

## CT Alcohol and Drug Policy Council Recommendations Tracking Document

| Prevention Subcommittee Goals   | Progress to date   | Status   |
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| <p>Identify <b>core competencies for Continuing Medical Education</b> around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff).</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> <li>• Number of individuals attending the Scope of Pain trainings</li> <li>• Decrease in the number of opioids prescribed</li> </ul>  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• To date, six Scope of Pain trainings have been delivered to prescribers and non-prescribers across the state including the most recent on November 29th in Hartford. Additional trainings are being planned throughout the state.</li> <li>• The next SOP training is planned in Enfield for December 4, 2019</li> </ul>  | <p>Original goal <b>Completed</b>.<br/>Trainings are ongoing with 527 individuals trained to date.</p>                                     |
| <p>Create a <b>Statewide Prevention and Education Communication Strategy</b> which will:</p> <ul style="list-style-type: none"> <li>• Raise awareness of and provide education on the dangers of opioids and reduces stigma and other barriers for individuals and family members seeking help.</li> <li>• Provide education and resources regarding dispensing, safe storage and disposal of prescription medications.</li> <li>• Inform prescribers by developing and adopting Fact Sheets; support the dissemination process of such Fact Sheets to prescribers</li> </ul> | <ul style="list-style-type: none"> <li>• The 6 health districts awarded a PDO grant are receiving quarterly report cards with data on age, gender, race ethnicity, residence and where overdose deaths have occurred in order to target their interventions.</li> <li>• The drugfreect.org website continues to be utilized approximately 1,800 times/day, and is in the process of being redesigned.</li> <li>• National Prevention Week is scheduled for May 12-18, 2019. The planning committee is coordinating an educational forum at the New Britain Museum of American Art, a Health &amp; Wellness Fair at the State Capitol, a prevention video conference and numerous local community events.</li> <li>• There are a total of four completed Remembrance Quilts that are available for display. Additional quilt square making events are being planned.</li> <li>• 4 health districts from across the state have been trained to implement comprehensive prescriber, school and community social marketing education campaigns which will include medication storage and disposal information.</li> <li>• The Subcommittee reviewed a series of CDC-produced factsheets and posters directed at patients and families. Identified materials were mailed to more than 1,000 healthcare agencies.</li> </ul> | <p>Goal is <b>Completed</b> and activities are ongoing</p> <p>Goal is <b>Completed</b>, activities are ongoing</p> <p><b>Completed</b></p> |

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| <p>Promote ADPC adoption of one or more of the Public Service Announcements that have been developed by DMHAS and other currently available educational materials for distribution. Assist with the identification of necessary resources to do so.</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> <li>• # of website hits</li> <li>• Increase in calls to the toll free number</li> <li>• Increased number of individuals being trained</li> <li>• Increase in the volume of unused prescription medication collected</li> </ul> <p>Number of quilting events</p> | <ul style="list-style-type: none"> <li>• On November 21, 2017 a press release was issued jointly by the DCP and DMHAS encouraging the public to check their medicine cabinets and dispose of and/or secure medications for the safety of their guests.</li> <li>• The DCP has: created a new “How to dispose of your medications” for Youtube; licensed additional law enforcement drop boxes; drafted language for drop boxes in pharmacies; provided brochures for distribution including “Secure Your Meds” and “Safe Storage and Disposal of Prescription Medication.”</li> <li>• 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 is being finalized for prescribers to increase their utilization of the CPMRS. Plans are for a statewide kickoff of the campaign in February 2018.</li> <li>• 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.</li> </ul> | <p>Completed</p> |
| <p>Support the <b>integration of the Prescription Drug Monitoring Program (PDMP) with Electronic Medical Records (EMRs)</b> to improve access to patient data and reduce prescription drug misuse and overdose.</p> <p><u>Measures:</u></p> <ul style="list-style-type: none"> <li>• Number of institutions participating in integration</li> <li>• Number and types of campaign materials distributed</li> <li>• Increase in the number of CPMRS users</li> </ul>   | <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. A total of 150,945 Clinical Alerts were distributed to all CPMRS prescribers during this time period.</p> <p>There have been 20 new additions to the integration of CPMRS and EHRs. They include:</p> <ul style="list-style-type: none"> <li>•Women’s Health Specialty Care (DrFirst)</li> <li>•Stamford Dental Spa (DrFirst)</li> <li>•Orthopedic and Neurosurgery Specialists PC (Virence)</li> <li>•David Sasso MD LLC (DrFirst)</li> <li>•Perception Programs, Inc. (DrFirst)</li> <li>•Medical Specialists of Fairfield LLC (DrFirst)</li> <li>•Wilton Internal Medicine, LLC (DrFirst)</li> <li>•TCCF (DrFirst)</li> <li>•Bruce Rothschild, MD, PLLC (DrFirst)</li> <li>•Neurosurgery, Orthopedics and Spine Specialists PC (DrFirst)</li> <li>•Becky Kreuzer APRN, PMHNP, LLC (DrFirst)</li> <li>•The Children's Center of Hamden (DrFirst)</li> <li>•Mystic Medical Associates LLC (eClinicalWorks)</li> <li>•Micha Abeles, MD (NextGen)</li> </ul>  | <p>Completed</p> |

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|   | <ul style="list-style-type: none"> <li>•Eastern Connecticut Hematology &amp; Oncology (DrFirst)</li> <li>•Pain Management LLC (eClinicalWorks)</li> <li>•CareMedica (eClinicalWorks)</li> <li>•Jewish Family Services of Greater Hartford (DrFirst)</li> <li>•Marilyn Richard APRN (DrFirst)</li> <li>•Comprehensive Neurology and Pain Center of Connecticut (eClinicalWorks)</li> </ul>   |                  |
| <p>Insure that <b>school administrators and/or nurses and college public safety personnel have naloxone available to them</b> and that the ADPC assists with obtaining funds, if necessary</p> <p><u>Measures</u></p> <ul style="list-style-type: none"> <li>• Increase in the number of school personnel who carry naloxone</li> </ul> | <p>SB 1057 proposes that each institution of higher learning (IHL) implement a policy covering the availability and use of opioid antagonists. It further requires that IHLs maintain a supply of opioid antagonists, make them available in a central location to students and employees, and notify authorities when used.</p> <p>A meeting of the campus members of the CT Healthy Campuses Initiative was convened to provide guidance on meeting the legislation requiring the development and posting of naloxone policies for all CT colleges s meeting. The DCP provided this guidance and will obtain a list of CT colleges and universities to track submission process. These policies must be submitted and approved by January 1, 2020.</p> <p>A naloxone survey was sent to school districts in November 2018. The results will be shared at a conference of School Nurse Supervisors on May 8<sup>th</sup>.</p> <p>A list of school nurses who indicated on the survey that they needed training on naloxone was sent for follow up.</p> | <b>Completed</b> |
| <p>2/20/18</p> <p>Make available age-appropriate, evidence-based opioid curricula in public schools K-12</p>  | <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 1<sup>st</sup> and district training held by September 30<sup>th</sup>.</p> <p>A virtual 2-day conference was convened on August 118-19th 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>  | <b>Completed</b> |

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| <p>2/20/18</p> <p>Provide guidance and encourage the stocking of naloxone and reporting of naloxone use in schools.</p>  | <p>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.</p>   | <p><u>Completed</u></p>   |
| <p>2/20/18</p> <p>Expand naloxone education and availability for high risk populations</p>   | <p>The RBHAOs have determined priority populations in each region and are working with some health districts to provide naloxone education and distribution.</p> <p>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.</p>  | <p><u>Completed</u></p>   |
| <p><b>Tasks from HB7052</b></p> <ul style="list-style-type: none"> <li>• One page fact sheet- Opioids :risks, symptoms, services and strategy for dissemination</li> <li>• Feasibility of Marketing campaign and monthly PSAs-Opioids: risks, symptoms, services (including opioid antagonists)</li> </ul>   | <ul style="list-style-type: none"> <li>• A one-page fact sheet on the risks of OUD and resources available to address it is being finalized and reviewed for posting on the DMHAS website by October 1<sup>st</sup>.</li> <li>• A statewide media campaign called <i>Change The Script</i> targeting users, their families and friends, prescribers and the general public is being developed for deployment this fall. It is being designed for customization by local agencies to build on the growing awareness of the opioid misuse problem and move individuals and communities toward taking appropriate action.</li> </ul>  | <p>Deliverable on or before October 1, 2017- <u>Completed</u></p> <p><u>Completed</u>. Deliverable on or before January 1, 2019 – Campaign development is completed. Soft launch in communities and across the state occurred January 2019. Official launch planned for the end of February 2018.</p> |
| <ul style="list-style-type: none"> <li>• Advise council of any recommendations for statutory or policy changes that would enable first responders or healthcare providers to safely dispose of a person’s opioids upon death.</li> <li>• Led by DPH with DCP and DMHAS- develop a voluntary non-opioid directive form and post on DPH website</li> </ul> | <p><b><i>HB-7052 Recommendation for Safe Disposal</i></b> A registered nurse employed by a home health care agency will be educated consistent with the information provided by the Department of Consumer Protection’s website on approved disposal methods for all controlled substances. The home health care agency will retain documentation verifying that the registered nurse has received such education. Upon a patient’s death, the RN will work proactively with the decedent’s designated representative or responsible family member to destroy or remove all controlled substances belonging to the decedent from the dwelling.</p> <ul style="list-style-type: none"> <li>• The VNOD form was developed by DPH and reviewed and approved by the DCP and DMHAS. It is currently being reviewed by their legal department in preparation for posting on the DPH website on October 1 2017</li> </ul> | <p>Deliverable on or before February 1, 2018</p> <p><u>Completed</u></p> <p><u>Completed</u></p>  |

| <p>6/18/19<br/>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.</p>   | <p>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.</p> <p>The toolkit and accompanying webpage are completed and posted on the drugfreect.org website.</p>  | <p><b>Completed</b></p>   |
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| <p>10/15/19<br/>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.</p>  | <p>A subcommittee has been established and a campaign flyer and Personal Pain Management tool were developed and are being finalized in preparation for dissemination.</p> <p>The Personal Pain Management flyer and tool were developed and made available for download on the drugfreect.org website.</p>   | <p><b>Completed</b></p>   |
| <p>12/17/19<br/>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.</p>  | <p>The workgroup is holding a virtual “From Stigma to Empowerment: Supporting Women and Families Impacted by Trauma and Addiction” conference for healthcare providers on 4/12. Topics will include the biology of addiction, trauma, women and pregnancy, and a panel of REACH navigators will also participate. Monthly SEI/FASD awareness campaign materials are being disseminated statewide. Workgroup members presented to the women’s legislative caucus and continue to look for legislative and collaborative opportunities.</p> | <p><b>Partial completion</b></p>  |
| <p>8/2020<br/>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.</p>   | <p>A successful “The Power of Media: Changing the Narrative on Substance Use” forum for media was held on December 10. The workgroup continues to meet and look for other opportunities to present the forum materials. Workgroup members have reached out to universities and colleges to offer the presentation to their journalism students and faculty members.</p>   | <p><b>Partial completion</b></p>  |
| <b>Treatment Subcommittee Goals</b>  | <b>Progress to date</b>   | <b>Status</b>   |
| <p><b>Promote screening, brief intervention and referral to treatment for opioid misuse (e.g. SBIRT) across the lifespan:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> </ul> | <ul style="list-style-type: none"> <li>• Trainers, Kognito licenses and UCONN training institute available-ongoing</li> <li>• SAMHSA State Youth Treatment Implementation (SYT-I) proposal includes A-SBIRT trainings for various sectors.</li> <li>• DMHAS STR and DCF ASSERT Awards include resources for SBIRT implementation and expansion. Dollars going to Beacon Health Options and UConn.</li> </ul>  | <p><b>Completed.</b> 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> |

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| <p>misuse, brief interventions, and referrals to treatment.</p>   | <ul style="list-style-type: none"> <li>• SBIRT training offered at July 2017 opioid conference.</li> </ul>   |   |
| <p>Enhance early identification of substance use problems by <b>requiring children’s Enhanced Care Clinics (ECC), for youth age 12-17 inclusive</b>, at intake to services to:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>   | <ul style="list-style-type: none"> <li>• 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.</li> <li>• The original recommendation to “<u>require</u>” <u>ECCs</u> 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.</li> </ul>   | <p><b>Completion</b><br/>Guideline document created and disseminated.</p> <p><b>Completed</b></p>   |
| <p>Require the 13 DMHAS operated/funded Local Mental Health Authorities (<b>LMHA</b>) to provide <b>Buprenorphine</b> 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> | <ul style="list-style-type: none"> <li>• 12/16- One time DMHAS funding for LMHAS</li> <li>• 12/16-DMHAS Learning Collaborative begun including sharing of policies</li> <li>• Related-9/16 SAMHSA MATX funding expansion at 4 sites (2 LMHAS)</li> <li>• DMHAS Prevention-Treatment-Recovery Conference 7/17- 8 hrs FREE DATA training offered</li> <li>• Note: DCF ASSERT grant award includes expansion of MAT to youth aged 16-21</li> <li>• Sept 2017 DMHAS Prescriber MAT Learning Collaborative expanded to include all LMHA prescribers.</li> <li>▪ DMHAS expands MAT Learning Collaborative to include 7 STR funded sites</li> </ul> | <p><b>Completed.</b><br/>Maintain/Expand through involvement with Project ECHO opportunities and PCSS-MAT and NP/PA MAT</p> <p>MAT Learning Collaborative with 13 LMHAS and 7 STR sites is fully operational.</p> |

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| <p><b>Establish a workgroup to identify and address regulatory barriers</b> that limit access to care.<br/>Some examples include: 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; and Medicaid eligibility interruptions given incarceration/ hospitalization.</p> <p>Note: <u>The Treatment Sub-committee will:</u><br/>-Involve DPH in definition of limitations of existing regulation<br/>-Explore activities/workgroups in existence to limit duplication of efforts<br/>-Provide examples that are <u>specific to ADPC and governor’s charge</u><br/>-Involve DSS in discussion of Medicaid rules related to incarcerated individuals; clarify any mis-information regarding benefits</p> | <ul style="list-style-type: none"> <li>• Have explored multiple topics and invited speakers regarding the following topics: <ul style="list-style-type: none"> <li>○ children’s behavioral health program licensing;</li> <li>○ integrated mental health/substance abuse program license;</li> <li>○ scope of practice for LADCs.</li> <li>○ Mobile MAT</li> <li>○ Increasing co-occurring capability of programs (e.g., licensing, funding, IMD rules)</li> </ul> </li> </ul>   | <p><b>Completed</b> – DPH and other State agencies’ membership on the subcommittee ensures this work moves forward when feasible and appropriate.</p>  |
| <p>2/20/18<br/>Increase access to substance use services (i.e. increasing access to lifespan MAT and co-occurring programming)</p>  | <p>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.</p> <p>Ongoing Waiver trainings to increase the number of MAT prescribers</p>   | <p><b>Completed</b></p> <p><b>Completed</b> – Three CT waiver trainings have been completed and are now available online free of charge.</p>   |
| <p><b>Task from HB7052</b><br/>Feasibility of establishing a publicly accessible electronic information portal-bed availability for detox, rehabilitation, outpatient MAT</p>   |  | <p>Deliverable on or before January 1, 2019<br/><b>Completed</b> for detox, rehabilitation and certified/credentialed sober homes. Launched 11/20/17</p>   |
| <p>8/18/20<br/><br/>General hospitals will start patients who are on their medical units, and who have an opioid use disorder, on a maintenance medication for their opioid use disorder and, when discharged from the hospital, have a discharge plan with a specialty provider for continuation of the medication.</p>  | <ol style="list-style-type: none"> <li>1. Based upon the discussion at the 8/20 Council meeting, DPH will revise its guidance to reflect the patient needing “a history of one year of opioid use DISORDER” and disseminate to all hospitals.</li> <li>2. SNF guidelines that were drafted by the joint DPH and DMHAS facilitated workgroup, were to have been rolled out at a training that was cancelled due to COVID. It will be suggested that DPH finalize the guidelines and disseminate them via BLAST Fax</li> </ol> | <p><b>Not Complete</b><br/><b>Update, 3/2021:</b> The general hospitals, with the support of Beacon Health Options, continue to implement protocols for starting patients on medical units on medication for OUD. The sole barrier that remains is the availability of SNF’s that will admit someone on an MOUD. This will need to be addressed by DPH post-COVID.</p> |

| <p>2/2021</p> <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"> <li>• Conduct an informational session on harm reduction approaches for substance use disorder for the Alcohol and Drug Policy members</li> <li>• The sub-committee will examine existing guidance documents related to harm reduction approaches to treatment and DMHAS and DCF will disseminate, as appropriate.</li> <li>• 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.</li> </ul> | <p>Update, 3/2021: The sub-committee is currently planning a forum for treatment providers addressing this topic that will be held in May or June, 2021.</p>  | <p><b>Not Complete</b></p> <p>NEW</p>  |
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| <b>Recovery and Health Management Subcommittee Goals</b>   | <b>Progress to date</b>   | <b>Status</b>  |
| <p>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.</p> <p>Revision (update)being drafted</p>   | <p>A “Recovery Language” document was developed by the original sub-committee and adopted by the full Council</p>   | <p><b>Completed</b></p> <p><b>Completed</b><br/>A revision to the original document was adopted.</p> |
| <p><b>NEW 6/2018</b><br/>The ADPC will adopt the “<i>Recovery Friendly Community Guidelines</i>” that have been promulgated and piloted in a minimum of two locations by the sub-committee.</p>  | <p>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.</p> <p>Approved by Council 6/19/18</p> | <p><b>Completed</b></p>  |
| <b>Criminal Justice Subcommittee Goals 9/18/17 new</b>   | <b>Progress to date</b>   | <b>Status</b>  |
| <p><b>MAT for DOC</b></p>  | <p>MAT New Haven jail (2013)-ongoing 65-70 patients daily.</p>  | <p><b>Completed- ongoing</b></p>   |



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| <p>Reduce disparities in access to medical treatment by expanding the availability and clinical use of <b>MAT to a broader group of incarcerated offenders and offenders re-entering communities</b> 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><b>Inductions occur regularly</b> (2019)<br/>         -Purchased and installed automated methadone dispensing equipment (state funded budget)<br/>         *Licensed Opioid Treatment Program (OTP)</p> <p>MAT Bridgeport jail (2014)-ongoing<br/> <b>60-65</b> patients daily. (2019)<br/> <b>Inductions occur regularly</b><br/>         -Purchased and installed automated methadone dispensing equipment (state funded budget)<br/>         *Licensed Opioid Treatment Program (OTP)</p> <p>MAT Hartford jail (2018)-ongoing,<br/> <b>45-50</b> patients daily.<br/> <b>Inductions occur regularly</b> (2020)<br/>         -Purchased and installed automated methadone dispensing equipment (state funded budget)<br/>         *Licensed Opioid Treatment Program (OTP)<br/>         go live date 3/24/21.</p> <ul style="list-style-type: none"> <li>• MAT York CI expansion (initially, pregnant women on methadone). Expansion to other patients 2018, Purchased and installed automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS).<br/> <b>Inductions occur regularly</b><br/>         -60-70 patients daily (~53 methadone and ~ 14 Subutex and ~1 Naltrexone)<br/>         - Purchase and installation of automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS).<br/>         Internal Opioid Treatment Program (OTP) licensed by DOC.</li> <li>• MAT in Osborn CI, (2018 with STR funding), 30 - 35 patients daily and have inducted approximately 5 on methadone. Osborn is receiving sentenced patients from the three jails, and treating TOP (time out program) patients as well. <b>Inductions occur regularly</b> (2018)<br/>         *Licensed Opioid Treatment Program (OTP) projected start April/May</li> <li>• <b>MAT in Corrigan-Radowski jail</b> (2018 with STR funding), 17-20 patients daily.<br/> <b>*Inductions have not started yet</b><br/>         *Licensed Opioid Treatment Program (OTP) projected start April/May</li> <li>• <b>BRAND NEW PROGRAM</b><br/> <b>MAT in Carl Robinson</b> prison (2020)<br/>         (State funded budget)<br/>         Projection goal to start treating patients with all 3 FDA medications by spring 2021.<br/>         *Licensed Opioid Treatment Program (OTP) go live date 3/31/21.</li> </ul> | <p><u>Completed- ongoing</u></p> <p><u>Completed ongoing</u></p> <p><u>Completed ongoing</u></p> <p><u>Completed-ongoing</u></p> <p><u>Partially Completed-ongoing</u></p> <p><u>Partially Completed-ongoing</u></p> |
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|   | <ul style="list-style-type: none"> <li>• BRAND NEW PROGRAM<br/><b>MAT in Walker Reception Center</b> prison (2020)<br/>(State funded budget)<br/>Projection goal to start treating patients with all 3 FDA medications by spring 2021.<br/>*Licensed Opioid Treatment Program (OTP) projected start April/May</li> <li>• BRAND NEW PROGRAM<br/><b>MAT in Willard Cybulski</b> prison (2020)<br/>(State funded budget)<br/>Projection goal to start treating patients with all 3 FDA medications by spring 2021.<br/>*Licensed Opioid Treatment Program (OTP) projected start April/May</li> <li>• Step Forward program in New Britain with STR funding 2017. 100 clients admitted pre-release, 52 admitted post-release.</li> <li>• Build a statewide re-entry MAT Network:<br/>DOC working to build MAT program<br/>Statewide</li> </ul> | <p><b>Partially Completed-ongoing</b></p> <p><b>Partially Completed-ongoing</b></p> <p><b>Partially Completed-ongoing</b></p> <p><b>Partially Completed-ongoing</b></p> |
| <p><b>10/2018</b><br/><b>Police PD/PAD Plan</b><br/>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>          | <ul style="list-style-type: none"> <li>• 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</li> <li>• DMHAS has provided over 220 Narcan kits to the CT Police Chiefs Association for distribution to municipal police departments.</li> </ul>   | <p><b>Partially Completed</b></p> <p><b>Completed</b></p>   |
| <p><b>PD/PAD Report per HB7052</b><br/>Study SA tx referral programs that have been established by municipal police departments to refer individuals to SA treatment facilities for opioid dependence. Identify barriers and determine feasibility.</p> | <ul style="list-style-type: none"> <li>• Workgroup met 9/28/17; will begin gathering information on programs in CT and elsewhere</li> <li>• Met 10/19/17 and 11/13/17, next meeting 11/27/17</li> <li>• Preliminary ideas presented at ADPC December meeting</li> </ul>   | <p>Deliverable due on or before February 1, 2018.<br/><b>Completed</b></p>  |

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| <p><b>6/19/19</b><br/> <b>Early Screening and Intervention Program</b><br/> 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.</p> | <ul style="list-style-type: none"> <li>• 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.</li> <li>• DMHAS’ SOR Supplement grant funds will sustain the program through SFY20.</li> <li>• DMHAS funding and support to ESI program extended through 2022</li> </ul> | <p><b>Partially Completed</b></p> <p><b>Completed</b></p> |
| <p><b>12/15/20</b><br/> 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.</p>   | <ul style="list-style-type: none"> <li>• provide information to referral sources and develop an effective referral process that meets the needs of the clients.</li> <li>• 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.</li> </ul>                                  | <p>NEW</p>  |