



POLICY TITLE: MEDICATIONS FOR SUBSTANCE USE DISORDERS		PAGE 1 OF 5
POLICY NUMBER: 13.24 (JF)		
CHAPTER 13: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
	EFFECTIVE DATE: March 11, 2024	LATEST REVISION:

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. Medical provider - physician, psychiatrist, physician assistant, or nurse practitioner.
2. 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.
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 in the current Diagnostic & Statistical Manual of Mental Disorders.
4. 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.
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 medical provider.
2. Only medications approved by the Department as MSUD shall be prescribed.
3. These 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; and
 - d. importance of language in supporting treatment and recovery and reducing stigma.

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 medical provider as outlined in Department Policy (AF) 13.7, Pharmaceuticals.

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2. A juvenile resident who is not currently receiving MSUD shall be screened by facility behavioral health staff for possible referral for MSUD:
 - a. when the admission health screening indicates a substance use disorder;
 - b. when any health or substance use assessment indicates a substance use disorder;
 - c. when a substance use disorder is exhibited while in custody, e.g., through signs of opioid withdrawal, signs of repeated substance use, or repeated positive results from drug or alcohol testing; or
 - d. by a resident referring 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 medical provider after meeting with the resident.
5. As permitted by applicable federal and state laws, telehealth modalities may be used by the medical provider.
6. If a facility medical 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.

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 medical provider as defined in this policy 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 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.

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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.

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 education 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.

Procedure G: Recovery Support

1. A juvenile resident receiving Medications for Substance Use Disorders (MSUD) may be offered support from a recovery coach to assist with additional aspects of their recovery. 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 have MSUD discontinued nor shall MSUD be withheld if a resident does not participate in a recovery support program.

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 security staff as set forth in Department Policy (JF) 15.4, 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, who shall document the results in the resident’s electronic health care record.
2. In addition to any drug test conducted by facility health care staff prior to a resident beginning MSUD, drug testing conducted by facility health care staff shall be ordered by a facility medical provider for any resident receiving MSUD 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 Superintendent, or designee.

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Procedure I: Coordinating and Planning for MSUD Continuation

1. Medications for Substance Use Disorders (MSUD) shall be provided as set forth in Department Policy (JF) 13.7, Pharmaceuticals when a juvenile resident receiving MSUD goes on a furlough, is transferred to another Department facility, transferred to a county jail or a facility in another jurisdiction, or is being transported to court.
2. Appropriate facility staff shall create a plan for the continuation of a juvenile resident’s MSUD upon release to the community, including transfer to community reintegration status. Staff shall document the plan of care in CORIS and the resident’s electronic health care record as applicable.
3. If a resident receiving MSUD is being released to the community:
 - a. the resident shall be provided a dose of naloxone along with fentanyl test strips and an appropriate education on overdose prevention, either in-person or via educational materials;
 - b. the resident shall be provided Medications for Substance Use Disorders the same as other release medications as set forth in Department Policy (JF) 13.7, Pharmaceuticals; and
 - c. the resident’s social worker shall:
 - 1) make a continuity of care appointment or ensure an appointment is scheduled with an MSUD medical 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 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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