

State of Connecticut Department of Correction

Contact: Office of Public Information
Director of External Affairs: Karen Martucci
Public Information Officer: Andrius Banevicius
Telephone: (860) 692-7780 Fax: (860) 692-7783

doc.pio@ct.gov

For Immediate Release

Department of Correction Expands Medication for Opioid Use Disorder (MOUD) Programs

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The Connecticut Department of Correction continues to expand its Medication for Opioid Use Disorder (MOUD) program for incarcerated individuals under the Agency's supervision.

On May 12, 2021, the program was extended to Carl Robinson Correctional Institution in Enfield, CT. The Agency plans to further expand to MacDougall-Walker and Willard-Cybulski facilities by July 2021.

The program, which began as a pilot at the New Haven Correctional Center in 2013, expanded to five additional facilities by 2018.

In addition to the Carl Robinson Correctional Institution, MOUD programs are currently administered within the following facilities: Bridgeport, Corrigan-Radgowski, Hartford, and New Haven Correctional Centers, as well as the Osborn and York Correctional Institutions.

The Agency's MOUD program combine medication and counseling to treat individuals who are addicted to opioids such as heroin and prescription drugs that contain opiates, with the hopes of sustaining recovery and combating the opioid crisis.

The DOC is currently treating approximately 425 patients daily for opioid use disorder. In all more than 3,770 incarcerated individuals within the CT DOC system have received MOUD treatment.

There are currently three medications approved by The Food and Drug Administration for use in treatment of opioid disorders: Methadone, Buprenorphine and Naltrexone.

Prior to the recent expansion the DOC's program, only the York Correctional Institution for females offered all three medications.

In addition to increasing patient capacity, a primary goal of the program's expansion is to have all three FDA approved drugs offered at all of the DOC's nine participating facilities.

With the exception of the York facility, all of the Agency's MOUD programs are administered daily by accredited and licensed Opioid Treatment Program (OTP) vendors. Agency's staff members administer the program at York.

DOC staff members work closely with OTP vendors to coordinate reentry services to better ensure continuity of care upon returning to the community.

The treatment is available to those individuals who were prescribed MOUD prior to incarceration (a.k.a. maintenance), as well as those whose medical evaluation upon incarceration recommends MOUD treatment (a.k.a. induction).

"Access to treatment for opioid addiction has been shown to reduce recidivism, reduce healthcare costs and most importantly a reduction in overdoses upon release," said DOC Commissioner Angel Quiros. "This is a great example of agencies and community providers coming together for the greater good. I am very thankful to all those responsible for the creation, enhancement and continued expansion of this program."

The Department of Correction has been able to expand its initial MOUD pilot program thanks to US Dept. of Justice (DOJ) Justice Assistance Grant (JAG) funds administered by the State's Office of Policy and Management (OPM) Criminal Justice Policy and Planning Division that provided the "seed funding" in 2016 to start offering MOUD programs. That was followed by State Target Response to Opioid Crisis (STR) and then State Opioid Response (SOR) Grant monies received from the US Substance Abuse and Mental Health Services Administration (SAMHSA) and administered through the State's Department of Mental Health and Addiction Services starting in 2017. The Department of Correction continues today to receive SOR funding through DMHAS to operate the MOUD program within the Hartford Correctional Center.

Governor Lamont's efforts to combat the opioid crisis resulted in the continued support and expansion of the DOC's MOUD programs with nearly \$6 million allotted within Fiscal Year 21's State budget.

Throughout the DOC's history of the MOUD program they have collaborated closely with the State's Office of Policy and Management, Department of Mental Health and Addiction Services as well as the Department of Public Health.