

68704

THE HARTFORD DISPENSARY METHADONE MAINTENANCE TREATMENT PROGRAM

PROGRAM ADMISSION CRITERIA

This prepared policy directive is meant to focus on admission criteria for entry to the Hartford Dispensary Methadone Maintenance Treatment Program. The following outlined stipulations are the current admission criteria, but are subject to change, in accordance with mandated regulations on the Federal, State, and Local level, as they occur. Moreover, the following criteria are consistent with the regulations established by the Federal Food and Drug Administration (DHEW), Drug Enforcement Administration, and other State and Local regulatory agencies.

1. All applicants must provide evidence of current opiate dependence (physiological and psychological) at the time of application to the program. Verification of opiate dependence will be based on observation of physical symptomatology, i.e., signs of withdrawal, needle marks, tracks, dilated pupils, positive (dirty) urine results for opiate drugs on two or more separate occasions over a four or five day time span.
2. All applicants must be at least eighteen (18) years of age at the time of application. The applicant must produce verifiable documentation of age and identity; such as, birth certificate, baptismal record, majority card, driver's license,

etc. Acceptable documentation will be recorded and placed in the applicant's admission file. (See attached statement: Proof of Age and Identity.)

3. All applicants must be residents of Hartford County (this includes the City of Hartford and all towns and localities of Hartford County). However, City of Hartford residents will receive "first priority" for available program admission slots.

4. The program is limited to treatment of opiate (heroin, morphine, and all other synthetic opiate derivatives) addicts. Admission will be based on a carefully documented history of opiate dependence beginning, at least, two-years prior to the applicant's request for admission to the program. Verification of the applicant's opiate addiction history will consist of:

- (1) treatment in other drug programs (detoxification facilities, therapeutic communities, methadone maintenance, crisis intervention, etc.);
- (2) court and police arrest records pertaining to drug charges;
- (3) written verification of the applicant's opiate addiction history from private physicians, hospitals and other health related institutions are acceptable; and
- (4) written verification from family members (parents, spouse, and siblings), friends, and other sources on the community level.

5. The two-year opiate dependence criteria does not necessarily mean that the applicant has used opiate drugs for two consecutive years, however, it does mean that the applicant has used opiate drugs on a frequent basis for at least two years prior to the date of his application. As example, during the two-year period the applicant may have been abstinent intermittently because of incarceration, participation in other drug treatment programs, etc.

6. It is recommended, although it is not a mandated criteria, that the applicant have a history of treatment in one or more drug treatment programs during his/her drug dependence history. In the case of applicants without a history of treatment in any other drug programs, after staff evaluation and on the recommendation of the program physician(s), applicants may be referred to other treatment sources that are considered more appropriate than the methadone maintenance regime at the time of application.

7. Applicant's treatment in other drug programs require verification. Secondly, applicants are required to sign a Confidential Release Form for the transferal of records and information pertaining to the applicant's medical, psychiatric and social history from other treatment sources.

8. Denial of Admission: If in the professional judgment of the physician(s) a particular applicant would not benefit from methadone treatment, he/she may be refused such treatment even if he/she meets all other admission criteria.

9. Denial of Admission: Applicants meeting all other admission criteria may be denied admission to the program based upon medical conditions incompatible with methadone treatment. In all cases, denial of admission of a medical nature will be based upon the professional judgment of the program physician(s).

10. Denial of Admission: Applicants meeting all other admission criteria may be denied admission to the program based upon psychiatric conditions incompatible with methadone treatment. In all cases of a psychiatric nature, program psychiatrist(s) will make the professional determination as to whether or not the applicant will be denied admission for psychiatric reasons.

SOURCE: Food and Drug Administration, (DHEW) Federal Register, "Methadone Listing as New Drug with Special Requirements and Opportunity for Hearing" (Friday, December 15, 1972, Washington, D.C.) Volume 37 - Number 242, Part III.

THE HARTFORD DISPENSARY METHADONE MAINTENANCE TREATMENT PROGRAM

ADMISSION APPLICATION

Date of Interview _____

1. Clinic Identifier _____
2. Client Identifier _____
3. Name _____
Last First Middle
4. Admission Date _____
Month Day Year
5. Alias (Street Names) _____
6. Mother's Maiden Name: _____
Last First Middle Initial
7. Current Address _____
Number Street City State Zip Code
8. Previous Address _____
9. Telephone _____
10. Social Security # _____
11. Sex: Male _____ Female _____
12. Date of Birth _____
13. Age _____
14. Race: White _____ Black _____ Other (specify) _____
15. Ethnic Group: (a) Puerto Rican _____ (d) American Indian _____
(b) Mexican American _____ (e) Other (specify) _____
(c) Asian _____
16. U.S. Veteran: Yes _____ No _____ Date of Entry _____
Date of Discharge _____
Type of Discharge _____
17. Marital Status: (a) Single _____ (b) Married _____
(c) Divorced _____ (d) Separated _____
(e) Widowed _____ (f) Common Law _____
(g) Other (specify) _____
18. Living Arrangements: (a) Alone _____ (b) With Spouse _____
(c) With Parents _____ (d) Other Relative _____
(e) Male Friend (s) _____ (f) Female Friend (s) _____
(g) Other (specify) _____
19. Do any of the above (Question #17) family, friend, or associates in client's living arrangements use drugs? Yes _____ No _____ Unknown _____
20. Age first illegally used any drugs _____ Name of drug first used _____
21. Age first illegally used opiate drugs _____ Name of opiate first used _____

21. Longest period of abstinence since addicted _____

22. Previous history of detoxification (place and dates) _____

23. Previous history of participation in other drug treatment and rehabilitation programs (Places, dates, and whether or not treatment was completed):

24. Drugs used (past & present):	Age First Used	Age First Daily Used	Weekly Use - Last 2 Months			
			None	Once	More Than Once	Daily
(a) Heroin						
(b) Illegal Methadone						
(c) Opiate Derivative						
(d) Alcohol						
(e) Barbituates						
(f) Amphetamines						
(g) Cocaine						
(h) Marijuana						
(i) Hallucinogens						
(j) Psychotropics (Librium, Valium, etc.)						
(k) Inhalants						
(l) Non-prescription over- the-counter drugs						
(m) Other (specify)						

25. Total estimated cost of drugs per day (during the last month on the street):

(a) Cost of primary drug \$ _____ (b) Total cost of all drugs used \$ _____

26. Arrest History: Ever arrested? Yes _____ No _____

If yes, total number of times arrested _____

Arrest by charge:	Possession of drugs or narcotics	No _____	Yes _____
	Sale of drugs or narcotics	No _____	Yes _____
	Burglary	No _____	Yes _____
	Larceny	No _____	Yes _____
	Robbery	No _____	Yes _____
	Other charges (specify)	_____	

27. Number of convictions: (start from date of most recent conviction)

Charge _____ Sentence _____

Charge _____ Sentence _____

Charge _____ Sentence _____

Charge _____ Sentence _____

Charge _____ Sentence _____

28. Are you on probation? Yes _____ No _____ Specify dates: From _____ To _____

Name and address of Probation Officer _____

29. Are you on parole? Yes _____ No _____ Specify dates: From _____ To _____

Name and address of Parole Officer _____

30. Do you have any criminal cases pending? Yes _____ No _____

If yes, specify charges: _____

Awaiting trial Yes _____ No _____ When _____

Awaiting sentencing Yes _____ No _____ When _____

Out on Bail Bond Yes _____ No _____ Cost \$ _____

31. Employment Information:

Employed (legitimate full-time - 30 hrs per week) Yes _____ No _____

Employed (legitimate part-time - less than 30 hours per week) Yes _____ No _____

Other (specify) _____

If employed, what is your occupation? _____

Name of employer: _____

Average weekly take home pay \$ _____ Length of Employment: From _____ To _____

Do you have any special skills or certified training? Yes _____ No _____

If yes, specify _____

Past Employment History: (Start with most recent employment)

Occupation _____ Employer _____

From _____ To _____ Reason for leaving _____

Occupation _____ Employer _____

From _____ To _____ Reason for leaving _____

Occupation _____ Employer _____

From _____ To _____ Reason for leaving _____

32. Are you receiving any benefits at present? Yes _____ No _____ If yes:

Social Security \$ _____ Veterans' benefits \$ _____

Medicare \$ _____ Unemployment Compensation \$ _____

Welfare - City \$ _____ Number _____

Welfare - State \$ _____ Number _____

Other (specify) _____ \$ _____

Do you have any illegal income? Yes _____ No _____ Average Weekly Amount \$ _____

How many people are dependent on your income? _____

33. Education History:

Highest grade completed: _____ Year Completed _____

Do you have any special skills or training? Yes _____ No _____

If yes, specify _____

Are you currently attending college, vocational training, high school diploma course, etc.? If yes, specify:

34. Do you have any medical illness or physical handicap? Yes _____ No _____

If yes, specify _____ How long _____

Are you currently undergoing medical treatment and/or receiving medication?

Yes _____ No _____ Name of Medicine _____

Physician's name and address _____

35. Have you ever been institutionalized or received treatment for mental health problems and/or psychiatric care? If yes, specify:

Yes _____ No _____ How long _____

Name of institution and/or psychiatrist _____

Are you currently undergoing psychiatric treatment? Yes _____ No _____

If yes, specify _____

36. Who referred you to this program?

Self	_____	Relative	_____
Friend	_____	Program Member	_____
Physician	_____	Social Service Agency	_____
Hospital	_____	Institution	_____

Other (specify) _____

FOR OFFICE USE:

1. Proof of Identity _____

2. Proof of residence _____

3. Proof of age _____

4. Documentation of two years opiate addiction: _____

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- This image shows a single page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Title _____

THE HARTFORD DISPENSARY METHADONE MAINTENANCE TREATMENT PROGRAM

SCREENING AND EVALUATION BOARD

PURPOSE

The primary role, function, and purpose of the Screening and Evaluation Board (hereinafter referred to as the Board) will be:

- (1) to determine client applicant's eligibility status in accordance with prescribed guidelines as set forth in program policy statements -- Admission Criteria and the Contractual Agreement;
- (2) to identify, if possible, client applicants with "real" or "probable" secondary medical or psychiatric conditions, over and above the primary condition of opiate dependence, for referral of such applicants to the program medical doctor(s) (physicians and psychiatrists) for a professional medical evaluation to determine the extent, if any, of the applicant's medical or psychiatric condition and whether or not such a condition is conducive to methadone treatment;
- (3) to gather pertinent data pertaining to the client applicant's past and current socio-medical and drug history from all available sources, i.e., intake workers,

the applicant, other program personnel, current program members who may be familiar with the applicant, social service and health institutions, other drug treatment programs, family members and friends of the applicant, etc., as a means to make viable decisions for the determination of applicant's eligibility status for admission or rejection to the program;

(4) to initiate objective procedures in the investigation and evaluation of information concerning all client applicants in reference to determining eligibility status; and,

(5) to create an atmosphere whereas all client applicants are afforded the opportunity to participate in an impartial screening procedure for the determination of eligibility status for admission or rejection to the program.

BOARD STRUCTURE

The Board will consist of four program staff members, three counselors and one nurse. The Center (clinic) Supervisors and the Nurse Supervisor, respectively, will make recommendations to the Administrator or his designate for appointments to the Board.

APPLICATION PROCEDURE

Applicants requesting admission to the program may apply any week day (Monday through Friday) during the program's daily operational hours. All applications will be taken at one central clinic location. Presently, all applications are accepted at the Hartford Dispensary - South End Clinic, but this is subject to change. All applicants will be interviewed by the intake worker for the purpose of filling out the intake forms, i.e., demographic data, drug information, past medical history, etc. The intake worker will then briefly describe the program to the applicant. Moreover, the applicant will be told that before he/she is determined eligible for admission to the program, he/she will be required to:

- (1) provide proof of age, identity, residence, and a history of at least two years of opiate dependence (see policy statement entitled Admission Criteria for further clarification on this issue);
- (2) submit a urine specimen at the time of application in order to determine the types of drugs in the applicant's system;
- (3) meet before the Screening and Evaluation Board in order to determine eligibility status for admission to the program;

(4) sign the Consent to Methadone Treatment Form FD 2635, (12/72), if the Screening and Evaluation Board determines that the applicant meets the criteria for admission to the program; and

(5) undergo a complete medical examination by the program physician(s) prior to starting on methadone medication.

PROCEDURES

The Screening and Evaluation Board will convene at 1:00PM on Monday and Friday of each week for the purpose of screening and evaluating applicants for admission to the program. The Board will adhere to the stipulations as outlined in the policy statement entitled Admission Criteria.

The Board's main function will be to determine the applicant's eligibility status for admission to the program in accordance with established admission criteria. The decision as to whether there is sufficient proof will be based on the professional judgment of the Board and the program physician(s). The Board will be responsible for seeing that all necessary information and documentation is obtained as soon as possible and placed in the applicant's file. Moreover, verification in many cases may be acquired via telephone contact for confirmation of applicant information until such time as formal transferral of records takes place between the Hartford Dispensary and the appropriate outside agencies.

In addition to discerning whether or not applicants meet the program admission criteria, the Board will make their recommendations known and refer any individuals (whether or not, in the Board's judgment, they belong in a methadone program) to the physician(s) (medical doctor or psychiatrist) for a professional medical judgment. It is presumed that in most cases the recommendation of the Board and the professional judgment of the medical physician(s) will be in concurrence regarding the issue of applicant admission or rejection to the program. All recommendations for applicant admission or rejection to the program will be made on the second screening day by the Board. (However, there may be a lapse in time of a few days between the first and second screening days.) Board recommendations will only be held-up or deferred because of insufficient data on which to make viable decisions. However, in such cases the Board will schedule deferred applicants for another screening in the immediate future or until all necessary information has been collected by the Board.

It will be the Board's responsibility to collect the necessary information from outside sources, etc., consistent with the specifications as outlined in the statement on Admission Criteria, pertaining to deferred applicants.

All client applicants recommended for admission to the program will be scheduled for an appointment with the program physician(s) for a complete medical examination at the earliest possible time.

THE HARTFORD DISPENSARY METHADONE MAINTENANCE TREATMENT PROGRAM

AND

INDIVIDUAL PROGRAM MEMBERS

A CONTRACTUAL AGREEMENT

The primary purpose of this contractual agreement between the Hartford Dispensary Methadone Maintenance Treatment Program (hereinafter referred to as the Hartford Dispensary) and the individual program members is to specifically outline the responsibility, role function, and relationship of the above mentioned parties pertaining to the issue of narcotic addiction rehabilitation:

- (1) The Hartford Dispensary agrees to provide medical, psychiatric, and social supportive services for the primary purpose of rehabilitation of the narcotic addict, as outlined in the context of this agreement; and
- (2) The individual program member agrees to participate in the Hartford Dispensary program according to the guidelines as specified in the context of this agreement for the primary purpose of treatment and rehabilitation of narcotic addiction, and that such program participation on the part of the individual program member is voluntary and he/she may request withdrawal from methadone and termination from the program at any time during the duration of this agreement.

The Hartford Dispensary and the individual program member agree to the following guidelines as set forth in this contractual agreement:

1. It is recommended that all program members remain in the program as long as it is deemed necessary to effect socio-medical rehabilitation; however, program members may request voluntary withdrawal from methadone at any time during this period. Secondly, the Hartford Dispensary has the right to begin an involuntary withdrawal of any program member from methadone maintenance because of medical or disciplinary reasons, as outlined in the contractual agreement, during this period.
2. Upon admission to the program, all program members will be given a complete medical/physical examination by the program physician(s).
3. Program members with medical problems directly related to the methadone maintenance treatment will be treated by the program physicians. However, program members with other medical problems not directly related to the methadone treatment will be referred to an appropriate treatment source, i.e., family physician, health clinic, hospital, etc.

4. All program members will be given an updated complete medical/physical examination by the program physician(s) on an annual basis.
5. Psychiatric services are available to program members, if necessary.
6. Upon admission to the program, all program members are required to report to the Hartford Dispensary on a daily basis, for a period of six months, for their methadone medication. Secondly, program members are required to orally consume their prescribed dosage of methadone medication under the direct supervision of the nursing staff. Thirdly, at the end of the six months daily reporting period, program members on an individual basis will be evaluated by the Hartford Dispensary staff for take-home medication privileges.
7. After the screening and evaluation regimen and acceptance for methadone medication as prescribed by the program physician(s), potential program members are required to attend Orientation Group, on a daily basis, for a designated period of one week. (See eligibility requirements for screening and evaluation and goal objectives of Orientation Group for more information.)

8. During the Orientation Group period, potential program members will be assigned to a specific counselor by the center (clinic) supervisor and a treatment plan will be devised.
9. Following the Orientation Group, program members are required to participate in Day Status for a period of no less than four weeks and no more than ten weeks, depending on the individual's progress as evaluated by the program staff. (For more information, see statement on Day Status objectives.)
10. During the Day Status period, program members are required to participate in group therapy sessions for a minimum of two days per week, and at the discretion of the counselor, and depending on the individual program member's progress, he/she may be required to participate in group therapy sessions up to five days in any given week.
11. After completion of four weeks in Day Status, program members will be evaluated by the program staff for promotion and participation in the next programatic stage (phase), i.e., Job Ready Group, Vocational/Educational Placement, or continued Day Status, etc.

12. During the Day Status period, individual program members will be gradually stabilized to maintenance level on methadone medication under the direct supervision of the program physician(s) in conjunction with the nursing staff.

13. Any program member caught using non-medically prescribed drugs (alcohol, opiates, barbituates, amphetamines, marijuana, etc.) or dealing such drugs on the Hartford Dispensary premises will be evaluated and subject to termination from the program.

14. Program members who are prescribed medication by a private physician (other than program physicians) are required to report such information to the medical staff. It is the individual program member's responsibility to make available to the nursing staff the prescription medication container. Pertinent information will be recorded by the nursing staff to insure that the prescribed medication does not conflict with the use of methadone and as a means to monitor the individual program member's urine specimen results. Failure to report such information may result in disciplinary action.

15. Program members who verbally threaten or physically assault program staff members or other program members will be subject to disciplinary measures and may be terminated from the program.

16. Any program member observed by the staff as frequently abusing alcohol or other drugs will be evaluated by the program staff and may be required to participate in a special therapeutic group, or he/she may be referred to an appropriate treatment source outside of the program.

17. Any program member arrested for alleged possession or trafficking in narcotics or other drugs will be subject to disciplinary measures, depending upon the nature and circumstances of such arrests. In all cases of this nature, staff evaluation will dictate what, if any, disciplinary action will be taken, i.e., loss of "good standing", termination from the program, etc.

18. Any program member arrested and/or convicted of a felony crime that is committed after admission to the program will be subject to disciplinary measures, i.e., loss of "good standing", termination from the program, etc.

19. Any program member who has on his person, while on the Hartford Dispensary premises, a dangerous weapon (guns, etc.) will be subjected to immediate and automatic termination from the program.

20. All program members are required to submit urine specimens, as requested, at least once weekly. Failure to submit urine specimens upon request will result in holding-up the individual program member's methadone medication until a urine specimen is submitted. Secondly, failure on the part of any program member to submit a requested urine specimen during the program's established dispensary hours will result in the program member's methadone medication being held-up for that particular day, and he/she will be subject to the same procedure the following day. Third, repeated failure on the part of any program member to submit requested urine specimens any result in scheduled withdrawal from methadone maintenance and eventual termination from the program. Fourth, all urine specimen submissions will be visually supervised by a program staff member (nurse or counselor) and all urine submissions must be at least 30c.c. in quantity to be acceptable.

21. Program members who are examined by the medical staff (physicians and psychiatrists) and are determined to be medically and/or psychologically unable to submit urine specimens as required in the guidelines will be exempt from this mandate for as long as the medical staff deems it necessary.

22. Program members may be withdrawn from methadone maintenance for medical reasons by the program physicians, however such individuals will be referred to an appropriate outside treatment source, if possible.

23. Any program member arrested or incarcerated in the Connecticut (Statewide) penal system for a period of two weeks or longer will be automatically terminated from the program. (See reference at the end of this contractual agreement.)

24. Any program member with positive (dirty) urine results will be evaluated by the staff and appropriate measures will be initiated, i.e., loss of "good standing", assignment to one of the various special therapeutic groups, termination from the program, etc.

25. Program members are required to notify their counselor in advance of any proposed absence from the program, i.e., missing medication, group therapy sessions, etc.

26. Any program member who frequently fails to report to the Hartford Dispensary for his/her methadone medication will be evaluated by the staff and appropriate disciplinary measures will be initiated.

27. Program members who are on the take-home methadone schedule and fail to report to the Hartford Dispensary on the designated day(s) may lose their take-home methadone privilege for a period of one week, depending upon the nature and circumstances of their absence. Secondly, repeated absences of this nature will result in the take-home privilege being revoked, loss of "good standing" in the program, and other disciplinary measures as may be recommended by the staff after evaluation of the particular case.

28. Any program member who fails to report to the Hartford Dispensary to receive their methadone medication for five consecutive days will be immediately terminated from the program and will not be readmitted for a period of ninety (90) days.

29. All program members are eligible for emergency methadone take-home privileges (see emergency take-home guidelines). However, when appropriate, program members will be transferred to an out of state methadone program when traveling for a short/temporary period of time on personal or business matters, i.e., death or illness in the immediate family, temporary job relocation, etc. In any case, the Hartford Dispensary will make the necessary arrangements for program members at their expense to receive their medication at an out-of-state program if ample notification is given.

30. Emergency take-home methadone medication for self-administration by program members will only be provided up to a maximum period of seven days, after all other available resources and alternatives have been exhausted, no longer. (In all cases, to be eligible for emergency methadone maintenance medication, program members are required to provide the Hartford Dispensary with verifiable information in order to be considered for this privilege.

I have read the above contractual agreement in full and do hereby certify that I will adhere to all of the stated policy to the best of my ability as a program member and participant of the Hartford Dispensary Methadone Maintenance Treatment Program.

NAME: Hartford Dispensary
Staff Member (Title)

NAME: Program Member

DATE

DATE

* REFERENCES:

"If a patient misses appointments for two weeks without notifying the program, the episode of care is considered terminated and so noted in the clinical record. This does not mean that the patient cannot return for treatment. If the patient does return for treatment and is accepted into the program, this would be considered a re-admission and so noted in the clinical record."

Food and Drug Administration (DHEW), Title 21 -
FOOD AND DRUG "Approved New Drugs Requiring
Continuation of Long-Term Studies, Records, and
Reports; Listing of Methadone with Special Re-
quirement for Use" (Chapter 1, Subchapter C,
Federal Register, Volume 37, No 242, Friday,
December 15, 1972), para. 26e.

D I R E C T I V E

The Weekly Staff/Program Member Contact Form is meant to focus on all staff/client interactions on an individual basis. Second, this form is meant to be utilized by staff personnel on a daily basis for the primary purpose of recording and monitoring all staff/client contact on an individual basis in regard to client problem issues that are directly related to their functioning in the program, i.e., medical issues, social productivity, etc. Third, this form will serve as a fundamental systematic procedure in the overall evaluation of the program's effectiveness in the particular area of staff-to-client counseling intervention techniques on a one-to-one basis for the amelioration of client problems or other issues.

1. Client's Name: Record the client's full name.
2. Clinic #: Record the client's clinic number.
3. Type of Contact: In this space, specify whether or not client contact is a scheduled appointment. If not, write the word unscheduled.
4. Counselor's Name: The counselor will record his name in the allotted space.
5. Date of Contact: Record the date of contact.
6. Time of Contact: Record the starting and ending times of all one-to-one contacts.
7. Subject: Write a brief statement on the client's problem or issue involved in the counseling session, i.e., domestic problem, job or vocational problem, housing, legal, medical, etc.
8. Counselor's Recommendation: Write a brief statement on what was recommended to the client, by the counselor, as a means of solution to the client's problem or issue. As example, if the client has a medical problem, it would be appropriate to refer him/her to the program physician(s), etc.
9. Counselor's Follow-up: Write a brief statement on the proposed follow-up procedure to be utilized by the counselor as a means of checking whether or not the client's problem or issue was resolved. It is the counselor's responsibility to follow-up such referrals in order to ascertain whether or not the client kept the appointment or the nature of any medical problem. Other follow-up procedures may include on-going counseling sessions, family therapy, legal assistance, probation, parole, and other types of counseling on behalf of the client.
10. After completion, it is the counselor's responsibility to place this form in the client's demographic file and to place a xerox copy of this form in the client's medical record.

WEEKLY STAFF/PROGRAM MEMBER CONTACT FORM

1. CLIENT'S NAME _____
2. CLINIC NUMBER _____
3. TYPE OF CONTACT _____
4. COUNSELOR'S NAME _____
5. DATE OF CONTACT _____
6. TIME OF CONTACT _____
(FROM) _____ (TO) _____

7. SUBJECT: _____

8. COUNSELOR'S RECOMMENDATION: _____

9. COUNSELOR'S FOLLOW-UP: _____

10. FILE COPIES: Client's File
Medical Record File

12/1/72 - 12/31/73

LEAA

LEAA DISCRETIONARY GRANT
PROGRESS REPORT

1. GRANT NO.

73-ED-01-003

2. REPORT DATE

☐ April 1☐ October 1☒ Other

3. REPORT TYPE

☐ Interim☒ Final

4. GRANTEE

Department of Corrections
340 Capitol
Hartford, Connecticut

5. IMPLEMENTING SUBGRANTEE

THE HARTFORD DISPENSARY METHADONE
MAINTENANCE TREATMENT PROGRAM
45 Retreat Avenue
Hartford, Connecticut 06106

6. TITLE OR CHARACTER OF PROJECT

Methadone Maintenance Treatment
Program

7. GRANT AMT.

\$175,000.00

8. COVERING PERIOD

12/1/72 TO 12/31/73

9. TO ☒ Cognizant Regional Office, Law Enforcement Assistance Admin.☒ State Planning Agency, State of Connecticut

10. EXPLANATION

Submitted herewith is the grantee's progress report for the period above.

11. SIGNATURE OF PROJECT DIRECTOR

Charles H. Ehlers

12. TYPED NAME & TITLE PROJ. DIR.

Charles H. Ehlers
Acting Administrative Director

RECEIVED

13. COMMENCE REPORT HERE. (Add continuation pages as required.)

MAR 19 1974

General OverviewLEAA-FMD
NEW ENGLAND REGION
BOSTON, MASS. 02109

Since the inception of the LEAA Discretionary Grant, The Hartford Dispensary Methadone Maintenance Treatment Program has been able to realize significant progress in the area of drug treatment and rehabilitation of the heroin addict population. The program's client population on methadone maintenance, however, has gradually decreased from 310, on or about December 1, 1972, to approximately 260 clients at present. Of the current active client caseload, approximately 30 clients have been withdrawn from methadone maintenance (in good standing) and are now drug free. The 30 drug free clients are still carried as active participants on the program. Drug free clients are required to report to the Hartford Dispensary on a systemized periodic basis as part of the program's follow-up regimen. Follow-up services for drug free clients consist of: (1) individual counseling; (2) group therapy sessions; (3) vocational, educational, and employment counseling services; and (4) urine specimen submissions to detect for drugs in the individual's system.

Indeed, the Hartford Dispensary during the past year has realized that the development and implementation of a drug free component to complement the existing primary methadone maintenance program, especially for those clients who are withdrawn from methadone maintenance treatment, is a dire necessity at this most crucial point in time. Although the development of a drug free component has received considerable emphasis, to date, the program's limited resources, manpower and facilities have dictated that we expend the major portion of our time and expertise toward realizing some measurable impact on the "hard core" heroin population via methadone maintenance treatment.

NCJRS

... continued

Instructions Appear on Reverse Side

JUN 26 1980

READING ROOM

Probation and Parole

Currently, there are 72 clients on methadone maintenance treatment who are on parole and probationary status. To be exact, 24 clients are on parole and 48 clients are on probationary status, respectively. The number of program clients on probation and parole status is down considerably from a high of 148 clients (39 parolees and 109 probationers) in December, 1972, the first month of the grant, to its current figure of 72 such clients in methadone maintenance treatment. More importantly, the decrease in numbers in regard to parolees and probationers in treatment may be attributed to a number of problems generic to methadone maintenance treatment programs across the country: (1) there are fewer heroin addicts applying for admission to methadone maintenance programs; (2) there seem to be fewer heroin addicts surfacing in the criminal justice system, i.e., courts, law-enforcement, etc., on drug and drug-related criminal charges as opposed to a few years ago; (3) over the past few years, law enforcement officials on the federal, state, and local levels have placed considerable emphasis on apprehending the large narcotic suppliers as opposed to the common "street junkie"; and, (4) recently, it has been noted that some segment of the community is of the opinion that methadone maintenance treatment is another form of "social control".

Currently, the Hartford Dispensary has two staff members (a counselor and a nurse) assigned to the Hartford Correctional Center. They are primarily responsible for orientation and processing the necessary paperwork for inmates soon to be released from the correctional center into the methadone maintenance program in as swift a manner as possible. The two staff members mentioned above are also responsible for conducting individual and group "rap" sessions among the various interested inmates, who in most cases are only a few weeks away from release. They also commute between the various Connecticut Correctional Institutions (Somers, Niantic, Enfield, and Cheshire) for the purpose of interviewing those inmates who request information about the program. At the present time, the jail staff is working with approximately 15 inmates on a regular basis at the Hartford Correctional Center. Of that number, 2 are currently being stabilized on methadone maintenance under the direct supervision of the program physician, and the other 13 are still undecided about the most appropriate treatment modality for their drug problem. In any case, the jail staff will assist such inmates concerning the most appropriate treatment program choice and, if necessary, they will make referrals to other programs.

Administration

Since the activation of the grant there has been a change in program leadership -- the Hartford Dispensary Board of Directors hired a new Administrator. Therefore, the program is in a state of constant change; emphasis is on pertinent issues in reference to new trends in relationship to the overall changing characteristics of the heroin user population, the most appropriate types of treatment services to render to the client population given the program resources and the up-grading of staff, clinical, and administrative skills as a means to effect a higher quality service delivery system.

Indeed, since the change in program leadership, the new Administrator has established specific goal objectives, both short and long range, for the program as a whole. These specific goal objectives are:

1. The up-grading of staff clinical and administrative skills through in-service and academic training for the purpose of effecting a higher quality service delivery capability.
2. The development of a more effective internal evaluation system. This particular aspect of the program is in the initial stage of development and the primary purpose for such a system is: (a) to implement a systematic data gathering mechanism in reference to all aspects of the program; (b) quick retrieval of data for internal client evaluation and external reports for pertinent outside agencies and funding sources; (c) to scrutinize and monitor program effectiveness; (d) to discern emerging problem areas and to recognize new trends as they develop as related through systematically compiled data; and (e) for future research purposes, the quality of treatment services for the target population.
3. To utilize the expertise of accredited professionals in various behavioral and social science disciplines (i.e., psychology, social work, sociology, psychiatry, etc.) as instructors for the in-service training program.
4. To develop viable and on-going relationships with the academic community for the purpose of utilizing such relationships for consultation, research purposes, and on-going staff in-service training.
5. The staff in-service training program will focus on three specific program training needs: (a) individual counseling techniques, (b) group therapy techniques, and (c) community organization strategies to nurture and foster better inter-organizational relationships with outside agencies.

6. The in-service training program is scheduled to be operational in the middle to latter part of February, 1974.

7. The in-service training program will be linked-up with the Manchester Community College for the purpose of acquiring college credits for staff trainees.

8. The in-service training program will be for a three month period and each of the three specific courses mentioned in #4 above will be for a period of 45 hours each.

9. The program's in-service training is applicable to most all social service agencies and therefore we hope to involve staff members from the Probation Department and the Community Resources for Justice, Inc. (pre-trial diversion program). It is hoped that through a joint effort the relations between the Hartford Dispensary and the two programs mentioned will become more inter-dependent and mutually cooperative.

Proposed Drug Free Clinic

In November, 1973, the Hartford Dispensary submitted a grant application in support of a proposed Drug Free Clinic to the National Institute of Mental Health (NIMH) for funding. Presently, the proposal is under consideration by NIMH for approval and therefore its exact status is not known at this time.

Implementation of a Drug Free Clinic would complement the existing methadone maintenance treatment program, if integrated, by encompassing, primarily, narcotic addicts from three different sources: (1) clients who have been withdrawn from methadone maintenance and have been active participants in the program; (2) former narcotic addicts as they are released from the Connecticut Correctional Institutions and Centers, i.e., Somers, Enfield, Cheshire, Niantic, and Hartford; and (3) narcotic addicts who are processed through the criminal justice system, i.e., courts, probation, etc., in lieu of incarceration for drug and drug-related crimes.

This additional component would benefit a wider cross section of the narcotic addict population in terms of more than one treatment modality, thus greatly enhancing the scope and effectiveness of the current program and providing a means to treatment for many addicts who before would not have qualified, nor opted for admission to the methadone maintenance program.

If funded, the Drug Free Clinic along with the North End Clinic, now located on Main Street in Hartford's North End, will be housed and operated out of a newly renovated structure to be located at 520 Albany Avenue in the North End. Currently, the above-mentioned facility is in the process of extensive renovation and the anticipated date of occupancy is February, 1974.

Summation

Since the inception of the LEAA Discretionary Grant (12/1/72 to 12/31/73) there has been a change in program Administrators along with other significant changes and developments in the clinical and administrative operation of the program. The most critical developments to occur in the operation of the program have been the following:

1. The hiring of a new Administrator by the Board of Directors;
2. The development of comprehensive program guidelines covering most all aspects of the program's operation;
3. The activation of a client government at the North End Clinic;
4. More emphasis on documentation of staff/client therapeutic interactions for evaluation purposes;
5. The development of a viable data gathering and internal evaluation system;
6. The re-structuring of the program Screening and Evaluation Board;
7. The development of a comprehensive in-service training program for all staff members;
8. The development of the "Proposed Drug Free Clinic" to complement the on-going methadone maintenance program; and
9. The development of more concrete inter-organizational linkages with outside agencies, i.e., The Drug and Alcohol Training Center, Community Resources for Justice, the criminal justice system, colleges and universities in the Hartford area, as a means to enhance the effectiveness of the program.

U. S. DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE
ADMINISTRATIONREPORT OF EXPENDITURE AND STATUS OF
DISCRETIONARY GRANT FUNDS

From: (Name and Address of Subgrantee)

Department of Correction
340 Capitol Avenue
Hartford, Conn. 06115

LEAA Grant No.

73-ED-01-003

Date of Report

1/14/74.

Report No.

4

Type of Report

- ☐ Regular Quarterly
☐ Special Request
☒ Final Report (detailed schedules must be attached)

Short Title of Project:
Hartford Dispensary Methadone
Maintenance Treatment ProgramReport is submitted for the Period: October 1, 1974 through December 31, 1974Major Program Category: Community Treatment - Probation & Parole Improvement

Required matching contribution:

25 %

Section I. Status of Federal Grant Funds

1. Amount of Grant Award.	\$ 175,000.	4. Amount Expended During Report Period.	\$ 40,400.
2. Total Advances Received to End of Report Period.	\$ 161,520.	5. Total Amount Expended to Date (Total of items 3 and 4).	\$ 175,000.
3. Amount Expended to Beginning of Report Period.	\$ 134,600.	6. Unexpended Cash Balance at End of Report Period (Item 2 minus item 5)	\$ (13,480.)

Section II. Expenditure by Object Class

Object	Budget - Total Approved *	Total Project Expenditures During Period	To Date	Federal Grant Fund Expenditures to Date
Personnel	\$ 314,308.	\$ 24,165.38	\$ 185,234.30	\$ 120,680.58
Professional Services	41,151.	4,456.30	15,442.70	9,265.66
Travel	3,251.	154.66	879.49	527.69
Equipment				
Supplies and other operating expenses	157,130.	11,623.66	74,210.12	44,526.07
TOTAL	\$ 515,840.	\$ 40,400.00	\$ 275,766.61	\$ 175,000.00

* Thirteen months 12/1/72 - 12/31/73.

NOTE: Furnishing of false information may constitute a violation of applicable State and Federal law.

CERTIFICATION: I certify that the above data are correct, based on the grantee's official accounting system and records, consistently applied and maintained, and that expenditures shown have been made for the purposes of, and in accordance with, applicable grant terms and conditions.

Typed Name Charles H. Ehlers

ire

and Title Director

Received by Grantee State Planning Agency:

Official

Date

ADDENDUM

1. Program Admission Criteria
2. Admission Application
3. Screening and Evaluation Board
4. A Contractual Agreement
5. The Weekly Staff/Program Member Contact Form

END