

# DMHAS 2024-25 Regional Priority Reports: Process and Selected Results

A presentation to the  
Alcohol and Drug Policy Council  
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# Background

# DMHAS Regional Priority Setting

SAMHSA Substance Abuse Prevention and Treatment (SAPT) and Mental Health (MH) Block Grant funding requires that states annually:

- Assess **needs, strengths** and **critical gaps** in their service delivery systems;
- Identify **target populations**, and **priorities** for those populations.

As strategic community partners, Regional Behavioral Health Action Organizations (RBHAOs) assist with this charge by:

- assessing regional **needs** and **gaps** across the lifespan;
- Identifying regional **priorities** for **substance use** and **mental health**;
- developing **regional reports** that include these elements, plus **emerging issues, populations of focus**, and **recommendations** for **prevention, treatment, and recovery**.



# Regional Behavioral Health Action Organizations (RBHAOs)

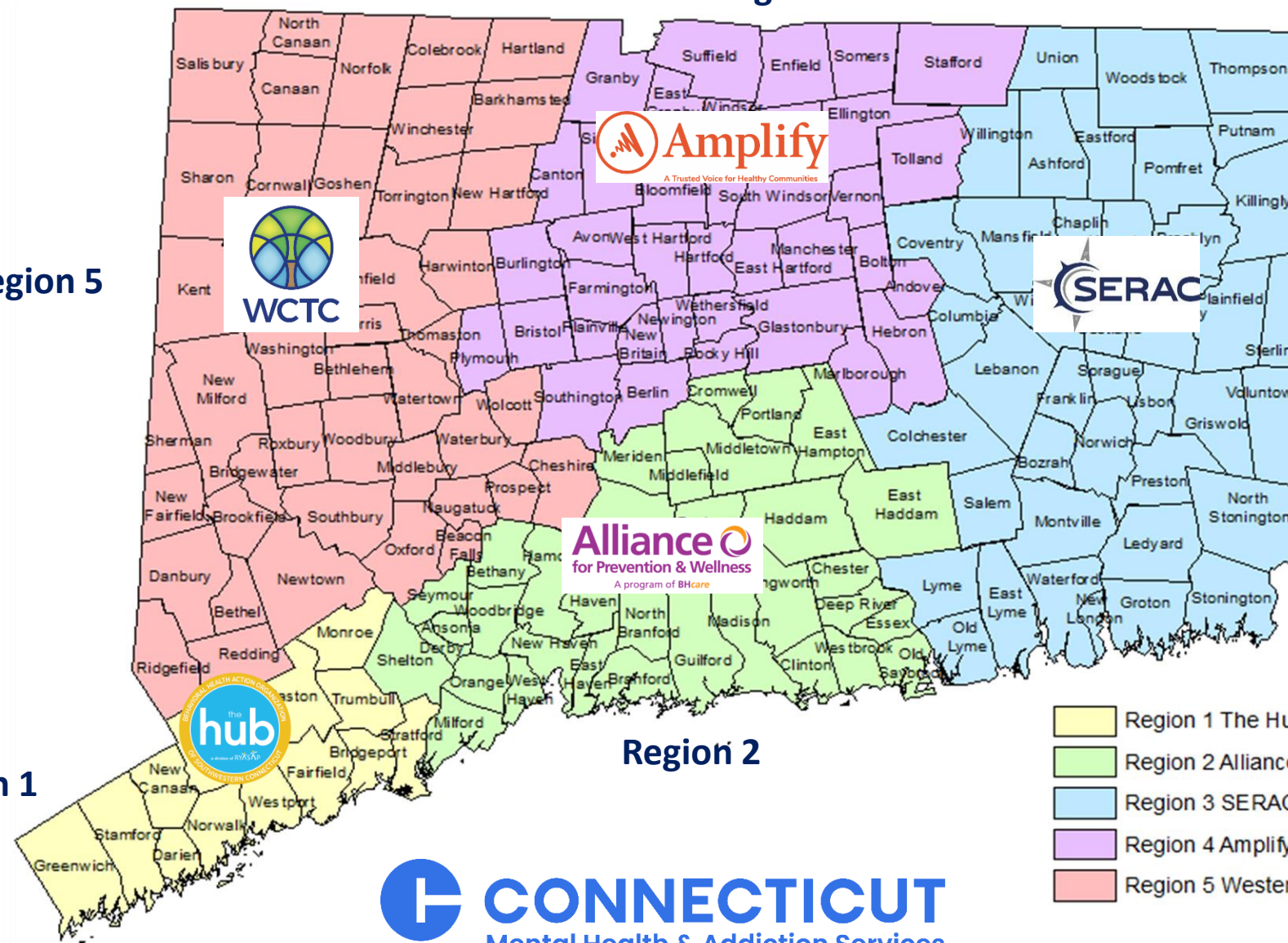
## Region 4

## Region 5

## Region 3

## Region 1

## Region 2



- Region 1 The Hub
- Region 2 Alliance for Prevention and Wellness
- Region 3 SERAC
- Region 4 Amplify, Inc.
- Region 5 Western CT Coalition

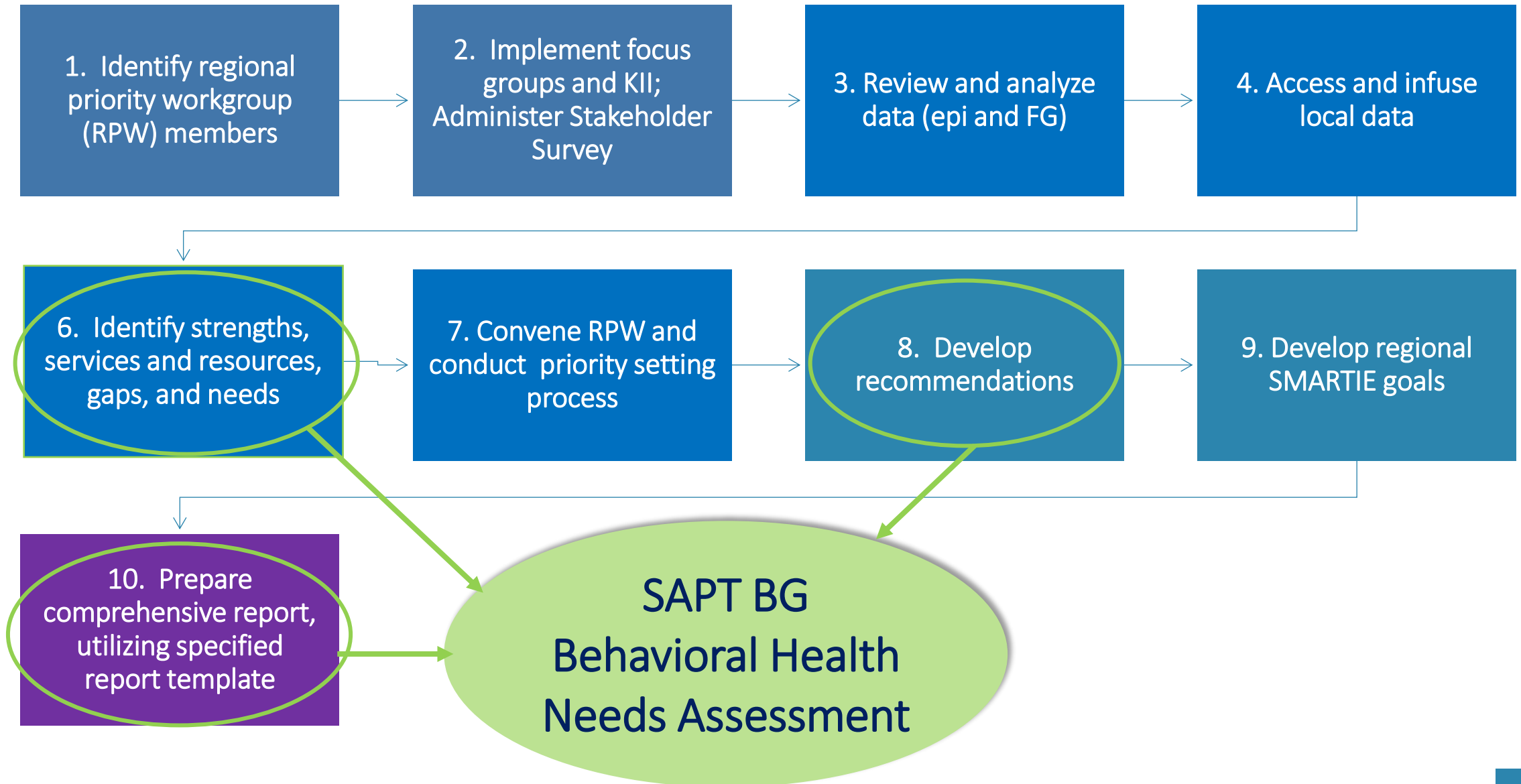
# The Regional Priority Setting Process

- **A 6-month collaborative process**
- **Data-driven:**
  - Quantitative (epi and survey data)
  - Qualitative (focus groups and key informant interviews)
- **Stakeholder-informed**
- **Re-designed for 2024-25**
  - Streamlined;
  - Standardized;
  - RBHAO-informed.

## **New for 2024-25:**

- Shift from focus on epi profile development and substance/issue prioritization to more targeted assessment of needs and actionable recommendations;
- Priority setting considers existing needs assessments and funded priorities;
- Addition of Statewide Stakeholder Survey;
- Region-specific SMARTIE goals.

# The RPR Process



# A Data-Informed Process: Epidemiological Data

## State

- CT School Health Survey (CT's YRBSS)
- Behavioral Risk Factor Surveillance System Survey (BRFSS)
- State Census/American Community Survey
- Accidental Drug Related Deaths (OCME)
- CPMRS/prescription monitoring data
- National Survey of Drug Use and Health (NSDUH)
- 2-1-1 Calls
- Drug seizure data – High Intensity Drug Trafficking Area (HIDTA)
- State Unintentional Drug Overdose Reporting System (SUDORS)

## Regional/Town

- Treatment admissions data
- Community Readiness Survey (CRS) regional reports
- Retail registrations/license for alcohol, tobacco/ENDS sales
- Regional youth and community surveys
- Treatment admissions data
- DataHaven Community Wellbeing Survey and Town Equity Profiles
- Hospital and ED/syndromic surveillance data
- DUI motor vehicle crashes

## Local

- EMS calls/Statewide Opioid Response (SWORD) and ODMAP data
- Drug seizure data
- Local youth and community surveys
- Stakeholder surveys
- Community Health Needs Assessments

# A Data-Informed Process: Local Qualitative Data

Focus groups with:  
Catchment Area Councils (CACs)  
Regional Suicide Advisory Boards (RSABs)  
and Gambling Awareness Teams,  
Local Prevention Councils (LPCs),  
Community Care Teams, the recovery  
community, youth-serving providers,  
families, referral organizations, school  
representatives, and others

Key Informant Interviews with:  
behavioral health consumers and  
providers; DMHAS Tobacco  
Enforcement and Problem Gambling  
Services, public health analysts, faith  
leadership, family members, loss  
survivors, community members,  
partner agencies, community leaders,  
and others

Group discussions at  
state, regional, and  
local meetings





## Strengths

- Information was collected from a strategically chosen sample of key informants identified by the Regional Behavioral Health Action Organizations
- 658 survey respondents
- **89% of communities (150 of 169) represented**
- Robust representation of key informant perspectives across communities, sectors, regions, and community types

## Limitations

- Dissemination approaches differed by region, from a targeted key informant approach to broader website posting, yielding more general population respondents

# 2025 Statewide Stakeholder Survey

Region	N of Survey Respondents	% of Survey Respondents
Region 1	149	22.6
Region 2	140	21.3
Region 3	118	17.9
Region 4	181	27.5
Region 5	70	10.6



# Results

# Emerging Issues

Substance Issue	Regions	Emerging Populations/ Areas of Concern
Cannabis and Vaping	1, 3, 4, 5	<ul style="list-style-type: none"><li>• Normalization among MS, HS students (R1)</li><li>• Youth, Young Adults, Adults (R3)</li><li>• Illegal access to high potency products (R1, R4)</li><li>• Cannabis use psychosis (R4)</li><li>• Rising number of vape retailers (R5)</li></ul>
Poly-substance/ Overdose Deaths	1, 3, 4, 5	<ul style="list-style-type: none"><li>• Deaths involving stimulants (R1, R3, R5)</li><li>• Prescription drug misuse among older adults (R3)</li><li>• Nitazenes, designer benzodiazepines (R4)</li><li>• Bromazolam, Medetomidine, tainted cocaine (R5)</li><li>• Carfentanil (R4, R5)</li></ul>

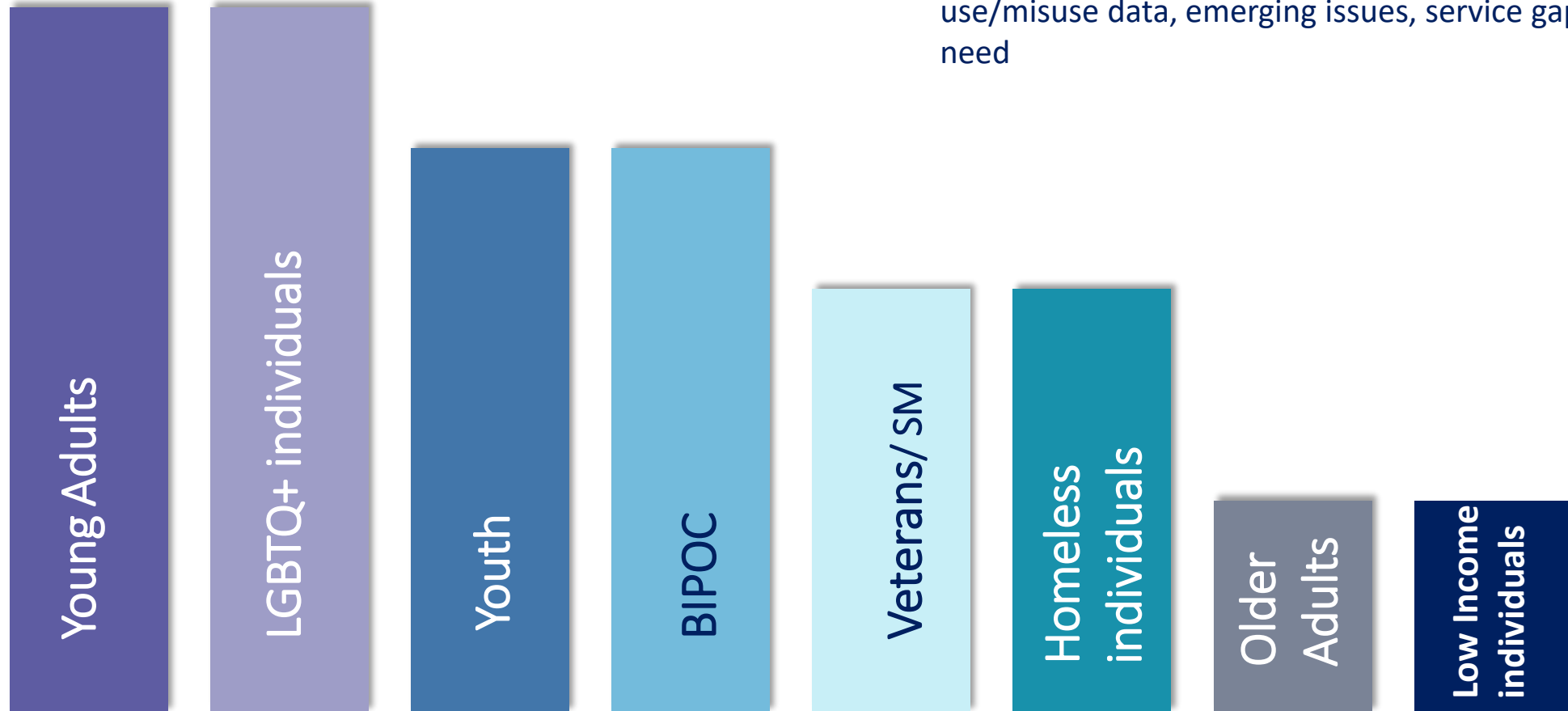
# Emerging Issues

Substance Issue	Regions	Emerging Populations/ Areas of Concern
“Zyn” (oral nicotine pouches)	2, 4, 5	<ul style="list-style-type: none"><li>• Youth, young adults (R2, R4, R5)</li><li>• Athletes (R2)</li><li>• Male youth and young adults (R5)</li></ul>
Alcohol	1, 4	<ul style="list-style-type: none"><li>• Under-addressed AUD among adult males in urban community (R1)</li><li>• High intensity drinking among young adults (R4)</li><li>• Alcohol attributable cancer (R4)</li></ul>
Impaired Driving	2, 4	<ul style="list-style-type: none"><li>• Younger adults (22-34) and males (R2)</li><li>• DUI alcohol and cannabis (R4)</li><li>• Wrong way driving (R4)</li></ul>



# Identified Populations of Focus\*

\*Based on increased risk, burden, or representation of the population in substance use/misuse data, emerging issues, service gaps and need



# Populations and Areas of Concern

**Young Adults:** Cannabis, vaping/ENDS, alcohol use, general substance use

**LGBTQIA+ individuals:** general substance use, behavioral health risk factors, co-occurring SU and MH

**Youth:** Cannabis, nicotine pouches, general substance use, co-occurring SU and MH

**BIPOC:** Tobacco/nicotine; accidental drug-related deaths; structural risk factors; health disparities in access to (culturally competent) care.

# Populations and Areas of Concern

**Veterans/ Service Members:** Substance use, co-occurring disorders (SU, MH, suicide), stigma about accessing care.

**Homeless/Unhoused individuals:** Substance use, co-occurring SU and MH, access to care and other needs (housing).

**Older Adults:** Substance use, co-occurring SU and MH (underdiagnosed)

**Low Income Individuals:** Access to care

# Regional Substance Use Priorities



**Alcohol**  
(Regions 1, 4, 5)

## Focus and Populations

**Region 1:**  
Adults  
18-34, males, seniors,  
BIPOC, lower income

**Region 4:**  
Adult males,  
youth 12-17

**Region 5:**  
Adults



# Regional Substance Use Priorities



## **Illicit Opioids** (Regions 1, 2,4)

## Focus and Populations

### **Region 1:**

Adults

25-64, in urban centers,  
homeless, those with co-  
occurring disorders


### **Region 4:**

Adults

Middle aged and Black  
individuals

**Region 2:**  
Young Adults  
18-25

# Regional Substance Use Priorities



**Vaping/ENDS**  
(Regions 1, 3)



**Cannabis**  
(Region 4)

## Focus and Populations

### **Region 1:**

Youth

Middle school, HS,  
suburban, LGBTQIA+

### **Region 3:**

Youth 12-17, Young Adults

### **Region 4:**

Youth, Young Adults  
Parents

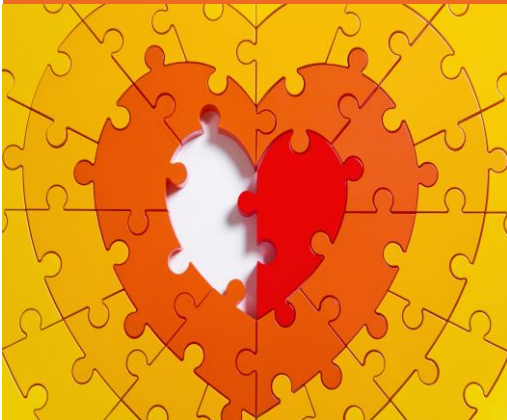
# Substance Use Resource Gaps and Needs

## Service Gaps and Needs

- ☐ Behavioral supports in schools;
- ☐ Long term residential treatment for youth;
- ☐ Intensive outpatient services;
- ☐ Culturally responsive OUD treatment;
- ☐ In-home services for youth and families;
- ☐ Cannabis-focused treatment and recovery services.

## Workforce Gaps and Needs

- ☐ Bi-lingual and culturally competent providers;
- ☐ Provider/staff supports;
- ☐ Living wage for peer recovery coaches.



# Substance Use Resource Gaps and Needs

## Service Coordination and Access

- ☐ Additional care coordination (case management);
- ☐ Access to care for: **homeless individuals, women, uninsured/under-insured, undocumented individuals, non-English speaking**, those in **urban communities**;
- ☐ Transportation support;
- ☐ Childcare.

## Data

- ☐ Young adult Behavioral Health data;
- ☐ Stimulant use data;
- ☐ Buprenorphine prescribing/use (youth, adults);
- ☐ More accurate/complete OD event data;
- ☐ Standardized Naloxone administration data (beyond EMS);
- ☐ Regional/local data (across focus areas), including youth and adult alcohol use survey (R4).



# Regional Recommendations

## Substance Use/ Misuse Prevention



### Funding

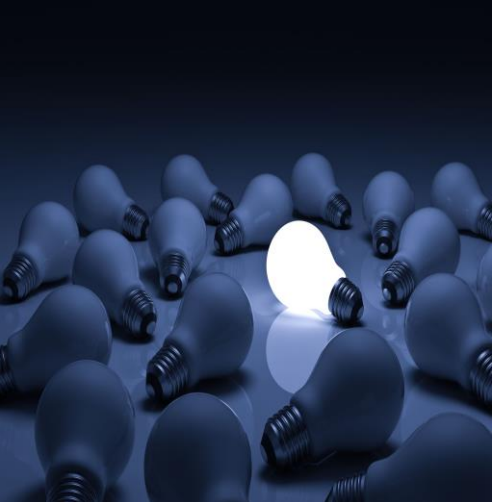
- ❑ Expand funding opportunities for LPCs to be flexible and sustainable. (R2)
- ❑ **Flexibility of funding** for vaping campaign materials targeting youth and young adults under 21. (R3)

### Enforcement

- ❑ **Stricter policies** and **enforcement** of retailers. (R1)
- ❑ Prioritize investment in modernized **enforcement policies** to enhance public safety and support prevention goals by reducing cannabis-related harm on roadways. (R4)
- ❑ Create a formal task force as a part of the WCTC vape/cannabis workgroup and mobilize R5 communities to adopt **density laws** for ENDS/vape shops. (R5)

# Regional Recommendations

## Substance Use/ Misuse Prevention



### Workforce Development

- ❑ Partner with universities to advertise **career paths** in prevention. (R2)

### Social Marketing

- ❑ Implement **region-wide campaigns**. (R2)

### Data and Technology

- ❑ Review and discuss available impaired driving **fatality/crash data** with key partners (DOT, DMV) with a focus on incidents that involve alcohol and other substances. (R4)
- ❑ Prioritize investment in **reliable roadside testing technologies** to enhance public safety and support prevention goals by reducing cannabis-related harm on roadways. (R4)

# Regional Recommendations

## Substance Use/ Misuse Treatment and Recovery



### Treatment/ Access

- ❑ Cessation programs for youth and young-adult cannabis and nicotine use. (R2)
- ❑ Require **warm hand-offs** between behavioral health providers. (R2)
- ❑ Expand capacity of **tobacco treatment specialists (TTS)** and access to youth focused cessation programs. (R4)

### Recovery Services and Support

- ❑ Insurance coverage for **peer support/recovery** people. (R1)
- ❑ Implement **women-focused recovery services** and **sober community events** and increase **peer-led community outreach** in hot spots and employment sites.(R2)
- ❑ Build **regional networks** of substance use **recovery support** utilizing specific guidelines, toolkits, and other planning instruments. (R5)

# Regional Recommendations

## Substance Use/ Misuse Treatment and Recovery

### Public Education/ Social Marketing

- ❑ Promote **public education efforts** that emphasize the link between nicotine use and mental health challenges with a focus on parents/trusted adult. (R4)
- ❑ Develop a **living resource document for websites** to share RFC, RFW, sober-related news and events throughout the year. (R5)

### Material Supports

- ❑ Provide **affordable housing**. (R1)
- ❑ Expand emergency and permanent **housing options**. (R2)

### Harm Reduction

- ❑ Increase **harm reduction education and practices**. (R1)
- ❑ Increase accessibility to **reliable drug testing tools**. (R1)





# State/System Recommendations



- ❑ Implement a **comprehensive data tracking platform** capable of illustrating local data to support the efforts of the Regional Behavioral Health Action Organizations (RBHAOs) to inform **the identification and prioritization of needs across prevention, treatment, and recovery-support systems**. The resulting data will be used to develop regional (RBHAO) dashboards that deliver timely, actionable insights for ongoing monitoring, strategic planning, and system-level improvements. (Regions 1-5)

# State/System Recommendations



- ☐ Conduct a **statewide review and real-time update** of impaired driving crash and fatality data. (R2)
- ☐ Accelerate investment in **next-generation roadside testing technologies** and **modernize enforcement policies**. (R2)
- ☐ Ensure HUSKY reimbursement covers **early identification services** to make interventions accessible and affordable. (R5)



# Thank you

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