

Methadone System of Care in CT

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Opioid Treatment Programs (OTPs)

- ▶ Methadone Maintenance programs
- ▶ Withdrawal Management programs if utilize methadone protocol
- ▶ 21,903 individuals served in 2020
- ▶ 50 OTPs in CT
 - ▶ 11 withdrawal management programs
 - ▶ 32 methadone maintenance clinics
 - ▶ 1 located in VA
 - ▶ 7 OTPs located within DOC facilities (6 PNP, 1 DOC)
 - ▶ 7 provisional certifications (under 1 yr. in operation)

OTP Regulatory Standards

- ▶ Federal Regulations dictate treatment requirements which include:
 - ▶ Verification of Opioid Use Disorder
 - ▶ Physical examination at admissions, annually
 - ▶ A minimum of 8 toxicology screens a year
 - ▶ A minimum of 1 clinical contact a month (individual, group)
 - ▶ One dose a month must be administered at the clinic
 - ▶ Individuals have the ability to decrease daily visits to the clinic over time.
 - ▶ Take Home Bottles (THBs) can be earned based on the 8 point criteria standards

Impact of COVID 19

- ▶ Increased flexibilities granted regarding THBs based on the OTP Medical Director's discretion
- ▶ Up to 14 THBs for individual less stable in treatment
- ▶ Up to 28 THBs for stables individuals or individuals most at risk based on pre-existing medical conditions
- ▶ Allowed for the OTPs to manage daily client flow and maintain social distancing guidelines
- ▶ Allowed for the clinical contact via telehealth (this did not apply for the initial MD assessment)

DMHAS Oversight

- ▶ State Opioid Treatment Authority (SOTA)
- ▶ Site Visits
 - ▶ Components include clinical chart review, physical space evaluation, client focus groups, data reconciliation, critical incident management
 - ▶ Tasked with ensuring compliance with the Federal Regulations (includes WM programs)
 - ▶ Contractual compliance monitoring for all OTPs receiving DMHAS grant funding

Current Barriers

- ▶ Transportation
- ▶ Expectation of daily dosing during stabilization
- ▶ Varying philosophies from providers regarding harm reduction
- ▶ Geographic locations
- ▶ Providing services while meeting all regulatory standards (DEA, SAMSHA, DPH, DMHAS)
- ▶ Challenges in coordination of services while in residential setting (Skilled Nursing Facility, Substance Use Residential Treatment)

Mobile Narcotic Treatment Programs

- ▶ DEA released guidance on 6-28-21 regarding a change to federal regulations to allow mobile NTPs
- ▶ This “final rule” was effective 7-28-21
- ▶ Any registered NTP (aka OTP) can apply to operate a mobile NTP under the registration of a brick and mortar location
- ▶ The mobile NTP must return to the “home” location daily
- ▶ Mobile NTPs must operate within the borders of State
- ▶ The goal is to increase access to methadone as well as all formulations of medication for opioid use disorders (MOUD) for maintenance and withdrawal management
- ▶ Outlines specifics regarding diversion control and contingency planning

Next steps for CT..

- ▶ Collaboration between State Partners (DMHAS, DPH, DCP, DSS)
- ▶ Program monitoring
- ▶ Identify standardized practices, expectations & regulations
- ▶ Identify new potential geographic locations
- ▶ Exploring use of Mobile NTPs to provide methadone to SUD Residential and/or Skilled Nursing Facilities (decrease methadone stored in facilities)
- ▶ Maintain focus on the DEA guidance while expanding access to MOUD