POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-06.1	PAGE NUMBER 1 of 4
	RELATED NCCHC/ACA STANDARDS: G-06/4-4376; E-02	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: METHADONE TREATMENT AND DISPENSING	
EFFECTIVE DATE: 2/28/2012	REVISED:	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)

II. PURPOSE: Provide methadone maintenance treatment to incoming offenders identified on a current methadone maintenance plan.

III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See glossary.

V. POLICY:

1. Receiving screening will be initiated per policy E-02: Receiving Screening-Intake, #1-5.
2. When an offender reports current Methadone Maintenance Treatment (MMT), nursing healthcare staff will obtain a Release of Information Authorization from the treating Opioid Treatment Facility and obtain verification of current treatment. Verification, or inability to verify, will be documented in the Progress Note section and written verification from outside agencies will be placed in the "Out Patient Consults" Section of offender's medical chart. If the Opioid Treatment Facility indicates that the offender has not been following their Methadone Maintenance Treatment, then the Opioid Withdrawal Protocol will be started. If nursing healthcare staff are unable to obtain MMT verification within 12 hours, the offender will be placed on Opioid Withdrawal Protocol.
3. Once verification of Methadone Maintenance Treatment is confirmed, nursing healthcare staff will have offender sign a Release of Information Authorization for the Methadone Treatment Provider (if they are not the same provider).
4. Nursing healthcare staff will immediately contact the facility physician to obtain an order for continuation of MMT, and then will contact the Methadone

Treatment Provider for continuation of MMT. The Methadone prescription will be provided by the Methadone Treatment Provider's physician. Methadone prescriptions and protocol in the correctional facility are to be initiated only under the care of a qualified physician.

5. Healthcare staff will have the offender review and sign a Methadone Treatment Consent Form indicating his/her agreement to the conditions for which Methadone treatment will be provided and conditions for treatment termination. Agreement conditions include, yet not limited to: Abiding by prison rules, no illicit drug/alcohol use, no misuse of the Methadone, no trafficking of the Methadone and mandatory treatment referral to either a Community Substance Abuse Treatment Program upon release or prison based Substance Abuse Treatment Program upon sentencing. If the offender does not agree to the above terms in writing, then the Clinical Opiate Withdrawal Scale (COWS) and withdrawal treatment protocol will be initiated. Document offender's refusal in the medical chart.

6. Methadone treatment will be administered by a licensed nurse. Medical staff administering the methadone must watch the offender take the methadone and complete a mouth check with the offender. Methadone will be supplied by the Methadone Treatment Provider.

7. Methadone Maintenance Treatment is short term. If an offender is incarcerated for more than 31 days at a level 5 or level 4 facility, or is subsequently sentenced to more than 31 days, re-evaluation of methadone treatment must be approved within 5 days by a vendor physician in conjunction with DOC administration (Bureau of Correctional Healthcare Services in consultation with Bureau Of Prisons/Bureau Of Community Corrections administration or designee). The offender incarcerated for more than 31 days may continue the methadone treatment protocol until a determination for Methadone Maintenance Treatment is made. If continued Methadone Maintenance Treatment is not indicated, the

offender will be placed on an approved Opioid Drug Withdrawal Protocol by medical staff.

8. Methadone Maintenance Treatment and the Methadone Maintenance Treatment Consent Form will transfer with the offender to any other Level 5 or 4 facility. Upon notification of the offender's transfer, the Director of Nursing at the transferring facility will coordinate the transfer of treatment with the Director of Nursing at the receiving facility to ensure continuity of care. The Director of Nursing at the transferring facility will also notify the current Methadone Treatment Provider of the pending transfer and, if different, the Methadone Treatment Provider at the receiving facility. When detoxification is clinically indicated, it will be under medical supervision following procedures outlined by Policy G – 06 Intoxication and Withdrawal.
9. If an offender is released while receiving Methadone Maintenance Treatment, a referral and appointment will be made to a Community Methadone Treatment Facility prior to the offender's release and documented on the discharge plan.
10. Medical Staff will refer offenders receiving MMT to the Mental Health Provider for Mental Health Screening/Assessment.
11. Medical Staff and Mental Health Staff are to refer any offender receiving MMT for Substance Abuse Treatment based on the offender's status or sentencing. Examples include: Detentioner Substance Abuse Program (6 for 1), Level 5 either Key or Greentree Substance Abuse Programs, Level 4 the Crest Program, Level 3 – 1 a community based Substance Abuse Treatment Program.

References:

National Commission on Correctional Mental Health Care: Standards & Guidelines for Delivering Services, 2008, P-G-06.

National Commission on Correctional Mental Health Care: Standards for Opioid Treatment Programs in Correctional Facilities, 2004, O-A-05.

TIP 40, Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, SAMHSA, 2000.

TIP 43, Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs, SAMHSA, 2000.

Springer, D. W., McNeece, C. A., & Mayfield Arnold, E. (2009). *Substance Abuse Treatment for Criminal Offenders.* Washington, DC: American Psychological Association.

American Correctional Association: Standards for Audit Correctional Institutions, 4th Edition, 2008 Supplement, 4-4376.

Washtenaw Community Health Organization: Methadone Policy. Washtenaw County, Michigan. www.ewashtenaw.org/government/departments/cmhpsm/policies/methadone, 1-19.

Approval:

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HNB-BC	Date
2/28/2012		2/28/12

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

METHADONE MAINTENANCE TREATMENT CONSENT FORM

Participant:_____ **Current Date:**_____

SBI #: _____ **Program Site:** _____

I, _____ agree this day (mm/dd/yyyy) _____, to the following conditions in order to receive methadone treatment from the Department of Correction, Contracted Medical Provider, Methadone Treatment Provider and any other related contract agency:

1. I agree to NOT use any alcohol, illegal drugs or non-prescribed drugs while receiving methadone treatment.

2. I understand that I am expected to provide the names, addresses and phone numbers of all my doctors, dentists and pharmacies. I also understand I will voluntarily sign a Release of Information Authorization for each of my medical, dental and pharmacy providers in order to better coordinate my treatment. I am aware that if I refuse to meet these requirements, it may result in my being placed on a withdrawal protocol and detoxed from methadone treatment.

3. I understand that methadone is used for the treatment of addiction to Opioid drugs and not for pain management.

4. I agree to attend medication call daily to receive my methadone dose.

5. I agree to follow all Methadone Maintenance Treatment policies and procedures. If I do not, I may be placed on a withdrawal protocol and detoxed from the methadone treatment.

6. I understand I may be asked to change my prescribed medications as part of my treatment plan for recovery.

7. I understand I may be asked to submit to random urine drug screens. I agree to submit to all urine drug screens with the understanding that not doing so will be viewed as a positive screen. I understand specimens that have been tampered with will be considered a positive screen.

8. I agree to participate with DOC and any provider agency to develop an individualized treatment plan which may include group and individual treatment sessions. Once this plan is developed, I agree to comply with the goals and objectives of the treatment plan.

9. I understand that if I am incarcerated for more than 30 days my Methadone Maintenance Treatment will be evaluated for possible detoxification off methadone.

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METHADONE MAINTENANCE TREATMENT CONSENT FORM

10. I agree, upon discharge from incarceration, to participate in a community Methadone Maintenance Treatment and/or a community Substance Abuse Treatment Program.

11. I agree to be referred to and participate in a Substance Abuse Treatment Program while incarcerated. I agree to comply with all goals, objectives and rules of the Substance Abuse Treatment Program.

12. I understand that my Methadone Maintenance Treatment may be terminated for the following violations:
    a. Possession or use of alcohol, illicit drugs or non-prescribed drugs.
    b. A positive drug screen.
    c. Failure to attend individual and/or group counseling sessions or psychiatric appointments.
    d. Failure to participate in treatment planning or assignments.
    e. Repeated failure to follow through on referrals to Substance Abuse Treatment Programs or a community Methadone Maintenance Treatment program.
    f. Failure to comply with necessary medical care for a condition diagnosed by a medical provider.
    g. Failure to submit to drug testing as requested.
    h. Verbal or physical threats or aggression against staff or other offenders; or possession of a weapon.
    i. I am caught trafficking methadone, alcohol, illicit drugs or any prescribed drug.

13. I understand that if I continue to put myself at risk of discharge, I will be offered detoxification from methadone and my Methadone Maintenance Treatment will be terminated.

I have read this agreement, have had it explained to me and I understand it. I agree to comply with this Department of Correction Methadone Maintenance Treatment agreement. I understand that this agreement does not create any enforceable right, interest or privilege and that the purpose of this agreement is to inform me about how I will be expected to cooperate in my care and recovery.

Client _____ **Date** _____

Contract Provider _____ **Date** _____

Contracted Methadone Provider _____ **Date** _____

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

DELAWARE COMMUNITY OPIOID TREATMENT FACILITIES

CONTACT INFORMATION

NEW CASTLE COUNTY

Brandywine Counseling & Community Services

Medically Assisted Treatment Program

24/7 On-Call Nurse Contact #: 302-588-2536

Fax #: 302-656-4387

Director of Nursing contact: Versa Belton

Cell phone #: 302-588-6966

KENT AND SUSSEX COUNTIES

Kent Sussex Counseling Services

Medication Assisted Opioid Treatment Program

Georgetown Office:

Program Director: Debbie Alvarez

Nurse Contact: Shannon Bonaventure

Phone #: 302-854-0172

On-Call phone #: 302-222-0804

Fax #: 302-253-0630

Dover Office:

Nurse Contact: Nancy Culver

Phone #: 302-735-7790

On-Call phone #: 302-632-8549

Fax #: 302-735-3652