



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-176300 Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Program

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Alisha Tafoya Lucero, Cabinet Secretary

*Original Signed and Kept on File*

## AUTHORITY:

NMSA 1978, § 24-1-5.11 (2023)

## REFERENCE:

- A. ACA Expected Practices 5-ACI-6A-04 and 5-ACI-6A-43, Performance Based Expected Practices for Adult Correctional Institutions, 5th Edition.
- B. National Commission on Correctional Health Care. (n.d.). *Position statements and guidelines on MAT in correctional health care*. <https://www.ncchc.org/>
- C. GAINS Center for Behavioral Health and Justice Transformation. (n.d.). *Model policy: MOUD diversion and mitigation management*. Substance Abuse and Mental Health Services Administration.

## PURPOSE:

Establish a comprehensive, department wide Medical Assisted Treatment (MAT) / Medications for Opioid Use Disorder (MUOD) Program within the New Mexico Corrections Department (NMCD).

This program will ensure:

- a) Continuation of MUOD for individuals entering NMCD custody with an existing prescription from a licensed community provider, opioid treatment program (OTP), federal facility, county detention center, or other correctional health service provider.
- b) Initiation of MUOD for individuals diagnosed with Opioid Use Disorder (OUD) while in NMCD custody, consistent with evidence based standards of care.
- c) Integration of best practice clinical guidelines, security protocols, and diversion prevention standards to ensure safe, therapeutic, and accountable administration of medications.

## APPLICABILITY:

New Mexico Corrections Department (NMCD) inmates, employees, and contracted personnel involved in the delivery of adult health services within NMCD facilities.

## FORMS:

- A. **Patient Specific Methadone Chain of Custody Form – Intra-facility Transfer Form**(CD-176301.1)
- B. **Patient Specific Methadone Chain of Custody Form – County/Jail Transfer Form**(CD-176301.2)

## ATTACHMENTS:

None

## DEFINITIONS:

- A. *Incarcerated Individual*: A person confined within a New Mexico Corrections Department (NMCD) correctional facility.
- B. *Medication for Opioid Use Disorder (MOUD)*: FDA-approved medication for treating opioid use disorder.
- C. *Medication-Assisted Treatment (MAT)*: MAT is a comprehensive approach that combines FDA-approved medications with counseling and behavioral therapies to treat substance use disorders (SUDs).
- D. *Opioid Use Disorder (OUD)*: A pattern of opioid use causing significant impairment or distress, diagnosed per the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* criteria.
- E. *Chronic Care Clinic*: A specialized clinic within NMCD facilities that provides ongoing medical care and monitoring for incarcerated individuals with chronic conditions, including those on MOUD.
- F. *Observation Period*: The clinically minimum required time to observe a patient immediately following dose ingestion (typically 20-30 minutes).
- G. *Diversion Prevention Protocols*: Security and clinical procedures designed to reduce, detect, and prevent the misuse or redirection of MOUD medications, including mouth checks, observation periods, and chain-of-custody documentation.



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## AUTHORITY:

Policy CD-176300

## PROCEDURES

### A. PROGRAM OVERVIEW

The MOUD program will provide continuity of care for those inmates arriving at NMCD that have a verified prescription for MUOD, including those arriving from community OTPs, outpatient clinics, county, federal or tribal facilities. Any inmate not receiving MOUD, but who is later found to meet OUD diagnostic criteria while incarcerated in NMCD will receive MOUD.

### B. SCREENING

1. Inmates entering NMCD's reception and diagnostic facilities will be screened for Opioid Use Disorder (OUD) within twenty-four (24) hours of arriving at a Reception and Diagnostic Center at either Central New Mexico Correctional Facility or Western New Mexico Correctional Facility.
2. Inmates, whose arrival proceeded NMCD's MAT Pilot program, will be screened based on their level of acuity.
3. Medical staff will inquire whether the inmate is currently receiving MOUD prescribed by a qualified healthcare provider.
4. The screening will cover the medication, prescribing provider, last dose date, and dosage.
5. Screening results will be recorded in the inmate's medical intake record.
6. NMCD staff may independently verify treatment details.

### C. INDEPENDENT ASSESSMENT

1. Screeners must notify the on-call medical provider of any inmates reporting MOUD treatment.
2. The medical provider will independently assess the need for continued treatment. In the case of methadone, the facility or on-call medical provider will follow recommendations from the opioid treatment program (OTP) provider.

- a. The provider will consider relevant clinical factors and may consult with NMCD staff if necessary to ensure patient safety.
- b. Pregnant or lactating inmates receiving buprenorphine under the NMCD program will continue to be reassessed for MOUD post-pregnancy or during lactation.

### **C. APPROVED ASSESSMENTS**

1. Assessments that are approved by the medical provider require the issuance of a written medical order for buprenorphine by a medical provider. In the case of methadone, the orders from the OTP provider shall be profiled into the electronic record system.
2. Medical staff will document the MOUD regimen in the inmate's care plan.
3. An inmate prescribed MOUD shall receive doses consistent with their care plan.
4. Brief disruptions of an existing MOUD treatment regimen due to incarceration or transport shall not automatically disqualify inmates from receiving MOUD.
5. Providers may initiate buprenorphine or other MOUD following clinical evaluation. Induction shall occur according to evidence-based protocols, including assessment of withdrawal state when appropriate.

### **D. LIQUID METHADONE ADMINISTRATION**

1. Pre-Line Security Screening shall include the following steps:
  - a. A visual inspection of the inmate's mouth to confirm no foreign objects or substances are present; including, but not limited to, cottons, tissues, gum, or improvised absorbent materials.
  - b. Inspection of the inmate's hands to ensure no items have been concealed.
  - c. Inspection of pockets and clothing for unauthorized items.
  - d. Possession of a cup, container, water bottle, hidden absorbing material, food items, powder, spoon, residue, or other foreign objects is prohibited.
2. Inmate Identification
  - a. Two factor identification will be required. The acceptable identification methods are verbal name and date of birth, confirmed with the inmate's photo identification card.
  - b. The nurse will confirm the correct patient, correct dose and correct bottle.
3. Pre-Dose Rinse (Diversion Prevention Step #1)

Inmate must drink a small cup of water before methadone administration. This step enables easy visualization of any hidden absorbent materials, saturates oral mucosa to reduce "cheeking" and increases visibility during second mouth check.

#### 4. Dose Administration

- a. Nurse will remove seal in front of the patient
- b. Nurse will display bottle label and dose for patient confirmation
- c. Nurse pours medication into a single-use cup
- d. Inmate must consume the entire dose in one continuous motion
- e. Inmate will be required to tilt head fully back and open mouth wide after dosing

#### 5. Post-Dose Rinse (Diversion Prevention Step #2)

Inmate must drink a second cup of water immediately after dosing. This washes any remaining methadone down and reduces ability to regurgitate useable product.

#### 6. Post-Dose Mouth Check (Diversion Step #3)

- a. Inmate will tilt head back
- b. Inmate will lift tongue
- c. Inmate will pull cheeks outward
- d. Inmate will show floor of mouth
- e. Inmate will show roof of mouth
- f. Inmate will swallow once before leaving station

#### 7. Post administration observation

- a. The required observation period is a minimum of 20 minutes. Optimal observation period is between 20 and 30 minutes.
- b. The observation area must meet the following requirements:
  - Inmate must be visible to staff at all times
  - No access to sinks, toilet, or disposal items
  - No physical contact between inmates
  - No cups, tissues, or additional clothing items allowed
- c. Staff will observe for the following behaviors:
  - Attempted gagging
  - Holding liquid in cheeks

- Spitting or burping
  - “Dry heaving”
  - Turning away from staff
  - Hiding near walls or corners
- d. If any of the above behaviors are observed notification will be made immediately to medical staff and the shift supervisor.

#### **E. TABLET BUPRENORPHINE ADMINISTRATION**

1. Security staff will perform a pre-medication mouth check, ensuring the inmate has no unauthorized objects in the oral cavity.
2. The inmate will drink a cup of water to wet the mucosa, which shall assist in the dissolving of the buprenorphine.
3. The nurse will verify the inmate’s identify in accordance with procedures D.2 above.
4. The nurse will administer the medication.
5. The inmate will remain in the designated observation area and monitored by security personnel until the medication has dissolved. The average time frame is 20 minutes, but additional time will be provided if necessary.
6. Staff will conduct random mouth checks to ensure the medication remains correctly placed under the tongue.
7. When directed, the inmate will drink a cup of water before presenting for their final mouth check.
8. Security staff will perform a final mouth check, ensuring all medication has been taken and that there are no unauthorized objects in the oral cavity.
9. The inmate will exit the medical administration area.

#### **F. MOUD DISCONTINUATION**

1. An inmate may be removed from MOUD at the discretion of the medical provider for reasons including:
  - a. Identification of medical issues such as a medical contraindication or intolerance of the medication.
  - b. For non-compliance related discontinuation refer to section G.

#### **G. MANAGING NON-COMPLIANCE**

When an individual is found to have engaged in non-compliance, following a thorough investigation that ensures fairness and transparency, the following steps should guide the response. The focus should be on interventions and strategies to address the behavior while

maintaining the integrity of the treatment program. Each step should be thoughtfully applied to ensure a measured and effective response.

1. **Engage in Dialogue:** Initiate discussions with the patient to identify barriers to compliance and encourage recommitment to treatment goals.
2. **Behavioral Agreements:** Establish clear agreements with the patient that define treatment expectations (e.g., no diversion of medications) and outline the consequences of non-compliance.
3. **Enhanced Counseling and Support:** Offer additional counseling or behavioral interventions to address underlying issues contributing to non-compliance.
4. **Controlled Treatment Settings:** Provide treatment in a more structured or closely monitored environment to mitigate risks.
5. **Additional Monitoring:** Introduce further safeguards, such as increased supervision, alternative medication delivery methods, or other appropriate controls, to support adherence.
6. **Team-Based Approach:** Collaborate with a multidisciplinary team (e.g., addiction specialists, mental health providers, and correctional staff) to assess the situation and determine the best course of action based on the individual's needs and behavior.
7. **Discontinuation of Treatment:** In cases where all other options have been carefully considered and implemented, or where it is reasonably determined that alternative approaches would not be effective in ensuring compliance, discontinuation of treatment may be a necessary step to maintain program integrity and safety. This decision should be made with great care, balancing the patient's needs with the goals of the treatment program. MOUD or MAT shall not be denied to any eligible program participant as a form of disciplinary action unless that action is directly related to program non-compliance.

#### **H. DATA COLLECTION AND QUARTERLY REPORTING OF AGGREGATED DATA**

Medical providers will track and record the following data and provide this data to NMCD on a quarterly basis:

1. Number of inmates screened the preceding quarter who reported MOUD treatment under the supervision of a qualified healthcare provider prior to arriving at NMCD.
2. Number of inmates initiating MOUD treatment under a plan of care in the preceding quarter while in NMCD custody.
3. Total number of inmates receiving MOUD treatment under a plan of care in the preceding quarter.

**PATIENT SPECIFIC METHADONE CHAIN OF CUSTODY FORM – INTRA-FACILITY TRANSFER**

Sending Facility (NMCD): \_\_\_\_\_

Receiving Facility (NMCD): \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ ID #: \_\_\_\_\_

Last Confirmed Methadone Dose Administration:

• Dose (mg): \_\_\_\_\_

• Date: \_\_\_\_\_

• Time: \_\_\_\_\_

Remaining Doses Provided?  YES  NO

**LOCKBOX & SEAL INFORMATION**

Lockbox ID: \_\_\_\_\_

Seal Number: \_\_\_\_\_

Box Condition at Sealing:  Intact  Damaged

**DOSE INVENTORY**

Bottle ID | Dose | Seal Intact | Condition | Notes

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Total # of bottles being sent for this patient \_\_\_\_\_

**SENDING FACILITY CERTIFICATION**

Nurse Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Transport Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**RECEIVING FACILITY CONFIRMATION**

Receiving Nurse 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Receiving Nurse 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Security Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Seal Intact?  YES  NO

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## PATIENT SPECIFIC METHADONE CHAIN OF CUSTODY FORM- COUNTY/JAIL

Sending Facility (County/Jail): \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

### OTP / METHADONE DETAILS

OTP Name: \_\_\_\_\_

OTP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Confirmed Methadone Administration:

• Dose (mg): \_\_\_\_\_

• Date: \_\_\_\_\_

• Time: \_\_\_\_\_

Remaining Doses Provided?  YES  NO

### LOCKBOX & SEAL INFORMATION

Lockbox ID: \_\_\_\_\_

Seal Number: \_\_\_\_\_

Box Condition at Sealing:  Intact  Damaged

### DOSE INVENTORY

Bottle ID | Dose | Seal Intact | Condition | Notes

\_\_\_\_\_

Total # of bottles being sent for this patient \_\_\_\_\_

### SENDING FACILITY CERTIFICATION

Nurse Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Transport Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### RECEIVING FACILITY CONFIRMATION

Receiving Nurse 1: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Receiving Nurse 2: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Security Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Seal Intact?  YES  NO

\_\_\_\_\_