MEDICATION PROTOCOL FOR CORRECTIONS

A Corrections Officer Resource Toolkit — National Native Justice Institute | www.nativejustice.us

■ MEDICATION MANAGEMENT IN TRIBAL CORRECTIONS FACILITIES

Tribal detention and corrections facilities carry a constitutional and ethical responsibility to provide safe, consistent health care to incarcerated individuals — including the management of prescription medications. Native Americans are incarcerated at disproportionately high rates and often enter custody with complex medical needs including chronic illness, mental health disorders, and substance use disorders requiring medication-assisted treatment (MAT).

⚠️ Native Americans are incarcerated at rates 38% higher than the general U.S. population, often with unaddressed health needs at intake.

💊 Medication errors and interruptions in correctional settings are a leading source of civil rights litigation and in-custody deaths.

🧠 Untreated mental health conditions and interrupted psychiatric medications are directly linked to increased incidents and in-custody suicide.

⚖️ The Eighth Amendment requires facilities to provide adequate medical care, including prescribed medications, to all individuals in custody.

■ CORE MEDICATION PROTOCOL REQUIREMENTS

Intake & Medical Screening

- Conduct a standardized medical, mental health, and substance use screening for every individual at booking – within 2 hours for urgent needs.
- Document all current prescribed medications, dosages, and prescribing providers. Contact pharmacy or provider to verify before administering or withholding.
- Do not abruptly discontinue prescription medications – including psychiatric meds, MAT, insulin, or seizure medications – without documented clinical justification.
- Screen all individuals for alcohol, opioid, and benzodiazepine dependence at intake. Untreated withdrawal is a medical emergency.

Medication Administration Standards

- Maintain a written or electronic Medication Administration Record (MAR) for every individual receiving medication documenting drug, dose, route, time, and staff.
- Administer medications only by licensed medical staff (RN, LPN, PA, physician) or by trained officers under direct medical supervision where legally permitted.
- Use observed administration for controlled substances, psychiatric medications, and MAT to prevent diversion or hoarding.
- Store all medications in a locked, temperature-controlled location. Maintain accurate inventory logs and conduct regular audits.
- Document all medication refusals in writing, inform the medical provider, and re-offer at the next scheduled time.

Medication-Assisted Treatment (MAT) Protocol

- Federal law and constitutional standards prohibit denying or interrupting MAT medications (methadone, buprenorphine, naltrexone) solely because an individual is incarcerated.
- Verify and continue active MAT prescriptions at intake. Contact the individual's MAT provider immediately upon booking.
- Ensure naloxone (Narcan) is immediately available to all corrections staff and that all officers are trained in its use.
- Coordinate with community MAT providers prior to release to ensure continuity of treatment and prevent post-release overdose.

■ 10 TIPS FOR CORRECTIONS OFFICERS ON MEDICATION PROTOCOL

- **Know the Basics of Your Facility's MAR** – Understand how Medication Administration Records work, where they are kept, and how to access them during a medical incident.
- **Never Administer Without Authorization** – Do not give any medication to an incarcerated person unless you are licensed or specifically authorized under your facility's protocol.
- **Recognize Withdrawal Symptoms** – Tremors, sweating, vomiting, seizures, and agitation are medical emergencies — call medical staff immediately.
- **Never Withhold Without Medical Direction** – Do not withhold a scheduled medication due to disciplinary issues or personal judgment. Only a licensed clinician can authorize a medication hold.
- **Document Everything** – If medication was refused, missed, or an incident occurred, document it in writing immediately.
- **Carry and Know How to Use Naloxone** – Every corrections officer should be trained in naloxone administration. Opioid overdose can occur even in custody.
- **Respect MAT as Medical Treatment** – Methadone and buprenorphine are FDA-approved treatments — not substitute addictions. Treat them with the same respect as insulin or blood pressure medication.

- **Escalate Mental Health Concerns Promptly** – If an individual is in psychiatric distress or expressing suicidal thoughts, contact medical or mental health staff immediately.
- **Protect Medication Privacy** – An individual's medications are protected health information (PHI) under HIPAA. Do not disclose to other inmates or unauthorized staff.
- **Pursue Ongoing Training** – Medication protocols evolve. Commit to regular training through NNJI on MAT, mental health medications, overdose response, and constitutional standards.

RESOURCES, GRANTS & SUPPORT

Funding, Training, and Support Resources — Tribal Corrections Health Programs | www.nativejustice.us

■ FEDERAL GRANT RESOURCES

Corrections Health & Facility Operations

- **BJA Tribal Justice Programs** – Supports tribal corrections, detention, and health care infrastructure. bja.ojp.gov/program/tribal-justice
- **CTAS – Coordinated Tribal Assistance Solicitation** – Consolidated DOJ tribal funding covering corrections, law enforcement, and courts. justice.gov/tribal
- **BIA Tribal Detention Programs** – Federal support and funding for tribal detention facilities including health compliance. bia.gov/bia/ojs

Substance Use Treatment & MAT

- **SAMHSA Tribal Opioid Response (TOR) Grant** – Supports tribal implementation of MAT programs including in-custody continuation. samhsa.gov/tribal-ttac
- **HRSA Federally Qualified Health Center (FQHC) Funding** – Supports tribal health programs providing medical services to corrections facilities. hrsa.gov
- **IHS Behavioral Health & MAT Programs** – IHS funding for MAT and behavioral health including coordination with tribal detention. ihs.gov/behavioralhealth

Mental Health & Crisis Services

- **DOJ Justice and Mental Health Collaboration Program (JMHCP)** – Funds cross-system collaboration between corrections and mental health systems. bja.ojp.gov/program/jmhcp
- **SAMHSA Mental Health Block Grant (MHBG)** – State-administered grants supporting mental health services; tribal programs may qualify. samhsa.gov/grants

■ STATE & ADDITIONAL RESOURCES

- **State Medicaid Reentry Programs** – Work with your state Medicaid agency to establish pre-release enrollment to ensure medication continuity at release.
- **State Opioid Response (SOR) Grants** – States administer SAMHSA SOR grants for MAT expansion including corrections-based and reentry programs.
- **NCCHC Accreditation & Technical Assistance** – Sets health care standards for correctional facilities; provides training and technical assistance. ncchc.org
- **Grants.gov Tribal Search Tool** – Search all federal grants available to tribal entities. grants.gov (filter: Tribal Government eligibility)

■ KEY WEBLINKS

National Native Justice Institute	*www.nativejustice.us*
NCCHC – Correctional Health Care Standards	*ncchc.org*
SAMHSA Tribal Behavioral Health	*samhsa.gov/tribal-ttac*
IHS Behavioral Health & MAT	*ihs.gov/behavioralhealth*
BJA Tribal Justice Programs	*bja.ojp.gov/program/tribal-justice*
BIA Law Enforcement & Detention	*bia.gov/bia/ojs*

■ PARTNER WITH NNJI — WE ARE READY TO SUPPORT YOUR COMMUNITY

TAKE ACTION TODAY — Contact NNJI at **www.nativejustice.us** to schedule training, consultation, or access resources.

Strengthening Tribal Justice — One Community at a Time