



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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Thursday, April 1, 2021

The Honorable Janet Howell, Chair
Senate Finance and Appropriations Committee
The Honorable Luke Torian, Chair
House Appropriations Committee
900 East Main Street
Richmond, VA 23219

Dear Senator Howell and Delegate Torian,

Item 320.BB of the 2020 *Appropriations Act* directs the Department of Behavioral Health and Developmental Services (DBHDS) to report on participation in substance abuse treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens used in conjunction with drug treatment court programs. The language states:

BB. Included in this item is \$150,000 the first year and \$150,000 the second year from the general fund to support substance abuse treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with drug treatment court programs. Such treatment may be utilized in approved drug treatment court programs. In allocating such funding, the department shall consider the rate of fatalities within the locality, whether a drug treatment court program is available and whether such program utilizes medication-assisted treatment. The drug treatment court programs utilizing this funding shall use these resources to support provider fees, counseling and patient monitoring for participants, and medication to participants in which the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the number of participants, the number of drug courts that utilized the funding and the number of treatments administered. Any adult drug treatment court that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report.

In accordance with this item, please find enclosed the report for Item 320.BB. Staff are available should you wish to discuss this request.

Sincerely,

Alison G. Land, FACHE
Commissioner
Department of Behavioral Health & Developmental Services

CC:
Vanessa Walker Harris, MD
Susan Massart
Mike Tweedy



Report on Item 320.BB of the 2020 Appropriations Act

Report on Drug Court Treatment Programs

To the Chairs of the Senate Finance and Appropriations Committee and House
Appropriations Committee

Thursday, April 1, 2021

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Preface

Item 320.BB of the 2020 *Appropriations Act, Chapter 56* directs the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to report the results of the pre-existing pilot programs using Naltrexone, as well as recommendations for expansion of the pilot program to other interested drug courts, to the General Assembly. This report includes the data collection from beginning in July 2019 through December 31, 2020 in order to reflect the expansion needs of the Drug Court programs related to Naltrexone as well as the impact of COVID-19 on their populations served. Additionally, the selection process and payment structure developed for the Virginia (2020 – 2021) State Budget. The language states:

Included in this item is \$150,000 the first year and \$150,000 the second year from the general fund to support substance abuse treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with drug treatment court programs. Such treatment may be utilized in approved drug treatment court programs. In allocating such funding, the department shall consider the rate of fatalities within the locality, whether a drug treatment court program is available and whether such program utilizes medication-assisted treatment. The drug treatment court programs utilizing this funding shall use these resources to support provider fees, counseling and patient monitoring for participants, and medication to participants in which the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the number of participants, the number of drug courts that utilized the funding and the number of treatments administered. Any adult drug treatment court that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report.

Background

As of 2015, drug court programs seeking federal funding were required to sign an attestation stating they would not deny individuals access to their programs due to the individual's use of a medication for the treatment of a substance use disorder so long as the FDA approved it. Additionally, the attestation required that the drug courts not require discontinuation of said medication as a criterion for program completion. It is important to note that this attestation only applies to drug court dockets receiving Bureau of Justice Assistance (BJA) or Substance Abuse Mental Health Services (SAMHSA) funding.

In 2015, the Governor's Task Force on Prescription Drug and Heroin Abuse was created. The purpose of this task force was to address the rising issue of opioid abuse in the Commonwealth of Virginia. The overarching goal of the Task Force was focused on improving public safety and public health. The Task Force findings identified needed improvements in areas of access to treatment services for this population. Suggested recommendations and possible solutions included exploring ways to enhance access and availability of Medication Assisted Treatment (MAT) services in the community, as well as jail based treatment services. Drug Treatment Courts and jails often serve populations that overlap. Additionally, barriers to accessing MAT included stigma within the recovery community and treatment providers, poor reimbursement for MAT services, and lack of treatment capacity across the commonwealth.

In 2018, the expansion of Medicaid was approved by the General Assembly. Medicaid expansion has had significant impact on Virginia residents impacted by a Substance Use Disorder. In some cases allowing for access to medical coverage that did not previously exist. Through the Addiction and Recovery Treatment Services (ARTS) program Medicaid has expanded coverage allowing for increased access to services related to addiction and recovery needs as well as growing providers across Virginia to meet the needs of the population seeking help in their recovery process. Also in 2018, DBHDS began the System Transformation Excellence and Performance (STEP-VA). STEP-VA allows for individuals with behavioral health disorders to have increased access to quality care within their communities and features a uniform set of required services as well as consistent quality measures. STEP-VA is based on a national best practice model.

The 2018 *Appropriations Act* Item 312.EE directed DBHDS to increase access to MAT for individuals with substance use disorders (SUD) or more specifically an opioid use disorder (OUD). Out of that appropriation, \$5,000,000 was funded for the first year from the federal State Targeted Response (STR) to the Opioid Crisis Grant and \$5,000,000 was funded for the second year from the general fund. In expending that amount, the Department was expected to ensure that preferred drug classes include nonnarcotic, non-addictive, injectable prescription drug treatment regimens. Additionally, a portion of the funding was used for non-narcotic, non-addictive, prescription drug treatment regimens for individuals who were: (i) on probation; (ii) in an institution, prison, or jail; or (iii) not able for clinical or other reasons to participate in buprenorphine or methadone-based drug treatment regimens. This led to the use of Naltrexone as an option for that specific population.

Naltrexone

Naltrexone, was approved by the Federal Drug Administration (FDA) in 2006 for alcohol dependence and in 2010 for the prevention of relapse of opioid dependence after detoxification. Though it is available in pill form the physician-prescribed clinician-administered injectable medication, may be covered under a Medicaid pharmacy benefit or medical benefit plan. Naltrexone is not a controlled substance, unlike other forms of available MAT, and must be administered by a health care clinician. As it is injectable there are very limited concerns about misuse. Prescribers do not require any special training or certification other than learning how to appropriately inject the medication and it is not allowable as a self-administered injectable for individuals allowing for better monitoring and potentially allowing individuals who have struggled to initially gain a period of sobriety to be successful due to the extended release of the medication post injection.

It is important to note, Naltrexone does come with some risks and side effects to individuals using this form of medication. Individuals using Naltrexone should refrain from the use of other drugs and alcohol which might have a sedating effect as they have a potential in some cases for increased sensitivity. This could place them at increased risk of overdose should they experience a relapse due to returning to the same level of use they experienced prior to their period of sobriety.

Status of Implementation

Previous years of this funding were administered by Office of the Executive Secretary (OES) to the three drug treatment court dockets: Bristol, Norfolk, and Henrico Adult Treatment Courts, using a grant process. In July 2020, state fiscal year 2020, the funding was transferred to DBHDS for administration and data collection. As the new the administrator of these funds, DBHDS initiated an RFP process to award grants to recipients. The RFP was issued in December 2020 and awards are anticipated in May 2021. The award amounts will retroactively cover costs for FY 2020. The awards will be distributed via Memorandum of Agreement (MOA) for a period of two years to enable development of new programs with new awardees.

As part of the implementation process related to the state funds received in July 2020 DBHDS reached out to the three previously mentioned drug courts to see if they had interest in and a need for additional funding. Norfolk and Henrico Adult Treatment Courts indicated they were interested and had the pre-existing capacity to absorb and put to use additional funding. Bristol Adult Treatment Court responded they had been unable to enroll and therefore spend down their previous funds and chose not to participate.

In response to this information, DBHDS reached out to all Adult Drug Treatment Courts (ADTC) in order to assess their level of interest and preparedness in participating in a funding opportunity. Interested responses were then classified as Courts who had all the necessary support already in place to begin using the funds and providing Naltrexone, and Courts who could participate in technical assistance provided by the department to build up needed supports in order to have a successful program.

The following ADTC dockets expressed an interest in participating with this funding and were assessed as ready to begin/continue enrollments during this fiscal period. These programs include Buchanan ADTC, Henrico ADTC, Norfolk ADTC, Charlottesville/Albemarle Drug

Treatment Court, Dickenson County ADTC, Russell County ADTC, Smyth County Recovery Court, and Tazewell County ADTC.

The following ADTC dockets are interested in Item 320.BB funding, but require as noted previously, training/technical assistance that will be provided by DBHDS. These programs include Arlington County ADTC, Fluvanna ADTC, Hampton ADTC, Loudon County ADTC, 24TH Judicial Circuit ADTC (Lynchburg, VA), Rappahannock Regional and Juvenile Drug Treatment Court, and Alexandria ADTC. The Charlottesville Albemarle Adult Drug Treatment Court in collaboration with Region Ten Community Services Board provides intensive behavioral health services and MAT. Nine participants were prescribed Buprenorphine and two were prescribed Methadone. It is the goal to offer injectable Naltrexone to uninsured participants. DBHDS will provide technical assistance and guidance to the programs within six months and these ADTC programs can apply for the funding the following fiscal year. If selected to participate in the funding opportunity in next fiscal year they will be held to the same standards as the other Courts listed above that have previously participated.

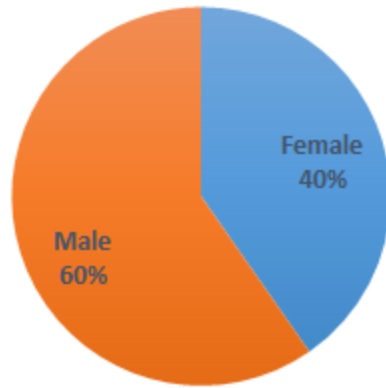
DBHDS is, at the time of this report, completing the state procurement process with the Courts listed above with whom we did not already have a Memorandum of Agreement (MOA.) While this process is ongoing, participating courts will be able to provide invoices for all individuals served throughout the funding period beginning July 2020 through June 2021. Those Courts with whom we have a pre-existing relationship are currently able to invoice DBHDS for those individuals currently being served. Technical assistance is being provided to those Courts who request it in order to participate in the funding opportunity in the next fiscal year.

Outcomes

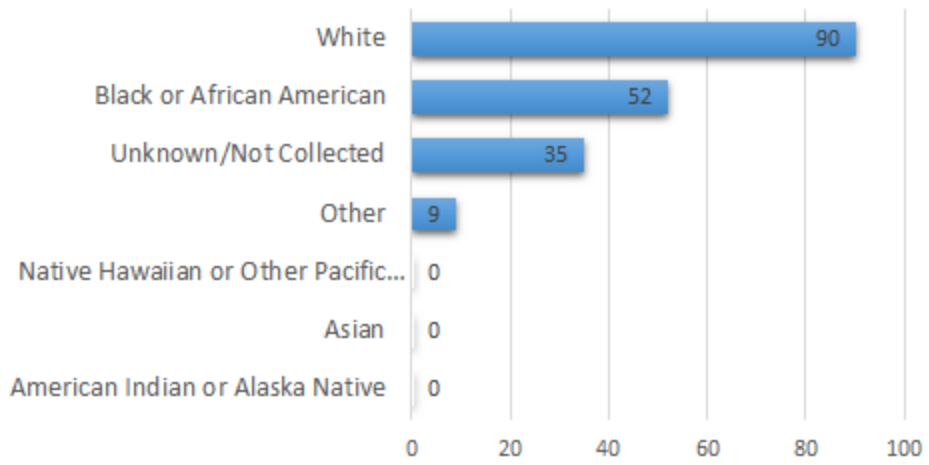
Information collected from the participating courts includes the total number of individuals served by this program during the reporting process, the number of monthly doses of Naltrexone administered during the same period, information on insurance eligibility and if the individuals involved in the program applied for/were approved for insurance, outcomes of those participating, and demographic information for participants.

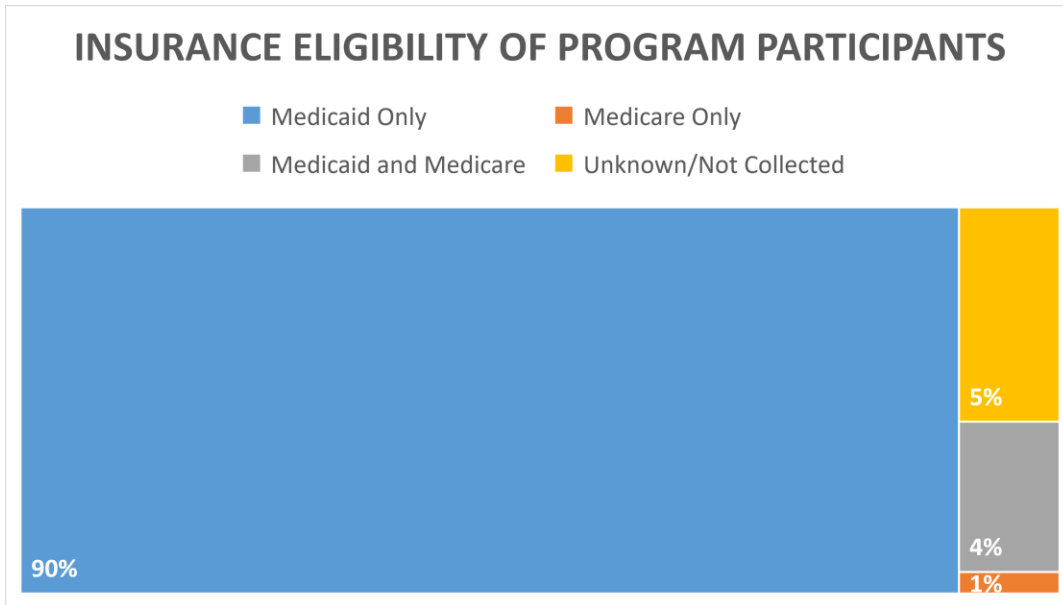
During the reporting period of July 1, 2019 to December 31, 2020, the eight courts reported serving a total of 186 individuals and administering 179 monthly doses of Naltrexone. The following charts describe the characteristics of the 186 individuals served during this time.

Gender of Program Participants



Race of Program Participants





COVID-19 Impacts

In March 2020, the Commonwealth of Virginia entered a state of emergency related to the COVID-19 pandemic. As such the state rapidly transitioned to a telework environment for those who were able and many changes occurred across services and employers throughout the federal, state, and local systems. These changes, designed to limit exposure and protect the health of all Virginians had several impacts on DBHDS as well as Drug Court programs. Related to the overall function of the Courts throughout this difficult time, information related to their difficulties and successes throughout the course of the pandemic have been included within their specific sections of this report. It is important to note that these mitigating factors may be having an impact on the number of participants in the pilot programs throughout the reporting period. However, all Courts included below indicate that post the initial shut down period they were able to continue to provide services to their communities.

A. Bristol Adult Drug Treatment Court

The Bristol Adult Drug Treatment Court docket worked in collaboration with Highlands Community Services Board to develop policies, locate a vendor, and create a support system for individuals potentially served. As of the time of this report, no funds have been expended by Bristol Adult Drug Treatment Court for Naltrexone. As no participants enrolled in the pilot, outcome and success measures are not available. As mentioned above, Bristol chose not to accept additional funding this fiscal year as they have not yet been able to use the previous funding available. Technical assistance has been offered to the Bristol Court to encourage participation in the pilot.

B. Buchanan Adult Drug Treatment Court

The Buchanan Adult Drug Treatment Court consists of three phases of treatment and the length of stay is a minimum of eighteen months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with primary substance use disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Community Services Board is the designated treatment provider for Buchanan ADTC and the programs capacity is 20 participants. As of March 24, 2021, there are ten participants in the program. Eight of the participants are receiving MAT services.

In March 2020, all in person programming was suspended due to the COVID-19 restrictions, and the program implemented virtual contact via Zoom. The program suspended all alcohol and drug screenings, community service, status hearings, sanctions for failure to attend recovery/support groups due to technological issues with virtual platforms. GED classes were cancelled (but participants continued to complete homework assignments and study for the exams). Probation meetings were conducted via video monitoring. Unannounced home visits were conducted via participants exiting his or her home so that staff could conduct visual assessment from the vehicle. Acceptance of new referrals and admissions into the ADTC program was suspended.

C. Henrico Adult Drug Treatment Court

The Henrico Adult Drug Treatment Court works collaboratively with Henrico County Mental Health. Henrico County Mental Health medical staff provide the initial assessment and all subsequent injections if the participant is eligible for Naltrexone. They have an expectation that the participants are to remain on Naltrexone for a period of at least six months. Continued injections of Naltrexone will not impede individuals from graduating the drug court program. During the review period for this report, Henrico Adult Treatment Drug Court administered five monthly injections, with two individuals discontinuing injections, one at graduation and one during the course of the program. No individuals graduated and continued participation in the Naltrexone program post-graduation.

D. Norfolk Adult Drug Treatment Court

The Norfolk Adult Drug Treatment Court docket continues to use their funds to enhance their CSB's Opioid Treatment Program (OTP) with Naltrexone. OTP staff include professionals with medical, clinical and administrative expertise. Individuals served through this program receive services from the OTP to include access to a primary counselor, drug screenings, and family education related to the services provided and participants' experiences. Norfolk Adult Drug Treatment Court provided 116 monthly doses to individuals served in the pilot. One individual discontinued participation due to absconding from the program.

Drug Courts participants have not been able to have in person visits since March 2020. All contacts for one-one sessions are via telephone. All drug court groups have been virtual. Drug Court participants did not appear in court from March 2020-December 2020. In person court appearances restarted in January 2021.

The Norfolk ADTC is an alternative to incarceration for non-violent offenders whose involvement with the legal system is impacted by Substance Use Disorders. The Drug Court program is administered by the Norfolk Circuit Court. It is a cooperative effort between Norfolk Community Services Board, Community Attorney, Public Defender, Sheriff's Department, and Police Department. This program utilizes several community resources combined with treatment, probation, counseling, and case management to assist participants with substance use disorders to maintain their sobriety. Drug Court is designed as a five (5) phase system with a minimum of 18 months in length. Norfolk Community Services Board provides the following services to participants: outpatient substance use disorder and mental health disorder, individual, group, and family counseling, health education, and trauma counseling.

The Norfolk ADTC is experiencing the following challenges during Covid-19:

- Delivering the medication (Methadone) to clients who were ordered to quarantine. Staff had to have a Police Officer or Sheriff Deputy escort due to delivery of a controlled substance.
- Curbside dosing of those clients who may be exhibiting symptoms or who reported that they were around someone who tested positive for COVID 19 or were awaiting test results for themselves.
- Lack of free Narcan supplies available to public.
- Face-to-face counseling replaced with virtual contact. This safety measure is to keep medical and other staff healthy to continue to provide services at the MAT facility. However, it has proven to be challenging for a lot of the clients with limited technical resources.
- Loss of the MAT Care Coordinator in November 2020, who assisted with linking drug court Vivitrol participants to MAT services.
- Drug Courts participants have not been able to have in person visits since March 2020. All contacts for one-one sessions are via telephone.
- All Drug Court groups are virtual.
- Drug Court participants did not appear in court from March 2020-December 2020. In person court appearances restarted in January 2021.

E. Charlottesville/Albemarle Drug Treatment Court

PROGRAM OAR- Jefferson Area Community Corrections and Region Ten Community Services Board collaborate to provide SUD treatment and intensive supervision to non-violent substance dependent felony offenders in the Circuit Courts of Charlottesville and Albemarle County . Charlottesville/Albemarle Drug Treatment Court administered no doses of Naltrexone during the reporting period. As no participants enrolled in the pilot, outcome and success measures are not available.

As of 2021, the Charlottesville-Albemarle ADTC has been in existence for 24 years and celebrated its 200th graduation ceremony and 400th graduate. Within the last two years, the program has hired a new team consisting of a Coordinator, two case managers, part-time law enforcement officer, and part-time Certified Peer Support Specialist. The Charlottesville-

Albemarle ADTC collaborates with the following community stakeholders to provide participants with comprehensive services: Region Ten Community Services Board, Addiction Allies, Charlottesville-Albemarle Regional Jail, University of Virginia, and other community resources to prove a holistic approach for recovery.

In March 2020, service delivery and outcome measures were impacted by the COVID-19 pandemic. In person face-to-face group therapy, support meetings, case management services, and court appearances were suspended, and services were offered virtually. The program provided clients with cellphones, WIFI services, and data packages to ensure that they could participate in services. The employment rate for participants decreased from 80% to 40% within two months of the pandemic due to business closures. Program staff assisted clients with applying for unemployment benefits and increased referrals to the Department of Rehabilitative and Aging Services (DARS) as well as the offender reentry program. The program connected with the local Urgent Care facilities to provide COVID-19 testing for participants and replaced urine drug screens with oral swab testing. Due to the local jail discouraging individuals with non-violent offenses from entering the jail, the program staff had to utilize innovative sanctions. As of March 24, 2021, it is the goal to return to in-person services when it is deemed safe.

F. Dickenson County Adult Drug

Dickenson County Adult Drug Treatment Court had one participant that had Medicaid when inducted during the reporting period. They administered 3 doses to this individual prior to them absconding from the program. In July 2019, Dickenson ADTC implemented the National Drug Court Institute's (NDCI) Five Phase model program which is a minimum of 14 months to complete. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with primary substance use disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Dickenson County Behavioral Health Services is the designated treatment provider, and the program's capacity is 20 participants. As of March 24, 2021, there are 17 participants in the program. Nine of the participants are receiving MAT services.

In March 2020, all in person programming was suspended due to the COVID-19 pandemic and the program implemented virtual contact via Zoom. The program suspended all alcohol and drug screenings, community service, status hearings, sanctions for failure to attend recovery/support groups due to technological issues with virtual platforms. GED classes were cancelled (but participants continued to complete homework assignments and study for the exams). Probation meetings were conducted via video monitoring. Unannounced home visits conducted via participants exiting his or her home so that staff could conduct visual assessment from the vehicle. Acceptance of new referrals and admissions into the ADTC program was suspended.

G. Russell County Adult Drug Treatment Court

The Russell county Drug Court team is comprised of the Judge, Commonwealth Attorney for Russell county, defense attorneys, probation officials, the Sheriff, and Chief of Police. Cumberland Mountain Community Services serve as a support mechanism and administrative

oversight. Russell County Adult Drug Treatment Court had one participant who was a veteran. As such the VA was the provider and covered the cost of the injections. This participant was inducted after admission to Drug Court in March 2018. This individual graduated in September 2020. Information provided indicates the individual participated with Naltrexone throughout their time with the Court and for several months post completion. The Russell ADTC consists of four phases of treatment and the length of stay is a minimum of twelve months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with primary Substance Use Disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Community Services Board is the designated treatment provider for Russell ADTC and the program's capacity is 20 participants. As of March 24, 2021, there are ten participants in the program. Two of the participants are receiving MAT services.

In March 2020, all in person programming was suspended due to the COVID-19 restrictions and the program implemented virtual contact via Zoom. The program suspended all alcohol and drug screenings, community service, status hearings, and sanctions for failure to attend recovery/support groups due to technological issues with virtual platforms. GED classes were cancelled (but participants continued to complete homework assignments and study for the exams). Probation meetings were conducted via video monitoring. Unannounced home visits conducted via participants exiting his or her home so that staff could conduct visual assessment from the vehicle. Acceptance of new referrals and admissions into the ADTC program was suspended.

H. Smyth County Recovery Court

The Smyth County Recovery Court is an Adult Treatment Court located in rural Southwest Virginia. The program is available for individuals who are classified as high-risk offenders who are impacted by substance use disorders and are under the jurisdiction of Smyth County Circuit Court. Participants in the program receive treatment for SUD and mental health disorders, intensive supervision, random alcohol and urine drug screens, and frequent court appearance.

As a result of the COVID-19 restrictions, the Smyth County Recovery Court adopted several new protocols to ensure the health and safety of individuals. The frequency of urine drug screens (UDS) was decreased, and staff implemented additional safety protocols for administering UDSs. In person services were decreased, staff monitored participants' social media accounts for possible concerns, replaced community service hours with participants completing five hours of online groups, classes, or other mechanisms for healthy self-care. Participants attend weekly court appearance with the Judge and team members via WebEx. Smyth County Recovery Court administered 17 monthly doses during the reporting period. Two of the individuals served discontinued their monthly Naltrexone injections after discussing with their provider related to feeling as though they no longer needed to continue the medication.

I. Tazewell County Adult Drug Treatment Court

Tazewell ADTC utilizes the National Drug Court Institute's (NDCI) Five Phase model program which is a minimum of 20 months to complete. The targeted population for this program is

offenders with new felony charges and or/probationers who are diagnosed with primary Substance Use Disorders, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. Cumberland Mountain Community Services Board is the designated treatment provider, and the programs capacity is 20 participants. As of March 24, 2021, there are ten participants in the program. Five of the participants are receiving MAT services.

In March 2020, all in person programming was suspended due to the COVID-19 restrictions and the program implemented virtual platforms via Zoom. The program suspended all alcohol and drug screenings, community service, status hearings, and sanctions for failure to attend recovery/support groups due to technological issues with virtual platforms. GED classes were cancelled (but participants continued to complete homework assignments and study for the exams). Probation meetings were conducted via video monitoring. Unannounced home visits conducted via participants exiting his or her home so that staff could conduct visual assessment from the vehicle. Acceptance of new referrals and admissions into the ADTC program was suspended.

Tazewell County Adult Drug Treatment Court had two participants during the reporting period; both participants had Medicaid when they were admitted to Drug Court and were inducted with Naltrexone. Participant # 1 - voluntarily stopped taking the injection for two months during this report period but then asked to be placed back on Naltrexone. This participant is still in Drug Court and is still taking the monthly injections. Participant # 2 – voluntarily stopped the Naltrexone injections in November 2020 and switched to another MAT option.

Participant Comments/Feedback

Two Adult Drug Treatment Courts, Russell County and Tazewell County included quotes from some of their participants describing their experiences and opinions.

Russell County

“I stopped taking Naltrexone two months after I graduated from Drug Court because I wanted to see if I could make it without the shot and, so far, so good....I graduated in September and I’m still clean and working my recovery.”

“Getting the injections was an excellent decision for me, but I was finally ready to come off the shots and I had the skills to manage my recovery without getting the monthly shot.”

“It worked good for me...it took my cravings away and it helped so I didn’t feel like I was ready to crawl out of a window to go get something.”

Pros: “It took my cravings away...it helped me just to know that the medicine was in me...in the beginning, I knew if I took the shot, then I wasn’t going to get high if I used, so I didn’t have any reason to use drugs then.”

Cons: “It is a hard shot to take...the shot hurts...the shot put a knot in my hip, so my hip stayed sore for about a week after every shot...I had a headache every month that lasted 3-4 days after I’d get the shot.”

Tazewell County

Participant # 1

“Naltrexone has been very effective for me...it’s dramatically reduced my cravings.”

“I went off Naltrexone for two months because I thought I could cope without it and I thought I didn’t need it anymore...I went back on it after two months because I believe stopping my injections contributed to my relapse...I haven’t had any problems since I got back on it.”

Pros: “I only have to get an injection once a month and it’s easier than having to remember to take a pill every day.” “After the third injection, the headaches went away.”

Cons: “I had a headache after the first two injections that lasted about a week.”

Participant # 2

“I quit taking it because the shots quit working for me...I never really felt like it was effective for me because, even though I wasn’t using pain pills anymore, sometimes I’d use some meth on the shot.”

Pros: “Naltrexone worked really good for me in the beginning.” “The shots meant I didn’t have to mess with having to take pills that I might abuse and I didn’t have to worry about anybody stealing my medicine.”

Cons: “I’m addicted to having to have something, but the shot didn’t help me because mentally and physically the shot didn’t feel good.”

Recommendations

Recommendations in previous reports were reviewed as possible goals going forward to provide enhanced supports, technical assistance, and increased accessibility to Naltrexone across the state within the Drug Treatment Court (DTC) programs. As such, an invoicing system was introduced during this review period to allow for increased tracking of funds and expansion of the pilot to additional sites.

Additionally, technical assistance available to the DTC serves two purposes at this time. The first is to increase knowledge and education of the courts who are actively participating with these funds in order to help support them in the expansion of this service allowing for more supports and accessibility for participants in their locality. The second purpose is to identify areas of need, including partner education and engagement, for those Courts who do not have in place relationships with providers to administer this needed service.

Going forward, data assessments related to localities with the highest rates of overdoses will be incorporated into future funding plans. Collaborations between DBHDS and the expanding Framework for Addiction Analysis and Community Transformation (FAACT) program will allow for more up to date information related to the Opioid epidemic enhancing the ability of DBHDS and the DTCs to provide support in real time rather than experiencing a significant data delay.