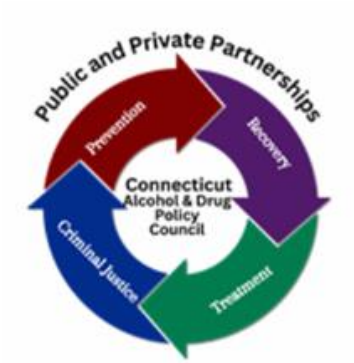
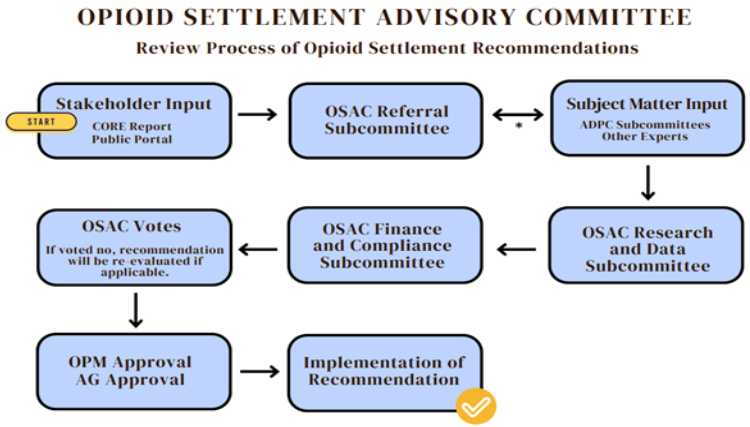
State of Connecticut: Triennial Substance Use Report 2022 - 2025

Triennial Report: Background & Intent

- Legislation: DMHAS directed through legislation to triennially develop a state substance use plan which includes comprehensive strategies for the prevention, treatment and reduction of alcohol and drug use problems
- Goal of Plan: Plan serves to capture information about all of the state's operated and funded substance use services (regardless of agency) provides them
- Contents of plan: Legislation specific about elements to be included (ie, mission, vision, goals, trends, data, etc).
- Numerous state agencies: Many state agencies provide a range of treatment, recovery support and prevention services that are focused on the unique individuals these agencies serve.
- Past, present, future: Report includes accomplishments from the past three years, as well as defines strategies to guide work over the next three years

Initiatives Relevant to SUD Services





OFFICE OF LEGISLATIVE RESEARCH — ResearchReport

Connecticut's Opioid Drug Abuse Laws

By: Nicole Dube, Principal Analyst
May 31, 2024 | 2024-R-0085

Issue

This report describes Connecticut's opioid drug abuse laws. It updates OLR Report 2023-R-0235.
This report has been updated by OLR Report 2025-R-0101.

Summary

Like many other states, Connecticut continues to face an increase in the number of emergency room visits and drug overdose deaths involving opioid analgesics (e.g., prescription painkillers such as oxycodone, hydrocodone, and fentanyl).

In recent years, the legislature responded to this trend by enacting laws to reduce and prevent opioid drug abuse. This includes (1) increasing access to opioid antagonists (i.e., medication to treat a drug overdose); (2) providing immunity for people who (a) seek emergency medical assistance for themselves or another person experiencing a drug overdose or (b) prescribe and administer opioid antagonists to a person experiencing a drug overdose ("Good Samaritan" laws); (3) establishing a statewide prescription drug monitoring program; and (4) limiting the amount of certain opioid drugs that may be prescribed to adults and minors.

This report highlights provisions of Connecticut law intended to reduce or prevent opioid drug abuse. It does not include all of the laws' provisions; to read the laws in their entirety, visit the Connecticut General Assembly's website. The report also excludes laws imposing criminal penalties for violating drug laws.

www.cga.ct.gov/olr | OLRequest@cga.ct.gov | Connecticut General Assembly, Office of Legislative Research, Stephanie A. D'Ambrose, Director | (860) 240-8400, Room 5300, Legislative Office Building

Connecticut's Opioid Drug Abuse Laws:

This report summarizes legislative initiatives over the past decade (through 2024) that have impacted substance use service delivery

Connecticut's Alcohol and Drug Policy Council: charged with developing recommendations to address substance-use related priorities from all state agencies, across the lifespan from all regions of the state

- A total of 178 recommendations were received and reviewed since October 2023
  - 33 recommendations were at least partially utilized for proposal development and approved by OSAC for implementation
  - 38 recommendations continue to undergo Subject Matter Expert review
  - 24 recommendations are not currently prioritized. These recommendations may be revisited in the future
  - 83 recommendations were not recommended to move forward for additional consideration

Opioid Settlement Advisory Committee: charged with ensuring opioid litigation proceeds are allocated appropriately. At time of report:

- ❑ 51 active members
- ❑ 19 approved funding recommendations, totaling more than $110M

Connecticut's SFY2025 Triennial Report: Trends & Themes

Trends

- Opioid Crisis
- Recovering from the pandemic
- SUD Medicaid 1115 Demonstration Waiver

Themes

- Prevention
- Screening / early identification
- Timely access to full continuum of care
- Co-occurring / integrated care
- Treating the individual holistically, linking and connecting to other recovery supports
- Evidence-based practices
- Peer recovery
- Reducing stigma

THEMES & TRENDS

Emerging Trends in the Substance Use System

Recovering from the Pandemic

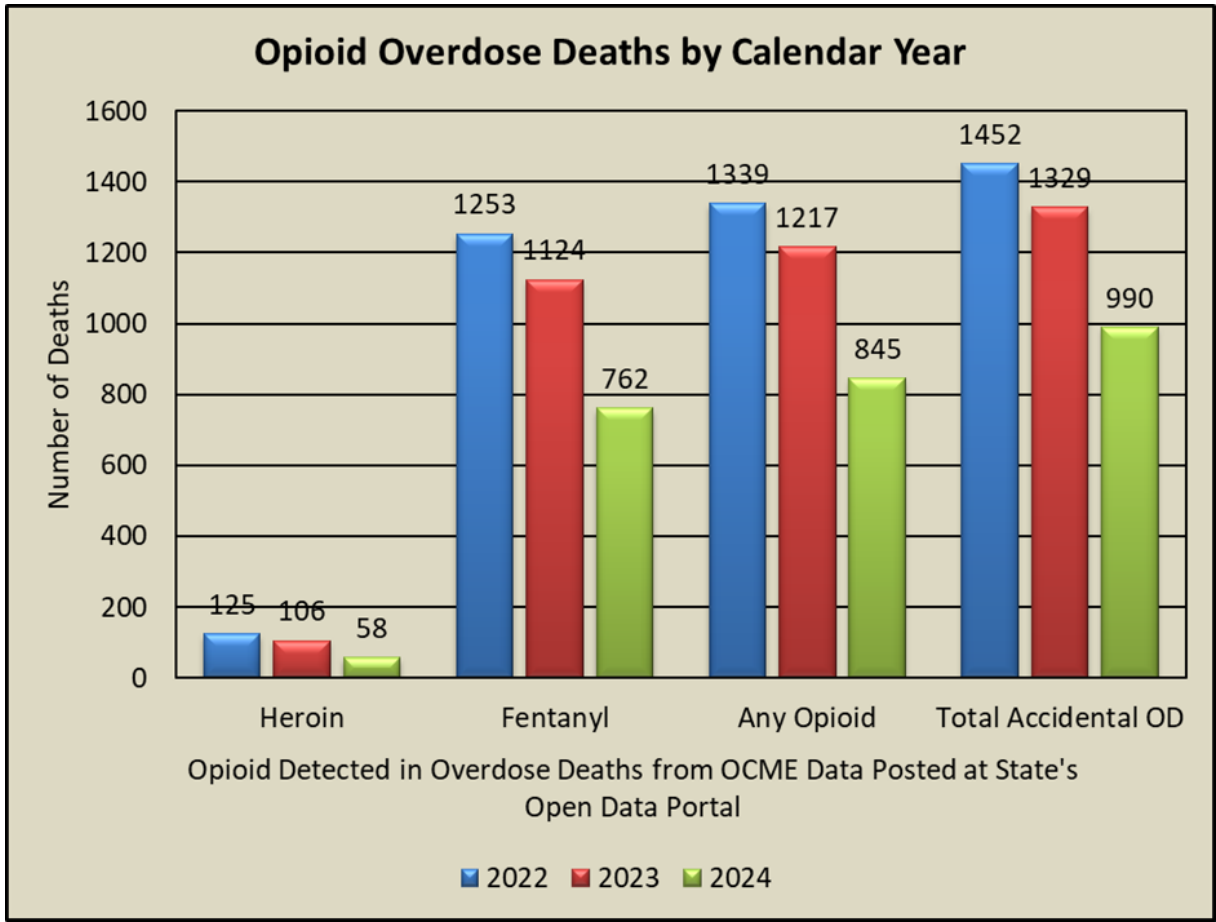
- Pandemic had major impacts on the SUD service system
  - The reduction in SUD services evidenced by lower admission rates and decreased numbers served: end of FY20 / all FY21:
    - Needs of social distancing and restricted in-person services
    - Some less likely to seek services due to public health restriction and overall uncertainty of contagion
    - Unprecedented workforce shortage
- Since 2022, the nation has been recovering from the impacts of the pandemic:
  - Vaccines were made available
  - In 2023, WHO declared an end to the pandemic
  - Some agencies adapted to telehealth service delivery and the system has brought in-person services back to the forefront
  - As a result, the number of admissions and persons served in the SUD service system have increased

FY19	FY20	FY21	FY22	FY23	FY24
53508	48583	43919	49488	48554	49528

Emerging Trends in the Substance Use System

Opioid Epidemic: Data on overdose deaths

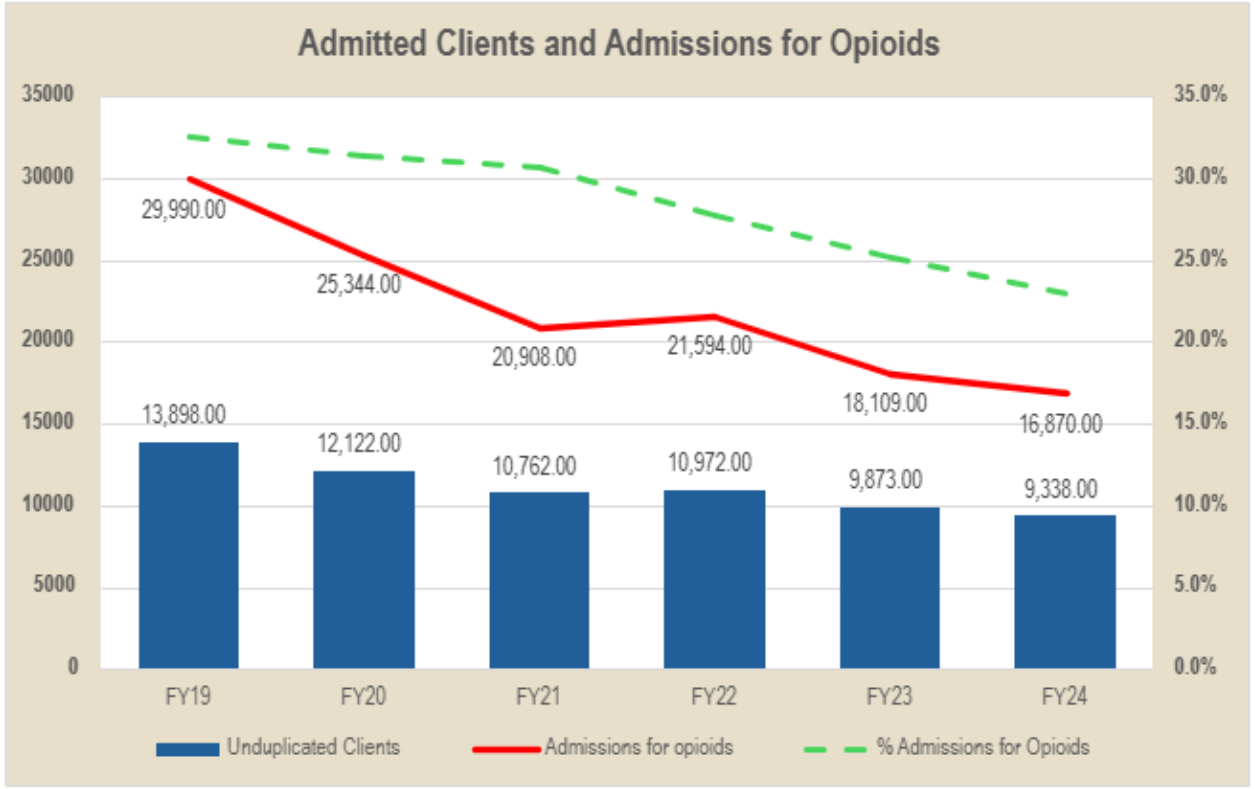
- Continuation of opioid overdose epidemic is ongoing concern and priority for the state
- Data on overdose deaths in the last three calendar years indicate that the epidemic may be in a decline as deaths have decreased for three years in a row
- Fentanyl is the substance most reported as present in CT overdose deaths
- Overdose deaths related to opioids declined over the 2022 – 2024 time period, however, still account for 86% of all accidental overdose deaths in Connecticut in 2024.



Emerging Trends in the Substance Use System

Opioid Epidemic: DMHAS Data Collection

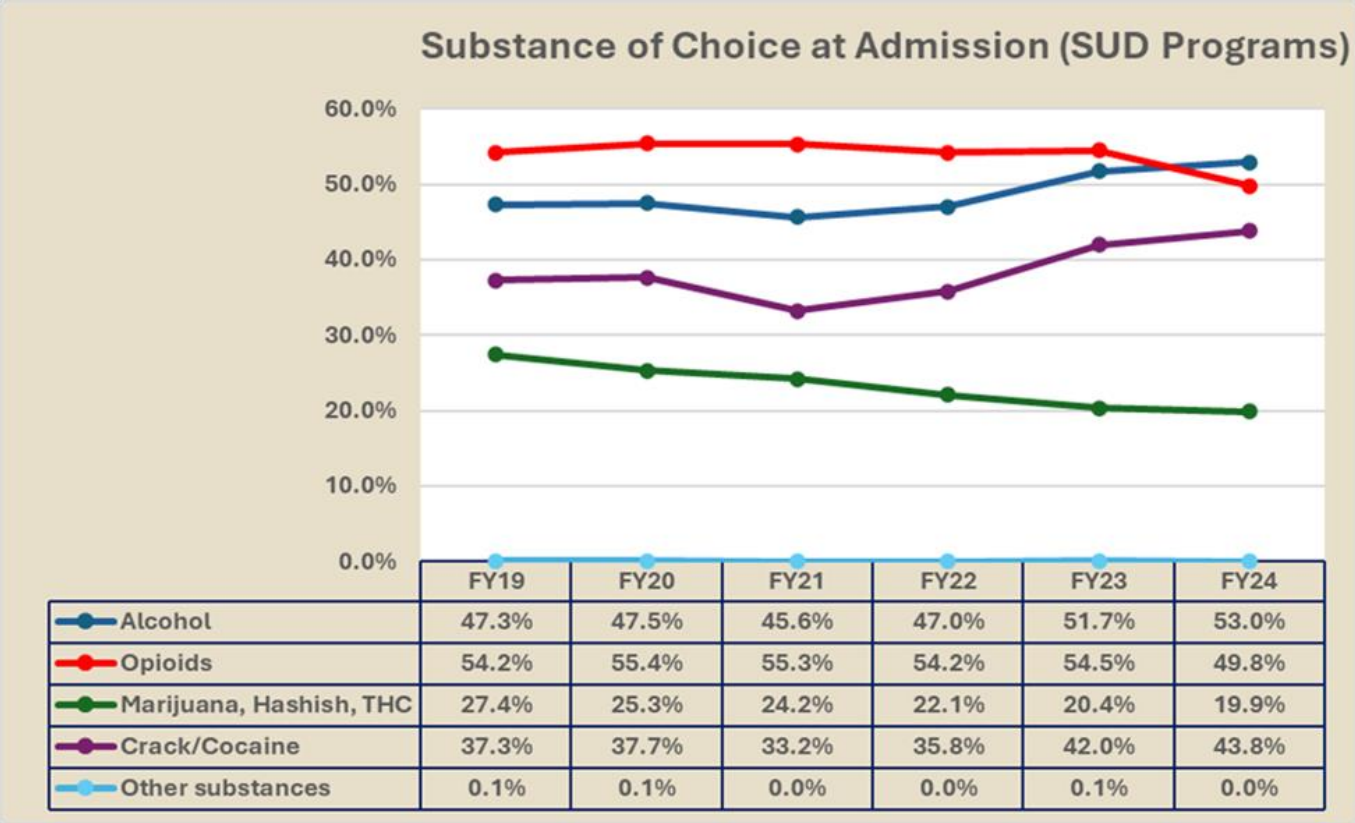
- Substance(s) of use is a data point collected during treatment-related admissions
- This data may indicate a slight decline in opioid epidemic:
  - There has been a decline in opioid-related admissions since the epidemic's peak in 2017, apart from a slight uptick in 2022.
  - Important to note that decreases between FY19 and FY20 and again between FY20 and FY21 were largely related to the pandemic and related restrictions
  - Blue bar: unduplicated clients with an opioid-related DMHAS admission
  - Red line: opioid-related admission to the DMHAS substance use service system
  - Green line: percentage of opioid-related admissions out of all substance use treatment-related admissions to the DMHAS substance use service system



Emerging Trends in the Substance Use System

Opioid Epidemic: Data on substances of choice (DMHAS)

- For several years, opioids were the highest self-reported substance of use by clients admitted to treatment-related substance use programs, with alcohol being the second highest substance of use



	FY19	FY20	FY21	FY22	FY23	FY24
Alcohol	47.3%	47.5%	45.6%	47.0%	51.7%	53.0%
Opioids	54.2%	55.4%	55.3%	54.2%	54.5%	49.8%
Marijuana, Hashish, THC	27.4%	25.3%	24.2%	22.1%	20.4%	19.9%
Crack/Cocaine	37.3%	37.7%	33.2%	35.8%	42.0%	43.8%
Other substances	0.1%	0.1%	0.0%	0.0%	0.1%	0.0%

- In FY 24, those two substance categories became inverted: alcohol became the highest reported substance of use at admission (53%), while opioids were the second highest reported substance of use (49%). Despite this recent trend, the data indicates that opioid use is still a large factor in substance misuse.

Emerging Trends in the Substance Use System

Connecticut's 1115 Demonstration Waiver

- **Purpose of waiver:** The purpose of the waiver to for states to demonstrate and test flexibilities to improve the SUD services system for beneficiaries, as part fo the federal plan to combat the ongoing opioid crisis; designed to ensure a comprehensive service array availability
- **CT waiver approval:** In 2022, DSS was approved for an 1115 demonstration waiver for sud inpatient and residential treatment for adults and children under a fee-for-service structure.
- **Impacts of waiver:** The waiver has had a major impact on substance use treatment delivery since it's implementation in FY 22
- **Expansion of covered levels of care:** permitted DSS to provide critical access to medically necessary SUD treatment services in the most appropriate setting by expanding reimbursement to SUD residential levels of care
- **Improved access and quality:** To improve SUD access and quality of treatment services SUD providers are required to adopt the criteria outlined in the 3rd edition of the American Society of Addiction Medicine's treatment criteria and Connecticut's state's standards
- **Goals** of the waiver are:
    - Increased identification, initiation and engagement of Medicaid beneficiaries diagnosed with SUD
    - Increased beneficiary adherence to, and retention in, SUD treatment programs
    - Reduce overdose deaths, particularly those due to opioids
    - Reduce utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care
    - Provide a continuum of care to increase the chances of Medicaid beneficiaries having a success recovery process and improve access to care for physical health conditions among beneficiaries.

Mission and Vision

- DMHAS' mission is improve the quality of life of the people of CT by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.
- DMHAS is the state's lead agency for the prevention and treatment of alcohol and other substance use
  - Prevention services: lifespan
  - Treatment services: 18 years of age and older with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own.
- Collaborative programs for individuals with special needs, such as:
  - persons with HIV/AIDS infection,
  - people in the criminal justice system,
  - those with problem gambling disorders,
  - pregnant women who use substances,
  - persons with traumatic brain injury or hearing impairment,
  - those with co-occurring substance use and mental illness, and
  - special populations transitioning out of the Department of Children and Families.

Prevention, Treatment & Recovery

- DMHAS provides a comprehensive array of prevention services, designed to promote the overall health and wellness of individuals and communities by delaying or preventing substance use; DMHAS administers and funds 150 prevention councils covering 169 towns, and approximately 80 community-based prevention programs provide services statewide or at the regional or local level.

FY24 Outcome data highlighted in Triennial Report

- DMHAS served approximately **46,405** unduplicated individuals in substance use programs in FY24, which was similar to the prior fiscal year.
- DMHAS had **46,236** admissions into substance use programs in FY24, which was a 6.4% increase in substance use admissions from the prior fiscal year.
- The most highly utilized levels of care or programs were outpatient services, medications for addiction treatment, residential, forensics community-based services and case management.
- DMHAS' budget for substance use disorder services in FY24 was $190M.

Prevention: Infrastructure

- Prevention infrastructure supports efforts on state, regional & local levels
- On-going infrastructure to build & maintain capacity
- This infrastructure supports and drives the various grant funded activities targeting primary prevention across the lifespan in Connecticut.
- Include:
  - Ongoing planning process identifying needs & gaps
  - Well educated prevention workforce
  - Coordination of SU & MH efforts across multiple sectors
  - Data systems that facilitate prevention program monitoring and evaluation.
- Focused on:
  - Education
  - Community engagement
  - Early intervention
  - Youth engagement
  - Social marketing campaigns
  - Evidence-based strategies
- Infrastructure built on:
  - Workforce development
  - Information dissemination
  - Regional Behavioral Health Action Organizations
  - Evaluation
  - Partnerships, Initiatives and Councils

Prevention: Grant-funded Activities

- Strategic Prevention Framework for Prescription Drugs 2021 (SPFRx)
  - Reduce prescription drug / other opioid misuse and overdoses by implementing comprehensive prevention strategy (increase staffing and dissemination / use of data)
- The Partnerships for Success
  - reduce alcohol consumption in youth ages 12-17 across twelve communities by building capacity to implement prevention strategies and increase education/awareness and reduce retail access to underage consumers
- Prescription Drug / Opioid Overdose
  - Reduce # of prescription drug and opioid-related overdoes deaths by training first responders on prevention strategies, including Narcan.
- ARPA
  - Creation of School-based Center for Prevention Education
  - Strategic Guidance Document for schools
  - Expansion of statewide EBP workgroup
  - Scholarships for Certified Prevention Specialist credentials
  - Workforce training
  - Prevention mentoring program
  - Supported collection/analysis of cannabis data
  - Distribution of hundreds of medication lock boxes
  - Expansion of peer to peer prevention programs for youth and staffing for a Youth Advisory Board
  - Producing training videos regarding opioid safety
  - Acquired second mobile resource van to improve community outreach
  - Hosting the first CT Prevention Summit
  - Enhancing drugfreect.org website
  - Expansion of Regional Suicide Advisory Boards activities

Prevention: Grant-funded Activities

- Cannabis and Juul Prevention Activities
  - Cannabis Awareness and Education program was developed / “Be in the Know CT” launched in 2021
  - Campaign’s website has reached nearly half a million users / messaging has appeared over 311 million times
  - Free safe storage materials distributed (including over 5,000 lock bags since 2023
  - RBHAOs: effective community engagement via local efforts and hired coordinators to manage grants
  - CT will receive $16M in Juul settlement: RBHAOs will manage vaping prevention and intervention activities
- Prescription Drugs and Opioids (under the SPF Rx and under State Opioid Response initiatives):
  - 7 health districts have hosted UCONN pharmacy interns, implementing primary prevention initiatives
  - A number of expansions and improvements made to CT Prescription Monitoring and Reporting System (CPMRS)
  - A number of strategies / activities implemented to prevention opioid misuse and non-medical use of prescriptions
  - 10,334 opioid overdose reversal kits distributed / 20+ colleges implemented awareness/education events serving over 43,000 people
  - “Change the Script” campaign expanded messaging and reach / drugfreect.org website rebranded
- Prevention of Tobacco Use by Minors (enforce state and federal youth tobacco access laws):
  - Synar report, Retailer Education/awareness , “What You Do Matters” and Know Ur Vape” campaigns

Prevention: Substance Use Focus

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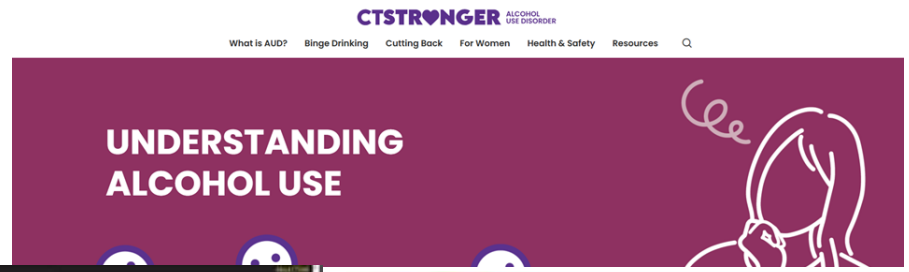
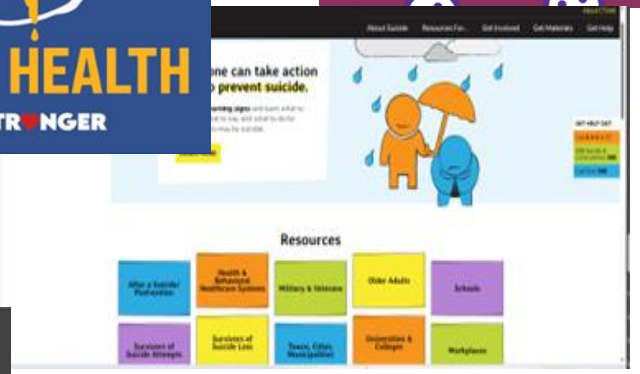
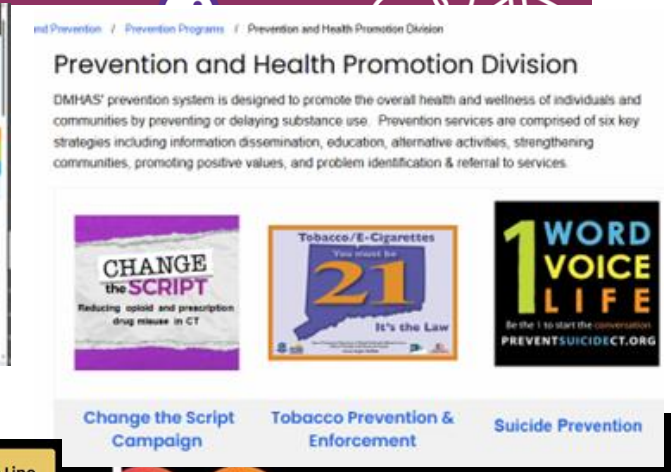
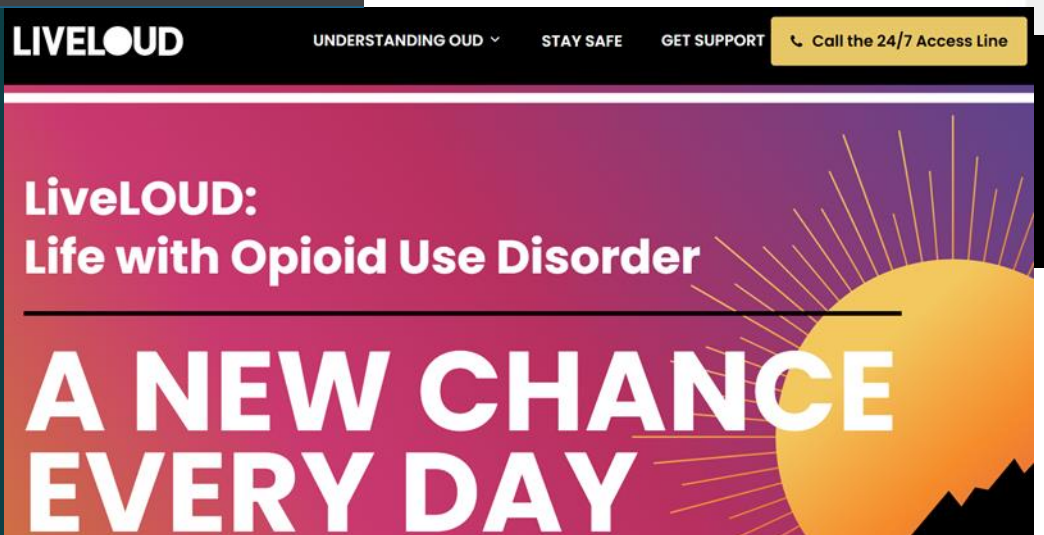
Connecticut State
Department of Mental Health and Addiction Services

Prevention: Media Campaigns





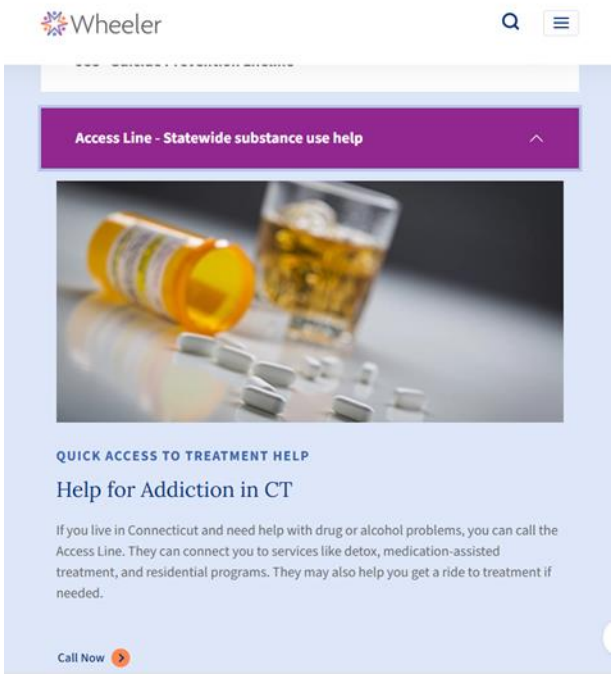




Treatment and Recovery

- Access to Treatment
- Evidenced-based practices
- Statewide Services / specialty populations
- Forensics
- Recovery Support Services
- Opioid Response

Mobile Medication Assisted Treatment (MAT) & Recovery Coaching



PROUD: Parents Recovering from Opioid and Other Use Disorders

dmhas

Connecticut Department of Mental Health and Addiction Services
Addiction Services Availability

home about faq links

Disclaimer: This website is for information only. Admission is not guaranteed even if availability is reported on this site. Call a program and complete their initial screening process for admission. **Note**: If a program shows no open beds, please call for waitlist options. Please consult each program's page for 1115 Certification status.

Withdrawal Mgt | Residential Treatment | Recovery Houses | Sober Houses | Walk-In Services

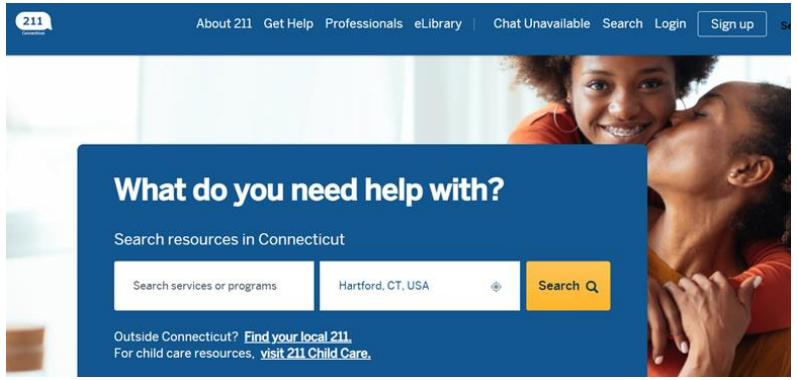
Withdrawal Management (detox)	City	Phone	Open	As of
Level 4.0 Medically Managed Intensive Inpatient Services, Withdrawal Management				
CT Valley Hospital (CVH) - Blue Hills Hospital	Hartford	860-293-6400	1	8:19 am
CT Valley Hospital (CVH) - Merritt Hall	Middletown	800-828-3396 x5	8	9:49 am
Level 3.7-WM - Medically Monitored High-Intensity Inpatient Services, Withdrawal Management				
Cornell Scott Hill Health Center - South Central Rehabilitation Center (SCRC)	New Haven	203-503-3639	0	8:00 am
InterCommunity - Withdrawal Management	Hartford	860-569-5900 x515	2	7:18 am
MCCA - Withdrawal Management	Danbury	203-792-4515	3	7:25 am
Recovery Network of Programs (RNP) - First Step	Bridgeport	203-416-1915	5	9:54 am
Rushford - Withdrawal Management	Middletown	877-577-3233	5	7:56 am
Southeastern Council on Alcoholism and Drug Dependence (SCADD) - Withdrawal Management	New London	860-447-1717	4	9:13 am

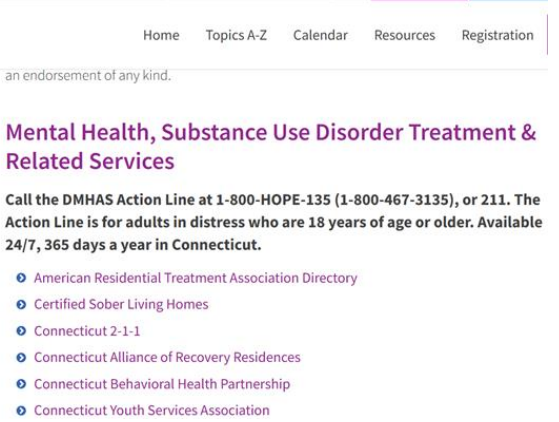
Treatment & Recovery Overview

- DMHAS provides a variety of treatment services by region to persons with substance use disorders, including:
  - withdrawal management,
  - intensive and intermediate residential services,
  - outpatient services,
  - partial hospitalization,
  - employment related services,
  - recovery support services and
  - medications for addiction treatment (MAT) / medication for opioid use disorder (MOUD), which encompasses Opioid Treatment Programs/methadone maintenance, buprenorphine and naltrexone.
- The DMHAS substance use treatment system:
  - includes over 50 private not-for-profit providers and approximately 250 programs.
  - services include those provided to individuals with co-occurring disorders as many people who struggle with mental illnesses also struggle with alcohol and/or drug addiction.
  - Between the DMHAS-operated and DMHAS-funded providers, DMHAS offers a comprehensive continuum of services that include withdrawal management, residential, outpatient, and case management programs and a range of services within Opioid Treatment Programs (OTPs) which focus specifically on opioid addiction.

Treatment and Recovery: Access

Rapid Access to treatment is an essential component of a comprehensive substance use strategy





- Toll free numbers
  - Wheeler Access Line 24/7
  - Receives approx. 3,500 calls/month
  - Provides transportation for WM/Residential (300+ rides/month)
- Real time bed availability
  - Updated daily / 1,200 beds represented
- Same day, walk-in evaluation centers
  - 50+ programs conduct same-day evals
- Mobile Services
  - DMHAS funds 5 MAT vans offering buprenorphine and naltrexone medications & peer coaching

- Increase use of MOUD services in:
  - WM: Changing Pathways Project/7 providers (‘23)
  - Eds: OSAC approved programs in 2 hospitals
  - Clinic-based MATs: DMHAS funds 11 providers
- Increased Naloxone

2019	11,581
2020	13,162
2021	14,986
2022	29,064
2023	58,642
2024	64,087
2025 (as of 5/28/25)	22,260

dmhas
How To Find Services In Your Area

Region 1 / Region 2 / Region 3 / Region 4 / Region 5

Treatment and Recovery: E.B.P.s

DMHAS facilitates a number of learning collaboratives with providers to enhance addiction services

- Learning Collaboratives
  - Withdrawal Management
  - Methadone
  - Mobile MAT
  - Mobile Employment
  - Residential Treatment
  - Recovery Houses
  - How Can We Help outreach services
  - Infectious Disease Education / Testing
- Evidence-based therapies and trainings
- MOUD
  - Efforts directed to increasing and sustaining the number of MOUD; currently there are 54 OTPs
  - Work to increase the # of providers prescribing buprenorphine
  - DMHAS data system: 20,000+ served in methadone maintenance in SFY24 and 1,000+ in DMHAS-funded buprenorphine programs
- Co-occurring
  - Many people with SUD have mental health disorders as well; encouraging providers to screen and treat for both
- SU Employment Services
  - DMHAS is expanding supported employment services specifically for people with SUD
  - Currently: three programs serve 175 annually; increase # of providers to serve 400 annually

Treatment and Recovery: Statewide Services
Women's Services Unit

Women's Services provides oversight of gender-specific, trauma-responsive treatment and recovery support for Pregnant and Parenting Women (PPW)

Substance use residential treatment

- Women entering treatment with a child
  - 45 treatment beds / 33 recovery house beds statewide
- Women entering treatment who are pregnant and/or parenting
  - 48 treatment beds / 14 recovery support beds statewide
- services are
  - gender-responsive
  - trauma-informed
  - tailored to meet the specific needs of women with co-occurring disorders.
- Harm reduction practices and overdose risk reduction education are components of all programs.
- Treatment incorporates evidence-based practices and evolves to meet the needs of women in care.

Child Abuse and Prevention Treatment Act (CAPTA)

- Collaborate with DCF regarding education and assistance with development of Family Care Plans

Women's Recovery Support Program (WRSP) (three sites)

- Step-down level of care where pregnant and/or parenting women participate in community treatment while living in a safe and structured environment
- daily psychoeducational groups

Recovery Engagement Access Coaching Healing (REACH):

- Provide outreach, engagement, recovery coaching and care coordination for women not yet connected to services and or recovery supports including prenatal - postpartum supports, doula and parenting services, basic needs, family care plan development.
- 15 REACH navigators in all DMHAS regions

Treatment and Recovery: Statewide Services Women's Services Unit

Gender - Specific (Women)Intensive Outpatient (IOP) and Outpatient (OP) Services

- Agencies provide outpatient services to women who have severe, persistent substance use or co-occurring disorders.
- To reduce barriers to accessing / participating in treatment, all women's outpatient services offer on-site childcare.

Access Mental Health and Substance Use for Moms (est. 2022)

- Consultative perinatal psychiatry service available to all perinatal practitioners working with pregnant and post-partum women presenting with mental health and substance use concerns irrespective of insurance coverage.
- Provides real-time telephonic access to a team of behavioral health experts (Yale / Carelon)
- Designed to increase the competencies of front-line healthcare providers to identify and treat behavioral health disorders in perinatal women and to increase their knowledge/awareness of local resources designed to serve the needs of perinatal women and their families.
- Critical program in terms of addressing maternal mortality and morbidity concerns affecting perinatal women – consultation focuses on the perinatal period including up to one-year post-partum. Pregnancy through 1 year postpartum is the highest risk timeframe for maternal mortality and morbidity.

Substance Exposed Pregnancy Initiative of CT (SEPI CT)

- strategic Plan focuses on promoting policies intended to reduce bias, stigma, disparities, and inequalities in access to SEI care and needed support services.
- Emphasizes coordinating responses to SEI among health care providers and identifying the necessary continuum of services for vulnerable families
- Focus on prevention, early intervention and intensive intervention services
- CT SEI uses topic-focused work groups comprised of local experts and key stakeholders
- Workgroups provide recommendations for practice and policy reform and ideas to improve the state's CAPTA implementation and sustainability.
- Targeted CAPTA notification training and consultation for birthing hospitals, ongoing data monitoring and sharing derived from the CAPTA notification portal
- Created **monthly electronic campaigns** addressing various topics affecting birthing people and families impacted by substance use.
- Virtual Tool for Family Care Plan
- Operational SEPI CT website:
- Harm reduction, overdose prevention and safety initiatives
  - Ensure that parents and other caretakers have access to harm reduction materials, naloxone, and overdose education as part of comprehensive service planning and family care plan strategies
  - Distribution of Naloxone and new baby kits to Birthing Hospitals for mothers affected by SUD

Treatment: Recovery Services

DMHAS has worked with CT's recovery community on a number of initiatives that support recovery.

- Peer supports
- Telephonic support
- Use of Recovery Centers
- Use of peers in treatment programs
- Programs oriented to wellness

CCAR Recovery Coach Academy

- CCAR provides Recovery Coach training to individuals who want to work with people with SUD

CCAR Telephone Recovery Support Program

- Open to anyone with a SUD who identifies a regular check-in would be helpful
- 2024: CCAR conducted 15,000+ conversations (doubled from 2023)

Wellness and Integrated Health

- Activities focused on wellness & holistic health (Toiva, CCAR's Recovery Centers, CVH)
- Statewide classes, workshops, wellness center

Supported Recovery Housing

- DMHAS contract with Advanced Behavioral Health (ABH) to maintain a network of short-terms Supported Recovery Housing
- 18 providers over 68 locations with 300+ beds
- Almost 1,200 served in SFY24

Recovery Centers

- Community anchors offering range of supports

Recovery Coaches in Emergency Departments

- Coaches assist people in ED with SUD related emergencies, connect them to treatment / other services

Recovery Coaches in Multiple Programs

- 10 recovery coaches (8 OTPs + 2 WMs)

Opioid Education & Family Support Groups

- Education & family support meetings for those with loved one misusing opioids

Treatment: Forensic Services

CT has developed strong collaborations between DMHAS, DOC, CSSD & DCF that focus on diverting individuals, from prison/jail / focus on community re-entry

DMHAS Forensic Services

- Provide services to people with mental illness &/or SUD
- Collaborative programming with criminal justice agencies to divert from jail, assist with community re-entry and reduce recidivism
- Jail Diversion – PTIP – Case Management – Respite Beds – Recovery Coaching

DOC Methadone Maintenance Pilot

- In FY24, DOC served approx. 2,500 inmates with OUD medications & counseling in 9 facilities; achievements have been made to offer all 3 FDA approved meds

Collaborative Contracting with CSSD

- Jointly purchase SUD residential treatment and recovery house beds; certain # of beds reserved for CSSD individuals
- Jointly manage the ASIST program: case mgt, assessment and referrals for those as a diversionary option

Enhanced Forensic Respite Bed Pilot

- Est 2021 with 3 respite beds for misdemeanor-only defendants who would likely be referred for competency to stand trial eval and possible restoration. 2023: expansion to 16 beds
- Reduced # of inpatient restorations, unnecessary incarcerations, increased clinical and other supportive interventions

Recovery Coaching

- CCAR: Time-limited federal funds for recovery coaching serves: 3 coaches embedded within JD programs

Jail Diversion and Re-entry Programs

- Community providers serve those with MH/SUD and are justice involved; diversion, re-entry, reduce recidivism

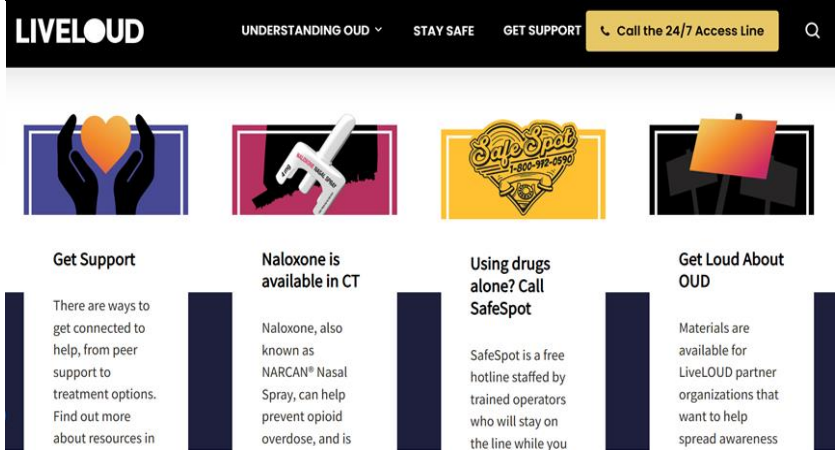
Second Chance Initiatives

- Legislation reduced penalties for drug possession / eliminated mandatory sentencing requirements:
  - I-BEST: employment program for ex-offenders
  - CT Collaborative on Re-entry: housing program for offenders who cycle in and out of corrections / homeless
  - School-based Diversion Initiative: reducing suspension, expulsion, school-based arrests

Connecticut State
Department of Mental Health and Addiction Services

Opioid Response

List of RBHAOs
Region 1: Catalyst CT | The hub: Behavioral Health Action Organization for Southwestern CT
Region 2: Alliance for Prevention Wellness – BHCare
Region 3: SERAC
Region 4: Amplify, Inc.
Region 5: Western CT Coalition



As detailed throughout this report, Connecticut has responded to the opioid epidemic with comprehensive, multi-agency strategies that include treatment, prevention, education and training, new legislation and policy initiatives

- Additionally, over the last several years, the state has received federal funding targeting the opioid crisis.
- This recent decline in opioid-related overdose deaths can be attributed to increased efforts in Naloxone distribution, as well as various prevention and media outreach strategies, as well as continued focus on access to medication assisted therapies.
- Strategies to connect individuals to medication for opioid use disorders include:
  - encouraging induction while in withdrawal management and residential treatment service settings,
  - an array of recovery supports,
  - as well as mobile services which meet individuals in their communities.
- Access to buprenorphine, a medication of opioid use disorder (MOUD), has improved as the Drug Enforcement Administration (DEA) eliminated the buprenorphine X-waiver in January 2023;
  - this resulted in prescribers no longer needing to apply for a waiver from the DEA to prescribe buprenorphine, which increased the number of providers able to prescribe this medication. Additionally, buprenorphine does not require daily clinic visits as it is prescribed rather than dispensed. And as a result, buprenorphine can be viewed as a less stigmatized MOUD option than methadone.

Harm Reduction

- Dedicated Triennial Report Subsection
- Medication for Opioid Use Disorder (MOUD)
  - Can be viewed as a harm reduction approach used in treatment settings for individuals early in recovery
  - Significantly reduces the risk of non-fatal and fatal overdoses
  - DMHAS has a robust system of methadone clinics; increasing access to buprenorphine and naltrexone
    - MATX grant
    - SOR grant: supporting 10 OP providers to provide MOUD and community outreach via four mobile MOUD vans
- Naloxone
  - Used as a harm reduction tool to reduce an overdose
  - DMHAS has made it a priority to make this medication available to all Eds, recovery and support providers
  - In 2022, DMHAS created a State Naloxone Saturation Plan and distributed close to 60,000 naloxone kits in the following calendar year across the state, at no cost to the receiving organizations. DMHAS continues to exceed the saturation goal with over 64,000 kits distributed in CY 2024,
  - Also available and pharmacies, by DOC for individauls leaving their system, emergency response

Harm Reduction

HOW CAN WE HELP?

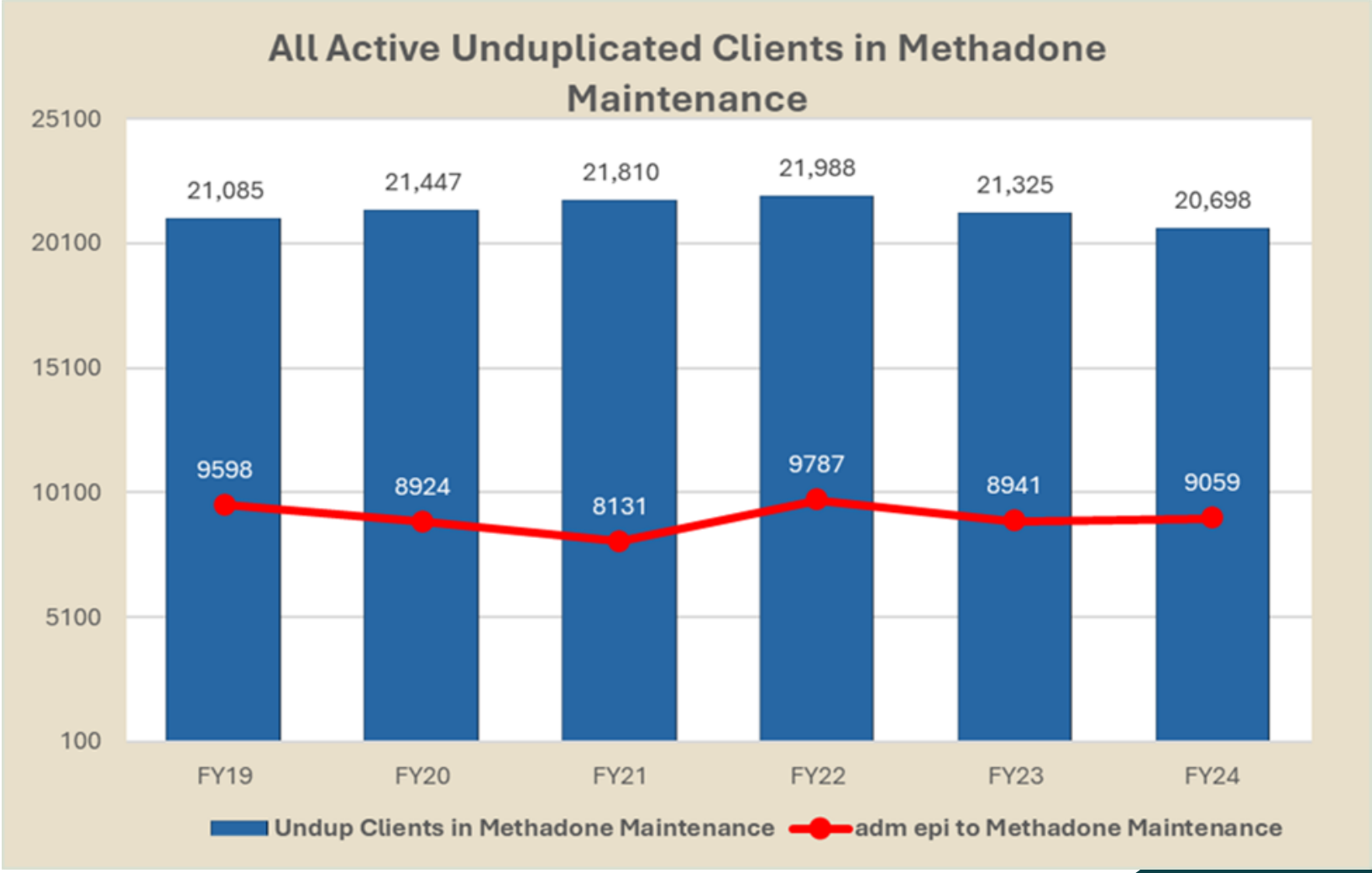
- Statewide Opioid Response (SOR) Grant: federal funding that has supported H.R. strategies:
  - How Can We Help? – recovery coaches partner with first responders to connect with those who recently overdosed. Total outreach engagements:

Fiscal Year	Total Engagements
FY 23	2,259
FY 24	1,845
FY 25 (as of 5/28/25)	1,742

  - Mobile vans providing quick and efficient access to MOUD and recovery coaching
  - Harm Reduction Centers:
    - Drop-in centers, providing access to naloxone and other HR supplies, recovery support services:
      - increase engagement between people who use drugs and treatment/recovery providers,
      - distribute naloxone and other harm reduction supplies,
      - reduce unintentional overdose fatalities,
      - provide education regarding infectious diseases and the risks associated with contaminated drug-use equipment.
    - In 2022, DMHAS continued supporting two Harm Reduction Centers
    - In 2023, DMHAS issued an RFP for three additional Centers based on data identifying regions with the highest need and potential for impact; these centers opened in 2023.

Methadone Maintenance Utilization

- Admissions and utilization of methadone maintenance services have largely remained linear over the last six years, with some minor fluctuations relevant to the early stages, and then recovery from, the COVID-19 pandemic.
- Additionally, over the last two years, there has been a slight decrease in unduplicated client counts, however the volume of utilization remains similar, indicating the need for this level of service.



1115 Waiver Outcomes

Connecticut's 1115 Demonstration Waiver

1. Training Activities: Since 2022, DMHAS, in partnership with Advanced Behavioral Health, DCF, DSS and the other participating State Agencies have implemented the Demonstration's training plan. This multi-pronged training initiative consisted of on-demand foundational virtual training on the ASAM 3rd Edition Patient Placement Criteria and intensive two-day in person trainings. To date, the Demonstration has:

- Deployed over 2,800 virtual training slots to providers across the State
- Conducted 19 intensive two-day training programs to over 675 participants.
- Conducted an ongoing public webinar training series

2. Certification Monitoring Activities: Since 2022, DMHAS, in partnership with Advanced Behavioral Health, DCF, DSS and the other participating State Agencies have implemented a multiphase program certification initiative. Every program participating in the Demonstration partnered with ABH and the State Partner Agencies to complete up to 4 phases of ASAM adoption monitoring. To date, the Demonstration has certified almost 200 programs.

3. Reinvestment Funding: The State of Connecticut is reinvesting over $21 Million generated from the 1115 SUD Demonstration back into the adult system. In response to data trends and ongoing discussions with clients, substance use treatment providers, housing providers and advocates from throughout the substance use treatment, and recovery continuum, DMHAS, in partnership with the Department of Social Services, identified the following reinvestment priority areas:

- Continued support of Substance Use Treatment Providers for non-Medicaid reimbursable costs including treatment costs for uninsured and underinsured individuals
- Expansion of supported recovery focused housing
- Expansion of supported substance use employment opportunities statewide
- Access to substance use treatment and recovery supports

Children & Families

Triennial Report

- DCF is the state agency responsible for the legislative mandates of child abuse prevention, child protective services, children's behavioral health including substance use, and education to staff, providers and community stakeholders on the promotion of youth behavioral health and well-being
- DCF has formal agreements with more than 100 agencies covering dozens of service types. The agency types include:
  - youth treatment agencies, local community collaboratives, administrative services organizations, family advocacy organizations, school districts, and faith-based and recovery support agencies.
  - DCF-funded substance use programs offer children, youth, caregivers and their families a range of services for substance use with or without co-occurring mental health disorders that are rooted in best practice and evidence
  - Many services are
    - available in clinics or homes,
    - evidence-based
    - related to the use of any substance,, co-occurring mental health disorders, as well as problems at home, school, and/or with the legal system.
    - available to all families in Connecticut and do not require DCF involvement.
  - DCF also provides specialized substance use treatment services for caregivers involved with child protective services (CPS)

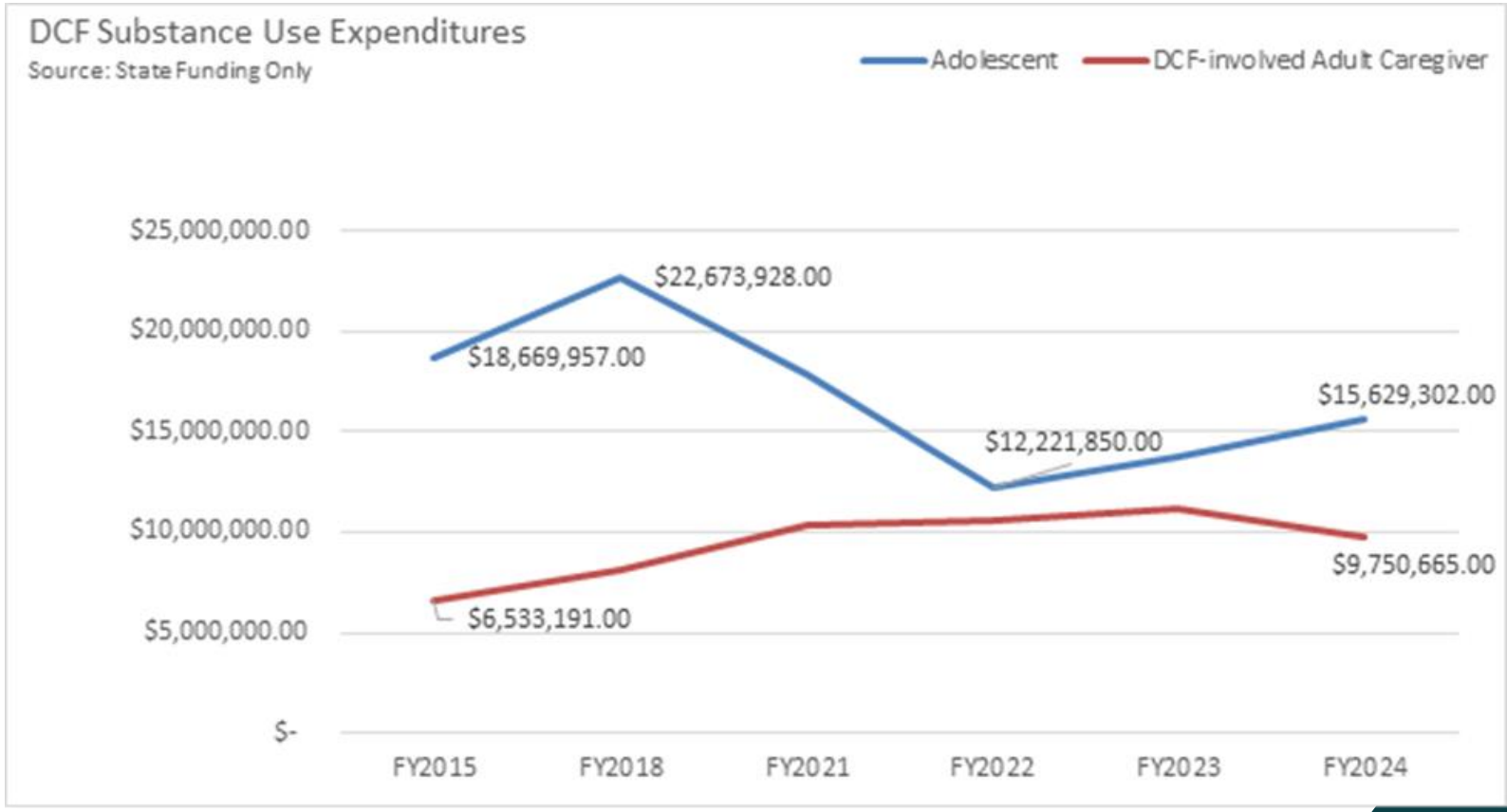
Children & Families

Triennial Report

- For this Triennial Report period, DCF has increased investments in several areas:
  - prevention of child abuse and neglect related to substance use and mental health,
  - recovery support and engagement services,
  - integrated services for mental health, substance use, and intimate partner violence, and while combating stigma, and
  - screening to assess the presence and level of substance use problems to provide early intervention and treatment services for persons with substance use concerns or substance use disorders.
  - Efforts made in response to pandemic-related workforce shortage:
    - Enhanced recruitment efforts: new partnerships, job fairs, campaigns
    - Retention initiatives: focused on staff well being, access to support, flexible work arrangements, professional workforce development
    - Compensation: efforts to align compensation with market rates
    - Technology upgrades: case management systems and other tools have streamlined workflows
    - Collaborative partnerships

Substance Use Expenditures

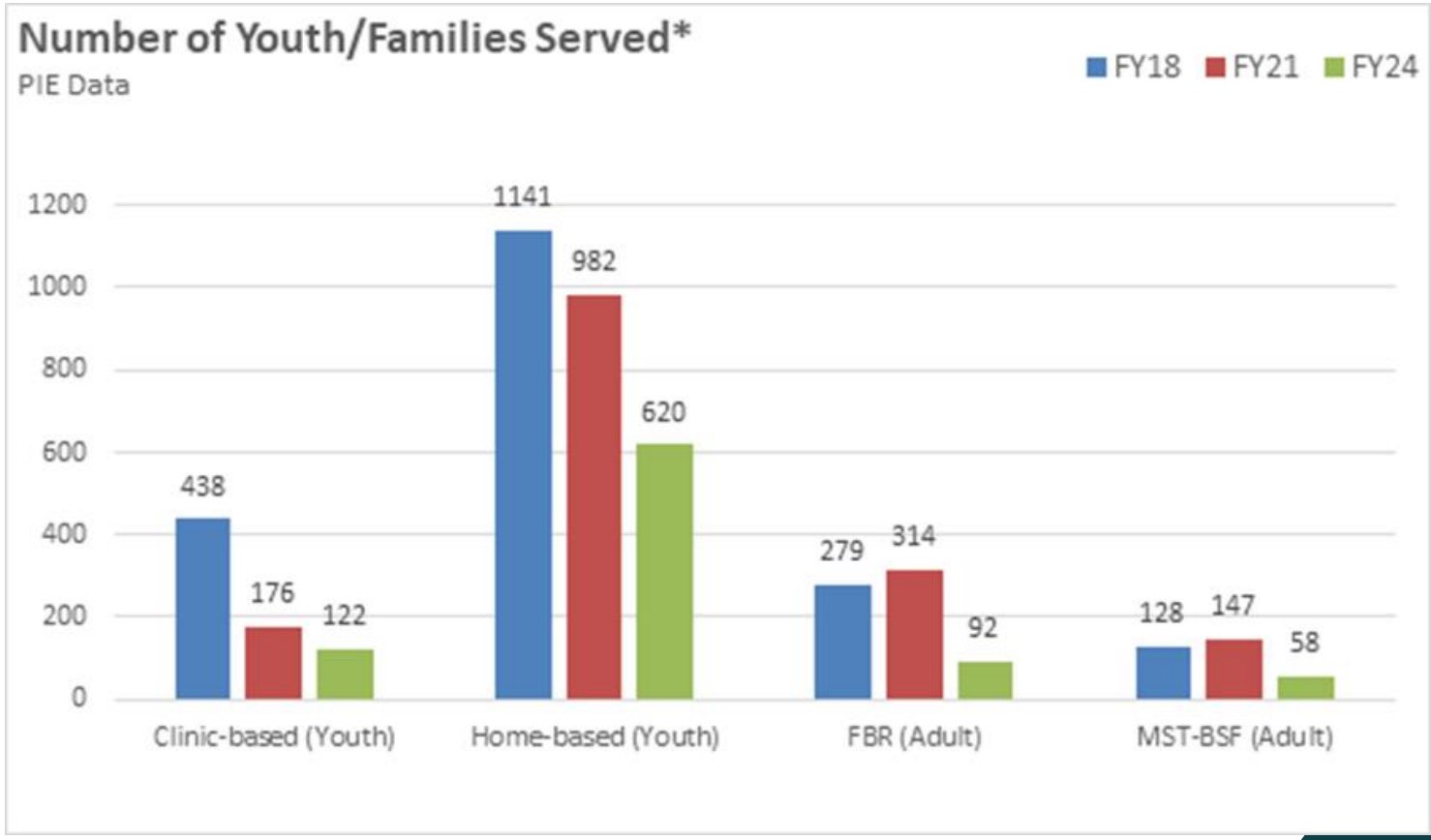
- DCF remains committed to enhancing substance use services for youth and their families.
- DCF contracts with community provider agencies to deliver clinical and non-clinical supportive services for substance use which are funded through a combination of state and federal grants, self-payments, private sources, in-kind contributions, and revenue from third parties.
- This diverse resource pool supports not only direct service delivery, but also necessary training and quality assurance activities required to deliver evidence-based practices.



DCF explores specific substance use expenditures by population and service types further in the Triennial Report.

Number of Youth / Families Served

Reflective of some of the workforce challenges discussed above, a lower number of total youth and caregivers received DCF-funded treatment programs during this reporting period when compared to previous periods.



Substance Use Services: Families First Prevention and Services Act (FFPSA)

- Federal government incentivizes states to reduce the number of children placements in congregate care via federal child welfare financing which allows federal reimbursement to states for mh, sud, in-home parent skill training services to:
  - families at risk of entering the child welfare system and
  - works to improve the well-being of children already in foster care
- CT's FFPSA plan is part of the overall strategy to shift from a system that focused on child pretention, where intervention is required in response to harm experienced by a child, to a collaborative child well-being system that also prioritizes prevention and early intervention
- FFSPA and CAPTA work to divert families in CT from child welfare though the identification and provision of services.
- Outlies a plan to provide supports to families known to DCF with the goal to enhance service delivery and leading the increase of children remaining safely at home and reducing the number of out of home placements
- During this reporting period,
  - two E.B.Ps for youth sud were selected for inclusion: FFT and MSTY
  - launched the Community Pathways initiative in partnership with Carelon Behavioral Health (Strength based program to empower families to be their own advocates, help navigate system of care, provide support and uses the wrap around model to support families

Severity of SU & MH Problems Among Adolescents

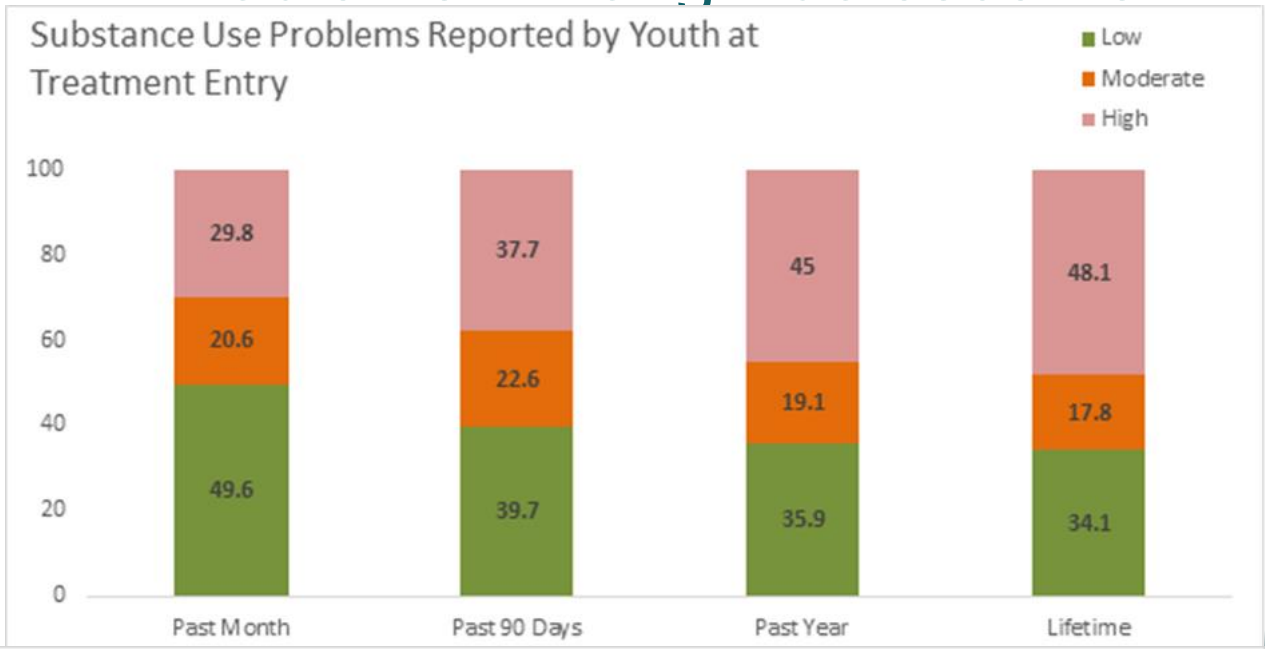
Substance use disorder is a pediatric condition

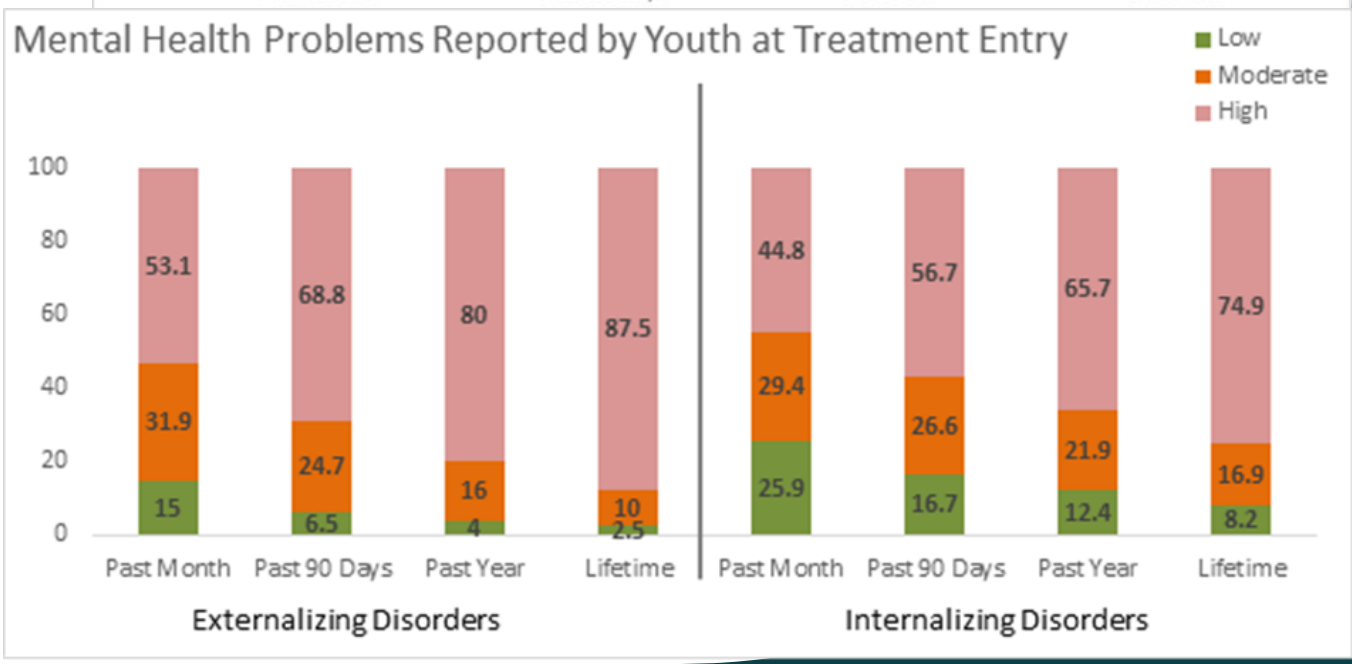
Most adults who develop a substance use disorder report starting substance use in their adolescence.

Youth who initiate substance use earlier have among the poorest life outcomes including higher rates of SUD, physical and mental health problems

At treatment entry, 64% of CT youth report experiencing moderate to high severity substance use problems in the year prior to admission

CT youth overwhelmingly report mental health problems at admission into SUD programs





Children & Families

Description of DCF-funded Adolescent SUD Services

- Services in clinics, in homes, in community, treatment SUD, co-occurring and other areas of life (school, work, peers) and can have services 1 – 3 times per week.
- Clinic based outpatient
    - Substance Screening, Treatment and Recovery for Youth (SSTRY)
        - uses behavioral interventions with youth and young adults to promote pro-social activities and build recovery through a combination of clinic- and home- or community-based sessions
- Intensive in-home
    - Helping Youth and Parents Enter (HYPE) Recovery: youth opioid use disorder treatment program; combines 3 EBPs into a single program – delivering MDFT, MAT and Recovery Management Support
    - Multidimensional Family Therapy (MDFT): more frequent in-home sessions; family therapy as the primary strategy
    - Multi-system Therapy (MST): more frequent in-home sessions
    - MST Emerging Adult (MST-EA): environmental systems approach working primarily with paretns to address youth su, delinquency and identified referral behaviors
- Family Functional Therapy (FFT): EBP, offering intensive clinical services and support to youth ages 11-18, returning from ut of home care, or who are at risk of requiring out of home care due to behavioral health conditions
        - wrap around model to support families

Residential Services:

- Two providers no longer provide Residential; DCF has rate agreements with other residentials throughout the state
- DCF and DSS continue to recruit interested providers in enrolling in CT Medical Assistance Program for all ASAL residential levels of care

Children & Families

Description of DCF-funded SUD Services for Caregivers

The needs of DCF-involved caregivers who have substance use problems are complex involving substance use in combination with mental health and physical health conditions, and other social or legal problems.

According to DCFs GAIN data, 77% of caregivers have a co-occurring disorder with substance use including 65% who had five or more clinically significant problems, and 9% who met criteria for a suicide diagnosis in the year prior to admission.

caregiver substance use treatment services are intended to help vulnerable families remain home together while receiving intensive care and supports to address child safety concerns.

CT has made significant strides in implementing its Family First Prevention Services Plan

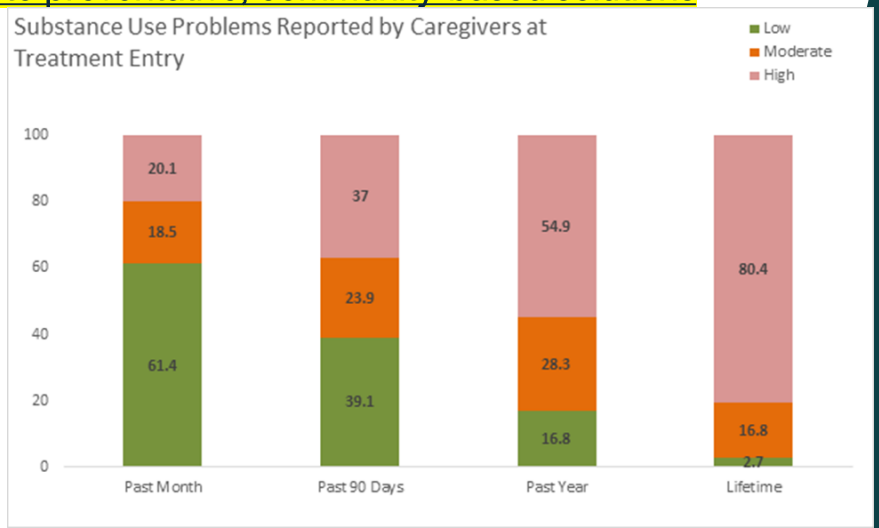
- with a key milestone being the soft launch of the Community Pathways initiative in October 2023. This initiative is designed to support the "upstream" needs of families whose experiences place them at increased risk for child maltreatment, child welfare involvement, or out-of-home placement.
- By engaging these families early, the program seeks to foster stability, enhance family well-being, and reduce foster care placements.
- A significant innovation of this initiative involves contracting with a Prevention Care Management Entity (PCME) to manage cases outside DCF.
- Connecticut's Family First efforts reflect a broader vision to shift from reactive interventions to preventative, community-based solutions.

Recently DCF has launched Recovery Engagement and Support (RES).

RES works with DCF involved caregivers with substance use problems to identify treatment needs and rapidly connect them to care.

Services for caregivers:

- Intensive in-home:
  - Family Based Recovery
  - Multi-systemic therapy building strong families (MST-BSF)
  - Safe Family Recovery (SAFE-FR)



Project SAFE (Substance Abuse Family Evaluation), Save Family Recovery (SAFE-FR), CT Strengthening Families Together (CT SFT)

Project SAFE: Since 1998 DCF and DMHAS have successfully partnered through this legislatively mandated collaboration, to establish priority access for substance use screening, evaluation and outpatient treatment services for caregivers with child welfare involvement and substance use problems. Subsequent revisions added outreach and recovery services to increase the rate of entry into treatment

2021 Lean project identified pain points in the program including:

- included high numbers of unnecessary referrals by DCF for evaluations to rule out substance use causing backlog and exacerbating no-shows at providers;
- complicated communication structure that interfered with timely information-sharing;
- lack of data collection and reporting about the system's functioning; and
- outdated approaches that lacked evidence.

SAFE-FR was designed to address these aforementioned issues by implementing evidence-based practices for substance use screening, treatment engagement, and recovery support localized in DCF regions and offices. These evidence-based practices include:

- Screening, Brief Intervention and Referral to Treatment (SBIRT)*
- Multidimensional Family Recovery (MDFR)
- Recovery Monitoring and Support (RMS)

Connecticut Strengthening Families Together (CT SFT)

- DCF is currently in year three of a five-year discretionary grant from the Administration for Children and Families, Children's Bureau (ACF-CB) to implement and test the effectiveness of a new evidence-informed treatment called Multidimensional Family Therapy and Recovery (MDFTR) in the Norwich DCF area office catchment area.
- SFT brings together DCF's CAPTA and FFPSA initiatives by partnering with community OB GYN practices, birthing centers, and the federally qualified health center at United Community and Family Services (UCFS) by offering substance use treatment to pregnant persons who are at-risk of DCF involvement due to potential prenatal substance exposure. MDFTR combines two EBPs, MDFT treatment and MDFR engagement) and adds early childhood parenting education modules and Family Care Plan support.

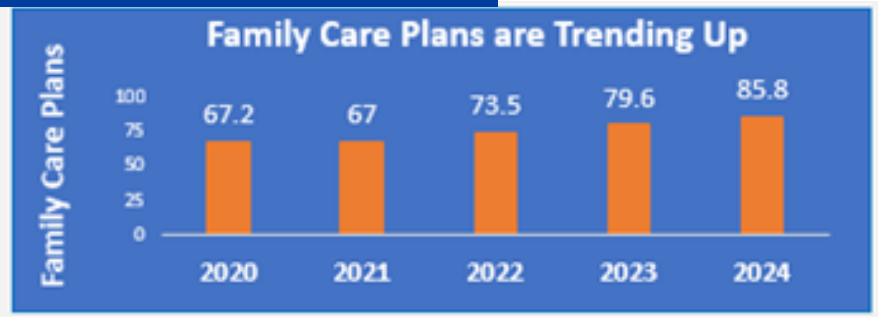
Children & Families

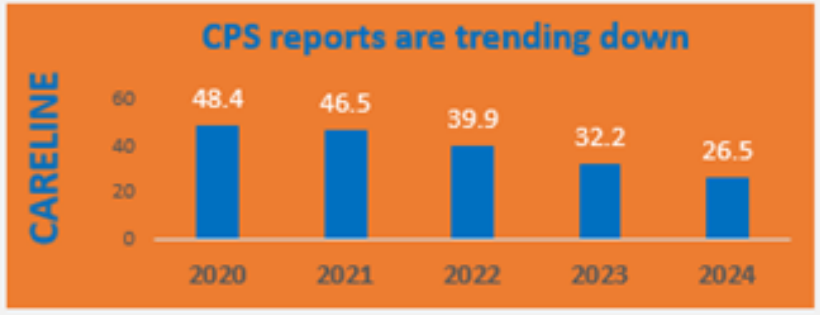
Child Abuse Prevention & Treatment ACT (CAPTA)

- CAPTA is the key federal legislation that guides child protective services programming nationwide.
- The most recent reauthorization of CAPTA requires hospitals to notify state child welfare agencies when an infant is born prenatally exposed to substances. amendments also focused attention on the important role of Family Care Plans (FCP), to support access to a broad range of social, medical, developmental and behavioral health services and supports for these vulnerable infants and their families.
- Connecticut does not require a CPS report to be completed on every infant born substance exposed unless other child safety factors are present.
- Connecticut also added additional data elements to its CAPTA notification system to inform DCFs racial justice and substance exposed pregnancy initiatives (SEPI CT), and the Department's Families First efforts. DCF and DMHAS linked and embedded CAPTA within the SEPI CT initiative coordinated by Wheeler Clinic.
- During the first three years of CAPTA implementation, Family Care Plan (FCP) completion rates averaged about 68% of CAPTA notifications. Recognizing the key role the FCP's play in diverting unnecessary Careline reports, DCF in partnership with DMHAS, established the position of Family Care Plan (FCP) Coordinator at Wheeler Clinic in 2022. responsible for providing training and technical assistance to all stakeholders to complete Family Care Plans with pregnant and post-partum persons. Since this position was established, rates of CAPTA notifications with a FCP have gone up and CPS reports have gone down.
- In Connecticut, reporters who submit CAPTA notifications without a Family Care Plan are no longer guided to make a DCF referral. If a family presents without a Family Care Plan, hospitals are required to create one (with exceptions made for medical emergencies) to ensure the birthing person and infant can access needed services and supports to prevent or mitigate child well-being concerns

Children & Families

Child Abuse Prevention & Treatment ACT (CAPTA)





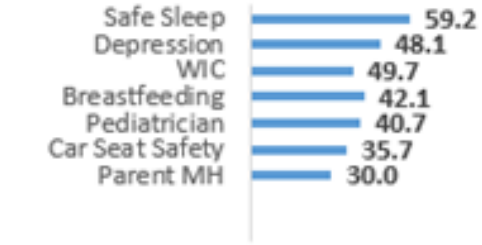
CONNECTICUT 5 YEAR

CAPTA

MARCH 2019 – NOVEMBER 2024

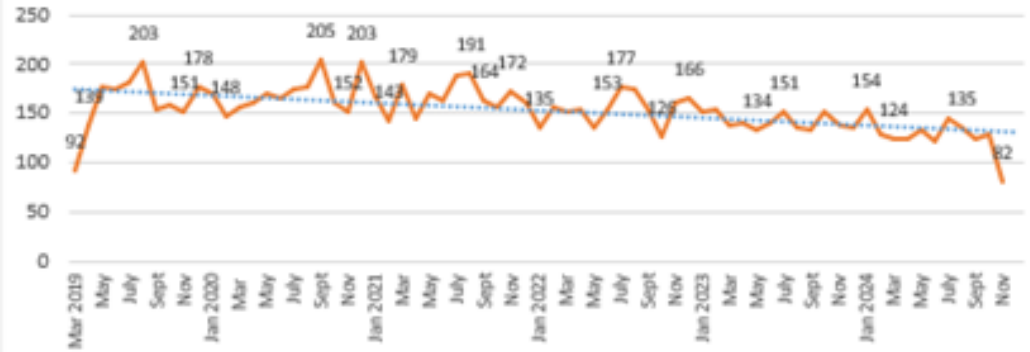
N=10,606

Information Provided(%)

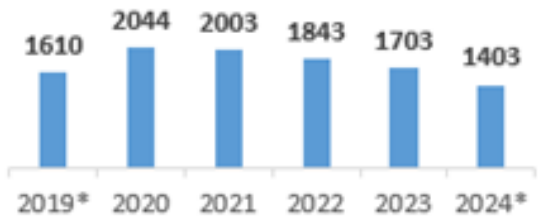


Portal Submissions Over Time

Average of 158 Submissions Monthly, Approximately 6% of Live Births Among CT Residents

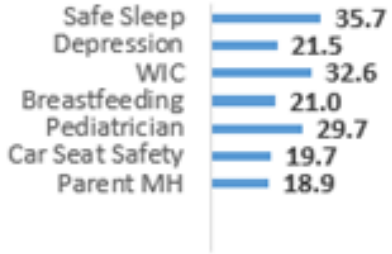


Notices by Year

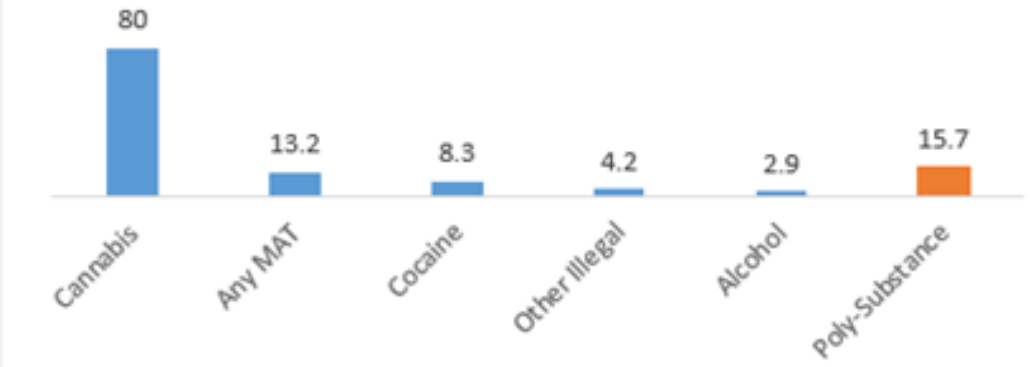


*In all figures 2019 and 2024 are partial year data

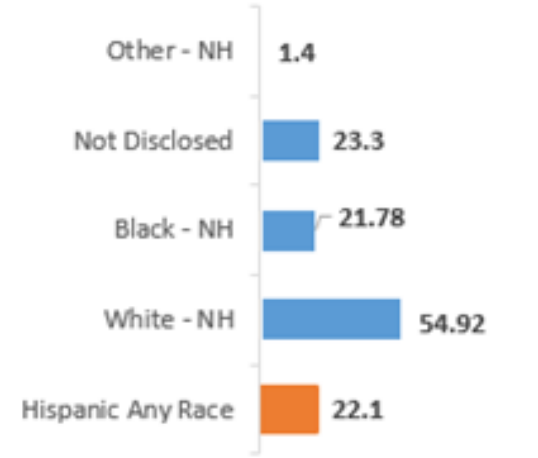
Services Identified (%)



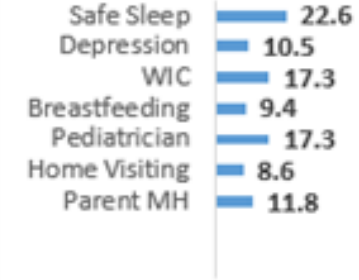
Most Commonly Reported Exposures (%)



Birthing Person Race & Ethnicity (%)



Services Referred (%)



Children & Families

SEPI and Youth Recovery CT

- Substance Exposed Pregnancy Initiative (SEPI)
  - The new Strategic Plan includes action steps to continue work identifying and addressing gaps in SEI prevention, screening, early intervention, marketing and training, treatment, recovery, wellness support, and data collection efforts for affected infants and their families.
  - CT SEI uses topic-focused workgroups comprised of local experts and key stakeholders that meet regularly to discuss data and emerging issues, and provide recommendations for practice and policy reform, and ideas to improve the state's CAPTA implementation.
- Youth Recovery CT
  - Wheeler Clinic administers the Youth Recovery CT initiative (formerly known as CROSS), supporting a network of agencies across Connecticut that provide evidence-informed SMART Recovery-based groups.
  - SMART Recovery is the leading evidence-informed model of facilitated peer recovery support.
  - The Youth Recovery initiative hosts meetings across the lifespan, primarily focusing on youth and young adult populations.
  - Youth Recovery CT has made strides in promoting recovery across Connecticut, particularly for youth, young adults, and families.
  - Through development a network of grantees and community partner organizations, the initiative has established and supported a wide range of SMART Recovery-based meetings and Alternative Peer Groups. By providing training, technical assistance, mini-grants, and community outreach, Youth Recovery CT has increased its relevance and capacity within Connecticut to serve young people and families.

Children & Families

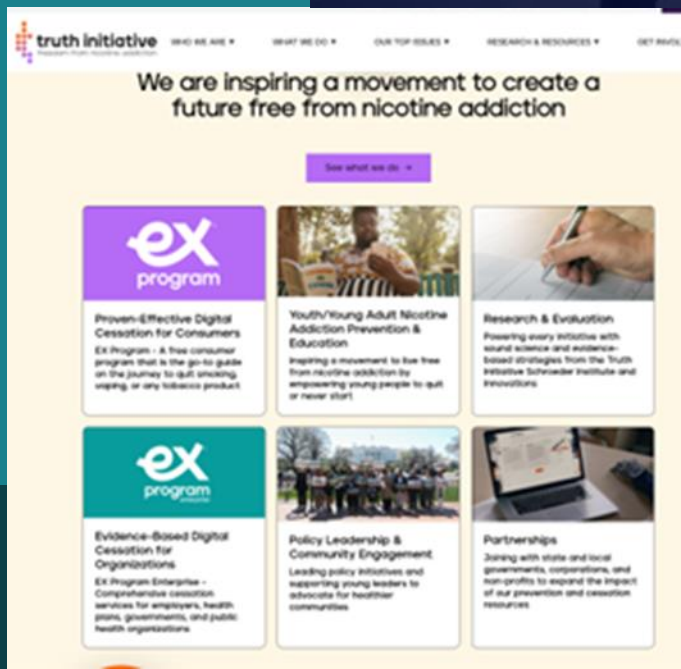
1115 Demonstration Waiver

- To align with the Demonstration's goals and milestones, DCF has invested in training efforts to support the adolescent service system's adoption of the ASAM 3rd Edition Patient Placement Criteria. These training efforts support the ongoing work to ensure that
  - persons receiving substance use treatment are appropriately placed in a level of care that matches their individualized needs and
  - continue to receive care until stabilization and achievement of treatment goals supports discharge and/or referral to another level of care is indicated.
- Specific to the Demonstration's goal of increased rates of identification, initiation and engagement in treatment and milestone of improved care coordination and transitions between levels of care,
  - DCF partnered with Child Health and Development Institute (CHDI) to support a network of seven Outpatient Psychiatric Clinics for Children (OPCC) in training and utilizing two evidence-based practices, A-SBIRT Adoclescent Screening, Brief Itnervention, and Referral to Treatment and low-touch Service coord using the wrap around model.
  - 200 OPCC staff have received training in at least one of the evidence-based practices,
  - 462 youth were screened for substance use,
  - 216 youth with identified substance use at any point during treatment received a referral to services, and
  - 173 youth received at least one service coordination contact.
- As a result of the Demonstration, DCF partnered with Chestnut Health Systems to adapt the Global Appraisal of Individual Needs – Quick (GAIN-Q) evidence-based assessment tool and reports to facilitate adolescent treatment provider compliance with the program's requirements. DCF, as the lead state agency for children's behavioral health, has contracted with Advanced Behavioral Health (ABH) to certify and monitor any Medicaid-enrolled SUD treatment programs for youth under age 18.
- With funding from the Demonstration,
  - DCF has invested in several training efforts to improve substance use identification and enhance a comprehensive recovery-oriented system of careSBIRT training and implementation boosters for program
  - It has also included training embedded Recovery Support Specialists and their supervisors.
  - DCF has also partnered with Faces and Voices of Recovery to offer a workforce development series to support the preparation and growth of peers and other professionals working with individuals and families impacted by substance use to engage in recovery support

Department of Public Health

Triennial Report

- Practitioner Licensing and Investigations Section (PLIS)
- Tobacco Control Program
  - Prevention
  - Cessation
  - Training
- Cannabis Surveillance
  - Behavioral Risk Factor Surveillance System
  - Connecticut School Health Survey / Youth Risk Behavior Survey
  - Syndromic Surveillance System / EpiCenter
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
- HIV and Hepatitis C Prevention and Care Program Activities (Harm Reduction)
  - Core Programs
  - Collabroative Actitivites
  - Accomplishments, Current and Projected Projects and Inititiaves
- Office of Emergency Medical Services (OEMS)



Department of Public Health

Practitioner Licensing and Investigations Section (PLIS)

- The Department of Public Health is responsible for investigating complaints against licensed health care providers and routinely investigates licensed prescribers who are alleged to have inappropriately prescribed medications.
- Discipline may include, but is not limited to a license reprimand, civil penalties, requirements for additional education related to prescribing, probation with a monitor to review prescribing practices, and reports to the Department.

- DPH investigates complaints regarding licensed health care practitioners who may be impaired due to substance use disorder.
  - These practitioners may be removed from practice until they are deemed safe to practice.
  - Once deemed safe to practice, they may return to work under a consent order with certain terms.
  - DPH monitors the licensee's adherence to the terms and may further restrict the licensee's practice if terms are violated. These efforts are to protect public safety while supporting the licensee's recovery.

- DPH collaborates with the HAVEN program, a confidential health program for healthcare professionals that can be an alternative to public discipline, for licensees who meet specific criteria for participation. The HAVEN program may refer individuals who are ineligible for its program to the Department. Eligibility for HAVEN includes no prior licensure discipline, no patient harm caused, and no felony convictions. The HAVEN program monitors its participants similarly to the Department.
- Hospitals and other licensed practitioners are mandated to report potentially impaired practitioners to the HAVEN program or DPH pursuant to 19a-12e of the Connecticut General Statutes. The Department and the HAVEN program have seen significant increases in reports of impaired practitioners since the law was enacted in 2015.

HAVEN
Health Assistance InterVention Education Network

Department of Public Health

Tobacco Control Program

COMMIT TO QUIT

Prevention Activities:

- Education, info, mass reach communication campaigns on tobacco prevention, control best-practice
- Builds staff expertise, T.A. for community partners, sharing resources, implementing EBPs.
- Goal to increase awareness of the health impacts of tobacco / cessation resources
- Work with Wheeler to support youth, young adults and LBGTIA (encouraging smoke free spaces and events, providers to screen for tobacco and focus on youth and young adults with a text to quit campaign (Truth Initiative).

Cessation activities:

- A telephone-based tobacco use cessation counseling program that include motivational texting and web-based resources (Nat'l Jewish Health operates the CT Quitline) and
- one on one behavioral counseling; contracts with local health departments to implement strategies to reduce tobacco related disparities among youth , LatinX and LBTG.

Training Institute:

- Work with SCSU to provide the Council for Tobacco Treatment Training Programs accredited Tobacco Treatment Specialist Training: for those who deliver moderate to intensive tobacco treatment services within a healthcare or community setting. Successful completion qualifies individuals for the National Certification for Tobacco Treatment Practice. Those who completed this program provide direct cessation counseling services to CT residents.

Department of Public Health

Cannabis Surveillance

BRFSS Turning Information into Health

- Behavioral Risk factor Surveillance System (BRFSS)
  - is an ongoing statewide health survey conducted via phone with Connecticut adults.
  - gathers data on risk factors, health behaviors, and social determinants of health (SDOH), serving as a crucial tool for developing and targeting health promotion efforts. Survey gathers info on tobacco use, vaping, cannbis use
- CT School Health Survey / Youth Risk Behavior Survey
  - health survey conducted biennially in public high schools across Connecticut.
  - CSHS monitors health-risk behaviors among students, tracks trends, and informs policies, programs, and practices aimed at reducing risks and promoting better health and educational outcomes
  - consistently highlights the link between healthy behaviors and academic success. Syndromi Surveillance System / Epi Center
- Syndromic Surveillance System / Epi Center
  - a system used for reporting emergency illnesses and health conditions by emergency departments and hospital-affiliated urgent care centers.
  - DPH is building a new functionality within EpiCenter to help identify and track injuries and adverse events linked with cannabis use or addiction
- Pregnancy Risk Assessment Monitoring System (PRAMS)
  - PRAMS collects information on maternal health, attitudes, and experiences before, during, and shortly after pregnancy.
  - CT PRAMS developed a survey supplement in consultation with CDC and a consultant, around marijuana/cannabis use, and the use of Cannabidiol (CBD) products before, during, and after pregnancy;
  - women used marijuana products during pregnancy; conversations around marijuana use or recommendations during prenatal care; perceptions of how long someone should wait after using marijuana before breastfeeding or pumping milk for their baby; and if they think the use of marijuana products during pregnancy could be harmful to a baby's health

Department of Public Health

HIV and HCV Prevention & Core Activities (Harm Reduction)

DPH's HIV/HCV Prevention Program focuses on activities to reduce new HIV/HCV infections, achieve viral load suppression, and improve health outcomes for persons living with HIV/HCV; also provide overdose prevention materials and access to Narcan.

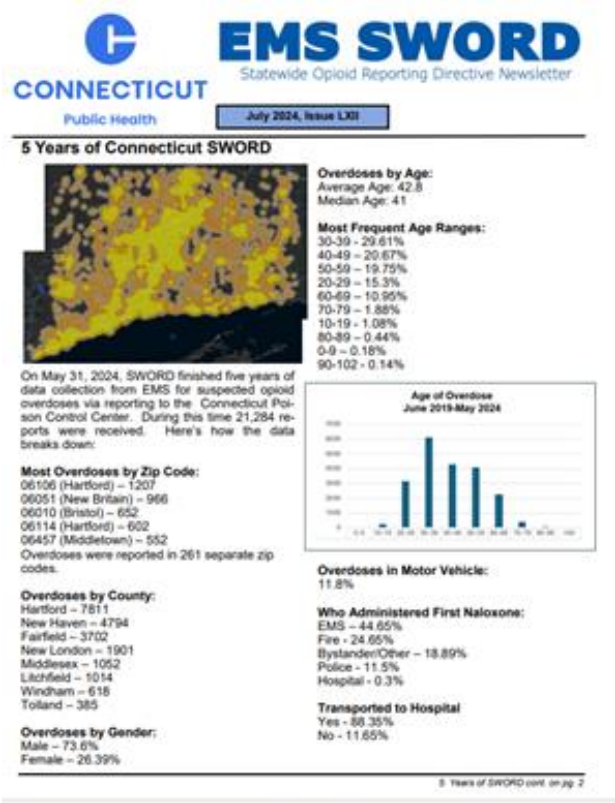
The community naloxone distribution program known as, Overdose Prevention Education and Naloxone (OPEN) Access CT Program continues to be a successful addition to current harm reduction programs that are under contract with DPH. Programs offer:

- free HIV/HCV screening, harm reduction education, substance use disorder treatment referrals, overdose prevention training, syringe access and overdose prevention (OD) kits; program purchases HIV/HCV kits, overdose (OD) kits and harm reduction supplies, and trainings related to HR and treatment options.
- IN 2023, DPH funded SSPS conducted 3,572 individual-level OD trainings for clients participating in syringe services programs and distributed 8,580 naloxone kits
- CT DPH OPEN Access Program community naloxone distribution component: 224 group-level community trainings were conducted with 2,387 participants and 4,802 naloxone kits distributed in 2023.
- Collaborated with DCP on legislative policy to allow for vending machines providing HR supplies in needed areas
- 2023: distributed 19,139 fentanyl testing strips to over 9,000 individuals
- First Xylazine testing strips made available in 2023: 758 strips made available to over 750 individuals
- DMHAS and DPH collaborated to support additional funding (OSAC) for HR supplies to all Syringe programs.

Department of Public Health

Office of Emergency Medical Services (OEMS)

- All opioid overdoses are required to be reported to DPH (Statewide Opioid Reporting Directive – SWORD)
- SWORD working group – reviews trends in fatal and non-fatal overdoses; collaborate on public health notifications
- Between May 2022 and November 2024, 30 issues of the monthly SWORD newsletter have been published to the OEMS website.
- April 2022 – April 2025: 16,479 suspected opioid overdoses were reported to the OEMS via Electronic Patient Care Record.



CONNECTICUT
Public Health

EMS SWORD
Statewide Opioid Reporting Directive Newsletter

July 2024, Issue LXII

5 Years of Connecticut SWORD

On May 31, 2024, SWORD finished five years of data collection from EMS for suspected opioid overdoses via reporting to the Connecticut Poison Control Center. During this time 21,284 reports were received. Here's how the data breaks down:

Most Overdoses by Zip Code:
06106 (Hartford) – 1207
06051 (New Britain) – 966
06010 (Bristol) – 652
06114 (Hartford) – 602
06457 (Middletown) – 552
Overdoses were reported in 261 separate zip codes.

Overdoses by County:
Hartford – 7811
New Haven – 4794
Fairfield – 3702
New London – 1901
Middlesex – 1052
Litchfield – 1014
Windham – 618
Tolland – 385

Overdoses by Gender:
Male – 73.6%
Female – 26.39%

Overdoses by Age:
Average Age: 42.8
Median Age: 41

Most Frequent Age Ranges:
30-39 - 29.61%
40-49 – 20.67%
50-59 – 19.75%
20-29 – 15.3%
60-69 – 10.95%
70-79 – 1.88%
10-19 - 1.08%
80-89 – 0.44%
0-9 – 0.18%
90-102 - 0.14%

Age of Overdose
June 2019-May 2024

Overdoses in Motor Vehicle:
11.8%

Who Administered First Naloxone:
EMS – 44.65%
Fire - 24.65%
Bystander/Other – 18.89%
Police - 11.5%
Hospital - 0.3%

Transported to Hospital
Yes - 88.35%
No - 11.65%

5 Years of SWORD cont. on pg. 2

State of Connecticut
Judicial Branch

Triennial Report

The Judicial Branch Court Support Services Division (JB-CSSD) oversees pretrial services, family services, divorce and domestic violence, probation supervision of adults and juveniles, as well as two secure juvenile residential centers located in Bridgeport & Hartford. JB-CSSD also administers a network of statewide contracted community providers that deliver treatment and other support services.

The mission of the JB-CSSD is to provide effective support services within the Judicial Branch by working collaboratively with system stakeholders to promote compliance with court orders and instill positive change in individuals, families, and communities.

- Community-based, in-home programs:
  - Multi-Systemic Therapy (MST)
  - MST-EA (Emerging Adults) previously MST - TAY
  - Linking Youth to Natural Communities (LYNC)
  - Community Diversion and Respite Center (CDRC)
  - Court Based Assessment (CBA)
- Residential programs:
  - REGIONS Programs (3)
  - MST-FIT (Family Integrated Transitions)
  - Intermediate Residential (IR)

State of Connecticut Judicial Branch

CSSD: Substance Use Programs: Community, home-based

.Multi-Systemic Therapy (MST) (Treatment: Juvenile. Collaborates with DCF)

- Intensive, evidence-, family- and community-based treatment program for serious, chronic, and violent juvenile offenders. Blends clinical treatments including cognitive behavioral therapy, behavior management training, family therapies and community psychology. Goal is to keep adolescents who have exhibited serious clinical problems—drug abuse, violence, severe emotional disturbance—at home, in school and arrest free.

MST-EA (Emerging Adults) previously MST - TAY (Treatment: Juvenile and Adult)

- Adaptation of the MST model designed for transition-aged youth and young adults involved with the justice system who have mental illness or engage in substance use. A home-based therapist delivers services to treat mental illness, reduce substance use (when present) and reduce recidivism.

Court Based Assessment (CBA) (Prevention and Treatment: Juvenile).

- Psychological and substance abuse evaluations as ordered by the court to determine service that best match treatment needs of child and family.

Community Diversion and Respite Center (CDRC) (Prevention and Treatment: Juvenile).

- A shorter-term residential program that provides assessment and connection to community-based services in the youth's home community.

Linking Youth to Natural Communities (Prevention and Treatment: Juvenile)

- multi-modal centers focusing on an array of targeted, evidence-based/evidence- informed services for court-involved youth ages 12-17 and their families; working with you to make sustainable behavioral changes.
- conducts intakes and assessments, provides cognitive-behavioral interventions, case management services to address basic needs and pro-social activities, and discharge planning

State of Connecticut Judicial Branch

CSSD: Substance Use Programs: Residential

REGIONS-Secure for Adolescent Males / REGIONS-Secure for Adolescent Females / REGIONS- Staff Secure for Adolescent Males (Contracted. Prevention and Treatment: Juvenile)

- individually focused residential treatment program for adolescent males with a disposition of "Probation Supervision with Residential Placement" which is integrated with Dialectical Behavior Therapy (DBT) on an individual clinical and therapeutic milieu level.
- trauma informed program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning.

Intermediate Residential (IR) (Prevention and Treatment: Juvenile)

- A DBT residential treatment program that addresses treatment goals related to reducing their risk to recidivate, enhance their emotion regulation and distress tolerance skill understanding and use.
- Discharge planning is focused on connection to prosocial activities and employment, if age appropriate.
- Youth are often connected to MST-FIT as a part of their discharge plan.

MST-FIT (Family Integrated Transitions) (Treatment: Juvenile)

- MST-FIT serves youth in residential placement with the highest risk of recidivism in need of complex treatment by combining DBT services, delivered in a residential setting, with MST based aftercare to provide smooth transition out of placement and into the youth's home

Department of Consumer Protection

Triennial Report

The DCP is tasked with promoting access to safe and effective pharmaceutical care services in Connecticut and protecting consumers against fraud, deception, and unsafe practices in the distribution, handling, and use of pharmaceuticals and medical devices.

The DCP's substance use initiatives fall into four major categories:

(1) the Connecticut Prescription Monitoring Program (PMP),

(2) safe storage, disposal of over-the-counter and prescription medications,

(3) the oversight of Connecticut's Medical Marijuana and Adult-Use Cannabis Programs,

(4) increasing access to life-saving opioid antagonists. In addition, DCP provides educational programs to support each of these efforts.

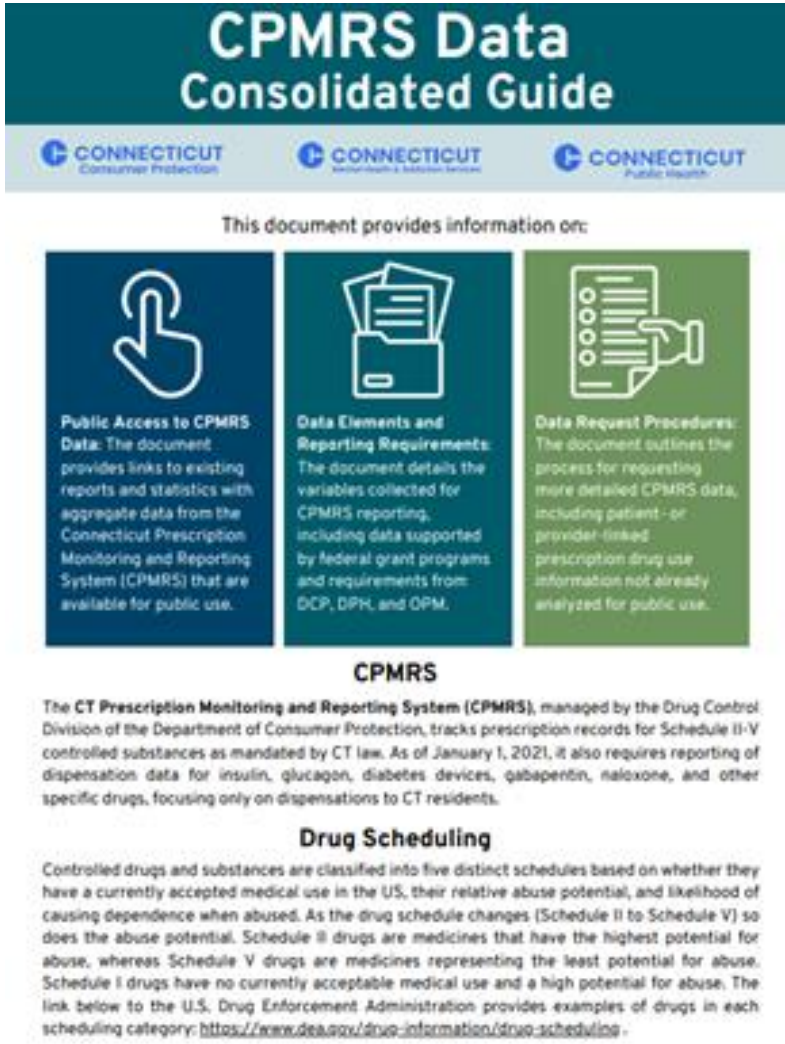
Department of Consumer Protection

CT Prescription Monitoring Program (CPMRS)

CPMRS:

- collect prescription data for Schedule II through V drugs in a central database that can be used by medical providers and pharmacists in the active treatment of their patients, as well as insulin drugs, glucagon drugs, diabetic devices, diabetic ketoacidosis devices, gabapentin, and naloxone.
- Beginning in 2015, health care professionals were required to check the CPMRS before prescribing controlled substances for greater than 72 hours of treatment.
- Additionally, since 2016 pharmacists have been required to enter controlled substance prescription data, immediately or no later than 24 hours after dispensation.

- DCP works in partnership with other state agencies targeting both prescribers and pharmacists on drug-seeking behavior and how to use the CPMRS effectively.
  - The program and partners have focused their efforts on educating the general public on safe storage and proper disposal of over-the-counter and prescription drugs.
  - The statistics information can be found on the DCP website.
  - PMP offers an interactive information sharing format in which CPMRS data is displayed as a data story. The PMP data story is available directly on the CT Open Data Portal.



CPMRS Data
Consolidated Guide

CONNECTICUT Consumer Protection | CONNECTICUT | CONNECTICUT Public Health

This document provides information on:

Public Access to CPMRS Data: The document provides links to existing reports and statistics with aggregate data from the Connecticut Prescription Monitoring and Reporting System (CPMRS) that are available for public use.

Data Elements and Reporting Requirements: The document details the variables collected for CPMRS reporting, including data supported by federal grant programs and requirements from DCP, DPH, and DPM.

Data Request Procedures: The document outlines the process for requesting more detailed CPMRS data, including patient- or provider-linked prescription drug use information not already analyzed for public use.

CPMRS

The **CT Prescription Monitoring and Reporting System (CPMRS)**, managed by the Drug Control Division of the Department of Consumer Protection, tracks prescription records for Schedule II-V controlled substances as mandated by CT law. As of January 1, 2021, it also requires reporting of dispensation data for insulin, glucagon, diabetes devices, gabapentin, naloxone, and other specific drugs, focusing only on dispensations to CT residents.

Drug Scheduling

Controlled drugs and substances are classified into five distinct schedules based on whether they have a currently accepted medical use in the US, their relative abuse potential, and likelihood of causing dependence when abused. As the drug schedule changes (Schedule II to Schedule V) so does the abuse potential. Schedule II drugs are medicines that have the highest potential for abuse, whereas Schedule V drugs are medicines representing the least potential for abuse. Schedule I drugs have no currently acceptable medical use and a high potential for abuse. The link below to the U.S. Drug Enforcement Administration provides examples of drugs in each scheduling category: https://www.dea.gov/drug-information/drug-scheduling

Department of Consumer Protection

Safe Storage & Disposal, Drug Take-Back Programs

Safe Storage and Disposal Education

- In 2022, DCP developed safe storage and disposal educational materials for prescription medications as well as cannabis and cannabis products as required by Public Act 22-81.
- The materials were posted on the DCP website and signage was required to be posted in pharmacies and cannabis retail establishments. Materials can also be found on the DCP website.

Community Drug Take-Back Programs

- There are now over 116 boxes in operation between the state police, municipal police, and local pharmacies, which have collected over 443,000 pounds of unwanted medications since 2012. Locations of drop boxes can be found on the DCP website.
- DCP has been involved with Community Drug Take-Back Days and provides guidance on the DCP website on how to set up such an event.
- DCP has overseen and implemented Connecticut's Medical Marijuana Program since its inception in 2012. The program utilizes a pharmaceutical model for the manufacturing and dispensing of medical marijuana and marijuana products. Dispensary facilities are also required to upload dispensing information into the Connecticut Prescription Monitoring and Reporting System (CPMRS) at least once per day.

Department of Consumer Protection

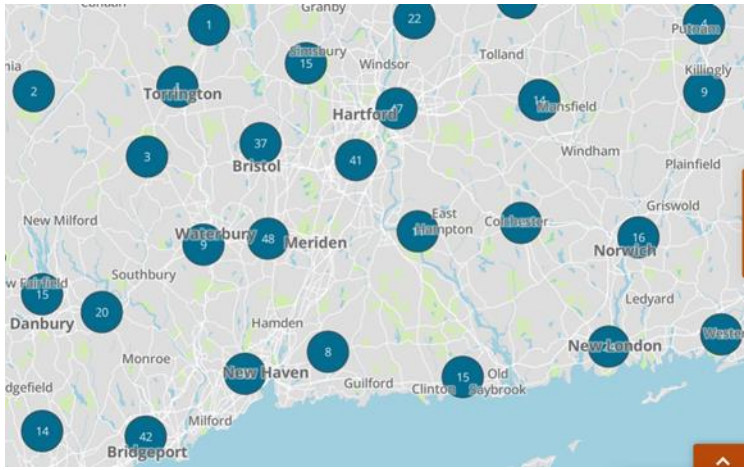
Access to Naloxone

DCP implemented legislation to allow pharmacists to prescribe and dispense naloxone after completing a certifying training course.

DCP has approved three continuing education training courses to train pharmacists to perform this work.

To date, almost 600 pharmacies have at least one pharmacist certified and can now prescribe naloxone in the state.

Pharmacies that have at least one pharmacist who can prescribe naloxone can be found on the interactive map.



Triennial Report

- The Department of Correction provides comprehensive treatment services utilizing a graduated system of Substance Use Treatment Programs
- The Agency's Addiction Treatment Unit (ATU) screens, assesses, and provides treatment to greater than 80% of the individuals who enter the Correctional System.
- A range of treatment options are available to meet the offenders' treatment needs. Programs range from brief treatment focusing on Re-entry and Reintegration; Intensive Outpatient utilizing CBT curriculum to Residential Substance Use Treatment in a modified Therapeutic Community setting.
- The Addiction Treatment Unit provides Aftercare programming designed to provide a continuum of care and recovery maintenance.
- The Addiction Treatment Unit also provides services to the specialized population to include:
  - the Young Adult Offenders,
  - Youthful Offenders,
  - Women,
  - Driving Under the Influence (DUI) Offenders,
  - Medications for Opioid Use Disorder (MOUD), and
  - temporary violation as an incremental sanction in Time Out Program (TOP) for Parolees at risk for Violation of Parole.

Major Initiatives and Accomplishments

In person addiction treatment

- MOUD induction and maintenance
- Curriculum enhancements
- SMART training expanded to be offered at all sentenced correctional facilities + family, friends

DUI offenders (DOC or Home Confinement options)

- Addiction treatment professions Screening process to determine risk and need: DOC or HC and relevant services
- Community Aftercare: Residential Substance Abuse Treatment (RSAT) grant from OPM
  - DOC enhanced its ability to provide continuity of care from in-person to community care after RSAT programs
  - RSAT funded two CCAR Recovery Coach positions embedded in Residential program.

Medication Assisted Treatment (MAT) / Medications for Opioid Use Disorder (MOUD)

- DOC currently serves 1106 inmates daily with MOUD and counseling
- Currently MOUD programs in 10 correctional facilities (9 vendor based + York – internally licensed OTP)

Medication Assisted Treatment for AUD

- DOC provides treatment to inmates with AUD; offers Naltrexone and information about resources

Major Initiatives and Accomplishments

Naloxone (Narcan)

- NARCAN distribution and overdose education continue with DOC staff, the inmate population, the Community Supervised Parole population, halfway house providers, and recently expanded to the families of the offender population.

Tobacco Cessation and Prevention

- the Tobacco and Health Trust Fund Board provided funding to the DOC to develop tobacco education and cessation support programs in several jails. Correctional populations higher smoking prevalence rates
- In 2022 tobacco cessation efforts have been integrated into the Addiction Treatment portfolio to include mindfulness and meditation to address smoking cessation and daily care, as well as care in Halfway Houses.

Recovery Coaching

- The Recovery Coaching initiative with (CCAR) has expanded to DOC's Community Parole District Offices and Halfway House providers.
- The Addiction Treatment Unit Staff and CCAR provide training and education about peer recovery support and how to refer offenders for these services to support them (in 2024, there were 418 Peer Recovery Support referrals to CCAR).
- The Addiction staff inside of the Correctional facilities, continue to refer and have individuals engage with coaches before their release from custody and the staff provide the Recovery Coach Academy inside the correctional facilities so that new released individuals can become coaches themselves.

SMART (Self-Management and Recovery Training)

- A support group for individuals recovering from addictions and family/friends; offered in all sentenced facilities

SMART – Recovery Family and Friends

- Family and Friends program helps individuals in a close relationship with someone struggling with an addiction.

Connecticut State Department of Education

Triennial Report

The Connecticut State Department of Education (SDE) offers serval substance use prevention supports through programs that address the issue directly and through meeting the social-emotional, developmental and behavioral health needs of students.

Connecticut statute:

- requires that the program of study in public school includes substance abuse prevention, including instruction relating to opioid use and related disorders
- requires instruction regarding the use of alcohol, nicotine, tobacco and drugs every academic year to all student sin Kindergarten through Grade 12 in a planned, ongoing and systematic fashion
- Provides guidance that content must include teaching about the knowledge, skills and attitudes required to understand and avoid the effects of alcohol, of nicotine and or tobacco and of drugs on health, character, citizenship and personality development

Connecticut State Department of Education

School Discipline Reporting / Guidance and Training

School Discipline Data Reporting:

- The CSDE produces an annual report on school discipline, Data is collected on incidents involving “Drugs, Alcohol and Tobacco”, Due to legalization of cannabis, marijuana-based incident codes were introduced into school discipline collection.

Guidance and Training for schools:

- On October 1, 2022, the CSDE, in consultation with (DCP) and (DPH), issued guidelines for local and regional boards of education on the Storage and Administration of Opioid Antagonists in Schools.
- This includes recommendation for school policies, best practices for training on naloxone, notification/communication to family, students and staff. CSDE, DPH and DCP developed the Naloxone Training program
- Naloxone Access, Availability, Storage and Training in Schools: CSDE suveyed public school districts in 2022 in 2024 (in collab eiwth ADPC and DMHAS) and DPH, (120 respondents):
  - 92.5% of schools have naloxone on-site.
  - 94% of schools that maintain naloxone have policies or protocols for its administration
  - Training on naloxone administration has been provided to nearly 90% of staff, predominantly school nurses and administrators, and to a lesser extent, school security staff.
  - There were 20 reported instances of naloxone administration in schools, with school nurses' administration 75% (15) of those doses.

Connecticut State Department of Education

School Discipline Reporting / Guidance and Training

Community Collaborations:

- Schools partner with health providers, emergency responders, and law enforcement for prevention efforts.
- The five DMHAS Regional Behavioral Health Action Organizations (RBAHO) provide free naloxone kits and training statewide to schools.

CSDE Administered Programs:

- After school Grant program:
  - established by CGA to develop high-quality after-school programs; programs provide services to support student learning and development.
  - In addition to academics: youth development activities, violence and pregnancy prevention programming, substance use preventions, counseling, etc.
- Family Resource Centers:
  - provide access, within a community, to a broad continuum of early childhood and family support services that foster optimal development of children and families.
  - offer parent education and training, family support, preschool and school age childcare, teen pregnancy prevention, substance use prevention, positive youth development services and family day-care provider training
- Leadership, Education, Athletics in Partnership (LEAP):
  - implements year-round community and school-based programming with a multi-tiered mentoring model designed to achieve positive academic and social outcomes for children living in high poverty urban neighborhoods.
- Neighborhood Youth Centers:
  - Exclusively served through Boys and Girls Clubs, the centers focus on character development as the cornerstone of positive youth growth
- Primary Mental Health Program:
  - an evidence-based program that helps children in Pre-K through Grade Three adjust to school, gain confidence and social skills, and focus on learning. Through play, the Primary Mental Health Program addresses children's school adjustment difficulties and increases their chances for success.
- School-based Diversion Initiative (SBDI):
  - In collaboration with DMHAS, JBCSSD, DCF, and the Child Health and Development Institute (CHDI), the CSDE implements SBDI in school districts with high incidences of student arrest and disciplinary sanctions.
  - effective strategy to increase access for students and families to mental health prevention supports and treatment services in the school and local community

Connecticut Social Services
Making a difference

Triennial Report

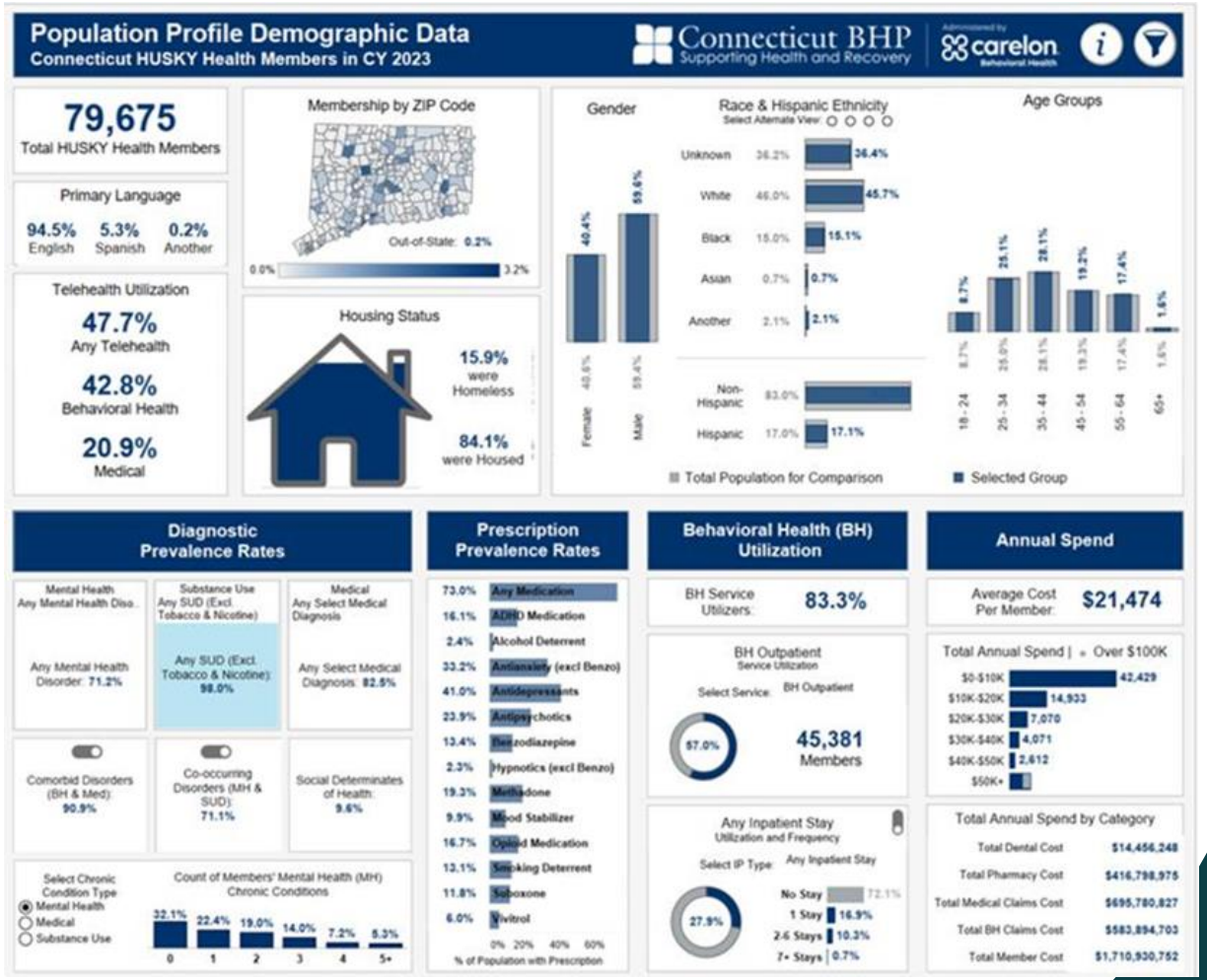
- The Connecticut Department of Social Services (DSS) implemented an 1115 Demonstration Waiver:
  - for SUD inpatient and residential treatment for adults and children under fee-for-service (FFS).
  - Connecticut also requested this Demonstration to ensure a complete American Society of Addiction Medicine (ASAM) levels of care (LOCs) service array is available as part of an essential continuum of care for Medicaid-enrolled individuals with OUD and other SUDs.
- Medicaid population:
  - Substance use disorder diagnoses
  - Mental Health disorder diagnoses
  - Medical Diagnoses
  - Pharmacy Prescriptions
  - Medicaid Substance Use Disorder Benefits and Services
  - Medication for Opioid Use Disorder and impact on utilization of other services

Connecticut Social Services
Making a difference

Medicaid Population: with SUD Diagnoses

The following dashboard highlights data in the adult Medicaid populations with SUD for calendar year 2023:

- SUD: 79,675 adult Medicaid members with SUD (excluding tobacco or Nicotine Use Disorder)
- Language: primarily English speakers (94.5%)
- Housing: most members had stable housing (84.1%)
- Race: the largest racial group was White (45.7%)
- Ethnicity: most members identified as non-Hispanic or did not report ethnicity (82.9%)
- Age group: the biggest age group was 35-44 years old (28.1%)
- Comorbidity: over ninety percent (90.9%) had comorbid medical health issues
- Co-occurring mental health disorders: close to seventy (71.1%) percent had co-occurring disorders in addition to the SUD diagnosis
- Service utilization: Eighty-three percent (83.3%) of this population utilized a behavioral health service in the year.



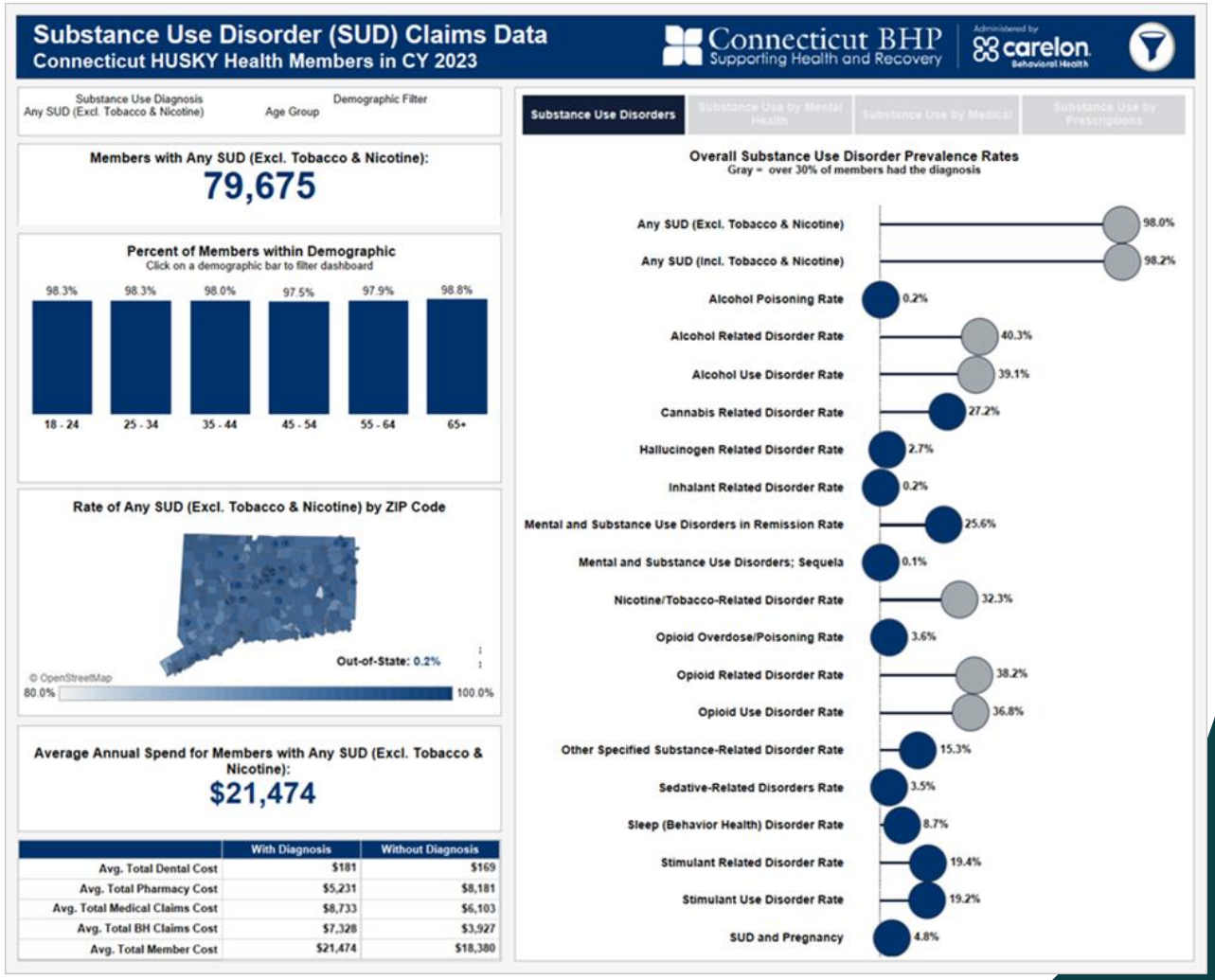
Connecticut Social Services
Making a difference

Medicaid SUD Population: SUD Diagnoses Categories

Substance Use Disorder Diagnoses

Top five types of SUD of the entire adult Medicaid population (79,675 members) with SUD in Calendar Year 2023:

- Alcohol Related Disorders: 40.3%/ Alcohol Use Disorder: 39.1%
- Opioid Related Disorders: 38.2%/ Opioid Use Disorders: 36.8%
- Cannabis Related Disorders: 27.2%
- Mental and Substance Use Disorders in Remission: 25.6%
- Stimulant Related Disorders: 19.4% and Stimulant Use Disorders: 19.2%



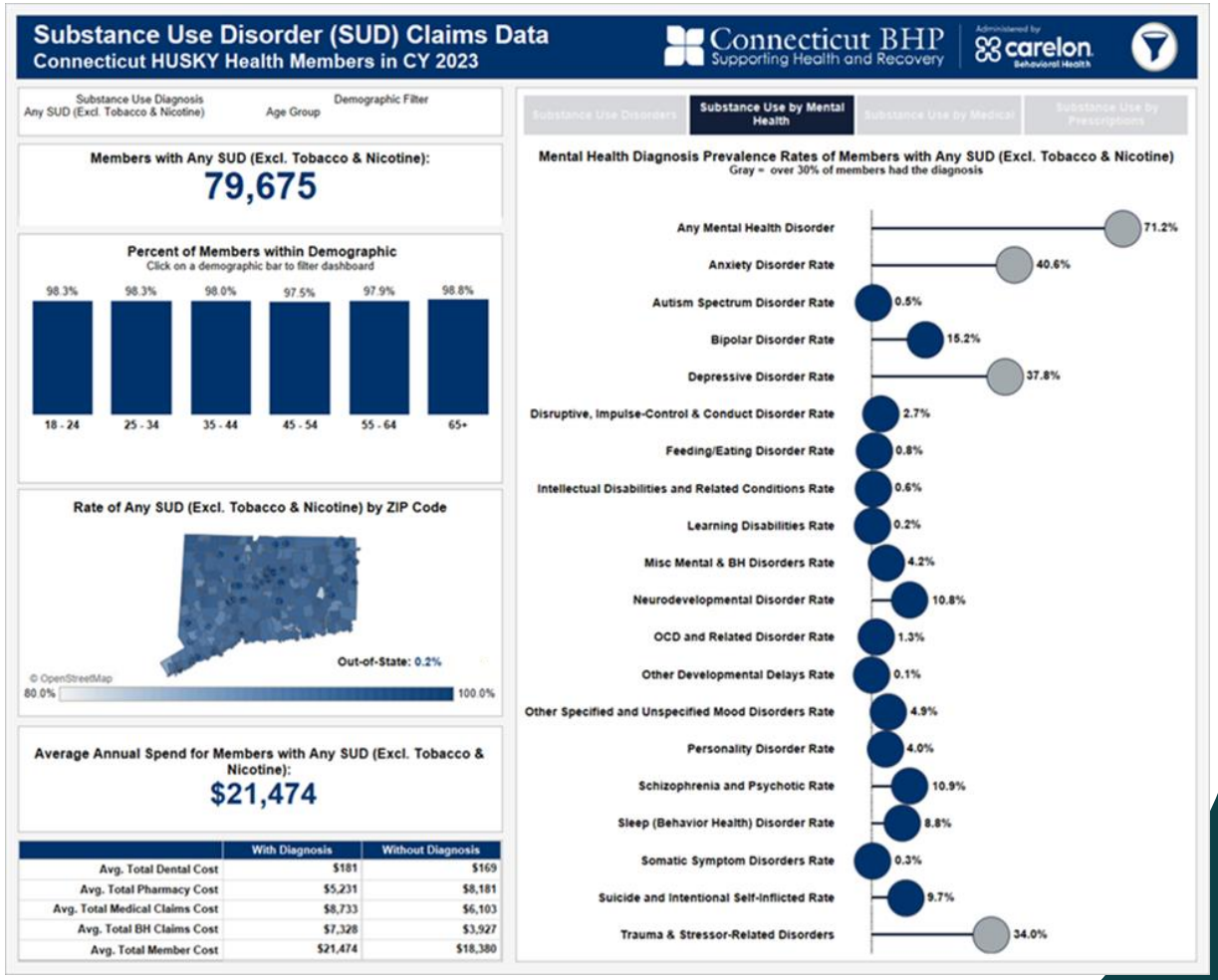
Connecticut Social Services
Making a difference

Medicaid SUD Population: MH Diagnosis Categories

Mental Health Disorder Diagnoses

Top five types of mental health disorder categories of the entire adult Medicaid population (79,675 members) with SUD in Calendar Year 2023:

- Anxiety Disorders: 40.6%
- Depressive Disorders: 37.8%
- Trauma and Stressor-related Disorders: 34.0%
- Bipolar Disorders: 15.2%
- Schizophrenia and Psychotic Disorders: 10.9%



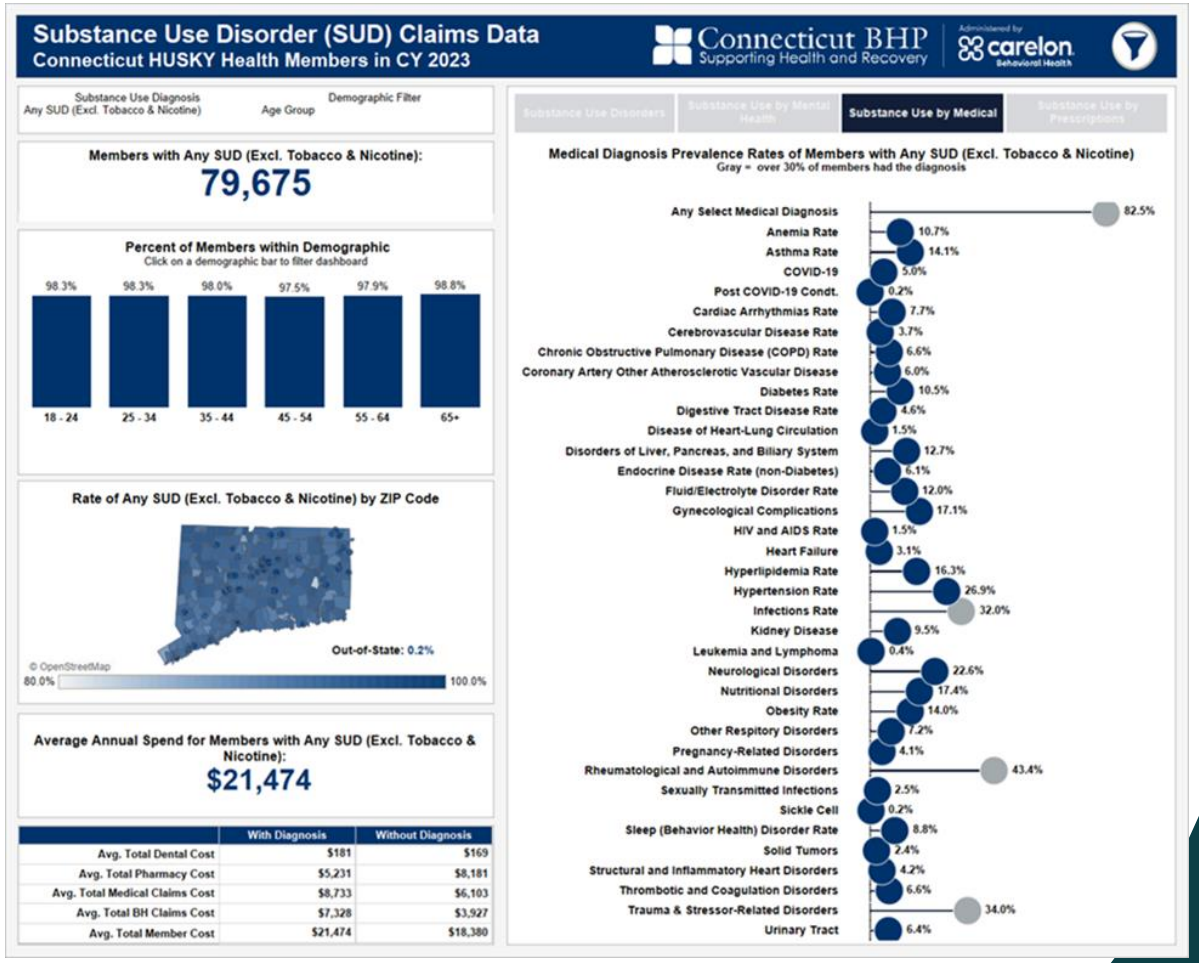
Connecticut Social Services
Making a difference

Medicaid SUD Population: Medical Diagnoses Categories

Medical Diagnoses

Top five types of Medical disorder categories of the entire adult Medicaid SUD population (79,675 members) with SUD in Calendar Year 2023:

- Rheumatological and Autoimmune Disorders: 43.4%
- Trauma and Stressor Related Disorders: 34.0%
- Infections: 32.0%
- Hypertension: 26.9%
- Neurological Disorders: 22.6%



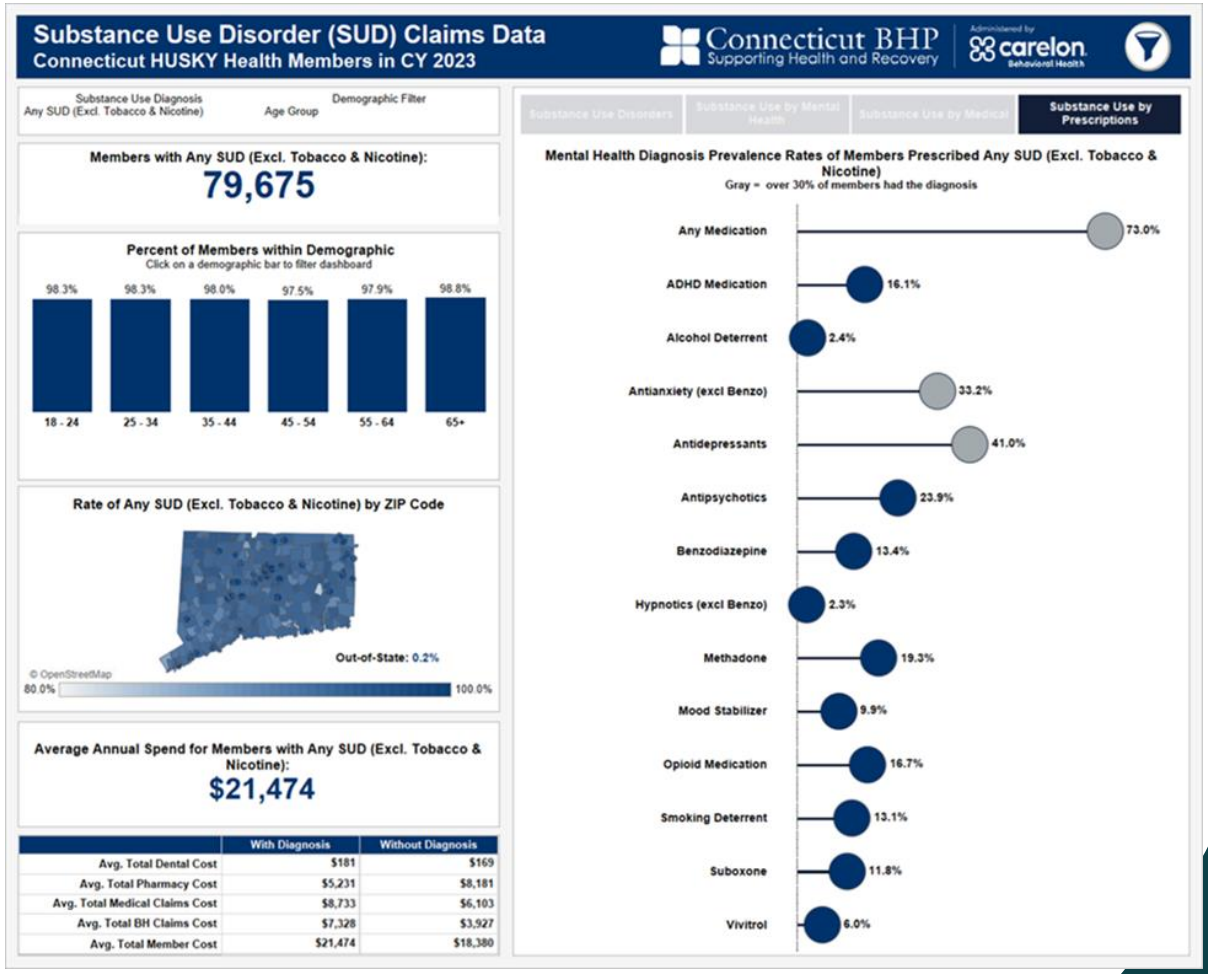
Connecticut Social Services
Making a difference

Medicaid Population: SUD Diagnoses breakdown

Pharmacy Prescriptions (added for CY 2023)

Top five types of pharmacy prescription categories of the entire adult Medicaid SUD population (79,675 members) in Calendar Year 2023:

- Antidepressants: 41.0%
- Antianxiety (excluding benzodiazepines): 33.2%
- Antipsychotics: 23.9%
- Methadone: 19.3%
- Opioid medication: 16.7%



Connecticut Social Services
Making a difference

Medicaid Population: SUD Diagnoses breakdown

Medicaid Substance Use Disorder (SUD) Benefits and Services

The following are currently Medicaid covered SUD behavioral health benefits and services:

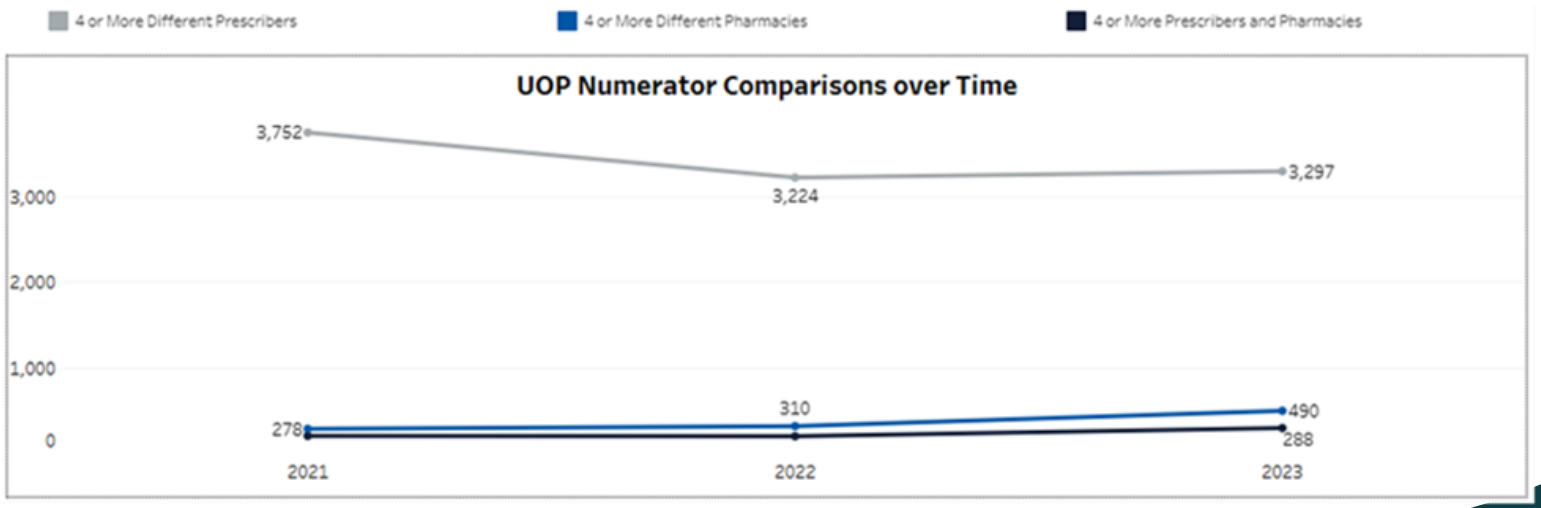
- Screening and brief intervention
- Outpatient services
- Methadone Maintenance
- Medication for substance use disorder
- Intensive Outpatient Services (IOP)
- Partial Hospitalization Program (PHP)
- Ambulatory Withdrawal Management
- Inpatient Hospital Withdrawal Management
- Residential Treatment
- Targeted Case Management (TCM) for members aged 19 and under
- Targeted Case Management (TCM) for adults with Serious Mental Illness and Co-occurring disorders (substance use and mental health disorders)

Connecticut Social Services
Making a difference

Medicaid Population: SUD Diagnoses breakdown

Use of Opioids from Multiple Providers (UOP)

- When a member receives opioid prescriptions from more than one provider, it is dangerous and could lead to accidental overdose. The national measure of UOP helps identifying members at risk.
- The following data represents the rates and number of people who were prescribed/dispensed an opioid by more than one provider.
  - The total number of members who received opioid prescriptions from four or more prescribers decreased from 3,752 in 2021 to 3,224 in 2022 and stayed relatively stable at 3,297 in 2023.
  - The total number of members who were dispensed opioid prescriptions by four or more pharmacies had an increase from 278 members in 2021 to 490 members in 2023 (a 76.3% increase).

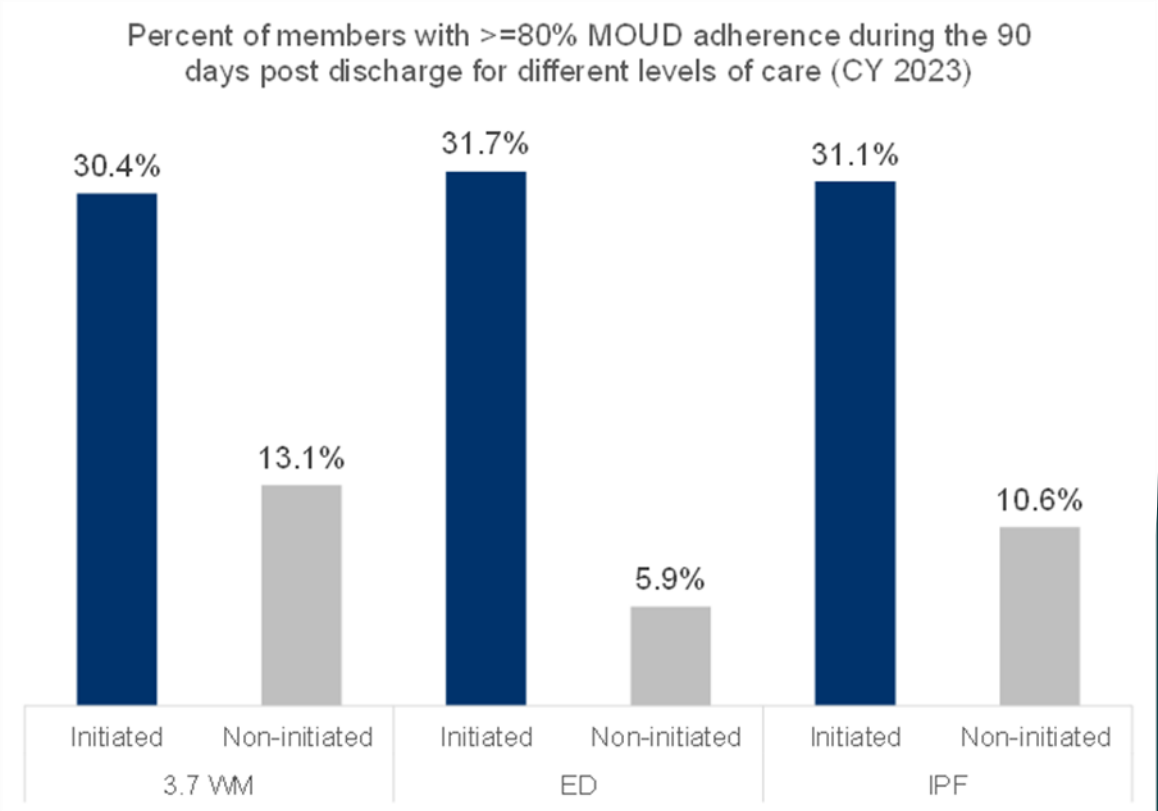


Connecticut Social Services
Making a difference

Medicaid Population: MOUD / reduction in other utilization

Medicaid covers several medications for the treatment of opioid use disorder (MOUD). The graph represents efforts to make those medications more accessible for individuals eligible for Medicaid and which medications are being used:

- The data reflects that those inducted on MOUD in CY2023 had a greater chance at remaining adherent to this treatment post-discharge than those who were not inducted during inpatient stay. This was regardless of the level of care in which the member was inducted.



Percent reduction in utilization

Of the 4,36 episodes at a 3.7 withdrawal management (WM) in CY2023, 975 were of members who were inducted on MOUD and 3,393 were not. Of the 518 episodes at an inpatient psychiatric facility (IPF) that year, 79 were of members who were inducted on MOUD and 439 were not. MOUD adherent members saw a greater drop in BH ED episodes, inpatient days, and 3.7 WM episodes. This was the case for members initiated on MOUD at 3.7 WM level of care and members initiated on MOUD at an IPF.

Thank You

The full SFY25 Triennial Report can be found on the DMHAS website:

2025 Triennial Report

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