

# OPIOID CRISIS RESPONSE: WHAT'S WORKING IN CT?

PRESENTATION TO THE ALCOHOL AND DRUG POLICY COUNCIL

Luiza Barnat, MS, MBA, LMFT

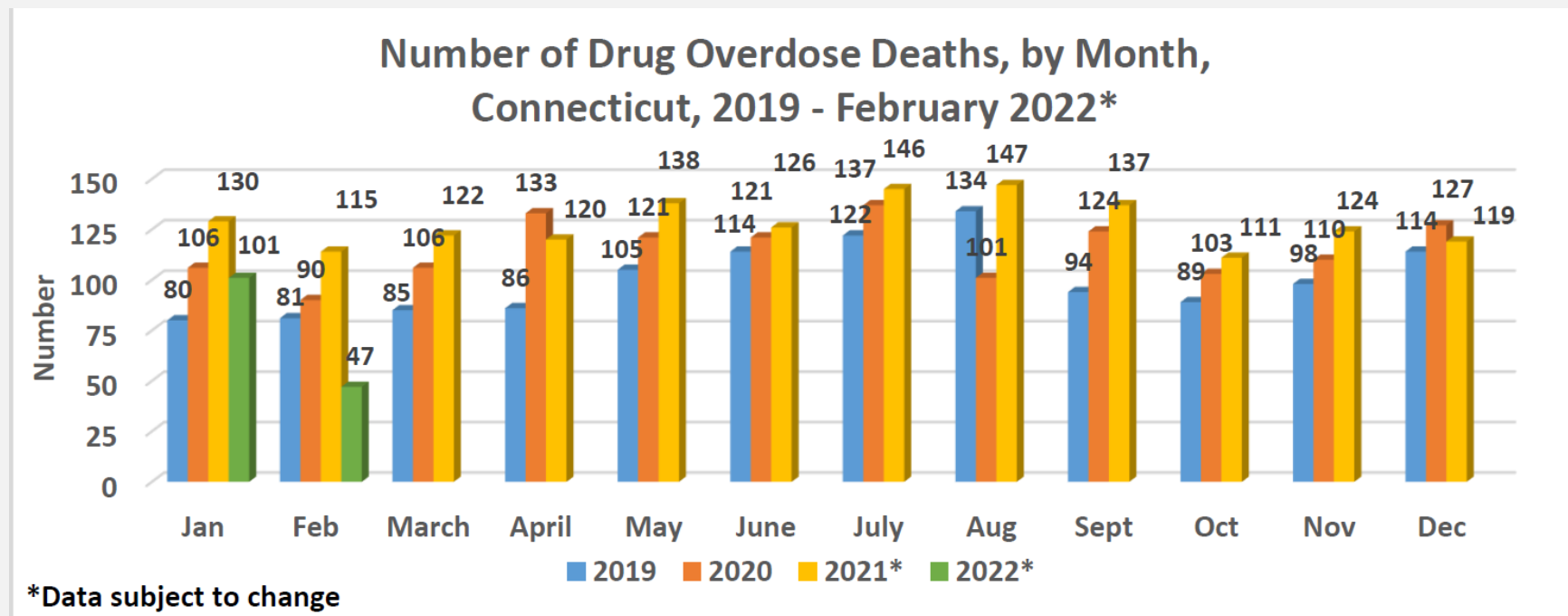
Director of Opioid Services

April 19, 2022

**STATE OF CONNECTICUT**  
**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**  
*A Healthcare Service Agency*

# WHY FOCUS ON WHAT WORKS? CT DATA

- OCME data
- DPH report:
  - 1535 confirmed overdose deaths in 2021
  - 11.4 % increase compared to previous year
  - 85% of fentanyl analog involved in these deaths



# OVER \$60 MILLION IN FEDERAL GRANT AWARDS

## CT Medication Assisted Treatment Expansion Grant (MATx)

- \$3 million over three years
- September 2016 – 2019

## CT State Targeted Response to the Opioid Crisis Grant (STR)

- \$5.5 million each year over two years. Total \$11 million
- May 2017 – April 2019

## CT State Opioid Response (SOR) Grant

- \$11 million each year over the first two years: Oct 2018 – Sept 2020
- Additional \$5.8 million supplemental grant
- \$14 million per year over the next two years: Oct 2020 – Sept 2022

## NEW ANTICIPATED FUNDING

- Settlement funds
  - Advisory group
  - Data informed
  - Innovation
  - Evidence based practices
- COSSAP (Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program) grant

# DMHAS PRIORITIES

- Naloxone
- Treatment
  - Primarily medication assisted treatment
- Recovery Supports
- Outreach and engagement
- Overdose Prevention
- Harm Reduction
- Public Education
- Family Support
- Criminal Justice Interventions

\*for more detailed information about these priorities and associated initiatives, you may view our webinar series. Please visit our website:

[Opioid Services \(ct.gov\)](https://www.ct.gov/ops/oc/oid)

# NALOXONE, NALOXONE EVERYWHERE!

- DMHAS Regional Behavioral Health Action Organizations (RBHAO's)
- Department of Correction, Parole
- Department of Public Health
- ALL Hospital Emergency Departments Statewide
- ALL DMHAS facilities
- Treatment and Recovery Support Providers
- Police departments

DMHAS has distributed the following number of naloxone kits:

2019: 11,581

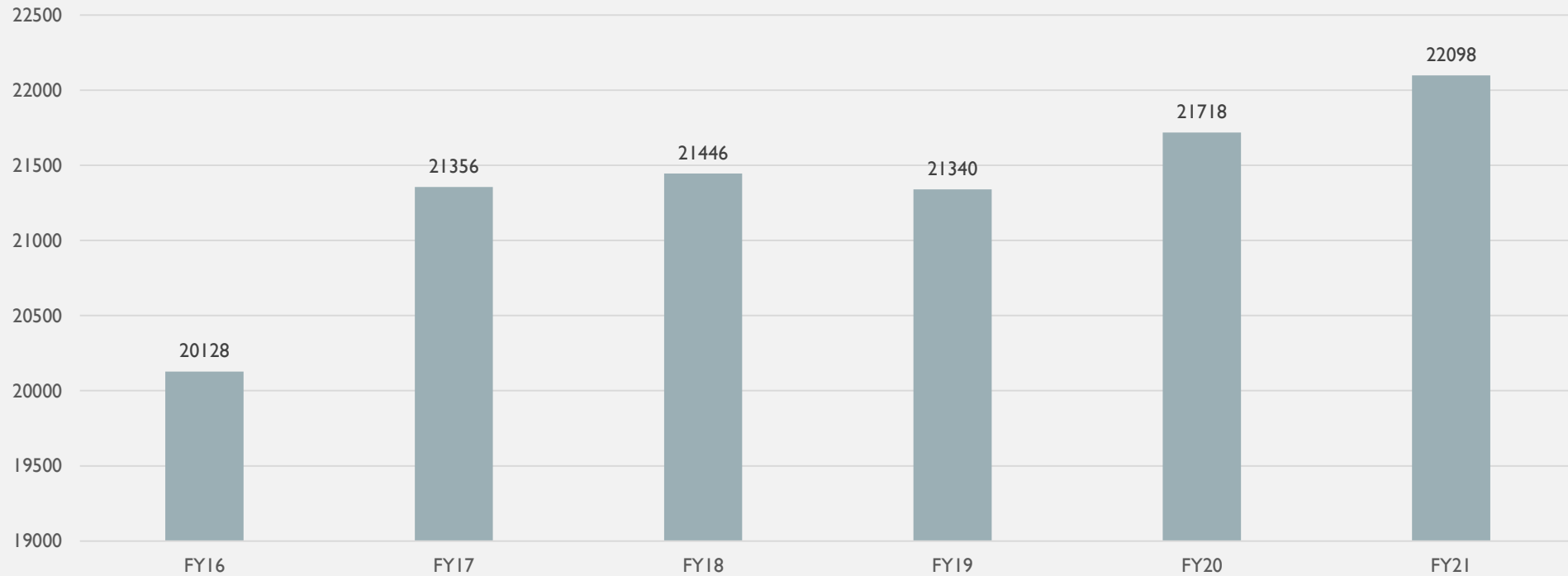
2020: 13,162

2021: 14,986

2022 to date: 7,600

# MEDICATION BASED TREATMENT: METHADONE

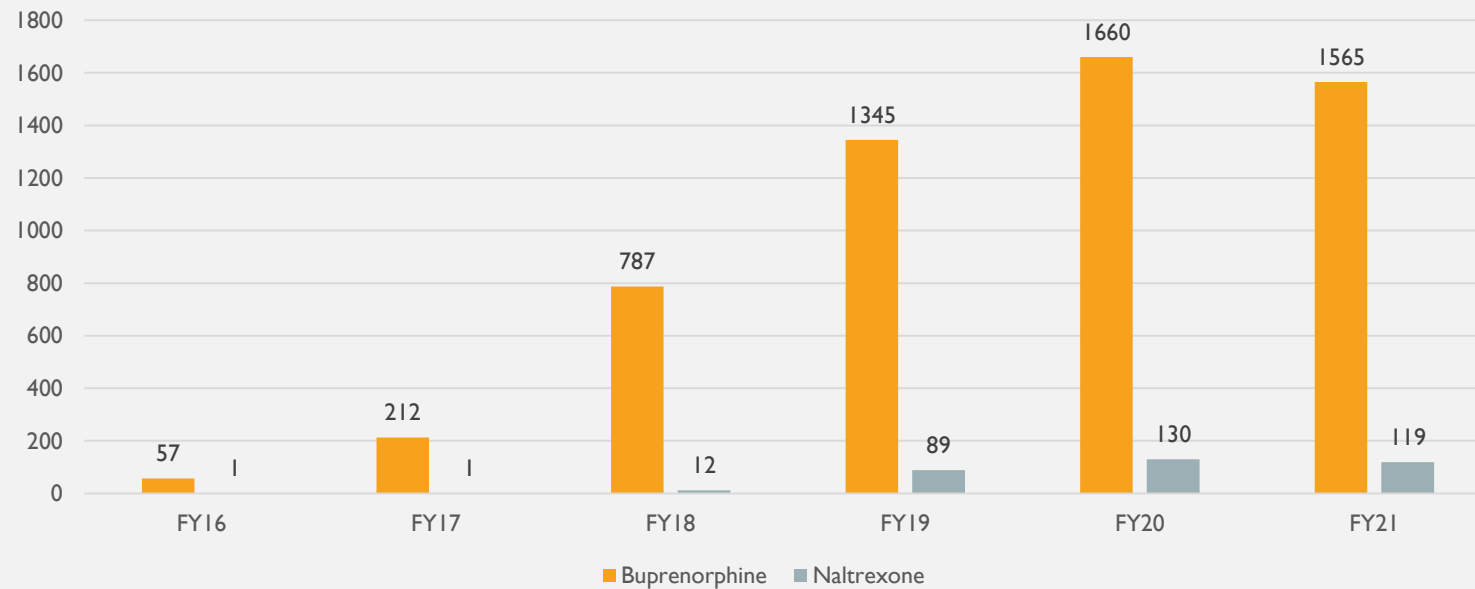
Methadone Maintenance Admissions



# MEDICATION BASED TREATMENT: BUPRENORPHINE AND NALTREXONE

	FY16	FY17	FY18	FY19	FY20	FY21
MM	20128	21356	21446	21340	21718	22098
Buprenorphine	57	212	787	1345	1660	1565
Naltrexone	1	1	12	89	130	119

Buprenorphine and Naltraxone Admissions





Michael Fendrich, PhD,<sup>1</sup> Melissa L. Ives, M.S.W.,<sup>1</sup> Eleni Rodis, M.S.,<sup>1</sup> Martha Marin, MPA,<sup>1</sup> & Lauren Siembab, MS<sup>2</sup>

<sup>1</sup>The University of Connecticut School of Social Work

<sup>2</sup>The Connecticut Department of Mental Health and Addiction Services, Hartford, CT

## MATx retention study

This study used data obtained from clients enrolled in the Connecticut MAT-PDOA project (MATx) over a three-year period beginning in December, 2016 and ending in August, 2019. This SAMHSA-funded project involved administration of MAT (usually Suboxone) to eligible clients with opioid use disorders (OUDs). These were *enhanced* programs; all sites had a person in recovery from an OUD (a recovery support coach; RSC) as part of the team.

423 participants

58.9 % retention rate (n=249) at 6 months

Retention rates at follow up were relatively high compared to those examined in previous literature, underscoring the success of the Connecticut MATx program. One possibility is that the enhanced nature of the program—the involvement of an RSC—increased retention across sites relative to other MAT programs. These findings suggest that efforts for enhancing retention and successful treatment outcomes need to consider the unique needs, problems, and risks of younger clients.

### References

Timko, C., Schultz, N. R., Cucciare, M. A., Vittorio, L., & Garrison-Diehn, C. (2016). Retention in medication-assisted treatment for opiate dependence: A systematic review. *Journal of Addictive Diseases*, 35(1), 22-35. doi:10.1080/10550887.2016.1100960

### Acknowledgments

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### Contact information

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## Statewide CPMRS Prescriber Outcomes, 2017 vs 2020

Prescriber Patterns	2017	2020	% Change
Total number of unique residents prescribed opioid analgesics	441,076	375,250	-14.9%
Total number of opioid analgesic prescriptions	1,638,503	1,385,654	-15.4%
Total number of high-dose opioid analgesic prescriptions (>90 MME/day)	351,954	134,192	-61.9%
Total number of opioid pills dispensed	113,572,746	81,107,077	-28.6%
Average MME/day for all opioid prescriptions dispensed in this period	100	50	-50.0%
Number of multiple provider episodes (unique patients filling prescriptions from 5 or more prescribers and more than 5 pharmacies in a 6-month period)	227	33	-85.5%

42

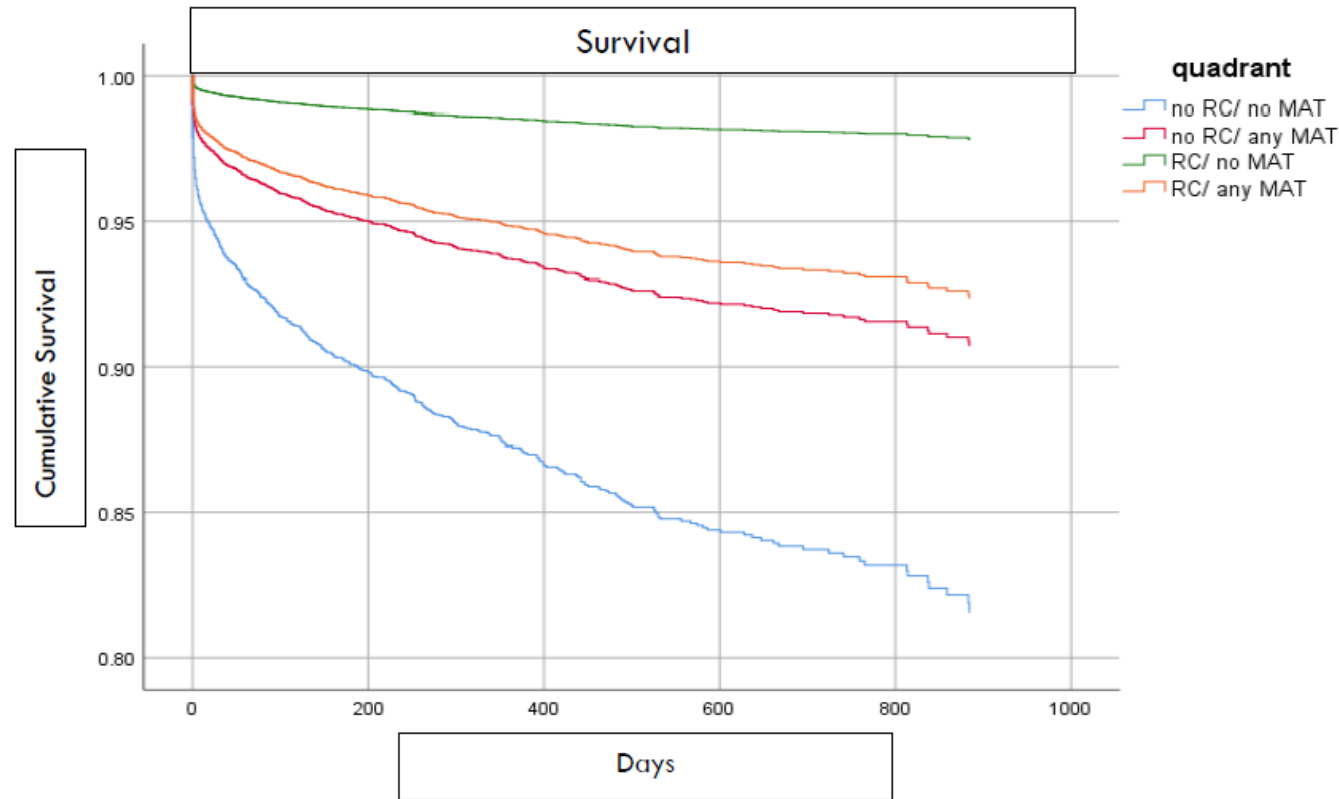
# Yale PRCH

Recovery  
Coaches and  
MAT in  
Emergency  
Departments

Final Report for  
PDOA  
Supplement

## Survival time to death or likely death as a function of MAT, RC, MAT +RC

An analysis of the survival rates by membership into one of four quadrants (no RC/no MAT, no RC/MAT, RC/no MAT, RC/MAT) found that persons who had a RC experienced significantly lower risk of death<sup>8</sup> and greater periods of survival (green and orange lines) than persons without RC. While receipt of any MAT improved survival rates, it did not have a greater impact than having a RC (with or without MAT). Both RC without MAT and MAT without RC were comparable in terms of survival rates.<sup>9</sup>



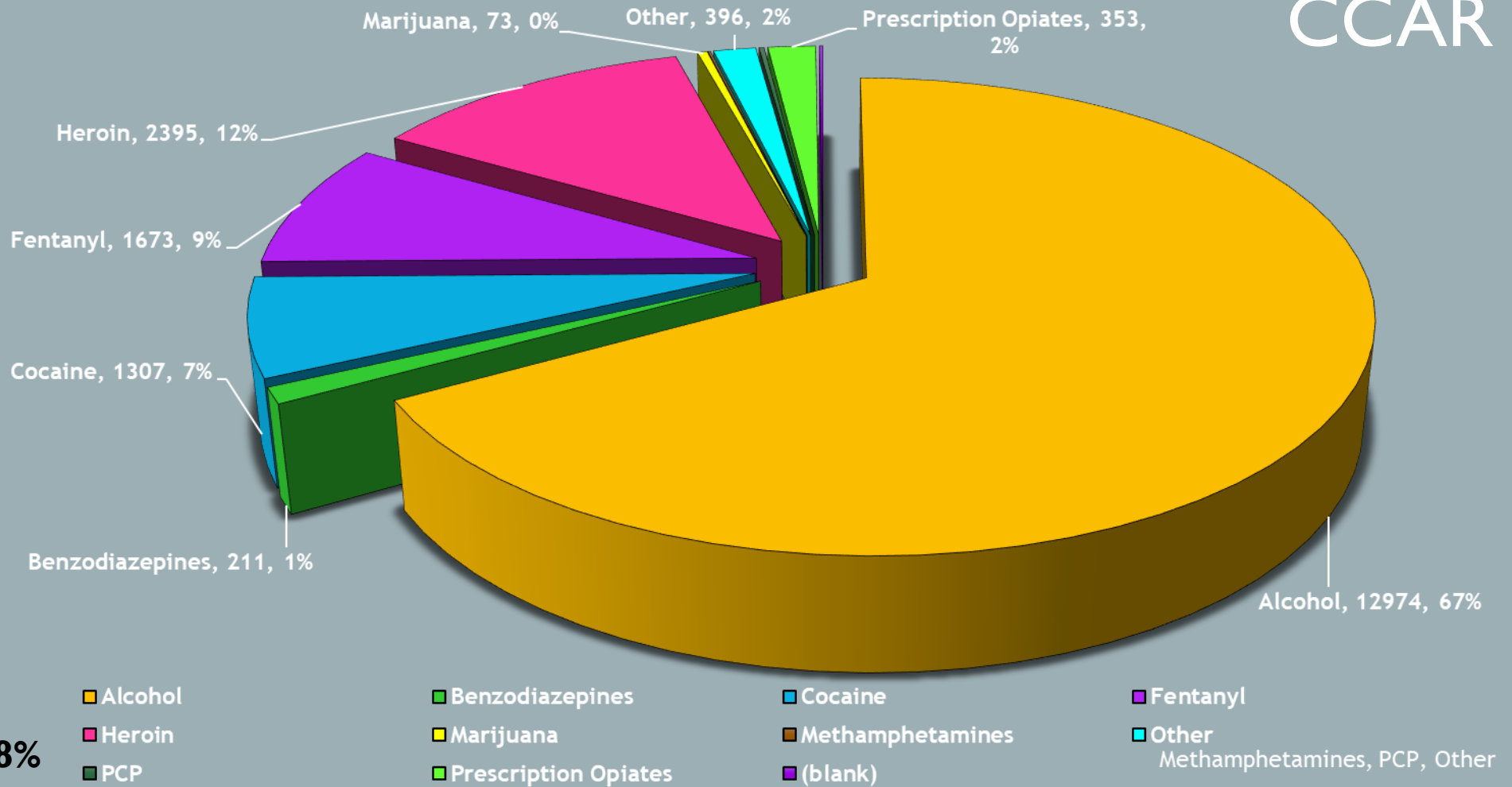
**Gender**

Male= 13,832 (71%)  
 Female= 5550 (29%)

**Overdose**

Yes= 928 (5%)

\*19,382 calls to 22 ED's and the VA in Rocky Hill for 11,814 individuals



**Alcohol = 67%**  
**Heroin, Fentanyl & Prescription Opiates= 23%**

**Polysubstance Use- 28%**

Connect to Care (from ED)

Detox- 6466

Community Supports- 3872

Inpatient- 438

MAT- 252

IOP- 137

Outpatient- 120

Total 11,285 of \*15,408

**73%** Connect to Care from ED confirmed by follow-up call.

\*3974 of 19,382 calls involved individuals without a phone

**99%** Engaged with a Recovery Coach and received Assertive Linkage to Care.

Calls per Hospital (22 & VA)

Office Referrals	24
Bristol Hospital	331
Charlotte - Hungerford	1159
Danbury Hospital	687
Day-Kimball Hospital	447
Griffin Hospital	107
Hartford Hospital	3026
Hospital of Central CT	1200
Johnson Memorial Hospital	388
Manchester Hospital	1037
Middlesex	581
MidState Hospital	1246
L&M Hospital	1335
New Milford Hospital	43
Norwalk Hospital	152
Norwich/Backus Hospital	1858
Plainfield ED	43
Rockville Hospital	287
St. Francis Hospital	2608
St. Mary's Hospital	485
St. Vincent's	522
Stamford Hospital	303
VA-Rocky Hill	13
Windham Hospital	1500
<b>Grand Total</b>	<b>19,382</b>

TREATMENT WORKS.  
**HOPE FOR OUD.**  
 LEARN ABOUT MEDICATIONS.




**LIVE LOUD**  
 dmhas

**LIVE LOUD** LOG IN SHARE

ABOUT OPIOIDS ABOUT OUD TREATMENT OPTIONS TALK TO SOMEONE FAMILY SUPPORT CONNECTICUT'S CRISIS CONNECT

FOR OPIOID USE DISORDER...  
**NO MORE SHAME.**



talk to someone learn about treatment family info & training

am i at risk? learn about opioids connecticut's crisis info

JOIN CROWD

Learn more about naloxone and how to get it. [LEARN MORE](#)


**connect**

If you or someone you know is struggling with opioids or other substances, you are not alone. There are ways to connect and get the support you need. Talk to a peer, call for treatment options, connect on social media, or search for 12 step or other support groups in your community.

**learn**

- What are Opioids?
- What is Opioid Use Disorder?
- What are Treatment Options?
- What are the Do's & Don'ts for Families?
- Where is Treatment Available?
- What is Connecticut's Crisis?
- Where can I get naloxone?

**LIVE LIFE WITH OPIOID USE DISORDER**



FOR YOUR LOVED ONE...  
**THERE IS A WAY.**  
 HEROIN ADDICTION SUPPORT.



**LIVE LOUD**  
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ARE YOU ADDICTED TO HEROIN?  
**WILL POWER WON'T.**

OPIOID USE DISORDER (OUD) IS A DISEASE. LIKE MOST DISEASES, WILL POWER ALONE CANNOT CURE IT. IF YOU THINK YOU MAY HAVE OUD, SEEK TREATMENT TO CONTROL CRAVINGS AND START REBUILDING THE LIFE YOU ARE MEANT TO LIVE.

[liveloud.org](http://liveloud.org)  
 FOR TREATMENT CALL 1.800.563.4086



**LIVE LOUD**  
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PLEASE TEST FOR FENTANYL...  
**BEFORE YOU TRY.**




1.800.563.4086  
[liveloud.org/staysafe](http://liveloud.org/staysafe)

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**I LIVE LOUD**

SUBOXONE® HELPED ME STAND UP TO ADDICTION.  
 ~Emily A.



**LIVE LOUD**  
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**STATE OF CONNECTICUT**  
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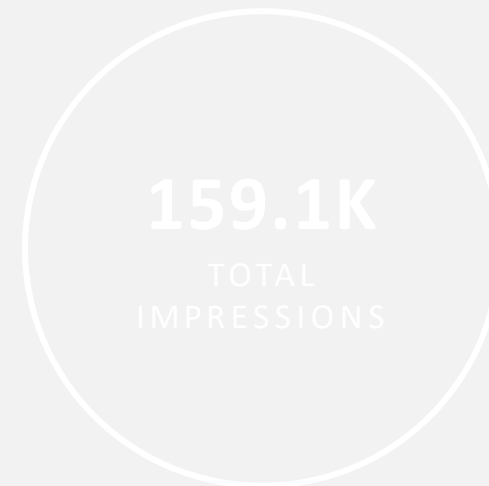


## FACEBOOK PROMOTED FEED POSTS

**Live Dates: 9/3/21 – 11/12/21**

- Total Reach: **87,030**
- Total Impressions: **159,068**
- Total Engagement: **8,796**

*Numbers include Promoted Feed Posts*



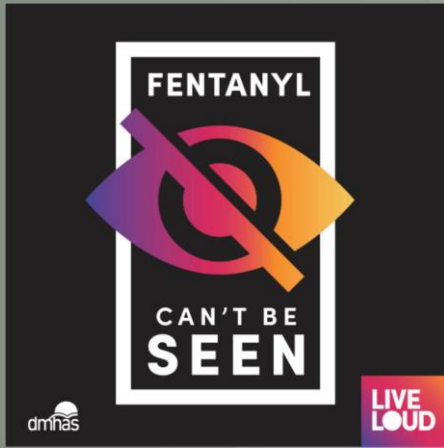
# THE RESULTS



# TOP PERFORMING POSTS

BY IMPRESSIONS

FACEBOOK



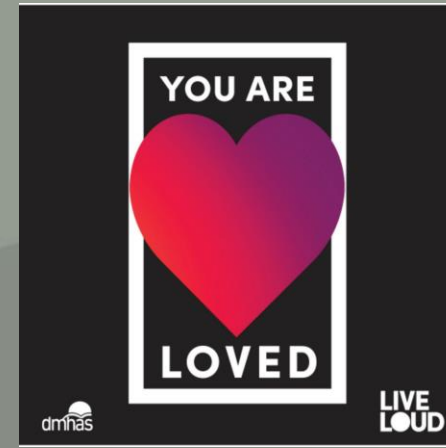
It's impossible to tell which street drugs are laced with fentanyl. More and more, fentanyl is showing up in pressed pills, heroin, and cocaine—and no one can tell the difference. Fentanyl can be fatal. Visit [liveloud.org](http://liveloud.org) or call 1-800-563-4086 for harm reduction and treatment information.

**23,340** IMPRESSIONS  
**15,071** REACH  
**895** ENGAGEMENTS



Some things take time—like recovery from addiction. Remember that relapse can be part of the journey. Each time we think we fall, it is really an opportunity to learn and get even better at living in recovery. If you relapse, reach out as soon as you can. Get the help you need. You are worth it. Call 1-800-563-4086 or visit [liveloud.org](http://liveloud.org) for support and treatment information.

**18,855** IMPRESSIONS  
**9,414** REACH  
**1,374** ENGAGEMENTS



There is only one you...and we want you to be safe from harm. Fentanyl is deadly, and is now found in most street drugs—such as heroin, cocaine, crack, and more. There are things you can do to reduce the risk of fatal overdose. Call 1-800-563-4086 or visit [liveloud.org](http://liveloud.org) for support and treatment info.

**17,568** IMPRESSIONS  
**8,517** REACH  
**1,521** ENGAGEMENTS





# **WHAT'S WORKING TO ADDRESS YOUTH SUBSTANCE USE IN CONNECTICUT.**

Overview of publicly-funded services supported by DCF to improve the health and well-being of youth and their families.

**Kris Robles, LCSW**  
**Director, Office of Substance Use & Intimate Partner Violence**



# DCF funds a continuum of evidence-based community services to address youth substance at different levels of care.



# Clinic-based treatments aim to prevent more serious problems and the need for more intensive services.

<b>Program Name:</b>	<b>Substance Use Screening, Treatment &amp; Recovery for Youth: SSTRY</b>
<b>Type:</b>	Clinic-based outpatient
<b>Target Population:</b>	Youth up to age 24 years, statewide
<b>Service Characteristics:</b>	Evidence-based Community Reinforcement Approach (CRA) treatment provided in clinic setting. Also offers community Substance use Disorder (SUD) screening and recovery supports.

## **Outcomes at discharge:**

- 73% of youth reduced or were abstinent from substance use
- 96% were living in a home setting

## Youth also showed other significant improvements at discharge in:

- school or vocational functioning (87%)
- reductions in juvenile justice – no new arrests (93%)



# Opioid treatment for youth: early data from pilot program shows positive outcomes.

<b>Program Name:</b>	Helping Youth and Parents Enter Recovery: HYPE Recovery
<b>Type:</b>	Home-based outpatient
<b>Target Population:</b>	Youth up to age 21 years, statewide
<b>Service Characteristics:</b>	Intensive in-home family treatment, youth and family recovery support, Medication for Opioid Use Disorder (MOUD) is available.

## **Outcomes at discharge:**

- 63% of youth with Opioid Use Disorder (OUD) were abstinent from opioids and all other hard drugs
- 94% were living in a home setting

## Youth also showed other significant improvements at discharge in:

- mental health (69%)
- school or vocational functioning (75%)
- reductions in aggression and violence (63%)
- reductions in involvement with anti-social peers (81%)



# Services for DCF-involved caregivers with SUD aim to keep families stable and together.

<b>Program Names:</b>	<b>Family Based Recovery (FBR)</b> <b>MST-Building Stronger Families (MST-BSF)</b>
<b>Type:</b>	Home-based outpatient
<b>Target Population:</b>	DCF-involved caregivers age 18+ with minor children living in the home, or where reunification is imminent. Available across CT.
<b>Service Characteristics:</b>	Intensive in-home family treatments, parenting skills and support.
<b>Outcomes at discharge:</b>	

METRIC	FBR % (N)	MST-BSF % (N)
Total Number Admitted/Served in FY2021	314	147
Outcomes for Clients who Discharged in FY2021:	86	70
Abstinent in Last 30 Days of Treatment	94% (81)	77% (54)
No New DCF Careline Reports During Treatment	92% (79)	87% (61)
Child(ren) Living at Home at Program Discharge	91% (78)	86% (60)



# Recovery supports help youth and families build supportive community connections.

<b>Program Name:</b>	<a href="#"><u>Youth Recovery CT</u></a>
<b>Type:</b>	Online or in-person support group
<b>Target Population:</b>	Youth (16 & older) and family members, statewide
<b>Service Characteristics:</b>	Free SMART Recovery® meetings based on Community Reinforcement and Family Training (CRAFT) evidence-based program, and Alternative Peer Groups (APGs). Non-profits apply for \$10,000 mini-grants using a simple application

## SMART Recovery Groups

- 49 grants awarded
- +13 new grants added 2022
- 76 meetings scheduled
  - 276 duplicated participants
  - 23 new participants

## SMART Friends & Family Groups

- 66 meetings scheduled
  - 132 duplicated participants
  - 10 new participants

## Alternative Peer Groups

- 26 meetings scheduled
  - 104 duplicated participants
- Example APGs
  - Specialty groups: music, video games
  - Yoga/mindfulness
  - Outdoor activities
  - Meals together
  - Live stream events and Guest speakers
  - Hangouts



Information about [DCF SUD Services](#) for youth is available online or through one of the contacts below.

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203-228-6148

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