


County of Marin <b>Behavioral Health &amp; Recovery Services (BHRS)</b>	POLICY NO. BHRS-72
	Next Review Date: May 1, 2028
<b>POLICY:</b>	Date Approved May 8, 2025
<b><u>SUBSTANCE USE SERVICES MEDICATION PRACTICES</u></b>	By:  Todd Schirmer, PhD, CCHP Director, Behavioral Health and Recovery Services
<b>SUPERCEDES: BHRS-SUS-23</b>	

**POLICY: SUBSTANCE USE SERVICES MEDICATION PRACTICES**

**I. PURPOSE:**

The purpose of this policy is to ensure safe and effective medication practices in County-operated and contracted substance use treatment programs.

**II. REFERENCES:**

State/County Integrated Behavioral Health Plan (BHP) Intergovernmental Agreement, Exhibit A, Attachment 1  
DHCS Certification for Alcohol and Other Drug Programs  
DHCS Drug/Medi-Cal Certification Standards, Pharmaceutical Service Requirements  
BHIN 23-054 MAT Requirements for Licensed and/or Certified SUD Recovery or Treatment Facilities

**III. POLICY:**

It is the policy of Marin County Division of Behavioral Health and Recovery Services (BHRS) to ensure compliance with applicable standards and regulations pertaining to safe and effective medication practices for County-operated substance use treatment programs and to monitor contracted providers for compliance with their policies and procedures regarding safe and effective medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs.

**IV. AUTHORITY/RESPONSIBILITY:**

Quality Management Program  
Division Director  
Program and Contract Managers  
Chief, Addiction Services  
Contracted Substance Use Treatment Providers

**VI. PROCEDURE:**

As applicable, County-operated and contracted substance use treatment providers shall have written policies regarding: the use of prescribed medications by clients; disposal of

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medications which are not removed by the client upon termination of services; and staff training and coverage.

All AOD certified programs shall have written policies and procedures for a medication audit to track and account for client medications stored at a program that include:

- (1) Establishing a baseline count of each medication
- (2) Performing medication counts at regularly scheduled intervals
- (3) Requiring a minimum of two (2) staff when medication is counted
- (4) Specifying an HCP or staff authorized to perform a medication audit
- (5) Specifying an HCP or staff authorized to attest to the validity of a medication audit
- (6) Documenting the date, time, and results of a medication audit and the staff performing and attesting to the validity of the medication audit
- (7) Addressing missing medication or other discrepancies identified as a result of a medication audit.

If a clinic maintains, administers, or dispenses drugs, the drug distribution service shall be in conformance with all appropriate state and federal pharmacy laws and shall have policies and procedures outlining how medications are administered, labeled, stored, disposed and dispensed.

All AOD certified programs shall have written policies and procedures regarding the disposal of medications which are not removed by the client upon termination of services, to include:

- (1) The program director or their designee shall be responsible for the destruction of medication
- (2) Medication shall be destroyed no more than thirty (30) days from the date of any of the following:
  - a. The expiration date of the medication
  - b. The date the medication was discontinued for the client
  - c. The date of discharge if the client did not take medication upon leaving the program
- (3) The destruction of medication shall be witnessed by one additional staff
- (4) The program director or their designee shall document the destruction of the medication by signing a record that includes the name of the client, the prescription number and name of the pharmacy, the name of the medication and strength, the quantity destroyed, and the date of destruction.

Programs that choose to provide Medications for Addiction Treatment (MAT) shall develop a written policy, which includes how the program informs clients and educates

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staff about the MAT available at the program. The policy shall also include the assessment of a client’s MAT needs, administration and storage of medications, training of staff, and other components as referenced below.

Staff shall be trained in the area of MAT protocols to include all portions of these Standards pertaining to monitoring of persons undergoing detoxification. Residential programs must obtain approval from DHCS to provide incidental medical services prior to providing MAT.

All substance use recovery or treatment facilities licensed and/or certified by DHCS shall have the following in place no sooner than July 1, 2022:

- (a) Offer MAT services directly to clients or have an effective referral process in place with narcotic treatment programs, community health centers, or other MAT providers such that clients have access to all FDA-approved medications for SUDs.
- (b) An effective referral process shall include an established relationship with a MAT provider and transportation to appointments for MAT. Providing contact information for a MAT provider does not meet the requirement of an effective referral. If a client is referred to a provider who offers MAT, staff shall document the referral in the client’s record.
- (c) Implement and maintain a MAT policy approved by DHCS. The MAT policy shall include the following, as well as the procedures outlined in BHIN 23-054:
  - (1) Explain how a client receives information about the benefits and risks of MAT.
  - (2) Describe the availability of MAT at the facility, if applicable, or the referral process for MAT.
  - (3) Identify an evidence-based assessment for determining a client’s MAT needs.
  - (4) Address administration, storage, and disposal of MAT, if applicable.
  - (5) Outline training for staff about the benefits and risks of MAT.
  - (6) Outline training for staff on the MAT policy.

Applicable facilities shall provide the MAT policy to their assigned DHCS licensing analyst within 90 days of the publication of BHIN 23-054 for DHCS review.

Contractor compliance with this policy shall be achieved through:

1. Distribution of the Contractor Manual and Practice Guidelines, which includes information about Policies, Procedures and contract requirements, annually at contract renewal.

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2. Contracted substance use treatment providers are required to submit copies of relevant medication policies for BHRS review at contract renewal.
3. Annual completion of the Self-Audit by relevant Contractors, and subsequent review by BHRS Contract Manager, including Contractor’s signed attestation of adherence to all applicable laws and regulations. The Self-Audit includes language on compliance with applicable requirements, including, but not limited to the DMC Pharmaceutical Service Requirements and date of submission of the MAT Policy to DHCS for review and approval.
4. At the annual Site Visit, Contract Manager shall review relevant contractor procedures to assess their compliance with their policies and procedures, including a review of whether monitoring of medication services is performed at least annually and under the supervision of a person licensed to prescribe or dispense prescription drugs.

County-operated substance use treatment services do not currently prescribe, administer, dispense or store any medications. Should that change, compliance with this policy shall be achieved through:

1. Approval of State-County Behavioral Health Plan (BHP) Agreement by Board of Supervisors or authorized designee agreeing to all conditions set forth in the contract.
2. Annual completion of the Self-Audit, and subsequent review by BHRS Quality Management, including County Alcohol & Drug Administrator’s signed attestation of adherence to all laws and regulations.
5. At annual Site Visit, BHRS Quality Management shall review relevant procedures to assess compliance with policies and procedures, including a review of whether monitoring of medication services is performed at least annually and under the supervision of a person licensed to prescribe or dispense prescription drugs. The Site Visit will include review of evidence of the date of submission of the MAT Policy to DHCS for review and approval.
3. At least annually, the Chief of Addiction Services shall monitor compliance with safe and effective medication practices.