

## Sample Buprenorphine Program Workflow Sample #2 – MOUD provision by community-based MOUD provider [KY HCS]

This workflow was adapted from the previous HCS Buprenorphine Program Workflow Sample #1 by Dr. Jordan Kelsch and Susannah Stitzer and reviewed and revised by Drs. Devin Oller and Michelle Lofwall.

### Example Workflow for Sublingual and Long-acting Injectable Buprenorphine MOUD Program at Jail Intake

#### Definitions

- Staff: Staff included the independent outpatient behavioral health clinic located off-site and county detention center corrections staff
- Medical staff: Independent outpatient behavioral health clinic. The on-site contracted jail medical provider has no role in this workflow.
- Custody staff: county detention center corrections staff who assist in roles such as screening and transport of prisoners
- Recovery coach: a trained peer support specialist who is in remission and recovery and performs non-clinical recovery support services

#### Eligibility

- People who have non-violent charges/convictions (those indicted on violent or sexual charges are not eligible; drug trafficking charges can be evaluated on a case-by-case basis.)
- People who are county inmates (not state inmates) prioritized by:
  1. People who are already sentenced
  2. People remaining in the jail after Administrative Release process (awaiting trial)
  3. People released after Administrative Release process
- Not awaiting transfer to another correctional facility
- New admissions are a priority; however, those with multiple cases in multiple counties or states are not eligible
- Those entering the jail who are already on buprenorphine treatment are the current priority during this pilot with the hope that there can be expansion in the future of offering buprenorphine treatment to those with OUD who are not yet on buprenorphine at the time of incarceration

#### Workflow

##### 1. Screening for opioid use at jail intake

- a. Screening for opioid use – 4 self-report questions. If any one of these are positive, then it is considered a positive screen.
  - i. Self-report items: The following items will be asked by Corrections Officer during booking and documented in Jail Tracker:
    1. “Do you take buprenorphine, including Suboxone®, prescribed by a healthcare provider?”
    2. “Do you use opioids, such as heroin, pain pills, or fentanyl?”

3. “Do you think you will be withdrawing from opioids, such as heroin, pain pills, or fentanyl, while in jail?”
  4. “Are you taking methadone from an opioid treatment program?”
  - ii. If yes to #1, refer patient to the independent outpatient behavioral health clinic for initial evaluation. If yes to any of the other questions, the patient is referred to contracted on-site jail medical provider for withdrawal management in the pilot phase.
  - iii. Independent outpatient behavioral health clinic may also consider implementation of follow-up screening process on individuals if individuals did not disclose buprenorphine or opioid use during booking with corrections officer.
- b. Referral process
- i. For those screening positive on #1 and that meet the eligibility criteria as assessed by the Recovery Coach at county detention center, they are referred to the independent outpatient behavioral health clinic within 24 hours (or by Monday morning if screened over the weekend) to discuss possible treatment of OUD and option of jail buprenorphine program
    1. County detention center will inform the independent outpatient behavioral health clinic of any new individuals screening positive via phone call, text or email each morning (Monday-Friday. If individual is booked over the weekend, this will be done by Monday morning).
    2. Referrals will be made to the independent outpatient behavioral health clinic program coordinator when an individual answers yes to screening question #1 and meets eligibility criteria. County detention center will have a designated first shift contact that will reach out to the independent outpatient behavioral health clinic each morning to share any referrals by emailing the program coordinator. HCS Recovery Coach will be the primary point of contact for the County Detention Center
  - ii. While awaiting initial evaluation, patient can be given MOUD flyer and educated about medication treatment options by HCS Recovery Coach

**2. Consent, Initial Evaluation, and Treatment with sublingual (SL) buprenorphine and long-acting injectable buprenorphine (Brixadi® and Sublocade®)**

- a. Preparation and scheduling for appointment/dosing
  - i. County detention center HCS Recovery Coach to schedule patient via phone for initial evaluation appointment as needed Monday-Friday.
    1. Will schedule appointments as needed. At least 24 hours is needed from jail to schedule and arrange transport. Accounting for medication delivery time, independent outpatient behavioral health clinic anticipates primarily seeing patients Monday through Thursday but can see patients for initial intake appointments Monday-Friday as needed.
    2. Intake at the independent outpatient behavioral health clinic has been centralized. HCS Recovery Coach to use phone number to call and take care of paperwork/ appointment setup; if they can't get an

appointment per central intake then call the independent outpatient behavioral health clinic team to notify and schedule appointment directly.

- ii. Corrections officer will transport individuals to the independent outpatient behavioral health clinic for initial evaluation appointments, and supervised dosing of sublingual or injectable buprenorphine. Supervised daily dosing will occur daily Monday-Friday. Initial evaluation appointments will occur Monday-Friday as needed.
- b. Initial encounter at the independent outpatient behavioral health clinic (estimated 2 hours per patient)
- i. Security Considerations:
    1. A County Detention Center Officer will be present for the entire appointment.
    2. Participants will be shackled during appointments.
    3. Participants will be seen in back lobby with glass partition to ensure medical privacy but still allow County Detention Center officer to maintain security.
    4. There is no mingling between lobbies and participants will not be left alone; bathroom leads directly into lobby on one side and the lab on the other.
    5. County Detention Center transport will use separate entrances and exits for privacy (side door to Independent outpatient behavioral health clinic Health).
    6. HCS Recovery Coach will accompany County Detention Center Officer for transportation and appointments to provide support to participants and facilitate cross-team engagement.
  - ii. Consent and documentation
    1. Independent outpatient behavioral health clinic to complete the following with the patient to sign:
      - a. Consent to treatment via telehealth [if applicable]
      - b. Consent to treatment/signed treatment agreement with buprenorphine
      - c. Consent to referral to outside OUD treatment/healthcare provider at release if care is not continued with Independent outpatient behavioral health clinic
      - d. Consent to obtain records from previous substance use disorder treatment venues (KBML requirement)
      - e. Release of Information (ROI) between contracted on-site jail medical provider, county detention center, and community provider at release
      - f. As part of informed consent, patients must agree to be transitioned to Sublocade® or Brixadi®.
      - g. Recovery coach can also support completion of consent documents. Independent outpatient behavioral health clinic will

provide a link that participants can access via the Recovery Coach's computer to complete before their appointment.

2. Independent outpatient behavioral health clinic to generate KASPER report (KBML requirement)
  3. Independent outpatient behavioral health clinic to compile all consent forms, DSM5 OUD checklist form, KASPER report, urine drug screen results and ensure completion of all prior to provider appointment
  4. Secure sharing of information between parties
  5. Documentation stored securely and shared with provider(s) in patient medical record in (EMR) including screening results form, consent forms, DSM5 OUD checklist form, KASPER report, urine drug screen results and pregnancy test results (if applicable)
- iii. Biopsychosocial assessment: Corrections officer or designee to escort patient to private area for appointment for biopsychosocial assessment with provider or counselor.
- iv. MOUD Provider appointment: Following initial biopsychosocial assessment, the patient will see the buprenorphine provider for medical evaluation.
1. Corrections officer or designee to escort patient to private area for appointment with buprenorphine provider.
  2. Individuals who need to provide a urine sample will be escorted by Independent outpatient behavioral health clinic and corrections staff to appropriate area. Urine drug screens and pregnancy test (pregnancy test only when applicable) will be performed by Independent outpatient behavioral health clinic. Urine drug screen to include, but not limited to, buprenorphine, methadone, opiates, oxycodone, benzodiazepines, and stimulants.
    - a. Independent outpatient behavioral health clinic uses a POC that screens for 18 substances, with send out confirmatory testing.
    - b. If a patient self-reports opioid use and the initial screen is negative, proceed with further fentanyl screen testing by the independent outpatient behavioral health clinic.
    - c. If a patient is pregnant, proceed with jail medical protocol to confirm/assist with prenatal care. Pregnant individuals with OUD are eligible for medication treatment with buprenorphine through HEAL
  3. Independent outpatient behavioral health clinic to perform Clinical Opiate Withdrawal Scale (COWS) or other appropriate withdrawal assessment
  4. Independent outpatient behavioral health clinic to do a set of vitals (BP, HR, temp, RR) prior to appointment
  5. [Buprenorphine provider] to evaluate the following and document in initial eval note (per KAR 9:270) by notation or reference to existing documentation:

- a. Fam Hx/Social-Personal-Legal Hx/Detailed SUD and Psych History/Med-Surg Hx/Meds/Allergies/ROS. Ensure OUD diagnosis with DSM-5 criteria documented
  - b. Independent outpatient behavioral health clinic to assess and document COWS score prior to appointment for verification during telemedicine appointment. [COWS or similar withdrawal assessment required by KMBL]
6. [Buprenorphine Provider] orders for labs [Complete metabolic panel, CBC with diff, PT/INR, Lipid profile, HIV screen, Hep B/C screen, plasma Hcg if female, urine drug test]. Independent outpatient behavioral health clinic to draw/obtain labs as ordered. \*\*Patients continuing buprenorphine treatment from an outside provider do not need blood tests obtained if they have been collected within the last 12 months. Urine drug screens should still be repeated.\*\*
- v. Independent outpatient behavioral health clinic to obtain blood draw as soon as practical but not more than five business days after initial evaluation. Results are not needed prior to treatment initiation.
- vi. Dosing directions for each subcutaneous injectable buprenorphine product are included in the FDA labeling and medical providers are encouraged to become familiar with these. Patients not yet on SL buprenorphine may transition to Sublocade® after tolerating at least 8mg SL daily for 7 days per FDA labeling. In clinical practice, there are instances when transition may be determined to be safe and feasible earlier (e.g., after at least 3 days of sublingual buprenorphine dosing); these decisions can be made on a case-by-case basis. Patients may start Brixadi® (weekly) after tolerating at least one sublingual dose of buprenorphine (4mg). The arms should not be used as the injection site for the weekly Brixadi® product until steady state has been achieved (i.e., after 4 weekly injections have been given) because there is 10% less absorption from the arms. Patients who are currently being treated with other buprenorphine-containing products can start treatment with either Brixadi® (weekly) or Brixadi® (monthly). See FDA package inserts for more information about the clinical pharmacology, injection technique and sites, side effects, etc.
- vii. [Buprenorphine provider] to enter medication order for desired buprenorphine product
  1. If appropriate, sublingual buprenorphine entered into medical record for electronic transmission to the appropriate pharmacy, or if appropriate, enter injectable buprenorphine prescription to partnering specialty pharmacy.
  2. Sublingual buprenorphine doses for initial intakes will be prescribed to and dispensed from a local community pharmacy to facilitate same-day dose administration. The independent outpatient behavioral health clinic to contact the local community pharmacy to ensure prescription was received and ready for pick up to minimize delays.
  3. All participants will be offered counseling from the pharmacy. When calling to request counseling for sublingual or long-acting injectables,

the independent outpatient behavioral health clinic will indicate that the counseling request is for a County Detention Center participant to prevent delay. The pharmacy team is aware of the partnership and particular needs.

4. If needed, sublingual buprenorphine dose prescriptions should be submitted to the partnering specialty pharmacy by **2pm** to ensure delivery by the next day. Long-acting injectable buprenorphine prescriptions should be ordered by **12pm** to ensure delivery by the next day.
  5. If a patient is not yet transitioned to Brixadi® or Sublocade® and requires sublingual dosing on Saturday or Sunday, Independent outpatient behavioral health clinic buprenorphine provider may consider higher sublingual dosing to be provided on Friday to provide medication coverage through the weekend.
- viii. Please note that HIV/AIDS and epilepsy/seizure disorder do not exclude buprenorphine treatment. Very few medication interactions between HIV medications and buprenorphine. If a patient with HIV/AIDS is followed by a community clinic, care coordination should be emphasized.
- c. Buprenorphine dosing and diversion mitigation (estimated 10-15 min for sublingual dosing)
- i. Initial intake appointment dose administration
    1. Independent outpatient behavioral health clinic and County Detention Center staff are both available to pick up sublingual buprenorphine prescriptions as needed from a local community pharmacy and delivered back to the independent outpatient behavioral health clinic for supervised dose administration.
    2. Note: sublingual dosing will need to be repeated until the injectable arrives and is administered. While only one SL dose may be needed before administering Brixadi®; it's important to give daily SL doses in case of delayed shipment and receipt of injectable.
  - ii. Subsequent appointment and buprenorphine administration
    1. If applicable, prior to patient arrival, the independent outpatient behavioral health clinic will coordinate the ordering and delivery of injectable buprenorphine (Sublocade® or Brixadi®) through a partnering specialty pharmacy to the independent outpatient behavioral health clinic office for any individuals receiving doses.
    2. Sublingual or injectable buprenorphine prescriptions will be delivered via courier from a partnering pharmacy (sublingual) or partnering specialty pharmacy (injectable or sublingual).
    3. Prescriptions will be stored in accordance with DEA requirements in a locked cabinet on-site at the independent outpatient behavioral health clinic. The injectable products will only be dispensed to a healthcare provider and will never be dispensed to the patient.
- d. General dosing and diversion mitigation guidance

- i. Individuals arrive to the independent outpatient behavioral health clinic transported by Corrections Officer and escorted to secure area for supervised and observed SL dosing.
  - ii. Sublingual buprenorphine is to be administered to patient under direct supervision of appropriate independent outpatient behavioral health clinic staff and custody staff. (If used: Tablets are administered under patient's tongue). Patient is observed for 5-10 minutes until medication is dissolved. Patient is to drink water following dose with mouth check performed. Independent outpatient behavioral health clinic staff to document dosing in medication administration record (MAR). This procedure is for diversion mitigation purposes.
  - iii. Sublingual buprenorphine/naloxone or buprenorphine dosing expected to be once daily.
  - iv. Patients receiving injectable buprenorphine will be escorted to appropriate area for dose administration by the independent outpatient behavioral health clinic staff.
- e. Follow-up visits
  - i. Appointment frequency: KBML 9.270 and 201 KAR 20:065 outlines appointment frequency. The Kentucky Board of Medical Licensure issued an Opinion in June 2023 regarding exemption from frequency of visit requirements in 201 9:270 (2)(4)(e)(3) for incarcerated persons that states "it is acceptable and prevailing practice to exclude patients from the frequency of visit requirements set forth in 201 KAR 9:270 (2)(4)(e)(3) while they are incarcerated." Relevant regulations from the Board of Nursing are currently available for public comment and it is advised to follow announcements from the board accordingly.
  - ii. Detention center staff to escort patient to and from the independent outpatient behavioral health clinic for appointments or appointments can be conducted via telehealth. HCS Recovery Coach to assist in supporting telehealth in conjunction with recovery coaching services.
  - iii. Independent outpatient behavioral health clinic to perform vitals and COWS prior to appointments until providers deem it is no longer necessary
  - iv. Independent outpatient behavioral health clinic to run KASPER at least once every 3 months and buprenorphine provider to document their review in chart with any worrisome findings noted.
  - v. [Buprenorphine provider] to document in their note that the current dose and the need for ongoing medication treatment are appropriate as outlined by 201 KAR 9.270 and 201 KAR 20:065.
  - vi. Dose changes, new orders, and documentation from buprenorphine provider communicated to medical staff via electronic medical record.

### **3. Release & Re-Entry Care**

- a. Link to ongoing care and ensuring medication upon release
  - i. Patients will be transitioned to Brixadi® or Sublocade® prior to release. In the event the release occurs abruptly without sufficient notice to transition to Brixadi® or Sublocade®, the independent outpatient behavioral health clinic will

be notified by County Detention Center to send a prescription for a seven-day supply of sublingual buprenorphine to a local pharmacy to be filled by the patient after release.

1. Make every effort to ensure insurance/Medicaid coverage is re-instated and active prior to patient release. HCS Recovery Coach shall assist in assessing insurance coverage needs.
  2. HCS Recovery Coach will provide participants with information on Brixadi® and Sublocade® criminal justice transition programs to support treatment until Medicaid activated (if available). A support program for Sublocade® can be found here: <https://www.insupport.com/specialty-product/transition-of-care#criminalJusticeSystem>.
- ii. HCS Recovery Coach and/or independent outpatient behavioral health clinic to perform linkage and warm hand-off to community buprenorphine provider if patient will not be continuing care with the independent outpatient behavioral health clinic [please see Community Resource Guide for assistance in locating buprenorphine providers].