CONNECTICUT
Mental Health & Addiction Services

2025

ANNUAL STATISTICAL REPORT

PREPARED BY

Evaluation, Quality Management, and Improvement Division

portal.ct.gov/dmhas

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*Appendices are available from EQMI upon request.
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Introduction

The Evaluation, Quality Management and Improvement (EQMI) Division at the Department of Mental Health and Addiction Services (DMHAS) is pleased to publish its twelfth Annual Statistical Report.

This report makes key information more accessible to departmental stakeholders and the public. It includes data on client demographics, types of services provided, residential and inpatient bed utilization, diagnosis information for mental health and substance use, and substances used reported by clients.

It is important to note that this report covers Fiscal Year 2025 (July 1, 2024 – June 30, 2025). This report utilizes data downloaded from DMHAS' Enterprise Data Warehouse (EDW) on October 27, 2025. The data warehouse is a dynamic system, so reports or other analyses performed on different dates may produce slightly different results.

Special thanks to all of the EQMI staff and University of Connecticut School of Social Work contractors who assisted with this report. Kristen Miller, Hsiu-Ju Lin, Jeff Johnson, Ailan Jin, and Tricia Lang compiled, tested, and analyzed the data. Kristen Miller developed this report.

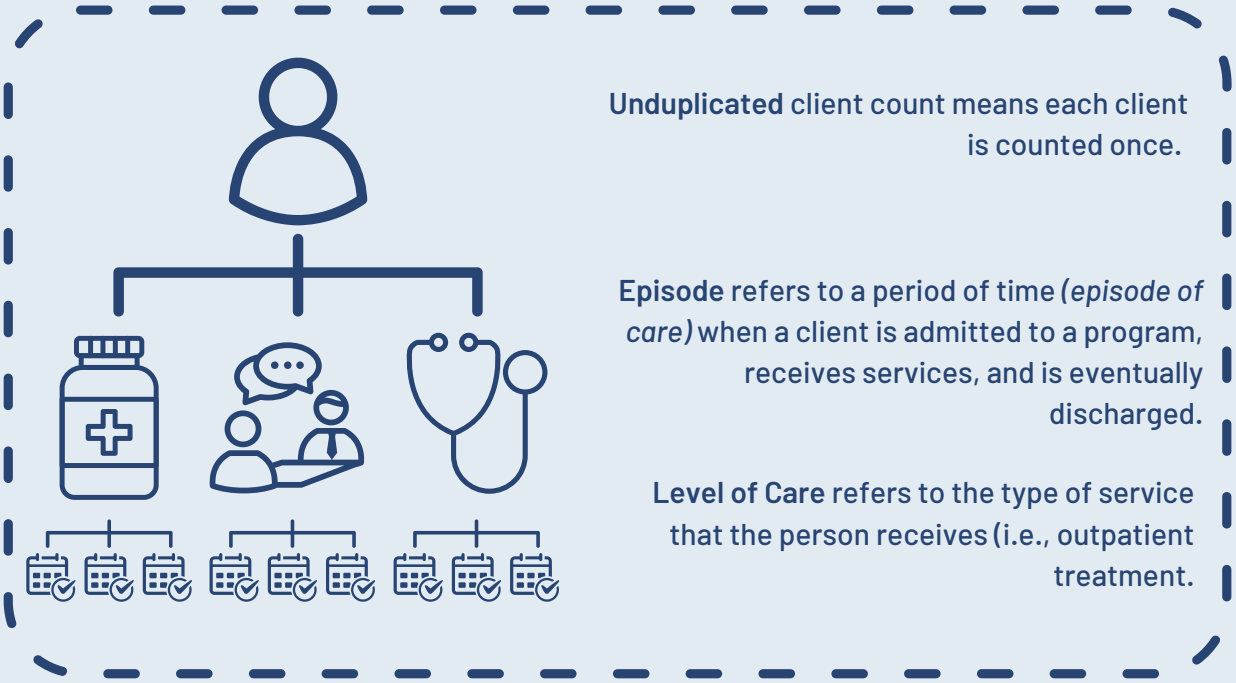
About the Data in this Report

The numbers contained in this report are the official DMHAS data for State Fiscal Year 2025 (SFY25). Several levels of care (LOCs) are not included in these analyses, including Pre-Admit, Recovery Support and Other. These LOCs may be included in EDW reports, resulting in potential discrepancies when comparing numbers.

Data include clients served in DMHAS-funded and/or DMHAS-operated programs. Data that has been submitted to the agency from programs that are not funded by DMHAS Human Service Agreements are not included. The clients and the services are diverse, and the data are complex. This report will, at different times, reflect numbers that refer to different subgroups or events that are based on specific filtering of the data.

Throughout much of this report, the data is presented based on the type of program the clients are in: Substance Use (SU), Mental Health (MH) or Both MH & SU (Both). The substance use data now includes diagnostic data for substance use disorders. Self-reported substances used contains up to three reported substances per client, compared to one substance in previous reports.

Programs that are not required to report treatment data are frequently filtered out from the Level of Care (LOC) analyses. The distinction between clients and episodes is important to note. Each client may have multiple episodes of care that occur within the fiscal year; thus, the client may be counted multiple times (i.e. duplicated) – once for each episode, if applicable. In addition, a client may be admitted to/enrolled in several programs simultaneously; therefore, each admission will be included in the overall Admission count.



Unduplicated client count means each client is counted once.

Episode refers to a period of time *(episode of care)* when a client is admitted to a program, receives services, and is eventually discharged.

Level of Care refers to the type of service that the person receives (i.e., outpatient treatment.

DMHAS SFY25 Annual Statistical Data - Quick Facts

Program Type	Unduplicated Client Count
Mental Health Programs	54,342
Substance Use Programs	50,910
Total Unduplicated Count	98,780

Race	Unduplicated Client Count	%
White/Caucasian	57,174	58%
Black/African American	16,528	16.7%
Other (excluding "unknown")	14,995	15.2%

Ethnicity	Unduplicated Client Count	%
Latino/Hispanic Ethnicity	21,771	22%

Gender	Unduplicated Client Count	%
Female	41,301	42%
Male	57,174	58%
Transgender/Other/Unknown	305	0.3%

Level of Care	Unduplicated Client Count
MH Inpatient	1,050
MH Residential	2,073
MH Outpatient Levels of Care	55,125
SU Inpatient Services (Withdrawal Management)	1,941
SU Residential Rehab	10,260
SU Outpatient Levels of Care	48,784

Client Reported Substances Used - All SFY25 *Admissions*	N
Alcohol	18,858
Heroin/Other Opioids	15,196

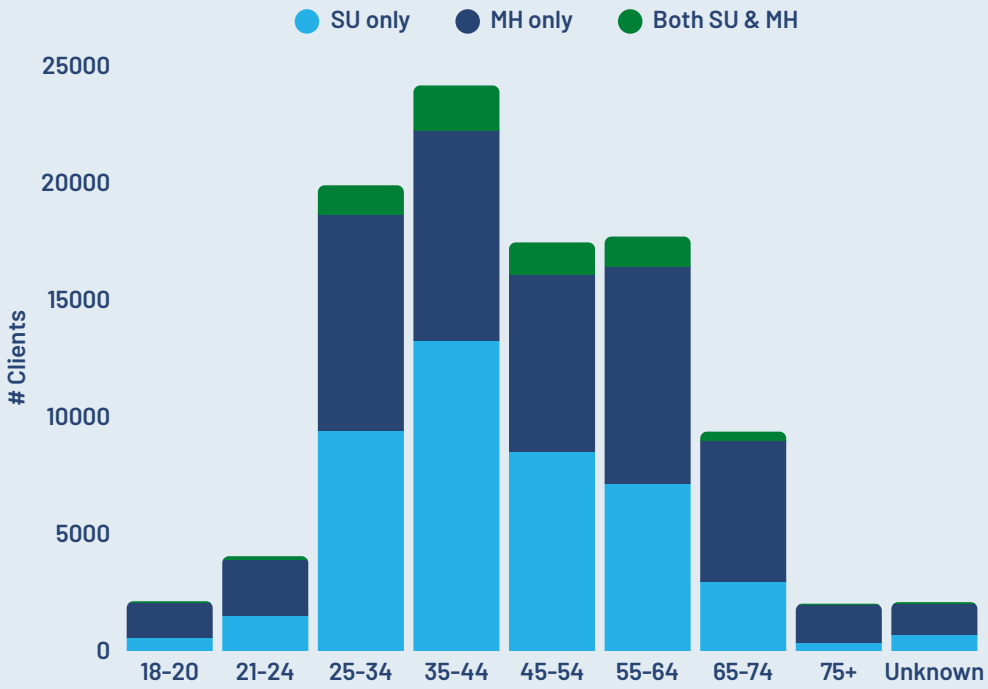
Client Reported Substances Used - All SFY25 *Active Clients*	N
Alcohol	32,167
Heroin/Other Opioids	33,613
Cannabis (Marijuana/Hashish/THC)	20,619

Diagnosis Categories	%
Clients with MH Diagnosis Only	41.3%
Clients with SU Diagnosis Only	25.1%
Clients with Co-Occurring Disorders (MH + SU)	34.6%

98,780 individuals

were served in SFY 2025 (July 1, 2024 - June 30, 2025).
This is slightly more than the population of Norwalk.

Age



Mean DMHAS Client Age

43.6 (±15) years

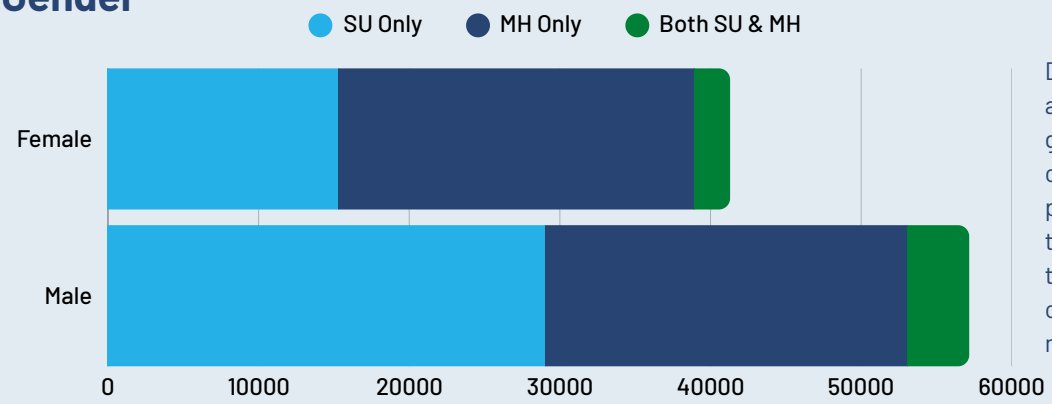
Mean SU Program Client Age

42.0 years

Mean MH Program Client Age

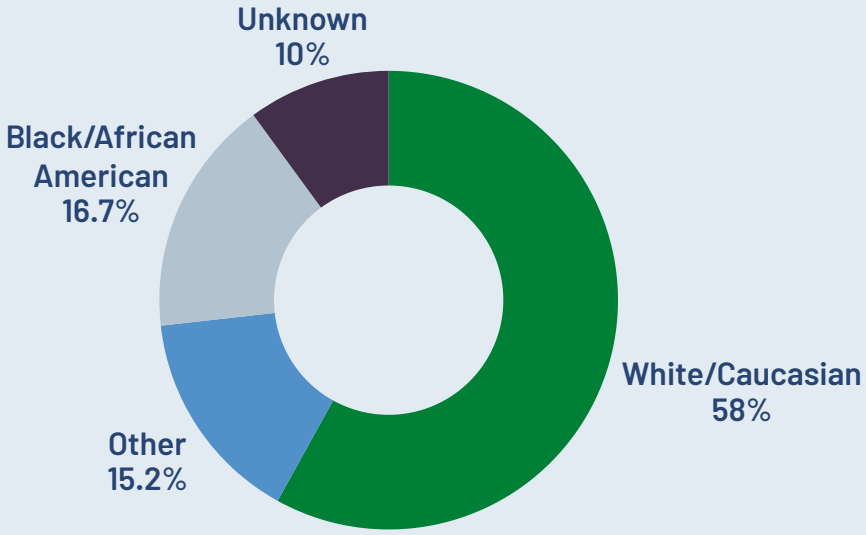
45.2 years

Gender



DMHAS is working to update and standardize the way gender-related information is collected across DMHAS platforms. As such, the ability to accurately account for transgender, non-binary, or other gender categories is not currently available.

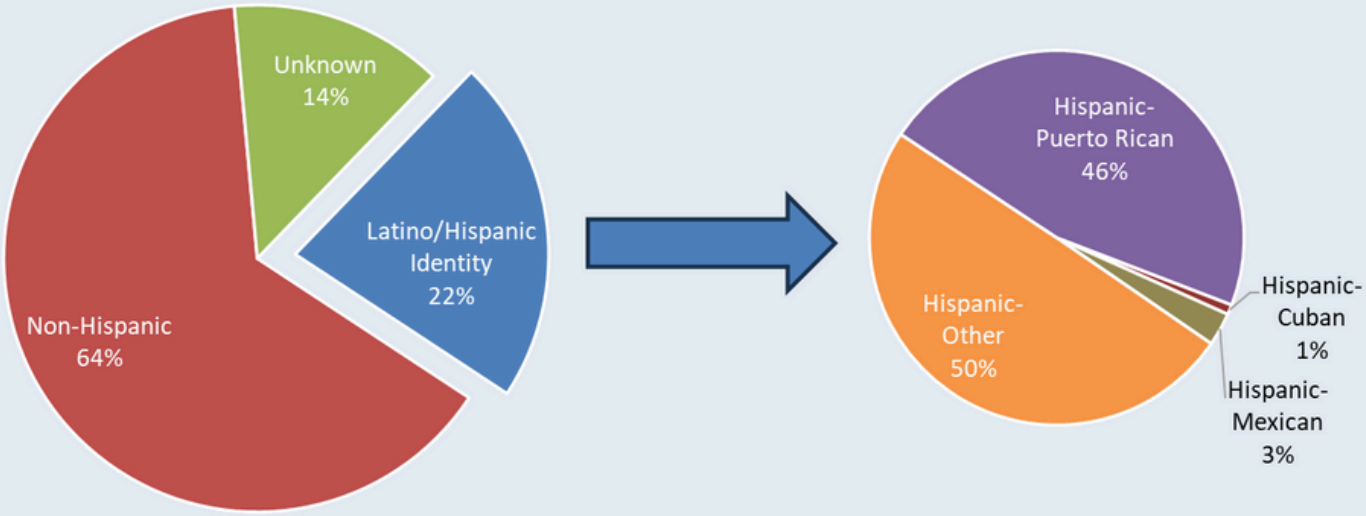
Race



For this report, the "Other" category includes the following DMHAS race categories: Other, including Hispanic or Latino (13%), American Indian/Native Alaskan (1%), Asian (1%), Multi-Race (1%), and Native Hawaiian/Other Pacific Islander (0.2%).
Detailed statistics may be found in the Appendix.

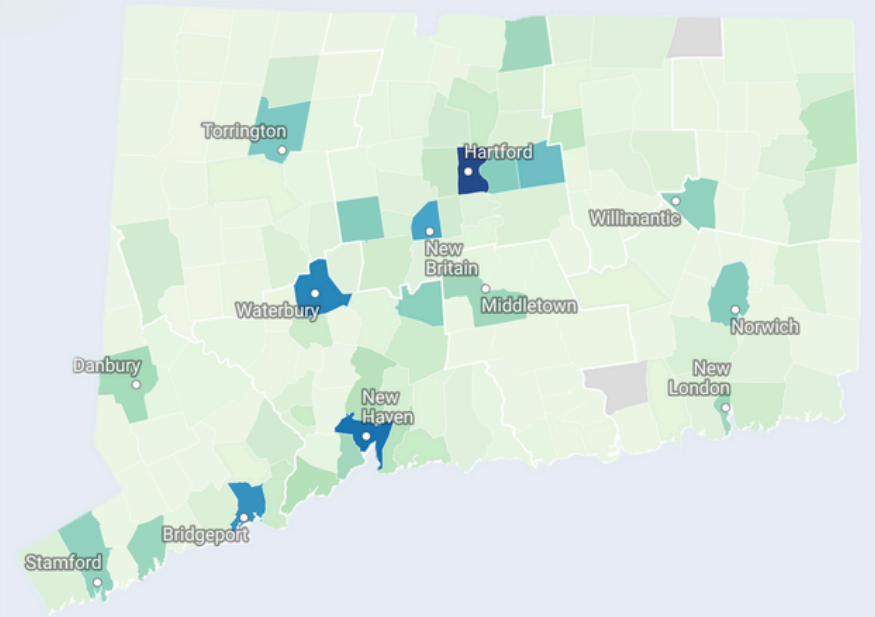
Ethnicity

In SFY25, 22% of the DMHAS population identified as Latino/Hispanic. According to the Census Data in 2020, 17.3% of the population of CT identified as Latino/Hispanic.

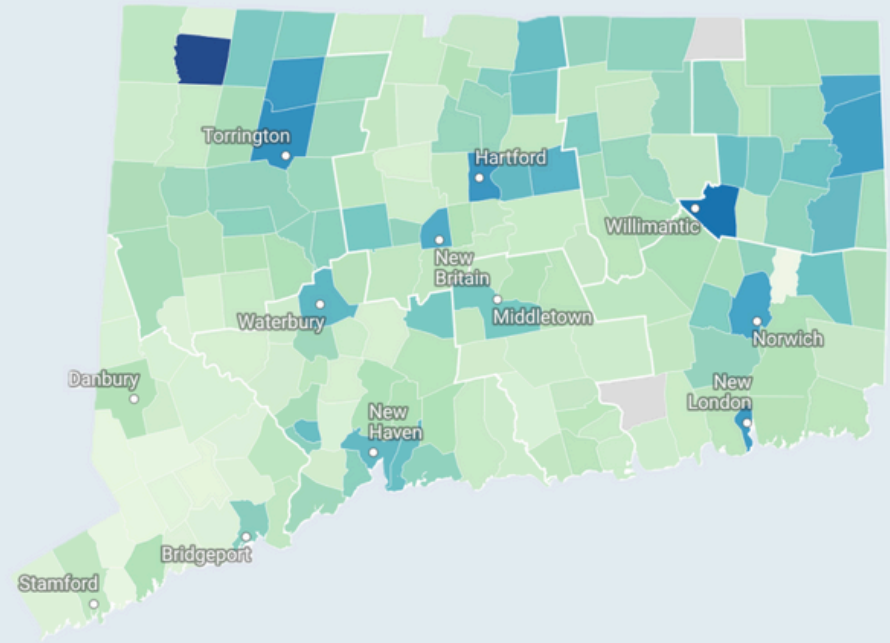


DMHAS Clients Served by Town

Most DMHAS clients reside in urban areas. This map shows the DMHAS population by volume; higher counts are shown in darker shading. Note: the town of Union does not have its own zip code and therefore data for Union is included in Stafford. The zip codes for Lyme are combined with Old Lyme and East Lyme, therefore not separated from the numbers reported for those towns



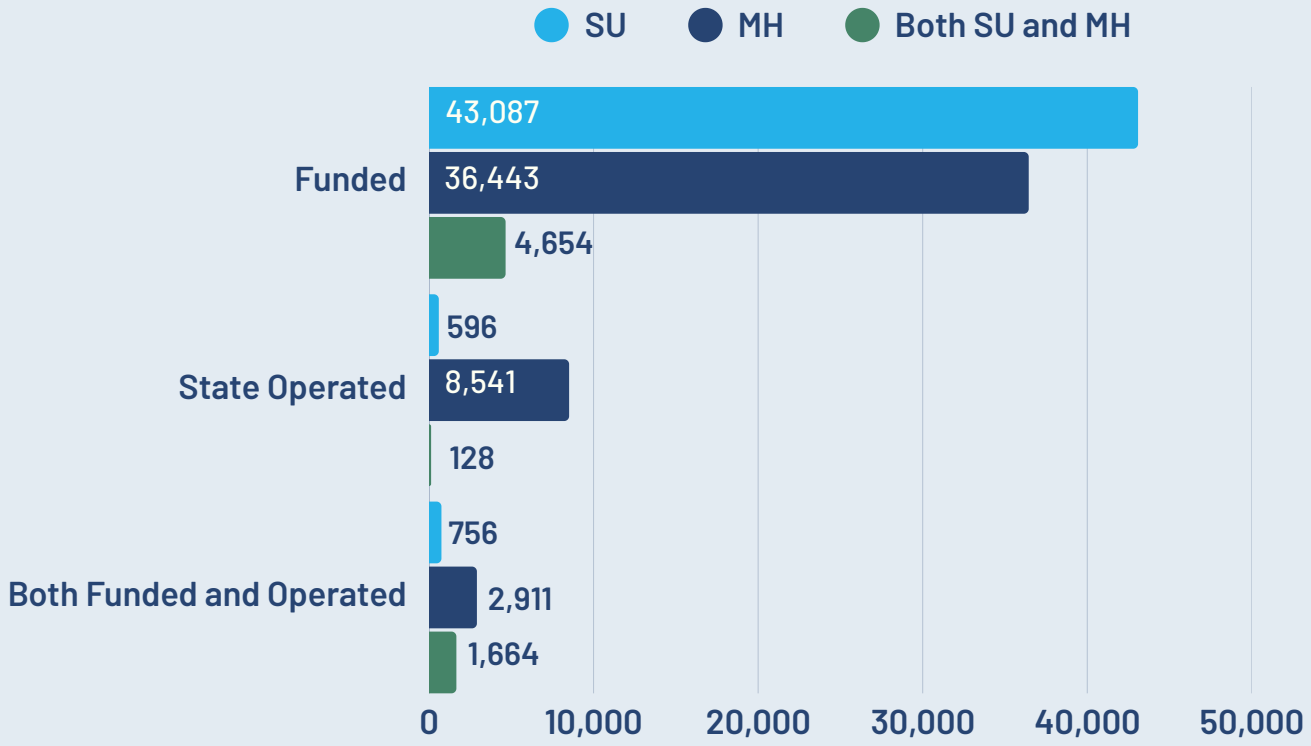
DMHAS penetration rates were calculated as number of clients per 1,000 residents*. When mapped, this reveals a more complex picture. Note that two of the darkest towns, Canaan and Windham, are in rural areas. Clusters of towns appear - particularly in the eastern and western parts of the state where population density is lower.



*
Population estimates taken from CT DPH, Annual Town and County Population for Connecticut, accessed January 6, 2026.

Number of Clients Unduplicated by Provider Type and Program Type

Most clients were served by DMHAS-funded providers. State operated facilities served about 9% of the total client population, largely providing mental health services.



Admissions by Type of Provider

DMHAS Funded Providers

State Operated Facilities

Substance Use

45,406

DMHAS-funded providers had **42,268** admissions to substance use services.

State operated facilities had **3,138** admissions to substance use services.

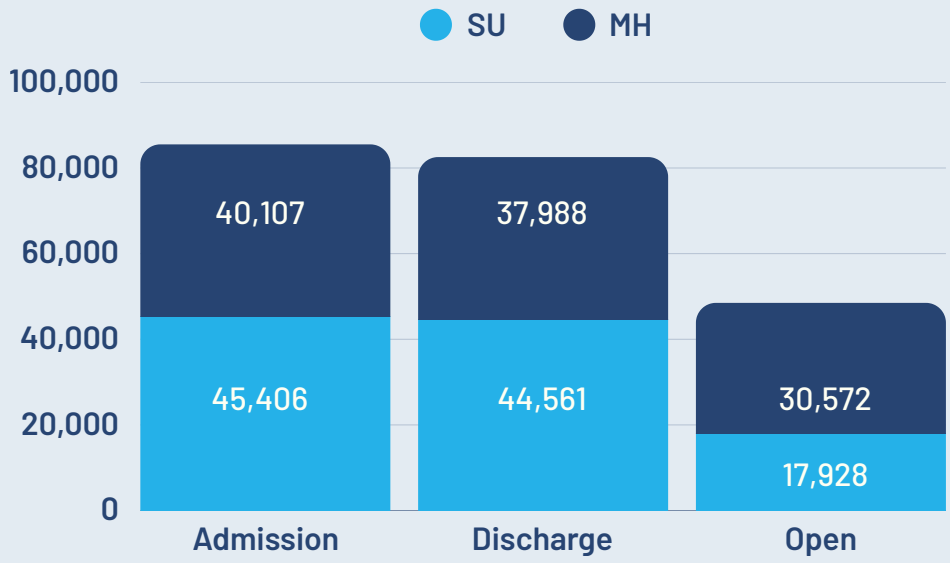
Mental Health

40,107

DMHAS-funded providers had **28,343** admissions to mental health services.

State operated facilities had **11,764** admissions to mental health services.

SFY25 Episode Counts



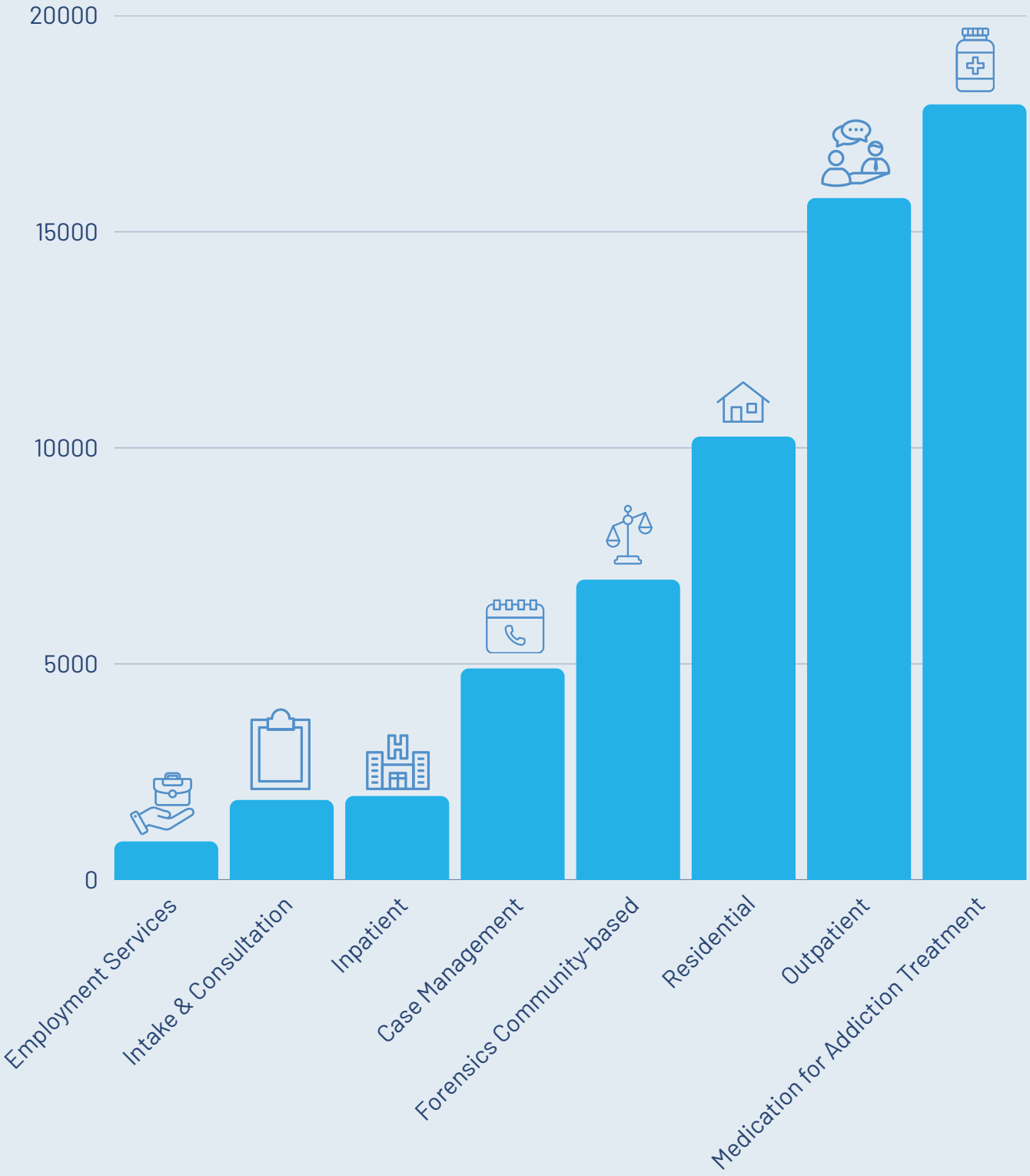
159,046
Episodes of Care Delivered

In SFY 2025, DMHAS-funded and DMHAS-operated programs had:

- 85,513 admissions
- 82,549 discharges

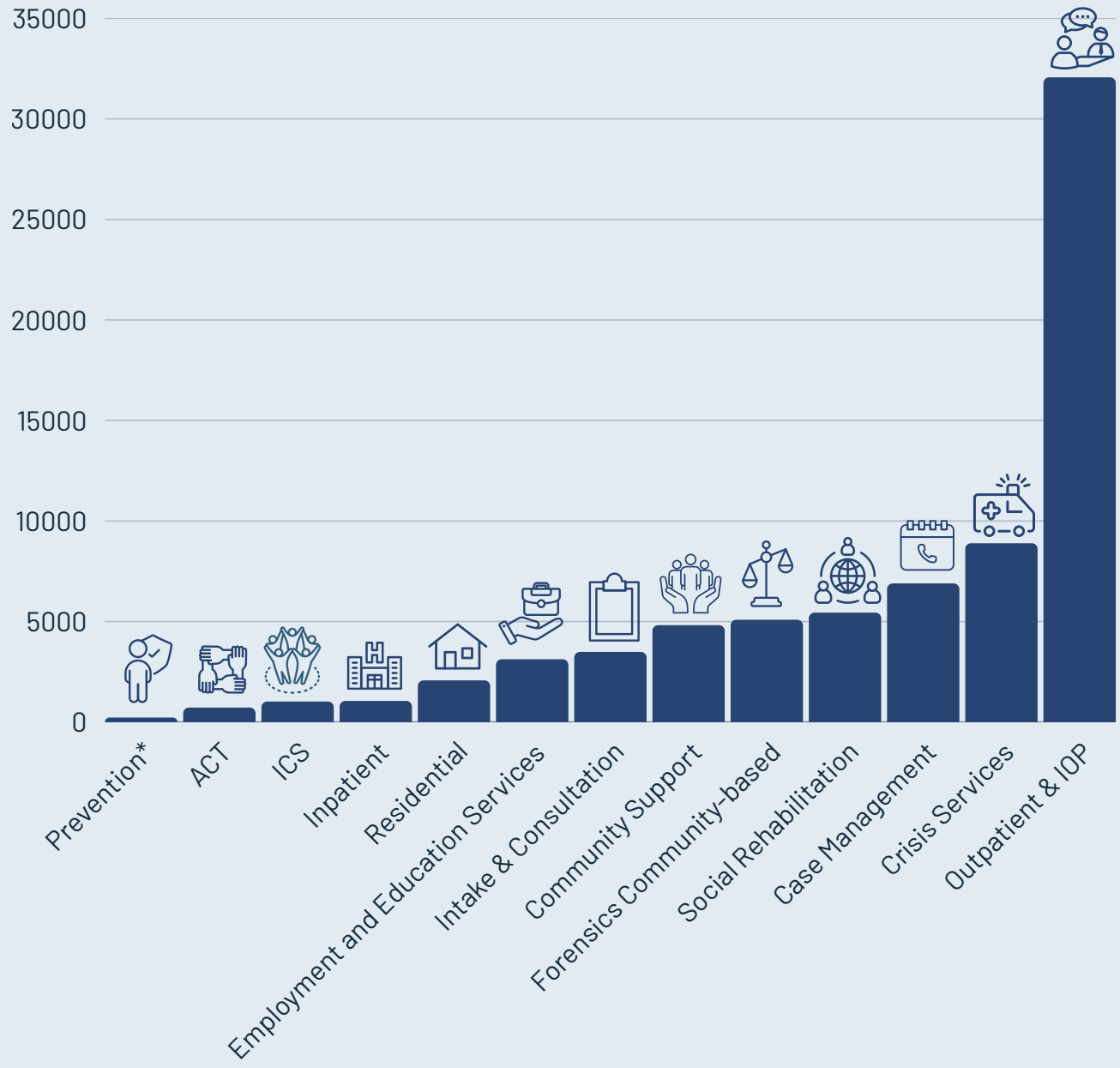
At year end, there were 48,500 open episodes. These are episodes with admissions before 7/1/24 and no discharges by 6/30/25.

Substance Use Clients by Level of Care



This chart shows active client counts in substance use levels of care during SFY25. Some categories have been combined to enable easier rendering. Additionally, Case Management is found in both SU and Forensic SU services; those totals have been combined for this graph and thus that count may be slightly duplicated. Other categories represent unduplicated client counts. Detailed tables with active client, admission, and discharge counts available upon request.

Mental Health Clients by Level of Care



This chart shows active client counts in mental health levels of care during SFY25. Some categories have been combined to enable easier rendering. Additionally, some levels of care that are shared between Mental Health and Forensic MH (namely, Inpatient, Residential, Crisis, Case Management, and Outpatient) may have slightly duplicated counts.

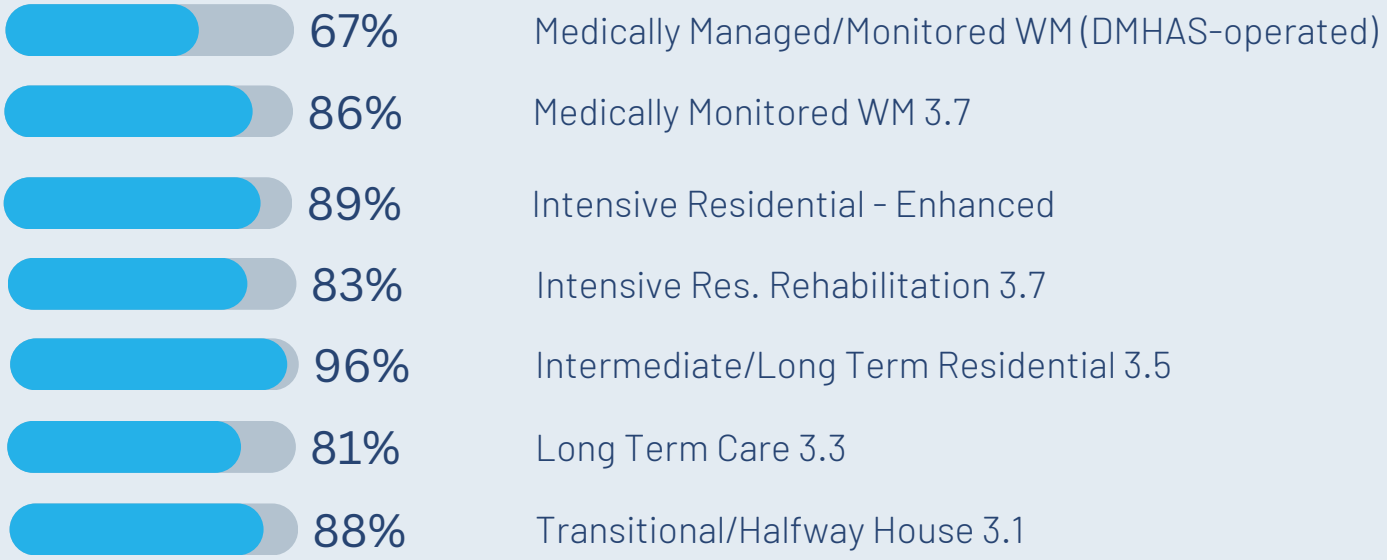
*The Prevention LOC in this report represents only two programs. Most Prevention programs collect service data outside of DMHAS-operated and DMHAS-funded systems. Thus, the Prevention data presented in this report does not represent complete statewide Prevention services.

Detailed tables with active client, admission, and discharge counts available upon request.

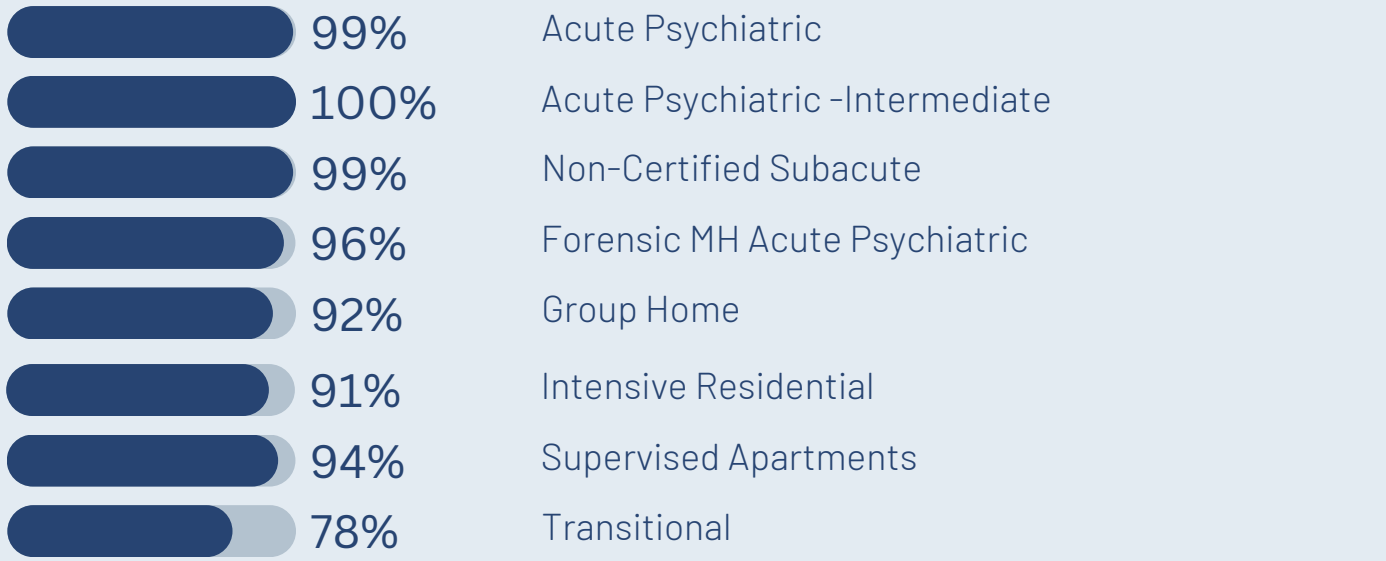
Bed Utilization

In this section, combined utilization for both DMHAS-funded and DMHAS-operated beds is reported from most to least acute.
Additional detailed information, including regional information and Forensic Mental Health/Crisis utilization, is available upon request.

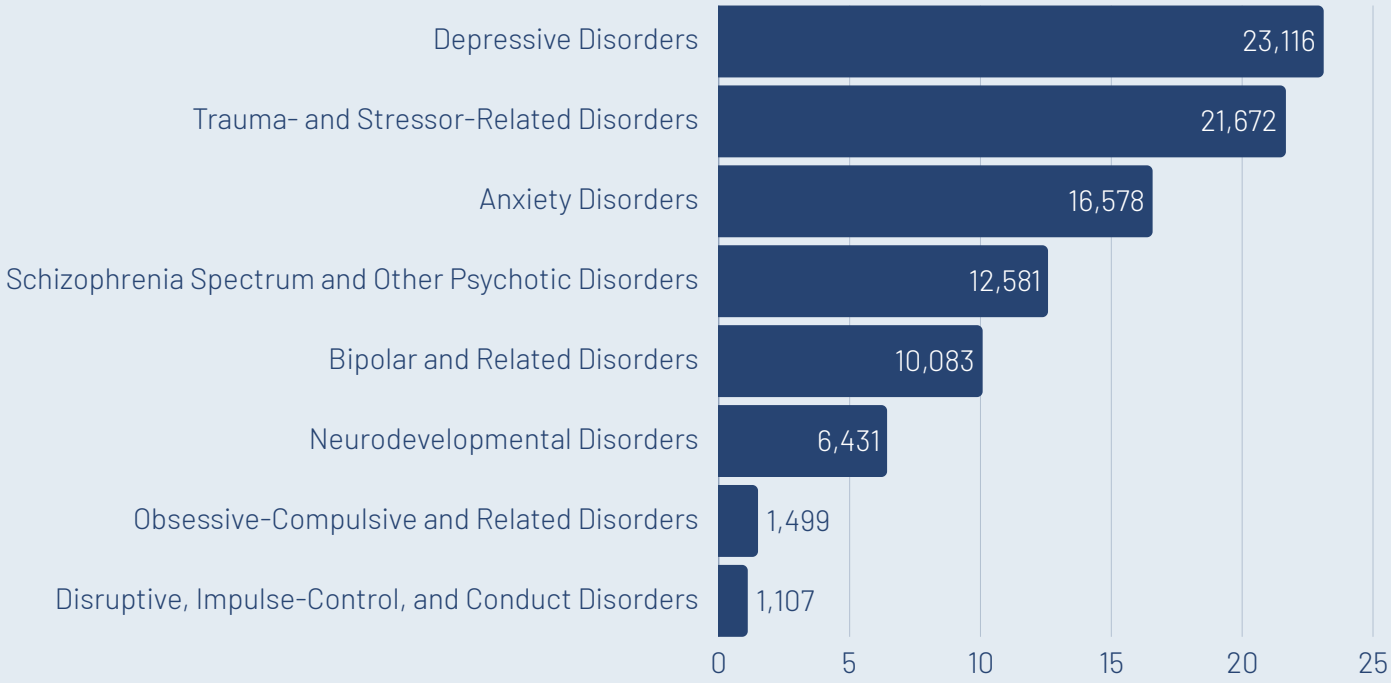
Substance Use Beds



Mental Health Beds



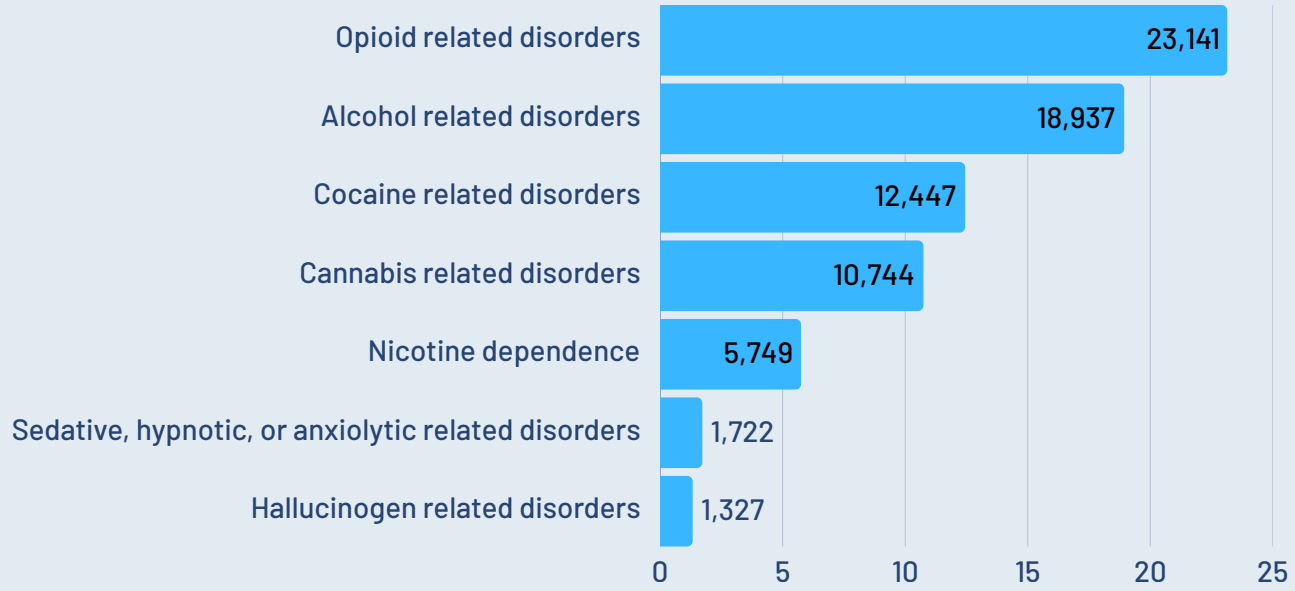
Mental Health Diagnoses



Diagnosis data come from treatment related programs and reflect *the most recent diagnoses in any treatment episode in FY25*. Clients may have multiple diagnoses and thus be counted in multiple categories, but each client will be counted only once per category. The count values above can be interpreted as the number of clients who have received a particular mental health diagnosis. Note that this counting method is different from past years when the counts represented the most recent *primary* diagnosis during the most recent episode of care that was open during the fiscal year. The data reported this year represent all (not only primary) diagnoses from all (not only the most recent) treatment episodes. Despite this methodological change, the order (based on frequency) of the diagnostic categories did not change from previous years.

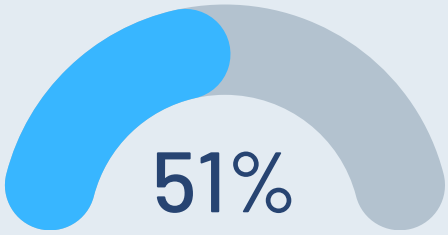
These values represent an unduplicated client count within each diagnostic category. The bar chart above represents 95% of the diagnostic data with the remaining 5% spread over other mental health diagnoses; a detailed table available upon request.

Substance Use Diagnoses



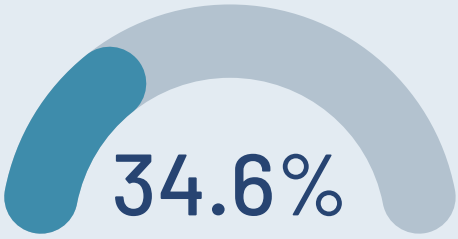
The most frequent substance use diagnoses in FY25 are opioid related disorders. Diagnosis data come from treatment related programs and reflect the most recent diagnoses in any treatment episode in FY25. Clients may have multiple diagnoses and thus be counted in multiple categories, but each client will be counted only once per diagnosis category. The count values above can be interpreted as the number of clients who have received a particular substance use diagnosis. The data reported represent all (not only primary) diagnoses from all (not only the most recent) treatment episodes.

Based on both primary and non-primary diagnoses from the most recent treatment episode, more than half of DMHAS clients had a substance use disorder.



of DMHAS clients had a substance use/abuse disorder during SFY25.

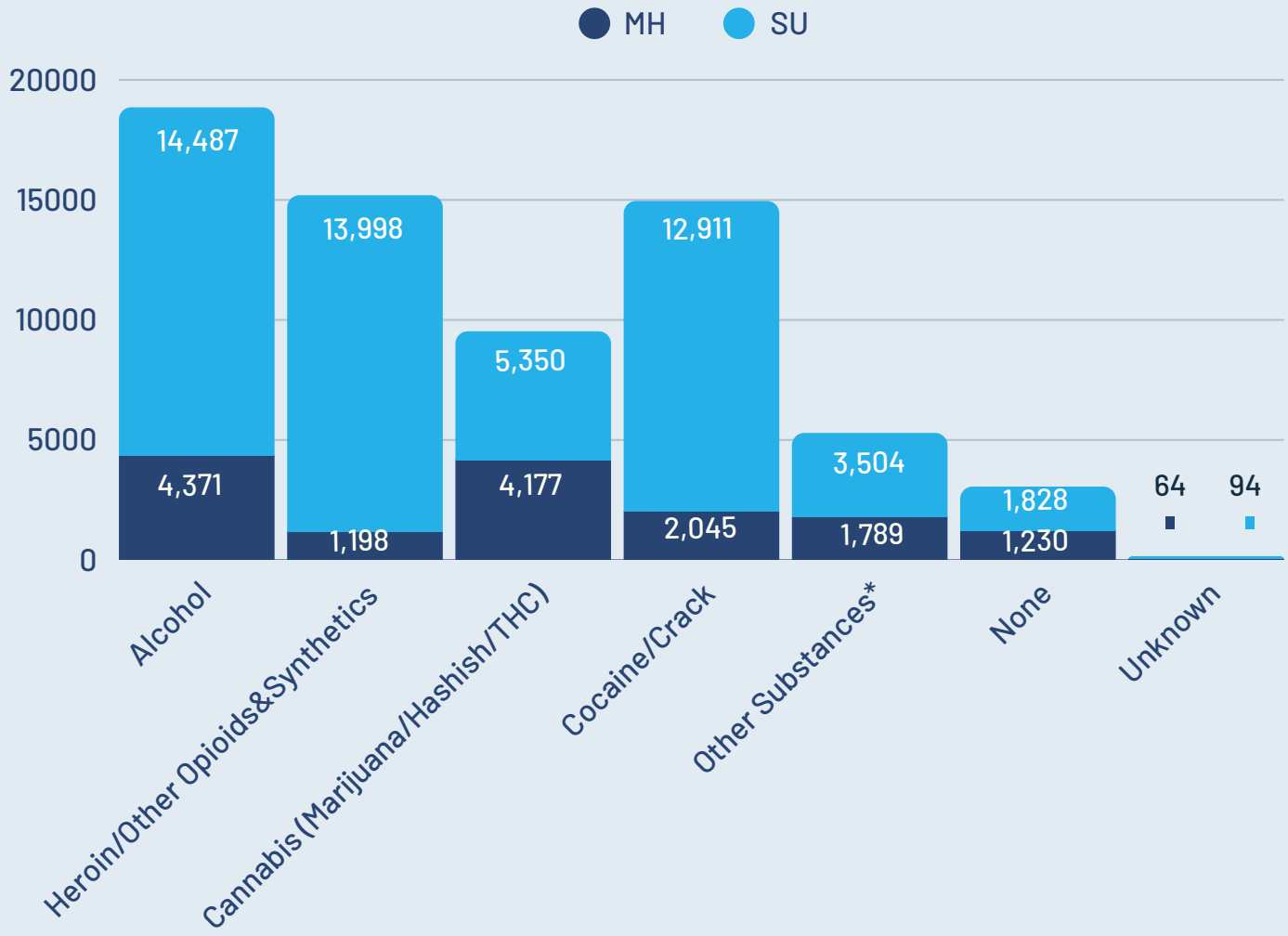
"Co-Occurring Disorder" refers to the condition of having co-existing mental illness and substance use disorders.



of DMHAS clients had a co-occurring disorder, defined as having a substance use/abuse diagnosis and any mental health diagnosis.

Substances Used as Reported by Clients at Admission

Over 45,000 admission assessment records contained information about substance(s) used which are self-reported by the client. New this year is the inclusion of *all substances (to a maximum of three)* reported by the client; previous years have only counted the primary (preferred) substance. Alcohol was the most frequently reported substance used by clients. This pattern has been consistent since FY2021.



*This category includes benzodiazepines, PCP, amphetamines, hallucinogens, non-prescription methadone, other sedatives or hypnotics, barbiturates, inhalants, methamphetamines, other stimulants, tobacco, tranquilizers, and over the counter medications.