Roderick & Solange
MacArthur
Justice
Center

MAT Program Self-Help Guide

MacArthur Justice Center

Last updated March 2025

This guide does not create an attorney-client relationship. It does not constitute legal advice.

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MAT Program Self-Help Guide for Missouri Department of Corrections

This self-help guide is created by the MacArthur Justice Center ("MJC"), a nonprofit law firm focused on vindicating the rights of incarcerated people and holding government actors accountable.

This guide was not created or approved by the Missouri Department of Corrections. Instead, this guide represents MJC's best information on how to most effectively access the MoDOC MAT Program based on MJC's investigation and advocacy.

Every individual's medical situation is unique. This guide should be understood as baseline information on which you can build your self-advocacy. Any examples used within this guide are not meant to be models for what you must include in your IRR/grievance, but just an example of the type of info that could be helpful to include. You are encouraged to customize this based on your own experience and needs, and to be truthful in your request for assistance.

This guide does not constitute legal advice and does not create an attorney-client relationship. It is exclusively informational.

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PART I: VOCABULARY

MoDOC's "MAT Program" is the name of its program to improve incarcerated individuals' access to medication for opioid use disorder, also known as Medication Assisted Treatment. Below are some key terms to support your self-advocacy:

Medication Assisted Treatment, or MAT

The FDA (Federal Drug Administration) has approved three forms of MAT to treat Opioid Use Disorder: (1) *buprenorphine* (commonly known as Suboxone), (2) *methadone*, and (3) *naltrexone* (commonly known as Vivitrol or Revia).

Opioid Use Disorder, or OUD

Opioid Use Disorder is the clinical diagnosis for opioid addictions, including addictions to fentanyl or heroin. OUD is a chronic brain disease in which people continue to use opioids in spite of harms caused by their use.

OUD is a disability that is protected under the Americans with Disabilities Act ("ADA"), which is a federal statute protecting individuals with certain disabilities from discrimination by institutions that receive federal funding, such as Missouri prisons and jails.

Suboxone, or buprenorphine

Suboxone is a form of buprenorphine, and it is commonly understood to be one of the most effective FDA-approved, evidence-based medications to treat OUD. Suboxone is a partial agonist medication, meaning it works by (1) binding to your brain's opioid receptors to prevent you from overdosing or getting high, and (2) stimulating your opioid receptors in a controlled fashion to control and prevent your opioid cravings. Suboxone is the only medication for opioid use disorder available in MoDOC that can help control your opioid cravings. Methadone is also effective at controlling cravings, but it is not available in MoDOC at this time.

Naltrexone

Naltrexone is an FDA-approved medication for OUD. It is an *antagonist* medication. This means it works by binding to your brain's opioid receptors to prevent you from overdosing. However, it does *not* stimulate your opioid receptors, thus it does nothing to control opioid cravings. For this reason, Naltrexone is not an effective treatment option for many people with OUD.

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Health Services Request, or HSR

An HSR is the formal request you must make to begin the process of joining the MAT Program in MoDOC. Usually, it is a form you will fill out, and drop off at mental health, or it will be picked up by nurses/medical staff.

Informal Resolution Request, or IRR

An IRR is a formal complaint to begin the MoDOC grievance process. You will only need to use an IRR if you are improperly denied access to MAT. You can request an IRR form from your caseworker.

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PART II: THE PROCESS

MoDOC's written procedure regarding its MAT program is attached to this guide as **Appendix 1**. This procedure is not being consistently followed at every Missouri prison. We understand that this is very frustrating, and we are continuing to advocate for more consistency and transparency around the MAT program.

Below is how the process of joining the MAT program *should* work, according to the "Medication Assisted Treatment Procedure" written by MoDOC.

PROCESS:

1. Resident writes an HSR to mental health requesting to be evaluated for Opioid Use Disorder and self-refer for the MAT program (see suggested HSR language in Part III, below).
    a. Starting January 6, 2025, any resident with an opioid addiction should be able to self-refer to start the MAT program. If a resident is told they are not eligible for the MAT program because their out-date is too far away, they should get in touch with MJC immediately.
2. Resident should be seen by a qualified mental health professional *within 5 business days* from the time their HSR is filed to be evaluated for OUD.
    a. During this evaluation, resident will be asked questions about their addiction, cravings, overdose history, medical history, and drug use.
3. If resident is diagnosed with moderate or severe OUD and agrees to begin medication assisted treatment, they will be referred to a medical provider by mental health.
    a. Resident will receive an EKG and bloodwork prior to being seen by a medical provider to discuss medication assisted treatment.
4. Resident should be seen by a medical provider (usually telehealth) *within 7 calendar days* after they are referred for MAT by mental health.
    a. At this telehealth or in-person visit, residents should discuss all available forms of MAT (Suboxone and Naltrexone). Resident should NOT be told that their only option is Naltrexone.

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5. All residents who are prescribed MAT will be enrolled in MAT Chronic Care clinic and followed by the Chronic Care nurse for laboratory testing, for medication orders, and for follow-up provider appointments.

PART III: THE INITIAL HSR

To self-refer for the MAT program, as described in Part II, you must submit an HSR to mental health. Below is a sample HSR. Keep in mind the sample is just that—you should **personalize** this message to include specific details about your life, such as:

- How long you have been suffering from an opioid addiction
- What your cravings and symptoms feel like and how they impact your life
- Why you personally want to start taking medication for opioid use disorder
- If you have overdosed in the past, when, and whether you required Narcan
- Whether you have previously taken medication for opioid use disorder such as Suboxone, Methadone, or Naltrexone, and whether it has been effective for you or not. You should also include who prescribed this medication and when
    - If you were taking medication for opioid use disorder at the time of your arrest or when your present incarceration began, you should make this very clear Especially if your prescription was discontinued by MoDOC or the county jail where you were first housed
- Whether you have received drug-related violations such as Rule 11 or Rule 11.5 violations, which document your addiction

Sample HSR Self-Referring to MAT Program:

I am writing this HSR to refer myself to a mental health professional who can evaluate me for Opioid Use Disorder ("OUD"). I have struggled with a debilitating addiction to opioids for my entire adult life, since I was about 15, when I first tried heroin. I am now 45 years old. My addiction has gotten far worse during my time in DOC, where fentanyl is everywhere. I have received over 20 Rule 11 and 11.5 violations which document my opioid addiction. I need MAT to control my opioid cravings, get clean, and focus on my rehabilitation. I desperately want to stop thinking about opioid cravings and instead focus on my job in the kitchen, recovery classes, and building my relationship with my son, who is a teenager now.

According to the Missouri DOC MAT Protocol, starting January 6, 2025, any inmate living with Opioid Use Disorder can self-refer to join the MAT program (this is "Phase III" of DOC's MAT

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expansion). According to the MAT protocol, I must be seen by a QMPH within five business days of this HSR for an evaluation of OUD. If I am diagnosed with moderate or severe OUD, which I am confident I will be given my severe addiction, I must see a medical provider within seven calendar days to be prescribed medication for opioid use disorder.

Thank you for reviewing this HSR. As someone living with severe opioid cravings, every day my life is at risk. I am terrified of overdosing. I want to begin taking suboxone so I can return to my family alive. I hope to speak with mental health as soon as possible.

**REMEMBER THIS IS JUST AN EXAMPLE! CUSTOMIZE TO YOUR PERSONAL EXPERIENCE.*

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PART IV: THE DOCTOR'S APPOINTMENT

After you are seen by a mental health provider who diagnoses you with OUD, you will receive an EKG and bloodwork, then you will be seen by a medical provider to discuss medications. During this meeting, you should feel empowered to express a preference to take Suboxone over Naltrexone if you believe Suboxone will be more effective for you.

If you struggle with severe cravings for fentanyl and opiates, you should educate yourself on the difference between Suboxone and other medications, such as Naltrexone:

- **Suboxone** is the only available medication for opioid use disorder in DOC that controls opioid cravings. This is because suboxone is a partial agonist medication and prevents overdoses while also stimulating opioid receptors.
- **Naltrexone** is an antagonist medication and does NOTHING to control opioid cravings, it only prevents you from getting high. Even when it is combined with anxiety and comfort medications like Clonidine, Naltrexone does not stop opioid cravings. This would make it ineffective to treat opioid use disorder.
- The idea that Suboxone gets you high or "replaces one drug with another" is a myth. Suboxone is an FDA-approved, evidence-based medication for opioid use disorder and is considered the most effective drug to treat this disability.
- If you have previously taken Naltrexone or Vivitrol and know it does not work for you, you should reference this medication's ineffectiveness at your doctor's appointment.
- If you have previously taken Suboxone, Subutex, or buprenorphine and know it DOES work for you, you should emphasize this medication's effectiveness at your doctor's appointment.

If you are told by your medical provider that your ONLY OPTION for MAT is Naltrexone because that is the only medication they will prescribe, regardless of your medical condition, and you do not want to take Naltrexone, you should file an IRR. See below for how.

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PART V: IRRs, WHAT TO DO IF THINGS GO WRONG

While we hope the process of joining the MAT Program goes well for you, we recognize that you might face challenges. Below is a list of challenges you might face, and how we suggest responding to them. If you face these challenges, you can also get in touch with us at MJC.

POSSIBLE CHALLENGE #1: A LONG DELAY BETWEEN HSR AND BEING SEEN BY MENTAL HEALTH FOR A MAT REFERRAL

After you submit your initial HSR requesting to be seen by mental health to be evaluated for Opioid Use Disorder, you may experience a long delay or inaction on your HSR. According to the MoDOC MAT Protocol, you should be seen by a qualified mental health professional to be evaluated for OUD *within 5 business days of your HSR*. This is a goal, but right now, many mental health departments are overwhelmed by HSRs.

Because this is a new process, we advise you to wait at least 7 business days after you file your HSR before filing an IRR. If you still have not been seen by mental health after 7 business days, we advise you to file an IRR on this delay.

Below are two sample IRRs, which should be filed within 15 days of self-referral for the MAT program. Keep in mind these samples are just that—you should **personalize** this message to include specific details about your life, such as:

- When you submitted your HSR, and how many days have passed since it was picked up or dropped off.
- Whether you were taking Suboxone at the time you were arrested/sent to DOC, and are hoping to RE-START that prescription, if applicable to your cirucmstances. Alternatively, if you are self-referring for the MAT program because you want to start Suboxone for the first time, you should include that fact
- What symptoms or struggles you are experiencing due to the delay in being seen by mental health. For example: serious cravings, inability to focus or complete your daily work, fear that you will succumb and start using drugs, fear of overdose, headaches, body cramps, fever, etc.

Sample IRR #1 (Self-Referring to Start Suboxone, Never Used Suboxone Before)

State your complaint or problem briefly, only one issue, be specific:

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This is a complaint addressing my urgent need to be seen by mental health to begin the process of joining the MAT program and starting a Suboxone prescription. The Missouri DOC MAT Protocol holds that after an inmate submits an HSR self-referring for the MAT program, they must be seen within five business days to be diagnosed with opioid use disorder: "Resident will be seen by QMHP for HSR within 5 business days for an evaluation of an Opiate Use Disorder (OUD)." I submitted my HSR on February 20, 2025, when Ms. Nurse picked it up. This was well over 5 business days from today, March 5, 2025. I have not received any response from mental health about this HSR. I am experiencing debilitating opioid cravings that put my life at serious risk of harm.

Action requested – state the remedies you are seeking:

I am requesting to be immediately seen by mental health to be evaluated for Opioid Use Disorder so I can be prescribed suboxone to treat my severe cravings.

** REMEMBER TO CUSTOMIZE THIS LANGUAGE TO YOUR PERSONAL EXPERIENCE!*

Sample IRR #2 (Self-Referring to RE-START Suboxone)

State your complaint or problem briefly, only one issue, be specific:

This is a complaint addressing my urgent need to be seen by mental health to begin the process of joining the MAT program and RE-STARTING my Suboxone prescription, which was active at the time I entered Missouri DOC, and discontinued by DOC upon intake. The Missouri DOC MAT Protocol holds that after an inmate submits an HSR self-referring for the MAT program, they must be seen within five business days to be diagnosed with opioid use disorder: "Resident will be seen by QMHP for HSR within 5 business days for an evaluation of an Opiate Use Disorder (OUD)." I submitted my HSR on February 20, 2025, when Ms. Nurse picked it up. This was well over 5 business days from today, March 5, 2025. I have not received any response from mental health about this HSR. I am experiencing debilitating opioid cravings that put my life at serious risk of harm.

The Missouri DOC MAT protocol also holds that inmates who enter DOC with active Suboxone prescriptions will be able to continue taking Suboxone in DOC custody. It says: "Residents who arrive through intake on verified MAT medications will have a bridge order placed for continuity of care. If a resident self-reports being on MAT medication, then the intake medical nurse will contact the prescribing authority to verify medications. If medications are verified, then a bridge order shall be placed for continuity of care."

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However, I entered Missouri DOC custody on January 28, 2024 with a legal prescription for suboxone from Four Rivers Community Health Center in Rolla, Missouri, and DOC discontinued that prescription.

Action requested – state the remedies you are seeking:

I am requesting to be immediately seen by mental health to confirm my opioid use disorder diagnosis and re-start my suboxone prescription. Every day that passes without this prescription my life is at risk as I experience severe opiate cravings.

** REMEMBER TO CUSTOMIZE THIS LANGUAGE TO YOUR PERSONAL EXPERIENCE!*

POSSIBLE CHALLENGE #2: LONG DELAY BETWEEN MENTAL HEALTH MAT REFERRAL AND BEING SEEN BY A DOCTOR TO START MEDICATION

After mental health refers you to the MAT program, you should be seen within *7 calendar days* by a medical provider to be prescribed medication for OUD. This is the goal, but right now, many people are experiencing significant weeks-long delays between when they are referred for MAT and when they see a doctor to be prescribed medication.

Because this is a new process, we advise you to wait at least 10 business days after you are referred for MAT before filing an IRR about this delay. If, after 10 days, you still have been seen by a doctor or informed when you'll be seen by a doctor, we advise you to file an IRR.

Below is a sample IRR, which you should file within 15 days of submitting your HSR. Keep in mind this sample is just that—you should **personalize** this message to include specific details about your life, such as:

- When you were seen by mental health, diagnosed with opioid use disorder, and referred for a medical appointment. Note how many days have passed since that appointment with mental health.
- What symptoms or struggles you are experiencing due to the delay in being seen by a medical provider. For example: serious cravings, inability to focus or complete your daily work, fear that you will succumb and start using drugs, fear of overdose, headaches, body cramps, fever, etc.

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Sample IRR About Delay Between Mental Health Referral and Medical Appointment:

State your complaint or problem briefly, only one issue, be specific:

This is a complaint addressing my need to be immediately seen by a medical provider who can prescribe me medication for Opioid Use Disorder, specifically, Suboxone. I was seen by a qualified mental health professional, Ms. [*Therapist*], on February 15, 2025. At this meeting I was diagnosed with having moderate or severe Opioid Use Disorder, meaning I qualify for the Missouri DOC MAT program. I have experienced an unjustifiable and dangerous delay between my MAT referral from mental health on February 15, 2025 and actually being seen by a provider to begin medication.

The Missouri DOC MAT Protocol holds that after an inmate is diagnosed with moderate or severe OUD by a qualified mental health provider, they must be seen by a medical provider within seven calendar days to begin medication for opioid use disorder. It reads: "All residents that are referred to a provider for a MAT evaluation will be seen by a provider within 7 calendar days. The provider will evaluate the resident for appropriateness of MAT and discuss options with the resident. If the resident is not agreeable to MAT, then the provider will complete the refusal form with the resident and place the signed copy in the resident's healthcare record."

I have been waiting almost a month to see a medical provider and begin medication for my disability. This delay could constitute deliberate indifference to a serious medical need under the Eighth Amendment. Every day that passes I am experiencing serious opioid cravings, migraines, and body chills because I am going through withdrawal. Every day I fear I will overdose and die.

Action requested – state the remedies you are seeking:

I must be immediately seen by a medical provider via telehealth or in-person to be prescribed medication for opioid use disorder, specifically, suboxone, which I need to treat my debilitating opioid cravings. Every day that passes without medication puts my life at risk. I request to be seen by a medical provider that is willing to prescribe Suboxone, an evidence-based treatment for OUD, not a provider who has a personal ban on prescribing Suboxone (like Dr. Pryor).

**REMEMBER TO CUSTOMIZE THIS LANGUAGE TO YOUR PERSONAL EXPERIENCE!*

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POSSIBLE CHALLENGE #3: YOU ARE SEEN BY A MEDICAL PROVIDER AND TOLD YOUR ONLY OPTION IS TO BEGIN TAKING NALTREXONE, NOT SUBOXONE

When you are seen by a telehealth provider to begin taking medication for opioid use disorder, it is possible that the provider will refuse to prescribe you Suboxone and tell you that your only option to join the MAT program is to take Naltrexone, or a combination of Naltrexone and Clonidine.

If you encounter this challenge, you will have to make the personal choice of whether to try Naltrexone then follow up with the medical provider if it is ineffective or refuse MAT altogether. Everyone should make their own informed decision about whether to try Naltrexone. But you need to know that a refusal can be held against you (for future legal or medical purposes) because your records will show you refused to join the MAT program. However, if you do not feel comfortable taking Naltrexone for any reason, you should make an informed, personal decision not to take it.

As described in the vocabulary section of this guide, Naltrexone is one of the three FDA-approved medications for opioid use disorder (it is also referred to as Revia or Vivitrol). However, unlike buprenorphine (Suboxone) or methadone, Naltrexone is an **antagonist** medication. This means that it blocks your opioid receptors, which prevents you from getting high or overdosing. However, it does not simultaneously stimulate your opioid receptors in a controlled manner, as buprenorphine (Suboxone) or methadone do. Because it only blocks the receptors, **it does nothing to control opioid cravings**.

Naltrexone is often a good option for someone who has been on a partial agonist medication (buprenorphine or methadone) for a long period of time, and feels ready to begin tapering off medication for opioid use disorder. However, Naltrexone is not usually a good option for people who are transitioning from fentanyl use or withdrawal directly to medication for opioid use disorder. This is because the brain's opioid receptors go from being OVERLY stimulated by synthetic opiates like fentanyl to receiving no stimulation at all; this complete lack of stimulation and dopamine causes the serious opioid cravings you might be suffering from. Thus, medical experts recommend starting your MAT treatment with a partial agonist, like Suboxone.

Some people will be prescribed Naltrexone based on their unique health conditions, such as indicators in their blood tests that would make Suboxone dangerous to take. If a doctor tells you that you cannot take Suboxone because of a specific element of your bloodwork or health

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history, you should get in touch with MacArthur Justice Center to investigate whether that evaluation is accurate.

Most people will be told Naltrexone is their only option NOT because of their personal health history, but because the doctor does not believe in Suboxone, does not want to prescribe Suboxone, thinks too many people are on Suboxone, etc. These are <u>non-individualized, discriminatory bases</u> for denying your access to Suboxone.

If you are told Naltrexone is your only option because of one of the **<u>non-individualized, discriminatory bases above</u>**, you begin taking it, and it does not work for you (doesn't help with cravings), or makes you feel sick and causes alternate side effects, we advise you to:

1. **First, file an HSR** requesting to see the telehealth provider again for a re-evaluation:
    a. In your HSR, you should:
        i. Describe in specific detail the negative symptoms you are experiencing. Explain that Naltrexone is not doing anything to control your opioid cravings. Request to be seen immediately by telehealth to begin taking Suboxone instead.
        ii. Explain that Missouri DOC's MAT Protocol does not include ANY ban on Suboxone, or any Naltrexone-only rule, and that the provider you initially saw imposed this barrier upon you in violation of that protocol.
        iii. Explain that Missouri Revised Statute RSMo. §191.1165 mandates that incarcerated people in Missouri receive access to ALL forms of Medication Assisted Treatment ("MAT") for Opioid Use Disorder ("OUD"): buprenorphine, methadone, naltrexone, and naloxone. Pursuant to RSMo. § 191.1165(7): "The department of corrections or state entity shall make available the MAT services covered in this section, consistent with a treatment plan developed by a physician, and shall not impose any arbitrary limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician."
            1. If relevant, add language like: "I was told by Doctor X your only option for MAT is to take Naltrexone. This effective ban on Suboxone is an "arbitrary limitation" on the type of medication/MAT I receive. Thus, I must immediately be re-

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evaluated by a different doctor who is willing to consider prescribing Suboxone to treat my serious."

2. **File an IRR** within 15 days if you are denied the opportunity to see the provider again, or are again told by the provider that your only option is Naltrexone.
    a. Your IRR should be **filed on** the following people (or whoever you believe is relevant/not):
        i. The MAT coordinator and head of MAT at your camp
        ii. The Warden of your camp
        iii. The doctors and nurses who told you your only option is to take Naltrexone
        iv. Any involved correctional officers
        v. Trevor Foley, Acting Director of Missouri Department of Corrections. Mr. Foley is ultimately responsible for MoDOC's MAT Protocol
        vi. Annie Herman, Director of the Missouri DOC Division of Offender Rehabilitation Services
    b. Your IRR should **say** essentially all the same things as your HSR:
        i. Describe in specific detail the negative symptoms you are experiencing. Explain that Naltrexone is not doing anything to control your opioid cravings. Explain that you were denied the option to receive any alternative medication for opioid use disorder, including Suboxone.
        ii. Explain that "Opioid Use Disorder is a disability protected under the Americans with Disabilities Act, which mandates equal access to benefits you would otherwise be entitled to access at this state prison. The ADA requires individualized assessment of each person's medical need. The Department of Justice clarified in an April 4, 2022 guidance that individuals with OUD are protected under the ADA, and blanket bans on certain types of medication for opioid use disorder, such as Suboxone, violate the ADA. Such blanket bans prevent individuals with OUD from receiving an individualized assessment of their medical needs to treat this disability."
            1. Clarify that the doctor you met with about MAT, established a de facto blanket ban on Suboxone by telling you your only option for MAT is Naltrexone. This blanket ban violates your rights under the ADA and prevents you from receiving an

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individualized assessment of your serious medical needs to treat OUD.

iii. Clarify that Missouri DOC's MAT Protocol itself does not include ANY ban on Suboxone, or any Naltrexone-only rule, and that the provider you initially saw imposed this barrier upon you in violation of that protocol.

iv. Clarify that Missouri Revised Statute RSMo. §191.1165 mandates that incarcerated people in Missouri receive access to ALL forms of Medication Assisted Treatment ("MAT") for Opioid Use Disorder ("OUD"): buprenorphine, methadone, naltrexone, and naloxone. Pursuant to RSMo. § 191.1165(7): "The department of corrections or state entity shall make available the MAT services covered in this section, consistent with a treatment plan developed by a physician, and shall not impose any arbitrary limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician."

1. If relevant, add language like: "I was told by Doctor Pryor that your only option for MAT is to take Naltrexone. This effective ban on Suboxone is an "arbitrary limitation" on the type of medication/MAT I receive."

v. Clarify that the relief you are requesting is:

1. First, to be granted access to an individualized assessment of your serious medical need for an agonist medication (Suboxone) to treat your opioid use disorder and serious opioid cravings. You need to see a medical provider who is willing to consider prescribing Suboxone, an evidence-based treatment, to treat your OUD.
2. Second, for Missouri DOC to change its MAT Protocol into a non-discriminatory policy that allows all inmates diagnosed with moderate or severe OUD to have access to both Suboxone and Naltrexone, in accordance with the ADA and Missouri law.

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POSSIBLE CHALLENGE #5: YOU GET ON SUBOXONE BUT IT'S ADMINISTERED BY THE CRUSH AND FLOAT METHOD, WHICH MAKES THE MEDICATION INEFFECTIVE

We are very aware that MoDOC presently has a policy that anyone who is taking Suboxone will have the medication administered by crushing it and dissolving it in a cup of water, then having the individual swish or swallow the medication water. Suboxone is a sublingual medication, which means it must be administered by dissolving it under your tongue. This crush and float practice is discriminatory under the ADA, medically ineffective, and ultimately a waste of money because so much of the medication sticks to the cup. We at MacArthur Justice Center have made MoDOC aware that this practice must stop.

In the interim, if you begin taking Suboxone and experience side effects from this crush and float administration method (eg, stomach issues, dental issues, medication does not last long enough), we encourage you to submit an IRR and contact MacArthur Justice Center immediately so we can track your IRR.

Below is a sample IRR. Keep in mind that this sample is just that – you should customize this language based on your personal experience, including details like:

- How, specifically, you are administered Suboxone at your camp (is the medication dissolved in water in front of you, or out of sight? Are you told to hold the water in your mouth, and if so, for how long? Are you told to swallow the water?)
- What side effects are you experiencing from this method of administering Suboxone? For example, is swallowing the medication causing: stomach pain, diarrhea, constipation, inability to urinate, dental problems (be specific)
- Is the method of administering Suboxone decreasing the efficacy of the medication? For example, are you still experiencing cravings for opioids, and if so, are they coming on quickly after taking the medication (how many hours)? If you've taken Suboxone before, can you tell that the medication is not lasting as long as it should or has in the past?

Sample IRR About Suboxone Crush and Float:

State your complaint or problem briefly, only one issue, be specific:

This is a complaint addressing Missouri Department of Corrections' discriminatory practice, protocol, and/or policy of administering Suboxone by crushing it and dissolving it in water, then having inmates drink and/or swallow this water mixture. I am an individual with diagnosed moderate or severe Opioid Use Disorder (OUD). I was prescribed Suboxone to

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treat my OUD, which is a life-saving medication preventing my debilitating opioid cravings and allowing me to recover from my addiction. OUD is a disability protected under the Americans with Disabilities Act, as clarified in an April 4, 2022 guidance issued by the Department of Justice and ample case law. I am being forced to take Suboxone via crush and float.

The ADA requires that individuals with disabilities have equal access to benefits they would otherwise be entitled to, such as healthcare, in state prisons. This means that medication cannot be administered in a discriminatory or ineffective manner.

Suboxone is a medication that must be administered sublingually, meaning the tablet or strip must dissolve under your tongue. Suboxone cannot be swallowed or dissolved in water. The FDA prescribing information page for Suboxone makes these facts extremely clear: Suboxone is only effective if it is dissolved under your tongue. Swallowing it or dissolving it in water is dangerous to your dental health, gastrointestinal health, and makes the medication ineffective. The Suboxone packaging box clearly states: Administer sublingually. Because buprenorphine is formulated to dissolve under the tongue, if it is absorbed by the gastrointestinal track (which happens if it's swallowed), the buprenorphine is quickly broken down by the liver (first-pass metabolism), which makes the medication highly ineffective and not long lasting.

Dissolving suboxone in water then having us swish or swallow it is not a difference in medical opinion, it is medically ineffective.

Suboxone is the only medication being administered in this discriminatory, medically ineffective fashion, because it is treating people with OUD. This prison provides many other narcotics and other possibly divertable medications via med pass. I am taking Suboxone to save my own life and treat my disability. This discriminatory crush and float method of administration shows that I am being treated differently because of my medication, and violates the ADA.

The particular side effects I am experiencing from this crush and float method of administering Suboxone include: Serious stomach pain, constipation, deterioration of my teeth and gums, opioid cravings that start within hours of taking the medication.

Action requested – state the remedies you are seeking

As a remedy for this harm, I request that:

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(314) 254 8540

1. Missouri DOC immediately change its Suboxone administration policy, protocol, or practice to ensure Suboxone (and all forms of buprenorphine) are administered sublingually, not via crush and float.
    a. If DOC wants to protect itself against diversion, I suggest that it adopts the practice Wisconsin DOC uses for distributing Suboxone: crush the tablet, put the powder in a souffle cup, and have the individual pour the powder under their tongue.
2. Ensure my Suboxone prescription is protected and administered sublingually, not via crush and float.

**REMEMBER TO CUSTOMIZE THIS LANGUAGE TO YOUR PERSONAL EXPERIENCE!*

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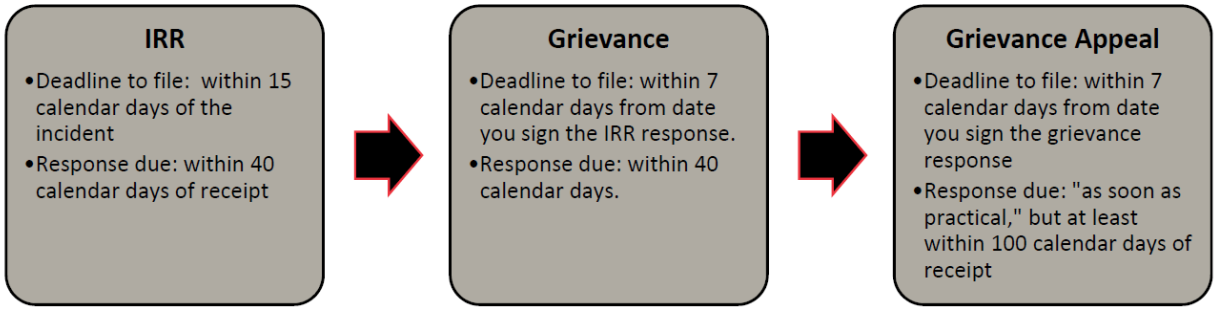
PART VI: FOLLOWING UP ON YOUR IRR, IF FILED

If you end up facing any of the challenges listed above and file an IRR on it, please contact MacArthur Justice Center ASAP. We would like to know about your IRR and help track it. You should also be aware of how the IRR process works. We have included a Grievance Self-Help form at the end of this guide. Most important is the timeline:

The grievance process consists of three stages.



If you do not get a timely response within any stage, you may proceed to the next stage. For example, if you do not get a response to your grievance within 40 calendar days of prison staff receiving it, you may request a grievance appeal form from the grievance officer, and proceed to the grievance appeal stage.

As explained above, you **must appeal your grievance if it is denied**. If your grievance is **ignored for 40 calendar days, you should consider it denied and immediately appeal it.** Utilizing the grievance process is important for a few reasons:

- It gives medical staff an opportunity to resolve your complaint amicably,
- It builds a paper trail of MoDOC's noncompliance with its own policies or medical staff's noncompliance with applicable medical standards, and
- It is a necessary step if you choose to pursue legal recourse down the line.

What if I ask for an IRR form and they refuse to give me one? if you are denied access to the IRR/grievance process, make a note for your own reference of any and all attempts to access the process, as well as staff name and actions which interfered with access.

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PART VII: CONTACTING MACARTHUR JUSTICE CENTER

We sincerely hope this self-help guide educates, supports, and empowers you to obtain treatment for opioid use disorder. We applaud your efforts to recover from this debilitating addiction.

We have a very small team at MacArthur Justice Center Missouri, so we cannot respond to every individual in a timely fashion. We encourage you to follow this process and see how it goes. If you encounter challenges with this process, or if you end up filing an IRR, we encourage you to get in touch. If you are successful in getting on Suboxone or your MAT of choice via this guide, we would also love to hear from you to learn about your success!

You can reach us by mail at:

MacArthur Justice Center
ATTN: MAT Project
906 Olive Street, Suite 420
St. Louis, MO 63101

You can reach us by phone between 11am and 4pm at: 314-254-8540

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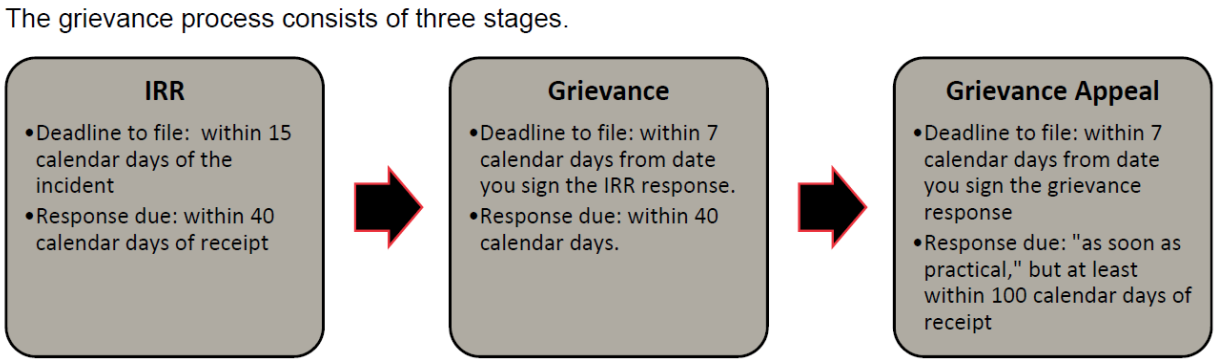

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APPENDIX

1. Missouri DOC MAT Procedure
(most recent form MacArthur Justice Center possesses)

2. MacArthur Justice Center Grievance Self-Help Guide

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APPENDIX #1

Missouri DOC MAT Procedure

(most recent form MacArthur Justice Center possesses)

*** THIS DOCUMENT WAS CREATED EXCLUSIVELY BY MISSOURI DEPARTMENT OF CORRECTIONS ***

MEDICATION ASSISTED TREATMENT PROCEDURE OUTLINE

A. Resident may be referred to MAT via:

Phase I (completed):

1. Resident self-referral by submitting a Health Service Request (HSR) for Pre-Release MAT

2. Referral from healthcare staff, substance use staff, or non-clinical staff for Pre-Release MAT

Phase II

3. Resident arrives at intake on MAT and medication is continued through the intake process (start 8/1/24)

4. Resident is seen by medical staff due to a suspected overdose with Narcan administration (start 7/25/24)

5. Resident has a positive UA for opiates (both DOC and healthcare UA) (start 8/1/24)

Phase III (anticipated start date January 1. Will re-evaluate 9/1/24. May begin sooner depending on how phase II going)

6. TCUD screening requires Opioid Supplement (for future expansion efforts)

7. Resident self-referral and/or staff referral at any point of incarceration (for future expansion efforts)

B. Screening for MAT referral process:

1. Resident will be seen by QMHP for HSR within 5 business days for an evaluation of an Opiate Use Disorder (OUD). If the resident receives a moderate to severe OUD diagnosis by QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then the QMHP will place a referral through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete a refusal form with the resident and place the signed copy in the resident's healthcare record.

2. Resident will be seen by QMHP for staff referral within 5 business days for an evaluation of an OUD. If the resident receives a moderate to severe OUD diagnosis by QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then then QMHP will place a referral through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the

MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete a refusal form with the resident and place the signed copy in the resident's healthcare record.

3. Residents who arrive through intake on verified MAT medications will have a bridge order placed for continuity of care. If a resident self-reports being on MAT medication, then the intake medical nurse will contact the prescribing authority to verify medications. If medications are verified, then a bridge order shall be placed for continuity of care. The medical nurse at intake will place a referral for MAT through the MAT referral charting guide and electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator.

4. Residents who are seen by medical staff for a suspected overdose will have an urgent referral placed to mental health. A QMHP will see the resident within 1 business day for a risk assessment and for evaluation for an OUD. If the resident receives a moderate to severe OUD diagnosis by QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then the QMHP will place a referral through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete the refusal form with the resident and place the signed copy in the resident's healthcare record.

5. Resident has a positive UA for opiates. The DOC CCM will place a Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to mental health. A QMHP will see the resident within 5 business day for a risk assessment and for evaluation for an OUD. If the resident receives a moderate to severe OUD diagnosis by QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then the QMHP will place a referral through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete the refusal form with the resident and place the signed copy in the resident's healthcare record.

6. Resident is seen within 14 calendar days of arrival at reception center by QMHP for a comprehensive behavioral health assessment that would include the TCUD screening. If the resident requires the opioid supplement screening then the resident would be evaluated by the QMHP for OUD. If the resident receives a moderate to severe OUD diagnosis by the QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then the QMHP will place a referral for MAT through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete the refusal form with the resident and place the signed copy in the resident's healthcare record.

7. Resident will be seen by QMHP for HSR and/or staff referral within 5 business days for an evaluation of an Opiate Use Disorder (OUD). If the resident receives a moderate to severe OUD

diagnosis by QMHP, then the QMHP will discuss MAT services with the resident and provide educational materials on MAT to the resident. If the resident is agreeable for further MAT screening by a provider, then the QMHP will place a referral through the MAT referral charting guide. The QMHP will electronically send the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) to the MAT Coordinator. If the resident is not agreeable to MAT, then the QMHP will complete a refusal form with the resident and place the signed copy in the resident's healthcare record.

C. All routes will require the healthcare staff member to complete the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) and email the referral form to the MAT Coordinator. The MAT Coordinator will oversee the scheduling of the patient with the provider and track laboratory testing to ensure completion. The MAT Coordinator will organize with the Chronic Care nurse at the site level to ensure the resident is scheduled with the provider within the established timeframes.

D. All residents that are referred to a provider for a MAT evaluation will be seen by a provider within 7 calendar days. The provider will evaluate the resident for appropriateness of MAT and discuss options with the resident. If the resident is not agreeable to MAT, then the provider will complete the refusal form with the resident and place the signed copy in the resident's healthcare record.

E. All residents who are prescribed MAT will be enrolled in MAT Chronic Care clinic and followed by the Chronic Care nurse for laboratory testing, for medication orders, and for follow-up provider appointments.

F. The Chronic Care nurse will notify the MAT Coordinator of the resident's enrollment in MAT Chronic Care clinic. The MAT Coordinator will track referrals to the provider for evaluation, scheduling and follow-up of MAT services, adherence, scheduling and completion of laboratory testing, and liaison with Gateway.

G. All routes will require QMHP to complete the Referral and Screen Note-Medical and Behavioral Health Services (MO 931-1572) and submit for SUD treatment evaluation to Gateway staff.

H. The MH nursing staff will provide a monthly MAT medication psychoeducational group.

I. For residents receiving MAT, team members from Medical, Mental Health and Gateway will be required to meet monthly to discuss the resident's treatment plans, upcoming discharges, coordination of care. Meeting Minutes should be completed monthly that include the residents discussed and sent to Jackie.Barron@doc.mo.gov and Scott.O'Kelley@doc.mo.gov by the 15th of each month.

APPENDIX #2

MacArthur Justice Center Grievance Self-Help Guide

The Grievance Process in Missouri DOC

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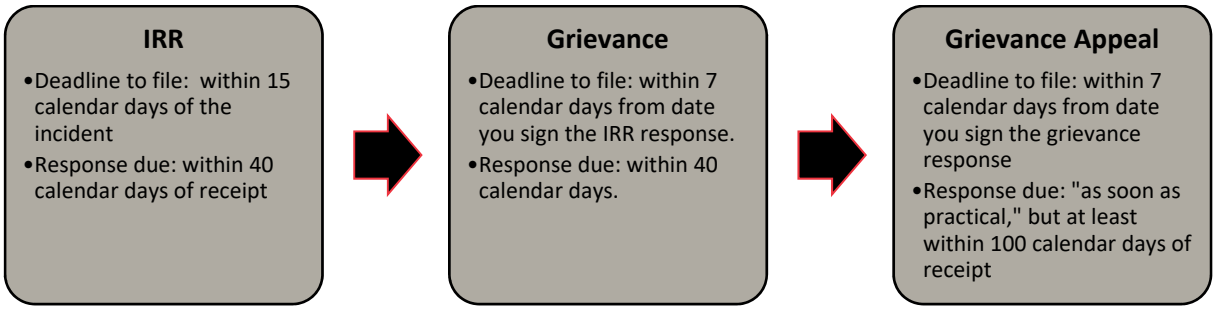
What is the grievance process in Missouri DOC?

The grievance process consists of three stages.



If you do not get a timely response within any stage, you may proceed to the next stage. For example, if you do not get a response to your grievance within 40 calendar days of prison staff receiving it, you may request a grievance appeal form from the grievance officer, and proceed to the grievance appeal stage.

Why does it matter?

The grievance process is held out by MDOC as a way to present and resolve complaints. The PLRA (and Missouri state law) requires you to go through the entire grievance process before you can file a lawsuit regarding prison conditions.

What is the PLRA?

The Prison Litigation Reform Act, or PLRA, was enacted in 1996 in an attempt to curb the filing of lawsuits by incarcerated persons. It imposes several barriers to seeking redress for the violation of your rights if you are incarcerated and the potential claim relates to prison conditions. One of those barriers is the PLRA's exhaustion requirement:

> No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility **until such administrative remedies as are available are exhausted.**

42 U.S.C. § 1997e(a).

What does "exhaustion" mean?

Exhaustion means the proper, compliant use of available administrative procedures. *Woodford v. Ngo*, 548 U.S. 81 (2006). Prison regulations themselves define the exhaustion requirements. *Jones v. Bock*, 549 U.S. 199 (2007). In other words, exhaustion means complying with Missouri DOC's administrative grievance process, whatever that is.

What if it is an emergency, do I still have to exhaust?

Yes, there is no emergency or urgency exception to exhaustion.

What if I know exhaustion will be futile, do I still have to go through the process?

Yes, there is no futility exception to the exhaustion requirement.

Are there *any* exceptions to this exhaustion requirement?

Note that the language of the statute says that you must exhaust *available* administrative remedies. "The availability of a remedy, according to the Supreme Court, is about more than just whether an administrative procedure is 'on the books.'" *Townsend v. Murphy*, 898 F.3d 780, 783 (8th Cir. 2018) (quoting *Ross v. Blake*, 136 S.Ct. 1850, 1859 (2016)). In *Ross v. Blake*, the Supreme Court identified three narrow instances in which administrative grievances procedures are considered unavailable, and thus exhaustion is not required under the PLRA:

> (1) "when (despite what regulations or guidance materials may promise) it operates as a simple dead end—with officers unable or consistently unwilling to provide any relief to aggrieved inmates";
>
> (2) when "an administrative scheme might be so opaque that it becomes, practically speaking, incapable of use. In this situation, some mechanism exists to provide relief, but no ordinary prisoner can discern or navigate it"; and
>
> (3) "when prison administrators thwart inmates from taking advantage of a grievance process through machination, misrepresentation, or intimidation." *Ross*, 136 S. Ct. at 1859-60.

Also, remember that the PLRA (including this exhaustion requirement) does not apply to someone who is not incarcerated.

What happens if I don't exhaust the grievance process before filing my lawsuit?

Your case may be dismissed for failure to state a claim, which could count as a strike against you. Under the PLRA, if you get three such strikes, you cannot file another lawsuit about prison conditions unless you are "under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

This grievance handout is being provided for general informational purposes only. Nothing in this guide should be understood as legal advice from MJC, who expressly disclaims all liability that results from actions taken or note taken in reliance on this guide. If you have further questions, please consult a lawyer. ***By providing this information, MJC is not acting as your lawyer.***

If you have questions about this guide, you can contact MJC at:

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