POLICY TITLE: MEDICATION-ASSISTED TREATMENT

POLICY NUMBER: 18.24

CHAPTER 18: HEALTH CARE SERVICES

STATE of MAINE
DEPARTMENT OF CORRECTIONS
Approved by Commissioner:

EFFECTIVE DATE: July 1, 2019

PROFESSIONAL STANDARDS:
See Section VII

LATEST REVISION:

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

IV. DEFINITIONS

1. Medication-Assisted Treatment (MAT) - the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use 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 that shall provide access to Medication-Assisted Treatment (MAT).

2. Only Department approved medication(s) for MAT shall be used.

Procedure B: Prisoner Screening and Eligibility

1. A prisoner shall be referred to facility behavioral health services for MAT screening:
   
a. during intake when the admission health assessment indicates a substance use disorder related to opioid use;
   
b. when any other health or substance abuse assessment indicates a substance use disorder related to opioid use;
   
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; or
   
d. when an opioid use disorder is exhibited during incarceration, e.g., through positive results from drug testing.

2. If screening indicates a prisoner may have an opioid use disorder, the behavioral health staff shall refer the prisoner to facility medical services.

3. A prisoner is eligible for MAT if the prisoner is diagnosed with an opioid use disorder by a facility medical provider (physician, psychiatrist, physician assistant or nurse practitioner) who has determined that Medication-Assisted Treatment (MAT) is medically necessary.

4. If a prisoner is eligible for MAT and is more than six (6) months from his or her earliest release date, the prisoner shall be placed on a waitlist to meet with behavioral health staff to discuss MAT. While on the waitlist, the prisoner shall be referred for other appropriate substance use disorder services or programs.

5. Behavioral health staff shall meet with an eligible prisoner to discuss MAT as the prisoner is approaching six (6) months prior to his or her earliest release date and ask whether the prisoner consents to MAT. The prisoner shall be informed that consent is voluntary and that the prisoner may revoke consent at any time.

6. If the prisoner consents to MAT, behavioral health staff shall refer the prisoner to facility medical services for final determination of MAT induction.

7. A facility medical provider shall meet with the prisoner to determine whether or not the prisoner still meets the requirement that MAT is medically necessary.

8. The facility medical provider making the decision shall inform the prisoner of the decision and the reason for the decision.
9. The final decision to approve a prisoner for Medication-Assisted Treatment (MAT) induction shall be made only by a facility medical provider.

10. If an eligible prisoner is approved for MAT induction, the necessary acknowledgement forms shall be completed and included in the prisoner’s electronic health care record.

11. If an eligible prisoner is approved by a facility medical provider for MAT induction, the prisoner shall begin MAT when the prisoner reaches ninety (90) days prior to his or her earliest release date.

12. If a prisoner is admitted to the Department already on medication for opioid use disorder at admission and has an earliest possible release date of six (6) months or less, the prisoner shall be referred to the on-site/on-call medical provider during the admission health assessment for consideration of immediate MAT induction.

13. 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.

14. If a prisoner is eligible for MAT but chooses not to consent to MAT, revokes consent for MAT, or is removed from MAT for non-compliance, the prisoner shall not be disciplined, shall not be ineligible to earn good time or deductions (shall not receive a Prisoner Performance Report), and shall not receive a drop in privilege level for failure to participate in MAT.
   a. Appropriate action may be taken if the prisoner is removed from MAT due to conduct constituting a disciplinary violation, e.g., medication diversion, trafficking.

Procedure C: Medication Administration and Dosing

1. Each facility Chief Administrative Officer, or designee, shall develop and maintain facility written practices in accordance with this policy that include, but are not limited to, the following:
   a. selection of a dosing location that:
      1) is separate from the primary medication line in location or timing; and
      2) is a well-controlled area with limited traffic during the dosing period;
   b. video recording (a lapel camera may be used) of the dosing process by security staff assigned to MAT;
   c. establishment of the maximum number of prisoners in a group to receive MAT medication at the same time at the facility dosing location, 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 dosing with his or her identification fully displayed;

2) verification of prisoner identification by security staff assigned to Medication-Assisted Treatment (MAT) and health care staff administering the medication prior to dosing;

3) dismissal of the prisoner from the dosing location, to include that a prisoner shall remain seated in the designated dosing location for the entire dosing 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 dosing location (including the chairs) prior to dosing and after each dosing group is dismissed;

6) how concerns by security staff and health care staff about the dosing process are addressed, including possible diversions of MAT medication; and

7) that separate individual dosing protocols may be developed for a prisoner who presents higher security concerns or other management challenges.

Procedure D: Additional Requirements for MAT Participation

1. Prisoners 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 at least once monthly until his or her release from incarceration.

2. Each MAT participant shall participate in MAT counseling services, at least once weekly, which may include, but not be limited to, individual counseling, group therapy, or other recommended medical or mental health service, in consultation with behavioral health staff.

Procedure E: Removal from MAT and Tapering

1. A facility medical provider shall make all decisions related to the removal of a prisoner from MAT, which may be due to:
   a. medical issues, e.g., a medical contraindication;
   b. security issues, e.g., diversion of the medication;
   c. the prisoner revoking consent; or
   d. the prisoner receiving an additional sentence that puts him or her outside the timeframe for MAT.
2. If a prisoner is admitted to the Department already on medication for opioid use disorder at admission and has an earliest possible release date of more than six (6) months, the prisoner shall be referred to the on-site/on-call medical provider during the admission health assessment for review and a plan for tapering off the medication. Such a prisoner may be inducted into Medication-Assisted Treatment (MAT) a later date in accordance with this policy.

3. In the event a prisoner’s MAT is discontinued by a facility medical provider during incarceration, the prisoner shall be placed on the appropriate tapering protocol to safely remove him or her from MAT.

Procedure F: Drug Testing While Taking MAT

1. Drug testing as set forth in Department Policy (AF) 20.1, Drug and Alcohol Testing of Adult Prisoners, shall be conducted for safety and security reasons and the results of that testing may be shared by the security staff conducting the testing with health care staff.

2. Drug testing for medical purposes conducted by medical staff for compliance with medication assisted treatment may be ordered by a facility medical provider. The results of medical drug testing shall not be shared with security staff, unless the prisoner’s safety and security is at risk due to the testing results, e.g., indication of a lethal drug, etc. If medical staff must notify security staff for this purpose, notification shall be made to the facility Chief Administrative Officer, or designee.

Procedure G: MAT Upon Transfer, Furlough Leave or Release

1. If a prisoner receiving MAT medication 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 medication 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 to a facility in another jurisdiction. If a prisoner receiving MAT medication is transferred to a county jail or to 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 medication shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a prisoner receiving MAT goes on a furlough leave.

4. MAT medication shall be provided as set forth in Department Policy (AF) 18.7, Pharmaceuticals when a prisoner receiving MAT is released from custody.
5. If a prisoner receiving MAT medication is being released to the community:
   a. a medical provider shall provide Naloxone and the required education;
   b. health care staff shall provide a supply of MAT medication as set forth in Department Policy (AF) 18.7, Pharmaceuticals;
   c. the prisoner’s case manager shall:
      1) make an appointment with a Medication-Assisted Treatment (MAT) prescriber in the community; 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:
         a) the prisoner’s probation officer, if any; and
         b) community services and resources.

VIII. PROFESSIONAL STANDARDS

None