



Commonwealth of Kentucky
Court of Justice www.kycourts.gov

**Kentucky Specialty Court Participant
Agreement for Medication-Assisted Treatment
(MAT) Participation**

_____ District/Circuit Court
Criminal Branch
_____ Division
Specialty Court

Name: _____ ID Number: _____ DOB: _____

The Department of Specialty Courts will not deny eligible clients access to the program because of the individual's use of FDA-approved medications for the treatment of substance use disorders.

I, _____ as a participant in Specialty Court, agree to comply with all the terms and conditions of this Agreement for Medication-Assisted Treatment (MAT) Participation. This Agreement shall continue in force from its effective date until my release after completion of all requirements of the Specialty Court or until I am otherwise terminated or discharged.

1. Using MAT is not a requirement for Specialty Court participants. It is a completely voluntary option that may be available for participants who cannot overcome the cravings for opiates and/or alcohol.

Initial: _____

2. Participants who choose to use MAT, must inform the Specialty Court staff prior to beginning a course of treatment with MAT.

Initial: _____

3. If a participant was using MAT prior to entering the Specialty Court, the participant must inform staff of the MAT use, provide staff with the contact information for the clinician and provide staff with a release of information regarding the MAT.

Initial: _____

4. MAT is prescribed and administered by a healthcare professional trained in its use.

Initial: _____

5. Prior to using MAT, the participant must provide Specialty Court staff with releases of information for any and all clinicians working with the participant regarding MAT.

Initial: _____

6. Prior to the use of MAT, the judge will review all appropriate releases to ensure that the participant is receiving MAT as part of a treatment for a diagnosed substance use disorder; that the medication is appropriately authorized through prescription by a licensed prescriber; and that the clinician:

- is licensed in the Commonwealth of Kentucky,
- is acting within his/her scope of practice,
- has examined the client, and
- has determined that the medication is an appropriate treatment for the substance use disorder.

Initial: _____

7. Prior to the use of MAT, a doctor will conduct a physical examination of a Specialty Court participant. Only physicians or other qualified medical professionals can provide MAT to Specialty Court participants.

Initial: _____

8. A judge may refer a participant who is interested in MAT for an assessment to determine if the participant is medically appropriate for MAT; however, the doctor makes the determination if MAT is medically appropriate.

Initial: _____

9. If a participant is incarcerated, the participant shall make an appointment with their approved medical provider, and request a furlough from the judge to attend their appointment.

Initial: _____

10. If the participant is not incarcerated, Specialty Court staff will help the participant make an appointment with their approved provider.

Initial: _____

11. A drug test shall be administered by Specialty Court staff or an approved vendor prior to the participant's visit to their medical provider.

Initial: _____

12. The participant shall complete release forms for the medical provider and area emergency rooms.

Initial: _____

13. MAT does not prevent overdose from opiates, other drugs, drug/alcohol combinations, or multiple drug combinations.

Initial: _____

14. Using opioids while taking MAT, even in amounts that were used before MAT, can lead to accidental overdose, serious injury, coma, or death.

Initial: _____

15. The medical provider shall explain the protocol and examine the participant for medical appropriateness of MAT.

Initial: _____

16. While participating in MAT, the participant shall complete all other Specialty Court activities, including, but not limited to, individual and group counseling and support groups, frequent, random drug testing, court appearances, and meetings with staff.

Initial: _____

17. The participant must keep all appointments with the medical provider. Failure to keep the appointment may result in sanctions.

Initial: _____

18. Participation in a MAT program is voluntary. If the participant decides to discontinue the medication, the participant must give Specialty Court staff at least a week's notice. The participant must also talk to the medical provider about discontinuing the MAT. There is no penalty or sanctions for discontinuing MAT if this protocol has been followed.

Initial: _____

I have read or have had read to me this Agreement of MAT Participation, and understand all of its terms, conditions, agreements, and waivers. I expressly agree, freely and voluntarily, to accept and abide by all the terms and conditions, and offer my signature below in support of my request to be permitted to be assessed for MAT.

Participant: _____

Date: _____

Specialty Court Staff: _____

Date: _____