



OSAC Project Data
Collection and Outcome
Report Summary
July 14, 2026

Report Overview

- Provides overview of each OSAC-approved project including:
 - Implementation Updates
 - Reporting Type
 - Anticipated Data Points
 - Anticipated Report Dates
 - Data Collection and Output Reporting Summary
- Anticipated data points and reporting dates are project-specific and collaboratively developed with the OSAC Research and Data Subcommittee, DMHAS Opioid Settlement Admin Team, Project Manager, and other key partners

Project Oversight Process

- Each project has an assigned State Project/Program Manager
- Dynamic process: frequent opportunities to identify successes, challenges, and make programmatic or data collection changes
- Oversight varies depending on project structure and can include:
 - Implementation meetings
 - Regular implementation updates
 - Requested by Opioid Settlement Program Manager prior to each OSAC meeting
 - Site visits
 - Provider meetings
 - Data reporting
 - Reports reviewed by Project/Program Manager and provided to Opioid Settlement Program Manager for additional review
 - Data Report Summary shared with the Research and Data Subcommittee, full OSAC, and posted to the OSAC website

Reporting Updates

- 21 separate projects have been approved
 - Approximately 76% of approved projects have reported at least preliminary data
- Anticipate publishing and sharing the report twice per year
 - Shared with Research and Data Subcommittee for review and feedback then shared with the Full Committee
- Once 1 year of data is received, program data will be highlighted in a committee meeting



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Contingency Management
for Youth

What is Contingency Management for Youth?

Contingency management is a behavioral treatment approach that uses positive reinforcement to encourage and sustain desired behaviors such as abstinence from substance use.

Implementation of Evidence Based Contingency Management protocols to complement existing continuum of substance use disorder treatment at 2 programs serving youth to reduce overdose risk. CM with youth is being implemented as the Multi-Systemic Therapy Substance Use (MST-SU) model.

Contract Start Date: 3/1/25

Implementation Updates:

- Contracts agreements signed with Family and Children's Agency and Wheeler Clinic.
- The current staff on both teams have been trained in MST-SU by Advanced Behavioral Health (ABH), totaling 9 therapists and 2 supervisors.
- Teams enrolled their first MST-SU clients in May 2025.
- Incentives are being utilized as rewards for participating in urinalysis testing, using drug refusal skills appropriately, substance use reduction as demonstrated by urinalysis testing results, and caregiver buy-in.

Annual Progress Report Summary 3/1/25-2/28/26

Admissions				
	Service Type	3/1/25-8/30/25	9/1/25-2/28/26	Total
Family and Children's Agency (FCA)	MST	39	40	79
	MST SU Ala Carte	8	12	20
	MST SU Full Cloth	0	5	5
Wheeler Health (WH)	MST	41	51	92
	MST SU Ala Carte	9	20	29
	MST SU Full Cloth	0	2	2
Total	MST	80	91	171
	MST SU Ala Carte	17	32	49
	MST SU Full Cloth	0	7	7

Annual Progress Report Summary 3/1/25-2/28/26 Continued

Engagement Data		
	3/1/25-8/30/25	9/1/25-2/28/26
Average Sessions Attended Per Treatment Episode	26.5	32
Average Caseload Utilization (Goal = 50%)	67%	45%

Discharge Data						
		3/1/25-8/30/25		9/1/25-2/28/26		Total
Total Discharges		17		26		43
		#	%	#	%	
Discharge Reasons	Completed	12	71%	22	85%	79.1%
	Lack of Engagement	4	24%	0	0	9.3%
	Moved out of catchment	1	5%	2	8%	7.0%
	Required residential placement	0	0	1	4%	2.3%
	Mandated to alternative program by judicial	0	0	1	4%	2.3%

Annual Progress Report Summary 3/1/25-2/28/26 Continued

Demographics						
		3/1/25-8/30/25		9/1/25-2/28/26		Total
		#	%	#	%	
Gender	Male	8	47%	19	73%	62.8%
	Female	9	53%	7	27%	37.2%
Race/Ethnicity	Hispanic	7	41%	5	19%	27.9%
	Black	4	24%	9	35%	30.2%
	White	5	29%	8	31%	30.2%
	Multiracial	1	6%	4	15%	11.6%
Age	12 years old	0	0	1	4%	2.3%
	13 years old	0	0	4	15%	9.3%
	14 years old	1	5%	2	8%	7.0%
	15 years old	5	30%	7	27%	27.9%
	16 years old	5	30%	6	23%	25.6%
	17 years old	6	35%	6	23%	27.9%
Primary Language	English	16	94%	22	85%	88.4%
	Spanish	1	6%	2	7.5%	7.0%
	Haitian Creole	0	0	2	7.5%	4.7%

Annual Progress Report Summary 3/1/25-2/28/26 Continued

Substance Use Data						
(Note: Clients may report use of more than one substance)						
		3/1/25-8/30/25		9/1/25-2/28/26		Total
		#	%	#	%	
Substance of Use	Cannabis	17	100%	26	100%	100%
	Alcohol	0	0	4	15%	9%
	Morphine	0	0	1	4%	2%
	Cocaine	0	0	1	4%	2%
	Hallucinogen	0	0	1	4%	2%
Substance Use Reduction	Yes		76%		73%	74.5%

Incentives Data							
	3/1/25-8/30/25			9/1/25-2/28/26			Total
	# Families	Total Amount	Average/Family	# Families	Total Amount	Average/Family	
Incentives Received	0	0	0	9	\$368.52	\$41	9 Families \$368.52 Total \$41 Average/Family

The Statistical Correlation: Cannabis to Opioid Progression

- **Increased Odds of Misuse:** Data published in the *American Journal of Psychiatry* indicates that individuals who use cannabis have **3.5 times greater odds** of any subsequent opioid use and **2.6 times greater odds** of developing a new-onset opioid use disorder within three years. [1]
- **The Age-14 vs. Age-19 Intercept:** Research tracking adolescent substance trajectories found significant positive associations showing that more frequent cannabis use at **age 14** directly correlates with more frequent opioid use by **age 19** ($\beta = 1.43$; $P = 0.028$). [1]

The Statistical Correlation: Cannabis to Opioid Progression

- **Chronic Trajectory Risks:** A study analyzing cannabis use trajectories identified that **44.8% of "Adolescent Onset Chronic"** cannabis users went on to misuse opioids in young adulthood, compared to **only 8.3%** of low or non-cannabis users. [1]

Early Intervention Prevents Future Misuse

Predictive Link: Adolescent cannabis use heavily dictates young adult opioid risk.

Chronic Use Impact: High-frequency teen use directly correlates to later opioid use disorder.

The 45% Statistic: Chronic adolescent-onset cannabis users face a 44.8% rate of future opioid misuse.

Heroin Escalation: Nearly 14% of chronic teen cannabis users transition to heroin by young adulthood.

Testimonial

"MST has been really helpful for me and [my child]. I used to argue with him all the time and be worried about what I was and wasn't allowed to do. MST helped me learn what battles to pick and not to argue with him over every little thing. Being able to do weekly drug tests really helped me see what a problem substance use is for [my child]. I never thought that I could do room searches or take his door off. [The clinician] helped me to take back control of my home and send clear messages about what was allowed, and drugs are not allowed."

Testimonial

A 17-year-old youth was referred to Multisystemic Therapy (MST) following arrests for larceny and loitering. At the time of referral, the youth presented with significant behavioral health needs, including cannabis use disorder, ADHD, and bipolar disorder with psychotic features. The caregiver also reported a long history of physical aggression, property destruction, and escalating family conflict that left her feeling unsafe in her own home. She often barricaded herself in a room during the youth's episodes of dysregulation and felt overwhelmed raising him as a single parent with limited natural supports. Substance use was identified as a key driver of the youth's difficulties. As his substance use decreased, he also reported experiencing less anxiety and greater confidence in his ability to achieve future goals. He shared: "I want to stop smoking because I want to get a job. I don't want to miss out on a job because I can't pass a drug test." Since beginning MST services in February, the youth has had no new arrests. He is actively seeking summer employment and preparing for greater independence.



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