

# Model Policy for Administering Medications for Addiction Treatment (MAT) in County Jails

## I. POLICY

It is the policy of the **XX County Jail** to offer maintenance Medications for Addiction Treatment (MAT) as a treatment option for inmates diagnosed with opioid use disorder (OUD) and previously using MAT at the time of admission to the jail.

## II. DEFINITIONS

- Medications for Addiction Treatment (MAT): the use of medications approved for the treatment of OUD, ideally used in combination with counseling and behavioral therapies.
- 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, 5<sup>th</sup> edition \(DSM-V\)](#).

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### B. Educational materials for facility staff (TBD)

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### D. Forms & Resources

1. MAT Medication Chain of Custody Form
2. MAT Pathway Supporting Continuing Care
3. **Maine Correctional Facilities Resource List (TBD)**

## V. PROCEDURES

## **Procedure A: Medications for Addiction Treatment (MAT) - General**

1. The Sheriff, or designee, shall determine the facilities that shall provide access to MAT services.
2. Only County-approved, evidence-based medication(s) for MAT shall be used. These may include:
  - Buprenorphine/naloxone (trade name: Suboxone)
  - Buprenorphine (trade name: Subutex)
  - Naltrexone (trade name: Vivitrol)
3. Methadone: While some individuals may be most appropriately and/or previously treated for OUD with methadone, methadone cannot be offered in county jails unless they obtain licensure as a federally-approved Opioid Treatment Program (OTP), as dispensing of methadone is limited to OTPs. However, facility staff shall make accommodation for individuals who are actively being treated with methadone for OUD – e.g. through transporting inmates to a local OTP for ongoing treatment; reaching agreement with a local OTP for take-home doses; etc.
4. All information, screenings, and records related to the inmate's OUD diagnosis, treatment, and use of MAT shall be considered part of the inmate's confidential medical record and shall receive the standard protections of all federal and state health care confidentiality regulations.

## **Procedure B: Staff Education and Training**

1. Relevant facility staff shall be provided with appropriate education and training prior to implementing a jail-based program to administer MAT within the facility. This should include relevant clinical, corrections, and support staff who will be leading, supporting, and/or otherwise involved in administering the MAT program.
2. Education and training for relevant facility staff should include, but not be limited, to the following topics:
  - a. Addiction as a chronic illness
  - b. Medications for addiction treatment: the basics
  - c. Importance of language in supporting treatment and recovery
  - d. MAT policies and procedures:
    - i. Inmate screening and eligibility for MAT services
    - ii. Medication administration and dosing
    - iii. Behavioral health counseling for OUD
    - iv. Policy for removing individuals from participation in MAT, and tapering MAT
    - v. Drug testing for inmates receiving MAT
    - vi. Monitoring for and addressing diversion of medications
    - vii. Providing MAT during transfer and in work-release programs
    - viii. Coordinating and planning for continuation of MAT upon release

ix. Preventing and treating drug overdose

3. Facilities are encouraged to access standard educational materials developed along with this policy.
4. Facilities shall include training on MAT policies as part of new staff hiring and orientation processes.

**Procedure C: Inmate OUD Screening and Eligibility for MAT Services**

1. To support a standardized and evidence-based approach to identifying individuals with OUD, facility staff are encouraged to work with their medical and/or SUD providers to develop a standardized “SUD Screening and Intake” form as part of the medical assessment at intake.
2. Inmates shall be referred to the facility’s health services staff for assessment of OUD and appropriateness for MAT when any of the following criteria are met:
  - a. During intake when the admission health assessment identifies the presence of OUD;
  - b. When any other health or substance abuse assessment indicates a diagnosis of OUD;
  - c. By an inmate referring himself or herself through the sick call process as set out by jail policy; or
  - d. When signs or symptoms of OUD are exhibited during incarceration, e.g., through symptoms of opioid withdrawal or positive results from drug testing.
3. If screening indicates an inmate may have OUD, the jail staff shall refer the inmate to the facility’s health services staff for evaluation as soon as possible.

NOTE: Pregnant women on MAT should receive priority OUD assessment and treatment because of the increased risks to fetal health if MAT is stopped during pregnancy.

4. An inmate is eligible for MAT when the following two criteria are both met:
  - a. An inmate is diagnosed with OUD by a facility medical provider (physician, physician assistant, or nurse practitioner) who has determined that MAT is medically necessary.
  - b. An inmate has previously been treated for OUD with MAT as evidenced by a current prescription for MAT medications by a licensed provider, *OR* by a urine drug screen showing presence of MAT medications.
5. If the inmate consents to MAT, facility staff shall refer the inmate to facility or contracted medical services for final determination of appropriateness for MAT.
6. A provider or other member of the facility or contracted medical staff shall meet with the inmate to confirm OUD diagnosis and appropriateness for MAT as soon as possible, and at least within 24 hours of intake. The facility or contracted medical provider shall inform the inmate of the recommendation for continuing

MAT and the reason for the recommendation. The final decision to offer MAT shall be made by a licensed facility or contracted medical provider.

7. If telehealth modalities are used for the initial assessment by the facility or contracted medical provider, the provider shall conduct the assessment in accordance with all applicable federal (DEA) and state regulations for providing MAT via telehealth.
8. If an eligible inmate is approved for MAT, the necessary acknowledgement forms shall be completed and included in the inmate's health care record. The inmate shall be informed that consent is voluntary and that the inmate may revoke consent at any time.
9. If an eligible inmate is approved by a facility or contracted medical provider for MAT services, the inmate shall begin MAT as soon as possible, and at least within 24 hours of intake.
10. All meetings, decisions, reasons for decisions, and the inmate's consent or refusal to continue MAT, etc. shall be documented in the progress notes in the inmate's health care record.
11. If an inmate is eligible for MAT but chooses not to consent to receive MAT services, revokes consent for MAT, or is removed from MAT for non-compliance, the inmate shall not be disciplined or receive a drop in privilege level for failure to participate in MAT. However, appropriate action may be taken if the inmate is removed from MAT due to conduct constituting a disciplinary violation, e.g., medication diversion or trafficking.

**Procedure D: MAT Medication Administration and Dosing**

1. MAT medications shall be prescribed by appropriately licensed clinicians in accordance with federal and state regulations.
2. Each Sheriff, facility Chief Administrative Officer, or designee, shall develop and maintain facility-specific written practices in accordance with this policy that include, but are not limited to, the following:
  - a. Selection of a location for administration of MAT that...
    - 1) is separate from the facility's primary medication line in terms of both location and/or timing; and
    - 2) is a well-controlled area that has limited inmate traffic during the dosing period;
  - b. Video recording (a lapel camera may be used) of the dosing process by security staff assigned to oversee MAT administration;
  - c. Establishment of the maximum number of inmates in a group to receive MAT medication at the same time at the facility dosing location, in consultation with the facility health service staff;
3. When prescribed by an appropriately licensed facility or contracted clinician, MAT medications shall be administered in accordance with Standard Operating

Procedure 1 (SOP-1) that shall include, but not be limited to, the specific steps outlined in Procedure H, below (Monitoring for and Addressing Diversion).

**Procedure E: Behavioral Health Counseling During MAT Participation**

1. Inmates receiving MAT services shall be offered and strongly encouraged to participate in SUD and/or mental health counseling services at least once weekly; however, MAT medications should not be withheld if an inmate does not agree to participate in counseling.
2. SUD and mental health counseling services may include, but not be limited to, individual counseling, group therapy, mutual aid groups (e.g. AA, NA), or other recommended mental health service, in consultation with facility health staff.

**Procedure F: Overdose Prevention Education**

1. Inmates receiving MAT services shall be offered and strongly encouraged to participate in education on preventing drug overdose. This shall include education on preventing accidental drug overdose; recognizing signs of an overdose; and use of naloxone for overdose rescue.

**Procedure G: Recovery Support**

1. Inmates 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 other supports including linking to safe housing, transportation, and/or employment services.

**Procedure H: Removal from MAT and Tapering**

1. Facility or contracted medical providers may decide to discontinue an inmate's MAT medications due to any of the following:
  - a. Identification of medical issues, e.g., a medical contraindication or intolerance to the medication;
  - b. Identification of security issues that present a risk to the inmate or other jail populations, e.g., objective evidence that the inmate has been diverting their MAT medication; or
  - c. Inmate revokes their consent for participation in MAT services
2. For any inmate ending MAT services, the facility or contracted medical provider shall conduct a health assessment and create a plan for safely tapering the inmate off the MAT medication. Such inmates may be restarted on MAT medications at a later date in accordance with this policy.

**Procedure I: Drug Testing for Inmates Receiving MAT Services.**

1. Facility and/or contracted health staff shall conduct periodic drug testing for all individuals receiving MAT services for health, safety, and security reasons, in accordance with SOP-2: Drug Testing for Inmates Receiving MAT Services.

2. The results of such testing may be shared with other facility or contracted health staff. Results shall not be shared with security staff, unless the inmate's safety and/or security are at risk due to the testing results, e.g., indication of the presence of a potentially-lethal drug, etc. If medical staff must notify security staff for this purpose, notification shall be made to the Sheriff, facility Chief Administrative Officer, or designee.

#### **Procedure J: Monitoring for and Addressing Diversion**

1. Facility and contracted healthcare and corrections staff shall adhere to safe practices for MAT medication administration to help minimize the likelihood of diversion, including the following:
  - a. Assign dedicated staff to support the MAT program and provide adequate education to assigned staff.
  - b. Facilitate strong partnerships between healthcare and corrections staff assigned to support the MAT program.
  - c. Provide education to inmates regarding the need to prevent diversion of MAT medications.
  - d. Ensure safe administration of medications, including use of dedicated medication lines and the procedures outlined below:
    - i. Inmate shall report for dosing with his or her identification fully displayed;
    - ii. Security staff and health care staff providing MAT services shall verify the identity of the inmate prior to administering the medication;
    - iii. Inmate shall remain seated in the designated dosing location for the entire dosing period or longer if the medication has not fully dissolved;
    - iv. Prior to dismissing the inmate from the dosing location, security and/or health care staff shall perform a complete mouth check to ensure that the medication has fully dissolved;
    - v. A strip search of the inmate may be performed in accordance with existing statutes and rules from the Office of the Maine Attorney General if there are concerns about appropriate use of the MAT medication and/or to ensure compliance with this policy;
    - vi. Security staff shall search the dosing location (including the chairs) prior to dosing and after each dosing group is dismissed to inspect for possible diversions of MAT medication; and
    - vii. Separate individual dosing protocols may be developed for inmates who present higher security concerns or other management challenges.
  - e. Implement protocols to ensure that facility and/or contracted staff immediately notify the Sheriff or designee when there is an error in medication administration or a perceived or confirmed instance of medication diversion. When diversion is confirmed, ensure that an after-incident review is conducted, and that corrective action is taken.

2. MAT medications should not be discontinued based solely on suspicion of diversion; if diversion is suspected, inmates should be referred for evaluation by facility or contracted healthcare staff. Decisions about whether to discontinue MAT medications due to diversion should be made by the Sheriff in consultation with healthcare staff after an appropriate evaluation of the overall risks and benefits of continued participation.

#### **Procedure K: MAT During Transfer**

1. When an inmate receiving MAT requires transfer to another county jail, jail-owned facility, or Maine Department of Corrections (MDOC) facility, or receives an approved furlough, the process shall be conducted in a manner that supports the inmate's continued treatment with MAT whenever possible. Any transfer of a current MAT Inmate requires the prior review and approval of the Sheriff or designee.
2. When an inmate receiving MAT is transferred to another county jail, jail-owned facility, or MDOC facility, a signed Memorandum of Understanding (MOU) between the transferring and receiving facilities must be in place to ensure that the receiving facility is informed of and supports the inmate's participation in MAT. Facilities are strongly encouraged to use a distinct colored form for the MOU to make it readily identifiable by staff.
3. When an inmate receiving MAT requires transfer to another county jail, jail-owned facility, or MDOC facility, facility staff shall consult with facility or contracted healthcare providers to determine available options for continuing MAT medication during transfer (e.g. continued use of oral MAT medication, transition to long-acting, injectable MAT medication).
4. Wherever possible, county jails shall maintain a stock supply of MAT medications sufficient to provide medication to inmates to maintain them on their medication during periods of transfer.
5. When an inmate receiving oral MAT medication requires transfer to another county jail, jail-owned facility, or MDOC facility, whenever possible, the receiving facility shall provide the inmate with their MAT medications, using their stock supply.
6. When an inmate receiving oral MAT medications is transferred to a facility that does not have a health care provider, does not provide MAT, and/or does not have a stock supply of MAT medications, the transferring facility will provide a sufficient supply of the MAT medication as set forth in SOP-3, MAT During Transfer (attached) and shall track the medication using a Chain of Custody form (attached).
7. The receiving facility shall administer the MAT medication as set forth in this policy.

#### **Procedure L: Coordinating and Planning for MAT Continuation on Release**

1. To ensure the safety and effectiveness of MAT, facility or contracted staff shall create a plan for continuing the inmate's MAT services upon release and shall





## **SOP-1: MAT Medication Dispensing & Administration**

Purpose: To establish minimum guidelines in administration of inmate drug testing decrease the risk of diversion.

### **Procedure:**

- 1) Separate medication lines shall be identified and utilized in the dispensing of buprenorphine.
- 2) Medical, correctional and agency staff shall establish buprenorphine dosing hours.
- 3) An observation area separate from the routine medication dispensing area should be established for individuals receiving buprenorphine.
- 4) Dosing location shall be well-controlled and have limited traffic during dosing period and will preferably include camera coverage.
- 5) Buprenorphine may be dispensed to groups of inmates at the same time; establishment of maximum group size shall be established by jail health care provider and jail administration.
- 6) Prior to medication administration the dosing and observation areas shall be searched.
- 7) Prior to administration of buprenorphine, health care or other facility staff will conduct a mouth check.
- 8) If buprenorphine is administered in pill form, the pill will be crushed by health care or facility staff and placed into a med cup. The med cup will be given to the inmate; staff will observe the inmate place the powder under the tongue. The medical staff will immediately collect the med cup.
- 9) If buprenorphine is in strip form, health care or facility staff shall provide inmate with cup of water to be swallowed before using the strip. The inmate shall place the strip on the left or right of center under the tongue; if two strips are being used, one should be placed on each side of the left and right under tongue.
- 10) After receiving the medication inmates will be seated at the observation site with their hands flat on the table, and more than one arm's length apart from other inmates, until instructed otherwise. Inmates shall be asked to not talk during the observation period.
- 11) Inmates will remain at the observation table until the appropriate time has passed; typically, 7-10 minutes after receiving medication. Once the dose has dissolved, the inmate will be given a cup of water to drink and rinse their mouths. Inmates may also be asked to eat one package of saltines crackers to ensure the medication is fully dissolved.
- 12) Once it has been determined that the medication is fully dissolved the designated correctional, medical or agency staff will complete a thorough mouth check utilizing mouth check protocols to ensure the medication has fully dissolved.
- 13) Upon determination that the medication is fully dissolved, each inmate shall be dismissed according to facility protocol.
- 14) Dosing and observation area shall be searched after each dosing period to identify any misplaced medication.
- 15) If there are any concerns regarding about the dosing process or any suspicion of diversion inmates shall be kept in the area, and correctional officer shall notify a supervisor.
- 16) A separate SOP may be developed for inmates who present higher security concerns or management challenges.

## **SOP: 2- Drug Testing Protocols for Inmates Receiving MAT**

**Purpose:** Drug testing is conducted to assist in stabilizing a patient on proper dose and to decrease the risk of diversion. Drug test results may suggest that a patient's dose needs an adjustment. Drug tests should not be used as the sole reason to discharge an inmate from the MAT program.

### **Collection of Sample:**

1. Each county jail shall identify an individual who shall be responsible for coordinating all drug-testing activities for the program. Facility staff shall be provided with appropriate training according to the training policy for administering drug tests.
2. Before collecting the test sample, the designated staff shall positively identify the inmate.
3. The staff shall ask the inmate if he or she is taking any medications and, if so, what the medications are.
4. The staff shall inform the inmate that he or she is required to submit to urine testing and shall inform the inmate which of the reasons for the test.
5. The collection of the urine sample shall take place in any designated area that does not permit the inmate to come in contact with any person other than staff members assigned to observe the collection and witness the chain of custody process. The collection of the urine sample shall be observed only by one trained staff member of the same gender, unless there is a legitimate security need for the presence of additional staff.
6. Collection staff shall ensure that the designated area is clean, and all potential contaminants are removed from the collection area.
7. All inmates shall be required to wash, rinse, and thoroughly dry their hands prior to and after the collection of the sample.
8. The inmate shall be instructed to position himself or herself in a manner that allows the staff member unobstructed observation of the urine voiding process.
9. The inmate shall remain under the direct observation and control of facility staff until the urine specimen has been collected and tested.
10. Facility or contracted staff will either conduct point-of-care testing of the specimen and record results; and/or, when applicable, will seal the specimen container and send confirmatory testing.
11. Facilities are encouraged to use Clinical Laboratory Improvement Amendments (CLIA)-certified laboratories for confirmatory testing.
12. Since participation in the MAT program requires collection of specimens, if the inmate fails to provide an adequate urine specimen immediately, the staff shall inform the inmate that failure to provide a specimen within two (2) hours shall be considered the equivalent of refusing to provide a specimen. The inmate shall be allowed eight (8) ounces of water at the start of the 2-hour window to help produce an adequate specimen. If the inmate fails to provide a urine specimen in an amount conforming to the specifications of the manufacturer of the drug testing system within two (2) hours, facility staff will inform the facility or contracted health care staff.
13. Once the facility or contracted staff is certain that the urine specimen is valid and unadulterated, the staff shall direct the inmate where to place the specimen so that the on-site test can be conducted.
14. Facility or contracted staff must keep both the specimen and the inmate in view throughout the entire testing process.

15. Once the test is activated, the inmate shall not touch the specimen, except to be told to dispose of a negative specimen.
16. Facility or contracted staff shall follow the procedure specified by the manufacturer of the testing equipment or by the testing laboratory.
17. Facility or contracted staff shall ensure that specimens are handled in accordance with the facility's established chain of custody protocols.
18. Facility or contracted staff shall document the result and the specimen shall be disposed of unless it is being referred for a confirmation test.
19. A printed copy, photograph, or photocopy of the drug testing result shall be taken and retained in the inmate's record.
20. Test results must be documented and shared with the facility or contracted health care provider to be utilized in treatment decision making.

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### **SOP-3: Medications for MAT During Transfer (for Receiving Facilities Not Able to Provide Medication)**

**Purpose:** To support the continued treatment with MAT for inmates that are being transferred to another county jail, jail-owned facility, or Maine Department of Corrections (MDOC) facility by establishing standard procedures for providing, transporting, and administering MAT medications during that time when an inmate is being transferred to a facility that is not able to provide the medication.

#### **Procedure:**

1. When inmates receiving MAT are transferred to a facility that is not able to provide MAT medication, facility staff or contracted health care staff from the originating facility shall identify the number and dosage of MAT medications that the inmate will require during their time away to ensure that they will be able to continue their use of the medication.
2. Facilities shall use an MAT Medication Chain of Custody Form (attached) that will be used to record the name, dose, and amount of medication provided to inmates during transfer by both transferring and receiving facility staff.
3. Facility staff shall package the required MAT medication(s), ensure it is appropriately labeled with the inmate's name, date of birth, dosage, and amount, and transfer the medication to the Transport Officer in a secure manner, following the facility's standard medication transport policy. The name, dose, and amount of medication being provided on transfer should be recorded on the MAT Medication Chain of Custody Form.
4. Following transfer to the receiving facility, the Transport Officer shall hand off the MAT medication to the appropriate staff at the receiving facility, who shall confirm that the correct amount of the medication is present by signing off on the MAT Medication Chain of Custody Form.
5. Appropriate facility staff at the receiving facility shall ensure the safe storage of the MAT medication for the duration of the inmate's stay at the receiving facility.
6. The MAT medication(s) shall be administered to the inmate by staff at the receiving facility in accordance with that facility's MAT Medication Dispensing and Administration policy.
7. Any MAT medication that is unused at the end of the inmate's period of time in the receiving facility shall be packaged and appropriately labeled by facility staff with the inmate's name, date of birth, dosage, and amount, and provided to the Transport Officer in a secure manner.
8. The Transport Officer shall return the remaining MAT medication to the appropriate staff in the originating facility, who shall confirm that the correct amount of the medication is present by signing off on the MAT Medication Chain of Custody Form.
9. Any issues or concerns related to the security of MAT medications during transfer should be reported as soon as possible to the Sheriff at both the originating and receiving facility.

