

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 453.07

EFFECTIVE DATE: 02 December 2024

**SUBJECT: MEDICATIONS FOR OPIOID
USE DISORDER (MOUD)**

POLICY DIRECTIVE

PURPOSE:

To provide information and guidelines for the Medications for Opioid Use Disorder (MOUD) Program and the required reporting procedures.

REFERENCE:

WV Code §62-15a-3; and Government Performance and Results Act (GPRA) Modernization Act of 2010.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 453.07, dated 20 March 2024.

APPLICABILITY:

All adult facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution and shall be made available for inmate review upon the effective date.

DEFINITIONS:

Government Performance and Results Act (GPRA): A United States law enacted in 1993 designed to improve government performance management. The GPRA requires agencies to engage in performance management tasks such as setting goals, measuring results, and reporting their progress. The GPRA Modernization Act of 2010 took the existing requirements of the 1993 act and developed a more efficient and modern system for government agencies to report their progress.

Medication for Opioid Use Disorder (MOUD): An evidence-based approach that uses medication to treat individuals with OUD.

Opioid Use Disorder (OUD): A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis of OUD is based on specific criteria such as unsuccessful efforts to cut down or control use or use resulting in failure to fulfill obligations at work, school, or home, among other criteria.

POLICY:

- I. There are three (3) medications approved by the Food and Drug Administration (FDA) typically used for treating Opioid Use Disorder (OUD), Buprenorphine, Naltrexone, and Buprenorphine/Naloxone. These medications are clinically proven to safely replace the opioids, block the opioid effects on the brain, normalize brain chemistry and body functions, and relieve physiological cravings.
 - A. The Medication for Opioid Use Disorder (MOUD) program of the Division of Corrections and Rehabilitation (DCR) is a voluntary program and inmates can express their interest in the program by submitting an Inmate Health Services Request Form through established facility procedures.
 - B. Any staff member may identify an inmate they feel would be a good candidate for this program and refer the inmate to healthcare staff for evaluation.
 - C. Healthcare staff will meet with the inmate to determine if the inmate meets criteria for the MOUD Program and provide the inmate with printed information on the medications to be provided and gain consent for treatment.
- II. **In jails**, the healthcare staff conducting the MOUD Program intake will complete the SOR Recovery Peer Referral (**Attachment #1**) with the inmate and submit completed forms to the Health Services Administrator (HSA). The HSA will submit completed forms to the DCR Correctional Healthcare Program Manager to be uploaded to a shared document. The document will be shared with the assigned SOR Peer Coordinator and the Unit Manager and will show whether SOR staff or DCR staff need to complete the Government Performance and Result Act (GPRA) Interview.
 - A. For pre-trial and convicted misdemeanor inmates in jails who are participating in the MOUD Program, he/she will be referred to the Peers in Jails Program provided by the State Opioid Response Grant (SOR PRSS).
 - B. For pre-trial and convicted felonious inmates in jails who are participating in the MOUD Program, DCR staff are to complete the GPRA Interview, the Unit Manager will assign appropriate staff to complete the interview and enter the information into the West Virginia Web Infrastructure for Treatment Services (WWWITS).
 - C. Unit Managers will ensure the inmate's participation in the MOUD Program is recorded in the Offender Information System (OIS).

- D. Inmates refusing to complete the GPRA Interview will sign the GPRA Interview Refusal (**Attachment #2**). Completed refusal forms will be forwarded to the DCR Correctional Healthcare Program Manager.
 - E. Inmates refusing to meet with the SOR Peer Coordinator or complete the GPRA Interview will still be permitted to participate in the MOUD Program.
 - F. Unit Managers are responsible for enacting procedures to ensure the six (6) month follow-up and discharge GPRA Interviews are completed also.
- III. In **prisons and community corrections facilities**, healthcare staff will notify the Associate Superintendent of Programs (or Unit Manager in facilities without an ASP) of an inmate's participation in the MOUD Program.
- A. The ASP or Unit Manager is responsible for assigning appropriate staff to complete the GPRA Interview and ensuring the six (6) month follow-up interview and discharge interviews are completed and entering the information from all interviews into the WVVITS.
 - B. The ASP or Unit Manager will ensure the inmate's participation in the MOUD Program is recorded in OIS.
 - C. Inmates refusing to complete the GPRA Interview will sign the GPRA Interview Refusal (**Attachment #2**). Completed refusal forms will be forwarded to the DCR Correctional Healthcare Program Manager.
 - D. Inmates refusing to complete the GPRA Interview will still be permitted to participate in the MOUD Program.
- IV. Reentry preparation services for inmates participating in the MOUD Program will be a collaborative effort of DCR and contractual healthcare staff.
- A. Healthcare staff shall provide the appropriate supply of medications as well as prescriptions and will schedule medical and mental health follow-up appointments in the community as appropriate.
 - B. Healthcare staff will assist inmates in completing the MOUD Program Release of Information (**Attachment #3**) and providing the inmate the "follow-up community appointment" information at the bottom of the form. A copy of the form will be provided to the SOR or DCR staff member responsible for completing the discharge GPRRA Interview
 - C. DCR and healthcare staff will provide information on other available community resources.

- D. In accordance with DCR Policy Directive 460.00, designated facility staff will assist inmates with the Medicaid application process prior to release. This will include assisting inmates in applying online via a portal provided by the WV Department of Health and Human Resources.
- V. The ASP or Unit Manager is responsible for ensuring the MOUD Program Log (**Attachment #4**) is submitted monthly to the DCR Correctional Healthcare Program Manager on the first day of each following month. This information will be utilized to complete the annual report.
- A. The log will contain the name and OID# of each inmate enrolled in the MOUD Program that month.
- B. If the inmate is convicted, the crime(s) will be listed as contained in OIS. Not applicable will be indicated if the inmate is not convicted.
- C. The date the inmate begins the program and the MOUD medication the inmate is receiving will be recorded.
- D. If the inmate received Vivitrol, MAT or MOUD medications during previous incarcerations in the DCR will be indicated in the last column.

ATTACHMENT(S):

- #1 SOR Recovery Peer Referral
- #2 GPRA Interview Refusal
- #3 MOUD Program Release of Information
- #4 MOUD Program Log

APPROVED SIGNATURE: _____

William K. Marshall III

William K. Marshall III, Commissioner

12/2/2024

Date

WV Division of Corrections & Rehabilitation

State Opioid Response (SOR) Recovery Peer Referral

FORM ONLY TO BE USED IN JAILS

Date: _____ Staff completing form: _____

Offender's Name: _____ OID#: _____

Offender's DOB: _____

Is the offender a pre-trial or convicted **misdemeanant**? Yes No

Is the offender a pre-trial or convicted **felon**? Yes No

Offender has an SUD? Yes No

Offender is on MOUD? Yes No

Pre-trial or convicted misdemeanor offender accepts referral to SOR Recovery Peer?
 Yes No

If **Yes** to the above question, a Recovery Peer will complete the GPRA Interview.

If **No** to the above question, DCR staff will complete the GPRA Interview.

*Note: If pre-trial or convicted felon, DCR staff will complete the GPRA Interview.

Reentry Coordinator assigned to this offender: _____

*Note: RC to give Parole Officer information when offender released to parole supervision.

Has this offender previously been on MOUD with the WVDCR? Yes No

If Yes, how many times? _____

How long has it been since last MOUD with WVDCR? _____

Did the offender continue MOUD in the community? Yes No

Did the offender return on a parole violation? Yes No

Did the offender violate or return to WVDCR with substance abuse? Yes No

If so, what substance(s)? _____

cc: Health Services Administrator

WV Division of Corrections & Rehabilitation

State Opioid Response (SOR) Recovery Peer Referral

Date: _____ Staff completing form: _____

Offender OID#: _____

I, _____, refuse to participate in the
Offender's Printed Name
Government Performance and Results Act (GPRA) interview process.

Offender's Signature: _____

Witnessing Staff Name and Title: _____

Witnessing Staff Signature: _____

cc: DCR Correctional Healthcare Manager

West Virginia Division of Corrections and Rehabilitation

MEDICATIONS FOR OPIOID USE DISORDER (MOUD) PROGRAM
RELEASE OF INFORMATION

I give permission for the WV Division of Corrections and Rehabilitation (WVDCR) to obtain information from my community medical provider or clinic regarding my continuing participation in the MOUD Program. The WVDCR will obtain information only as it pertains to this program and will not have access to any other medical records or protected information.

Patient's Name: _____
(PLEASE PRINT) *FIRST* *MI* *LAST*

Patient's Signature: _____ Date: ____/____/____

Witness: _____
PRINTED NAME *SIGNATURE*

DCR Facility: _____ Previous MOUD: YES NO
Circle One

Insurance: PRIVATE MEDICAID NONE Insurance/ Medicaid #: _____
Circle One

Scheduled Release Date: ____/____/____ Zip Code: _____
Address Releasing To

Follow-up Community Appointment

Community MOUD Provider: _____

Appointment Date and Time: _____

Community MOUD Provider Phone Number: _____ - _____ - _____

Notes: _____

MOUD PROGRAM LOG

FACILITY NAME _____ MONTH/YEAR _____

OFFENDER NAME	OID#	OFFENSE(S) CURRENTLY CONVICTED OF N/A if not convicted	DATE ENROLLED IN MOUD	MOUD MEDICATION	PREVIOUSLY REC'D MOUD IN WVDCR