

**Macomb County Jail  
District Court 41(b)  
Vivitrol® (naltrexone extended release injection) Consent Form**

Patient Name: \_\_\_\_\_

IM#: \_\_\_\_\_

I \_\_\_\_\_ do hereby voluntarily apply and consent to participate in Vivitrol® (naltrexone extended release injection) Therapy, treatment for alcohol and opioid dependence. I understand that, as far as possible, precautions will be taken to prevent any complications or ill effects on my health. I further understand that it is my responsibility to tell the Physician/Nurse in the program as much as I can about my health. It is my responsibility to seek medical attention immediately if any reaction occurs to Vivitrol® or if any changes occur in my health status. As a participant, I freely and voluntarily agree to adhere to the treatment protocol as follows:

- 1) I understand that medication alone is not sufficient treatment for managing my disease. I agree to participate in the outpatient treatment program as determined by my treatment coordinator.
- 2) I agree to have a blood specimen taken for assessment of liver function.
- 3) I agree to any further examination or testing requested by the facility Health Care Practitioner.
- 4) For women, I will provide a current menstrual history and a urine specimen for pregnancy testing.
- 5) I understand that Vivitrol® (naltrexone extended release injection) has been prescribed as part of the comprehensive treatment of my alcohol and/or opiate dependence.
- 6) I understand that Vivitrol® is well-tolerated in the recommended doses, but may cause liver injury when taken in excess or in people who develop liver disease from other causes. If I experience excessive tiredness, unusual bleeding or bruising, pain in upper right part of your stomach that last more than a few days, light-colored bowel movements, dark urine, or yellowing of the skin or eyes, I will stop taking Vivitrol® immediately and see my doctor as soon as possible.
- 7) I understand that Vivitrol® may cause depression and will inform medical personnel if I experience any symptoms of depression.
- 8) I will take Vivitrol® only as directed by the prescribing physician.
- 9) I will carry identification to alert medical personnel that I am taking Vivitrol®, helping to ensure that I obtain adequate treatment in an emergency. If I require medical treatment I will tell the treating physician that I am receiving Vivitrol® therapy.
- 10) I attest that I have not used opiates within the past 7 days and am not currently experiencing any withdrawal symptoms.

- 11) I understand that I should not take Vivitrol® if I am pregnant or if I am contemplating pregnancy or breastfeeding.
- 11) Must report to Kara Jacquemain at 41(b) Court upon release.
- 12) I agree to release, and also covenant not to sue, Correct Care Solutions, LLC, Macomb County, their subcontractors, employees, officers, shareholders, agents, and any other persons or entities in connection with my use of Vivitrol® and its administration to me, and I further agree to indemnify the foregoing persons and entities from and against any and all claims made by me or on my behalf in connection with, related to, or arising from my treatment with Vivitrol®.

**WARNING: IF I ATTEMPT TO SELF-ADMINISTER LARGE DOSES OF ALCOHOL, HEROIN OR ANY OTHER NARCOTIC WHILE ON VIVITROL®, I MAY DIE OR SUSTAIN SERIOUS INJURY, INCLUDING COMA.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

I, the undersigned, have defined and fully explained the above information to this individual.

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Date

STATE OF MICHIGAN  
IN THE 41B DISTRICT FOR THE COUNTY OF MACOMB

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**COURT ORDERED VIVITROL TREATMENT**

It is ordered that defendant, \_\_\_\_\_, after medical assessment and based upon medical eligibility, is eligible to receive the Vivitrol shot. Upon their voluntary and informed decision, they may be released early from Macomb County Jail immediately upon its administration, pending medical clearance, to be discharged.

Date: \_\_\_\_\_

\_\_\_\_\_  
HONORABLE LINDA DAVIS  
District Court Judge  
41B Drug/Sobriety Court

M.O.U. was drafted by attorneys and medical provider for the jail

Agreement between Health Department, County Detention Center and State Agency

If you get Vivitrol under state contract, the price is lower...they pay \$523.00

The jail based health provider will not write the script, but will do the injection and blood draws for liver levels. The medical director SKYPE's the potential recipient, with a witness, and writes the script

Females must be tested for pregnancy

All must be tested for suboxone, opiates and oxycodone. They are separate tests.

The most important people to have at the big meeting are ALKERMES.

-Individuals are booked in jail

Assessed for substance abuse treatment. If they are alcohol or opiate dependant the counselor discusses Vivitrol with them. They can do the shot whenever they want, not just when they are released. They MUST have a liver function test. The blood draw is done at the jail and costs \$6.00 per draw.

They can receive the shot for as long as they want after release, as long as they are engaged in treatment. While in treatment, they receive assistance from their counselor in getting insurance. If they become employed, they are expected to pay on a sliding fee scale.

Upon release from jail, they are court ordered to continue Vivitrol treatment/counseling.

## VIVITROL PROCEDURE

Effective April 20, 2015; 41B District Court, Macomb County Sheriff's Office and CCS will be participating in a pilot substance abuse treatment program for in custody prisoners who are screened and court ordered. The program will require the inmate to be drug free and willing to receive the first Vivitrol injection prior to release (and continuance of treatment in the community). Program treatment will be continued and monitored by the 41B District Court Probation Department. In custody procedures are outlined below.

- I           **Inmate court ordered to jail with requirement for Vivitrol injection**
  - a. Court disposition will be faxed to medical unit (#586- 469-7381) and jail office. The Court will provide the Inmate with all information necessary to make an informed consent to Vivitrol injection.
  - b. Court will call Booking Nurse (586-469-6374) to advise of inmate ordered to jail (and Vivitrol program)
  - c. Court to notify MD, DON & HSA by e-mail of IM sentence and agreement to Vivitrol program.
  
- II           **Receiving Screening upon Inmate being Booked**
  - a. Intake nurse will conduct "Receiving Screen with Mental Health" and initiate COWS protocol.
  - b. Nurse will order hepatic panel to be drawn with next lab collection
  - c. Health Care Practitioner will obtain written consent for Vivitrol injection/therapy program from inmate.
  - d. Nurse will obtain authorization to share protected health information with Court.
  - e. If Inmate refuses to consent to Vivitrol Injection Therapy or authorization to release protected health information Nurse will send written notification to Court and Jail Office (see attached form). Court will provide amended disposition accordingly.
  
- III           **Vivitrol Injection**
  - a. Health Care Practitioner will review receiving screening and lab report and order further investigation as indicated. If Vivitrol Injection Therapy is contraindicated, the Health Care Practitioner will send written notification to Court and Jail Office.
  - b. HCP to order administration of Vivitrol, per manufacturers' recommendation, on the first clinic day following 7<sup>th</sup> day of COWS protocol. Injection will be administered by the Nurse in the Medical Clinic

- c. Inmate will be monitored for a period of one hour for any adverse reaction.
- d. Nurse will phone Jail Office personnel at 586-307-8256 to advise that inmate is release eligible. Nurse will fax the attached form to the Jail Office (586-469-6540) and Court (586-469-1254) indicating compliance and release eligibility and send E-mail to k.jacquemain@41bcourt-mi.us with the Time and Date of the Vivitrol administration.

IV

**Inmate will be processed for release**

## Vivitrol Treatment Communication Form

Inmate NAME \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_ I am requesting to participate in Vivitrol drug treatment therapy. I have been medically screened and advised of all consequences of my choice to receive the Vivitrol injection. I hold CCS harmless for any and all negative consequences resulting from my choice to receive Vivitrol.

INMATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ Inmate Refused Injection

\_\_\_\_\_ Inmate has medical condition prohibiting injection at this time

\_\_\_\_\_ INJECTION ADMINISTERED \_\_\_\_\_ Lot # \_\_\_\_\_  
Date

\_\_\_\_\_ **INMATE RELEASE ELIGIBLE.**

\_\_\_\_\_ Call and Fax to JAIL OFFICE (586-469-6540) \_\_\_\_\_ / \_\_\_\_\_  
Date Time

\_\_\_\_\_ Fax to Court (586-469-1254) \_\_\_\_\_  
Date

\_\_\_\_\_ CCS Nurse

\_\_\_\_\_ Date

**41B DRUG/SOBRIETY COURT  
22380 Starks Drive  
Clinton Township, MI 48062**

MyCare:

\_\_\_\_\_ is a member of the 41B Drug/Sobriety Court and has been authorized to receive a Vivitrol shot as part of this program. Please contact me at (586) 569-7833 if you have any questions.

Sincerely,

Kara Hartman  
Specialty Court Coordinator

I, \_\_\_\_\_, authorize MyCare, to disclose all information regarding the Vivitrol injection to 41B Drug/Sobriety Court. MyCare is located at 18 Market Street. The office number is (586) 783-2222.