



MEDICATION ASSISTED TREATMENT (MAT) IN THE CT CORRECTIONAL SYSTEM

METHADONE MAINTENANCE IN COMMUNITY CORRECTIONAL CENTERS

In February 2012, the CT Department of Correction partnered with the CT Department of Mental Health Addiction Services and the APT Foundation, a New Haven based private not for profit substance use disorder treatment agency, to launch an initiative that supports methadone maintenance in lieu of detox for individuals who are on methadone and become incarcerated at the New Haven Correctional Center. Eligible inmates are maintained on methadone using APT Foundation nursing staff who deliver take-home bottle doses that have been confirmed with the inmate's "home" clinic to the jail. Previously, methadone clients were begun on a detox protocol upon admission to Corrections.

The model:

- The Correctional Center, working with the contracted methadone maintenance clinic and the State licensing agency, develops a licensed methadone clinic in-house for administration of methadone.
- Inmate eligibility is based upon a number of facility criteria including an anticipated length of stay (i.e. 90 days or less).
- Newly admitted inmates that indicate that they are on methadone for an opioid use disorder sign a Release of Information form for contracted OTP staff to confirm enrollment in a community-based OTP and the current dose.
- A brief assessment prior to administering the appropriate dose to each inmate is made and the contracted OTP delivers Methadone to the correctional center in accordance with a jointly developed security protocol.
- A counselor from the contracted OTP does bi-weekly groups with the inmate population being maintained on methadone.

Federal funding has enabled the DOC to expand this initiative. CT correctional centers currently offering methadone maintenance to brief-stay inmates are:

- Bridgeport Correctional Center
- Hartford Correctional Center
- New Haven Correctional Center
- Osborne Correctional Center
- Corrigan Correctional Center

MAT INDUCTION UPON RE-ENTRY

The contracted provider has developed a model for a **State-wide Re-entry Program**, a network of providers who have the common goal of eliminating overdose deaths among people who have been incarcerated. Education has been provided to these agencies about the prevalence of substance use disorders among the incarcerated population and the significant mortality rate for this population in the first months of release.

Individuals who are preparing for release from incarceration are typically transferred to the Osborne Re-entry Center. Re-entry management begins at intake for all inmates currently being treated with MAT. While methadone is the primary medication for treatment, when that is not available or is contraindicated, the care coordinator can identify MAT options that may be available in the community, and may initiate Buprenorphine-based or Naltrexone medications immediately upon prison release.

- On the day of release, an individual could receive a first naltrexone injection as part of the discharge plan after health benefits are activated and before a first appointment in the inmates' home clinic.
- For those who enter Osborn on MAT authorization to communicate with existing providers to obtain required documents is obtained, and at times, to obtain a verbal account of the individual's treatment history and develop preliminary aftercare plans when relevant.
- A care coordinator meets with each person who is inducted during the pre-release phase to ensure that the treatment is available in the community.
- The care coordinator will acquire intake appointments and assist the inmate to identify and address barriers to treatment and recovery in the community.
- The contracted provider takes all steps possible to provide ongoing methadone maintenance to those who are released to the community to prevent an interruption in services.



This initiative is funded in part through federal funds from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) as part of a \$5.5 million grant awarded to Connecticut through the 21st Century Cures Act to combat the opioid crisis.