



Department of Juvenile Justice
Health Services Operating Procedure

VOL IV – 4.3 – 5.16	Statutory Authority: Title 66 of the Code of Virginia
Subject: MEDICATION-ASSISTED TREATMENT	Regulations: 6VAC35-71-810; 6VAC35-71-880; 6VAC35-71-1070
	ACA # 4-JCF-4D-04; 4-JCF-4D-05; 4-JCF-4E-01; 4-JCF-4E-02; 4-JCF-4E-04; 4-JCF-4E-05; 4-JCF-5C-03
	NCCHC #

5.16-1.0 PURPOSE

To assist residents at the Juvenile Correctional Centers (JCCs) with opioid addiction in sustained recovery into discharge.

5.16-2.0 SCOPE

These procedures apply to all employees and staff assigned to JCCs operated directly by DJJ.

5.16-3.0 DEFINITIONS

Facility Health Authority – The physician, health administrator, government authority, health care contractor, supervising registered nurse or head nurse, or health agency that is designated to serve as the health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services in a facility.

Opioid – Any drug, natural or synthetic, that activates the opioid receptors in the brain.

5.16-4.0 PROCEDURES

5.16-4.1 Assessment

All residents shall receive a psychological appraisal and drug and alcohol assessment in accordance with VOL IV-4.4-4 (Psychological Appraisals and Evaluations) and the Substance Abuse Treatment Program Manual. Residents identified through the substance abuse portion of the appraisal as having used opioids shall receive an additional evaluation for opioid dependence as follows:

1. BSU shall assess residents with opioid use to determine if they meet diagnostic criteria for Opioid Use Disorder (OUD) according to the DSM 5 criteria.
2. BSU shall administer the Medication-Assisted Treatment Evaluation Form (Attachment #1) to all residents meeting criteria for OUD. The BSU evaluator shall utilize all available information, including the Social History Report (prepared pursuant to VOL III-9230 Social History Reports), appraisal, psychological evaluation, and clinical interview, to complete the

Medication-Assisted Treatment Evaluation Form. The evaluation shall include the following elements:

- a. Criteria for opioid withdrawal;
 - b. Evaluation of use duration; and
 - c. Evaluation of severity of use.
3. Residents who have a history of intravenous (IV) opioid use, overdose, daily use of opioids for greater than 30 days, or three or more symptoms of opioid withdrawal shall be referred to a medical provider for further evaluation.
 4. The medical provider's evaluation shall include a meeting with the BSU evaluator or treating clinician to develop a plan for discussing Medication-Assisted Treatment (MAT) with the resident. This plan may involve a conjoint session with the medical and behavioral health providers.
 5. The medical provider shall review available information to determine whether the resident would be a good candidate for MAT. The medical provider shall discuss treatment needs with the resident, which shall include a discussion of ongoing treatment once the resident is discharged.
 - a. The medical provider shall inform the resident of their right to refuse MAT as well as the risks and benefits of treatment and refusal. If the resident refuses, the refusal shall be documented in accordance with VOL IV-4.3-6.01 (Refusal of Health Services).
 - b. Residents who refuse MAT may request a re-evaluation at any time.
 6. Residents may receive an evaluation or re-evaluation from BSU at any time, as indicated or requested.

5.16-4.2 Treatment

1. Pregnant residents admitted with a history of opioid use shall be referred to an OB/GYN specialist so that opioid dependence can be assessed and treated appropriately, in accordance with VOL IV-4.3-5.09 (Medical Management of Substance Abuse).
2. All residents diagnosed with Opioid Use Disorder shall be assigned to Substance Abuse Track 1 and receive additional individual and/or group counseling regarding opioid use.
3. For residents who qualify and consent to MAT, induction to a MAT agent shall be conducted under medical supervision.

- a. The provider shall review existing medical information, including the most recent history and physical.
- b. Appropriate liver function tests will be ordered, if not previously conducted within the last 12 months, and reviewed.
- c. Providers shall utilize naltrexone-based agents, unless naltrexone-based agents are contra-indicated by history or oral trial.
- d. The provider and resident shall give serious consideration to the risk and benefit of use of buprenorphine agents prior to prescribing buprenorphine agents.
 - i. The medical provider shall consult with the Treatment Director and assigned BSU therapist.
 - ii. All buprenorphine-based treatments require approval from the medical director prior to induction.
 - iii. No form of buprenorphine will be administered prior to confirmation from an outside provider who will be willing to continue treating the resident upon discharge.
 1. If an indeterminately committed resident on buprenorphine has a sudden change in release plan that results in the loss of access to continued treatment (e.g., if the community provider or location changes or the placement changes), the medical provider may request a delay in release from the DJJ Director until a new community provider can be identified.
- e. DJJ will not utilize oral buprenorphine beyond the initial medication trial.
- f. Oral doses of the selected agent will be given for the first two (2) days to verify absence of medication allergies and current opioid use before injection of a long-acting agent.
- g. Once lack of medication allergy and lack of current opioid use are confirmed through the use of oral doses, the provider will initiate MAT using a long-acting injectable agent.
- h. Induction shall be initiated around two (2) months of discharge and be timed to have a final dose administered by the facility within one (1) week of discharge.

4. When a resident agrees to participate in MAT, the BSU therapist will notify the assigned reentry advocate to initiate Medicaid enrollment (if applicable) and identify a community provider(s).
 - a. When possible, the reentry advocate shall assist the juvenile in scheduling appointments with the community provider (for follow-up care in the community for the resident) prior to discharge.
 - b. In the event that a provider is not located within one (1) week of initiating the search, the reentry advocate shall contact the Health Services Director to initiate a multidisciplinary provider search.
 - c. The reentry advocate shall coordinate all appointments with the parole officer.
 - d. Once a community provider has been identified and an appointment has been scheduled, the reentry advocate shall notify the resident, medical, BSU therapist, counselor, and parole officer.
5. Medical and behavioral health providers shall provide continuing counseling during the induction phase and consult with each other at least monthly.
 - a. Medical providers and nursing staff shall discuss any side effects with the resident.
 - b. Residents receiving MAT will be scheduled for and begin attending chronic care nursing appointments.
 - c. A BSU therapist shall discuss changes in cravings and other sensations associated with beginning MAT with the resident.
 - d. All health services staff working with the resident will discuss issues of ambivalence and treatment concerns with the resident as they occur.

5.16-5.0 RESPONSIBILITY

The Chief Physician, Facility Health Authority, BSU Treatment Director, and superintendent shall be responsible for implementing this procedure.

5.16-6.0 INTERPRETATION

The Health Services Director and Deputy Director of Residential Services shall be responsible for interpreting and granting any exceptions to this procedure.

5.16-7.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or

bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

5.16-8.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by Director: <i>Angela C. Valentine</i>	Date: 4/9/19
Approved by Health Services Director: <i>[Signature]</i>	Date: 4/11/19
Approved by Chief Physician: <i>[Signature]</i>	Date: 4/15/19
Effective Date: May 1, 2019	Office of Primary Responsibility: Health Services Director; Chief Physician; Deputy Director of Residential Services; Facility Health Authority; BSU Treatment Director; Superintendent
Supersedes: None.	Forms: Medication-Assisted Treatment Evaluation Form

**Department of Juvenile Justice
Medication-Assisted Treatment Evaluation Form**

Resident Name _____ Juvenile # _____ Date of Assessment _____

- CRAFFT Indicates Opioid Use Diagnostic Criteria Met for Opioid Use Disorder

Use History

- Duration of Daily Use _____ Daily use over 30 days IV Opioid Use
 Emergency department visits or hospital admission due to opioid overdose. ___ Number
 Opioid use in suicide attempt. ___ Number

Opioid Withdrawal History

At the time when the resident was placed in detention or lost access to opioids, did he or she experience any of the following? (Check all that apply)

- Dysphoric mood
- Nausea or vomiting
- Muscle aches
- Lacrimation (eyes tearing) or rhinorrhea (runny nose)
- Pupillary dilation, piloerection (body hair standing up), or sweating
- Diarrhea
- Fever
- Insomnia
- _____
- History of 3 or more of the above

Referral

Refer to medical provider for a history of daily use over 30 days, medically treated opioid overdose, IV use, or 3 or more symptoms of withdrawal.

- Referred to medical provider No additional referral needed at this time

Clinician's Signature

Date