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 facilities as a treatment option for prisoners with a diagnosed opioid use disorder.

IV. DEFINITIONS

1. 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.

2. 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 prisoners have access to Medication-Assisted Treatment (MAT).

2. Only medications approved by the Department for MAT shall be prescribed to prisoners approved for MAT.

3. All information, screenings, and records related to a prisoner’s Opioid Use Disorder (OUD) diagnosis, treatment, and use of MAT shall be considered part of the prisoner’s health care record.

4. All meetings, decisions, reasons for decisions, and the prisoner’s consent or lack of consent, etc. shall be documented in the progress notes in the prisoner’s electronic health care record.

5. A prisoner participating in MAT shall be provided access to treatment, programs and services, education, and vocational training opportunities, similar to prisoners 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 prisoners have access to MAT and who have contact with prisoners receive training regarding this policy.

2. The facility Chief Administrative Officer, or designee, shall ensure that all volunteers who work in a facility where prisoners have access to MAT and who have contact with prisoners 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 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 Prisoners

1. A newly admitted prisoner 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 (physician, psychiatrist, physician assistant or nurse practitioner) as outlined in Department Policy (AF) 18.7, Pharmaceuticals.

2. A newly admitted female prisoner 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 prisoner is currently taking MAT medications pursuant to a valid prescription (whether the prisoner 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 prisoner on the medications. The prisoner 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 prisoner off of MAT medications, the prisoner shall be placed on the appropriate tapering protocol to safely taper him or her off the medications. A prisoner 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. A prisoner who is not currently on MAT shall be referred to facility behavioral health staff for MAT screening when an opioid use disorder is exhibited during incarceration, e.g., through symptoms of opioid withdrawal, repeated usage, or positive results from drug testing. If the screening indicates a prisoner may have an Opioid Use Disorder (OUD), the behavioral health staff shall refer the
prisoner to facility medical services immediately, regardless of the prisoner’s release date.

2. A prisoner who is not currently on MAT shall be referred to facility behavioral health staff for MAT screening:
   a. when the intake health screening indicates a substance use disorder related to opioid use (unless the prisoner has already been referred to a medical provider as set out above);
   b. when any health or substance use assessment indicates a substance use disorder related to opioid use; or
   c. by a prisoner referring himself or herself through the sick call process as set out in Department Policy (AF) 18.3, Access to Health Care Services.

If the screening indicates a prisoner may have an Opioid Use Disorder (OUD), the behavioral health staff shall refer the prisoner to facility medical services immediately if the prisoner is less than six (6) months from his or her earliest possible release date, or if the prisoner is more than six (6) months from his or her earliest possible release date, the staff shall make the referral when the prisoner is approaching six (6) months prior to his or her earliest possible release date.

3. Upon referral for any of the reasons set out above, a facility medical provider (physician, psychiatrist, physician assistant or nurse practitioner) shall determine whether the prisoner is appropriate for MAT and/or other medical care. A prisoner is appropriate for MAT if the prisoner is diagnosed with an opioid use disorder by a facility medical provider who has determined that Medication-Assisted Treatment (MAT) is medically necessary.

4. If a prisoner is appropriate for MAT and is less than six (6) months from his or her earliest possible release date, the facility medical provider shall ask if the prisoner consents to participate in MAT. The prisoner shall be informed that consent is voluntary and that the prisoner may revoke consent at any time.

5. If a prisoner is appropriate for MAT and is more than six (6) months from his or her earliest possible release date, the prisoner shall be placed on a wait-list.

6. While on the wait-list, the prisoner shall be referred for other appropriate substance use disorder services or programs.

7. Utilizing the MAT wait-list, behavioral health staff or medical staff, as appropriate, shall meet with a wait-listed prisoner to discuss MAT as the prisoner is approaching six (6) months prior to his or her earliest possible release date to ask if the prisoner is interested in participating in MAT.

8. If the prisoner on the wait-list is interested in participating in MAT, the prisoner shall be referred to a facility medical provider for a final determination of MAT induction.
9. A facility medical provider shall meet with the wait-listed prisoner in person to
determine whether or not the prisoner still meets the requirement that MAT is
medically necessary and, if so, whether the prisoner consents to MAT.

10. As permitted by applicable federal and state laws, telehealth modalities may be
used by the medical provider for the initial determination of appropriateness for
MAT, but not for the final decision.

11. The final decision to approve a prisoner for Medication-Assisted Treatment
(MAT) induction shall be made only by a facility medical provider.

12. The facility medical provider making the decision shall inform the prisoner of the
decision and the reason for the decision.

13. If an appropriate prisoner is approved by a facility medical provider for MAT
induction and the prisoner consents to MAT, facility health care staff shall ensure
that the necessary consent and acknowledgment forms are completed and
included in the prisoner’s electronic health care record.

14. If an appropriate prisoner has been approved by a facility medical provider for
MAT induction, has completed the necessary forms, and does not revoke
consent, the prisoner shall begin MAT when the prisoner reaches six (6) months
prior to his or her earliest possible release date, unless the prisoner is less than
six (6) months prior to his or her earliest release date, in which case MAT shall
begin as soon as possible. Prior to the prisoner beginning MAT, the facility
health care staff shall conduct a drug test and document the results in the
prisoner’s electronic health care record.

15. If a prisoner is approved for MAT but chooses not to consent to MAT, revokes
consent for MAT, or is removed from MAT for non-compliance, the prisoner:
   a. shall not be disciplined;
   b. shall not become ineligible to earn good time or deductions (shall not
      receive a Prisoner Performance Report); or
   c. shall not receive a drop of privilege level for failure to participate in MAT.

16. If a prisoner is removed from MAT due to conduct constituting a disciplinary
violation, e.g., hoarding, trafficking, etc., the prisoner:
   a. may be disciplined;
   b. may become ineligible to earn good time or deductions (may receive a
      Prisoner 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,
      Prisoner Discipline, Procedure G.

17. A prisoner 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;

c. establishment of the maximum number of prisoners 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 prisoner shall report for Medication-Assisted Treatment (MAT) administration with his or her identification fully displayed;

2) verification of prisoner identification by security staff assigned to and health care staff prior to administering MAT;

3) dismissal of the prisoner from the location, to include that a prisoner 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 a strip search of the prisoner may be performed to ensure compliance with this policy;

5) search of the location (including chairs) prior to medication administration and after each prisoner or group of prisoners 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 prisoner who presents higher security risks or other management challenges.

Procedure F: Chronic Care for MAT Participation

1. A prisoner participating in MAT shall be enrolled in a Chronic Care Clinic as set out in Department Policy (AF) 18.5, Health Care, except that the prisoner shall be seen by a medical provider (physician, psychiatrist, physician assistant or nurse practitioner) at least once monthly until his or her release from incarceration.
Procedure G: Behavioral Health Services During MAT Participation

1. A prisoner 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.

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

Procedure H: Overdose Prevention Education

1. A prisoner 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 prisoner shall not be removed from MAT nor shall MAT medications be withheld if a prisoner does not participate in an overdose prevention program.

Procedure I: Recovery Support

1. A prisoner 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 prisoner shall not be removed from MAT nor shall MAT medications be withheld if a prisoner 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 a prisoner from MAT, which may be due to:
   a. identification of medical issues, e.g., a medical contraindication or intolerance to the medication;
   b. a prisoner revoking consent for participation in MAT;
   c. identification of issues that present a risk to the safety of the prisoner, the safety of other prisoners, or security, e.g., objective evidence that the prisoner has been hoarding or trafficking MAT medications; or
   d. non-compliance with MAT.

2. A prisoner 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 prisoner is removed from MAT by a facility medical provider, the prisoner shall be placed on the appropriate tapering protocol to safely remove him or her from MAT.

4. A prisoner who is removed from MAT may be re-induced into MAT at a later date in accordance with this policy.

Procedure K: Drug Testing While Participating in MAT

1. Drug testing of prisoners 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 prisoner 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 prisoner’s electronic health care record.

3. The results of testing by health care staff shall not be shared with security staff, unless the prisoner’s safety, the safety of other prisoners, 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 a prisoner receiving MAT medications is to be transferred to another Department facility, the transfer shall be managed in a manner that supports the prisoner’s continued enrollment in MAT whenever possible. Any transfer of a current MAT prisoner 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 prisoner receiving MAT is transferred to a county jail or a facility in another jurisdiction or is being transported to court. If a prisoner receiving 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 prisoner’s participation in MAT.

3. MAT medications shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a prisoner 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 the prisoner’s MAT upon release to the community, including transfer to supervised community confinement. Staff shall document the plan of care in CORIS and the prisoner’s electronic health care record as applicable.

2. If a prisoner receiving MAT medications is being released to the community:
   a. the prisoner 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 prisoner is released to the community; and
   c. the prisoner’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 prisoner’s probation officer, if any, and appropriate community services and resources.

VIII. PROFESSIONAL STANDARDS

None