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|  | State of Indiana Indiana Department of Correction Division of Youth Services | Effective Date | Page 1 of | Number |
| | | 11/1/2020 | 6 | 2.36Y |
| HEALTH CARE SERVICES DIRECTIVE-YOUTH Manual of Policies and Procedures | | | | |

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| Title |
| MEDICATION ASSISTED THERAPY DURING INCARCERATION (MDI) PROGRAM |

| Legal References (includes but is not limited to) | Related Policies/Procedures (includes but is not limited to) | Other References (includes but is not limited to) |
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| IC 11-8-2-5 | 01-02-101 03-02-113 | ACA Standards |

I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to provide written guidelines to implement medication assisted therapy (MAT) during a youth's incarceration and to lessen the chance of relapse or overdose with opioids while a youth is orienting to, or participating in, addiction recovery services in the Department of Correction. MAT is used in conjunction with behavioral health interventions to treat individuals with substance dependence, specifically to alcohol and opioids. To this end, naltrexone has been approved by the United States Food and Drug Administration to treat and prevent relapses, and has been selected (in its orally administered form) as the medication to be used within the MDI program. Appropriate screening and referrals shall be made for the program, taking into consideration a clinical assessment of a youth's need for MAT and their expected engagement in addiction recovery services.

II. PROCEDURE:

A. Criteria for Evaluating Appropriateness for Referral for MDI

1. The youth must have a clinically significant problem with alcohol or opioid use or dependence;
2. The youth must be enrolled in addiction recovery services (ARS) at their facility.

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- a. Youth housed in a behavioral health support unit which precludes their participation in addiction recovery programming shall be enrolled in Phase Zero (0)/Progression Zero (0) of ARS, and an ARS treatment plan reflecting the youth's involvement in MDI shall be developed. The expectation is that, once a youth transfers from a behavioral health support unit, they will begin active participation in ARS programming.
 - b. Youth not housed in a behavioral health support unit shall actively participate in ARS programming while participating in MDI.
 3. The youth must be motivated for treatment;
 4. The youth must be free from active substance use; and
 5. The youth must be committed to remaining free of substances during participation in MDI.
- B. Recommended Prescribing Indications and Guidelines
1. A diagnosis of alcohol dependence and/or opioid dependence.
 2. Intent and ability to abstain (based on clinical judgment) from all alcohol and opioids during treatment, and be opioid free at least seven to ten (7-10) days prior to starting oral naltrexone.
 3. Testing/Evaluation
 - a. A baseline evaluation including physical examination and appropriate lab testing to demonstrate adequate hepatic and renal functioning.
 - b. An assessment to ensure no signs or symptoms of opioid withdrawal are present.
 - c. Negative results on urine pregnancy tests (female).
 - d. A urine drug screen negative for all opioids.
 - e. A successful naltrexone challenge (single dose of 25mg naltrexone administered orally, with no opioid withdrawal signs present after one (1) hour).

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C. Referral and Assessment Process

1. Youth shall be provided verbal and written educational material by the assigned ARS staff regarding MDI program requirements and medication information about naltrexone, including the potential benefits, side effects, and risks of treatment with oral naltrexone.
 - a. Youth who express interest and meet the above criteria shall be processed further via completion of the MAT Referral Form.
 - b. Youth who are appropriate for referral shall review the MAT Information Sheet. The youth shall be asked to sign the form, indicating their agreement to participate in the MDI program.
 - c. The MAT Referral Form and signed MAT Information Sheet shall be submitted to the contracted ARS Re-Entry Coordinator.
 - d. The contracted ARS Re-Entry Coordinator shall review the signed MAT information and referral forms, and forward the forms to the facility Health Services Administrator (HSA) and Director of Nursing (DON).
2. An appointment shall be scheduled with the facility Medical Provider within five (5) business days of receipt of referral, at which time the youth is assessed for appropriateness to begin treatment with oral naltrexone. The required physical examination shall be completed, and indicated lab tests shall be ordered (or the results reviewed if the tests have been completed within the previous ninety [90] days) during this assessment. The decision for a youth to begin treatment with oral naltrexone rests with the facility Medical Provider, who may collaborate with the contracted Regional Medical Director to determine appropriateness for MAT.
3. The youth must be absent from contraindications including:
 - a. Youth is receiving opioid analgesics;
 - b. Youth is expected to require opioid analgesics for pain;
 - c. Current physiological opioid dependence;
 - d. Acute opioid withdrawal;
 - e. Positive urine drug screen for opioids;
 - f. Failed naltrexone challenge;

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- g. Hepatotoxicity has been observed as evidenced by liver function test (LFT) results at a range of three (3) to five (5) times the upper limit of normal;
 - h. Testing indicates severe renal failure, or moderate to severe renal insufficiency;
 - i. Acute hepatitis;
 - j. Unstable psychiatric illness; and,
 - k. Pregnancy.
4. The facility Medical Provider shall discuss the course of treatment with the youth and enter orders for laboratory testing to be completed within one (1) week. The laboratory tests shall include (if not already completed):
 - a. Urine pregnancy test (females);
 - b. Complete Metabolic Profile (CMP);
 - c. HIV antibody test (HIV Ab);
 - d. Hepatitis B Surface Antigen (HBsAG); and
 - e. Hepatitis C Antibody (HCV Ab).
5. Nursing staff shall follow the facility Medical Provider's order for the administration of the laboratory draw. The facility Medical Provider shall sign off on lab results via the electronic medical record (EMR).
6. After review of the lab results and examination, the facility Medical Provider shall order a naltrexone challenge to occur twenty-four (24) hours prior to starting the naltrexone regimen.
 - a. The naltrexone challenge protocol is a single 25mg dose of naltrexone by mouth to ensure the youth has no adverse effects from the medication and is fully opiate free.
 - b. The naltrexone challenge shall occur in the Health Services Unit, where the youth shall be observed for one (1) hour for withdrawal signs and symptoms. Nursing staff shall utilize the Clinical Opiate Withdrawal Scale (COWS) to document the presence or absence of opiate withdrawal symptoms during the naltrexone challenge.
7. Upon clearance from the naltrexone challenge being documented, the nurse shall notify the facility Medical Provider, who shall enter medication orders for naltrexone 50mg by mouth (PO) once daily.

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8. The nurse shall complete the following tasks:
 - a. Create a Medication Administration Record (MAR) for the youth and place the MAR in the correct binder based on the youth's assigned housing unit.
 - b. Provide the youth with a medication pass as appropriate, which will allow the youth to attend medication pass and receive the prescribed naltrexone.
 - c. Communicate that the youth has begun MAT to the scheduler, who shall schedule the youth to be seen by the facility Medical Provider for follow up.

D. Follow Up and Compliance Monitoring Procedures

1. Youth beginning a regimen of oral naltrexone through the MDI program are required to be seen by the facility Medical Provider every six (6) months following the initial assessment, or more frequently at the discretion of the facility Medical Provider.
2. Nursing staff shall monitor medication compliance through review of the MAR, notifying the facility Medical Provider when a youth misses three (3) consecutive doses of naltrexone, or six (6) doses within the previous thirty (30) day period.
 - a. When non-compliance is recorded and the facility Medical Provider is notified, an appointment shall be scheduled within five (5) business days, to allow for non-compliance counseling and determination of appropriateness to resume or restart treatment with oral naltrexone.
 - b. A non-compliant youth may be subject to a breathalyzer test and/or urine drug screen at the discretion of the counseling provider. A positive breathalyzer test for alcohol or urine drug screen for opioids may result in the medication being discontinued.
3. When clinically indicated or at the discretion of the facility Medical Provider, a multidisciplinary treatment team meeting shall be convened, to assess and review a youth's participation in MDI.
 - a. The multidisciplinary treatment team shall include facility representatives from Health Services and Addiction Recovery Services, and may include

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representatives from other clinical and non-clinical facility divisions (for example, Mental Health, Unit Team, Custody/Operations).

- b. A multidisciplinary treatment team meeting should be strongly considered whenever a decision is pending regarding discontinuing an youth's participation in MDI, especially when medication non-compliance or abuse is present.

E. Criteria for Possible Discontinuation of Naltrexone

1. Demonstration of abstinence from substances and observed utilization of learned skills to maintain recovery. A determination of successful completion of MAT shall rest with the facility Medical Provider.
2. Medication non-compliance as noted in subsection D of this directive, in conjunction with clinical judgment.
3. Active substance use as evidenced by direct observation, direct report, or positive urine drug screen or breathalyzer test, in conjunction with clinical judgment.
4. Refusal of, or lack of participation in, addiction recovery services resulting in discharge from ARS program.
5. The youth has been identified as a candidate to receive Vivitrol and continues services under the MAT Pre-Release Program.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all Division of Youth Services facilities.

signature on file
Kristen Dauss, MD
Chief Medical Officer

Date