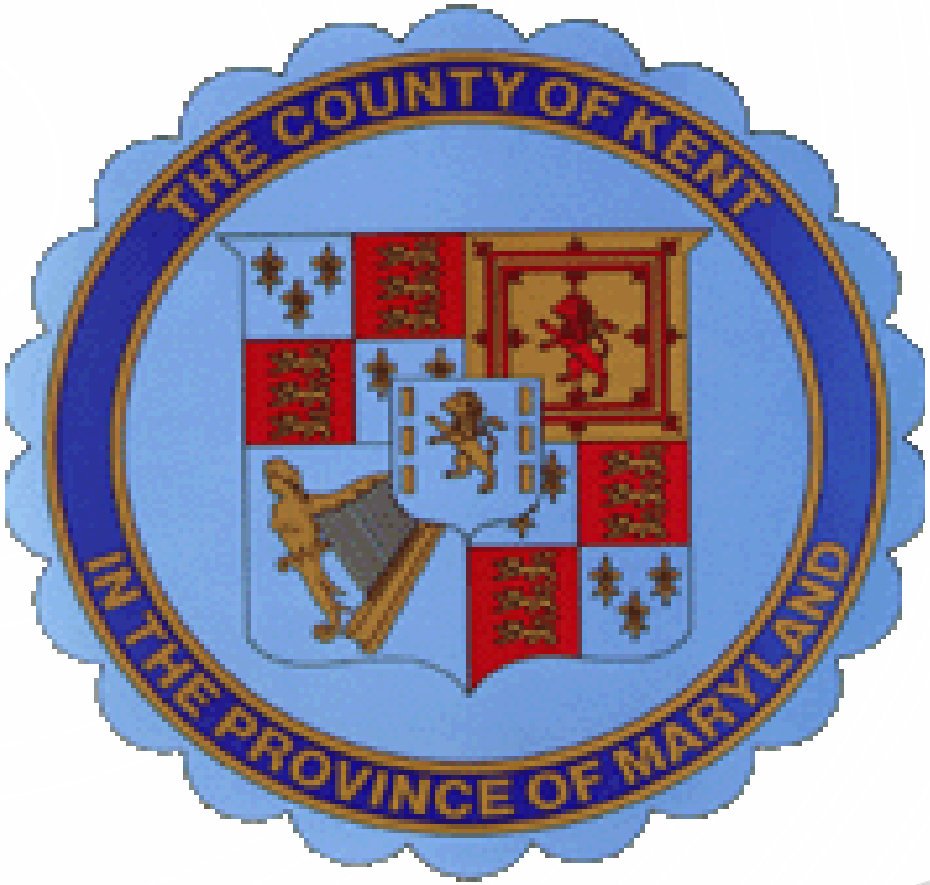
Methadone Challenges at the Kent County Detention Center



METHADONE

TODAY WE WANT TO TALK ABOUT THE MANY OBSTACLES AND CONCERNS THAT OUR FACILITY FACES WITH OBTAINING AND DISTRIBUTING METHADONE TO OFFENDERS

- CURRENTLY OUR FACILITY DOES NOT HAVE A METHADONE PROGRAM.
- WHEN WE HAVE AN OFFENDER OR A PREGNANT FEMALE THAT IS ON METHADONE OUR FACILITY MUST DO THE FOLLOWING:
- TRANSFER THE OFFENDER TO ANOTHER FACILITY THAT HAS A METHADONE PROGRAM, PROVIDING THEY HAVE SPACE.
- WE DO ALL TRANSPORTS FOR THIS TRANSFERRED OFFENDER SUCH AS COURT APPEARANCE OR MEDICAL APPOINTMENTS WHICH OFTEN REQUIRES 2 OFFICERS DUE TO DISTANCE OF THE HOUSING FACILITY.
- WE HAVE ESTABLISHED A RELATIONSHIP WITH A COMMUNITY METHADONE PROVIDER, SO IT IS NOT REQUIRED TO HAVE SPECIAL LICENSING FOR METHADONE DISPENSATION

- If the offender stays with us, we must transport the person to a Methadone clinic either in Easton or Cecil County for an assessment and their first dosage which typically takes several hours.
- We have established a relationship with the Methadone clinic where they will give us a 2-week supply of Methadone providing we have a Nurse, Correctional Officer, and a lock box with us.
- Every 30 days we must transport the offender back to the Methadone Clinic for an in-person assessment.
- Our concerns are transporting and storage of a controlled substance, and there is considerable liability in storing a highly regulated, controlled substance such as methadone.
- In our facilities we are not accustomed to handling methadone, Nurses were concerned about liability issues and their licenses if a dose was misappropriated.
- This process creates a lot of concerns, hardship for our facility, our patient, staff and our Nurse for a already understaffed environment

At this time, we will take any questions anyone may have? Also, we would like to know if any other agency are dealing with these same challenges if so, how are they handling it??