



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.
COMMISSIONER

DMHAS Guidance to CT Methadone Clinics Related to Corona-Virus Pandemic
(rev. 3/26/20)

All methadone clinics should be reviewing, adjusting and following their Business Continuity Plans and consulting with their agency/clinic Medical Director on all coronavirus related issues.

1. CLIENT and STAFF COMMUNICATION

These are extraordinary times. Staff and clients are at varying degrees of anxiety, depression, illness and panic. Clinics must do their best to communicate clearly and regularly with staff and clients utilizing posters, website information, verbal communication, newsletters, etc. Ongoing, clear and compassionate communication will ensure staff and client satisfaction and engagement and preserve a positive community and statewide reputation for methadone services.

2. SOCIAL DISTANCING Considerations

- Communicate clearly to clients what your social distancing protocol is and why
- Stagger and/or expand your dosing hours
- Utilize the current take home bottle flexibility afforded by SAMHSA

3. NEW ADMISSIONS

If at all possible, clinics should not close admissions. If you continue to have medical support, continue to do intakes and in-person physicals. Beyond that, all other services can be done by tele-health.

4. TAKE HOME BOTTLES/Extranet Exception Requests

SAMHSA is allowing, *not requiring*, take home bottle (THB) dosing under a statewide blanket waiver that the CT/DMHAS SOTA submitted and that was approved a couple of weeks ago. These are the parameters:

- Clients that are deemed “stable” (as defined by each clinic) are eligible for *up to* 28 days of THBs; SAMHSA’s 8 point criteria do not necessarily need to be met.
- Clients that are deemed “less stable” (as defined by each clinic) are eligible for *up to* 14 THBs; SAMHSA’s 8 point criteria do not necessarily need to be met.
- Some clients may not be eligible for take home bottles due to being a new client and/or other program compliance issues as decided by each individual clinic.
- ***IT IS UP TO THE CLINIC’S MEDICAL DIRECTOR TO DETERMINE Take Home Bottle dispensing under the current conditions.***
- Clinics should not submit *any* Extranet Exception requests until further notice.

5. CURB SIDE Take Home Deliveries

A symptomatic or coronavirus exposed methadone client, or one with other recognized medical concerns, may be given their take-home bottles in the methadone clinic parking lot to avoid contact with other clients and staff. The bottles should be delivered by a nurse and one other witness; ideally

security would also monitor these deliveries. Universal precautions must be used for infection control (gloves, minimally). The parking lot/curb must be located at the clinic address that is DPH licensed.

6. HOME Take Home Bottle Deliveries

Governor Lamont's Executive Order 7J allows for this per the Department of Consumer Protection (DCP): "Delivery of methadone to homebound patients by methadone maintenance clinics: Section 21a-252 of the CT General Statutes is modified to permit the delivery of take-home doses of methadone for the treatment of drug dependent patients who are determined to be unable to travel to the treatment facility due to COVID-19 or related concerns, The Commissioner of Consumer Protection may issue and implementing orders or guidance that she deems necessary to implement this order."

These are the implementation requirements detailed by DCP:

- A nurse, advanced practice registered nurse, physician, or physician assistant, collectively "medical professional", and one other staff person will make each delivery and take all necessary infection control precautions before interacting with the client or other individuals at the client's residence
- Bottles of methadone will be transported in a locked box
- The delivery by the medical professional and other staff person shall not stop for any purpose while the methadone is in the delivery vehicle except at the client's home
- When possible, staff will keep a distance of at least 6 feet between themselves and the client in line with social distancing practices
- The medical professional will use a printed "face sheet" to verify client identity in the same way that would be done at the clinic
- The medical professional will count the number of methadone bottles in front of the client to confirm the amount being delivered to the client
- The medical professional will confirm the name, dose and date for each bottle
- Medical professional and client will review and sign off on "Chain of Custody" form to confirm delivery and acceptance of the take-home bottles
- Upon returning to the clinic, the medical professional will document in the client record the home delivery and the number of bottles dispensed
- A staff member will reach out to the client to keep in contact a minimum of every five days and document each phone interaction
- A face to face clinical contact must occur monthly either in-person or through an approved tele-health mechanism
- The above applies for any subsequent deliveries.

7. CLINIC CLOSURES

At this time, clinics must remain open with minimal staffing even if they are not dosing. Staffing contingencies should be covered in your business continuity plan.

8. METHADONE STOCKPILING

A large purchase of methadone will trigger an alert by your supplier and the purchase may or may not be authorized. CT DCP/DEA has lifted holds on large purchases but you **MUST HAVE SUFFICIENT SECURE STORAGE** for large amounts of methadone. Or, don't do it. (per CT DEA).