Coordinator will meet with the participant and explain to them what Suboxone is, what will be required of them and how the process will work. Participant will understand that this is a voluntary program. Coordinator will complete referral paperwork and have candidate sign ROI. Coordinator will fax the referral to Mines and Associates for entry into the ATR database. Coordinator will notify assessor of referral made. Once referral is entered into database by Mines, the Assessor will then meet with the participant and assess for appropriateness of placement on MAT and complete required GPRA collection and entry of same, if applicable (client is appropriate for tx). Once evaluation is complete, assessor will notify

Coordinator of same and Coordinator will then contact the participant and selected physician to schedule a medication evaluation/intake with the doctor and induction to the medication. Coordinator will ensure that a medication voucher is in place for the initial doctor visit and provide the medication to the doctor so that the participant can be induced at the initial appointment. Future vouchers for doctor appointments and medication will be made by the respective physician/pharmacy.

Medical Doctors will follow ATR provider instructions for billing. Medical doctors will be reimbursed for intake/induction appointment and individual follow-up appointments; five appointments per month. ATR will authorize additional appointments per month if determined clinically necessary.

*participants who test positive for opiates and referred to the MAT program, shall be sanctioned to a term in the county jail, with a medical unit recommendation, to ensure the participant is in a state of withdrawal prior to being induced. Upon completion of the enrollment process, the participant shall be released to a case manager for transportation to the medical doctor appointment.

MEDICATION PROTOCOL

Medication and Adult Drug Treatment Court Participants

Maine's Adult Drug Treatment Courts require that all Participants engage satisfactorily in treatment interventions consistent with best practices in the fields of substance abuse and mental health. These practices may include medication-assisted treatment for addictions and to treat symptoms of mental illness. Prescribing decisions concerning the type and dosage of medication shall only be made by an appropriately licensed consulting physician or other appropriately licensed medical professional, including dentists. The Drug Court retains the responsibility to monitor medication compliance in the context of the Drug Court structure, management, and public safety. Participants are responsible for ensuring that the Drug Court is proactively aware of any medications they are taking and for taking those medications in a manner consistent with the prescription.

- In the process of comprehensively screening and assessing all Drug Court candidates, the potential need for medication, in addition to medications already being prescribed, will be identified and communicated to the participant. This information will also be shared with the Drug Court team.
- The participant will be referred by the Drug Court case manager in collaboration with the Drug Court clinician to a qualified medical professional for further assessment of medication needs and for the prescribing of medication if indicated.
- Ideally, with the exception of dentistry, the prescriber will be an employee of the contracted agency providing substance abuse services to the Drug Court. Alternatively, the prescriber should be familiar with Drug Court practices and procedures, criminal justice Participants, and be willing and able to work closely with the Drug Court team. If a prescriber is unwilling to cooperate with the Drug Court, the participant will be required to retain a new prescriber who is within 30 days of the determination by the Drug Court team.
- Participants will use only one prescriber and pharmacy unless specialized treatment is needed.
- The Drug Court case manager will ensure that the participant has provided the prescriber with notification that the participant is a participant in the Drug Court. The case manager will also ensure that a release is signed by the participant to permit mutual communication with the prescriber, the case manager, and the clinician. If on probation, the probation officer will be also authorized to share and receive information.
- The participant is obliged to inform the case manager of any prescriptions. In the event that the clinician, case manager or other Drug Court team members have concerns about the appropriateness of the prescription, the clinician or the case manager will contact the prescriber to discuss those concerns after communicating those concerns to the participant.
- Although medical marijuana can be legally prescribed in Maine, it remains illegal according to federal statute. The Drug Courts in Maine are recipients of federal funding. Additionally, the ability to successfully engage in recovery from substance abuse while ingesting prescribed marijuana has not been determined. The risk of diversion of marijuana in a Drug Court setting is also significant. For these reasons, defendants with certificates for medical marijuana are not eligible for admission. A participant who obtains a certificate will be dismissed from the Court and returned to regular case processing.

- The case manager, substance abuse counselor, and mental health clinician will update each other continually regarding their conversations with the prescriber.
- Medication prescribed in the treatment of addiction and/or mental illness should be prescribed in limited quantities to reduce the risk of overdose and/or diversion. Blister packs should be used when Suboxone and Subutex are prescribed.
- If a participant is demonstrating behavioral indicators of excessive dosing, such as nodding off, the clinician or the case manager will discuss the matter with the participant before contacting the prescriber. The goal is for the prescribed dose to be modified to eliminate these behavioral indicators. The prescriber may require the participant to undergo testing, including blood tests, to determine if the participant is supplementing the prescribed dose.
- If a participant's presentation while appropriately medicated continues to be disruptive to treatment or other aspects of participation in the Drug Court, the participant may be terminated from the Drug Court, with no sanctions being suggested.
- Any inappropriate use of a prescription or over-the-counter medication will be reported to the Drug Court team and the prescriber. Such behavior may result in the participant receiving a sanction or being expelled from Drug Court if appropriate.
- If it is determined that a participant is using prescription medication illegally to self-medicate and manage symptoms such as anxiety or cravings, the participant will be offered the opportunity for a medication evaluation, which may result in a legal prescription for this medication. Unwillingness to participate in medically supervised medication assisted treatment may result in a sanction or being expelled from Drug Court if appropriate.
- Drug Courts considering the admission of individuals with pre-existing medical conditions for which they are receiving narcotics for pain relief, stimulants for attention deficit disorder, tranquilizers for anxiety, or other medications with a mood-altering effect must obtain an assessment as to whether alternative medications can be appropriately prescribed prior to admission. If this is not the case, compliance management and the risk of diversion must be factored in to the admission decision and subsequent service plan. The same procedure applies for Participants whose medical or mental health status changes while in the Drug Court.
- Participants should be informed in detail upon admission and as indicated throughout their course of participation in the Drug Court of this protocol.

PARTICIPANT AGREEMENT FOR DRUG COURT PARTICIPANTS USING SUBOXONE AND SUBUTEX

Amherst Treatment Courts buprenorphine (Suboxone & Subutex) Policy & Agreement

Name of Participant _____

1) Participant must be diagnosed as opiate dependent by the O.A.S.A.S. licensed treatment agency they were referred to by the Amherst Drug Court.

2) Participant must obtain a recommendation for buprenorphine from the O.A.S.A.S. licensed agency that they were referred to by the Amherst Drug Court. Participants must be screened for any mental health or psychiatric condition that would preclude the recommendation for buprenorphine use.

3) The participant agrees to the stipulation that their minimum time in the Amherst Drug Court is extended to 18 months.

4) Participant must have a primary physician also recommend that they may need to be on, and are medically approved to obtain a prescription for buprenorphine. This would mean that there is no, pregnancy, liver/ kidney damage, allergy to this class of medication or a chronic pain condition being treated with an opiate prescription.

5) Participant must sign a two-way release for information between the Amherst Court and the prescribing physician before they begin the use of buprenorphine.

6) Only Suboxone (i.e., buprenorphine and naloxone) will be permitted. Participants will not be permitted to take Subutex (buprenorphine without naloxone). Note: Suboxone is not recommended for use during pregnancy, and Subutex is often prescribed instead. Decisions about the use of Subutex during pregnancy will be made on a case-by-case basis following a physician's recommendation.

7) A copy of the prescription for buprenorphine with the recommended dosage must be on file with both the treatment agency and the Amherst Drug Court. Any changes in the dosage amount must be documented as above by a new prescription filed with the Court.

8) Participant may not be prescribed any form of benzodiazepine.

9) Must attend counseling on a consistent, regular basis, at their O.A.S.A.S. licensed treatment agency.

10) The participant will submit a freshly voided, unadulterated urine specimen for toxicology testing when requested to do so by the Amherst Treatment Court, treatment agency, or the prescribing physician. Failure to submit a specimen, will be considered a "refusal to test" and will be recorded as a "presumed positive" test result. When appropriate other positive test results may be reviewed by a laboratory or a physician "medical review officer" (MRO) in accordance with the standards of current medical practice before action is taken by the Amherst Treatment Court.

11) The submission of an old or adulterated specimen will be considered a possible reason for being expelled from the Amherst Treatment Court and being returned to the criminal court with prejudice. (Participants are subject to a search of the person when submitting a urine sample in the Amherst Treatment Courts, as referred to in the Amherst Treatment Court rules.)

12) A negative result from a toxicology test for buprenorphine while still prescribed buprenorphine will also lead to re-evaluation and possible removal from the program.

13) The participant must attempt to titrate off of the buprenorphine in order to comply with the "six months clean of all banned addictive substances" rule of the Amherst Drug Court.

14) In the case that the participant has attempted to titrate off the buprenorphine but they and their prescribing physician feel that due to brain chemistry they are best served by remaining on a maintenance level of buprenorphine (normally 2mg. to 4mg. per day), this recommendation must be in writing from their prescribing doctor and a letter from their treatment agency concurring with the recommendation must be presented to the Amherst Drug Court.

_____ _____

Signature of the participant Date

_____ _____

Signature of parent or guardian, (if required) Date

_____

Signature of witness

Josephine County Drug Court
Sanctions and Incentive Grids – January 2015

Our court and research findings have determined that programs with clearly defined written guidelines, sanctions and incentives generate better outcomes and greater cost saving. Please refer to the following grid of sanctions and incentives for our court. Our Team is encouraged to follow the grid while allowing flexibility and taking in account that each person is assessed on a case by case basis. The Judge makes the final decision on all sanctions and discusses all deviations from the Grid.

Sanction Grid: ***C/S (community service)**

- **Phase 1- 3 offenses**: Sanctions could also include: Weekly Court Attendance, Return to Previous Phase, Additional Treatment Sessions, Additional UA's, and/or Carey Guidelines
- **Phase 4 offenses**: Sanctions could also include: Delay of Graduation, Carey Guidelines, Return to Previous Phase, or Termination

Sanction Grid – Phases 1 - 4

Level of Offense	First Noncompliance	Second Noncompliance	Third Noncompliance	Fourth Noncompliance
Court - Failure to Appear	Warrant Issued	Weekend Jail w/ report	Program Termination	
Missed Tx Session	8 Hrs C/S or 1 court day/report	16 hrs C/S or 2 court days/report	C/S or Weekend Jail w/ Report	Review Case for Sanction or Recom. Term.
Failure to UA— (Depending on number of Failures to UA on Report)	8 Hrs – 16 Hrs C/S or court days w/ report	16 Hrs – 24 Hrs C/S or court days w/ report	32 – 40 hrs C/S, Weekend or more Jail and Review for Res. Tx. Options	Review Case for Sanction/Res. Tx or Recom. Termination
Abnormally Dilute UA	8 Hrs – 16 Hrs C/S or court days w/ report	16 Hrs – 24 Hrs C/S or court days w/ report	32 – 40 hrs C/S or Weekend Jail w/ report	Review Case for Sanction or for Recom. Termination
Positive UA – (Depending on number of positive UA's on Report)	8 Hrs – 16 Hrs C/S and/or court days w/ report	16 Hrs – 24 Hrs C/S and/or court days w/ report	32 – 40 hrs C/S or Weekend or more Jail and Review for Res. Tx. Options	Review Case for Sanction/Res Tx or Recom. Termination
Various Treatment. Misconduct Issues	Judge warning + 8 Hrs – 16 Hrs C/S and/or court days w/ report	8 – 16 hrs C/S and/or Weekend Jail w/ report	Review Case for Possible Termination	
Not adhering to MAT Guidelines	Jail or Recom. Termination	_____	_____	_____
Missing Support Meetings	Make up Meetings for next appearance	Make up Meetings for next appearance	Make up Meetings for next appearance	Make up Meetings for next appearance
Non-Completion of Previous Sanction	Additional C/S days added or Court days	Additional C/S or Weekend Jail w/ Report	Weekend Jail w/ Report	Review Case for Recom. Termination
Failure to Make Payment	Reminder	Reminder/Failure to Move to Next Phase	Failure to Move to Next Phase	8 hours C/S/Failure to Move Phases

New Violation or Crime – Non Person	Review Case - Jail or Recom. Termination	Recommend Termination		
Person Crime	Recom. Termination			

Incentive Grid

Behavior	Praise from Bench	Applause	Certificate/ Photo with Judge	Plaque	Gift Certificate and/or Basket of Items	Recog. at Grad/ Stuffed Bear	Court Appearances Lessened	Progress through Phases	DC Hat	Grad with DVD
Complete Program Phase	*	*	*		*		*	*	*	
Additional Support Meetings	*									
Personal Achievement	*	*			*					
Clean Days Announced	*	*					*	*		
Drug Free Baby	*	*	*			*				
Timely Payment of Fees	*									
Completion of Phase Activity	*							*		
Softball Game Participation	*	*							*	
No Sanctions in Program	*	*	*			*				
Theater Troupe Participation	*	*			*	*				
Program Completion	*	*	*	*	*	*				*
Scott Titzler Award	*	*	*	*	*	*				

In addition, participants who are deemed 100% compliant on all requirements are called first during court sessions. Individuals have an opportunity to draw from the **FISH BOWL*** which includes a **GRAB BAG.**

***Gift Cards** and **Grab Bag Items** are donated by DC staff, community agencies, local vendors, purchased from the One 80, Inc. account. Most are valued at $5.00 each. The coordinator purchases the cards. The DC Clerk prepares the Fish Bowl, monitors the contents and advises the coordinator when they are running low.

Waukesha County Drug Treatment Court Program
WI Office of Justice Assistance (OJA) Medication-Assisted Treatment Grant Implementation Plan
October 2012

Waukesha County is the recipient of a grant from the WI Office of Justice Assistance (OJA) to incorporate medication-assisted treatment (MAT) into our Drug Treatment Court (DTC) program. The project period is from September 1, 2012 – August 31, 2013 and the goal is to serve up to 35 drug court participants. Participants will be assessed by a physician for appropriateness for Naltrexone to help them overcome their addiction to opiates.

The following are steps of the MAT referral and intake process for participants who *voluntarily* agree to be assessed:

STEP 1

The DTC case manager will distribute and review a MAT informational handout (attached) with each DTC participant at their initial intake appointment. This document details the steps of the assessment process, as well as gives a brief overview of the Naltrexone medication.

STEP 2

If the DTC participant is interested in MAT, the case manager will instruct him/her to contact the Department of Health & Human Services (HHS) to set up an intake appointment.*

STEP 3

At the intake appointment, the DTC participant will have a fiscal assessment, medication evaluation, and substance abuse services assessment. In addition, they will be referred to Moreland Medical (drop in) for a blood draw to monitor liver functioning. They will leave this intake appointment with a scheduled appointment to meet with one of the HHS physicians.

STEP 4

The DTC participant will go to **Moreland Medical** (1111 Delafield Street, Waukesha) to complete the blood test prior to their scheduled doctor's appointment.

STEP 5

The DTC participant will participate in their scheduled doctor's appointment. During the psychiatric evaluation, the participant will be assessed and informed regarding medications and treatment options. If found appropriate, the physician will order Naltrexone and provide the participant with a prescription.

STEP 6

The DTC participant will fill their prescription at **Value Care Pharmacy** (501 S. Grand Avenue, Waukesha), which will be ordered by the physician in a unit dose/bubble pack to assist in adherence to the daily regimen and enable medication-monitoring by the case manager. Value Care Pharmacy will invoice HHS/CJCC for the cost of the medication so that there is no out-of-pocket cost to the participant for the Naltrexone. All co-pays will also be covered.

STEP 7

The DTC participant will begin taking the medication, as prescribed (after 7-10 days opiate-free), and will meet with the HHS physician on a regular basis to assess progress in treatment, evaluate needs, and monitor the effects of the medication.

***NOTE:** If a DTC participant has insurance coverage for an alternate provider to HHS, the DTC participant will be instructed to contact their own in-network physician to inquire about Naltrexone. The case manager will instruct the participant to sign a release form so that the physician can be made aware of the grant to cover the costs of the medication. The physician's office will be instructed to invoice HHS/CJCC for the cost of the medication.