Good evening. I am grateful to the Distinguished Members of the Appropriations Committee for providing the opportunity to extend my support for the Governor's proposed $2.1 million in FY20 and $6.0 million in FY21 and FY22, to phase-in Medication Assisted Treatment program in correctional facilities, for all inmates with Opioid Use Disorder (OUD).

My name is Coleen Dobo. I am a Licensed Clinical Psychologist and the Senior Vice President of Adult Services at Community Health Resources, a large private nonprofit employer of more than 800 people and the most comprehensive behavioral health provider in our state. It is an honor to work for CHR to serve children, families, and adults in Manchester, Enfield, Norwich, Danielson, Willimantic, Mansfield, Bloomfield Hartford, East Granby and many towns between. In my capacity at CHR this past year, I have had the opportunity to partner with DOC leaders in Addictions Services and Custody and Security Staff to provide MAT to women at York CI, Hartford Correctional Center, Osborn Correctional Institution and, most recently, at Corrigan.

I come before to you today to express my endorsement and that of many of my colleagues to maintain the funding outlined in the current budget proposal for Medication Assisted Treatment for men and women with Opioid Use Disorders in CT Correctional facilities. Less than one percent of prisons in this great country are providing MAT for OUD, even though it is widely accepted as the standard of clinical care and has more than 50 years of research evidence to support its effectiveness in the treatment of Opioid Use Disorder. I encourage CT legislators to ensure that the resources necessary to provide this life-saving, civilized care is represented in the final budget. To date, only Rhode Island and Vermont offer MAT in all its correctional facilities, despite the likelihood that doing so would be the single most effective and impactful intervention to quell the continued rise in deaths by Opioid Overdose that we are seeing across the country. In 2016, when Rhode Island implemented a program to screen all inmates for an OUD and provide MAT for those in need, there was a 61% decrease in post-incarceration deaths contributing to an overall 12% reduction in overdose deaths across the state.

It is widely understood by now that over half of the men and women who die of an overdose in CT have a history of incarceration. That is an astounding 52% in 2016
accounting for about 500 lives. Moreover, the most dangerous time for Opioid overdose is in the days and weeks following reentry to the community. An analysis of data from the OCME and DOC in 2016 revealed that overdoses are probably the single most common cause of death among prisoners within 60 days of release from prison” (p. 7).

The faces of these men and women are seared in the minds of substance abuse treatment providers across CT. Seeing the challenges and successes of these very same people, knowing they are souls just like our own and the souls of our loved ones, breathes life into these same numbers that sum together in their unnecessary deaths to be an indictment on American Society.

There was David who was released from Osborn and came to an intake at CHR. David died of an Opioid Overdose before his next scheduled appointment the next week, less than 2 weeks after his release. There was Carl who was in treatment at CHR and died the weekend after he was released from the emergency room. Kelsey was on Suboxone before she was incarcerated at York and, not being pregnant at the time, was taken off the medication. She died before her second anniversary of being in the community.

In recognition of the great risk of accidental overdose at reentry, the CT DOC forged a partnership with two methadone treatment providers in 2012, the Recovery Network of Programs in Bridgeport and APT Foundation in New Haven. Each of these programs service about 35 individuals a day with life-saving Methadone Maintenance. The cost for the medication is about 0.40 cents a dose. The bottle that it is contained in costs 0.20 cents more than the medication itself. These beginning efforts to provide MAT at BCC and NHCC spring from a partnership on a shoestring budget between DOC and community providers to patch together a complicated and highly regulated program that resulted in good care to a very limited population. However, eligible inmates for maintenance treatment in these two programs are only the small percentage of those in need who are already stable on Methadone in the community. Of these few fortunate there is no short supply. However, limited funds create a capacity for Methadone Maintenance of only 35 people a day in each facility. Men are being turned away daily to go through withdrawal on their own.

The meager funding that DOC has been able to scrape together cannot support the population of men and women most in need. That is, those who enter the DOC system addicted to Heroin or Fentanyl. It is not possible with funding levels as they are now to perform the several important services required to safely and effectively start people on MAT. Hence, those most in need, suffering the most serious withdrawal, and with the most severe physical dependency are not receiving care.

In July 2017, DOC laid the ground work for a partnership with CHR to provide additional MAT using the same model as that provided since 2012 by our sister agencies at 4 additional correctional facilities, treatment has been effective. CHR provided Methadone Maintenance Treatment to women at York Correctional Facility between January 2018 and September 2018 in
combination with reentry planning for the women in our care to ensure that they had follow-up appointments in the community upon release. Research has demonstrated that men and women released from prison with an addiction and not on MAT have a 30% chance of attending a first appointment for treatment in the community. Of the 70 women treated with Methadone at York over this 7 month period, 70% attended their first appointment with a methadone treatment provider in the community. CHR has treated an additional 236 men at three other correctional facilities in 2018.

Dare I say that the leveling off of overdose deaths on CT between 2017 and 2018 can be attributed in part to the nearly 300 more people who received MAT and reentry planning in our correctional facilities last year?

The financial resources dedicated to providing this treatment will be recuperated by the many savings that emerge when people are stable in treatment and not active in their addiction in the community. Research evidence in support of the many positive benefits of MAT in prison is unmistakable. MAT in prison not only results in a decrease in state-wide overdose deaths, lower re-incarceration, lower prevalence of Hepatitis C among this population, decreased emergency room visits, lower criminal behavior, and a greater chance of being contributing members to society. It is incumbent upon us, as a society, to apply the same standard of medical care in our correctional facilities as we afford the general population in the community. I applaud that Governor Lamont has placed funding for this in the budget and I implore you add CT to become one of the first three states to offer this standard treatment in all our correctional facilities.

Sincerely,

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