
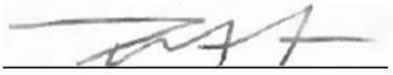


POLICY TITLE: MEDICATIONS FOR SUBSTANCE USE DISORDERS POLICY NUMBER: 13.24 (JF) CHAPTER 13: HEALTH CARE SERVICES		PAGE 1 OF 7
 STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 		PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: March 11, 2024	LATEST REVISION: May 13, 2025	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Title 34-A M.R.S.A. Sections 1403.

II. APPLICABILITY

All Juvenile Facilities

III. POLICY

It is the policy of the Department of Corrections to include Medications for Substance Use Disorders (MSUD) at juvenile facilities as a treatment option for juvenile residents with diagnosed substance use disorders that have corresponding medications available for treatment and to offer counseling services in addition to these medications.

IV. DEFINITIONS

1. Alcohol Use Disorder (AUD) – a problematic pattern of alcohol use that causes significant impairment or distress and is diagnosed using standard criteria as outlined in the current Diagnostic & Statistical Manual of Mental Disorders.
2. Health care provider – for purposes of this policy, physician, psychiatrist, physician assistant, or nurse practitioner.
3. Medications for Substance Use Disorders (MSUD) – the use of medications approved for the treatment of an Opioid Use Disorder (OUD), Alcohol Use Disorder (AUD), and/or any other substance use disorder for which pharmaceutical treatments are available.
4. Opioid Use Disorder (OUD) – a problematic pattern of opioid use that causes significant impairment or distress and is diagnosed using standard criteria as outlined in the current Diagnostic & Statistical Manual of Mental Disorders.
5. Substance Use Disorders (SUD) – a problematic pattern of use of a substance, including, but not limited to, opioids, alcohol, stimulants, cannabis, etc., that causes significant impairment or distress and is diagnosed using standard criteria as outlined in the current Diagnostic & Statistical Manual of Mental Disorders.

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VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Medications for Substance Use Disorders, General

1. The Commissioner, or designee, shall ensure juvenile residents have access to Medications for Substance Use Disorders (MSUD) as prescribed by a facility health care provider.
2. In order to ensure this access, the Commissioner, or designee, may allow the provision of MSUD, MSUD related behavioral health services, and overdose education by a community health care agency in coordination with the Department's contracted health care services provider.
3. Only medications approved by the Department as MSUD shall be prescribed. A resident who is under eighteen (18) years of age shall not be prescribed methadone.
4. If a resident who has attained (18) years of age is provided methadone through a community health care agency, at the end of every calendar month, their medication administration record shall be printed, initialed by a facility nurse and the resident, and forwarded by facility health care staff to the community health care agency.
5. MSUD medications shall be prescribed, administered, discontinued, and otherwise treated as are other medications in all respects, except as otherwise set forth in this policy.

Procedure B: Staff Training

1. In addition to the training on recognition of acute manifestations of intoxication and withdrawal as set forth in Department Policy (JF) 13.15, Health Care Staff Training, training for relevant facility staff shall include, but not be limited to, the following topics:
 - a. substance use as a chronic illness;
 - b. medications used for the treatment of substance use disorders;
 - c. harm reduction services and strategies;

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- d. importance of language in supporting treatment and recovery and reducing stigma; and
- e. the use of intranasal naloxone as required by Department Policy 3.30, Naloxone.

Procedure C: Screening, Referral, and Receipt

1. If, upon intake to the facility, a juvenile states they are taking Medications for Substance Use Disorders (MSUD) currently or they arrive with MSUD upon intake to the facility, they shall be referred by the facility health care staff performing the admission health screening to an on-site or on-call facility health care provider as outlined in Department Policy (AF) 13.7, Pharmaceuticals.
2. A juvenile resident who is not currently receiving MSUD shall be screened by facility behavioral health staff for possible referral for MSUD when:
 - a. the admission health screening indicates a substance use disorder;
 - b. any health or substance use assessment indicates a substance use disorder;
 - c. a substance use disorder is exhibited during custody, e.g., through signs of opioid withdrawal, signs of repeated substance use, or repeated positive results from drug or alcohol testing;
 - d. staff refers a resident who reaches out to the staff for assistance with an ongoing substance use disorder issue; or
 - e. a resident refers themselves through the sick call process as set out in Department Policy (JF) 13.3, Access to Health Care Services.
3. If the screening indicates a resident may have a Substance Use Disorder (SUD) and if after discussion with the behavioral health staff the resident indicates they are interested in receiving MSUD, the behavioral health staff shall refer the resident to facility medical services immediately.
4. The final decision as to whether a resident receives MSUD shall be made only by a facility health care provider after meeting with the resident.
5. As permitted by applicable federal and state laws, telehealth modalities may be used by the health care provider.
6. If a facility health care provider determines that a resident may receive MSUD and the resident consents to MSUD, facility health care staff shall ensure that the necessary consent and acknowledgment forms are completed and included in the resident's electronic health care record. A resident shall not be prescribed MSUD without their consent. A parent or other legal guardian shall not be asked to consent to a resident being prescribed MSUD (not even the Superintendent in the case of a minor resident).
7. Prior to the resident beginning MSUD, the facility health care staff shall conduct a drug test and document the results in the resident's electronic health care record.

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Procedure D: Chronic Care

1. A juvenile resident receiving Medications for Substance Use Disorders (MSUD) shall be enrolled in a Chronic Care Clinic as set out in Department Policy (JF) 13.5, Health Care, except that the resident may be seen by any health care provider and shall be seen at least once monthly for the first ninety (90) days following the start of MSUD and then at least every ninety (90) days thereafter until their release from custody in a Department facility or until MSUD are discontinued.

Procedure E: Behavioral Health Services

1. A juvenile resident receiving Medications for Substance Use Disorders (MSUD) shall be offered and strongly encouraged to participate in substance use counseling, mental health counseling, and/or other relevant services and programs.
2. The services and programs offered may include, but are not limited to, individual counseling, group therapy, mutual aid groups (e.g., AA, NA), or another service or program recommended by facility behavioral health staff.
3. A resident shall not have MSUD discontinued nor shall MSUD be withheld if a resident does not participate in an offered service or program, but the MSUD medication prescribed may be changed if a resident does not participate in a behavioral health service or program required by a community health care agency which is providing MSUD to the resident.

Procedure F: Overdose Prevention Education

1. A juvenile resident receiving Medications for Substance Use Disorders (MSUD) shall be offered and strongly encouraged to participate in an education program on preventing drug overdose and/or offered drug overdose prevention educational materials. This shall include education on preventing an accidental drug overdose, recognizing signs of an overdose, and the use of naloxone for overdose rescue.
2. A resident shall not have MSUD discontinued nor shall MSUD be withheld if a resident does not participate in an overdose prevention education program, but the MSUD medication prescribed may be changed if a resident does not participate in an education program required by a community health care agency which is providing MSUD to the resident.

Procedure G: Recovery Support

1. A juvenile resident receiving Medications for Substance Use Disorders (MSUD) may be offered and strongly encouraged to receive support from a recovery coach to assist with additional aspects of their recovery. Recovery support services may include mentoring, coaching, and assistance with reentry planning, if applicable, to include resources for safe housing, transportation, and/or employment services.
2. A resident shall not have MSUD discontinued nor shall MSUD be withheld if a resident does not participate in a recovery support program.

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Procedure H: Drug and/or Alcohol Testing

1. Drug and/or alcohol testing of juvenile residents receiving Medications for Substance Use Disorders (MSUD) shall be conducted by facility security staff (or a juvenile community corrections officer at the facility) as set forth in Department Policy (JF) 15.4, Drug and Alcohol Testing, and the results of that testing (or, if applicable, a resident's refusal to cooperate with testing) may be shared with facility health care staff.
2. The facility health care staff shall, if appropriate, contact a facility health care provider for an order to conduct additional testing and/or an order for medical therapeutic seclusion. Health care staff shall document the drug test results and/or the medical therapeutic seclusion in the resident's electronic health care record.
3. In addition to any drug test conducted by facility health care staff prior to a resident beginning MSUD or after being informed of a resident's drug testing results or refusal to cooperate with drug testing, drug testing conducted by facility health care staff shall be ordered by a facility health care provider for any resident receiving MSUD when it is determined medically necessary or is required by a community health care agency which is providing MSUD to the resident. Health care staff shall document the results in the resident's electronic health care record.
4. The results of any testing by health care staff shall not be shared with security staff or juvenile community corrections, unless the resident's safety, the safety of other residents, or security is at risk as shown by the testing results, e.g., an indication of a near-lethal dose of a drug, an indication of trafficking, etc. If one of these circumstances exists, notification shall be made only to the Superintendent, or designee. The resident shall not receive a discipline as a result of any testing by health care staff.
5. If the results of testing by facility health care staff indicate that the resident's substance use disorder is presenting a risk to their safety, the health care staff shall make a referral to behavioral health services and document the referral in the resident's electronic health care record.

Procedure I: Coordinating and Planning for MSUD Continuation

1. Medications for Substance Use Disorders (MSUD) shall be provided to a juvenile resident when the resident goes on a furlough leave, except that methadone shall not be provided and the resident shall be instructed to receive their methadone at a community health care agency with which the facility health care staff has created a continuity of care plan.
2. MSUD shall not be provided when a resident is transferred or released to a nonstate mental health institution in Maine, and the facility health care staff shall coordinate with the facility's Director of Classification and Collateral Services, or designee, to inform the institution's health care staff of the resident's need for the medication as soon as practicable in advance of the transfer or release. An exception may be made by providing the transporting staff with the amount of methadone remaining on the resident's current prescription if the institution is unable to procure it in time for the resident's admission to the institution.

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3. MSUD shall be provided to transporting staff when a resident is transferred or released to a residential treatment facility in Maine in the quantity necessary for the resident to take until they are able to attend an appointment with an MSUD health care provider in the community, and the facility health care staff shall coordinate with the facility's Director of Classification and Collateral Services, or designee, to inform the residential facility's health care staff of the resident's need for the medication as soon as practicable in advance of the transfer or release. If there is not a sufficient quantity available, the facility health care provider shall send a prescription to the pharmacy used by the residential facility.
4. MSUD shall not be provided when a resident is being transported to court, except if the resident will be staying overnight in a Maine jail while court proceedings continue.
5. MSUD shall be provided to the transporting staff when a resident is transferred or released to a Maine jail or will be staying overnight in a Maine jail for the purpose of being available for court proceedings.
6. MSUD shall be provided to the transporting staff when a resident is transferred to another Department facility.
7. MSUD shall not be provided when a resident is transferred or released to a jail, correctional facility, or residential treatment facility in another jurisdiction, and the facility health care staff shall coordinate with the facility Director of Classification and Collateral Services, or designee, to inform the jail's or other facility's health care staff of the resident's need for the medication as soon as practicable in advance of the transfer.
8. Facility health care staff, the resident's social worker, and other appropriate persons shall create a plan for the continuation of a resident's MSUD upon release to the community, including on community reintegration status. Staff shall document the plan of care in the Department's resident and client records management system and the resident's electronic health care record as applicable.
9. If a resident receiving MSUD is being released to the community, including on community reintegration status:
 - a. the resident shall be provided two doses of naloxone and an appropriate education, either in-person or via educational materials, on preventing an accidental drug overdose, recognizing signs of an overdose, and the use of naloxone for overdose rescue;
 - b. the resident shall be provided MSUD based on the timing of the resident's first appointment with an MSUD health care provider in the community after release, except that methadone shall not be provided and the resident shall be instructed to receive their methadone at a community health care agency with which the continuity of care plan has been created; and
 - c. the resident's social worker shall:
 - 1) make a continuity of care appointment or ensure an appointment is scheduled with an MSUD health care provider in the community; and
 - 2) provide release and reentry planning, including release planning specific to MSUD that includes coordination with the resident's juvenile community

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corrections officer, if any, and appropriate community services and resources, including a community recovery coach.

Procedure J: Data Collection and Reporting of Aggregated Data

1. The Department's Manager of Organizational Development, Data & CQI, or designee, is responsible for overseeing the collection of data on Medications for Substance Use Disorders (MSUD) to include, but not limited to, MSUD treatment provided to residents at Department juvenile facilities, demographic data, and other data pertaining to MSUD.
2. The data shall be incorporated into the Department's Juvenile Data Report, which shall be completed on at least an annual basis. Any report shall only include aggregated data, and names or personally identifiable information shall not be included. The report shall be posted on the Department's website.

VIII. PROFESSIONAL STANDARDS

None

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