POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER F-04	TOTAL PAGES 6
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-F-04, J-F-04, MH-G-05, O-E-01, O-E-10 ACA: 5-ACI-6A-41 (Mandatory)	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	**SUBJECT: MEDICALLY ASSISTED WITHDRAWAL AND TREATMENT**	
APPROVED BY THE BUREAU CHIEF:	**Deputy Chief, Michael Records (signature on file with BHSAMH)**	
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE	**Commissioner Monroe B Hudson Jr June 22, 2023 (signature on file with BHSAMH)**	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: 11 *Del. C.* §6536 Medical Care

II. PURPOSE: To ensure offenders who are intoxicated or undergoing withdrawal are appropriately managed and treated in a humane manner through the provision of Medication Assisted Withdrawal and Medication Assisted Treatment (MAW/MAT). To ensure the offender is supported, improves functioning, and minimizes the risk of returning to substance misuse upon release from Delaware Department of Correction (DDOC) custody.

III. APPLICABILITY: All DDOC employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.

IV. DEFINITIONS: See Glossary

V. SUMMARY OF CHANGES: This policy was updated to include language allowing those sentenced offenders who are enrolled in SUD treatment who are known to have a history of OUD but who are not on MAT (including those in remission in the prison environment) to be started on MAT at any time at provider discretion. Language relative to data waivers was removed in accordance with updated federal guidelines and regulations.

VI. POLICY:

A. It is the policy of the DDOC that:

1. All offenders are eligible for Substance Use Disorder (SUD) or Opioid Use Disorder (OUD) treatment programming and behavioral health evaluations at any time during their incarceration.
2. Participation in Medication Assisted Treatment (MAT) and Medication Assisted Withdrawal (MAW) is voluntary.
3. Admissions to MAT/MAW programs are based solely on clinical criteria according to federal regulations.
4. Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws.
5. Withdrawal management from alcohol, opiates, hypnotics, stimulants, and sedative hypnotic drugs is conducted in a humane manner under medical

supervision using evidenced-based practices when performed at a DDOC facility, or when necessary, is conducted in a hospital or treatment facility in the community.

6. Procedures exist that allow for self-referral of offenders into MAT/MAW programs.
    a. There is sufficient written information on MAT/MAW services available to offenders to facilitate self-referrals.
7. Procedures exist that address referrals to MAT/MAW by facility health/mental health staff for MAT/MAW programs.
8. Each offender admitted to an MAT/MAW program shall receive information that outlines policies, patient rights and responsibilities, and the treatment offered.
9. If an offender is not admitted to an MAT/MAW program they are referred to other appropriate treatment alternatives, as necessary.
10. Specific guidelines must be followed for the treatment and observation of offenders manifesting mild or moderate symptoms of intoxication or withdrawing from alcohol and other substances.
11. Protocols for managing intoxication and withdrawal, and for MAT are approved annually by the Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) and the responsible physician. These protocols are consistent with nationally accepted treatment guidelines.
12. Healthcare and correctional staff are trained to recognize SUD, including alcohol and OUD, in offenders.
    a. The Behavioral Health contractor will provide annual training to correctional staff at each facility that will include signs and symptoms of SUD, signs and symptoms of withdrawal and overdose, effective treatment modalities.
13. Secondary disorders (including mental and physical health disorders) associated with SUD are appropriately screened for, diagnosed, and treated in persons with SUD.
14. There is ongoing communication and collaboration between medical, mental health, and substance use treatment staff surrounding withdrawal assessments, MAW/ MAT, and psychosocial treatment for offenders diagnosed with an SUD withdrawal management.
15. Protocols exist for managing offenders under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.
    a. The Contracted Provider shall develop and submit to BHSAMH, protocols for monitoring and the management of withdrawal in offenders who are at risk of withdrawal based on history of substance use. Protocols will be based on best available evidence for SUD treatment and will be in keeping with nationally accepted guidelines.
    b. Protocols will be reviewed and approved by the BHSAMH Medical Director, Behavioral Health Treatment Services Director, BHSAMH Bureau Chief (or designee), the Contractor Provider Statewide Medical Director, and Statewide Behavioral Health Director.
        a. All protocols are reviewed and/or updated on an annual basis.

16. Offenders showing signs of withdrawal, or who are at risk of withdrawal, are monitored by qualified healthcare professionals using approved protocols as clinically indicated until symptoms have resolved.
    a. Clinical management should also include the use of validated withdrawal assessment instruments, such as the Clinical Opiate Withdrawal Scale (COWS) and the Clinical Institute Withdrawal Assessment for Alcohol Scale, revised (CIWA-Ar). Please refer to DDOC policy number E-02 Intake Screening.
17. Offenders being monitored are housed in a safe location that allows for effective monitoring and treatment as indicated.
18. If the findings from the patient monitoring meet the national guidelines to begin prescription medications, MAW/MAT is initiated or resumed (may be resumed if the patient was receiving out-patient pain treatment prior to incarceration).
19. MAW/MAT is done under provider supervision.
    a. MAW/MAT is best managed by a physician or other medical professional with appropriate training and experience.
        a. May also include situations as allowed by state or federal law as authorized in an emergency use authorization order.
20. Offenders experiencing severe, life threatening and/or progressive intoxication (overdose) or who experience severe withdrawal beyond what can be managed in the DDOC facility are immediately transferred under appropriate security conditions to a licensed acute care facility.
    a. When deciding which patients can be managed at the facility, the responsible physician must take into account the level of medical supervision that is available within the facility.
21. Individuals receiving MAW/MAT who present with or have a history of a mental health disorder will be referred for a bio-psycho-social assessment and receive behavioral health services indicated based on the outcome of that assessment.

B. Medication Assisted Treatment (MAT)
1. Protocols exist for identifying offenders with OUD who would benefit from the initiation or continuation of MAT.
    a. The Behavioral Health Contracted Provider and the Medical Contracted Provider shall develop protocols for MAT for offenders with a history of OUD who are deemed candidates for MAT.
    b. Protocols will be based on best available evidence for MAT and will be in keeping with nationally accepted guidelines.
    c. Protocols will be reviewed and approved by the BHSAMH Medical Director, Behavioral Health Director and Bureau Chief, or designee, and the Contractor Providers Medical Director and Behavioral Health Director.
        a. All protocols are reviewed and/or updated on an annual basis.
2. MAT is considered for offenders who have a history of OUD and are appropriate candidates for MAT (including those currently engaged in MAT in the community, in active withdrawal upon admission to a DDOC facility, tested positive for opiates, and/or have a documented history of OUD. Offenders

entering a Level 4 or Level 5 facility on MAT may have their medication continued, or a plan for MAW is initiated.

a. A release of information (ROI) shall be obtained to request a copy of the health assessment completed by the community provider and information on time and amount of the last dose of medication administered in the community for treatment of opioid dependence.
b. Counseling is provided to offenders receiving MAT.
c. MAT shall not be discontinued or withheld due to a patient refusing initial counseling or if they discontinue participation in ongoing counseling.

3. Prevention and response to diversion of medications used for MAT - Site specific protocols must include language specific to prevention, identification, and response to MAT medication diversion. This language must be consistent with national guidelines such as those put forth by the American society on addition medicine (ASAM) This should include but not be limited to:
    a. The roles and responsibilities of medical staff (med pass nurses, treating providers, BH staff) relative to prevention of diversion, recognizing and properly documenting diversion and responding to diversion events.
    b. Process for reviewing MAT requests that do not fall into the time frames specified in this policy with the MAT review committee for discussion and recommendations.
        a. Process for informing and obtaining approval from the BHSAMH bureau Chief regarding individuals for whom the MAT review committee recommends that they would benefit from MAT even though outside of time frames outlined in this policy.
        b. This informing of BHSAMH Chief of recommendations of the MAT review committee and obtaining approval from BHSAMH Chief shall occur PRIOR to initiating the individual on MAT. The only exception to this is when there are exigent circumstances clearly spelled out in the patient's EHR by the site medical director which preclude waiting on response from the BHSAMH chief.
    c. Procedures for responding to diversion including at the minimum:
        a. Clinical documentation in EHR of the diversion event including a description by the healthcare staff as to what they observed (either directly or through review of video footage)
        b. Post-diversion visits with medical provider which will include a comprehensive evaluation by provider aimed at getting insight into the diversion event. This may include but is not limited to: history taking, exam and urine drug screen.
        c. Documentation by provider of their findings from post-diversion visit, how many prior incidents of diversion the patient has had and provider plan for ongoing care.
        d. Provider to document their treatment decision in the EHR and clearly explain their decision and the rationale behind it.
    d. Site specific protocols should also include measures for secondary prevention of diversion in persons with prior incidents of diversion who are determined by provider to continue to need MAT for OUD treatment. Such measures may include but are not limited to:

a. Conversion of patient to diversion resistant formulations of MAT medications. Consideration should be given to a stepwise approach to moving to more diversion resistant formulations for persons with ongoing need for MAT but who are known to be diverting MAT.
b. Use of diversion resistant formulations may include:
    i. Switching from buprenorphine SL to buprenorphine PLUS naloxone SL
    ii. Switching from SL buprenorphine or buprenorphine/naloxone to buprenorphine extended-release subcutaneous injection.
    iii. Switching from buprenorphine/methadone to naltrexone following necessary steps for safely switching.
c. Review of medication dosage to see if appropriate or if lower doses may be sufficient.
d. Review of frequency of dosing to see if alternative dosing mechanism (e.g., every other day dosing) may reduce diversion.
e. Process for discontinuation of MAT when the provider determines this to be the best approach to protect the health of the patient and that of others.

4. MAT is done under provider supervision.
    a. MAT is managed by a physician or other medical professional with appropriate training and experience.
5. The provider admitting patients to the Opioid Treatment Program (OTP) determines, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), that:
    a. The patient currently meets DSM-5 criteria for opioid dependence.
6. Every offender receiving MAT must be offered a minimum of one group, or individual counseling session per month with additional groups or individual counseling sessions as clinically indicated.
7. Any offender that begins MAT therapy or is continued on MAT therapy will be tracked. Individuals with co-occurring mental health disorders who require mental health treatment will be placed on the mental health roster and provided the indicated services.
8. Methadone, buprenorphine, buprenorphine/naloxone, and naltrexone are the FDA approved medications for treating OUD. This treatment is not subject to denial based on sanctions unless the sanction is due to diversion of the treatment medication.
    a. Decisions regarding which form of MAT will be utilized will be made between the offender and the provider.
    b. Offenders for whom MAT is not considered to be the best treatment option should be considered for MAW.
9. When a pregnant offender with opioid dependence is admitted to a facility, a provider who is experienced in MAT must be contacted so that the pregnant offender can be assessed and properly treated (see F-05 Counseling and Care of the Pregnant Offender). This assessment must be initiated within 12 hours of the pregnant woman's incarceration and may occur in person or via tele-health.

10. When a non-pregnant offender with OUD is admitted to a facility, a provider who is experienced in MAT is contacted to evaluate appropriateness for MAT.
    a. For offenders who are on MAT in the community, a provider must do the following within 24 hours before continuing MAT medication:
        a. Conduct a health assessment in person or via telehealth or review the health assessment received from the community provider.
        b. If determined to be appropriate for MAT, place an order for medication in the EHR.
    b. For offenders who are not on MAT in the community, a provider must do one of the following within 48 hours before initiating MAT medication:
        a. Conduct a health assessment in person or via telehealth to determine if the patient is clinically appropriate for MAT.
11. For all offenders with OUD, at the minimum, the provider assessment must clearly state or indicate one of the following, (Including providing rationale):
    a. Offender does not have OUD and MAW/MAT is not indicated.
    b. Offender has OUD and treatment will be initiated (Indicating what FDA approved medication will be used and outlining the process of initiating MAW/MAT as appropriate for selected medication).
    c. Offender has OUD but MAT will NOT be initiated (giving detailed rationale/justification for not initiating MAT and also indicating whether offender will be placed on MAW).
    d. Offender has OUD and was previously on MAT. MAT will be continued (indicating what FDA approved medication will be used).
    e. Offender has OUD and was previously on MAT, but MAT will NOT be continued (indicating rationale/justification for discontinuation).
12. The decision to initiate or withhold MAT from those with SUD is made solely on clinical grounds (without regard to offender classification, length of sentence, housing assignment, sentenced vs detentioner); with the only exception being that those known at the time of evaluation to have more than a 4-year sentence may be placed on MAW at the discretion of the treating provider.
13. Those already on MAT (from the community or initiated in DDOC) who are then sentenced to more than 4 years of incarceration shall be transitioned to MAW prior to reaching the 4-year sentencing mark. Exceptions to this must be requested to BHSAMH Bureau Chief.
14. Those sentenced offenders who are not enrolled in SUD treatment who are known to have a history of OUD but who are not on MAT (including those in remission in the prison environment) and who are within 60 days of the end of their sentence will be offered MAT prior to discharge.
15. Those sentenced offenders who are enrolled in SUD treatment who are known to have a history of OUD but who are not on MAT (including those in remission in the prison environment) may be started on MAT at any time at provider discretion. MAT education and provision of access to all FDA approved MAT medications will be a core part of the discharge planning process for all offenders with a history of SUD including:
    a. Pre-discharge appointment with a provider with experience in MAT which shall occur not more than 120 and no less than 60 days prior to scheduled discharge.

b. MAT offered to pre-discharge offenders during appointment.
c. Offenders consenting to MAT are started on MAT with any of the FDA approved medications no less than 30 days prior to discharge.
d. For all planned discharges, health staff arrange for a reasonable supply of current medications in accordance with DDOC policy E-10 Discharge Planning.
e. Offenders started on MAT as part of the discharge process are enrolled with a community MAT provider prior to DDOC release so that therapies started during incarceration can continue upon release.
    a. This will require close coordination between discharging and receiving clinics.

C. All offenders may be evaluated for eligibility for Naltrexone/Vivitrol at any time during their incarceration.
D. All offenders should be considered for inclusion into buprenorphine treatment (MAT) within the first six months of incarceration as clinically indicated.
    1. After the initial six months of incarceration, it is suggested that only Vivitrol be offered to patients who have not begun MAT.
    2. Patients may become eligible for inclusion into MAT/MAW with buprenorphine within the last 60 days of a verified release date.
E. All offenders receiving MAT must have a health assessment completed at least annually or more often as clinically indicated.
F. The Contracted Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BSAMH.