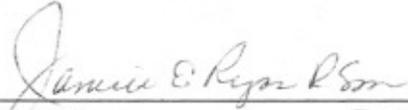
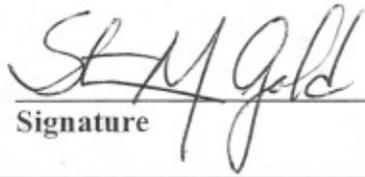


STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS

Directive: #363.01

Subject: Methadone Facilitation /
Effective Date: April 9, 2004 Review and Re-Issue Date:
Supersedes: New APA Rule Number: Not Applicable

Recommended for approval by: Janice E. Ryan, Deputy Commissioner	Authorized By: Steven M. Gold, Commissioner
 Signature	 Signature
 Date	4/9/04 Date

1. Authority:

Title 28 V.S.A. § 102(b) (2); 28 V.S.A. § 808(a) (3).

2. Purpose:

2.1 The purpose of this directive is to provide guidelines to facilitate inmate access to methadone when an inmate will be incarcerated for a period of time that will not exceed 30 days, in accordance with the following principles:

- 2.1.1 This directive is not and shall not be interpreted as a determination that providing access to methadone is required by prevailing medical standards or that abrupt methadone detoxification in a correctional setting is not within prevailing medical standards;
- 2.1.2 This directive is not intended to require and shall not be construed as requiring the Department to ensure an inmate's access to methadone, whether or not such access is deemed to be required by prevailing medical standards; and
- 2.1.3 The decision whether to facilitate access to methadone and the manner in which to do so, shall be made in each individual case, and shall be subject to the sole discretion of the Department.

3. Applicability/Accessibility:

3.1. Anyone may have access to this directive.

4. Directive:

- 4.1 "Methadone facilitation" is defined to mean those efforts that are undertaken by the Department to facilitate an inmate's continued access to methadone in cases when both of the following conditions have been satisfied:
- 4.1.1 There is a reasonable basis to believe that the inmate will be incarcerated for a period that will not exceed 30 consecutive days; and,
- 4.1.2 A methadone treatment provider ("methadone provider") has verified to the Department in writing that, (1) the inmate is actively participating and is in good standing in the provider's methadone treatment program as of the time of admission to the correctional facility; and (2) the methadone provider's or a cooperating methadone provider's willingness to continue prescribing and dispensing methadone to the inmate while the inmate is incarcerated.
- 4.2 The Department may decide, in its sole discretion, whether to undertake methadone facilitation under the circumstances presented in an individual case.
- 4.3 Any methadone facilitation that the Department decides to undertake in an individual case shall be limited to the following options:
- granting the inmate a furlough pursuant to 28 V.S.A. § 808(a)(3), subject to such terms and conditions as the Department deems appropriate in its sole discretion;
 - under security arrangements deemed appropriate by the Department, transporting the inmate to a methadone treatment facility located in Vermont, provided that the methadone treatment facility assumes full responsibility for prescribing and dispensing methadone and providing associated medical care to the inmate.
- 4.4 The Department's Clinical Services Director shall be responsible for coordinating all methadone facilitation and shall consult with the Department's medical staff and operations staff as appropriate.
- 4.5 Upon receipt of information that an inmate is an active participant in good standing in a methadone treatment program at the time of admission to the correctional facility, correctional staff shall promptly provide this information to the Clinical Services Director. In addition, CCSC and CRSU managers shall notify the Director of Security and Supervision, the Assistant Director of Correctional Services, Director of Court and Reporative Services, and the Clinical Services Director, when an offender who is participating in a methadone treatment program has engaged in behavior that may result in a sanction, violation, or other action likely to result in incarceration. It will be the responsibility of the Clinical Services Director to coordinate with the other Directors and staff a decision regarding continuing the facilitation of methadone treatment.

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4.6 Under no circumstances shall the Department either prescribe or dispense methadone to an inmate in connection with methadone facilitation.

5. Training Method:

5.1 The superintendent of each correctional facility and Community Corrections Service Center shall be responsible for training security personnel in this directive and subordinate protocols.

5.2 The health care authority shall be responsible for training all medical personnel in this directive and subordinate protocols.

6. Quality Assurance Processes:

6.1 The Department's Clinical Services Director, the medical director and the corrections health authority shall review all cases of methadone facilitation and ensure that appropriate practices are followed and appropriate documentation is compiled and maintained.

7. Financial Impact:

7.1 There are potentially significant costs associated with transportation and security required to provide offender access to methadone at community clinics. These costs will increase in direct proportion to the number of clinics providing services in Vermont and the number of inmates enrolled in those programs, the distance of their facility from the clinics, and other related factors.