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	Distribution: A	
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Approved by: 		
Subject: WITHDRAWAL MANAGEMENT SERVICES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606.
- II. PURPOSE: To provide guidelines for the management of inmates who are demonstrating the clinical necessity for managing physical and psychological withdrawal symptoms.
- III. APPLICATION: To all employees and inmates of the Tennessee Department of Correction (TDOC), including all Health Administrators, health care staff, and privately managed institutions. {excluding those at the Tennessee Correction Academy (TCA)}.
- IV. DEFINITIONS:
 - A. Acute Withdrawal: Present or experienced, to a severe or intense degree, physical or mental symptoms that occur after stopping or reducing the intake of a drug.
 - B. Ambulatory Withdrawal Management: Withdrawal management that is medically monitored and managed but does not require admission to an inpatient, medically or clinically monitored, or managed 24-hour treatment setting.
 - C. Clinical Necessity: For purposes of this policy, this definition implies the same as a “medical necessity”: health care services that a licensed provider may deem justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care provided to an inmate.
 - D. Clinical Opiate Withdrawal Scale (COWS): An 11-item scale used by a licensed provider to identify the severity of withdrawals.
 - E. Data, Assessment, and Plan (DAP): A form of case notetaking aimed at helping mental and behavioral health professionals track the progress of their clients in an organized and efficient way. Clinical progress notes written in DAP format include contact information, a summary and evaluation of the problem, and plans for services.
 - F. Intervention Substance Use Recovery Education: This service is classroom-based, focusing on teaching about the harmful effects of alcohol and drugs. Individuals develop knowledge, attitudes, and skill sets to make good choices or change self-defeating behavior in addition to receiving screening, brief interventions, peer recovery support, and referral for the appropriate continuum of care for substance use treatment. (See Policy #513.07.3).
 - G. Laboratory Drug Screen: A controlled laboratory test conducted to detect the usage (inhalation, ingestion, injection) of illegal drugs or alcohol detectable in the subject's system.

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- H. Licensed Provider: For purposes of this policy, a licensed physician, advanced practice nurse (APN), nurse practitioner (NP), or physician assistant (PA).
- I. Qualified Licensed Substance Use Personnel: Correctional staff licensed or certified alcohol and drug counselors (LADAC I, II, ICRC, NAADAC I, II, or Master level NAADAC certification) or those seeking licensure by reciprocity as a LADAC I or II who meet the qualifications by holding a current license from another state in which the other state's standards for licensure must be comparable to or exceed the requirements for the level of licensure sought in Tennessee (licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed psychological examiners (LPE), or licensed marriage and family therapists (MFT) with a minimum of one year documented experience working with substance use disorder treatment programs.
- J. Substance Use Disorder (SUD): When the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet primary responsibility at work, school, or home.
- K. Texas Christian University Drug Screen (TCUDS): A screening assessment based on the most recent *Diagnostic and Statistical Manual of Mental Disorders (DSM)* screening for mild to severe substance use disorders that is particularly useful when determining the level of intensity for substance use treatment.
- L. Treatment Team: For purposes of this policy, a group of institutional personnel that should include but is not limited to the behavioral health administrator, health administrator, licensed alcohol and drug addiction counselor (LADAC), Associate Warden of Treatment (AWT), and Licensed Provider or medical personnel. This team is responsible for overseeing the withdrawal management unit and substance use treatment programs at each institution and meets weekly to discuss participant issues and progress. At a minimum, one person from medical, security, and behavioral health is to be represented.
- M. Urinalysis Testing: The process of conducting a chemical analysis of urine to detect the presence or absence of alcohol or illegal drugs or their metabolites.
- N. Withdrawal Management Services: Medical, Behavioral Health, and Recovery Services to assist an inmate's withdrawals, acute intoxication, and/or withdrawal potential and to ensure referrals are made to the appropriate services needed based on assessments and evaluations.
- O. Withdrawal Management Unit (WMU): A designated housing unit(s) with bed assignments for inmates to receive withdrawal management services.
- P. Withdrawal Potential: At risk of withdrawal due to a history of physiological dependence, multiple positive drug screens indicating frequent use, history of drug/alcohol treatment, and recent drug use.
- Q. Withdrawal Syndrome: The onset of a vast range of expected signs and symptoms following a sudden stop of, or rapid decrease in, the dosage of a psychoactive drug.

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- V. POLICY: Inmates who have been diagnosed by a provider as requiring withdrawal management shall receive services in an appropriate setting under the supervision of a provider as deemed a clinical necessity.
- VI. PROCEDURES:
- A. If any TDOC staff member believes an inmate may be experiencing acute withdrawal or withdrawal syndrome, he or she should immediately contact health services and complete the Institutional Health Services Referral, CR-3431, so that the inmate may be screened and assessed by utilizing the TDOC approved instrument; Clinical Opiate Withdrawal Scale (COWS). The COWS may be completed by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). If the RN/LPN concludes the inmate is experiencing withdrawal, they shall refer the inmate to the institutional provider.
- B. Also, an inmate may present him/herself to staff, expressing the desire to stop using drugs and/or alcohol, and claim that withdrawal management is required. If this occurs, the inmate shall be referred to the institutional provider via the Institutional Health Services Referral, CR-3431. The institutional provider will develop a plan for the inmate's withdrawal management, if necessary.
- C. Once the provider has determined the need for withdrawal management services, he/she shall refer the inmate as follows:
1. If the inmate's acute withdrawal is an emergent, life-threatening situation, he/she should be sent immediately to the nearest emergency room for treatment.
 2. If the inmate is experiencing or is expected to experience mild or moderate withdrawal but still requires pharmacological intervention, the provider shall determine whether to treat the inmate in the institution, transfer the inmate to the contracted hospital, or refer him/her to a Regional Sub-Acute Center that provides ambulatory withdrawal management services (See Policy #113.32).
 3. If the provider transfers the inmate to the hospital for moderate or severe withdrawal, the medical staff shall observe the usual procedures for hospital admission.
 4. If the provider admits the inmate to the infirmary, the TDOC Infirmary Protocol shall be followed.
- D. The determination of the need for withdrawal management services shall only be made by a provider.
- E. Referral criteria for admission to a WMU at designated institutions:
1. Inmates must meet at least one of the following criteria for admission into the WMU:
 - a. Have a medically reported overdose

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- b. Receive a Naloxone intervention
 - c. Have a positive drug screen within the last 90 days
 - d. Referred by staff or self-referral for withdrawal symptoms. Self-referrals are required:
 - (1) To have a positive urinalysis testing within the last 30 days of the referral being made
 - (2) To have a SUD diagnosis in the chart
 - (3) To have withdrawal symptoms determined by COWS
2. The referring institution will send a copy of the Institutional Health Services Referral, CR-3431, Major Problem List, CR-1894, COWS score, Medication Administration Record (MAR), results of recent urinalysis testing or laboratory testing, TCUDS V, and Opioid Supplement (if opiate is the drug of abuse), to the WMU Health Service Administrator or designee within 48 business hours of the event.
 3. The WMU treatment team will review referrals weekly and respond to the referring institution with an approval or denial within seven calendar days.
- F. Temporary Medical Transfer procedure to a WMU after approval for admission:
1. The referring documents in Section VI. (E)(2) will be completed by the provider and placed in the appropriate sections in the inmate's health record.
 2. The health service administrator of the sending institution will notify the health service administrator or designee at the institution with the WMU to confirm bed availability.
 3. After confirmation of bed availability, the sending health service administrator or designee will notify transportation per Policy #403.01 and the Wardens/Superintendent at both facilities.
 4. Once a transportation schedule has been confirmed, the provider and the charge nurse or director of nursing at the institution with the WMU shall receive a clinical report from the sending institution.
 - a. The BHA or physical health provider will directly notify the provider at the WMU.
 - b. The charge nurse or director of nursing of the sending institution will directly notify the charge nurse or the director of nursing at the WMU institution.

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5. The HSA at the WMU institution will communicate to the BHA of an inmate's pending arrival for Withdrawal Services.
 6. Upon the inmate's arrival at a WMU, the BHA will be notified.
 7. If the inmate arrives after hours and the onsite provider is not on-site or has not left orders for withdrawal management, the on-call provider will be notified for orders.
- G. The following criteria may exclude an inmate from admission to the WMU and may result in removal from the WMU:
1. Actively engaging in aggressive or violent behavior that is disruptive and unable to be managed in the WMU
 2. Inmates with active suicidal ideation who are considered an imminent risk and in need of suicide precautions or constant monitoring/observation
 3. Actively participating in Security Threat Group (STG) activity or having an STG status that would create an unsafe environment for the institution
 4. Level of Care III referrals will be reviewed by the Treatment Team to determine appropriateness for services and bed assignment Per Policy #113.84. Level of Care IV or V shall be excluded due to higher security or clinical necessity.
 5. Protective Custody Status
 6. In the instance that an inmate is within 60 days of parole hearing and the Treatment Teams determines there is a clinical necessity for WMU Services, the Associate Warden of Treatment at a WMU facility shall notify the current site's Institutional Parole Probation Specialist and request for a postponed hearing and a temporary transfer from the Director of Classification to the WMU facility.
 7. Possession of an illegal drug, substance, alcohol, or contraband while housed in the WMU will be evaluated by the facility's administration for possible removal and disciplinary action per Policy #502.01.
- H. The seven-week WMU uses holistic therapies designed to allow the inmate to withdraw from substances safely and to provide an intervention substance use recovery education service.
1. Treatment therapies will involve Cognitive Behavioral Therapy, Motivational Interviewing, exercise therapy, 12-step facilitation, art therapy, health and wellness, and peer-led groups. Other components that will be provided are Substance use and recovery education, relapse prevention skill building, decision-making skills, dangers of high-risk behavior, support system development, and goal setting.
 2. A structured schedule will be posted in the unit.

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3. Inmates will receive an orientation to the WMU within 72 hours of admission.
 4. Upon being housed in a Withdrawal Management Unit, a medical drug test will be administered within 48 hours of arrival. As well as a weekly medical drug test to monitor withdrawal potential for the first four weeks. It is at the provider's consideration to give less frequent testing if an inmate is stable thereafter. In addition, an exit drug screen will be given within 48 hours of discharge from the WMU.
 5. No Keep on Person medications are allowed in the WMU
 6. An RN or LPN is to be posted in the WMU at all times.
- I. Clinical documentation in the behavioral health section of the health record will include the following:
1. A Texas Christian University Drug Screen from the sending institution
 2. Recovery Services Orientation, CR-4278, within 72 hours.
 3. A weekly Contact note CR-1884 by a Qualified Licensed Substance Use personnel using the DAP format.
 4. An Authorization for Release of Substance Use Treatment Information, CR-1974, is completed before any information is shared with an outside source. (See Policy #511.04)
 5. The Qualified Licensed Substance Use Personnel will complete Withdrawal Services Discharge Agreement and Understanding, CR-4277, up to three working days before discharge.
- J. Criteria for discharge from Withdrawal Management Services are as follows:
1. Exhibits a decrease in symptoms presented during admissions
 2. Can be treated in a less restrictive environment
 3. Passes exit urinalysis testing or laboratory testing.
 4. Sufficiently stable for placement in a step-down unit/program, Therapeutic Community, or general population.
 5. The medical condition becomes a higher priority at any time, the inmate will be transferred to a more appropriate setting for management of medical needs.
 6. After three weeks of withdrawal management services, the Treatment Team may refer a participant to the Therapeutic Community or Group Therapy per Policies #513.07.1 and #513.07.2. and be approved for entrance where open bed permit.

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7. Once the inmate no longer needs medical/behavioral health services or refuses treatment, the treatment team will recommend to the Warden whether the inmate is returned to the sending institution as a returnee or to a different facility. Offenders who are deemed detrimental to WMU services due to documented disruptive behavior shall be reclassified with documentation of the reason for expulsion from the WMU unit in the classification panel summary and documented in the corresponding contact code RRCC. The Associate Warden of Treatment will communicate the transfer request to Classification Director for an appropriate facility.

K. Inmates may undergo ambulatory withdrawal management at institutions that don't have Withdrawal Management Units for mild or moderate withdrawal within the institution infirmary or designated bed assignment, provided appropriate supervision is available from the provider and the nursing staff. If this course of treatment is chosen, the responsible provider shall thoroughly document withdrawal management service orders in the health record.

L. Once withdrawal management has been completed, the institutional provider or designee shall refer the inmate via the Institutional Health Services Referral, CR-3431, to the behavioral health administrator for substance use disorder programming. (See Policy #513.07)

VII. APPLICABLE FORMS: CR-3431 (Rev. 9/19).

VIII. ACA STANDARDS: 5-ACI-6A-31, 5-ACI-6A-32, and 5-ACI-6A-41.

IX. EXPIRATION DATE: July 21, 2026

