



COMMONWEALTH of VIRGINIA

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June 2, 2025

To: The Honorable Janet D. Howell, Chair, Senate Finance & Appropriations Committee
The Honorable Barry D. Knight, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services (DBHDS)

Item 311.Z of the 2022 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:

Z. 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 appropriate, 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.

CC: Janet V. Kelly, Secretary of Health & Human Resources



Report on Item 311.Z of the 2022 Appropriations Act

Report of Drug Court Treatment Programs

December 1, 2022

DBHDS Vision: A Life of Possibilities for All Virginians

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Preface

Item 311.Z of the 2022 Appropriations Act directs the Virginia Department of Behavioral Health and Developmental Services (DBHDS) to report the results of drug treatment programs utilizing appropriate long-acting, injectable prescription drug treatment regimens (“treatment”) used in conjunction with drug treatment court dockets, as well as recommendations for expansion of the program to other interested drug courts, to the General Assembly. This report includes the data collection beginning on July 1, 2019, through June 30, 2022, and reflects the transition from the three pilot sites that originated under the Supreme Court Office of the Executive Secretary to an expansion of sites since 2021. Additionally, the impact of the updated information related to the Adult Drug Treatment Court (ADTC) selection process and payment structure that was developed in 2020. The current language states:

Z. 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 appropriate, 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.

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Background

Since 2015, Drug Treatment Court (DTC) programs seeking federal funding must sign an attestation stating that individuals will not be denied access to DTC programs due to the individual's use of a medication for the treatment of an Opioid Use Disorder (OUD) so long as the medication was approved by the Federal Drug Administration (FDA). 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. This is consistent with the National Association of Drug Court Professionals' Best Practice Standards (2013, 2015) and the resolution of its board of directors on Medication Assisted Treatment (MAT) (NADCP, 2011) requiring drug courts to evaluate requests for MAT on a case-by-case basis.

Additionally, the Americans with Disabilities Act, Title II provides additional protections to qualified individuals with disabilities from discrimination based on disability from services, programs, or activities provided by state and local government entities. A person diagnosed with an Opioid Use Disorder (OUD) may be considered under 28 CFR §35.130 as a "qualified individual with a disability." As such, the court may not issue a blanket refusal of MAT or that could be considered prohibited discrimination. In most cases, a public entity may base a decision to withhold services if an individual is engaged in the current illegal use of drugs (28 CFR §35.131). However, prescribed MAT treatment is described as legal use.

During the 2015 Governor's Task Force on Prescription Drug and Heroin Abuse, there were suggestions, recommendations, and possible solutions to explore ways to enhance access and availability of MAT services in the community, as well as jail-based treatment services. It was noted that Adult Drug Treatment Courts (ADTCs) and jails often serve populations that overlap. As a result, initiatives have been implemented to address the intersection of these populations.

The current work continues to focus on improving public safety and public health. The 2018 expansion of Medicaid has had a significant impact on Virginia residents living with a substance use disorder (SUD) and more specifically with an opioid use disorder (OUD). The Virginia Department of Medical Assistance (DMAS) through the Addiction and Recovery Treatment Services (ARTS) waiver increased access to both behavioral health and medical coverage. Medicaid expansion has subsequently increased the number of providers across the Commonwealth and provided more opportunity for individuals to choose a path to better health and recovery.

Preferred Office-Based Addiction Treatment Programs, also called Preferred OBATs, are a part of this expansion. OBATs are a type of outpatient treatment for SUDs designed for people diagnosed with OUD. Preferred OBATs provide high quality Medication-Assisted Treatment (MAT), for treating people with OUD as well as other primary substance use disorders. As of July 29, 2022, DMAS identified 197 OBAT sites and of those 44 offer Methadone for the treatment of an OUD.

In 2016, the initial pilot and associated funding were administered by the Office of the Executive Secretary (OES) with a focus on the use of non-narcotic long-acting injectable prescription drug treatment regimens used in conjunction with ADTC programs. The Norfolk and Henrico ADTCs were the initial participating dockets. The Bristol ADTC was later added as a pilot participant. In 2020, Bristol ADTC declined continued participation as a pilot site. Bristol ADTC had previously been unable to enroll participants. The locality identified methamphetamine as a primary substance used in their area. At this time there is no medication approved for the treatment of methamphetamine SUD.

Status of Implementation FY 2020 – FY 2022

In July 2019, the funding was transferred to DBHDS for administration and data collection. A request for proposal (RFP) was issued in December 2020 and awards were finalized in April 2021. The award amounts retroactively covered costs for FY 2020. The awards were set up for reimbursement via a Memorandum of Agreement (MOA) for a period of two years (FY 2021-FY 2022) to enable development of new programs with new awardees. During this period, eight ADTCs participated, with five ADTC coordinators managing the MOAs.

Norfolk and Henrico ADTCs were joined by Charlottesville/Albemarle, Smyth County Recovery, and the Counties of Buchanan, Dickenson, Russell, and Tazewell ADTCs, which had both an interest in providing access to a long-acting injectable prescribed medication for the treatment of an OUD and the support already in place to begin or continue enrollments during the FY 2021 fiscal period.

The Current Landscape

The language for Item 311.Z was amended in 2021 to authorize the removal of the requirement for a “non-narcotic injectable” and allow for consideration of “an appropriate long-acting injectable prescription drug treatment regime”. The FDA approved medications for OUD currently available include Naltrexone and Sublocade. Additional long-acting injectable medications are under consideration by the FDA and will be included for funding as they are approved.

Medications for the treatment of OUD (MOUD)

Naltrexone (Vivitrol, injectable Naltrexone)

Naltrexone was approved by the FDA in 2006 for alcohol dependence and in 2010 for the prevention of relapse of opioid dependence after detoxification/withdrawal. Though it is available in pill/oral form, the preferred administration is physician or clinician-administered injectable medication. These medications are covered under a Medicaid pharmacy benefit or medical benefit plan. Naltrexone is not a controlled substance, unlike other forms of available MAT medications. Prescribers do not require any special training or certification other than learning how to appropriately administer the medication to patients.

Naltrexone is not allowable as a self-administered injectable and there are limited concerns about misuse. The long-acting injectable, extended-release post-injection potentially allows individuals to gain a period of sobriety or sustained recovery that may have been previously unobtainable.

It is important to note Naltrexone does have some risks and side effects. 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 the individual at an 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.

Sublocade

Sublocade, a buprenorphine product, was approved by the FDA in 2017 as a once monthly injection for the treatment of an OUD. This medication is not recommended for pain relief. Sublocade is an option for individuals that have started OUD treatment with an oral form of buprenorphine (Suboxone or Subutex). Oral buprenorphine, which is placed under the tongue or inside the cheek, is administered at least 7 days in a row before the initial injection of Sublocade. Sublocade is available only in certified healthcare settings. This medication is not intended to be self-administered and requires injection by a healthcare provider. The medication is injected under the skin once a month or about every 26 days. Sublocade may reduce the burden of taking daily medication and may hinder the diversion or abuse of oral buprenorphine. Sublocade is often presented as an option as there is no requirement for complete withdrawal management or abstinence prior to induction.

COVID-19 Continuation of Impacts

DBHDS, the Department of Corrections, and DMAS, as well as Virginia's courts, treatment communities, and jails continue to be impacted by the COVID-19 pandemic. As of

Some counseling and in-person group services have been altered to include a combination of in person, virtual, telehealth and smaller group settings. Although for most courts there was not a significant interruption in admissions, the referrals have not returned to pre-pandemic numbers.

Some of the ADTC administrators that are participating in this funding opportunity anticipate that current and future ADTC participants might not continue to meet the eligibility requirements for Medicaid insurance, which could hinder future access to MOUD and treatment services. The DMAS protocols for review of applications is currently delayed under the Federal State of Emergency. The Families First Coronavirus Response Act (FFCRA) directs states to maintain Medicaid health coverage for individuals enrolled on or after March 18, 2020. The "continuous coverage" requirement will expire about 30 days from the ending of the federal public health emergency (PHE). At the end of the PHE, there is expected to be a return to normal enrollment operations and re-determined eligibility for Medicaid members. The Centers for Medicare and Medicaid Services (CMS) guidance gives states approximately 14 months to initiate

redeterminations. The PHE was extended on July 15, 2022, until October 2022.¹ As of June 3, 2024, the Centers for Medicare and Medicaid (CMS) issued an updated guidance to streamline Medicaid eligibility and enrollment processes aimed at reducing coverage disruptions. CMS's current Redetermination requires that all states redetermine eligibility within 45 calendar days for all other bases when an individual is found ineligible on the current basis. Centers for Medicare and Medicaid Services (2024, June 3)/ *Streamlining Medicaid, Children's Health Insurance Program, and Basic Health Program Applications, Eligibility Determination, Enrollment, and Renewal Processes [Fact Sheet]*. U.S. Department of Health and Human Services.

There are currently 47 operational adult drug treatment court dockets, three juvenile drug treatment court dockets, five family drug treatment court dockets, and one DUI drug treatment court. The funding and general outreach was targeted to adult drug treatment court dockets as indicated by the appropriations language. The administration of the previously referenced drug treatment court models is under the auspice of the Supreme Court of Virginia, Office of the Executive Secretary (OES) Judicial Services Specialty Docket Services. As such, the outreach has been extended to the referenced models except for the juvenile drug treatment court dockets.

During the reporting period covered by this report eight of the forty-seven operational ADTCs established a memorandum of agreement (MOA)/contract to receive funding. Five of these ADTCs are in Southwest Virginia. The remaining participating ADTCs are in Charlottesville, Henrico, and Norfolk.

Buchanan, Russell, Tazewell, and Dickenson County ADTCs

Cumberland Mountain Community Services Board (CMCSB) serves as the designated treatment provider for the Buchanan, Russell, and Tazewell Counties ADTCs. The oversight of these courts is facilitated by three different judges.

The Buchanan Adult Drug Treatment Court program has a capacity of 20 participants and consists of three phases of treatment, with a minimum length of stay of 18 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. As of June 30, 2022, there are 14 participants in the program, all of which have maintained Medicaid benefits. Of the 14 participants, 12 receive medication for an opioid use disorder (MOUD), nine are prescribed Suboxone, and three are prescribed Sublocade. Zero participants were supported by Item 311.Z funding for this reporting period.

The Russell County ADTC team is comprised of the judge, Commonwealth Attorney for Russell County, defense attorneys, probation officials, the Sheriff, and Chief of Police. The program has a 20-participant capacity and consists of four phases of treatment, with a 12-month minimum length of stay. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with a primary SUD, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals

¹ <https://aspr.hhs.gov/legal/PHE/Pages/COVID-1919-15jul2022.aspx>

with histories of accidental overdoses. As of June 30, 2022, there are 26 participants in the program. The seven participants receiving MOUD (Vivitrol) as a continuum of their treatment have Medicaid benefits. There are no participants supported by Item 311.Z appropriations.

Tazewell County ADTC utilizes the National Drug Court Institute's (NDCI) Five Phase model program with completion in a minimum of 20 months. The targeted population for this program is offenders with new felony charges and or/probationers who are diagnosed with a primary SUD, co-occurring disorders, pregnant/postpartum women, women with dependent/minor children, veterans, and individuals with histories of accidental overdoses. As of June 30, 2022, there are 25 participants in the program. 23 of the participants have Medicaid benefits and two have Medicare benefits. Thirteen of the participants receive MOUD services as a continuum of their treatment. Suboxone was the medication of choice for 11 participants. Two participants opted to be prescribed Methadone. There are no participants receiving Item 311.Z funding.

Dickenson County ADTC implemented the National Drug Court Institute's (NDCI) Five Phase model program in June 2019. Participants are expected to complete the program within a minimum of 14 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. Dickenson County Behavioral Health Services is the designated treatment provider, and the program's capacity is 20 participants. As of June 30, 2022, there are 34 participants in the program, all of which have Medicaid insurance. One participant was prescribed Vivitrol and received six doses, 16 of the participants are prescribed Suboxone, and four of the participants are prescribed oral Naltrexone. There are no participants receiving Item 311.Z funding.

Buchanan, Russell, Tazewell and Dickenson Counties ADTCs all indicated that the COVID-19 pandemic has impacted probation, primary referral sources, and court systems and operations, which led to reduced referrals. Additionally, the COVID-19 pandemic impacted treatment services and service delivery. The additional burden of lack of access to or unreliable internet and cell service limits the availability of online 12-Step or other community support meetings/services. There has been a varied response to virtual experiences; participants either "loved them or hated them". These polar responses primarily guided the level of involvement and investment in virtual options and the return to in-person services.

The new norm is still evolving. The courts adhered to VDH guidelines and continue to do so as dictated per policy. Most of the participants have had to be quarantined at least once due to exposure(s) to COVID-19. In addition to exposures, participants have contracted COVID-19 and some recurrences of COVID-19. These combined events increased the number of individuals experiencing and reporting anxiety and depression.

Smyth County ADTC

The last of the ADTCs in southwest Virginia is Smyth County Recovery Court. 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, have intensive supervision, submit random alcohol and urine drug screens, and have frequent court appearances. There were 50 Smyth County Recovery Court participants enrolled as Medicaid recipients. Two participants with Medicaid benefits were prescribed Vivitrol and 18 monthly doses of Vivitrol was administered during the reporting period. Additionally, 20 participants preferred Suboxone as the MOUD as a continuum of their treatment services. One participant requested to discontinue Vivitrol; however, one ADTC graduate continued on Vivitrol post-graduation.

As the impact of COVID-19 continues, delayed hearings and new probation guidelines have significantly decreased admissions to the Recovery (ADTC) court. There are no participants supported by Item 311.Z funds. As a result of a lack of participant interest, Smyth County has declined to participate in this funding opportunity for FY 2023.

Charlottesville-Albemarle ADTC

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. The Charlottesville-Albemarle ADTC has been in existence for over 25 years. The program is staffed by a team consisting of a Coordinator, two case managers, part-time law enforcement officer, and a part-time Certified Peer Support Specialist. The Charlottesville-Albemarle ADTC collaborates with Region Ten Community Services Board, Addiction Allies, Charlottesville-Albemarle Regional Jail, University of Virginia, and other community resources to provide a holistic approach and comprehensive services for recovery. During the reporting period, urine drug testing was significantly reduced, and, because of COVID-19, oral swab testing increased. For a period of time, case management and treatment sessions were completed virtually through Zoom instead of in-person.

The program has shifted back to pre-COVID-19 protocols and has implemented COVID-19 safety precautions. There have been 72 ADTC participants. Of these, 69 were covered by Medicaid and three had both Medicaid and Medicare. Fifteen participants were prescribed Suboxone, one was prescribed Naltrexone/oral, and one Sublocade.

However, during this reporting period there were three different ADTC Coordinators resulting in a lack of consistent coordination. The local jail was perceived as resistant to supporting the prescribing of injectable Naltrexone. There also appears to be a perception that Naltrexone is not the most effective medication to treat individuals with an Opioid Use Disorder. Additionally, participants that have been prescribed Naltrexone reportedly transitioned to Suboxone or Sublocade as the medication of preference. No invoices were submitted for reimbursement of services under the Item 311.Z funding. The Charlottesville-Albermarle ADTC has declined to participate in this funding opportunity for FY2023.

Henrico ADTC

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. The Henrico ADTC is operating in its normal capacity. All participants are meeting face to face with staff. Treatment, urine drug screens, supervision meetings, and scheduled court appearances are similar to pre COVID-19 experiences. Henrico staff report that this funding has provided an opportunity for clients that would not be able to afford this modality of treatment and the ability to access services. However, it was noted that the billing/reimbursement coordination with the fiscal agent has been problematic. Determining the appropriate payer has been a barrier to accessing funding. During the reporting period, Henrico Adult Drug Treatment Court has 89 DTC participants, all of which were Medicaid recipients. Three individuals were prescribed Vivitrol and were administered twelve monthly injections funded by other resources. Six participants received 46 monthly injections that were funded through the contract. Of the individuals that received Item 311.Z funding, three graduated from the program and continued use of the Naltrexone, one transitioned to another MOUD.

Norfolk ADTC

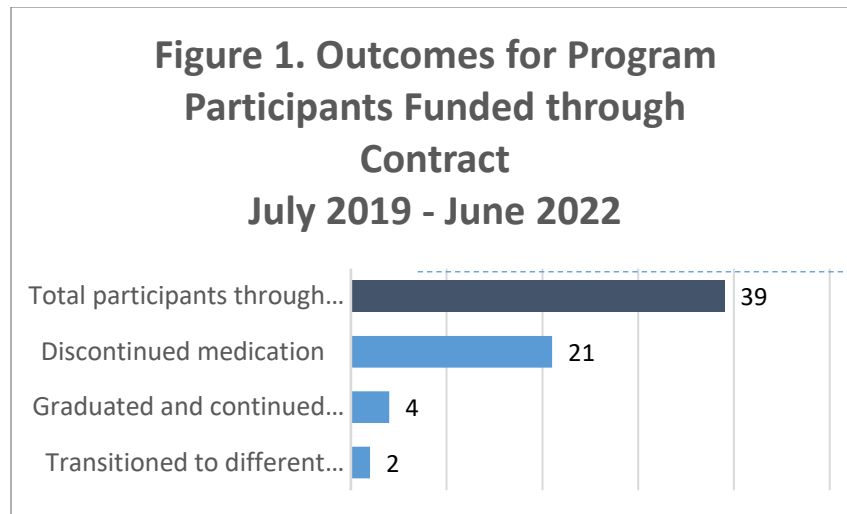
The Norfolk ADTC program is administered by the Norfolk Circuit Court. This is a cooperative effort between Norfolk Community Services Board, Community Attorney, Public Defender, Sheriff's Department, and Police Department. This program utilizes several community resources combined with treatment, probation, counseling, and case management to assist participants with substance use disorders to maintain their sobriety. Drug Court is designed as a five 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 docket continues to use their funds to enhance their CSB's Opioid Treatment Program (OTP) with Naltrexone. The Norfolk ADTC has the capacity to serve 50 participants. The staff at Norfolk ADTC have found the funding beneficial as a bridge for at least five individuals awaiting approval for Medicaid. Invoices have been submitted and four monthly doses of Naltrexone have been administered through the contract. 28 have been administered through other funding sources. 33 participants have been served utilizing Item 311.Z funding.

Outcomes

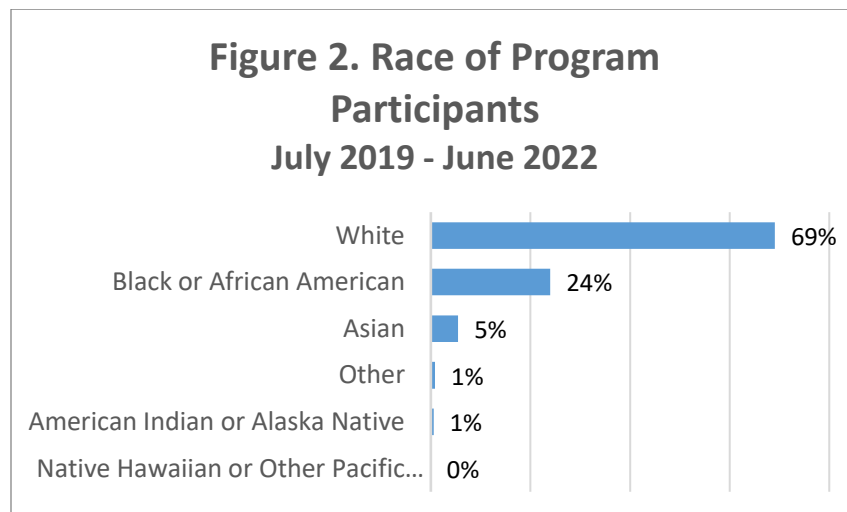
Information collected from the participating courts includes the total number of individuals served by this program during the reporting period, the number of monthly doses of Naltrexone administered during the same period, information on insurance eligibility, and if the individuals involved in the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

The outcomes reported are for the period beginning July 1, 2019 and ending June 30, 2022 (FY 2020 through FY 2022). During the period of the contract, the eight courts reported serving a total of 343 individuals and administering 166 monthly doses of Naltrexone. Thirty-nine unique

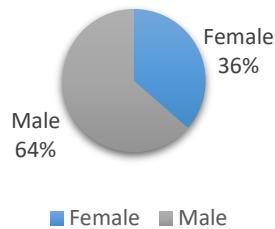
individuals were prescribed injectable Vivitrol that were funded by the contract. Figure 1, below, describes the 39 individuals prescribed injectable Vivitrol through the contract.



Figures 2 and 3, below, cover all 343 individuals served by the ADTCs.



**Figure 3. Gender of Program Participants
July 2019 - June 2022**



Participant Comments/Feedback

In general, the ADTCs most common comment is that participants either already had a payer source or the participant refused MAT/MOUD services. As the state continues to adjust to the ongoing changes related to COVID-19, administrators have some uncertainty regarding the impact of the end of the PHE. There is expected to be a return to normal enrollment operations and re-determined eligibility for Medicaid members. The Centers for Medicare and Medicaid Services (CMS) guidance gives states approximately 14 months to initiate redeterminations. The PHE was extended on July 15, 2022, until October.²

In the current environment, and since the expansion of Medicaid an increasing number of ADTC participants apply and are quickly enrolled in Medicaid. As noted previously, Medicaid eligibility is not being reviewed during the PHE. While enrolled in Medicaid participants have access to both medical and behavioral health coverage, Medicaid covers the cost of medications and counseling for the treatment of an OUD as well as covering the need for transportation for some individuals in need of the service to stay connected.

Participating ADTCs reported that competing factors continue to impact utilizing the Item 311.Z funding. In addition to the above participant comments and feedback, participants in general are hesitant to utilize MOUD. Sometimes this hesitancy is due to stigma and in some instances the lack of support from the ADTC team, as well as reluctance to the utilization of the continuum of FDA approved OUD medications.

The impact, positive or negative, of DMAS' normal enrollment operation and re-determination is an unknown at this point. The use of this funding may increase if individuals no longer have access to Medicaid benefits. The lack of access to the services Medicaid covers may also impact individuals' ability to participate.

Findings

² <https://aspr.hhs.gov/legal/PHE/Pages/COVID-19-15jul2022.aspx>

DBHDS continues to consult with the Office of the Executive Secretary (OES) Drug Treatment Court Coordinator, Alkermes, and participating courts to evaluate and provide technical assistance. An expectation of increased enrollment was pursued through a focus on enhanced supports, technical assistance, and increased accessibility to long-acting injectable prescribed medications within the ADTC programs. Communications to ADTC coordinators were provided to educate and alert ADTCs of the opportunity to request participation in the Item 311.Z funding. The July 2021 change in appropriation language was emphasized and added as talking points. DBHDS staff outreach to DUI courts was initiated, and interested inquiries were received from the ADTC, as well as the Family DTC and the DUI court; however, no applications have been submitted.

The expectation is to continue to provide an opportunity for ADTCs to participate in education and training related to the medications as well as the implementation of the treatment regime. The benefits of Naltrexone as a treatment option for individuals with an alcohol use disorder (AUD) will be promoted as part of outreach efforts. Since the last report, two of the three DUI courts are non-operational. It continues to be noted that some drug court teams need continued education regarding the benefits and efficacy of MAT/MOUD. Targeted stigma reduction campaigns for both participants, communities and ADTC teams will remain an essential element in growing participants.

As there is a continued effort to recruit and support ADTCs in providing appropriate long-acting injectable medications for the treatment of an OUD or an AUD there is a concern that this funding may be better utilized for an expanded population.

If additional programs are selected to participate in the funding opportunity in the next fiscal year, all ADTC, Family, and DUI dockets will be held to the same standards as the other Courts listed above that have previously participated.

There has been an influx of funding to address treatment services for individuals with an OUD; however, substance use trends vary and can be unpredictable. The Item 311.Z funds may provide a safety net as the availability of other funding streams change and the growth of ADTCs, Recovery Courts, and Specialty Dockets continues. If the language is expanded to include all these courts and dockets, the opportunity to address individuals with an OUD/AUD may be better served.