



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

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GOVERNOR

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DMHAS Guidance to CT Methadone Clinics Related to Corona-Virus Pandemic

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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

- conduct health screenings with staff and clients entering the clinic on a daily basis
- communicate clearly to clients screening and social distancing protocols
- stagger and/or expand dosing hours
- utilize the take home bottle flexibility afforded by SAMHSA, for COVID and other health related concerns
- When a client is transferring to or from another clinic, the client's COVID status should be shared, if known

3. NEW ADMISSIONS

If at all possible, clinics should not close admissions. As long as the clinic has medical staff, they should continue to do intakes and in-person physicals. Beyond that, all other services, including dose changes, can be done by tele-health. Clinics should make every effort to request the necessary blood work for new clients. If this is not possible within the required timeframe, make every attempt to get it done as soon as possible and document such in the client's record.

Please continue to recommend other forms of medication to individuals seeking treatment that may be better suited for buprenorphine or naltrexone.

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. 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 concerns 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.***

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 home deliveries 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 DCP implementation requirements:

- A nurse, advanced practice registered nurse, physician, or physician assistant 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. If that is not possible, the Department of Justice/DEA is allowing for an "authorized staff person, law enforcement officer or national guard person" to make these deliveries.
- Bottles of methadone will be transported in a locked container.
- Individuals making deliveries 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.
- Staff will use a printed "face sheet" to verify client identity in the same way that would be done at the clinic.
- Staff will count the number of methadone bottles in front of the client to confirm the amount being delivered to the client.
- Staff will confirm the name, dose and date for each bottle.
- Staff will review and sign off on a "Chain of Custody" form to confirm delivery and leave it in the box with the take-home bottles. A copy will also be kept in the client record.
- Upon returning to the clinic, staff will document the home delivery and the number of bottles dispensed in the client record.
- A staff member will reach out to the client to keep in contact a minimum of every five to seven days and document each phone interaction.
- A face to face clinical contact must also 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 the clinic's business continuity plan.