

Good Morning members of the Senate Committee on Judiciary, my name is Scott Semple, the Commissioner of the Connecticut Department of Correction (DOC). With me Today is Doctor Kathleen Maurer, Director of DOC's Health and Addiction Services Unit. We are pleased to provide the Committee with a brief overview of our Department's initiatives to address Opioid and other Drug Addiction. Afterwards, we will be happy to answer any questions the Committee has.

CT DOC's Addiction Services Unit (ADU) provides a graduated system of substance abuse treatment programs based on inmates individual needs determined through a formal assessment. These programs range from Outpatient, Residential, Intensive Outpatient, DUI, Medicated Assisted Treatment (MAT), and return offender services. The conservative estimate is that about **75%** of all incarcerated offenders have an existing substance use disorder. In the 4th Quarter of 2016, the primary drugs of choice in the male inmate population in Connecticut were as follows: Alcohol – 31%, Marijuana – 30% and Opioids – 23% Recently, ADU has increased its efforts to connect inmates to community treatment providers prior to their release from incarceration. Like Vermont, our State is in the midst of the opioid epidemic which has directly impacted our correctional system. The Addiction Services Unit recognizes the opioid epidemic and has expanded its treatment services to include Medicated Assisted Treatment services. The DOC has contracted with a community provider to support a warm hand-off for the offenders to establish a relationship that can be sustained upon release.

Medicated Assisted Treatment is currently being used on a very specific inmate population - inmates staying in the either the Bridgeport or New Haven Correctional Centers who are existing methadone patients within 5 days of their last dose which is verified by a community provider. Ideally, MAT needs to follow patients from jail to prison and through release and re-entry for continuity of care. There are significant challenges for data collection across public agencies and community providers. DOC Facility Staff were originally not in favor of the MAT program have now articulated the many benefits they see in it. Despite many fears, only 2 incidents occurred in the New Haven Jail in the first year.

The Vivitrol Program is offered through a contracted provider, Wheeler Clinic for offenders at 4 DOC facilities: Carl Robinson, Willard/Cybulski, York and Osborn. The inmates who are eligible to participate are those in the Residential Substance Abuse Treatment (RSAT) program which is an intensive inpatient treatment program, those in the DUI residential treatment programs, and those inmates the Time Out Program a program for Parole/TS offenders who have used while out in the community. The program seeks to implement a reentry strategy that extends pre- and post-release engagement, care coordination, and immediate access to Vivitrol and related behavioral health treatment services to individuals transitioning from the Department of Correction and returning to

Bristol, Plainville, Hartford and New Britain communities.

Wheeler Clinic provides the following aftercare services:

- TCM-V Case Manager
- Identify a pool of interested clients from the treatment pool.
- Care Coordination
- Basic needs
- Recovery Supports

The program began in January 2017 and has been slow to gain the attention of the inmate population. Connecticut DOC, like most other states offering MAT, report experiencing a delayed response for the initial onset of the program. Inmates in other states express skepticism about the medication and its effect. Increased efforts have been implemented to educate and inform the offender population about Vivitrol and the program offered through Wheeler clinic.

To date 114 offenders were enrolled pre-release, 34 of which were discharged for not following up with the clinic post release for intake and induction, 11 were given their first dose post release and have not returned and 15 are currently active on the medication post release and are engaged in the treatment services. The remaining 54 are pending release.

Treatment Pathway Project (TPP) is an evidence-based program designed to direct people with substance abuse disorders away from jail and prison and into treatment programs at the court level. This project is a multi-party partnership with the Judicial Branch/Court Support Services Division, Recovery Network of Programs, judges, prosecutors, public defenders, Connecticut's Chief State's Attorney and Public Welfare Foundation/Treatment Alternatives for Safer Communities. TPP was started as a pilot program in Bridgeport, Connecticut's largest city, in April of 2015. This program recognizes the growing scientific evidence that substance use disorders represent a disease process in the individual and not a flawed character or moral failing. Treatment programming in TPP is entirely evidence-based. From information provided by the Recovery Network of Programs, for the period of April 2015 through August of this year, 67% either completed or are participating in the program and 33% were unsuccessful.

This is just a brief overview of some of Connecticut DOC's efforts in addressing addiction among its inmate population. Dr. Maurer and I will be happy to go into more detail during the question and answer period.