



American Association for the Treatment of Opioid Dependence, Inc.

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Indiana's Leading Initiatives with SOR Grant Support

Written by Erin LaCourt - Indiana AATOD Board Delegate

The State of Indiana has released two funding opportunities with disbursement of State Opioid Response (SOR) Grant Funding. Opioid Treatment Providers are eligible for a grant to provide Medication Assisted Treatment in jails, providing documentation of a secured partnership with the jail(s). OTP's are expected to be cost efficient and not use the grant funding for administrative costs. Otherwise, OTP's can offer all medications available in their respective treatment formularies, continue treatment for patients already in treatment, consider admitting new patients while incarcerated, and cover costs of transportation, either of patients or medication, and from the jail(s).

A second opportunity is available to Community Mental Health

Centers in Indiana to offer Medication Assisted Treatment, with all three federally-approved treatment medications, to patients who are not otherwise covered by an insurance plan or other third party payer. This grant opportunity is designed to cover treatment costs with medication and supportive services. A grantee can also cover costs for services at a partnering OTP.

Both funding opportunities created with SOR Grant Funding are scheduled to last until September 1, 2019. A second release of funding to continue the programs will be an option for applicants accepted in the first release. The State intends to fund over 40 awards with these two opportunities, which would greatly expand Indiana's ability to engage in treatment those residents struggling with opioid use disorder.

New Jersey Focuses on Specialized Women's Services in OTPs and Alleviating Access Barriers for MAT

Written by Margaret B. Rizzo - NJ AATOD Board Delegate

Since January, 2019, Governor Phil Murphy has implemented several new initiatives to strengthen New Jersey's fight against the opioid epidemic. In 2018, more than 3,000 individuals in New Jersey died due to overdoses.

Strong focus has been placed on specialized women's services in opioid treatment programs. The New Jersey

Division of Mental Health and Addiction Services allocated over \$1.4 million dollars to establish Maternal Wraparound Programs (MWRAP) in six **See New Jersey Page 2**

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Dependence



New Jersey from Page 1 regions in the state. These programs combine medication-assisted treatment (MAT), intensive case management, wraparound services and recovery supports for opioid-dependent pregnant/postpartum women for up to one year after birth. Intensive case management focuses on developing a single, coordinated care plan for pregnant/postpartum women, their infants and families.

The Case Manager works as a liaison to all relevant entities involved with each woman. Recovery Support Specialists provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants. The overall goal for this program is to alleviate barriers to services for pregnant opioid-dependent women through comprehensive care coordination that is implemented within the five major timeframes when intervention in the life of the substance exposed infants (SEI) can reduce potential harm of prenatal substance exposure: pre-pregnancy,

prenatal, birth, neonatal and early childhood. The MWRAP model is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

To advance these strategies, Governor Murphy announced that Medicaid will be removing the requirement for prior authorizations for MAT effective April 1, 2019. Prior authorizations have shown to be a timely administrative barrier to life-saving treatment for patients. Additionally, Medicaid will be building Centers of Excellence for opioid treatment at Rutgers New Jersey Medical School and Cooper Medical School of Rowan University.

Governor Murphy advanced \$100 million from his Fiscal Year 2019 budget to battle New Jersey's opioid crisis. Through this, the Administration has implemented an aggressive, multifaceted approach to combat the epidemic by making MAT more accessible, enhancing real-time data

collection to focus on risk factors, and expanding access to social services.

In Murphy's March, 5, 2019 budget address the governor stated,

"We set aside \$100 million to directly combat our opioid epidemic through carefully designed programs and thoughtful, data-driven analysis to put resources where they are most-needed. We are ever-mindful that the opioid epidemic was ravaging our cities long before it made headlines. This budget maintains our commitment, and proposes increasing fees on opioid drug distributors and manufacturers to help support our fight against the opioid epidemic."

Innovative Life Saving Services in Rhode Island's Department of Corrections: Utilizing the Expertise of Established Opioid Treatment Programming

Written by Linda Hurley - President/CEO of CODAC Behavioral Healthcare

In 2016, Rhode Island Department of Corrections (RIDOC), in collaboration with CODAC Behavioral Healthcare, became the first state correctional system to initiate a comprehensive program to screen all individuals for opioid use disorder, offer treatment with all three FDA approved medications (methadone, buprenorphine, and naltrexone) to all medically eligible incarcerated people, to provide linkage to care in the community after release and to co-locate a DEA, CSAT approved opioid treatment program within the correction facility.

The General Assembly of the State of RI approved \$2 million in funding, primarily to expand RIDOC's MAT program. The roll out began in the Women's Division and was later expanded to the Men's Divisions. RIDOC continued to contract the treatment on the inside and the transition to care on the outside to CODAC, Inc., a state-certified Center of Excellence in the treatment of opioid use disorder. For individuals reporting current MAT during commitment, nursing staff obtain written consent to confirm medication and dose with current prescriber/pharmacy and MAT is continued. If MAT is not confirmed, individuals are referred to the

program. Individuals are assessed according to ASAM criteria and referred to a medical provider for further evaluation and treatment initiation. The decision of which MAT to offer a patient is determined clinically, based primarily on past experiences, patient preference and logistical considerations. Group counseling, individual counseling, discharge planning services, and pre-release enrollment in health insurance are all part of the comprehensive treatment services. If needed, CODAC staff provides community health insurance enrollment post-release. CODAC also provides facilitation of the transition to opioid ***See Rhode Island Page 3***

Rhode Island from Page 3

use disorder, substance use disorder and mental health treatment providers in the individuals chosen community. A memorandum of understanding between all licensed community substance abuse providers ensures care coordination for RIDOC clients.

Brown University School of Public Health research faculty are subcontracted by CODAC to evaluate the program by tracking metrics such as number of individuals receiving treatment, post-release treatment follow-up rates, and recidivism rates.

Tracked metrics are:

- Numbers screened
- Numbers eligible for MAT
- Numbers started on MAT
- % compliant with MAT (medication, treatment groups, programs etc.)
- Number of bookings (diversion)
- % continue with a provider for MAT on release
- Track above by type of MAT
- Track by length of time on MAT
- Post release urine drug screens with probation and parole
- Recidivism
- Mortality
- Other insurance data
- Medicaid data

What are the benefits of MAT in corrections?

Reduces Post-Incarceration:	Evidence
Illicit opioid use	Mattick, Breen, Kimber & Davoli, 2009
Criminal behavior	Deck et al., 2009
HIV risk behaviors (i.e., injection drug use)	MacArthur et al., 2012
Mortality and Overdose Risk	Degenhardt et al., 2011; Kerr et al., 2007 Martin, Hurley, Barberet al., 2019

Most Importantly:

1. Allowing choice of medication increases sustained treatment following re-entry.
2. Methadone is chosen by 60+%, Buprenorphine 37%, and Vivitrol 1 to 3%
3. Since the inception of this program we have seen a 65% decrease in overdose deaths in this population re-entering the community following incarceration.

Challenges of integrating treatment and security cultures and missions are the most significant in implementing and maintaining this innovation. However, following the principles of systems change has proven effective. It is no longer a question of if we will provide enhanced MAT in corrections. It is now only how soon can all correctional facilities provide this life saving service.

“What was once a barrier to recovery (incarceration) is now the intervention”

AATOD's Criminal Justice Initiatives

Written by Mark W. Parrino, MPA - AATOD President

One of the main initiatives of our Association in 2019 will be increasing access to Medication-Assisted Treatment for Opioid Use Disorder in the criminal justice setting. AATOD developed a fact sheet with the target audience of judges, probation and parole officers and correctional system administrators three years ago, which served as a prelude to our current work.

Our Board members are actively working with members of Congress to support legislation, which will increase access to MAT in correctional settings with a “warm handoff” to outpatient facilities upon release. This approach builds on the success of one of the earliest models of care “behind the wall”, which began in the Rikers Island jail in New York City in the 1980s.

Two of the more recent models have been in Connecticut and Rhode Island as treatment begins during the period of incarceration and transitions to an outpatient facility upon release. These models are discussed in this newsletter.

We are also increasing our work with our associates in the National Commission on Correctional Health Care, the National Association of Drug Court Professionals and their associates to increase access to such services throughout the criminal justice sector. This will be in evidence during our approaching Conference in Walt Disney World and will be featured in one of the major plenary sessions in addition to preconference sessions. The Florida Office of Court Improvement will be coordinating one of the preconference sessions with a special focus on drug court judges and their staff.

While AATOD has been working in this area for many years. We are increasing our resources and efforts in this year and in the coming years, as part of our long-term strategic planning.



Integrated Service Delivery for Opioid Treatment in Colorado

Written by Angela Bonaguidi - Chair, AATOD Colorado Chapter

Drug use disorders and fatal overdoses remain a significant public health concern and are continuing to increase in the nation and Colorado. The overdose epidemic continues to be propelled by opioids, especially in Colorado where drug overdose deaths have tripled since 1999 (CDPHE, 2018). Overdoses including opioid analgesics (prescription opioid painkillers) and illicit opioids like heroin nearly quadrupled from 1999 to 2017 (CDPHE, 2018).

The high number of patients presenting to Colorado Emergency Departments (EDs) with signs of an opioid overdose or severe substance use disorder contribute to an increasing problem due to limited resources for patient stabilization and linkage to care. Colorado Opioid Treatment Programs (OTPs) are integrating and partnering

with EDs to provide a coordinated response to the opioid epidemic, including initiating buprenorphine products for Opioid Use Disorder (OUD) in the ED and developing an effective referral system. A new “Treatment on Demand” pilot ED program through the Denver Health OTP offers patients with OUD same day Medication-Assisted Treatment (MAT) and includes the partnership of two OTPs (Behavioral Health Group and Denver Recovery Group). The project, supported by the Mayor, has induced 77 patients on buprenorphine products with a remarkable 73 percent next day show rate.

The criminal justice system has made substantial developments in embracing MAT in Colorado. Where MAT treatment was once rare within prison or jail, it is now available in many facilities due to partnerships and aligned objectives between OTPs and

criminal justice. In addition to their pilot ED program, Denver Health's OTP, in collaboration with Denver County Jail, provides MAT to any patient enrolled in treatment at an OTP during their incarceration in both Denver City and County jails. Other OTPs, Behavioral Health Group, Denver Recovery Group and University of Colorado, Anschutz Medical Campus partner with local jails and prisons to deliver methadone and buprenorphine in order to continue MAT for incarcerated patients. The Law Enforcement Assisted Diversion (LEAD) project, another Denver-based pilot program, incorporates the goals of combining MAT and the criminal justice system to decrease unnecessary criminal charges while promoting OUD interventions through the OTP of the University of Colorado, Anschutz Medical Campus.

New York State Working with Shatterproof to Improve Patient Outcome

Written by Allegra Schorr - New York AATOD Board Delegate

New York is one of five states selected to partner with Shatterproof, a national nonprofit organization dedicated to ending addiction, to develop and implement a rating system for addiction treatment programs. The Shatterproof Rating System pilot will launch in five states over two years with the goal improve the quality of the addiction treatment sector to align with best practices that improve patient outcomes based on eight core National Principles of Care. These principles, derived from the Surgeon General's report on Addiction in America, include: universal screening for substance use disorders (SUDs) across medical settings; rapid access to appropriate SUD care; personalized diagnosis, assessment and treatment; continuing long-term outpatient care; concurrent, coordinated care for physical and mental health; access to fully trained behavioral health professionals; access to FDA-approved medications; and access to non-medical recovery support services.

The Shatterproof quality measure set for the pilot program was developed with participation from payers and national provider focus groups, including AATOD.

The five state pilot program will test the viability and utility of the three data sources informing the ratings:

1. Provider Survey
2. Consumer Experience Survey (or crowd-sourcing)
3. Insurance Claims (public and private)

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) will work with Shatterproof to align the rating system with ongoing initiatives in New York to improve the quality of addiction treatment by ensuring care is delivered using evidence-based best practices.

Why a National Rating System?

“While some programs offer evidenced-based and clinically effective medical treatment, others employ tactics based on folklore, beliefs, or ineffective and outdated methodologies. These programs are harmful. They perpetuate stigma and misconceptions about addiction, and in some cases, their practices are even criminal. And tragically for patients and family members seeking care, it is nearly impossible to sort the high-quality programs from those that may do more harm than good.” –Shatterproof

Hurricane Florence: Successful Responses and Lessons Learned in North Carolina

Written by Pamela Morrison, LCAS, LPA - Coastal Horizons & Kenny House, LCAS - North Carolina Board Delegate

When Hurricane Florence was approaching the Southeastern coast of the United States in September 2018, forecasters were predicting that the storm would make landfall near the coast of North Carolina as a major hurricane. Florence was a slow-moving storm, one which gave individuals, organizations and local and State government officials a few days to prepare and plan. Communities mobilized to prepare for the storm, and Opioid Treatment Programs worked closely with the

NC State Opioid Treatment Authority (SOTA) to build and strengthen relationships with community partners. Some communities were without electricity for over 10 days, and others had become islands, surrounded by floodwaters. Through careful and responsive execution of plans, the network of opioid treatment providers was able to work together to care for our patients, ensuring that they had needed medications and supportive crisis resources during the storm – and in the aftermath. ***See North Carolina Page 8***

About AATOD...

The American Association for the Treatment of Opioid Dependence, Inc. (AATOD) was founded in 1984 to enhance the quality of care in treatment programs by promoting the growth and development of comprehensive opioid treatment services throughout the United States. AATOD represents more than 1,100 OTPs in the U.S. AATOD has 30 state chapters and is also the founding partner in the development of the World Federation for the Treatment of Opioid Dependence, which represents another 600 treatment programs across Europe

Connecticut Department of Correction Medication Assisted Treatment Programs: Past, Present & Future

Written by Kathleen F. Maurer, MD, MPH, MBA - Director of Addiction Services, Connecticut Department of Correction & Edited by Robert C. Lambert, MA, LADC - Connecticut AATOD Board Delegate

As the opioid epidemic continues to ravage our nation, policymakers studying the problem are working to identify ways in which the overdose death epidemic might be addressed. As a result, there is a newly sharpened focus on the role that our nation's justice system plays in this crisis. In Connecticut, 85% - 90% of the incarcerated population has a substance use disorder requiring treatment, and about 20% of the male population and 35% - 40% of the female population with a substance use disorder choose opioids as their primary drug. Many states now recognize the importance of treating this population while incarcerated, and are working to develop correctional substance use disorder treatment programs that include medications.

In 2012, the Connecticut Department of Correction (CT DOC) working with the state Department of Mental Health and Addiction Services (DMHAS) and the state Department of Public Health (DPH) initiated medication assisted treatment (MAT) for opi-

oid dependence in CT DOC's New Haven Correctional Center, a jail in New Haven. CT DOC is a unified system, with all the state's correctional institutions including jails and prisons under the same administrative management. By 2013, APT Foundation, Inc., a community based Opioid Treatment Program (OTP), began treating patients with methadone in the New Haven jail.

In 2013, CT DOC expanded MAT care and now provides MAT in a total of 6 facilities including 3 jails and 3 prisons. Connecticut's single female institution, York Correctional Institution (YCI) was initially started to treat pregnant females who had opioid use disorder, but in July of this year, program eligibility was expanded and today the program treats approximately 100 patients daily with methadone (~80 patients) and buprenorphine (~20 patients). Altogether, more than 225 patients including males and females are treated daily with MAT in the Connecticut justice system.

The Connecticut treatment model is a hybrid combining an inter-

nal OTP at one facility (YCI) with the 5 male facilities served by community OTPs under contract to CT DOC. **See Connecticut Page 8.**



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State of Maryland Updates

Baltimore Levels of Care Initiatives

Written by Zachary Dezman, MD, MS & Marian Currens, CRNP - University of Maryland Campus - Midtown Campus

Baltimore City Hospitals Ranked According to Excellence in Opioid Use Disorder Care and Initiate Emergency Department Based Buprenorphine Induction Programs.

In late 2018, and while under the leadership of Dr Leana Wen, Baltimore City Health Department proposed the Levels of Care initiative. Similar to efforts conducted in Rhode Island, the Levels of Care initiative is intended to formalize the components of care related to opioid use disorders and to recognize those hospitals that

are leading the way in providing complete care for these high-risk patients. Hospitals had to demonstrate that they were able to dispense naloxone on discharge from the emergency department and from the inpatient floors. They had to have the staff and expertise to provide all of forms of medication-assisted management in clinics and to admitted patients (methadone, buprenorphine, and naltrexone).

The University of Maryland: Midtown Campus was the only one of the eleven city hospitals who applied who received the highest level of accreditation and recognition. Midtown

has gone beyond the requirements of the levels of care and has started a buprenorphine induction program in the emergency department, with peer counselors able to get patients seeking substance abuse treatment to treatment programs on discharge, often within hours. One of our peer counselors, Dwayne Dean, was recognized by Governor Hogan (R) and featured in the Washington Post (Vestal C., Facing and Overdose Epidemic, Some ERs Now Offer Addiction Treatment, Washington Post, October 28, 2018).

Anne Arundel County DOH Initiatives: Mobile Wellness and Increasing Access to MAT for Pregnant Women

Written by Tracy L.D. Schulden, LCSW-C - Deputy Director, Behavioral Health, Anne Arundel County DOH

Anne Arundel County Department of Health (AACDOH) has launched two new county wide initiatives aimed at increasing access to medication-assisted treatment (MAT).

The Maryland Mobile Wellness Initiative will support and enhance the County's array of substance use disorder (SUD) services by providing services in this new mobile setting and adding the ability to offer without appointment, community-based buprenorphine treatment. The mobile wellness vehicle staff includes a nurse practitioner, registered nurse and peer support specialist who will provide outreach and linkage to continued care services with community opioid treatment programs (OTP), other treatment and/or primary care providers. The vehicle has a client intake area,

two exam rooms and a private blood work/discussion area. The mobile wellness vehicle, purchased through a grant provided by the Maryland Department of Health and the Maryland Opioid Operational Command Center, will be in operation two days a week in high-risk and high need areas.

AACDOH is also implementing an initiative to increase MAT services to pregnant/postpartum women and women with dependent children utilizing a family peer specialist and care coordinator. The target population includes the identification of pregnant/postpartum women and women with dependent children who have an Opioid Use Disorder (OUD) and are or will be enrolled in an OTP or Residential Treatment Program.

This program was designed and developed in response to the re-

quirements of a Substance Abuse and Mental Health Services Administration grant award, MAT-Prescription Drug and Opioid Addiction (MAT-PDOA), to expand access to MAT services to persons with an OUD seeking or receiving MAT. The desired outcomes include: 1) an increase in the number of individuals with OUD receiving MAT, and 2) a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up. Maryland will focus on increasing Evidence-Based Practice (EBP) services to pregnant/post-partum women and women with dependent children utilizing a Family Peer Support Specialist and Care Coordinator. The EBPs that will be used include MAT, Motivational Interviewing, Family Peer Support Specialist, Cognitive Behavioral Counseling, and Trauma Informed Care/Treatment.

North Carolina from Page 5

The provided guidance in the moment to help programs make decisions about closures, approving emergency take home doses in order to ensure the safety of staff and patients. The staff at the SOTA were available to assist with advocacy both within and outside of North Carolina to help displaced persons. OTPs reached out to one another and coordinated care at all hours of the day and night to ensure that our patients experienced no disruption in medication services. As supply lines into certain

areas were halted by floodwaters, local programs shared needed resources. OTPs from Florida to New York, from North Carolina to Kansas, provided much needed support to patients who had to evacuate – at no charge to those patients. We were extremely grateful to the programs who showed generosity and patience, as we did our best to locate programs and verify medication dosages without internet or fax capabilities.

It is now March 2019, nearly 6 months after Hurricane Florence.

There are still damages to be repaired, and some people are still displaced. Many are finding their way in what has become their new normal. Yet our communities are resilient, our relationships and partnerships are strengthened, and we are confident in the responses of the OTPs and our North Carolina SOTA. Armed with these experiences, and with gratitude to all who helped us during the storm, we are even more prepared now for the next storm that lies ahead.

Register Now! #aatod2019

Standard Registration Deadline: September 19, 2019

We look forward to welcoming you to Walt Disney World, Florida for the 2019 AATOD Conference in October! The Conference Planning Committee is working diligently to insure you have an excellent experience, both in and out of the session rooms! Keep checking the Conference Website for the most up to date information.

We are excited to announce that AATOD is increasing its digital footprint this year by offering a Conference Itinerary Planner! Soon, you will be able to view session descriptions in full, select workshops and plan your entire conference experience online before arriving in Florida! You will be able to access your schedule that you build on the Conference Itinerary Planner on the Conference App, so your personal schedule will be in the palm of your hands! Keep checking the Conference Website to learn more!

AATOD's meeting management team here at Talley Management Group and the Conference Planning Committee is excited to welcome you to the Conference. If you have Any questions, please do not hesitate to reach out to us at 856-423-3091 or email meetings@aatod.org.

Connecticut from Page 6

The facility with an internal DEA-licensed opioid treatment program is the women's facility (YCI). CT DOC is the license holder for this program, and the program is accredited by the National Commission on Correctional Healthcare (NCCHC) and certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). The other five programs are

vendor based. Community OTPs are contracted by the CT DOC to provide daily methadone treatment in the male facilities. CT DOC works with 3 community OTPs: APT Foundation, Inc., Recovery Network of Programs, Inc., and Community Health Resources, Inc. Funding from DMHAS, DPH, and CT DOJ/OPM support these programs.

As in most states, there are a

number of opioid-related bills in the Connecticut legislature this year. One of these involves expanding medication for addiction treatment in CT DOC. There is also a line item in the Governor's budget to support this expansion. This would enable the Department to expand care to this extraordinarily underserved population. It will also reduce opioid overdoses in CT, an important goal that we all share.

Progressive Developments in Massachusetts

Written by Janice F. Kauffman, RN, MPH - Massachusetts AATOD Board Delegate & AATOD First Vice President

Spectrum Health Systems, an OTP Community Partner

Spectrum Health Systems, an OTP Community Partner Spectrum Health Systems, a behavioral health community partner in Massachusetts as part of the Federal Health Care Reform and Massachusetts Medicaid MassHealth Systems Transformation is collaborating with MCOs, and social services / community resources to improve care delivery and member experience to OTP clients with significant behavioral health diagnosis, medical and psychosocial service needs and utilization. Spectrum's Behavioral Health Community Partner (BHCP) Program provides care coordination to OTP clients to engage the individual and their entire care team across services in a unified person-centered plan focused on improving the quality of care for clients with Opioid Use Disorder. Spectrum's BHCP Program works with the care team to meet client needs and move from more costly, more restrictive levels of care like the emergency department (ED), hospital, and specialty medical to less costly, less restrictive levels of care like community-based primary care and behavioral healthcare. Spectrum now can provide this added service to clients they know well in their OTP, who often struggle to access care and may seek treatment through ED's and acute hospital care and not consistent preventative community based care. The involvement of OTP programs as a Community Partner will benefit this vulnerable population with holistic, integrated client centered care.

Merrimack Disaster: Emergency Preparedness that Worked

On September 13, 2018 a series

of unexpected and random explosions, a consequence of mismanaged gas lines, struck the Merrimack Valley of Massachusetts, eliminating access to the Lawrence Comprehensive Treatment Center OTP for its 760 patients.

The news of the explosion in Lawrence and its impact to the CTC OTP site reached the Lawrence Director, through news and other media, who immediately notified the Regional Director. The Lawrence Comprehensive Treatment Center has an established emergency preparedness plan that provided for an organized and planned response to this disaster.

Through coordination with the Lowell Comprehensive Treatment Center, located 11 miles southeast of Lawrence, the disaster plan was implemented to insure the availability of the OTP service delivery to Lawrence patients without interruption. The capability for effective communication between the two sites as well as within the staff for each program, was critical. The Lawrence CTC Director and other critical staff remained at the Lawrence site to manage patients attempting to access the site and to assist municipal and utility responders to address the needs of the site itself. In addition, an essential crew of Lawrence nurses and clinicians travelled to the Lowell site, to provide a safe, stable, welcoming and supportive treatment environment to the Lawrence patients; most of whom were impacted profoundly by this disaster.

The role of Information Technology was the center and core of the disaster plan implementation. Coordinating with the Acadia IT team and SMART Electronic Medical Record support team, the Lowell site was able to reconfigure the computer set up at two dispensing windows through the cloud system to enable Lowell to act as two separate sites and insure that Law-



rence patients received their medication safely and efficiently. As a result of this computer technology, services to patients from both sites were carried on without disruption regardless of level of care (take home, guest dosing, induction, etc.).

The Lowell CTC hosted the patients from the Lawrence CTC for 3 days. In order to prioritize the return of services to the Lawrence CTC, a coordinated effort involving the Acadia leadership, municipal and other government officials as well as the State Opioid Treatment Authority was effectively launched.

On Monday, September 17, 2018 the 760 patients of the Lawrence CTC returned to treatment seamlessly.

Stay Connected...

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