

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.80.29	<b>Page</b> 1 of 9
	<b>Original Effective Date:</b> 04/08/24	<b>New Effective Date:</b> 04/08/24
	<b>Supersedes:</b>	<b>Dated:</b>
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 03/08/24	
	<b>Required Posting or Restricted:</b> <input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Medically Supervised Withdrawal and Treatment		

## POLICY

Division of Adult Institutions designated health care staff shall provide evidence-based drug and alcohol treatment medications and services to PIOC diagnosed with a substance use disorder, also referred to as Medication-Assisted Treatment (MAT), in accordance with state and federal PIOC confidentiality laws, including 42 C.F.R. Part 2.

## REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2018, P-F-04, Medically Supervised Withdrawal and Treatment, P-E-02 Receiving Screening, P-E-10 Discharge Planning, P-F-05 Counseling and Care of the Pregnant Female

DAI Policy 306.17.01 – PIOC Drug Testing

DAI Policy 500.30.06 – Transfer of PIOC

DAI Policy 500.30.66 – Intoxication and Withdrawal

DAI Policy 500.50.01 – Minimum Necessary and Duty to Mitigate HIPAA Standards

DAI Policy 500.50.21 – Confidentiality of Health Care Record

DAI Policy 500.70.01 – Mental Health Screening Assessment and Referral

DAI Policy 500.80.09 – Medication Delivery, Administration, and Training – Health Staff

DAI Policy 500.80.10 – Accountability for DEA Controlled Medications

DAI Policy 500.80.15 – Transfer of Medications

Executive Directive 35 – Confidentiality and Security of Health Care Information for Person(s) in Our Care (PIOC)

Title 42, United States Code, Section 290dd–2(g) – Confidentiality of Records

Federal Regulations - 42 C.F.R. Part 2- Confidentiality of Substance Use Disorder PIOC Records

Federal Regulations - 45 C.F.R. Parts 160, 162, and 164, HIPAA Regulations

Wisconsin Administrative Code s. DOC 303 - Discipline

Wisconsin Statutes s. 146.82 – Confidentiality of PIOC Health Care Records

Wisconsin Statutes s. 51.30 – Records

## DEFINITIONS, ACRONYMS, AND FORMS

ACP – Advanced Care Provider

AOR – Agent of Record - Division of Community Corrections Agent of Record for PIOC

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AUD – Alcohol Use Disorder – A pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems. This disorder also involves having to drink more to get the same effect or having withdrawal symptoms when you rapidly decrease or stop drinking. AUD is categorized as a Substance Use Disorder.

DAI – Division of Adult Institutions

DCC - Division of Community Corrections

DEA – U.S. Drug Enforcement Agency

DEA Controlled Medications – A subset of Controlled Medications classified by the DEA with potential for abuse which includes a drug, substance or immediate precursor included in Schedules I to V of Wisconsin Statutes Ch. 961, Subchapter II. DOC does not provide any Schedule I drugs.

Designated Nurse Clinician – Registered Nurse specifically dedicated to provide clinical nursing care to PIOC's with Opioid Use Disorder. The Designated Nurse Clinician is a member of the 42 CFR Part 2 program.

Designated Prescriber – Provider with prescriptive authority to order medication for Alcohol Use Disorder and Opioid Use Disorder. The Designated Prescriber is a member of the 42 CFR Part 2 program.

Designated SUD Professional – Staff who possess certification in substance abuse counseling and will screen, assess, and diagnose individuals for substance misuse and OUD. The SUD Professional is a member of the 42 CFR Part 2 program.

DOC – Department of Corrections

DOC-1923 – Limits of Confidentiality of Health Information

Federally-assisted – Under 42 CFR Part 2, includes authorization to conduct maintenance treatment or withdrawal management, registration to dispense a controlled substance for SUD treatment, and state or local government unit receiving federal funds eligible to be spent on SUD treatment.

Federally-assisted Part 2 Program – A 42 CFR Part 2-defined program which must protect the privacy and security of records identifying individual as seeking/receiving SUD treatment. Specifically requires written PIOC consent for access to/disclosure of Part 2 program records or information in any form to non-Part 2 health care providers for treatment, payment and health care operations, with limited exceptions.

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FDA – Food and Drug Administration is the agency that has approved several different medications to treat AUD and OUD. These medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.

HCR – Health Care Record

HSU – Health Services Unit

MAT – Medication-Assisted Treatment – the use of FDA-approved medications approved for the treatment of an OUD and AUD, ideally used in combination with counseling and behavioral therapies, to provide a “whole-PIOC” approach to the treatment of substance use disorders. The members of the 42 CFR Part 2 Program are: Designated Nurse Clinician, Designated Prescriber, Designated SUD Professional, and select members of the health care team, which will vary by DOC site.

MAUD – Medications for Alcohol Use Disorder – FDA – approved medications used to treat individuals with AUD.

MOUD – Medications for Opioid Use Disorder – FDA – approved medications used to treat individuals with OUD.

MSDF - Milwaukee Secure Detention Facility

OTP – Opioid Treatment Program – Certified and accredited community facilities that dispense and administer FDA-approved medications, and provide counseling and other services for individuals with OUD.

OUD – Opioid Use Disorder – 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. OUD is categorized as a Substance Use Disorder.

Part 2 Program – A federally assisted program which meets the regulatory definition of a program, as defined by 42 CFR Part 2.

PIOC – Persons in Our Care

REMS – Risk Evaluation and Mitigation Strategies – A drug safety program required by the U.S. Food and Drug Administration (FDA) designed to reinforce medication use behaviors and actions that support the safe use of that medication.

SUD – Substance Use Disorder (see AUD and OUD definitions)

## **PROCEDURE**

### **I. General Guidelines**

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- A. DAI shall identify which individuals or entities within MAT programs meet the definition of a 42 CFR Part 2 program, for purposes of compliance with PIOC confidentiality regulations under 42 CFR Part 2.
- B. MAT programs contain federally-assisted Part 2 programs. All Part 2 programs shall protect the confidentiality of PIOC records and shall comply with all regulation and confidentiality laws.
- C. Only medications approved by the DOC for treatment of AUD and OUD shall be prescribed to PIOC approved for MAT.
- D. Administration of methadone for drug treatment purposes requires a special license from the FDA, DEA and the State Methadone Authority. DOC does not qualify for this license.
- E. All information, screenings and records related to a PIOC AUD and/or OUD referrals, assessments, diagnosis and use of MAUD and/or MOUD related to a Part 2 program shall be identified and protected within the PIOC HCR.
- F. PIOC consent or lack of consent to participate in MAT shall be maintained and documented in the HCR consistent with relevant confidentiality laws.
- G. PIOC receiving MAUD/MOUD shall be provided equal access to programs and services.
- H. PIOC enrolled in a community OTP program who are subsequently admitted to a DOC facility offering MAUD/MOUD continuation shall be evaluated for medication continuation by a Designated Prescriber.
- I. The Designated Nurse Clinician shall notify the MOUD-dedicated SUD Professional, MSDF DCC Liaison, AOR and AOR Supervisor of MAUD and/or MOUD program continuation for case management and release planning.
- J. To ensure the safety and effectiveness of MAUD/MOUD, MAT staff shall create a plan for the continuation of the PIOC MAUD/MOUD upon release to the community.
- K. If PIOC receiving MAUD/MOUD is being released to the community, the PIOC shall be provided appropriate education on overdose prevention, whenever possible.
- L. If PIOC receiving MAUD/MOUD is released to the community, designated staff shall provide reentry planning and include planning specific to MAT that includes coordination with the PIOC AOR and a scheduled first community OTP appointment, if possible.

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- M. PIOC shall not be disciplined if:
1. Approved for MAT, but chooses not to consent.
  2. Revokes consent.
  3. Is removed from MAT for non-adherence.
- N. If PIOC misuses and/or diverts MAUD/MOUD or any substance, the PIOC may be disciplined in accordance with DOC 303.
- O. PIOC who fail to adhere to the MAT plan or are removed from MAT may be approved for MAT at a later date as determined by a Designated Prescriber.
- P. Pregnant PIOC shall be considered for conversion from methadone to buprenorphine by a Designated Prescriber. If a Designated Prescriber is not available, or does not consider the pregnant PIOC a suitable candidate for conversion from methadone to buprenorphine, PIOC shall remain in the community methadone program and must agree to be transported to the community program either on a daily basis or at intervals approved by the community program if an exception is obtained.
1. Exceptions to daily transportation may be made if there is no community program in the area by contacting the State Methadone Authority at (608) 628-2469. Requests for exception shall be made by the Health Service Manager/designee.
  2. If an exception to daily transportation to the methadone program is approved, the following shall occur:
    - a. Nurses shall log each dose of methadone in and out.
    - b. Logs for administration shall be scanned into the HCR.
    - c. Only nurses are allowed to administer each dose of methadone.
    - d. If buprenorphine conversion is not done, pregnant PIOC shall return to the methadone community program at intervals recommended by the community program for refills.
    - e. A copy of the logs and empty bottles/containers shall accompany the PIOC to each community appointment.
    - f. Methadone from the community program shall be stored separately from all other medications.
    - g. Storage areas shall be double locked, secured and key accountable.
    - h. Documentation for methadone accountability shall be consistent with DAI Policy 500.80.10.
    - i. Self-medication is not allowed.

## II. Medication Accountability

- A. Ordering, receipt/storage, issuing/dispensing, administration and disposing of DEA Controlled Substances shall be conducted in accordance with DAI Policy 500.80.10.
1. Buprenorphine extended-release injections shall never be dispensed to a PIOC.

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2. Buprenorphine extended-release injections have a REMS program and requires annual training.
- B. Each facility offering MAT shall develop and maintain facility written procedures which comply with this policy and include, but are not limited to:
1. Ensuring PIOC participation and identification in a Part 2 program is not disclosed to other staff or PIOC outside of the Part 2 program.
  2. Designation of a well-controlled location where traffic is limited during MAT, MAUD and/or MOUD administration.
  3. Before medication administration, the area shall be thoroughly searched by security staff.
  4. Establishment of maximum number of PIOC in a group to receive MAUD and/or MOUD at the same time.
  5. Identification of PIOC requirements when reporting for MAUD/MOUD administration by both health care and security staff.
  6. PIOC shall remain seated in the designated location until the medication is fully dissolved.
  7. Nursing and/or security staff shall perform a complete mouth check prior to dismissal from area.
  8. After medication administration and before dismissal of PIOC, the area shall be thoroughly searched by security staff.
  9. Individualized practices may be developed for PIOC who presents higher security risks or other management challenges.

### III. Removal from MAUD and/or MOUD

- A. A Designated Prescriber shall make decisions related to the removal of PIOC from MAUD and/or MOUD. Removal decisions may include:
1. Identification of medical issues (e.g., a medical contraindication or intolerance to the medication).
  2. PIOC revoking consent for participation in MAUD and/or MOUD.
  3. Identification of issues that present a risk to the safety of PIOC.
  4. The safety of other PIOC, or security, e.g., objective evidence that the PIOC has been misusing MAUD and/or MOUD.
  5. Violation of signed Medication-Assisted Treatment Service Consent to Participate agreements including:
    - a. Maintain supervision contact standards with AOR.
    - b. Increased Urinalysis Tests.
    - c. Full cooperation with cognitive-based programming as recommended by AOR, including attendance.
    - d. Take MAUD/MOUD as ordered by the Designated Prescriber.
    - e. Report insurance updates to AOR and Designated Prescriber.
- B. PIOC receiving MAUD and/or MOUD shall not be removed solely based on suspicion of conduct constituting a disciplinary violation and without a final decision by a Designated Prescriber.

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- C. In the event PIOC is removed from MAUD and/or MOUD by a Designated Prescriber, the PIOC shall be placed on the appropriate tapering protocol to safely remove them in accordance with DAI Policy 500.30.66.
- D. PIOC who is removed from MAUD and/or MOUD may be approved for the program at a later date per the Designated Prescriber's discretion.

#### **IV. Drug Testing while Receiving MAUD and/or MOUD**

- A. Drug testing of PIOC participating in MAUD and/or MOUD may be conducted in accordance with DAI Policy 306.17.01 PIOC Drug Testing.
- B. Medically necessary drug testing shall be ordered by an ACP or Designated Prescriber and conducted by MAT staff for any PIOC receiving MAUD and/or MOUD, in addition to the drug testing conducted by MAT staff prior to the continuation or initiation of MAUD and/or MOUD.
- C. Only drug testing results obtained by HSU shall be entered in the HCR. All results obtained in a Part 2 program shall be maintained in a manner consistent with 42 C.F.R. Part 2.
- D. Drug testing results by MAT in a Part 2 program shall not be shared with security staff, unless:
  - 1. The PIOC has a DOC-1923 on file.
  - 2. There is a risk to the safety and security of the PIOC.
  - 3. There is a risk to the safety and security of other PIOC and/or staff. This risk may include an indication of a near-lethal dose of a drug, an indication of misuse, etc.
  - 4. Notification shall be made to the Security Director/designee.

#### **V. MAUD and/or MOUD upon Transfer**

- A. If PIOC receiving MAUD and/or MOUD is transferring to another DOC facility, the transfer shall be managed in a manner that supports continuity of care and the PIOC continuation of MAUD and/or MOUD whenever possible.
- B. If PIOC receiving MAT is transferred to a county jail or a facility in another jurisdiction, MAT staff shall ensure PIOC have executed any required consents to disclose treatment need in accordance with DAI Policy 500.30.06.
  - 1. DEA controlled medications shall not be sent with PIOC in accordance with DAI Policy 500.80.15.
  - 2. If PIOC is transferred to a facility that does not offer MAT, the PIOC may be required to discontinue MAT. The PIOC shall be placed on an appropriate tapering protocol to safely remove them from MAT.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

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<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. PIOC

III. Other



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