

PREVENTION SUBCOMMITTEE
GOALS AND RECOMMENDATIONS TRACKING DOCUMENT

Date	Prevention Subcommittee Goals	Progress to Date	Status	Comments
2/20/2018	Expand naloxone education and availability for high risk populations	The RBHAOs have determined priority populations in each region and are working with some health districts to provide naloxone education and distribution. Additional opportunities to expand naloxone availability to the public have been met through the SOR federal grant. A total of 12,000 Narcan kits will be available for distribution in FY 2019 through the following: DMHAS, DOC, DPH, CT Hospital Association and the RBHAOs.	Complete	
2/20/2018	Provide guidance and encourage the stocking of naloxone and reporting of naloxone use in schools.	The naloxone survey results were shared. RBHAOs will follow up with districts interested in training. The subcommittee is researching whether other states require naloxone in schools and whether there are other naloxone surveys being administered.	Complete	
2/20/2018	Make available age-appropriate, evidence-based opioid curricula in public schools K-12	<p>Through the federal SOR grant DMHAS is contracting with SERC to bring awareness of the dangers of opioid use directly into the classroom for students in grades K-12.</p> <p>Torrington and Stratford school districts have been chosen to help develop and implement a guiding curriculum for OUD identification, prevention and supports. Plans are for the curriculum to be developed by July 1st and district training held by September 30th.</p> <p>A virtual 2-day conference was convened on August 18-19th to share the guiding curricula for selecting and implementing OUD programs. There were over 150 attendees from across the state. SERC will continue to work with school districts that are interested in more in-depth TA in utilizing the guidance.</p>	Complete	
2019	<p>Identify core competencies for Continuing Medical Education around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff).</p> <p>Measures:</p> <ul style="list-style-type: none"> • Number of individuals attending the Scope of Pain 	<p>A list of core competencies was developed by Dr. Daniel Tobin, Assistant Prof. of Medicine, Yale Univ. School of Medicine and Medical Director of the Adult Primary Care Center at Yale New Haven Hospital. These competencies are the objectives of the lectures he delivers to both prescribers and non-prescribing medical staff and is suggested for use in measuring current pain management programs for medical trainees and providers.</p>	Complete	Trainings are completed with 527 individuals trained.

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		<p>Brochures, posters, print ads, online ads, radio scripts, handbills, social media and on-line ads have been developed for the Change the Script campaign. A targeted campaign was completed for prescribers to increase their utilization of the CPMRS. Plans are for a statewide kickoff of the campaign in February 2018.</p>	Complete	
		<p>The “Change the Script” campaign materials continue to be broadly disseminated and evaluated statewide. New messaging for a variety of target audiences is being developed. The campaign will also be integrated with the statewide “One Word, One Voice, One Life” suicide prevention campaign since they share common risk factors.</p>	Ongoing	
2019	<p>Support the integration of the Prescription Drug Monitoring Program (PDMP) with Electronic Medical Records (EMRs) to improve access to patient data and reduce prescription drug misuse and overdose.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Number of institutions participating in integration • Number and types of campaign materials distributed • Increase in the number of CPMRS users 	<p>There have been ongoing functionality enhancements being made to the CPMRS. 40% of prescribers accessed the system between the time period of September 1st and August 31st of 2019. A total of 150,945 Clinical Alerts were distributed to all CPMRS prescribers during this time period.</p> <p>In 2019, the following 20 were new additions to the integration of CPMRS and EHRs. They include:</p> <p>Women’s Health Specialty Care (DrFirst)</p> <p>Stamford Dental Spa (DrFirst)</p> <p>Orthopedic and Neurosurgery Specialists PC (Virence)</p> <p>David Sasso MD LLC (DrFirst)</p> <p>Perception Programs, Inc. (DrFirst)</p> <p>Medical Specialists of Fairfield LLC (DrFirst)</p> <p>Wilton Internal Medicine, LLC (DrFirst)</p> <p>TCCF (DrFirst)</p> <p>Bruce Rothschild, MD, PLLC (DrFirst)</p> <p>Neurosurgery, Orthopedics and Spine Specialists PC (DrFirst)</p> <p>Becky Kreuzer APRN, PMHNP, LLC (DrFirst)</p> <p>The Children's Center of Hamden (DrFirst)</p> <p>Mystic Medical Associates LLC (eClinicalWorks)</p> <p>Micha Abeles, MD (NextGen)</p> <p>Eastern Connecticut Hematology & Oncology (DrFirst)</p>	Complete	

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6/18/2019	Reduce addiction stigma in the workplace by supporting employers in the development of knowledge and practices that create a recovery-friendly workplace and policy guidelines that promote addiction recovery.	A scope of services for a consultant to put together a recovery friendly workplace toolkit with sample policies for human resources departments that addresses active users, individuals in recovery and family members of active users is being developed. The toolkit and accompanying webpage are completed and posted on the drugfreect.org website.	Complete	
10/15/2019	Institute a public health campaign to promote realistic pain expectations, while providing prescribers with resources to help patients moderate their expectations and manage their pain.	A subcommittee has been established and a campaign flyer and Personal Pain Management tool were developed and are being finalized in preparation for dissemination.	Complete	
		The Personal Pain Management flyer and tool were developed and made available for download on the drugfreect.org website.	Complete	
12/17/2019	Work with established groups and initiatives to educate legislators, policy makers, medical and other professionals, families, and community members on SEI/FASD, plans of safe care, and best practices for universal prenatal screening; and develop legislative and policy recommendations that support women and families.	A new 5-year state plan that was developed incorporated the elements of policy change and legislation championed by the workgroup. As a result the workgroup dissolved in June 2021.	Complete	
8/1/2020	Work with news media outlets, journalism schools, and other organizations statewide to educate public information officers, editors, reporters, on-air professionals, and students on substance use disorders, recovery, and the importance of the use of non-stigmatizing language.	The workgroup is developing a list of experts who will be trained and made available to media who are looking for ATOD topic experts.	Complete	
		The workgroup is planning to continue the yearly forum around best practices and reporting. To date, the “The Power of Media: Changing the Narrative on Substance Use” complete its third virtual forum in 2023.	Complete	
12/1/21	Section 65 of PA 21-1 - CT’s Adult Use Cannabis legislation requires the ADPC to make recommendations to the governor and legislature on efforts to promote certain public health initiatives and collection of data for certain reviews. In addition, DMHAS has received funding to develop and launch a public information and education campaign that delivers prevention messages and strategies to various populations.	Messages with aspects of the law relative to age for possession, DUI, transporting across state lines and storage have been developed and placed on 25 billboards across the state. Billboards will run until the comprehensive campaign is developed.	Complete	
		ODonnell Company was procured to develop the campaign. They developed a plan for rolling it out, researched existing campaigns and will be meeting with content experts and focus groups to inform messages. Phase 1 completed 6/2023.	Complete	

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	<p>Detail Recommendation: Use the established Cannabis Workgroup of the Prevention Subcommittee to advise the public education campaign and the policy and program recommendations to prevent usage by individuals under age 21, which will be due to the Governor and General Assembly in January 2023.</p>	Workgroup members identified policy recommendations in the areas of public health and safety, placement and access, products and potency and other.	Complete	
		ODonnell Company began working on Phase2 of the media and public education campaign. Phase 2 builds on key messaging developed during Phase 1 as well as expanding upon it.	New	Phase 1 was completed in 2023. Phase 2 began in 2024.
		DMHAS in conjunction with with the RBHAOs will roll out a cannabis prevention and education programming utilizing the Strategic Prevention Framework, the statewide media and public education campaign as well as fund local prevention councils in 2024.	In Progress	
12/1/22	<p>Convene a Naloxone Workgroup of the Prevention Subcommittee to research and develop policy and program recommendations that increase public awareness of naloxone as a lifesaving medication, establish standard minimum training requirements, eliminate barriers, and improve access to naloxone statewide. Review current policies and practices to determine their effectiveness; and identify and recommend new policies and strategies.</p>	Convene a workgroup to develop policy and program recommendations that increase public awareness of naloxone.	Complete	
		Investigate, pilot and evaluate the effectiveness of placing naloxone vending machines and naloxboxes in various settings.	New	
		Expand the practice of "Leave Behind" efforts that include naloxone to the individual and/or family.	New	
		Provide naloxone and training in its use to emergency services personnel.	New	
		Provide naloxone and training in its use to DCF personnel.	New	
		Develop and disseminate brief informational videos to train individuals and emergency services personnel on the administration of naloxone	New	
		Provide naloxone and training in its use to School Districts	New	

TREATMENT SUBCOMMITTEE
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Date	Treatment Subcommittee Goals	Progress to Date	Status	Comments
	<p>Promote screening, brief intervention and referral to treatment for opioid misuse (e.g. SBIRT) across the lifespan:</p> <ul style="list-style-type: none"> • Implement Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) protocols according to national standards and/or as established by DCF, DMHAS and/or the UConn Health SBIRT Training Institute. • Expand professional trainings available on adult and adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT) to increase the frequency and number of individual screenings for opioid misuse, brief interventions, and referrals to treatment. 	<p>Trainers, Kognito licenses and UCONN training institute available-ongoing</p> <p>SAMHSA State Youth Treatment Implementation (SYT-I) proposal includes A-SBIRT trainings for various sectors.</p> <p>DMHAS STR and DCF ASSERT Awards include resources for SBIRT implementation and expansion. Dollars going to Beacon Health Options and UConn.</p> <p>SBIRT training offered at July 2017 opioid conference.</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>	<p>Maintain/Expand through DMHAS STR grant (A-SBIRT data infrastructure improvements and trainings) and DCF ASSERT grant (A-SBIRT training for a wide range of audiences)</p>
	<p>Enhance early identification of substance use problems by requiring children’s Enhanced Care Clinics (ECC), for youth age 12-17 inclusive, at intake to services to:</p> <ul style="list-style-type: none"> • Conduct urine toxicology screening for common substances of abuse/misuse including opioids. Screening protocols should be trauma-informed and follow best practice standards of care for the populations served. 	<p>Urine toxicology guidelines to be drafted by subcommittee for distribution to ECCs (can also be used beyond ECCs); please see October 2017 meeting packet for draft.</p> <p>The original recommendation to “require” ECCs to use urine toxicology screening upon all admissions was explored by the committee and ultimately decided against because of the possible misuse of it and resulting alienation from treatment that could happen.</p>	<p>Complete</p> <p>Complete</p>	<p>Guideline document created and disseminated.</p>
	<p>Require the 13 DMHAS operated/funded Local Mental Health Authorities (LMHA) to provide Buprenorphine treatment on-site, including psychosocial and recovery support services. Psychosocial services require a comprehensive assessment to determine an individual's recovery plan, including which medication(s), level of care and recovery supports would be most appropriate. The assessment should include the individual's stage of readiness and receptivity to the recommendations.</p>	<p>12/16- One time DMHAS funding for LMHAS</p> <p>12/16-DMHAS Learning Collaborative begun including sharing of policies</p> <p>Related-9/16 SAMHSA MATX funding expansion at 4 sites (2 LMHAS)</p> <p>DMHAS Prevention-Treatment-Recovery Conference 7/17- 8 hrs FREE DATA training offered</p> <p>Note: DCF ASSERT grant award includes expansion of MAT to youth aged 16-21</p>	<p>Complete</p>	<p>Maintain/Expand through involvement with Project ECHO opportunities and PCSS-MAT and MAT Learning Collaborative with 13 LMHAS and 7 STR sites is fully operational.</p>

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		Sept 2017 DMHAS Prescriber MAT Learning Collaborative expanded to include all LMHA prescribers.		
		DMHAS expands MAT Learning Collaborative to include 7 STR funded sites		
	<p>Establish a workgroup to identify and address regulatory barriers that limit access to care.</p> <p>Some examples include:</p> <ul style="list-style-type: none"> • LADC scope of practice; lack of integrated MH/SA program license; limits on which practitioner licenses can be used in outpatient hospital clinics; • hiring regulations and practices regarding persons in recovery; • Medicaid eligibility interruptions given incarceration/ hospitalization. <p>Note: <u>The Treatment Sub-committee will:</u></p> <ul style="list-style-type: none"> • Involve DPH in definition of limitations of existing regulation • Explore activities/workgroups in existence to limit duplication of efforts • Provide examples that are specific to ADPC and governor’s charge • Involve DSS in discussion of Medicaid rules related to incarcerated individuals; clarify any mis-information regarding benefits 	<p>Have explored multiple topics and invited speakers regarding the following topics:</p> <ul style="list-style-type: none"> • children’s behavioral health program licensing; • integrated mental health/substance abuse program license; • scope of practice for LADCs. • Mobile MAT • Increasing co-occurring capability of programs (e.g., licensing, funding, IMD rules) 	Complete	DPH and other State agencies’ membership on the subcommittee ensures this work moves forward when feasible and appropriate.
2/20/2018	Increase access to substance use services (i.e. increasing access to lifespan MAT and co-occurring programming)	DCF has implemented a youth/young adult OUD treatment program through a SAMHSA Federal Grant (ATM program). The program combines MAT, family co-occurring treatment, and recovery checkups.	Complete	
		Ongoing Waiver trainings to increase the number of MAT prescrib	Complete	Three CT waiver trainings have been completed and are now available online free of charge.

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	<p>Task from HB7052</p> <p>Feasibility of establishing a publicly accessible electronic information portal-bed availability for detox, rehabilitation, outpatient MAT</p>		Complete	<p>Deliverable on or before January 1, 2019</p> <p>Completed for detox, rehabilitation and certified/credentialed sober homes. Launched 11/20/17</p>
8/18/2020	<p>General hospitals will induct patients with OUD who are on their medical units, on a maintenance medication for their opioid use disorder and, when discharged from the hospital, they will have a discharge plan with a specialty provider for continuation of the medication.</p>	Based upon the discussion at the 8/20 Council meeting, DPH will revise its guidance on MOUD and disseminate to all hospitals.	Complete	Ongoing
3/1/2021		Update: The general hospitals, with the support of Beacon Health Options, continue to implement protocols for starting patients on medical units on medication for OUD. One barrier is the limited availability of SNF's that will admit someone on an MOUD from the hospital (continuity of care). DCP, DMHAS and DPH will continue to meet to problem solve.		
4/28/2022		Update: barrier related to transition out of hospital to SNFs continues		
5/1/2022		Update: workgroup of DCP, DPH and DMHAS reconvened		
5/26/2022		Carl Schiessl to work with DPH around resending blast fax. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-74-Guidance-to-Hospitals-for-Inpatient-Medication-Use.pdf		
		Beacon is setting up a workgroup to promote Inductions in ED.		

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2/1/2021	<p>“The Alcohol and Drug Policy Council shall endorse a public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence), and that the appropriate state agencies and their contractors implement such an approach.”</p> <p>Action Steps:</p> <ul style="list-style-type: none"> • Conduct an informational session on harm reduction approaches for substance use disorder for the Alcohol and Drug Policy members • The sub-committee will examine existing guidance documents related to harm reduction approaches to treatment and DMHAS and DCF will disseminate, as appropriate. • Conduct one or two virtual 2 hour training events for treatment providers and hospitals encouraging the use of harm reduction/risk reduction strategies to keep substance users engaged in services. 	Update, 9/2021: The sub-committee assisted Beacon Health Options to develop a forum for treatment providers addressing this topic that will be held in May or June, 2021.	Complete	Beacon Health Options hosted a virtual two-hour Harm Reduction Forum on May 20, 2021
6/1/2021	<p>A public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence) is endorsed and will be implemented by state agencies and their contractors.</p> <ul style="list-style-type: none"> • Conduct at least 2 harm reduction focused educational events • Compile list of harm reduction resources across the state 	<p>Harm reduction presentation was included in DMHAS webinar series</p> <hr/> <p>DMHAS hosted the Harm reduction conference in May 2022</p>	Complete	Update, 9/2021: The sub-committee

RECOVERY AND HEALTH MANAGEMENT SUBCOMMITTEE
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Date	Recovery Subcommittee Goals	Progress to Date	Status	Comments
	The ADPC will adopt the “Recovery Language” document developed by the Recovery and Health Management Committee to ensure that all members of the Council and members of the sub-committee are familiar with some alternatives to traditional terminology and can promote the use of such terminology.	A “Recovery Language” document was developed by the original sub-committee and adopted by the full Council	Complete	A revision to the original document was adopted
6/19/2018	The ADPC will adopt the “Recovery Friendly Community Guidelines” that have been promulgated and piloted in a minimum of two locations by the sub-committee	Draft guidelines complete. Pilots have been completed in numerous communities. The DMHAS Regional Behavioral Health Action Organizations (RBHAOs) along with this sub-committee will continue to consult with and support additional communities interested in implementing guidelines.	Complete	
6/20/2023	<p>Convene a Recovery Friendly Campus and School Workgroup of the Recovery and Health Management Subcommittee to research and develop programming and policy recommendations to increase the capacity of institutions of higher education to support the growing needs of students and faculty/staff members seeking recovery and/or harm reduction resources and supports.</p> <p>Develop and disseminate a Recovery Friendly Campus toolkit for institutions of higher education to complete an internal assessment of their capacity to support the growing needs of students and faculty/staff seeking recovery and/or harm reduction resources.</p>		New	Ongoing
	<ul style="list-style-type: none"> Identify and recruit workgroup participants from various organizations, institutions of higher education, and related statewide initiatives 	Workgroup continues to meet 1-2X a month and includes members from multiple nonprofit organizations as well as multiple institutions of higher education.	Complete	Ongoing

RECOVERY AND HEALTH MANAGEMENT SUBCOMMITTEE
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Date	Recovery Subcommittee Goals	Progress to Date	Status	Comments
	<ul style="list-style-type: none"> Develop survey to share between colleges to inform development of tool kit 	<p>Workgroup continues to meet on a monthly interval and has developed a survey to distribute to institutions of higher education, to increase the workgroup’s awareness of needed toolkit components to support Connecticut’s campuses.</p> <p>The survey is being piloted currently with select recovery campus professionals prior to being finalized and fully distributed through the Connecticut Healthy Campus Initiative in January 2024.</p> <p>Workgroup members attended the Connecticut Healthy Campus Initiative meeting on 4/14/23</p>	In progress	
	<ul style="list-style-type: none"> Research and collaborate with existing collegiate recovery resources including programs, communities, and related professional associations 	<p>Two workgroup representatives completed the national SAFE Project 8 week Summer Series as of 8/15/2023, a virtual program that assists professionals to improve recovery support and overdose prevention services and capacity on campuses. SAFE Project materials remain available for the workgroup to examine for inclusion in the future toolkit and further technical assistance is available ongoingly.</p> <p>Workgroup representatives presented at the 10/3/2023 CSCU JED Campus Convening for Mental Health Coalitions to increase knowledge about and interest in our work, to learn from campus professionals, and to inform about the future recovery friendly campus survey</p>	Partially complete	In progress

CRIMINAL JUSTICE SUBCOMMITTEE
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Date	Criminal Justice Subcommittee Goals	Progress to Date	Status	Comments
2017	<p>MAT for DOC</p> <p>Reduce disparities in access to medical treatment by expanding the availability and clinical use of MAT to a broader group of incarcerated offenders and offenders re-entering communities using community-based standards of care. This recommendation expands DOC’s implementation of MAT in two facilities to the entire corrections system. In doing so, equitable opportunity to access MAT is offered to inmates regardless of facility.</p> <p>*Licensed OTP “inside DOC” will be licensed and run by community providers RNP, APT and CHR. DEA and DPH licensed, SAMHSA certified and NCCHC accredited.</p>	<p>DOC provides access to MAT to individuals at 10 DOC facilities. All 3 medications will be available to each facility. Currently all 10 facilities have access to Methadone and Vivitrol. Suboxone is currently being offered at Hartford CC, Bridgeport CC, Cybulski, Osborn, Robinson, and York.</p>	Partially complete	<p>Ongoing - Suboxone is a continued roll out at four remaining facilities. Training to be completed at New Haven CC and MacDougall, Walker in March of 2024</p>
		<p>MAT New Haven jail (2013) Methadone/ Vivitrol-</p> <p><u>Treat 90-100 patients daily with methadone</u>; vendor is APT Foundation (2022)</p> <p>Inductions occur regularly (2019)</p> <p>Purchased and installed automated methadone dispensing equipment (state funded budget)</p> <p>*Licensed Opioid Treatment Program (OTP)</p> <p>Suboxone roll out (Feb 2024)</p>	Complete	<p>Ongoing Fully Licensed OTP</p>

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Date	Criminal Justice Subcommittee Goals	Progress to Date	Status	Comments
		<p>MAT Bridgeport jail (2014)- Methadone/ Vivitrol</p> <p><u>100-115 patients daily</u> with methadone; vendor is RNP (2022)</p> <p>Inductions occur regularly</p> <p>Purchased and installed automated methadone dispensing equipment (state funded budget)</p> <p>*Licensed Opioid Treatment Program (OTP)</p> <p>Suboxone roll out (Dec 2023)</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT Hartford jail (2018)- Methadone/ Vivitrol</p> <p><u>100-130 patients daily</u> with methadone; vendor is CHR (2022)</p> <p>Inductions occur regularly (2020)</p> <p>Purchased and installed automated methadone dispensing equipment (state funded budget)</p> <p>Suboxone roll out planned May 2022*Licensed Opioid Treatment Program (OTP) go live date 3/24/21.</p>	Complete	Ongoing Fully Licensed OTP

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		<p>MAT York CI- Methadone/ Vivitrol/ Suboxone. Expansion (initially, pregnant women on methadone). Expansion to other patients 2018, Purchased and installed automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS).</p> <p>Inductions occur regularly</p> <p><u>145-155 persons daily</u> with methadone, buprenorphine and naltrexone; internal OTP (2022)</p> <p>Purchase and installation of automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS).</p> <p>Internal Opioid Treatment Program (OTP) licensed by DOC.</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT Osborn CI, Methadone/ Vivitrol</p> <p><u>60-70 patients daily</u> with methadone (2022)</p> <p>Suboxone roll out May 2022</p> <p>*Licensed Opioid Treatment Program (OTP) went live on 1/18/22</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT Corrigan jail Methadone/ Vivitrol</p> <p><u>40-45 patients daily</u> with methadone (2022).</p> <p>*Licensed Opioid Treatment Program (OTP) went live on 3/16/22</p> <p>Suboxone roll out Feb 2024</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT Carl Robinson Prison Methadone/ Vivitrol</p> <p>*Licensed Opioid Treatment Program (OTP) (2020) go live date 3/31/21.</p> <p><u>45-50 patients daily</u> with methadone (2023)</p>	Complete	Ongoing Fully Licensed OTP

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		<p>MAT Walker Reception Center prison (2020) Methadone/ Vivitrol</p> <p>(State funded budget)</p> <p><u>10-15 patients daily (2022)</u></p> <p>*Licensed Opioid Treatment Program (OTP) projected start April/May 2021</p> <p>Suboxone roll out Jan 2024</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT in Willard Cybulski prison Methadone/ Vivitrol</p> <p>(State funded budget)</p> <p><u>20-25 patients daily (2022)</u></p> <p>*Licensed Opioid Treatment Program (OTP) projected start April/May 2021</p> <p>Suboxone being offered as of August 2023</p>	Complete	Ongoing Fully Licensed OTP
		<p>MAT in Garner- expanding to Garner with vendor RNP. DEA completed site visit, hope to go live by the end of April 2022</p> <p>Suboxone roll out Feb 2024</p>	Partially complete	
		<p>Step Forward program in New Britain (initially funded with STR 2017). Between 1/1/2018 – 9/30/2020 program served 163 people in step forward and 284 in-reach clients</p>	Complete	No longer contracted
10/1/2018	<p>Police PD/PAD Plan</p> <p>Develop a plan for Police Preventative Deflection and Police Assisted Diversion for persons with problem substance use that can be quickly implemented when funding becomes available.</p>	<p>A workgroup formed following the May 2019 subcommittee meeting to develop a “toolkit” for police to provide guidance on connecting people to substance use treatment services, providing resource information to family and friends, and providing guidance on implementing arrest diversion models. November 2020 workgroup re-formed, exploring options re: Police resources/needs</p>	Complete	

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		April 2022 Police Role Call being created- brief 5 minute videos to train on specific topics- the first will be safe handling of Fentanyl	Complete	
		April 2022 Recommendation completed: due to new resources such as the ACTION Line for Adult Crisis it was decided that a tool kit is no longer required as access to crisis services is widely available to individuals and police.	Complete	
		DMHAS has provided over 220 Narcan kits to the CT Police Chiefs Association for distribution to municipal police departments.	Complete	
	PD/PAD Report per HB7052 Study SA tx referral programs that have been established by municipal police departments to refer individuals to SA treatment facilities for opioid	Workgroup met 9/28/17; will begin gathering information on programs in CT and elsewhere	Complete	Deliverable due on or before February 1, 2018.
		Met 10/19/17 and 11/13/17, next meeting 11/27/17		
		Preliminary ideas presented at ADPC December meeting		
6/19/2019	Early Screening and Intervention Program Reduce criminal justice involvement of low risk adults with substance use disorders who have low level criminal charges and connect them to services in lieu of prosecution. Provide social work-trained Resource Counselors to assist dedicated prosecutors in screening, assessment, and appropriate referral of low-level offenders with issues such as substance abuse, mental health, or homelessness underlying their criminal behaviors.	The SFY20 state budget did not include funding to continue the Office of the Chief State's Attorney's Early Screening and Intervention (ESI) program in Bridgeport, Waterbury, Hartford, New Haven, New London, and Norwich GA courts.	Complete	
		DMHAS' SOR Supplement grant funds will sustain the program through SFY20.	Complete	
		DMHAS funding and support to ESI program extended through 2022	Complete	Ongoing
12/15/2020	Enhance access to the ATM model to a targeted population of youth and young adults who are transitioning out of the Department of Correction and/or who are under the supervision of the Juvenile/Adult Probation. The utilization of ATM will expand the continuum of services for youth and young adults. The focus will be on client centered recovery services to reduce opioid use and commonly associated substance use problems.	Provide information to referral sources and develop an effective referral process that meets the needs of the clients.	Complete	
		Referral sources will be educated on the specialized programming available through ATM with an emphasis on services not currently available through the Department of Correction or the Court Support Services Division contracts.	Complete	All trainings requested