UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

M.C. and T.G., on behalf of themselves and all similarly situated individuals,

Plaintiffs,

v.

JEFFERSON COUNTY, NEW YORK; COLLEEN M. O'NEILL, as the Sheriff of Jefferson County, New York; BRIAN R. McDERMOTT, as the Undersheriff of Jefferson County; and MARK WILSON, as the Facility Administrator of Jefferson County Correctional Facility,

Defendants.

Case No. 6:22-cv-00190-DNH-ATB

DECLARATION OF EDMOND HAYES

Pursuant to 28 U.S.C. § 1746, I, Edmond Hayes, declare as follows:

1. I am an expert in corrections, and, more specifically, in safely implementing medication for opioid use disorder ("MOUD" or, alternatively "medication for addiction treatment" or, "MAT") in correctional settings. I currently serve as the Assistant Superintendent at the Franklin County Sheriff's Office in Greenfield, Massachusetts. In that role, I am the Director of Treatment and Programming, which incorporates supervision and administration of the federally and state certified opioid treatment program in the Franklin County House of Correction and Jail.

2. Among other duties, I manage and develop the MOUD program, supervise employees who are part of the MOUD program, and provide policy advice. The opioid treatment program in the Franklin County Jail provides MOUD to detainees with opioid use disorder ("OUD"). Part of my job is to consider and address security risks to staff and detainees, and to administer treatment programs in ways that minimize those risks. I have overseen the opioid

treatment program in the Franklin County Jail since 2015. My curriculum vitae is attached as **Exhibit 1**.

3. I am a steering committee member of the Justice Community Opioid Innovation Network ("JCOIN"), a project of the National Institutes of Health. Through my work in the JCOIN project, I regularly meet with jail administrators and public health researchers throughout the nation. In my experience, especially with the ongoing nationwide opioid epidemic, every one of the dozens of jurisdictions I have spoken with has detainees on a regular basis for whom methadone or buprenorphine is clinically indicated and necessary.

4. Franklin and Jefferson Counties have similar populations—both overall and in their jails specifically: Franklin County is a relatively small county, with an estimated 70,000 people living here. Since the pandemic began, the Franklin County Jail's current daily population is approximately 160 detainees, down from 200 before the pandemic. My understanding is that Jefferson County is also relatively small, with an overall population around 100,000 and a daily jail population currently around 145 detainees.[1]

5. Franklin County and Jefferson County also share in common that they are located in states that have been significantly impacted by the opioid epidemic, with high rates of fatal opioid overdoses.[2]

6. Even in a small facility like ours, there are many detainees for whom MOUD, like methadone and buprenorphine, are medically necessary. All newly booked sentenced inmates and pretrial detainees are routinely screened for opioid use disorder within 12 hours of arrival at the facility. Screening data from 2021 revealed that approximately 55% of newly booked individuals have opioid use disorder. The Franklin County Jail opioid treatment program has an average daily

[1] https://www.criminaljustice.ny.gov/crimnet/ojsa/jail_population.pdf
[2] https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html

count of about 60 individuals, or 37.5% of the daily incarcerated population of the jail. As of February 28, 2022, there were 44 incarcerated patients taking daily methadone, 18 patients taking daily buprenorphine, and one person who had received a long-lasting, injectable form of buprenorphine called Sublocade, which is readministered monthly.

7. Based on these experiences and the size of the Jefferson County Jail, it is very likely that there are dozens of people held in the Jefferson County Jail each year who need methadone or buprenorphine.

8. It is my understanding that the Jefferson County Jail does not currently have a program or policy in place for providing agonist medications such as methadone or buprenorphine, other than for pregnant detainees. There is no legitimate justification for a jail being able to provide MOUD to pregnant detainees, but not to other people who also need MOUD. In fact, it is easier to transport non-pregnant detainees to an opioid treatment program. This is because there are additional regulations, both in Massachusetts and New York, for transporting pregnant detainees in restraints.[3]

9. Based on my experience overseeing the administration and implementation of a MOUD program in the Franklin County Jail, it is my opinion that both methadone and buprenorphine can be safely and effectively administered in the correctional setting.

10. Before the Franklin County Jail started providing MOUD inside the jail as a federally regulated opioid treatment program (meaning that we can prescribe and dispense both methadone and buprenorphine in the jail) in 2019, it was able to maintain two individuals on their methadone treatment by transporting the detainees to a nearby methadone clinic. Uniformed officers accompanied the detainees to the methadone clinic to receive a week's worth of "take home" pills. These pills were stored within the Franklin County Jail's pharmacy and administered to the

[3] NY Corr. Law § 611; M.G.L.A. 127 § 118

detainees during the jail's daily opioid treatment medication distribution. Screening of detainees for inclusion into the MOUD program begins with a meeting with nursing within hours of being booked into the jail. This process is described by the policy attached as **Exhibit 2**.

11. From the inception of the program in 2016 until the present, I have overseen the administration, implementation, and security of the MOUD program. In that role, I have seen the transformative effect that medical treatment through MOUD can have on the lives of detainees afflicted with OUD. Detainees are more emotionally regulated, there are fewer disciplinary issues, and security staff do not have to deal with irritable detainees who are going through brutal withdrawal symptoms. Everyone is better off.

12. I am aware that some correctional facilities cite the risk of diversion and related security concerns as reasons not to provide MOUD to detainees. However, in my opinion, the risk of diversion does not justify withholding MOUD in jails and prisons because there are many different ways to reduce that risk to a minimal level.

13. I understand that drug trafficking is a problem in many jails and prisons. However, implementing the MOUD program in Franklin County Jail has actually decreased trafficking in methadone and equivalent substances because demand for contraband is lower. This supports the idea that providing methadone and/or buprenorphine in a program in prison does not increase trafficking in methadone or buprenorphine.

14. One way for a jail to provide MOUD is to become licensed to prescribe and dispense the medication itself. The licensure process for buprenorphine is very simple: A physician or nurse practitioner must take an online course and fill out an application to the federal government. The licensure process for methadone requires complying with certain federal and state regulations.

15. But even when a jail is not itself licensed to provide MOUD, there are several safe

and secure ways for the jail to ensure access to methadone and buprenorphine to people in its custody. For example, the jail may contract with an opioid treatment program (OTP) to offer services in their facility. Another commonly used alternative for offering methadone and buprenorphine is to transport detainees from the jail to an OTP to receive the medication there.

16. It is safe to transport detainees to an OTP to receive methadone or buprenorphine. In my experience, when methadone or buprenorphine is being administered to a detainee at an OTP, the detainee is accompanied to the clinic by a corrections officer who has eyes on the detainee at all times. The detainee is generally handcuffed at all times. The detainee is seen only by the person administering the methadone or buprenorphine. The OTP ensures that the medication is taken correctly.The jail is free to do a search of their own upon return to the jail if there were any specific concerns about suspected diversion, but this would be unusual.

17. The very same procedures that the jail typically uses to transport individuals to and from outside medical appointments, including the transport vehicle, the number of corrections officers staffing the vehicle, and the security protocols, could be used to transport a detainee to the OTP.

18. In fact, the risk associated with taking a detainee to an OTP for dosing is much lower than, for example, routine trips to the hospital that the jail makes on a regular basis for other medically necessary care. Whereas during a hospital visit, an armed officer may not be able to have their eyes on a detainee at all times, here an armed officer could directly observe the detainee the entire time that they are at the OTP.

19. It is also safe to administer buprenorphine or methadone to a detainee at a correctional facility. If the jail is relying on transporting a detainee to an OTP for treatment, it is generally necessary one day per week, as most OTPs are closed on Sundays. This “take home” dose would be issued in a locked box for safe storage within the medical clinic or pharmacy at the

jail. If the jail is offering buprenorphine and/or methadone in their own jail, they can safely dispense these medications in their own facility each day of the week. Because both methadone and buprenorphine are being administered inside the Franklin County Jail facility, the Franklin County jail has developed simple and effective procedures to address the risk of diversion. The procedure that we use at Franklin County jail isdescribed in **Exhibit 3**, titled "Dispensing Protocol for Medically Assisted Treatment (MAT) of Opioid Use Disorder," and could be replicated in other facilities.

20. The dispensing protocol includes safeguards for buprenorphine and methadone. For methadone such safeguards include:

a. Using multiple security staff to support the medical personnel in administering the medication; the security staff must follow the direction of the medical personnel;

b. Using a medication formulation of crushed methadone tablets with water to create a slurry;

c. The detainee will rinse, then take the crushed slurry;

d. Rinse and drink, then have a visual mouth check from a nurse;

e. Eat a saltine, complete a final rinse and swallow, and have a final mouth check from a nurse;

f. A nurse or a member of the security staff continues to monitor the detainee for 15–18 minutes after administration.

For dispensing buprenorphine, such safeguards include:

a. Using multiple security staff to support the medical personnel in administering the medication; the security staff must follow the

direction of the medical personnel;

b. Instructing the inmates to sit on their hands for the duration of the medication distribution;

c. Using a medication formulation of crushed buprenorphine tablets with a powder like consistency, which is administered sublingually (under the tongue);

d. Completing a first mouth check, with the nurse using a flashlight to visually check that the crushed medication remains under the tongue;

e. Waiting 15-18 minutes after administration to ensure there is sufficient time for the medication to dissolve and absorb;

f. Completing a second mouth check with a flashlight 15-18 minutes after the inmates receive the medication;

g. After the second mouth check, requiring inmates to rinse their mouths with water and spit, eat one package of saltine crackers, then repeat the rinse and spit;

h. Finally, before returning the inmates to the unit, completing a final mouth and hand check.

21. I communicate with the nurse and the correctional officers who administer the medication, and they report that they are able to effectively perform the procedures listed in **Exhibit 3**.

22. These procedures are not unique to MOUD. Similar procedures are used for pain medications, antipsychotics, and others.

23. In addition to these procedures, Franklin County Jail also implements urinalysis

tests to ensure compliance with the MOUD program.

24. Although I am aware of instances where detainees attempted to divert the medication by spitting some of the medication onto their clothes, it has been very easy for medical and corrections personnel to catch these attempts. These attempts happen infrequently and are generally unsuccessful. One of the reasons this is so rare is because detainees need to take their prescribed dose to suppress the painful effects of opioid withdrawal. Part of the protocol described in **Exhibit 3** instructs officers to check each detainee before returning them to their unit, and, "[i]f the detainee salivates onto any part of their jumpsuit, that piece of clothing will be removed and replaced." **Exhibit 3 #6 ¶ 2.**

25. Using the procedures described in **Exhibit 3**, there has been very little diversion of medication from the MOUD program in the Franklin County Jail. The net result has been that since the MOUD program began in the Franklin County Jail, there has been less contraband within the facility. Additionally, based on my knowledge of practices in other correctional facilities, I believe that these procedures would be effective in preventing diversion in other correctional facilities.

26. In short, it is my opinion that the above procedures can effectively prevent diversion of MOUD. The decrease in trafficking due to the MOUD program is especially important at a time when illicit fentanyl, which can be deadly even in tiny and nearly untraceable doses, is available. Fentanyl is especially easy to get inside of a jail because it can be disguised and easily brought into the facility. Therefore, it is especially important that people with OUD have access to their MOUD so they are not experiencing intense cravings and withdrawal symptoms that may lead them to use fentanyl while incarcerated.

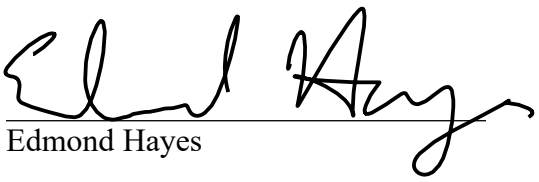
27. The use of naltrexone (also known by the brand name Vivitrol) one week prior to release would do nothing to combat the danger of relapse, overdose, and death *during* incarceration. This continued risk is due to the availability of drugs inside correctional facilities.

28. Additionally, having worked for years in corrections, it has been my experience that corrections officials who deny detainees access to methadone and buprenorphine medications do so because they view methadone and buprenorphine as not another medication, but rather an illicit drug. This view is contrary to the science and rooted in stigma. Many officials view methadone and buprenorphine as a privilege to be withheld as a punishment, rather than the lifesaving medication that it is. Officials do not withhold lifesaving medications for other chronic diseases like diabetes, high blood pressure, or cancer.

29. I am providing this declaration in my personal capacity, not as a representative of the Franklin County Sheriff's Office.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on February 28, 2022.



Edmond Hayes

Exhibit 1

Edmond Hayes

(413) 346-7434 edhayes13@yahoo.com
57 Crescent St. Apt 1, Northampton, MA 01060

EDUCATION

College of the Holy Cross, Worcester, MA
B.A., Music and Biology
Fitchburg State University, Fitchburg, MA 21 credits completed toward a M.Ed. in Teaching and Curriculum Development
Westfield State University, Westfield, MA currently enrolled in MSW program

WORK EXPERIENCE

Assistant Superintendent, *Franklin County Sheriff's Office*
Franklin County House of Corrections, Greenfield, MA (2013 – present)
Director of Treatment and Programming. Director of Opioid Treatment Program. Program Management & Development. Employee supervision. Grant-writing, grant management. Community organization partnership & outreach. Quality assurance. Media Relations. Policy Advisement. Research coordination.

Adult Education Program Director, *Franklin County Sheriff's Office*
Franklin County House of Corrections, Greenfield, MA (2010 – 2013)
Employee supervision. Grant-writing, grant management. Program Planning & Development. Reintegration counseling. Community organization partnerships & outreach.

Adult Education Program Coordinator, *Hampden County Sheriff's Department*
Hampden County House of Corrections, Ludlow, MA (2009 – 2010)
Grant-writing, grant management. Employee supervision. SMARTT database management. Program planning & Development. Reintegration counseling. Community organization partnerships & outreach.

Adult Basic Education Instructor, *Hampden County Sheriff's Department*
Hampden County House of Corrections, Ludlow, MA (2007 – 2009)
Instructor for literacy and pre-G.E.D. classes. Lesson planning. Curriculum development. B.E.S.T. Plus certified (English as a second language assessment tool). Library supervision.

Adult Basic Education Instructor/Transitions Counselor, *The Literacy Project at the Pioneer Valley Adult Learning Center, Northampton, MA (2006 – 2008)*
Managed Northampton GED program. Outreach. Grant writing. Transitions counseling for students to assist with goal setting/meeting. Management of D.E.S.E. grant. Case management. Event programming. Volunteer supervisor.

CONSULTING EXPERIENCE

American Civil Liberties Union
ACLU Maine, ACLU New Hampshire, ACLU National Prison Project (2018 – present)
Expert witness services regarding implementation of medication assistance treatment for opioid use disorder in a correctional setting.

Community Resources for Justice
Transitions from Jail to Community Project (2018 – 2019)
Crime & Justice Institute, Boston, MA
Technical assistance provider for correctional institutions to develop evidence based reentry programming.

PUBLICATIONS & RECOGNITION

- Donelan, C., Hayes, E., Potee, R., Schwartz, L., Evans, L. (2020). Covid-19 and treating incarcerated populations for opioid use disorder. *Journal of Substance Abuse Treatment.* https://doi.org/10.1016/j.jsat.2020.108216
- Bureau of Justice Assistance, Franklin County Sheriff's Office named national demonstration site in Peer Mentor Comprehensive Opioid, Stimulant, and Substance Abuse Program. (COSSAP) FCSO will provide technical assistance to other jails and prisons about operating an MOUD program. (2020).
- Evans E, Hayes E. (2020). A criminal justice-engaged research collaborative: Findings and lessons learned from Western Massachusetts. Community Engagement and Research Symposia. https://doi.org/ 10.13028/5w0c-vv51. Retrieved from https://escholarship.umassmed.edu/chr_symposium/2020/ program/8
- National Institute of Drug Abuse (NIDA), Ed Hayes named Justice Community Opioid Innovation Network (JCOIN) Scholar, (2020).
- Hayes, E. Substance Abuse Mental Health Service Administration, Opioid Response Network. (2020). *Linkages to care Franklin County, MA response to the opioid crisis: A Program of sheriff Christopher J. Donelan.* Retrieved here: https://opioidresponsenetwork.org/MOUDCorrections.aspx
- National Reentry Resource Center, Council of State Government (2017). Contributor to "*Collaborative Comprehensive Case Plans - Addressing Criminogenic Risk and Behavioral Health Needs."* Retrieved from https://csgjusticecenter.org/nrrc/collaborative-comprehensive-case-plans/
- National Reentry Resource Center (2017). Contributor to "A Five Level Risk and Needs System: Maximizing Assessment Results in Corrections through the Development of a Common Language" Retrieved from https://csgjusticecenter.org/wp-content/uploads/2017/01/A-Five-Level-Risk-and-Needs-System_Report.pdf
- Council of State Governments (2016). Contributor to "Developing Sustainability: Success Stories from the Field," https://csgjusticecenter.org/wp-content/uploads/2016/09/8.30.16_Finding-Sustainability-Webinar.pdf

MEDIA

- Associated Press, "Jails Slowly Loosen Resistance to Addiction Meds," August 7, 2018. https://www.apnews.com/c594ad1b9a3a4dcd8b3bcf30bc1a4157
- 22News: WWLP "Franklin County Jail helps Inmates Recover from Drug Addictions," June 26, 2018. https://www.wwlp.com/news/local-news/franklin-county/franklin-county-jail-helps-inmates-recover-from-drug-addictions/1265713304
- CNN "A Rehab Jail for Heroin Addicts," June 21, 2018. https://www.cnn.com/videos/us/2018/12/04/rehab-jail-for-heroin-addicts-beme.beme
- Ozy.com: See Beyond. "Can This Small Town Lead America in Fighting the Opioid Crisis," April 18, 2018. https://www.ozy.com/fast-forward/can-this-small-town-lead-america-in-fighting-the-opioid-crisis/85534
- Boston Globe, "Some Jails are Aiding the Addicted." March 29, 2018. https://www.bostonglobe.com/metro/2018/03/29/county-jails-also-receive-inmates-with-addiction-and-some-offer-opioid-medication-treat/dnb1M74zzAwzRjOe3sD4pJ/story.html

COMMUNITY ENGAGEMENT

- National Institute of Drug Abuse (NIDA): Justice Community Opioid Innovation Network National Steering Committee (2019-present)
- Co-chair Franklin County Human Trafficking and Sexual Exploitation Task Force (2019-present)
- Board of Directors, Community Health Center of Franklin County (2018-present)
- Greenfield Community College Advisory Board for the Criminal Justice Program (2017-present)
- Chair of Franklin County Transitions from Jail to Community Task Force (2014-present)

- Greenfield Community College Advisory Board for Civic Engagement (2013-2015)
- President, Massachusetts Correctional Education Association (2012-2013)
- Elected to Directors' Council for Massachusetts Adult Education Programs (2009-2011)
- Selected by Dept. of Elementary & Secondary Education for Advisory Board for Special Education in Institutional Settings (2010-2013)
- Volunteer: Northampton Interfaith Shelter (2005-2007), The Literacy Project (2004-2006), The Shang Shung Institute for Preservation of Tibetan Culture (Board member 2010-2014)

Exhibit 2

FRANKLIN COUNTY SHERIFF'S OFFICE

POLICY & PROCEDURES MANUAL

NO:	0-A-01
EFFECTIVE: January 31, 2019	
REVIEWED:	
Revised 9/1/2019	

TITLE: ACCESS TO OTP SERVICES	O-A-01	PAGE 1 OF 2

Subject: Access to Opioid Treatment Program (OTP) Services

Purpose: Inmates have access to OTP services when, in a qualified healthcare professionals clinical judgement, it is appropriate to do so.

Policy: 1. Inmates referred or self-referred for OTP are evaluated at the time of intake. Those considered clinically appropriate for service, that is after verification of prescription monitoring program (PMP), last dose letter from OTP, pharmacy prescription review, and in accordance with DSM 5 criteria, and in compliance with regulation, 164.302 (A,3b: E,4) and 164.302 (A,3,d) (E, 9), and/or 164.302 164.302 (A,3,a) and 42 CFR part 8, are enrolled as dictated by clinical need and clinician recommendations.

2. All inmates approved for treatment receive services to address their substance use disorder regardless of housing situation, behavior, mental health status prior to OTP enrollment, and without discrimination of any form.

3. OTP services include maintenance of outside medication and dosing in individuals with an active treatment plan; induction of new individuals without outpatient treatment plans; maintenance or induction of pregnant patients (see O-G-02), short term medically supervised withdrawal, long term medically supervised withdrawal; and prerelease induction.

4. On call clinicians are to be notified of any OTP enrolled patient that is placed in seclusion or restraint for security or clinical reasons.

5. FCSO does not employ a fee for service. Medical care, including management and treatment of substance use disorder, is universal for all patients housed at the FCSO.

6. Barriers to access to OTP services are identified by the RHA (Responsible Health Authority) and are eliminated. This includes excessive co-payments, holding sick call at times outside normal institution operations, assessing fees for treatment arising from sexual abuse, etc. FCSO is fully staffed 24 hours a day, 7 days a week, and is appropriately funded, with an organized system to appropriately care for the inmate population. At least weekly medical coverage for urgent sick call when appropriate.

6. All aspects of the standard are addressed by written policy.

Procedure:

1. Patients are informed on admission in the intake area about accessing OTP/MAT treatment and all options available, this includes, Methadone, buprenorphine/naloxone and Buprenorphine mono product when deemed appropriate and vivitrol/ naltrexone. A waiver certified NP/PA or physician is notified of patient's election to start treatment for opioid use disorder. Decisions regarding treatment protocol, is determined based on their current usage, previous enrollment in MAT/OTP services, and history of success, intolerance, diversion, misuse and preferred treatment request. This is done with discussion with on call provider at or after intake evaluation and consents for treatment, ROI signature, Urine toxicology screening and PMP obtainment. Last dose letters for methadone are requested during outpatient clinic hours and as soon as possible. Inmate's enrollment is voluntary.

2. Any patient electing for withdrawal alone will be appropriately started on a medically supervised withdrawal protocol after discussion with the on-call provider. All methadone detoxification or induction protocols will be discussed with the Medical Director.

3. All patients have access to primary care. An initial physical, urgent care and chronic care are part of their medical management in addition to treatment and management of their substance use disorder. This is consistent with NCCHC Jail standards and our policy J-A-01.

References:
National Commission of Correctional Health Care: Standards for Health Services in Jails, 2018
NCCHC Standards for Opioid Treatment Programs 2016, 0-A-01
American Correctional Association: Standards for Adult Local Detention Facilities

Exhibit 3

Commonwealth of Massachusetts
Office of the Sheriff

Franklin County

DIRECTIVE

Dispensing Protocol for Medically Assisted Treatment (MAT) of Opioid Use Disorder

DATE: **February 18, 2020**

ISSUED BY: **Captain Chris Pelletier:** _____

Daily Medication call for Medically Assisted Treatment for Opioid Use Disorder

1. Medication Distribution will commence at 6:00am and will take place in the medium security library. A maximum of 15 inmates will be moved to the programs area in OMS and will be counted in the library during this time. Three security staff will be assigned at all times to monitor the medication distribution unless the group of inmates is six or less, at which time, the number of security staff can be reduced to two. If there is only one inmate receiving medication, only one officer will be required. Security staff will follow the direction of medical personnel.

   Medication distribution grouping will be organized by the overnight shift supervisor in accordance with the information below. If numbers dictate, all groups will be filled to capacity.

   a. Group 1 (Library)
      Court
      Community Service/Off site jobs

Offsite morning appointments
Security Quarantine
All other inmates from Pod A, C, and D

b. Group 2 (Library)

Female inmates (Female inmates scheduled for court will be medicated by the 5:30am – 5:30pm nurse between 5:30am-6:00am in the Medical department.)

c. Group 3 (Library)

Any remaining general population, segregation and disciplinary inmates. (All of these inmates can be grouped together unless enemy status dictates. Segregation/disciplinary inmates shall have the handcuffs removed upon arrival to MAT distribution and shall follow all distribution procedures. Segregation/disciplinary inmates shall be handcuffed prior to return to their housing unit).

d. Any remaining inmates on the list will be incorporated into additional sessions in the library until the conclusion of the distribution process (up to 15 per session) is completed. In the event the medication distribution lasts until 8:45am, and at the direction of shift commander, inmates will be escorted to the intake/booking area (current restraint chair area) and have their medication distributed there. If the restraint chair area is in use, the medication pass will take place in the booking iso-pass area. **Distribution on Sunday can remain in library for the duration of the distribution.**

e. Medical staff may request to have an inmate receive their dosing separately from any group based on past behavior issues, etc. Medical staff will discuss the situation with the Shift Commander and indicate this on the Daily MAT/OTP List.

f. An officer shall be assigned to escort inmates to the intake/booking area with a nurse and remain with the nurse until distribution is completed. Once in the intake area inmates shall be seated in chairs and will adhere to the same procedures required in the library.

2. Security Staff shall call the Housing Units and request the necessary inmates to be seen.

3. The Housing Unit Officer shall log the inmate/s out to medical documenting the name and time of departure on the Unit Log.

4. In both locations, Officer will instruct inmates to sit on their hands and remain in this position for the duration of medication distribution.

5. **(Methadone)** The inmate will be called to the medication cart. The Nurse on duty will administer the crushed Methadone slurry (medication and water) per the provider order. The inmate will then have a small rinse of water added to their cup by the nurse, which the inmate will then drink. The nurse will visually check with a flashlight to ensure that the crushed medication has been swallowed. The inmate will then eat one Saltine cracker, followed by a final mouth rinse which will be swallowed. The nurse will then complete a final mouth check.

   After all inmates have received their medication, the group will remain in the waiting area (both locations) with the Officer and Nurse for approximately 15-18 minutes. After this time has passed, the nurse will instruct all Methadone patients to move his/her chair to the opposite side of the medication distribution line and be seated.

6. **(Buprenorphine or Buprenorphine/Naloxone)** The Nurse on duty will administer the crushed Buprenorphine or Buprenorphine/Naloxone sublingual (under the tongue) per the provider order. There will be no talking, manipulating of medication with tongue or mouth movements for the remainder of the distribution time. The nurse will visually check with a flashlight to ensure that the crushed sublingual medication remains under the tongue.

   After all inmates have received their medication, the group will remain in the waiting area (both locations) with the Officer and Nurse for approximately 15-18 minutes. After this time has passed, the nurse will complete a final mouth check with a flashlight to determine if the crushed sublingual medication has fully dissolved. Inmates who receive their medication in both locations (library and intake/booking area) shall be individually, with their hands behind their backs, escorted to the bathroom by the Officer. Prior to

being escorted to the bathroom, the inmate shall move his/her chair to the opposite side of the medication distribution line. Medical staff will instruct the inmate to begin a mouth rinse and spit the residue out, and then have the inmate eat one package of saltine crackers, and repeat rinse and spit. The inmate shall then be instructed to use their fingers to open and expose their upper and lower lip, under their tongue and do a complete finger sweep of their mouth. At this time the inmates are to wash their hands. Prior to returning to the unit, the Officer shall conduct another mouth and hand check. If the inmate salivates onto any part of their jumpsuit, that piece of clothing will be removed and replaced.

7. If an inmate on MAT has dentures, the following shall apply. If the inmate is able to chew crackers without dentures, the dentures will be left in his/her cell for MAT distribution. If the patient is not able to chew crackers without dentures, the dentures may be kept on person (pocket) during MAT. After the inmate has completed the first mouth rinse/check, the dentures may be worn to proceed with the cracker consumption.

8. Once all inmates from Minimum Security/Kimball House have completed their final mouth rinse/check, they will immediately be escorted back to the minimum security building in preparation for work details. All remaining medium security inmates will wait until the rest of the group has undergone the mouth rinse/check before being transported back to the housing unit.

9. Inmates that are in Protective Custody Status will be escorted to the medication distribution area (individually or in a group of up to 15) and adhere to the procedures above.

10. If an inmate is suspected of tampering with or attempting to divert the medication, the Officer present shall follow the FCSO disciplinary procedure.