
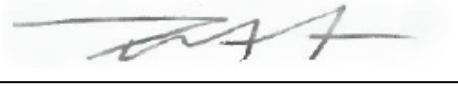


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POLICY NUMBER: 18.24		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
EFFECTIVE DATE: July 1, 2019	LATEST REVISION: May 12, 2021	CHECK ONLY IF APA []

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

Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to include Medication-Assisted Treatment (MAT) at designated adult facilities as a treatment option for adult residents with a diagnosed opioid use disorder.

IV. DEFINITIONS

1. Medical provider - physician, psychiatrist, physician assistant, or nurse practitioner.
2. Medication-Assisted Treatment (MAT) - the use of medications approved for the treatment of an Opioid Use Disorder (OUD), ideally used in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.
3. Opioid Use Disorder (OUD) - a problematic pattern of opioid use that causes significant impairment or distress and is diagnosed using standard criteria as outlined by the Diagnostic & Statistical Manual of Mental Disorders.

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VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Medication-Assisted Treatment, General

1. The Commissioner, or designee, shall determine the adult facilities where appropriate adult residents have access to Medication-Assisted Treatment (MAT).
2. Only medications approved by the Department for MAT shall be prescribed to residents approved for MAT.
3. All information, screenings, and records related to a resident’s Opioid Use Disorder (OUD) diagnosis, treatment, and use of MAT shall be considered part of the resident’s health care record.
4. All meetings, decisions, reasons for decisions, and the resident’s consent or lack of consent, etc. shall be documented in the progress notes in the resident’s electronic health care record.
5. A resident participating in MAT shall be provided access to treatment, programs and services, education, and vocational training opportunities, similar to residents not participating in MAT.

Procedure B: Staff Training

1. The Department’s Director of Professional Development, or designee, shall ensure that all staff and student interns who work in a facility where adult residents have access to MAT and who have contact with residents receive training regarding this policy.
2. The facility Chief Administrative Officer, or designee, shall ensure that all volunteers who work in a facility where adult residents have access to MAT and who have contact with residents receive training regarding this policy.
3. The Department’s Director of Professional Development, or designee, shall ensure that relevant facility staff receive additional training before implementing

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Medication-Assisted Treatment (MAT) within the facility to include health care staff, security staff, and program staff who will be leading, supporting, and/or otherwise involved in administering MAT.

4. Additional training for relevant facility staff shall include, but not be limited, to the following topics:
 - a. addiction as a chronic illness;
 - b. medications for addiction treatment;
 - c. importance of language in supporting treatment and recovery and reducing stigma; and
 - d. recognition of acute manifestations of intoxication and withdrawal.

Procedure C: Newly Admitted Adult Residents

1. A newly admitted adult resident who claims to be taking MAT medications currently or who arrives with MAT medications upon intake to the reception facility shall be referred by the facility health care staff performing the intake health screening to an on-site or on-call facility medical provider as outlined in Department Policy (AF) 18.7, Pharmaceuticals.
2. A newly admitted adult female resident who is or claims to be pregnant and claims to be taking MAT medications currently or who arrives with MAT medications upon intake to the reception facility shall be referred by the facility health care staff performing the intake health screening to an on-site or on-call facility medical provider as outlined in Department Policy (AF) 18.7, Pharmaceuticals.
3. In addition to taking the other actions outlined in Department Policy (AF) 18.7, Pharmaceuticals, if it is confirmed that the resident is currently taking MAT medications pursuant to a valid prescription (whether the resident is admitted from a county jail, a facility in another jurisdiction, or the community), the facility medical provider shall consider whether it is medically necessary to continue the resident on the medications. The resident may be continued on MAT medications indefinitely while in the Department’s custody, as long as it is determined to be medically necessary.
4. If the medical provider determines it is medically necessary and appropriate to taper a resident off of MAT medications, the resident shall be placed on the appropriate tapering protocol to safely taper him or her off the medications. A resident who is tapered off of MAT medications may be considered for MAT at a later date in accordance with this policy.

Procedure D: Opioid Use Disorder (OUD) Screening and Approval for Treatment

1. An adult resident who is not currently on MAT shall be referred to facility behavioral health staff for MAT screening:

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- a. when the intake health screening indicates a substance use disorder related to opioid use;
 - b. when any health or substance use assessment indicates a substance use disorder related to opioid use;
 - c. when a substance use disorder related to opioid use is exhibited during incarceration, e.g., through signs of opioid withdrawal, signs of repeated opioid usage, or repeated positive results from drug testing for opioids; or
 - d. by a resident referring himself or herself through the sick call process as set out in Department Policy (AF) 18.3, Access to Health Care Services.
2. If the screening indicates a resident may have an Opioid Use Disorder (OUD) and the resident is two (2) years or less from his or her earliest possible release date, and if after discussion with the behavioral health staff the resident indicates he or she is interested in participating in Medication-Assisted Treatment (MAT), the behavioral health staff shall refer the resident to facility medical services immediately.
 3. If the screening indicates a resident may have an OUD, and the resident is more than two (2) years from his or her earliest possible release date, and if after discussion with the behavioral health staff the resident indicates he or she is interested in participating in MAT, the behavioral health staff shall place the resident on a MAT wait-list.
 4. While on the wait-list, the resident shall be referred for other appropriate substance use disorder services or programs.
 5. Utilizing the MAT wait-list, behavioral health staff shall meet with a wait-listed resident to discuss MAT as the resident is approaching two (2) years prior to his or her earliest possible release date to ask if the resident is still interested in participating in MAT.
 6. If at the meeting a resident on the wait-list indicates he or she is interested in participating in MAT, the resident shall be referred to a facility medical provider.
 7. Upon referral of a resident, a facility medical provider shall meet with the resident to determine whether or not the resident is appropriate for MAT and, if so, whether the resident consents to MAT. The resident shall be informed that consent is voluntary and that the resident may revoke consent at any time.
 8. A resident is appropriate for MAT if the resident is diagnosed with an opioid use disorder by a facility medical provider who has determined that MAT is medically necessary.
 9. The final decision to approve a resident for MAT induction shall be made only by a facility medical provider.
 10. The facility medical provider making the decision shall inform the resident of the decision and the reason for the decision.

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11. As permitted by applicable federal and state laws, telehealth modalities may be used by the medical provider.
12. If an appropriate resident is approved by a facility medical provider for Medication-Assisted Treatment (MAT) induction and the resident consents to MAT, 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.
13. If an appropriate resident has been approved by a facility medical provider for MAT induction, has completed the necessary forms, and does not revoke consent, the resident shall begin MAT when the resident reaches two (2) years prior to his or her earliest possible release date, unless the resident is less than two (2) years prior to his or her earliest release date, in which case MAT shall begin as soon as possible. Prior to the resident beginning MAT, the facility health care staff shall conduct a drug test and document the results in the resident's electronic health care record.
14. If a resident is approved for MAT but chooses not to consent to MAT, revokes consent for MAT, or is removed from MAT for non-compliance, the resident:
 - a. shall not be disciplined;
 - b. shall not become ineligible to earn good time or deductions (shall not receive a Resident Performance Report); and
 - c. shall not receive a drop of privilege level for failure to participate in MAT.
15. If a resident is removed from MAT due to conduct constituting a disciplinary violation, e.g., hoarding, trafficking, etc., the resident:
 - a. may be disciplined;
 - b. may become ineligible to earn good time or deductions (may receive a Resident Performance Report);
 - c. may receive a drop of privilege level; and
 - d. may be subject to any other action set out in Department Policy (AF) 20.1, Resident Discipline, Procedure G.
16. A resident who fails to participate in MAT or is removed from MAT may be inducted or re-inducted into MAT at a later date in accordance with this policy.

Procedure E: Medication Administration

1. The facility Chief Administrative Officer, or designee, shall develop and maintain facility written practices that comply with this policy and that include, but are not limited to, the following:
 - a. selection of a location where MAT is administered that is a well-controlled area with limited traffic during MAT administration;
 - b. use of video recording (a lapel camera may be used) by security staff assigned to MAT during the MAT administration;

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- c. establishment of the maximum number of adult residents in a group to receive MAT medications at the same time at the facility location where MAT is administered, in consultation with the facility Health Services Administrator;
 - d. administration of MAT medications that shall be in accordance with Department Policy (AF) 18.7, Pharmaceuticals and, in addition, shall include, but not be limited to, the following:
 - 1) that a resident shall report for MAT administration with his or her identification fully displayed;
 - 2) verification of resident identification by security staff assigned to and health care staff prior to administering MAT;
 - 3) dismissal of the resident from the location, to include that a resident shall remain seated in the designated location for the entire administration period or longer if the medication has not fully dissolved and that security staff shall perform a complete mouth check;
 - 4) that an unclothed (strip) search of the resident may be performed to ensure compliance with this policy;
 - 5) search of the location (including chairs) prior to medication administration and after each resident or group of residents is dismissed; and
 - 6) how concerns by security staff and health care staff about the administration process are addressed, including possible diversions of MAT medications.
2. Separate, individualized practices that comply with this policy may be developed for a resident who presents higher security risks or other management challenges.

Procedure F: Chronic Care for MAT Participation

- 1. An adult resident participating in Medication-Assisted Treatment (MAT) shall be enrolled in a Chronic Care Clinic as set out in Department Policy (AF) 18.5, Health Care, except that the resident shall be seen by a medical provider at least once monthly for the first ninety (90) days following induction into MAT and then at least every ninety (90) days thereafter until his or her release from incarceration.

Procedure G: Behavioral Health Services During MAT Participation

- 1. An adult resident participating in MAT shall be offered and strongly encouraged to participate in substance use counseling, mental health counseling, and/or other relevant services and programs weekly.
- 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.

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3. A resident shall not be removed from MAT nor shall MAT medications be withheld if a resident does not participate in an offered service or program.

Procedure H: Overdose Prevention Education

1. An adult resident receiving MAT services shall be offered and strongly encouraged to participate in education on preventing drug overdose. 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 be removed from MAT nor shall MAT medications be withheld if a resident does not participate in an overdose prevention program.

Procedure I: Recovery Support

1. An adult resident receiving MAT services shall be offered and strongly encouraged to receive support from a peer recovery coach to assist with additional aspects of their recovery. Peer recovery support services may include mentoring, coaching, and assistance with re-entry planning, if applicable, to include resources for safe housing, transportation, and/or employment services.
2. A resident shall not be removed from MAT nor shall MAT medications be withheld if a resident does not participate in a recovery support program.

Procedure J: Removal from MAT

1. A facility medical provider shall make any decision related to the removal of an adult resident from MAT, which may be due to:
 - a. identification of medical issues, e.g., a medical contraindication or intolerance to the medication;
 - b. a resident revoking consent for participation in MAT;
 - c. identification of issues that present a risk to the safety of the resident, the safety of other residents, or security, e.g., objective evidence that the resident has been hoarding or trafficking Medication-Assisted Treatment (MAT) medications; or
 - d. non-compliance with MAT.
2. A resident on MAT medications shall not be removed from MAT based solely on suspicion of conduct constituting a disciplinary violation, e.g., hoarding, trafficking, etc., without any objective evidence, and without a final decision by a medical provider.
3. In the event a resident is removed from MAT by a facility medical provider, the resident shall be placed on the appropriate tapering protocol to safely remove him or her from MAT.
4. A resident who is removed from MAT may be re-inducted into MAT at a later date in accordance with this policy

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Procedure K: Drug Testing While Participating in MAT

1. Drug testing of adult residents participating in MAT shall be conducted by security staff as set forth in Department Policy (AF) 20.2, Drug and Alcohol Testing, and the results of that testing may be shared by the security staff conducting the testing with facility health care staff.
2. In addition to the drug test conducted by facility health care staff prior to the resident beginning MAT, drug testing conducted by facility health care staff shall be ordered by a facility medical provider for compliance with MAT when it is determined medically necessary. Health care staff shall document the results in the resident's electronic health care record.
3. The results of testing by health care staff shall not be shared with security staff, 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 health care staff notify security staff for this reason, notification shall be made only to the facility Chief Administrative Officer, or designee.

Procedure L: MAT Upon Transfer or Furlough

1. If an adult resident receiving MAT medications is to be transferred to another Department facility, the transfer shall be managed in a manner that supports the resident's continued enrollment in MAT whenever possible. Any transfer of a current MAT resident requires the review and approval of the Department's Director of Classification, or designee.
2. MAT medications shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a resident receiving MAT is transferred to a county jail or a facility in another jurisdiction or is being transported to court. If a resident receiving Medication-Assisted Treatment (MAT) medications is transferred to a county jail or a facility in another jurisdiction, the health care staff shall follow the procedures set forth in Department Policy (AF) 18.7, Pharmaceuticals to ensure that the receiving facility is informed of the resident's participation in MAT.
3. MAT medications shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a resident receiving MAT goes on a furlough.

Procedure M: Coordinating and Planning for MAT Continuation After Release

1. To ensure the safety and effectiveness of MAT, appropriate facility staff shall create a plan for the continuation of an adult resident's MAT upon release to the community, including transfer to supervised community confinement. Staff shall document the plan of care in CORIS and the resident's electronic health care record as applicable.

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2. If a resident receiving MAT medications is being released to the community:
 - a. the resident shall be provided a dose and/or prescription for naloxone along with appropriate education on overdose prevention;
 - b. MAT medications shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a resident is released to the community; and
 - c. the resident's case manager shall:
 - 1) make an appointment with a MAT medical provider in the community, if available; and
 - 2) provide release and reentry planning as set forth in Department Policies (AF) 27.1, Release and Reentry Planning and 24.2, Counseling and Treatment Services and include release planning specific to MAT that includes coordination with the resident's probation officer, if any, and appropriate community services and resources.

VIII. PROFESSIONAL STANDARDS

None

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