CONNECTICUT
Mental Health and Addiction Services

Connecticut Triennial Report SFY 2025

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Introduction

The Connecticut Department of Mental Health and Addiction Services has been directed through legislation to triennially develop a state substance use plan. The plan historically has served to capture information about all of the state operated and funded substance use services regardless of which agency provides them. Therefore, this report includes information from any of the state agencies (executive and judicial branches) that are involved in delivering substance use services. The report includes information about the accomplishments that were achieved over the past three years and also defines a range of strategies that will guide the state's efforts over the next three years.

Since the last plan was developed, Connecticut and the nation have been recovering from the effects of the COVID-19 pandemic. The pandemic had major impacts on the substance use service system in Connecticut. On May 11, 2023, the World Health Organization (WHO) declared that the COVID-19 pandemic was over. As such, over the last two years, the service system has been continuing to rebound from the pandemic-related impacts. During the three years of the COVID-19 pandemic, there had been a reduction in substance use services which was evidenced by lower admission rates and decreased numbers of individuals served across the system. There were multiple reasons for this reduction:

- providers reduced capacity, especially within congregate care settings, as those providers were required to comply with infection control related restrictions, such as social distancing and quarantining;
- service reductions occurred in outpatient services as well as providers restricted in-person services;
- agencies adapted as insurers began to permit the use of telehealth services as a new mechanism for service provision (some providers that were more technologically sophisticated were better positioned to make that change);
- and some people were less likely to seek services during the height of the pandemic due to public health restrictions and overall uncertainty of virus contagion.
- There was an unprecedented healthcare workforce shortage that impacted all areas within the substance use service system.

As a result of the declaration that the COVID-19 pandemic was over, the substance use system was impacted as social distancing and quarantining restrictions were lifted and in-person treatment was brought back to the forefront. As a result, the number of admissions and services have been increasing over these last two years.

Another issue that has continued to heavily impact the focus of many of the state agencies' substance use activities is the opioid crisis. This was a substantial issue when the Triennial Reports were developed in 2016, 2019, and 2022. There has been a decrease in opioid-related overdose deaths from calendar years 2021 through calendar year 2024. Despite these reduced numbers, the use of opioids and addressing opioid use disorders (OUD's) remain a top priority in the state and will continue to be a focus of state agencies over the next three years.

This triennial report will include goals and strategies of the DMHAS comprehensive service system while also continuing efforts to address the opioid crisis. This triennial report will build on core strategies and actions that were included in the 2019 and 2022 plans. Like previous reports,

this year's report will continue its focus on the opioid crisis by including a Triennial Report Opioid Annex. Much has been done over the past several years to address the opioid crisis, but more work remains. This triennial report will also include a distinct section focused on substance use and women, as dictated by enacted legislation in fiscal year 2018.

Background and Legislative Intent

Legislation originally enacted in 2002 required the Department of Mental Health and Addiction Services (DMHAS) to submit the state's substance use plan biennially. That legislation required DMHAS to submit the Report to the Legislature, Office of Policy and Management and the Alcohol and Drug Policy Council (ADPC). The legislation was amended in 2013, shifting the report cycle to a triennial basis and the language requiring DMHAS to submit the plan to the groups described above was eliminated. The initial Triennial Report was completed in 2016. Legislation that occurred in the 2018 legislative session required DMHAS to include a report on women with substance use issues in the Triennial Report. The 2019 Triennial Report added that section in order to comply with the recently enacted legislation. In 2022, legislation required that a Harm Reduction component be included in the Triennial Report, and that information is also included in this year's plan.

The state's substance use plan includes comprehensive strategies for the prevention, treatment, and reduction of alcohol and drug use problems. The legislation is specific about various elements that must be included in the report. The legislation requires a mission statement, a vision statement, and goals for providing treatment and recovery support services to individuals with substance use disorders. In addition, the Department is required to report on emerging substance use trends, statistical and demographic information about the individuals being served in the state substance use treatment system, and the performance measures used to evaluate program effectiveness. The plan organizes actions under six key strategy areas. As in past years, information provided by any sister state agencies regarding the substance use services they have provided and will provide during the next reporting cycle is included.

The 2025 Triennial Report will continue to draw on the work of the Alcohol and Drug Policy Council (ADPC) and the charge that was given to them during Governor Malloy's tenure. During the 2015 legislative session, Governor Dannel Malloy introduced and signed "An Act Concerning Substance Abuse and Opioid Overdose Prevention" into law. That bill, Public Act 15- 198, reconstituted the Alcohol and Drug Policy Council with the Commissioners of DMHAS and DCF as co-chairs. Currently, Commissioner Navarretta (DMHAS) and Commissioner Hill-Lilly (DCF) serve as the co-chairs.

DMHAS Mission and Vision

Mission Statement

The mission of the Department of Mental Health and Addiction Services is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient mental health and addiction services that foster self-sufficiency, dignity and respect.

Vision Statement

Connecticut envisions a recovery-oriented system of behavioral health care which offers all State citizens, across the lifespan, an array of accessible services and recovery supports and the ability to choose those services which are most effective in addressing their particular behavioral health condition or combination of conditions. These services and supports will be culturally and gender responsive, build on personal, family, and community strengths, and have as their primary and explicit aim the promotion of the person/family's resilience, recovery, and inclusion in community life. Finally, services and supports will be provided in an integrated and coordinated fashion within the context of a locally managed system of care in collaboration with the surrounding community, thereby ensuring continuity of care both over time (e.g., across episodes) and across agency boundaries, thus maximizing the person's opportunities for establishing, or re-establishing, a safe, dignified, and meaningful life in the community of his or her choice. Connecticut's vision is based on the following underlying values:

- The belief that recovery from mental illnesses and substance use disorders is possible and expected;
- An emphasis on the role of positive relationships, family supports, maintaining recovery, achieving sobriety, and promoting personal growth and development;
- The priority of an individual or family to determine their pathway to recovery, stability, and self-sufficiency;
- The importance of cultural inclusion, cultural competence and gender- and age-responsiveness in designing and delivering behavioral health services and recovery supports;
- The central role of hope and empowerment in changing the course of individuals lives; and
- The necessity of state agencies, community providers, and consumer/recovery communities coming together to develop and implement a comprehensive continuum of behavioral health promotion, prevention, early intervention, treatment, and rehabilitative services.

DMHAS Statewide Substance Use Service System

The Department of Mental Health and Addiction Services (DMHAS) promotes, delivers and administers comprehensive, recovery-oriented services in the areas of mental health and substance use prevention and treatment throughout Connecticut.

While the Department's prevention programs serve all Connecticut citizens regardless of age, its treatment mandate is to serve adults (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. DMHAS also provides 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.

DMHAS is the state's lead agency for the prevention and treatment of alcohol and other substance use. As such, it 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. Opioid Treatment Program (OTP)is the current terminology used to describe services that were previously classified as methadone maintenance. DMHAS' budget for substance use services in FY 24 was just under $190,000,000 and blends state general funds with federal discretionary grants and block grant funds.

DMHAS continues to benefit from federal support for substance use services. The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided block grant funding as well as discretionary grants for substance use services. In addition, SAMHSA has recognized the devastating impact the COVID-19 pandemic has had on behavioral health services. As a result, SAMHSA provided one-time, supplemental, time-limited funding in the amount of $32,000,000 in addition to the regular, annualized Substance Abuse and Prevention Treatment (SAPT) Block Grant funds. This amount combines Supplemental Block Grant funds and specialized funding received through the federal ARPA program. This funding was also reported in the last Triennial Report as the funding began within that time frame. The grant periods for these funds differ, with one grant ending in 2023 and several other grants extending until September 30, 2025.

The DMHAS substance use treatment system includes over 50 private not-for-profit providers and approximately 250 programs. These 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. Building capacities to treat co-occurring disorders has been a priority of DMHAS for more than 20 years. Contracted providers deliver a comprehensive continuum of services that includes withdrawal management, residential, outpatient, and case management programs. This provider system also offers a range of services within Opioid Treatment Programs (OTPs) which focus specifically on opioid addiction. The state is fortunate to have over 54 OTPs that offer methadone as medication to persons with Opioid Use Disorders (OUDs) and has worked to increase access to all three evidence-based medications (methadone, buprenorphine and naltrexone) used to treat opioid use disorder (OUD). To help connect those in withdrawal management programs to medication for addiction treatment, eleven of these 54 OTPs are withdrawal management programs that use a methadone protocol.

DMHAS also provides a range of substance use services within state-operated facilities. Hospital level withdrawal management and intensive residential treatment services are provided in Middletown and Hartford. All of the state-operated Local Mental Health Authorities (LMHAs) offer specialized Medications for Addiction Treatment services through outpatient treatment programs. Specialized services for HIV-infected individuals include counseling, testing, support and coping therapies, alternative therapies and case management. Where appropriate, referrals are made to DPH's Partner Notification Services and individuals are linked to follow-up treatment.

The Department also 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; these include information dissemination, education, alternative activities, strengthening communities, promoting positive values, problem identification, and referral to services. Through this model, attitudes and behaviors that contribute to alcohol and other drug use are changed, leading to healthier communities. 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.

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. For a more complete analysis of DMHAS' annual statistical information, please reference the 2024 Annual Statistical Report. This provides a much more comprehensive analysis of DMHAS' substance use service system. This provides a much more comprehensive analysis of DMHAS' substance use service system.

The DMHAS Commissioner and Executive Group are advised by many constituency and stakeholder groups. One such group is the State Board of Mental Health and Addiction Services, a 40-member advisory group consisting of 15 gubernatorial appointees, the chairperson, one designee each from the 5 Regional Behavioral Health Advocacy Organizations (RBHAOs), and other representatives of consumer interests. The RBHAOs were formed in 2018 integrating substance use and mental health advocacy organizations (previously services were provided by the Regional Mental Health Boards and the Regional Action Councils).

Connecticut is fortunate to have a number of other state agencies that continue to deliver substance use treatment and prevention services: the Departments of Children and Families (DCF), Social Services (DSS), Public Health (DPH), Correction (DOC), Consumer Protection (DCP), State Department of Education (SDE) and the Judicial Branch Court Support Services Division (CSSD) all provide a range of treatment, recovery support and prevention services that are focused on the unique individuals these agencies serve. This report will detail major initiatives that each Department is involved in and the amount of funding that is being used to support substance use prevention and treatment and recovery support services.

Evidence-Based Practices

DMHAS is actively working to expand the adoption of evidence-based practices within its substance use treatment system. Evidence-based practices (EBP's) in the behavioral health system refer to both pharmacotherapies and behavioral therapies. Pharmacotherapies include treatments such as methadone, buprenorphine, and naltrexone, which are commonly used to treat opioid addiction, as well as other medications for alcohol and nicotine addictions. Evidence-based behavioral interventions include Cognitive Behavioral Therapy (CBT), Contingency Management, Motivational Interviewing (MI), and Harm Reduction approaches, which all have been shown to be effective with certain populations.

For more than five years DMHAS has focused a considerable amount of effort toward expanding and sustaining the use of medications for opioid use disorder (MOUD), including methadone, buprenorphine and naltrexone. There are now over 54 distinct opioid treatment providers, some of which have opened in response to growing needs in certain communities.

DMHAS has continued to work to increase the number of physicians who prescribe buprenorphine, a form of MOUD that has proven to be effective in dealing with opioid addiction. Buprenorphine is a synthetic opioid medication that does not produce the euphoria and sedation caused by other opioids. It has other advantages in that it reduces withdrawal symptoms and has a lower risk for overdose. Buprenorphine can be provided in its pure form or may be combined with naloxone in a more common formulation of the drug called Suboxone. Additionally, buprenorphine may be now more widely used as the Drug Enforcement Administration (DEA) eliminated the buprenorphine X-waiver in January 2023; this resulted in prescribers no longer needing a waiver from DEA to prescribe buprenorphine, which increased the number of providers able to prescribe this medication. Additionally, buprenorphine does not require daily clinic visits for medication dosing/dispensing, unlike methadone. And as a result, buprenorphine can be viewed as a less stigmatized MOUD option than methadone.

With respect to MOUD related data, there are certain data limitations in presenting the full picture of MOUD services: DMHAS collects all methadone maintenance program data and limited data on buprenorphine and naltrexone. The universe of all medication claims and pharmacy data is not collected by or in conjunction with DMHAS. As such, the DMHAS data system reflects that in SY 24, just under 22,000 individuals were served in MOUD programs, which includes data from all methadone maintenance providers, and specialized, federally funded providers providing buprenorphine or naltrexone. However, this number is likely much higher as a result of the stated data limitations. In SF 24, there were over 20,000 individuals served in methadone maintenance programs. The DMHAS funded buprenorphine providers submit data to DMHAS, and these providers reported serving approximately 1,056 individuals.

Relatedly, draft data provided by Carelon, the state's Medicaid Administrative Service Organization, for calendar year 2024 shows that 8,820 HUSKY Health members (1.0% of the total HUSKY Health membership) received at least one dose of Suboxone (combination of buprenorphine and naloxone) and that 13,833 HUSKY Health members (1.5% of the total HUSKY Health membership) received a methadone prescription.

For over 20 years, DMHAS has focused on promoting best practices in the areas of co-occurring disorders, trauma informed treatment, employment supports and specialty services that are responsive to the needs of women in treatment. These discrete areas of practice have been fostered through training, expert consultation, learning collaboratives, and the use of data to inform practice improvement activities. Each of these is described in greater detail below:

- **Co-Occurring Disorders / Integrated Care Initiatives -** Many individuals with substance use disorders have mental health disorders. For over 20 years, DMHAS has focused heavily on fostering integrated care. One aspect focused on ensuring that providers were screening all individuals for both mental health and substance use disorders. Efforts have been directed at increasing system capacities to provide co-occurring treatment, regardless of

where a client presents for treatment. Over the past three years, DMHAS has implemented an updated focus on Integrated Care, starting with concentrating on those with co-occurring mental health and substance use disorders by training staff on the evidence-based Individualized Dual Disorder Treatment (IDDT) model. This is a multi-faceted effort led by the Commissioner, Chief of State Operated Services and Medical Director, with day-to-day activities conducted by members of the Community Services Division, Evaluation, Quality Management and Improvement (EQMI) and includes two consultants/trainers. Additionally, behavioral interventions addressing challenges faced by individuals with both substance use disorders and mental health concerns are used in many of the DMHAS operated and contracted agencies. These interventions include CBT, Contingency Management, Harm Reduction approaches and Motivational Interviewing (MI). In recent years, DMHAS has focused more heavily on MI because of its effectiveness in engaging individuals into treatment.

- **Evidence-based behavioral therapies:** During FY 24, DMHAS has continued to expand the number of evidence-based behavioral therapies offered to individuals. During this fiscal year, DMHAS is training staff to be able to offer intensive Dialectical Behavior Therapy (DBT) as well as Eye Movement Desensitization and Reprocessing (EMDR). These behavioral therapies have been proven to be highly effective strategies for individuals with significant trauma, depression, suicidal ideation and self-harm, and borderline personality disorder.

- **Substance-Use Employment Services:** DMHAS is expanding supported employment services specifically for individuals with substance use disorders. Currently, DMHAS funds three programs in the state that serve approximately 175 individuals annually in two of the five regions of the state. The expansion will allow DMHAS to increase the number of providers / programs and the number individuals served; almost 400 individuals will be offered these valuable and much needed employment services statewide.

- **Women's Services Practice Improvement Collaborative:** This is a collaborative venture with the Women's Consortium, a training contractor, designed to promote gender-informed practices in the DMHAS system. DMHAS funds a number of specialty treatment programs for women or women and children. These programs, DMHAS, and the Consortium meet on a regular basis to exchange lessons learned and problem solve about how to implement gender responsive treatment within these agencies.

Legislative Initiatives Impacting Substance Use Service Delivery

The report at the following link summarizes legislative initiatives over the past decade through the 2024 legislative session that have impacted substance use service delivery: Connecticut's Opioid Drug Abuse Laws.This comprehensive document was prepared by the Connecticut Office of Legislative Research and is updated annually to highlight provisions of law intended to reduce or prevent opioid drug misuse. Topics include wide-ranging subject matter: access to opioid antagonists; changes to the Alcohol and Drug Policy Council; continuing medical education requirements; provisions directly related to the Department of Correction; drug disposal; good Samaritan laws; health insurance; local emergency medical service plans and data reporting; regulation of prescriptions or prescribing; opioid litigation proceeds; patient care and treatment;

prescription drug monitoring and oversight; sober living homes; studies and working groups; and other miscellaneous related changes.

Connecticut Alcohol and Drug Policy Council

The Connecticut Alcohol and Drug Policy Council (ADPC) is a legislatively mandated body comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug (ATOD) use in Connecticut. Governor Malloy reconstituted the ADPC through legislation that was enacted in 2015. The Council, co-chaired by the Commissioners of DMHAS and DCF, is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens, across the lifespan and from all regions of the state. Governor Malloy provided a charge to the ADPC in October 2015, which was focused on the opioid crisis in Connecticut. He requested that they study and make recommendations in the following areas:

- Best practices in the treatment of alcohol and substance use disorders, including Medication Assisted Treatment/Medication for Opioid Use Disorder (MAT/MOUD) and other evidence-based treatment strategies
- A coordinated, audience specific, prevention message including modern messaging to be used by school districts, parents, medical professionals, municipal leaders, state, agencies, and law enforcement
- A collaborative effort, with medical professionals including doctors, nurse practitioners, dentists, and physician assistants to educate all prescribers on the dangers of overprescribing narcotics and the current best practices in identifying substance use disorder and the resources available for treatment
- A strategy to make the overdose reversing drug naloxone widely available and affordable to first responders, in pharmacies and to any individual who may be able to use it to reverse an overdose

In his charge to the Council, Governor Malloy encouraged members to make recommendations on issues requiring legislative change, administrative actions and statewide cooperation. Governor Lamont has continued this focus of the ADPC and supported its efforts.

The work of the ADPC has been influenced by the Connecticut Opioid Response (CORE) report, which was created to supplement and support the work of the ADPC by creating a focused set of tactics and methods for immediate deployment in order to have a rapid impact on the number of opioid overdose deaths in Connecticut. The CORE team was asked to focus on evidence-based strategies with measurable and achievable outcomes. The CORE Plan was published in October 2016 and has helped to guide efforts of the ADPC.

Starting in 2023, DMHAS, through the Opioid Settlement Advisory Committee, commissioned an update of the CORE Report, which was delivered in March 2024. The report has been used as a resource and guide for the funding decisions of the Advisory Committee. The report is available here.

Four ADPC subcommittees (Prevention, Screening and Early Intervention; Treatment; Recovery; and Criminal Justice) are working in areas related to the general charge. These subcommittees, which have broad membership and include state and community partners as well as persons with lived experience, have been meeting over the past six years. These subcommittees have spurred a number of actions to address the opioid epidemic. The subcommittees and their goals and progress to date are described in detail in a section further in the report dedicated to the ADPC.

Opioid Settlement Advisory Committee

During the 2022 legislative session Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS was passed into law. The Act establishes a new Advisory Committee, co-chaired by DMHAS and a representative from the municipalities, to ensure the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately. The Act specifies the proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.

The Opioid Settlement Advisory Committee (OSAC) has expanded and now has 51 active members, with pending legislation to increase the municipal representation. Through bi-monthly Committee meetings and subcommittee meetings on an as needed basis, the OSAC has approved 19 funding recommendations totaling more than $110 million through May 2025. These recommendations are guided by the CORE Report (2024) and the allowable uses in the settlement agreements. All of the funding recommendations will have deliverables tied to their contract and some less tested practices will be evaluated for effectiveness and public reporting will be available. A summary table of the recommendations is included later in the report.

Emerging Trends in the Substance Use System

The state substance use plan responds to emerging trends that affect substance use service delivery in the state. Two trends have significantly affected the substance use service system over the past several years and a recent development related to Medicaid services has been impacting the system for the last two years. The recovery from the pandemic and the continued opioid epidemic are factors that impacted our service system most heavily in the past three years, while a recently implemented Medicaid Demonstration Waiver in 2022 makes withdrawal management and residential treatment services Medicaid reimbursable and expands access to all Medicaid eligibility groups. These issues will be discussed further below.

Pandemic

As reported earlier, the substance use service system was significantly impacted by numerous factors relevant to the COVID-19 pandemic. As a result, a reduction of admissions and numbers of individuals served was largely experienced at the end of FY 20 and the entirely of FY 21. As vaccines were made available, FY 22 data illustrate an increase of admissions and individuals served. As the pandemic was declared over in FY 23, and public health restrictions were reduced and removed, that utilization increase has been sustained through FY 24, with FY 24 slightly below pre-pandemic data from FY 19:

Unduplicated admissions into DMHAS Substance Use Programs

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

The federal government had recognized that the pandemic has strained behavioral health services in the country and provided states with increased funding for mental health and substance use services. The federal government made funding available beginning in 2020. DMHAS has received over $32,000,000 in funding to address substance use needs that have arisen during and as a result of the pandemic. These one-time supplemental funds were delivered via the Substance Abuse and Prevention Treatment (SAPT) Block Grant and originated from the Coronavirus Response and Relief fund, as well as the American Rescue Plan Act (ARPA). These funds were time-limited, with some grants ending in 2023 and others in 2025.

Opioid Overdose Epidemic

The continuation of the opioid overdose epidemic is an ongoing concern and priority for DMHAS and sister state agencies. Data on overdose deaths in the last three calendar years indicates that the epidemic might be in decline. Overdose deaths have decreased for the third year in the row. In calendar year 2022 there were 1,452 fatal drug overdoses reported in Connecticut, a decrease of 4.7% from CY21. In calendar year 2023 1,329 fatal drug overdoses were reported, a decrease of 8.5% from CY22. In calendar year 2024the annualized number show an additional 26.4% decrease or 990 reported overdose deaths.

The trend is encouraging, however still exceeding overdose numbers seen prior to the opioid epidemic. The crisis is evolving in complexity, with fentanyl involved in over 76% of the overdose deaths (a decrease from previous years), and xylazine identified in over 34.7% (an increase from previous years) of the deaths.

The continued problem with opioids in the state can also be observed in trends compiled from DMHAS' data collection system. Substance(s) of use is a data point collected at treatment-related substance use admissions. Treatment-related substance use admissions are substance use programs in which clients receive a clinical evaluation and diagnosis. Non-treatment substance use programs include case management, education / training, housing / employment, recovery support and preventions services. For several years, opioids (which include heroin, non-prescriptive methadone, and other opiates and synthetics) 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. However, in FY 24, those two substance categories became inversed: alcohol became the highest reported substance of use at admission (52%), while opioids was the second highest reported substance of use (50%). Despite this recent trend, the data indicates that opioid use is still a large factor in substance misuse.

Substances of Use reported at Treatment-related Substance Use Admissions

Drug	FY19	FY20	FY21	FY22	FY23	FY24
Alcohol	46.9%	47.1%	45.5%	46.8%	51.8%	52.5%
Opioids	54.7%	56.1%	55.8%	54.9%	55.4%	50.7%
Marijuana, Hashish, THC	28.0%	25.7%	24.6%	22.2%	20.3%	19.7%
Crack / Cocaine	36.5%	37.1%	32.4%	35.0%	41.7%	43.6%
Other substances	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%

1115 Demonstration Waiver for Substance Use Disorder (SUD) Inpatient and Residential Treatment

In April of 2022, The State of Connecticut's Department of Social Services was approved for an 1115 Demonstration Waiver for substance use disorder (SUD) inpatient and residential treatment for adults and children under a fee-for-service (FFS) structure. This Demonstration builds upon Connecticut's dynamic and extensive history of providing critical residential care for persons experiencing substance use disorders. It will improve upon and enhance these services through increased funding through long-standing state funding streams and the newly established Medicaid FFS structures. This program is described in further detail in the "Strategies Related to Treatment" section of this report on page 33.

Plan Development

The 2025 State Substance Use Plan is organized under the same key strategy areas which were included in the 2022 State Substance Use Plan. Each strategy area lists a number of action steps that will be taken over the next three years to address substance use issues. The plan and the Opioid Annex cuts across all state agencies involved in substance use treatment, recovery support and prevention and is heavily influenced by recent trends in Connecticut. Many action steps continue to relate to the opioid crisis as much attention has been focused on trying to reverse this epidemic. However, many action steps continue to focus on managing and maintaining a comprehensive substance use system which focuses on prevention and health promotion and treatment of substance use disorders. Each strategy area will be followed by a summary of the accomplishments that have occurred over the past three years.

Throughout the report, the reader may notice changes related to language used to describe substance use services and disorders, specific substances, or the classification of program types or levels of care. These changes are being made to reflect more current terminology being used on the national level and are slowly coming into more common usage. The more current terminology used in the report include the following:

Opioid Use Disorders (OUDs) – term used to describe individuals with a chronic disorder involving the use of opioids with serious consequences that may lead to relapse, death, or disability.

Opioid Treatment Programs (OTPs) – term used to describe programs or services that previously were classified as methadone maintenance. OTPs must provide a range of services including initial medical examination, initial and periodic assessment services,

counseling, drug use testing, and medication dispensing and prescription of methadone, buprenorphine, and levomethadyl acetate (LAAM).

Withdrawal Management Services – term used to describe programs or services that used to be classified as detoxification.

Medications for Addiction Treatment (MAT) - term used to describe FDA-approved medications to treatment substance use disorders. This acronym used to be spelled out as medication *assisted* treatment.

Medications for Opioid Use Disorders (MOUDs) – terms used to describe any medication being used to treat opioid use disorder. This includes methadone, buprenorphine, and naltrexone.

Substance Use – term now being used to describe what previously was labeled substance abuse. The term 'substance abuse' was believed to be stigmatizing.

Six Key Strategies for a Comprehensive and Coordinated State Substance Use Plan

1. *Strategies related to prevention and education*
    a. Prevent substance use through education aimed at teenagers, parents, school and university faculty and staff, and other caretakes including medical professions. Reduce stigma associated with seeking treatment.
    b. Maintain media campaigns designed to educate the public about cannabis use, opioid use disorder and alcohol use disorder.

2. *Strategies related to treatment*
    a. Expand access to a broad spectrum of substance use services.
    b. Increase the use of evidence-based practices (EBPs) including methadone maintenance and buprenorphine.

3. *Strategies related to recovery*
    a. Increase the use of peers and natural supports.
    b. Maintain recovery supports.

4. *Strategies related to criminal justice*
    a. Implement criminal justice reforms that will increase diversionary options.
    b. Increase the availability of substance use treatment, especially medication for addiction treatment in jails and prisons.
    c. Reduce barriers to continuity of care and adverse consequences faced by prisoners when they are released from prison or jail.

5. *Strategies related to collaboration and cost effectiveness*
    a. Increase inter-agency coordination and collaboration in order to more effectively prevent and treat substance use disorders.

6. *Strategies related to accountability and quality care*
    a. Ensure that providers deliver high quality services
    b. Use data to improve care through the system.

Strategy 1: Strategies Related to Prevention and Education

Deliver timely, efficient, effective, developmentally appropriate and culturally sensitive prevention strategies, practices and programs through a skilled network of service providers and use of evidence-based practices.	
Action Step: Design and implement data collection and management systems that disseminate and utilize epidemiological data to promote informed decision-making through a data-portal, newsletter, or social media. Provide technical assistance and training on evaluation-related tasks and topics.	**Action Step:** Enhance Connecticut's mental health promotion, substance misuse and suicide prevention, intervention and response infrastructure, capacity and readiness with the use of evidence-based practices to address gaps and reduce non-fatal suicide attempts and suicide deaths.
Action Step: Provide resources to university prevention professionals to systematically measure the scope of drug misuse issues on campuses, build relationships with key stakeholders and plan and implement drug misuse prevention efforts.	**Action Step:** Build the capacity of college campuses, broadcast media and workplaces to prevent substance use, underage drinking and violence among youth and promote positive health outcomes for all young people in Connecticut.
Action Step: Implement initiatives in select Connecticut communities to prevent substance use in youth ages 12-20, identified through the application of the comprehensive Strategic Prevention Planning framework.	**Action Step:** Educate tobacco retailers, youth, communities and the general public about the state laws prohibiting the sale of tobacco products to youth under the age of 21.
Action Step: Assess regional behavioral health needs; develop regional priority reports that identify services gaps; pursue resources and coordinate community efforts to prevent and treat substance use, mental health and gambling disorders.	**Action Step:** Enforce State laws that prohibit youth access to tobacco products by inspecting retailers across the state in order to maintain a retailer violation rate at or below 20 percent.
Action Step: Prevent youth access to tobacco by enforcing federal laws that prohibit sales of tobacco products to minors and restrict advertising and labeling.	**Action Step:** Disseminate information via print, broadcast and electronic media on substance use, mental health and other related issues.
Action Step: Provide K-12 schools including educators, students and affiliated families, organizations, youth leaders and communities with the most current information and services on programs, practices, and interventions to mitigate the impact of substance misuse and other behavioral health problems in students.	**Action Step:** Deliver training and technical assistance to communities and prevention professionals in community mobilization, coalition development, implementation of evidence-based strategies and environmental approaches to address substance use.
Action Step: Develop and implement municipal-based alcohol and other drug prevention initiatives that address community needs.	**Action Step:** Implement multi-faceted prevention strategies to prevent non-prescription opioid use and the progression from use of prescription opioids to the use of readily accessible and inexpensive heroin and fentanyl.

Action Step: Implement strategies that address alcohol, tobacco and other drug (ATOD) use and mental health promotion for fathers in communities across the state.	**Action Step:** Increase awareness of the dangers of sharing medication for individuals aged 18 and older, and the risks of overprescribing for prescribers and others in the medical community.
Action Step: Develop an open access *Suicide Data Dashboard* to increase the timeliness and usefulness of state surveillance systems and inform data-driven decision-making and strategic planning statewide, across regions and in communities.	**Action Step:** Strengthen workforce development for prevention specialists by enhancing training, career pathways, accessibility and cross-sector collaboration.
Action Step: Strengthen protective factors through mentorship and youth leadership.	**Action Step:** Expand Access to prevention resources through digital and mobile platform as well as community-based mobile outreach.

Prevention Infrastructure

DMHAS has created a prevention infrastructure that supports efforts on the state, regional and local levels. Investments have been made in essential infrastructure components to help individuals and communities address substance use and mental health disorders. These components include but are not limited to: 1) an ongoing planning process that identifies needs and gaps; 2) a well informed and educated prevention workforce; 3) coordination of substance use and mental health efforts across multiple sectors; and 4) data systems and processes that facilitate prevention program monitoring and evaluation. This investment ensures that the system can respond to evolving needs and resources to allow the key functions of prevention to continue, building a foundation for collaboration across the continuum of care. This infrastructure facilitated many gains over the last three years. It is important to note that substance use prevention and suicide prevention share overlapping risk factors and protective factors, highlighting the interconnected nature of mental health and behavioral health challenges. Risk factors such as trauma, social isolation, mental health disorders, and adverse childhood experiences can increase vulnerability to both substance misuse and suicidal behaviors. Additionally, easy access to substances or lethal means further exacerbates risk. Protective factors such as strong social connections, access to mental health care, healthy coping mechanisms, and supportive community environments can mitigate risks. Early intervention, resilience-building programs, and public health strategies that promote emotional well-being and reduce stigma are essential in addressing these issues holistically, ensuring individuals receive the support they need before crises escalate. DMHAS leads the effort in focusing on education, community engagement and early intervention. Programs emphasize youth engagement, social marketing campaigns and evidence-based strategies to reduce substance misuse and can be seen as a focus within Prevention.

Five Statewide Service Delivery Agents that support prevention programs statewide:

- *DMHAS Prevention Training and Technical Assistance Services Center's (TTASC)* goal is to increase prevention workforce competencies, utilizing the SAMHSA Strategic Prevention Framework five-step process, training and technical assistance for improved access by prevention workers most relevant, responsive and culturally appropriate

prevention education, and training resources in collaboration with Department staff. It accomplishes this goal by organizing events such as learning communities, facilitating access to professional development offerings, providing customized technical assistance, promoting individual and organizational networking, and recruits and prepares preventionists for certification.

- The *Connecticut Clearinghouse/Connecticut Center for Prevention, Wellness and Recovery (CT Clearinghouse)* is the State's premiere information resource center that disseminates thousands of pamphlets, posters, fact sheets, books, e-books, and curricula on prevention, substance use, mental health promotion and a variety of other topics to individuals statewide. The mobile resource van allows materials to be easily accessible at local events across the state. Clearinghouse staff administer the comprehensive DMHAS statewide prevention listserv, the Change the Script opioid awareness campaign, and the drugfreect.org website. They provide logistical support, and the coordination of activities related to the successful implementation of the Tobacco Merchant Education campaign, the Healthy Campus initiative, Mental Health First Aid trainings, Recovery Friendly Workplace, National Prevention Week and the Annual Prevention Conference.
- The *Governor's Prevention Partnership (GPP)* equips, empowers, and connects organizations, communities, and families to prevent substance use, underage drinking, and violence among youth and promotes positive outcomes for all young people in Connecticut. The Partnership provides ongoing training and technical assistance to promote mentoring recruitment and best practices, safe school environments, and healthy communities. Additionally, The Partnership builds awareness of youth prevention programs through its partnerships with print and broadcast media across the state. GPP facilitates and supports a diverse Youth Advisory Board (YAB) that increases youth's knowledge on topics such as substance misuse and mental, social and physical health while growing their leadership skills. Annually this board plans and implements a prevention leadership conference for more than 200 CT teens.
- The *DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health* collects, manages, analyzes and disseminates epidemiological and evaluation data through their SEOW Prevention Data Portal, an interactive repository for behavioral health data, epidemiological profiles, presentations and products. The CPES convenes the Statewide Epidemiological Outcomes Work Group (SEOW), comprised of representatives from state agencies and organizations connected in various ways to Connecticut's data infrastructure. The SEOW meets quarterly to prioritize and share data, with an emphasis on Alcohol, Tobacco, or Other Drugs (ATOD) prevention and use data and mental health promotion data, and those efforts inform and expand the content and functionality of the Portal. The CPES also provides technical assistance and training on data and evaluation topics to prevention partners and providers statewide.
- Five *Regional Behavioral Health Action Organizations (RBHAOs)* operate as subcontractors to DMHAS to carry out ATOD prevention initiatives, among their other mission-driven objectives. The RBHAOs are responsible for providing a range of planning, education and advocacy initiatives related to mental health and substance use prevention as well as building and strengthening local prevention coalitions. In 2018, gambling prevention efforts were also added into the overall mission, funding and deliverables of the RBHAOs as youth who gamble are more likely to engage in other risk-taking activities, such as using alcohol, tobacco, vaping and other drugs. These private non-profit

organizations, comprised of a board of directors of community stakeholders and staff, build capacity of communities to identify gaps and coordinate and leverage resources for behavioral health services. Working closely with the Local Prevention Councils in their region, the RBHAOs may conduct comprehensive analyses of community needs, provide support to build data capacity and produce Sub-Regional Profiles to establish local substance use prevention priorities. The RBHAOs are:

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

Other entities integral to the DMHAS Prevention infrastructure include:

- *Community-Based ATOD Prevention Initiatives* including:
  - The *10 Prevention in Connecticut Communities (PCCs)*, which are community-based programs/coalitions charged with implementing evidence-based strategies to prevent underage drinking and other problems. The PCC programs use the SAMHSA Strategic Prevention Framework (SPF) 5 Step process to address youth alcohol use in addition to other priority substances such as cannabis and prescription drug abuse.
  - The *SPF for Prescription Drugs (SPF-Rx)* was awarded to a total of seven health districts to reduce non-medical use of prescription drugs and prevention of opioid overdoses. The SPF-Rx programs focus on raising awareness about the dangers of sharing medications for individuals ages 12 and over and work with prescribers and dispensers to be aware of the risks of overprescribing through the Academic Detailing for Opioid Safety (ADOPS) initiative.
  - *The CT Partnerships for Success (CT PFS)* State grant fosters change in twelve targeted communities that are underserved, and in high need of evidence-based programs to address underage drinking among persons 12 -17 years of age. The CT PFS communities focus on building capacity to implement substance use prevention strategies, increase awareness of and education on underage drinking and reduce retail access to alcohol use for those underage.
  - *Prevention in CT Fatherhood Initiative (PICFI)* implements prevention programming within eight fathering programs certified by DSS. PICFI provides education, training and technical assistance to case managers who then engage fathers in communicating with, mentoring and guiding children to prevent risky behaviors.
  - *Recovery Friendly Workplace (RFW)* is an initiative that helps employers create supportive environments for employees in recovery. It aims to reduce stigma, promote wellness, and foster a culture of inclusion and support across the five regions of the state.
- *Campus-Based ATOD Prevention Initiative:* A statewide Healthy Campus Initiative (CHCI) comprised of Connecticut colleges and universities who are participating in activities to address the reduction of ATOD use amongst their student populations. Each campus tailors its activities to meet specific needs which include information dissemination

and training for faculty, staff, and students, distribution of medication disposal products and safe storage options, training on naloxone administration, and campus wide awareness campaigns.

- *State Epidemiological Working Group (SEOW):* DMHAS first established the SEOW in 2005 under the SPF-SIG initiative funded by SAMHSA, CSAP to conduct careful data reviews and analyses on the causes and consequences of substance use to guide prevention decision making. The SEOW facilitates dissemination and sharing of data and assists in supporting the work of prevention practitioners across the state, planning and monitoring prevention strategies. Its membership consists of several state agencies, local community evaluators and other Prevention professionals.
- The *Evidence-Based Workgroup* is a DMHAS-convened volunteer workgroup of prevention and evaluation specialists who reviews the research behind prevention programs to ensure local entities are implementing programs that address the needs and conditions in a way that is supported by the research.
- *150 Local Prevention Councils (LPCs)* address primary prevention in the 169 municipalities throughout the state of Connecticut. The LPCs include representatives who are elected officials, police officers, educators, faith/spiritual leaders, business leaders, social and human service providers, youth and parents, among others. These multi-town coalitions and related local-level entities ensure that community-led prevention efforts are accessible to residents across the state. The support these local entities have from the CT Clearinghouse, RBHAOs, TTASC and CPES helps create a cost-effective, strategic use of resources, and align priorities across the system.
- *Regional Suicide Advisory Boards (RSABs)* are comprised of five regional networks that implement sustainable evidence-based suicide prevention and mental health promotion policies, practices and programs in communities across the state for youth and young adults.
- The *School-Based Center for Prevention, Education and Advocacy is housed within the State Education Resource Center (SERC):* this collection of resources supports PK-12 educators in providing education and support in the classroom around substance use prevention and mental health for students. Alongside programs and curricula, the library also houses children and teen materials that discuss issues of substance use and mental health, prioritizing titles written by licensed social workers, psychologists and by youth themselves. This Center is designed to be a centralized source for educators, students, families, organizations, and communities to find the most current information and services related to substance use prevention.
- *The MOSAIX Impact* prevention data collection system is the cloud-based data collection platform used to meet DMHAS's Prevention data requirements.

The Prevention Infrastructure efforts are advised and informed by other State Advisory Councils such as the Prevention Subcommittee of the Connecticut Alcohol and Drug Policy Council (ADPC) and the CT Suicide Advisory Board (CTSAB).

Cannabis and Juul Prevention Activities

To address these priorities, the **Cannabis Awareness and Education Program** was developed, employing a multi-pronged approach that includes public education, community engagement, retailer compliance, policy recommendations, and data collection. The program's centerpiece is the "Be in the Know CT launched in November 2021, which provides clear, research-based information on cannabis laws, health risks, safe storage, and driving under the influence. The campaign's website has reached nearly half a million users, while messaging appeared across Connecticut over 311 million times. Free safe storage materials, including lock bags, are distributed to promote responsible cannabis handling, with over 5,000 lock bags provided since 2023 to residents such as parents, caregivers, and healthcare workers.

Effective community engagement is another critical component, implemented through Regional Behavioral Health Action Organizations (RBHAOs), which coordinate local prevention and intervention efforts. These RBHAOs hire dedicated coordinators with cannabis expertise and manage grants to local coalitions to support evidence-based strategies that target youth under 21. Retailer compliance programs ensure adherence to state laws, combining education, compliance inspections, and partnerships with regulatory agencies like DCP and law enforcement to enhance public safety.

The program also facilitates robust data collection and analysis to track cannabis consumption trends, evaluate campaign effectiveness, and refine outreach strategies. Additionally, it collaborates with state agencies and councils to develop informed policy recommendations, shaping Connecticut's legal and regulatory landscape surrounding cannabis use. With these comprehensive strategies, the program aims to mitigate risks, educate communities, and promote equitable and responsible cannabis use across the state.

Connecticut has been actively addressing youth vaping and nicotine use through initiatives funded by the **JUUL** settlement. The state will receive approximately $16 million as part of a multistate settlement with JUUL Labs, following investigations into the company's marketing practices targeting underage users. These funds are being directed to Regional Behavioral Health Action Organizations (RBHAOs), which play a key role in planning, education, and advocacy related to substance use prevention.

The initiatives include implementing anti-vaping curricula, educating parents, changing perceptions and behaviors among youth, and enacting local ordinances to control marketing to minors. Additionally, RBHAOs are leveraging these funds to develop science-based, coordinated strategies across communities to combat the youth vaping epidemic. Efforts also focus on compliance with state regulations and promoting evidence-based prevention and cessation programs.

Grant Funds Awarded

The *Strategic Prevention Framework for Prescription Drugs (SPF Rx) 2021* initiative was awarded to DMHAS from SAMHSA through a competitive procurement process on September 30, 2021, and will continue until September 29, 2026. The CT SPF Rx initiative goal is to reduce prescription drug / other opioid misuse and overdoses statewide by developing and implementing a comprehensive prevention strategy that increases staffing to implement primary prevention

programs at the community level and increases use of publicly available CT Prescription Monitoring and Reporting System (CPMRS) data. Through utilization of the SPF, strategies implemented include: (1) establish a CPMRS Subcommittee of the State Epidemiological Outcomes Workgroup (SEOW) to review publicly available data for patterns of prescribing and determine applications of the data; (2) create and disseminate standardization reports of CPMRS data that can be used at the state and community levels; (3) fund 1.0 FTE within the Department of Consumer Protection, Drug Control Division to enhance capacity and availability of CPMRS data; (4) develop, implement and sustain a student internship program in collaboration with UConn School of Pharmacy where students are placed within local health districts / departments to implement primary prevention programs at the community level (including Academic Detailing); and (5) conduct a process and outcome evaluation to determine if goals and objectives are achieved.

The Partnerships for Success (PFS) 2022 initiative was awarded to DMHAS by SAMHSA through a competitive procurement process on September 30, 2022, and funding will continue until September 29, 2027. The CT PFS goal is to reduce alcohol consumption in youth ages 12-17 across twelve communities. This goal will be achieved through three objectives: (1) conduct coalition capacity building to implement substance use prevention and mental health promotion strategies; (2) increase awareness of, and education on, underage drinking and (3) reduce retail access to alcohol for those underage. To accomplish this, communities will implement alcohol compliance checks to ensure retailer compliance with state and federal laws, conduct small group education sessions with youth at risk for substance misuse, promote community-wide media campaigns to reduce underage drinking, and build community readiness and coalition capacity.

The *Prescription Drug/ Opioid Overdose (PDO)* grant was awarded on August 31, 2023 and is active through August 30, 2028. The program is designed to reduce the number of prescription drug and opioid overdose-related deaths. It focuses on training first responders on overdose prevention strategies, including the use of naloxone (Narcan) to reverse overdoses and providing leave behind kits. The goal is to enhance community outreach and provide life-saving tools directly to individuals and families at risk.

The *American Rescue Plan Act (ARPA)* block grant funding enabled a variety of impactful initiatives to address substance misuse prevention, including the creation of a School-based Center for Prevention Education, the development of a Strategic Guidance Document for school systems, and the expansion of the statewide Evidence-Based Workgroup. Efforts included providing scholarships for Certified Prevention Specialist credentials, workforce training through "Learning Collaboratives," and a prevention mentoring program. The ARPA funds also supported the collection and 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. Additional activities included producing training videos for the Academic Detailing on Opioid Safety (ADOPS) initiative, acquiring a second mobile resource van to improve community outreach, hosting the first CT Prevention Summit, and enhancing the drugfreect.org website. Lastly, the ARPA funds supported the expansion of Regional Suicide Advisory Board activities including community capacity building, prevention and response training and planning, supports to survivors of suicide loss, and promotion of the new 988 Lifeline and expanded community-

based crisis services for all ages. Through these efforts, the ARPA funding significantly advanced prevention strategies and community engagement.

Suicide Prevention and Mental Health Promotion

The Connecticut Suicide Advisory Board (CTSAB) serves as the state-level coalition addressing suicide prevention, intervention, and response across the lifespan under DCF legislation (PA 22-58; CGS Chapter 319, 17a-52). As a collaborative network of over 1,000 members from diverse sectors, including national, federal, state, and local agencies, community groups, schools, military organizations, healthcare providers, and advocates, it oversees the state's suicide prevention infrastructure, including five Regional Suicide Advisory Boards. Guided by its mission to prevent suicide and promote wellness, and its vision to eliminate suicide by instilling hope, the CTSAB coordinates seven active committees focusing on areas such as reducing access to lethal means and integrating prevention efforts across sectors including service members, Veterans and their families, as well as those with lived experience. The advisory board also manages federally funded suicide prevention grants, maintains the state's suicide prevention website, hosts annual conferences, and distributes educational resources in English and Spanish. Additionally, the CTSAB oversees initiatives like Gizmo's Pawesome Guide to Mental Health and updates the state plan every five years, with the most recent focus on the 2030 goals outlined in the CT Suicide Prevention Plan 2025.

Connecticut's Departments of Children and Families (DCF), Mental Health and Addiction Services (DMHAS), and the Brian Dangle Foundation co-direct the CTSAB.

The *Regional Suicide Advisory Boards (RSABs)*, funded by DMHAS in collaboration with DCF and aligned with CTSAB, are integral to Connecticut's suicide prevention infrastructure. These five boards drive the implementation of the state suicide prevention plan by fostering region-wide and community-level readiness to address suicide prevention, intervention, response, and mental health promotion. Guided by evidence-based practices, RSABs enhance local capacity with the involvement of individuals with lived experience, including survivors of suicide loss and attempts. Their work includes developing written community plans, endorsing service coordination, bridging gaps in adult suicide prevention services, and integrating region-wide mental health strategies. In cases of adult suicide loss, RSABs coordinate outreach efforts to support affected communities and reduce contagion risk, while promoting grief support and primary prevention. They further champion statewide campaigns like www.preventsuicidect.og and www.gizmo4mentalhealth.org, along with CT crisis services, ensuring comprehensive alignment with Department directives.

The *Connecticut Partnerships for Hope and Healing (PH2) Initiative*, funded by SAMHSA's Garrett Lee Smith State Youth Suicide Prevention Program, is in effect from September 2023 to September 2028 and is led by DMHAS in partnership with DCF and DPH. PH2 focuses on enhancing Connecticut's capacity to prevent youth suicide for individuals aged 24 and under. Its goals include increasing the readiness of youth-serving organizations to support at-risk youth, equipping clinical providers to assess and treat these individuals, and ensuring improved follow-up care, particularly for those discharged from emergency or psychiatric units. The initiative emphasizes equitable, evidence-based practices through a Training Collaborative, a Data to Action Website, and promotion of the 988 Suicide and Crisis Lifeline. It also seeks to strengthen

partnerships across schools, campuses, and communities in five prioritized regions, encouraging comprehensive suicide prevention strategies like Multi-Tiered Suicide Prevention for Schools (MTSP), Gizmo's Pawesome Guide to Mental Health, and Signs of Suicide (SOS). Additionally, PH2 promotes safety planning, lethal means counseling, and workforce development to align policies and protocols with best practices for suicide prevention and mental health promotion.

The *CT Governor's Challenge*, part of a national initiative by the U.S. Department of Veterans Affairs and SAMHSA, focuses on preventing suicide among Service Members, Veterans, and their Families (SMVFs). As part of the CT Suicide Advisory Board's Armed Forces Committee, it aligns with the CT Suicide Prevention State Plan 2025. The initiative targets three priority areas: identifying and screening SMVFs for suicide risk while educating providers on mental health resources, promoting connectedness and improving care transitions with up-to-date resources for SMVFs, and increasing safety through lethal means reduction and safety planning education for SMVFs and caregivers.

The *CT 988 Implementation Grant*, funded by SAMHSA from 2023 through 2026, is administered by DMHAS and co-directed by DCF. The grant aims to strengthen the 988 workforce to handle calls, chats, and texts, enhance technology and security measures for crisis services, improve support for high-risk and underserved populations, develop comprehensive quality assurance plans, and implement 988 communication strategies in alignment with SAMHSA's toolkit.

Prescription Drugs and Opioids

Under the ***Strategic Prevention Framework for Prescription Drugs (SPF Rx) 2021*** initiative, prevention capacity and infrastructure accomplishments have been implemented at the state level as well as community level and quality of inter-agency collaboration and coordination increased. Throughout the first four out of five years of funding (2021-2025), the project timeline is on schedule and all long-term program objectives are on track to be met or exceeded. A total of seven health districts / departments have participated in the program, hosting UConn student interns from the schools of Pharmacy, Public Health and Allied Health. One or two students are placed at each participating health district / department each academic year and implement primary prevention programs within the communities served by the districts / departments. Students also participate in weekly learning labs through UConn which focus on prevention principles and other identified topics, per the approved curriculum. A number of expansions and improvements were made to the CT Prescription Monitoring and Reporting System (CPMRS) through SPF-Rx 2016 funding and continue through this award. Implementation will continue through September 29, 2026.

Through the ***State Opioid Response (SOR)*** initiatives, a number of strategies and activities addressing multiple targets in a variety of settings were implemented to prevent opioid misuse and non-medical use of prescription drugs. As a result:

- 10,334 opioid overdose reversal kits were distributed by prevention partners including the five Regional Behavioral Health Action Organizations and the CT Clearinghouse.
- more than twenty colleges implemented campus based public awareness/education events that served over 43,000 persons,
- the Change the Script campaign has expanded messaging and reach including partnerships with the Bushnell, UCONN and Quinnipiac University Athletics and the CT Interscholastic Athletic Conference (middle and high school sports),

- the drugfreect.org website has been rebranded and refreshed,
- parent trainings were held in English and Spanish across the state to teach parents how to effectively communicate with children on the dangers of drug use,
- eleven case managers at eight CT DSS-Certified Fatherhood agencies were trained in prevention and mental health promotion and subsequently implemented substance misuse prevention programming with over 300 high-risk fathers,
- 150 micro grants were awarded to communities to deploy the Change the Script campaign, provide opioid use disorder awareness, and implement safe storage and disposal activities,
- thirteen health districts/departments facilitated the Academic Detailing on Opioid Safety (ADOPS) program with 150 prescribers/pharmacists,
- 24 health and behavioral healthcare sites distributed medication lockboxes and performed lethal means counseling,
- the Recovery Friendly Workplace Toolkit was implemented with employers across the state and 30 employers became designated recovery friendly,
- several in-person and interactive web-based trainings and a webinar were developed along with accompanying users guides on opioid education and awareness, and evaluation of all activities.

PREVENTION OF TOBACCO USE BY MINORS

The Tobacco Prevention and Enforcement Program (TPEP) utilizes DMHAS prevention staff to implement the Synar Amendment requirements. TPEP's primary mission is to enforce state and federal youth tobacco access laws. Activities include completion of the Annual Synar Report, un-announced inspections of retail outlets to ensure compliance with age, photo identification and advertising/labeling restrictions. State inspectors enforce state youth access laws and federal inspectors enforce federal youth access laws. TPEP also administers the Retailer Education and Awareness Campaign. This campaign has included a quarterly newsletter called the Responsible Connecticut Retailer or RCR. The RCR provides immediate communication to retailers across the state about changes in the law and provides education and awareness. The "What You Do Matters" awareness campaign was launched in October 2021, advising retailers to never sell these products to a person under 21 years old and always check the photo ID of anyone who appears under the age of 30 years old when selling tobacco or electronic cigarettes. In 2022-2023, the "Know Ur Vape" campaign was created and launched, utilizing the social media influence of ten well-known Connecticut personalities. The "Ur Vape" campaign communicated the dangers of vaping in a creative and interesting manner and garnered over 178,000 views and nearly 5000 "likes". A landing webpage with additional information about vaping remains viewable at this link: Vaping Prevention & Awareness | Know Ur Vape CT .

The COVID-19 pandemic significantly impacted Synar compliance efforts and the enforcement of the Tobacco 21 (T21) law, which raised the minimum age to purchase tobacco products, electronic cigarettes, and vapor products to 21. Connecticut, like many states, paused in-person inspections due to public health restrictions and safety concerns. Retailers faced operational disruptions and were slow to adjust to the new T21 law. Somen retailers relaxed ID-checking practices to minimize physical contact during the pandemic as well. Once in-person inspections resumed, the state experienced higher retailer non-compliance rates. DMHAS increased efforts to enhance retailer general community education through one-on-one retailer education and the

aforementioned awareness campaign, “What You Do Matters”. Due to these strategies, noncompliance rates have decreased to pre-pandemic rates.

Media Campaigns

Alcohol use disorder

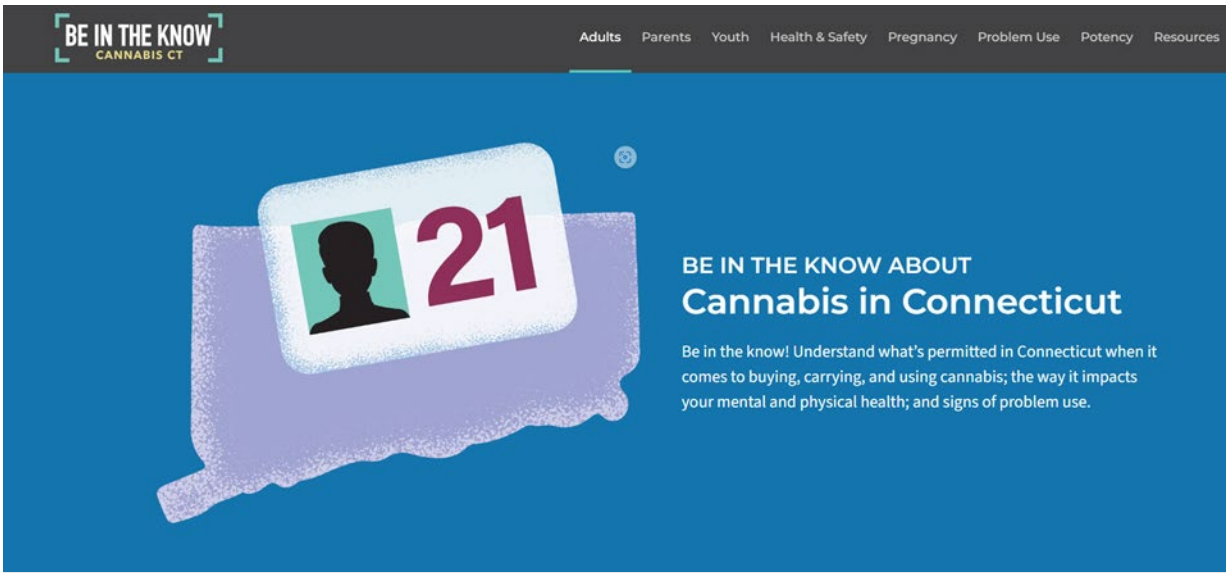
Alcohol use is one of the leading causes of preventable death in Connecticut. According to the Center for Disease Control and Prevention (CDC), on average, there are 1,400 deaths annually in Connecticut attributable to excessive alcohol use. More than half (62.4%) of the deaths result from chronic heavy alcohol consumption. Over a third (37.6%) result from acute injuries sustained while intoxicated and 7.8% result from motor vehicle traffic crashes. DMHAS started partnering with the Odonnell Company, a media company in CT, in 2022, recently completed phase three of the campaign and started phase four. The goal is to educate residents with a science-based public awareness campaign that focuses on informing key populations about the health and safety risks of alcohol use, including raising awareness about excessive use and its related health impacts, offering basic tools and information to individuals who have increased consumption, and providing treatment and contact information to individuals with Alcohol Use Disorder (AUD) who might benefit from treatment. A variety of media are used (e.g., social media, radio, digital billboards, website in English and Spanish.

Live Loud

The award-winning, multi - year LiveLOUD (Life with Opioid Use Disorder) campaign provides essential and accurate information to state residents and addresses stigma associated with opioid addiction. In the last three years, LiveLOUD messages focused on harm reduction, medication for opioid use disorder, understanding addiction, and recovery process and have been displayed on buses, bus shelters, highway billboards, social media platforms, and have been posted and promoted by partner organizations. In FY 2024, the campaign launched four short educational videos, featured on social media: “Nobody Chooses Addiction”, “Love is Bigger Than Addiction”, Don’t Use Alone”, and “A New Chance Every Day”.

Cannabis Campaign, "Be in the Know"

As mentioned above, one component of the **Cannabis Awareness and Education Program** is the program's "Be in the Know CT" statewide public education campaign, launched in November 2021, which provides clear, research-based information on cannabis laws, health risks, safe storage, and driving under the influence. The campaign's website has reached nearly half a million users, while messaging appeared across Connecticut over 311 million times. Free safe storage materials, including lock bags, were distributed to promote responsible cannabis handling, with over 5,000 lock bags provided since 2023 to residents such as parents, caregivers, and healthcare workers. has reached nearly half a million users, while messaging appeared across Connecticut over 311 million times. Free safe storage materials, including lock bags, are distributed to promote responsible cannabis handling, with over 5,000 lock bags provided since 2023 to residents such as parents, caregivers, and healthcare workers.



Strategy 2: Strategies Related to Treatment

• **Expand access to broad spectrum of substance use services.** • **Increase the use of evidence-based treatments (EBPs)** • **Maintain media campaigns on OUD and AUD**	
Action Step: Maintain comprehensive substance use treatment system.	**Action Step:** Maintain the statewide toll-free Access call line to connect callers to services and provide transportation to withdrawal management SUD residential treatment and recovery houses if no other transportation is available.
Action Step: Maintain real-time bed availability website for all DMHAS-operated and funded substance use residential services.	**Action Step:** Maintain statewide network of walk-in assessment centers.
Action Step: Maintain specialized clinic-based MAT where individuals can receive MOUD, peer support and employment services.	**Action Step:** Increase capacity in substance use outpatient programs and outreach programs to prescribe buprenorphine and naltrexone.
Action Step: Improve MOUD inductions in withdrawal managements programs along with follow-up care upon discharge. Also pilot MOUD bridge model in two hospital emergency departments.	**Action Step:** Apply for federal funding and allocate opioid settlement funds to expand substance use services.
Action Step: Provide specialized services to DCF-involved parents with substance use problems.	**Action Step:** Increase adoption and expansion of EBPs through Learning Collaboratives with providers.
Action Step: Maintain LiveLOUD media campaign to educate the public on OUR and OUD-related services.	**Action Step:** Maintain alcohol use disorder media campaign to educate the public on AUD and AUD-related services.

Accomplishments

Comprehensive Treatment System

DMHAS is the state's lead agency for the prevention and treatment of alcohol and other substance use disorders. As such, it provides a variety of treatment services to persons with substance use disorders, including outpatient, intensive outpatient, opioid treatment programs (OTPs), withdrawal management, residential treatment (i.e., intensive, co-occurring enhanced intensive, intermediate, parenting and pregnant women, transitional/halfway house), and aftercare. DMHAS' FY 24 budget for substance use services was just under 190 million dollars and blends state general funds with federal block grant funds, and discretionary federal grants. The DMHAS substance use treatment system includes approximately 50 providers with approximately 250 programs.

Increased Access to Services

Rapid access to treatment is another essential component of a comprehensive strategy. Connecticut implemented a toll-free number where services related to substance use can be accessed. The Wheeler Clinic operates the Access Call Line (1-800-563-4086). This toll-free line is staffed 24/7 and links callers to withdrawal management, residential treatment, and a network of walk-in centers where an individual can receive a same-day evaluation of their needs. The Call Line is receiving approximately 3,500 calls monthly. Call Line services also provide transportation to those individuals who need to be connected to withdrawal management or residential services. Two providers, Columbus House and Intercommunity, offer these transportation services statewide. Over 300 rides per month are being provided.

Real-Time Based Addiction Services Bed Availability

In November 2017, DMHAS launched a real-time web-based addiction services bed availability system. DMHAS-operated and -funded programs update the site at least daily to inform the public on current availability of withdrawal management, residential treatment, recovery house, and sober house services. There are more than 1,200 beds represented on this site.

Walk-in Evaluation Centers

Over 50 programs continue to conduct same-day evaluations in order to link individuals to the most appropriate level of care. These walk-in centers and their locations can be accessed at portal.ct.gov/DMHASwalk-in.

Mobile Medication for Addiction Treatment (MAT) and Mobile Employment Services

DMHAS has increased the number of mobile services available to individuals with SUD. DMHAS funds five Mobile MAT vans that offer buprenorphine and naltrexone medications, as well as peer coaching. DMHAS funds five Mobile Employment Services programs, one in each DMHAS region. Employment specialists go to DMHAS-funded Halfway Houses, Recovery Houses, and Sober Houses to help individuals obtain and maintain employment, which is an important part of recovery for many people.

Increase in Use of Medications for Opioid Use Disorder (MOUD) in Withdrawal Management

Many withdrawal management programs historically followed an abstinence-based medical detoxification protocol, discharging or transferring a client once the addicting medication was tapered to zero. The period after withdrawal is an especially high-risk time for opioid-use relapse, as well as accidental overdose and/or death due to decreased physical tolerance. Thus, induction on MAT during withdrawal management and a seamless transition/warm hand-off to follow-up care can save lives for individuals choosing to support their recovery with medication.

In October 2018, Beacon Health Options, under the auspices of the Connecticut Behavioral Health Partnership (CTBHP), launched the Changing Pathways project. Changing Pathways uses a person-centered, multidisciplinary approach to incorporate MAT induction into withdrawal management care. The three essential components of the Changing Pathways model are:

1. Frequent and thorough education of individuals with OUD on MOUD
2. Offering individuals with OUD the option to be inducted on MOUD during their withdrawal management/detox stay (instead of being detoxed to zero)

3. Comprehensive discharge planning and seamless warm transfers to guarantee continuation of MOUD treatment post-discharge

These three essential components have numerous benefits for providers and individuals with OUD. MOUD has been shown to reduce the risk of relapse and overdose, support individuals significantly in sustaining long-term recovery, and allow individuals to better tend to other behavioral and/or medical issues they are facing compared to individuals who pursue treatment without medication.

Changing Pathways is a model implemented across the State of Connecticut that promotes the use of medications for opioid use disorders (MOUD) in lieu of traditional withdrawal management protocols. Through a combination of medication management, psychoeducation and care coordination, inpatient treatment facilities and emergency departments induct clients onto MOUD and link them with critical post-discharge resources to continue their MOUD and broader substance use treatment. The goals of the program are: (1) reduce the risk of overdose, (2) increase adherence to treatment and connection to care, and (3) reduce inpatient readmissions and emergency department visits.

The Changing Pathways Project has continued to expand since its launch in 2018. The initial freestanding withdrawal management programs (Rushford, InterCommunity and SCADD) and two inpatient psychiatric facilities (Hartford Hospital and Saint Francis Hospital) have transitioned into a sustainability phase. In the Sustainability Phase, providers receive monthly induction volume data as well as outcome measurement data. Meetings occur no less than quarterly, but more often if necessary. In 2022, Middlesex Health joined the project and was joined by Charlotte Hungerford Hospital in 2024. From 2022-2024, Nuvance Health has expanded the model across its hospital system. In 2023, there were seven in-state, community-based medically monitored intensive inpatient withdrawal management (ASAM 3.7 WM) alcohol and drug treatment center (ADTC) providers who had adopted the model.

In recent evaluations of the program, Carelon Behavioral Health CT has found that the implementation of the model has resulted in the following positive outcomes for participants across the state: 48% reduction in the average number of withdrawal management episodes per member, 58% reduction in the average number of emergency department visits per member for behavioral health episodes, 25% reduction in the average number of inpatient days per member and a 79% reduction in rate of overdose. Carelon Behavioral Health has also found that the model, when implemented in withdrawal management facilities, has produced promising positive outcomes such as lower readmissions to an inpatient facility within 7- and 30- days post discharge. Additionally, individuals who are inducted onto medications for opioid use disorder (MOUD) during a withdrawal management treatment episode are nearly three times more likely to be adherent to their medication post-discharge (36.9%), compared to Medicaid members not inducted onto MOUD.

Finally, CT BHP continues to promote the Changing Pathways tool kit which acts as an implementation guide for providers considering the adoption of this model in their organization. Necessary implementation steps, including understanding leadership support, assessing organizational capacity, establishing workflows and implementation plans, and continuous quality

improvement activities, are part of the planning. CT BHP recommends that interested providers consider these steps and any necessary adaptations to practice/policy in alignment with the mission and goals of their organization, in order to provide the highest quality care for individuals with OUD.

Increase in Use of Medications for Opioid Use Disorder (MOUD) in Hospital Emergency Department

Implementation of emergency department (ED) initiated buprenorphine was initially developed by Yale and replicated nationally with positive impact on increasing treatment engagement yet is not consistently implemented in Connecticut. In September 2024, the Opioid Settlement Advisory Committee (OSAC) approved a recommendation intended to increase low-barrier ED –initiated MOUD in two hospitals in the state. This funding will allow hospitals to hire Health Promotion Advocates, who will conduct screening, motivational interventions, and referrals for MOUD post ED discharge. Financial support for an MOUD on-site champion and the provision of technical assistance will result in increased access to experts.

Clinic-based MAT

The support and expansion of Clinic-based Medication for Addiction Treatment (CB- MAT) and Medication for Opioid Use Disorder (MOUD) has been a priority in Connecticut in addition to office-based opioid treatment (OBOT) for those individuals who are without private insurance or the means to otherwise pay a private practitioner. Currently, DMHAS is providing or funding this service in eleven clinics across the state. CB-MAT is offered in traditional licensed outpatient clinics or Federally Qualified Health Centers (FQHCs) that typically offer an array of other behavioral health, recovery and primary care supports. Those in treatment have the benefit of accessing this menu of services all under “one roof”. The medications offered within state-funded CB-MAT programs are buprenorphine and naltrexone. Naloxone kits are also available. Depending on the particular clinic, a multi-disciplinary team is available for clinical and recovery support that may include individual, group and family therapy, recovery coach services, employment support, psychiatric services, primary care and dental care. In the “Enhanced MAT” clinics, DMHAS has been able to support the hiring of a full-time Recovery Coach in addition to a full-time employment specialist.

Increased Naloxone Distribution

Naloxone (brand name Narcan), is an opioid antagonist medication, used as a harm reduction tool to reverse an active overdose. DMHAS has made it a priority to make this life saving medication available to all hospital emergency departments, treatment and recovery support providers, municipalities (first responders), and harm reduction service organizations. In 2022, DMHAS created a state naloxone saturation plan. In 2023, DMHAS distributed close to 60,000 naloxone kits at no cost to the receiving organizations across the state, exceeding the 45,000 kits needed to saturate the state, and a significant increase from 2022 distribution rates. The increase continued as over 64,000 naloxone kits were distributed in 2024. With five months of data collected at the time of this report, Calendar Year 2025 naloxone distribution data shows that approximately the same amount of naloxone will be distributed in 2025 as was in 2024.

DMHAS naloxone distribution by calendar year

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

Narcan is available over the counter at most Connecticut pharmacies and continues to be covered by Medicaid. However, due to stigma, individuals sometime prefer to obtain the kit from someone they trust. In addition to DMHAS supported entities, naloxone is distributed by the Department of Corrections (DOC) to individuals exiting their system and is available through pharmacies and municipal funding for emergency response. DMHAS employs an efficient system of purchasing the naloxone directly from a distributor, who mails it directly to the organizations requesting the product. Since achieving the saturation goal, Connecticut saw a decrease in overdose fatalities for two consecutive years in the row.

Evidence-based Practices and Learning Collaboratives

DMHAS facilitates a number of learning collaboratives with providers to enhance addiction services, including collaboratives on Withdrawal Management, Methadone, Mobile MAT, Mobile Employment, Residential Treatment, Recovery Houses, How Can We Help Outreach services, and Infectious Disease Education/Testing. DMHAS has a workforce development division that disseminates a catalogue of trainings and DMHAS contracts with the Connecticut Women's Consortium (CWC) to facilitate trainings on addiction-related topics. Both resources are available to DMHAS staff and the DMHAS-contracted workforce in private non- profit providers.

1115 Waiver

Connecticut's 1115 Substance Use Disorder Demonstration (1115 SUD Demonstration) has had a major impact on substance use treatment delivery since it's implementation in FY 22. As part of the U.S. Department of Health and Human Services' effort to combat the ongoing opioid crisis, the Centers for Medicare & Medicaid Services (CMS) created an opportunity under the authority of section 1115(a) of the Social Security Act for states to demonstrate and test flexibilities to improve the substance use disorder (SUD) service system for beneficiaries. Connecticut received CMS approval of the waiver on April 14, 2022, with a Demonstration approval period through March 2027.

The 1115 SUD Demonstration's goals include (1) Increased identification, initiation, and engagement of Medicaid beneficiaries diagnosed with SUD (2) Increased beneficiary adherence to, and retention in, SUD treatment programs; (3) Reduce overdose deaths, particularly those due to opioids; (4) Reduce utilization of emergency departments and inpatient hospital settings through improved access to a continuum of care services; (5) Reduce readmissions to the same or higher level of care; and (6) Provide a continuum of care to increase the chances of Medicaid

beneficiaries having a successful recovery process, and improve access to care for physical health conditions among beneficiaries.
The 1115 SUD Demonstration is designed to ensure a comprehensive 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 Opioid Use Disorders (OUD) and other Substance Use Disorders (SUDs). Prior to implementation of the 1115 SUD Demonstration in 2022, Connecticut Medicaid covered all ambulatory ASAM LOCs 1.0 through 2.5, as well as inpatient withdrawal management (ASAM level 4-WM). Approval of Medicaid State Plan Amendment 22-0020 by the Centers for Medicare and Medicaid in 2022 expanded reimbursement for ASAM LOCs 3.1, 3.3, 3.5, 3.7 and 3.7 Withdrawal Management. The 1115 SUD Demonstration has permitted DSS to provide critical access to medically necessary SUD treatment services in the most appropriate setting for ~~the~~ members as part of a comprehensive continuum of SUD treatment services.

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. All participating providers were given an initial two-year provisional certification period to come into compliance with these standards. Over the past three years, DMHAS, in partnership with Advanced Behavioral Health, an administrative services organization, has helped support this process by conducted ongoing program monitoring, providing intensive technical assistance and overseeing the implementation of the state's training program. To date over 2,400 behavioral health personnel working within SUD treatment programs have been provided access to our online training modules and approximately 350 individuals have completed two day intensive in-person ASAM trainings. In 2024, DMHAS in collaboration with the state partner agencies implemented a monthly webinar series which was attended by over 600 individuals. Following successful adoption of the ASAM standards almost 200 substance use treatment programs have received certification under the Demonstration to date. The final phase of provisional certification monitoring for the state's participating federally qualified health centers will occur in May 2025.

The 1115 SUD Demonstration has had an impact on DMHAS' substance use budget. Some of these residential services were previously funded through DMHAS' Behavioral Health Recovery Program (BHRP). With the waiver approved, these funds were transferred out of the DMHAS budget to DSS. DMHAS has continued to fund these levels of care for those individuals who are uninsured or unentitled. Additionally, DMHAS has continued to monitor provider cost reports and has used this information to identify additional areas for support not currently covered by Medicaid reimbursement rates. DMHAS, in partnership Advanced Behavioral Health, an administrative services organization, will continue to monitor the adoption of the ASAM criteria and the Demonstration's certification/training protocol over the next three years. This will include the statewide adoption of the 4th edition of the ASAM Criteria which was released in October of 2023.

Strategy 3: Strategies Related to Recovery

• **Increase the use of peer and natural supports.** • **Maintain recovery supports.**	
Action Step: Expand the use of peers in DMHAS-funded and operated services.	**Action Step:** Expand the use of peers in hospital emergency departments.
Action Step: Increase use of telephonic aftercare.	**Action Step:** Provide short-term Supported Recovery Housing.
Action Step: Expand wellness programs.	**Action Step:** Maintain high levels of consumer satisfaction.
Action Step: Expand use of natural supports.	**Action Step:** Continue to develop the certified peer workforce.

Accomplishments

DMHAS has worked with Connecticut's recovery community on a number of initiatives that support recovery. These activities include the development of peer supports, telephonic support, use of Recovery Centers, use of peers in treatment programs, and programs oriented to wellness. These initiatives are described in further detail below.

CCAR Recovery Coach Academy

As part of DMHAS' contract with the Connecticut Community for Addiction Recovery (CCAR), CCAR provides Recovery Coach training to individuals who want to work with people with substance use disorders. Coaches work in a variety of settings (e.g., ED, methadone clinics, and outpatient clinics). The recovery coach training is a five-day intensive curriculum.

CCAR Telephone Recovery Support Program

As part of DMHAS' contract with the Connecticut Community for Addiction Recovery, CCAR provides telephonic services to individuals who choose to participate. The individuals may currently be in treatment, or 12-step groups, or recently discharged from addiction treatment facilities. This service is open to anyone with a SUD who identifies that a regular check-in would be beneficial. In 2024, CCAR reported they conducted over 15,000 conversations with persons in recovery over the course of the year, which is double from the year before (7,400). The program is viewed as a cost-effective method to provide support to persons in recovery and quickly link those individuals back to treatment if they require additional support. The program also helps connect persons in recovery with 12-step groups and other natural supports within the community. The service is provided by CCAR volunteers who are trained.

Wellness and Integrated Health

Connecticut's advocacy community offers a number of activities focused on wellness and holistic health. Examples include Toivo, CCAR's Recovery Centers, and wellness programs like those at Connecticut Valley Hospital. Toivo, a program of Advocacy Unlimited, is an initiative that includes statewide classes, workshops, and a mind/body focused wellness center where people can engage in yoga, meditation, fitness activities, and other creative and expressive activities.

Supported Recovery Housing

DMHAS contracts with Advanced Behavioral Health to maintain a network of short-term Supported Recovery Housing (i.e., sober housing). Statewide, there are currently 18 contracted Recovery House providers offering structured sober living in 68 locations, with over 300 beds. Almost 1,700 individuals were served in 2024. The program provides short-term funding to support persons in recovery who may be transitioning out of treatment programs back into the community. The program provides temporary assistance until an individual can gain more permanent housing and employment. DMHAS-contracted Supported Recovery Houses were added to the DMHAS bed availability website in the fall of 2018.

Beginning July 1, 2025, the state plans to utilize reinvestment funding from the 1115 Substance Use Disorder Demonstration to expand this program to all Husky Types. It is anticipated that this change will enable the network to serve over 500 more people per year.

RECOVERY CENTERS

Recovery Centers

CCAR's Recovery Centers are community anchors for recovery which offer a range of supports including employment and housing services, training, and recovery social events. CCAR has eight distinct Recovery Centers in Hartford, Windham, Bridgeport, Danbury, New London, Waterbury, Torrington, and New Haven. A range of supports is offered at these centers by persons in recovery.

Recovery Coaches in Emergency Departments

In March 2017, DMHAS partnered with CCAR to launch an initiative that pairs on-call recovery coaches with Emergency Departments (ED) in four hospitals in eastern Connecticut. The recovery coaches assist people who are admitted with opioid overdose, alcohol and other drug related medical emergencies and connect them to treatment and other recovery support services. This program was expanded to 22 hospital emergency departments in 2020 through the support of federal grants. In 2022, Connecticut was able to support expansion of this program to cover all EDs in the state.

Recovery Coaches in Multiple Programs

DMHAS funds ten recovery coaches (eight in OTPs and two withdrawal management programs). These staff were introduced with the intention to increase engagement with individuals in substance use services.

Opioid Education and Family Support Groups

Weekly opioid education and family support meetings are being provided in Hartford, Torrington, Waterbury and Middletown. These meetings are designed for family members who have loved ones that are misusing opioids. Family Hope and Loss groups for those grieving a loss of a loved one related to an opioid overdose are available on-site with virtual option, in Colchester, Rocky Hill, and Meriden.

Strategy 4: Strategies Related to Criminal Justice

• **Implement criminal justice reforms that will increase diversionary options and the availability of substance use treatment in jails and prisons.** • **Reduce barriers and adverse consequences faced by prisoners when they are released from prison or jail**	
Action Step: Transition offenders with drug convictions to community substance use programs utilizing specialized jail diversion programs like Alternative Drug Intervention, Women's Jail Diversion and Treatment Pathways Program.	**Action Step:** Provide substance use services to persons who are incarcerated by providing Department of Correction with funding to continue and enhance MAT programs in DOC facilities.
Action Step: Provide funding to expand the CSSD-operated Treatment Pathways Program (TPP) from three courts to eight courts. This program diverts persons with substance use disorders from jail and into treatment services.	**Action Step:** Increase housing opportunities for ex-offenders by proposing expansion of the Enhanced Forensic Respite Bed pilot program to three additional courts. (Use of federal, time limited funding).
Action Step: Implement diversionary services for individuals arrested for crimes related to substance use by enhancing the utilization of Early Screening and Intervention Program.	**Action Step:** Fund and implement training for all stakeholders that address the criminogenic needs of individuals who have criminal justice involvement.

Accomplishments

Many individuals who are involved with the criminal justice system have struggled with substance use and may be at-risk for continued use when they return to the community. Others have been arrested for low-level crimes that were related to substance use. Connecticut has developed strong collaborations between DMHAS, DOC, Judicial Branch CSSD, and DCF that focus on diverting individuals, where appropriate, from prison or jail or focus on community re-entry after being released from prison.

Second Chance Initiatives

Legislation signed by Governor Malloy in June 2015 reduced penalties for drug possession and eliminated mandatory sentencing requirements. Funding was approved in that year's budget for three initiatives that are part of the "Second Chance Society" including funding for the following programs:

- I-BEST: an employment program for ex-offenders in the Hartford area,
- Connecticut Collaborative on Re-Entry: a successful housing program aimed at individuals that repeatedly cycle in and out of the homeless service and correction systems, and a
- School-Based Diversion Initiative: aimed at reducing suspension, expulsions, and school-based arrests in grades K-12.

DOC Methadone Maintenance Pilot

DOC, in collaboration with DMHAS, implemented a pilot program at New Haven Community Correctional Center in October of 2013, offering methadone maintenance to offenders who enter the facility already on a verified dose of methadone. A second program was added at Bridgeport Community Correctional Center in November 2014. This was then expanded to the York, Osborne and Corrigan facilities. Individuals are provided treatment, as well as continued dosing, for their term of incarceration followed by re-entry planning services to continue the treatment upon release.

In FY 24, The DOC currently served approximately 2,500 inmates with Opioid Use Disorder Medications and Psycho-Behavioral Counseling in nine Correctional facilities. These programs are vendor based, except for York Correctional Institution, which is an internally Licensed and Accredited Opioid Treatment Program (OTP). During the expansion to include nine facilities, there have been significant achievements made to offer all three FDA approved medications: Methadone, Buprenorphine, and Extended-Release Naltrexone.

Collaborative Contracting with Judicial Branch CSSD

DMHAS is currently involved in collaborative contracting projects with the Judicial Branch CSSD. One project combines funding and jointly purchases substance use residential treatment, and recovery house beds from DMHAS-funded substance use providers. A certain number of beds are reserved for individuals from CSSD. The beds are used for diversion from jail and re-entry to the community. DMHAS also collaborates with CSSD to manage the ASIST (Advanced Supervision and Intervention Support Team), a program that provides case management, assessment and referrals for treatment for individuals who would otherwise be unable to access the Alternative to Incarceration Centers as a diversionary option.

DMHAS Forensic Services

The DMHAS Division of Forensic Services (DFS) funds community agencies to provide services to people with mental illness and/or addictions who are justice involved. These programs are designed and operated in collaboration with criminal justice agencies to divert adults from jail, assist with reentry from jail/prison, and reduce recidivism. The Women's Jail Diversion, Jail Diversion Substance Abuse (JDSA), and Alternative Drug Intervention programs provide a full complement of clinical and support services to criminal court defendants with substance use disorders. The Pretrial Intervention Program (PTIP) is a suspended-prosecution diversion program for first-time DUI offenders and drug possession offenders that provides alcohol and drug education groups or referral to a substance use treatment program. Transitional Case Management is a re- entry program that provides pre-release engagement, discharge planning and post-release OP substance use treatment and support services for men.

Enhanced Forensic Respite Bed Pilot

The Division of Forensic Services (DFS) implemented the Enhanced Forensic Respite Bed pilot program in late October 2021 and initially provided three respite beds with intensive services for misdemeanor-only defendants who would otherwise likely be referred for competency to stand trial evaluation and possibly restoration. Effective July 1, 2023, the Enhanced Forensic Respite Bed Program expanded to sixteen beds. A combination of factors influenced the decision to expand, including an increased interest in outpatient restoration, a desire in reducing unnecessary

incarceration and reducing the overall number of competencies ordered for misdemeanor offenses. The availability of additional federal funds also factored into the expansion effort. Since the expansion, changes to state statue language also led to an increase in outpatient restorations ordered. The expansion has reduced the number of inpatient restorations, increased availability of clinical interventions (including medication management, individual and group therapy), reduced unnecessary incarcerations, and strengthened linkages to long term care, including housing supports.

Recovery Coaching

The Division of Forensics Services (DFS) provided time-limited ARPA federal block grant funding to CCAR for recovery coaching services. CCAR provided three recovery coaches embedded with jail diversion teams throughout the state. The ASU trained approximately 25 staff and 10 inmates at Osborn Correctional Institution (OCI) in recovery coaching. This provides important professional development opportunities for staff and enables inmates to utilize these skills in their day-to-day recovery in the OCI therapeutic community. In addition, the inmates now have employment opportunities in recovery coaching upon release. With the time-limited ARPA federal funding set to expire in 2025, this service line will be discontinued, but CCAR has connected all active clients to recovery centers.

Strategy 5: Strategies Related to Collaboration and Cost Effectiveness

• **Increase inter-agency coordination and collaboration in order to more effectively prevent and treat substance use disorders.**	
Action Steps: Improve quality of care through the expansion of data sharing.	**Action Steps:** Increase inter-agency collaboration for treatment services.
Action Steps: Increase inter-agency collaboration for prevention services.	**Action Steps:** Maximize federal and state funding and avoid costly duplication of efforts.

Accomplishments

State agencies are involved in multiple collaborations that focus on inmates, community re-entry and jail diversion, parents who use substances, and specialized supports for adolescents. Some of these collaborations have already been described under other strategies but they will be briefly reviewed below.

Collaborative Contracting with DMHAS and Judicial Branch CSSD

DMHAS is involved in collaborative contracting projects with the Judicial Branch CSSD. This project combines funding and jointly purchases intensive, intermediate, and recovery house beds from DMHAS-contracted substance use providers. A certain number of beds are reserved for individuals from CSSD. The beds are used for diversion from jail and re-entry to the community.

Jail Diversion and Re-entry Programs

The DMHAS Division of Forensic Services (DFS) funds community agencies to provide services to people diagnosed with mental illness and/or addictions who are justice involved. These programs are designed and operated in collaboration with criminal justice agencies to divert adults from jail, assist with reentry from jail/prison, and reduce recidivism.

DOC Methadone Maintenance Pilot

This as described in greater detail on page 33, but DOC, in collaboration with DMHAS, implemented a pilot program at New Haven Community Correctional Center in October 2013, offering methadone maintenance to offenders who enter the facility already on a verified dose of methadone. A second program was added at Bridgeport Community Correctional Center in November 2014. Individuals are provided treatment, as well as continued dosing, for their term of incarceration followed by re-entry planning services to continue the treatment upon release. This was then expanded to the York, Osborne and Corrigan facilities. The DOC currently served approximately 2,500 inmates in FY 24 with Opioid Use Disorder Medications and Psycho-Behavioral Counseling. There are currently MOUD programs in nine Correctional facilities.

Adolescent Substance Use Services

DCF prioritizes wrap around services that promote early screening and intervention and increase access to evidence-based therapies that are inclusive of the entire family, including but not limited to:

- MDFT Multidimensional family therapy
- MST Multisystemic therapy
- MSTEA Multisystemic therapy for emerging adults

- MDFTR
- Helping Parents and Youth Enter (HYPE) Recovery
- Family First Prevention Plan / Caregiver substance use services

Suicide Prevention

A number of state agencies are involved in Suicide Prevention efforts including DCF, DMHAS, JB-CSSD, Department of Education, and DPH. Other stakeholders are involved in these efforts to reduce suicides and to develop a coordinated and supportive response when suicides occur. While these services may focus on individuals with mental health concerns, suicide prevention efforts are also directed at persons with substance use problems who may feel suicidal.

Community Drug Take Back Programs

Another important initiative of DCP has been the establishment of a prescription drop box program that recently added pharmacies. 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.

Strategy 6: Strategies Related to Accountability and Quality Care

• **Ensure that providers deliver high quality services.** • **Use data to improve care throughout the system.**	
Action Step: Ensure providers submit timely and accurate data.	**Action Step:** Establish performance measures for all SUD levels of care and benchmark performance annually.
Action Step: Implement and enhance the DMHAS provider performance measurement system.	**Action Step:** Monitor emerging needs and trends by compiling and reviewing Annual Statistical Data.
Action Step: Increase the percentage of individuals with SUD who have continuous treatment exposures that exceed 90 days.	**Action Step:** Utilize data systems to identify and address health disparities.
Action Step: Ensure services are well utilized.	

Accomplishments

Data Systems

DMHAS uses two systems to capture client-level substance use data. The DMHAS Data Performance system (DDaP) was implemented in 2009 and captures client-level data from private not-for-profit providers. The second system, Web Infrastructure for Treatment Services (WITS), collects client-level data from state-operated facilities. This system was implemented in May 2014. Both systems capture a broad range of data including demographics, admission and discharge info, diagnostic information and services individuals receive within DMHAS-operated and funded programs.

A new electronic health record is expected to be implemented in DMHAS-operated facilities by 2028. This will serve as an upgrade to the current WITS system and will assist DMHAS in upgrading from the current paper medical record into an all-inclusive electronic health record. A new electronic health record will also serve to collect more sophisticated data and analysis for the programs in those facilities. DDaP and WITS have already greatly enhanced DMHAS' ability to collect and report on all individuals served within the treatment system, while tracking measurable outcomes. The new electronic medical record will only further strengthen our data collection capacities and foster more coordinated clinical care.

Performance Measures and Provider Quality Reports

The data described above feeds the DMHAS Performance Measurement System. DMHAS has developed contractually specified performance measures for each mental health and substance use level of care (i.e., withdrawal management/detoxification, intensive residential, outpatient, etc). This system also establishes benchmarks for these performance measures. DMHAS introduced Provider Quality Dashboard Reports as part of a comprehensive performance evaluation system in 2009. The quality reports are issued quarterly and posted to the DMHAS website: portal.ct.gov/EQMI-PQR.The link shows each performance measure for substance use levels of care, the goal, and the state average for each measure. This allows DMHAS' Quality and Monitoring Departments to review system averages as well as those of individual providers.

Annual Statistical Report

DMHAS developed an Annual Statistical Report that was first published in December 2014. The report includes information on individuals served, demographics, substance use trends and service utilization data. The report was intended to annually capture essential information about service delivery in the DMHAS behavioral health system. The FY24 Annual Statistical Report is located on the DMHAS website.

Annual Consumer Satisfaction Survey

DMHAS administers a Consumer Satisfaction Survey which typically receives over 25,000 respondents. The instrument was developed by states across the country that were looking for a tool that allowed them to compare consumer satisfaction results to national data. DMHAS consistently receives high marks on this survey and typically exceeds national outcomes. The FY24 Annual Consumer Satisfaction Survey Report is available on the DMHAS website.

Other State Agency Substance Use Initiatives and Accomplishments

Department of Children and Families (DCF)

Statewide Substance Use System for Community Youth and Caregivers Involved with DCF.

Connecticut's Department of Children and Families (DCF), established under Section 17a-2 of the Connecticut General Statutes, 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 (e.g., MOUs, contracts) with more than 100 agencies covering dozens of service types. These agreements are with youth treatment agencies, local community collaboratives, administrative services organizations, family advocacy organizations, school districts, and faith-based and recovery support agencies. They include provisions for referrals, admission and discharge planning, service coordination and linkage, substance use and behavioral health services, community collaborative and managed service system coordination and involvement, and data management and quality assurance.

The Office of Intimate Partner Violence and Substance Use Treatment and Recovery coordinates substance use programming at DCF.

These programs are part of Behavioral Health Community Services within the Behavioral Health and Wellbeing Division. 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. The DCF substance use system includes a statewide network of providers serving youth as young as age 9, and their families, to prevent substance use problems as well as treatment and recovery support for adolescents and transition-age youth. Many of these services are available in clinics or homes, often preventing the need for more intensive or restrictive care such as in hospital or congregate care settings. DCF's community-based services for adolescent substance use are entirely evidence-based and equipped to address problems related to the use of any substance, including opioids and prescription drugs, co-occurring mental health disorders, as well as problems at home, school, and/or with the legal system. DCF's adolescent substance use services are 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). Since the last triennial report, DCF has initiated investments in caregiver services to reach families at-risk of CPS involvement including launching a demonstration of a new evidence-based treatment. Caregiver treatment services are provided primarily in the family's home, or in clinic or community settings that facilitate family engagement and participation. These services aim to prevent removal and placement of children or support timely permanency including reunification of the family when a removal has occurred. These goals are accomplished by providing families frequent and intensive therapeutic services that address substance use and the multiple correlates that affect child well-being including child and parent trauma, mental health, parenting and attachment, housing, and employment. During this reporting period DCF also introduced a non-clinical substance use service under the SAFE Family Recovery (SAFE-FR)

program that aims to increase identification of substance use problems among caregivers and help them initiate treatment services when they are needed.

During this reporting period, and as described as next steps in the prior report, DCF has increased investment 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.

Workforce Challenges, Impacts, and Solutions in the Department of Children and Families

Workforce Challenges and Their Impact

The Department of Children and Families (DCF) and its provider network have faced significant workforce challenges, including high staff turnover, recruitment difficulties, and employee retention challenges. These challenges were exacerbated during the COVID-19 pandemic and have persisted since that time. This has in turn had an impact upon the service delivery network, with many provider agencies reporting staff vacancies. Staff vacancies result in increased caseloads for existing employees, which can in turn impact the availability of timely services. Increased demands placed upon existing employees can also contribute to staff retention challenges.

Steps Taken to Mitigate Impacts

To address these challenges, DCF and its contracted providers have implemented several strategies:

1. **Enhanced Recruitment Efforts:** New partnerships with local colleges and universities, recruitment fairs, and targeted outreach campaigns have been launched to attract qualified candidates.
2. **Retention Initiatives:** Programs focused on staff well-being, including access to mental health support, flexible work arrangements, and professional development opportunities, aim to reduce turnover.
3. **Competitive Compensation:** Ongoing efforts to align staff compensation with market rates have been prioritized to attract and retain a skilled workforce.
4. **Technology Upgrades:** Investments in case management systems and other tools have streamlined workflows, reduced administrative burdens and allowed staff to focus on direct service delivery.
5. **Collaborative Partnerships:** Strengthened collaborations with community organizations and private providers have helped fill service gaps and provide additional support.

Planned and Future Actions

While progress has been made, efforts continue to ensure and support a resilient workforce:

1. **Sustainable Funding:** Maximizing available resources, including leveraging federal funding, in continued support of competitive wages, benefits, and ongoing training programs.
2. **Workforce Pipeline Development:** Expanding partnerships with educational institutions to create internship programs, scholarships, and career pathways for students pursuing work in child and family services.
3. **Data-Driven Decision Making:** Using workforce analytics to better predict staffing needs, identify high-risk areas, and implement targeted interventions.
4. **Employee Wellness Programs:** Continued emphasis on comprehensive wellness programs, including trauma-informed care for employees and regular staff recognition initiatives.
5. **State Partnerships:** Collaboration among policymakers across state government to continue the priority focus upon the behavioral health workforce and challenges that impact the service delivery system.

By addressing workforce challenges with innovative and sustainable solutions, DCF and its partners aim to maintain and enhance the delivery of critical programs and services for children and families in need.

DCF Data and Reporting Systems

As reported previously, DCF uses a variety of data to plan, design, and monitor its service system. All DCF funded substance use treatment programs are required to use an evidence-based assessment called the Global Appraisal of Individual Needs (GAIN) and its associated reporting system, GAIN Assessment Building System (ABS). Since SFY09, DCF also has collected standardized information from substance use providers through the Provider Information Exchange (PIE) portal. Evidence-based practice models funded by DCF also collect and report on information about services provided to their clients and their outcomes. Data from these sources enhance DCF's ability to document the population served, conduct needs assessment and quality improvement efforts, compare client information across programs, implement systematic monitoring of outcomes, analyze program-specific goals, and meet its statutory obligation to report on programs to the legislature, other funders, and community stakeholders. During this reporting period, DCF has implemented activities to strengthen the quality and consistency of data collection among all systems which has been affected by high staff turnover.

Linking People with Care: Assisted Intervention Matching (AIM) tool

Recognizing that DCF staff and community members had uneven knowledge of the services and supports available to youth and families, DCF and Wheeler Clinic partnered to develop the Assisted Intervention Matching (AIM) online tool for helping people connect to care. AIM started as part of a SAMHSA grant and has continued during this reporting period with support from Connecticut's Connecting to Care grant, as well as the Mental Health Block Grant funds administered by DCF. AIM guides users through a series of questions that map onto the eligibility criteria of dozens of publicly funded programs related to substance use, mental health, and early childhood. AIM includes services for both parents and children. Questions are tailored to different audiences like DCF staff, providers, and parents. After completing the questions, AIM users are provided information about one or more specific programs that best match the needs they identified. AIM users receive program "fact sheets" they can download and print that describe the

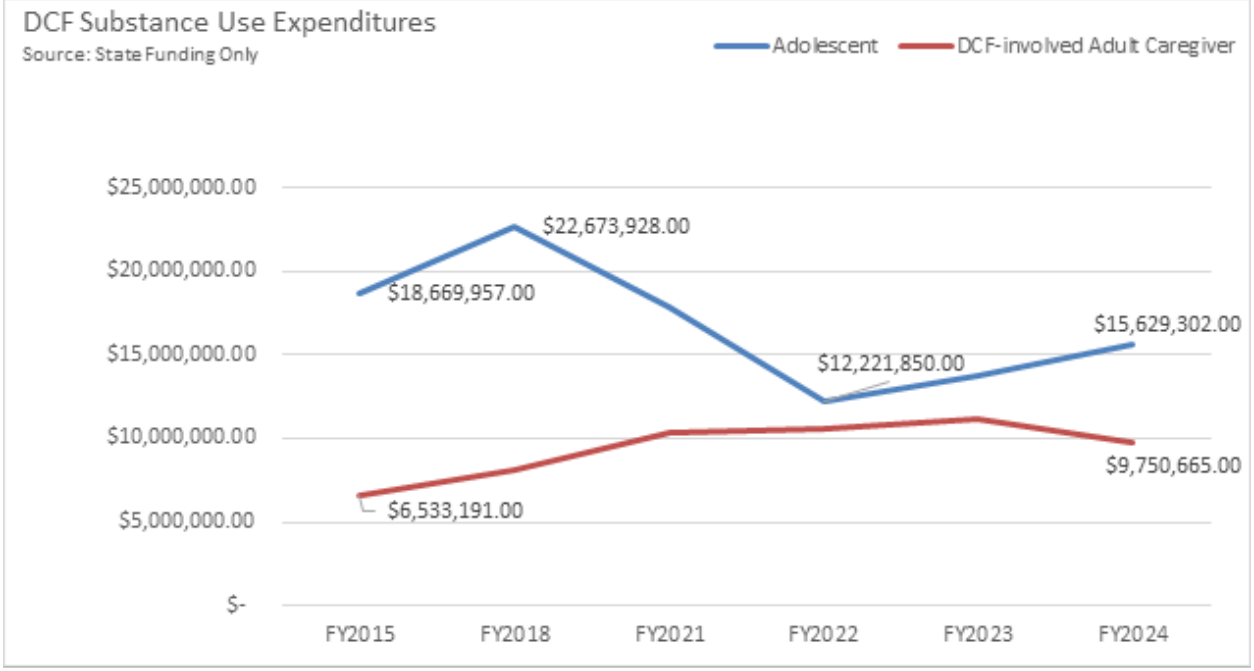
services the program provides, eligibility criteria, and information about the program providers, where they are located and the areas they serve, and how to contact them.

DCF Substance Use Funding and 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.

Figure 1 represents expenditures outlined in the prior triennial report, as well as expenditures during the most recent three state fiscal years.

Figure 1. DCF State Funded Expenditures on Substance Use Services, FY2015-2024.



These data reveal that DCF expenditures on adolescent substance use services during the prior triennial report period were growing. Since the last triennial report ending SFY21 that trend continues. After dipping in SFY22, state spending has increased for adolescent substance use services overall year after year; $14,938,993 in SFY21 compared to $13,776,413 in SFY23 and $15,629,302 in SFY24. Table 1 below details expenditures by target population and program type.

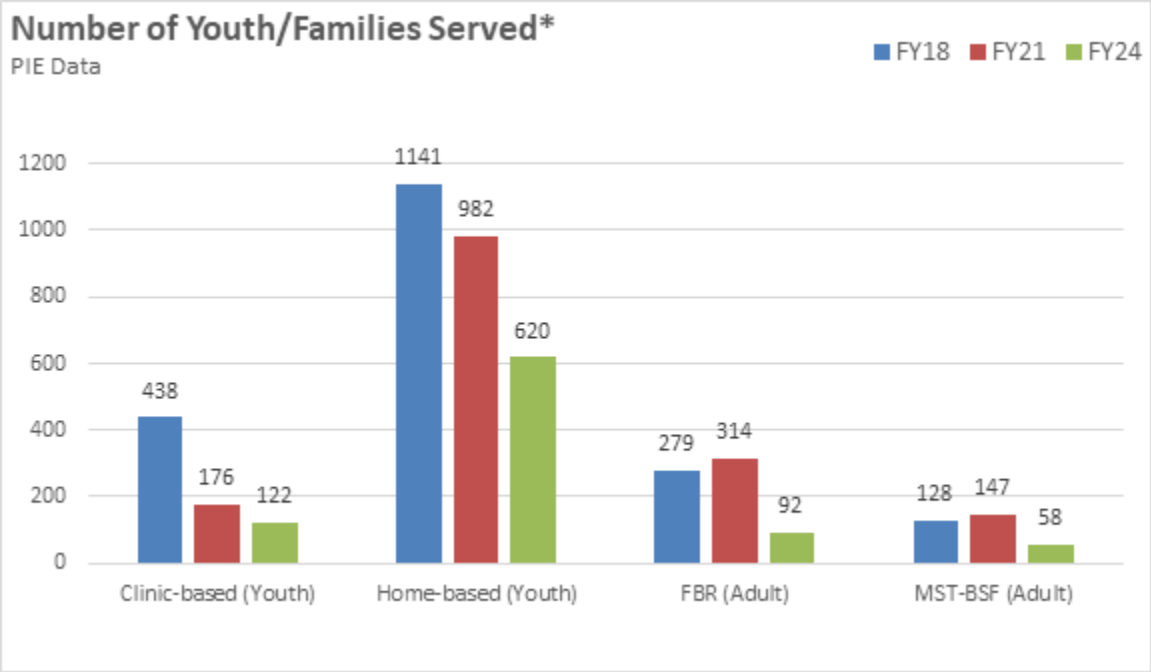
Table 1. DCF Substance Use Expenditures by Population Served and Service Type, SFY21-SY24.

Service Type	Source	FY2021	FY2022	FY 2023	FY2024
ADOLESCENT SERVICES & QA		**Expenditure**	**Expenditure**	**Expenditure**	**Expenditure**
Outpatient Treatment	State	1,243,508	609,186	996,126	1,021,057
Home-based Treatment & QA	State	13,343,485	9,682,164	9,527,412	11,272,420
Home-based Treatment for Opioid Use	State*	352,000	1,930,500	3,252,875	3,335,825
TOTAL Adolescent Services & QA Total	**State Only**	**14,938,993**	**12,221,850**	**13,776,413**	**15,629,302**
CAREGIVER SERVICES & QA					
SAFE Family Recovery Programs	State	2,790,971^	2,710,237	2,579,266	2,929,871
	Federal		330,000	307,500	360,000
Substance Exposed Infants Coordination	State	60,528.75	74,721	78,763	80,771
	Federal	0	71,667	86,000	86,000
Family Based Recovery Treatment	State	4,043,196^	3,873,550	4,32,349	4,001,397
	Federal		568,750	325,000	162,500
Family Based Recovery QA	State	489,743	384,882	405,704	416,050
	Federal	0	120,184	120,184	120,184
MST- Building Stronger Families Treatment	State	2,941,344	3,190,602	3,363,214	1,975,570
MST-BSF Consultation & QA	State	1,282,710	400,630	400,630	347,006
Caregiver Services & QA Total	**State Only**	**10,325,783**	**10,634,622**	**11,179,926**	**9,750,665**
Caregiver Services & QA Total	**Federal Only**	**131,259**	**1,090,601**	**838,684**	**728,684**
TOTAL Caregiver Services & QA Total	**State & Federal**	**$11,739,752**	**$11,725,223**	**$12,018,610**	**$10,479,349**

*During SFY2021 only this service was funded by Federal sources.
^In SFY21 expenditures were reported as combined state and federal funding sources.

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. (Figure 2).

Figure 2. Number of Youth and Families Served, PIE Data, FY2018, FY2021 & FY2024.



*Youth may have been served by multiple programs during the reporting period. CRA-ACC is the youth clinic-based service. MDFT, MST and MST-EA are the included home-based services for youth in FY18 & FY 21. In FY24 youth home-based services also includes HYPE Recovery. Caregiver services reported the number of unique families served. FBR was procured during this reporting period and as is routine practice, referrals were closed for several months in FY24 to prepare for provider changes across the network. MST underwent a procurement with new contracts executed at the beginning of FY24. MST providers conducted hiring and training activities over several months which limited the number of youth who could be served.

Adolescent Substance Use Services

Families First Prevention and Services Act (FFPSA)

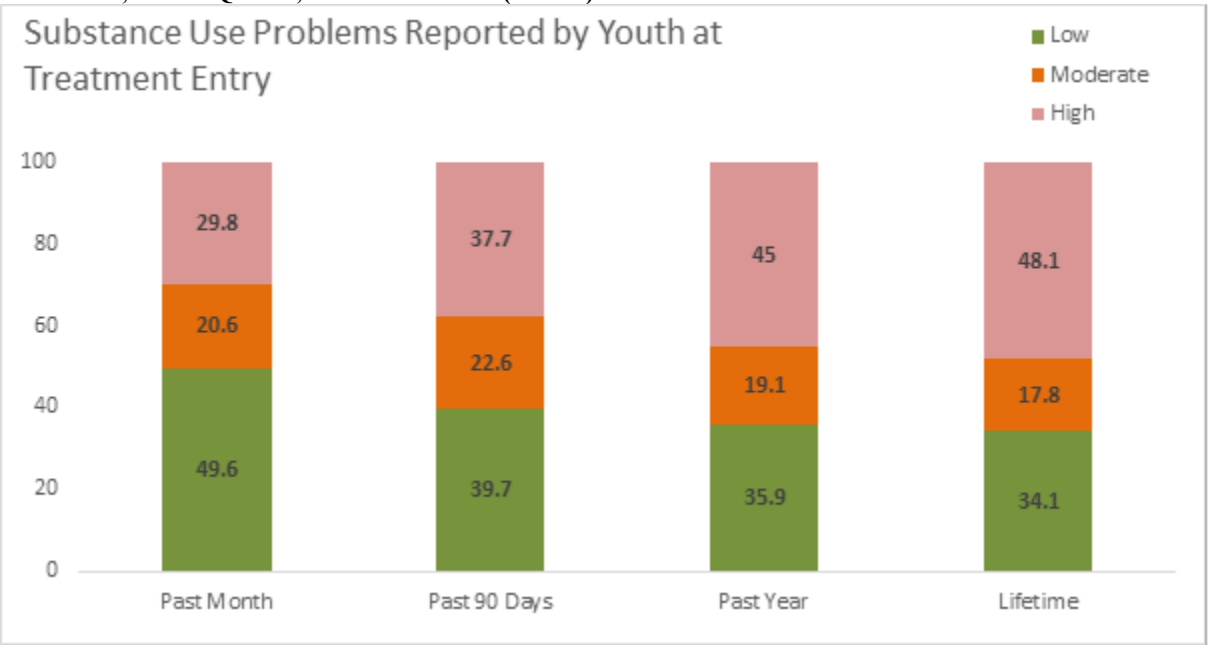
Since the signing of the Families First Prevention and Services Act (FFPSA) into law on February 9, 2018, federal child welfare financing allows federal reimbursement to states for mental health, substance use, and in-home parent skill training services to families at risk of entering the child welfare system. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.

Connecticut's approved FFPSA plan is part of the overall strategy to shift from a system primarily focused on child protection, 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. Thus, FFPSA and CAPTA (noted below) work synergistically to divert families in Connecticut from child welfare involvement through the identification and provision of services. To that end, Connecticut's FFPSA plan outlines an array of supports for families known to DCF with the goal to enhance our service delivery system leading to the increase in the number of children safely remaining at home and reducing the number of children requiring placement into foster care. During this reporting period two evidence-based practices for youth substance use treatment, Multisystemic Therapy (MST) and Functional Family Therapy (FFT) were selected for inclusion. The state also launched the Community Pathways initiative in partnership with Carelon Behavioral Health. Community Pathways is a unique, strengths-based program serving all Connecticut families and their children under age 18 to: 1) empower families to be their own best

advocates, 2) help families navigate the Connecticut children's behavioral health system of care, and 3) provide family-centered support. Community Pathways uses the Wraparound model to promote early intervention and increase access to evidenced-based practices, ideally prior to a family's involvement in a formal system (e.g. child welfare, judicial).

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 substance use disorders, physical health problems and mental health problems contributing to shorter life expectancies. In Connecticut, teenagers are 7,47% more likely to report drug use in the past month compared to youth nationally. Already at treatment entry, nearly two-thirds (64%) of Connecticut youth report experiencing moderate to high severity substance use problems in the year prior to admission, signaling that the state can improve on identifying youth substance use earlier (Figure 3). These symptoms include problems at home, work, or school, giving up important hobbies or activities, continued substance use despite problems, inability to cut down or stop using, and withdrawal problems or sickness if they try to stop or reduce their substance use.

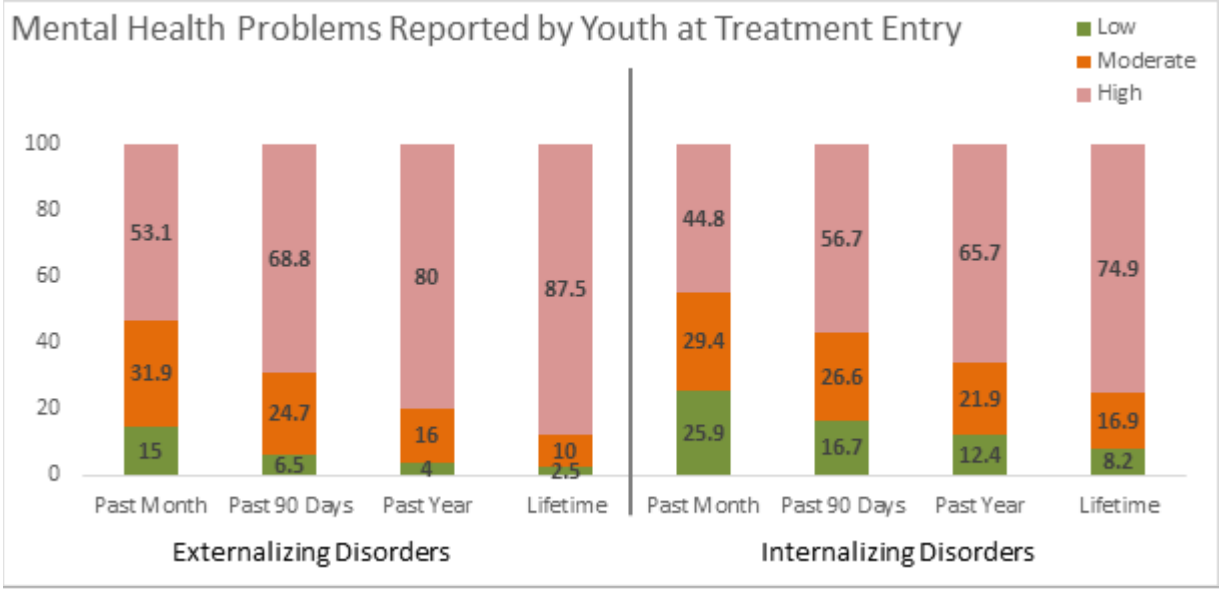
Figure 3. Severity of Substance Use Problems Among Adolescents Entering Publicly Funded Outpatient Treatment, GAIN-Q Data, FY2022-FY2024 (N=393).



Drug use also is associated with other risky behaviors and adverse experiences including risky sexual behavior, experiences of violence, mental health problems and suicide risk.[4] In fact, Connecticut youth overwhelmingly report mental health problems at admission into substance use disorder treatment underscoring the complexity of their needs and the importance of integrated co-occurring evidence-based treatment (Figure 4). **Nearly all youth (96%) entering SUD treatment reported moderate to high severity symptoms related to externalizing disorders in the year prior to treatment entry,** suggesting the need for treatment related to ADHD, conduct disorder, gambling or other impulse control disorders. **Most youth (88%) reported moderate to high severity symptoms related to internalizing disorders,** suggesting the need for mental health

treatment related to depression, anxiety, trauma, psychosis and suicide. In rarer cases, treatment for serious mental illness like psychosis may be necessary.

Figure 4. Severity of Mental Health Problems Among Adolescents Entering Publicly Funded Outpatient Treatment, GAIN Data, SFY2022-2024, (N=401).



Screening and early identification, access to a full continuum of integrated treatment services, and ongoing peer support and recovery services are key components of a comprehensive and responsive substance use service system. DCF uses data collected by providers from youth entering services, feedback from youth and families, and input from advocates, experts and other stakeholders as part of an ongoing continuous quality improvement processes to develop and refine such a system for Connecticut's youth. DCFs network of adolescent substance use treatment and recovery support services are entirely evidence-based and family-focused. Table 2 describes adolescent substance use services supported by DCF. The table at the end of this section provides detailed information about where each service is available throughout the state.

Table 2. Description of DCF-funded Adolescent Substance Use Services

Program Type: Name	Target Population & Descriptions	Catchment Area
Clinic-based outpatient: Substance Screening, Treatment, and Recovery for Youth (SSTRY)	SSTRY offers two evidence-based approaches for adolescents and young adults ages 12-24 years: Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify substance use concerns and connect to treatment as indicated; and Community Reinforcement Approach (CRA) and Assertive Continuing Care (ACC) for individuals who have an identified substance use issue and meet the American Society of Addiction Medicine (ASAM) criteria for an outpatient level of care.	SSTRY is provided by 3 teams. SBIRT is available statewide. DCF Area offices served by CRA-ACC are Bridgeport, Norwalk, Hamden, Middletown, Norwich, Hartford, Manchester, Waterbury, New Britain, and Meriden.

Program Type: Name	Target Population & Descriptions	Catchment Area
Intensive in-home: Helping Youth and Parents Enter (HYPE) Recovery	Comprehensive treatment and recovery program for adolescents and young adults up to age 21 years inclusive, with opioid use and related behavioral and emotional problems. HYPE Recovery provides MDFT treatment, access to Medication for Opioid Use Disorder (MOUD), and up to 12 months of continuing care after MDFT discharge using the Recovery Management and Supports (RMS) evidence-based model.	Six (6) teams, one in each DCF region.
Intensive in-home: Multidimensional Family Therapy (MDFT)	Family-based comprehensive treatment for children and adolescents ages 9-18 years old with substance use, or who are at risk of substance use, and have related behavioral and emotional problems.	12 teams across 7 providers; with 6 of these providers also offering a specialty protocol for youth and young adults with opioid use disorders
Intensive in-home: Multi-Systemic Therapy (MST)	Adolescents ages 12-17 with a DSM-5 diagnosis and exhibit antisocial, acting out, substance using, and/or delinquent behaviors.	DCF and CSSD jointly fund 7 teams across 4 providers covering the entire state
Intensive in-home: MST Emerging Adult (MST-EA)	Emerging adults ages 17-21 are at the highest risk for negative outcomes-those with multiple co-occurring problems, serious mental health, and/or substance use, with or without a trauma history. The young adult must be aging out of foster care or involved in the child welfare system; have stable housing or a plan to achieve stable housing; and be co-referred to DMHAS behavioral health services.	DCF Region Four and Region 6. DCF Area Offices served include New Britain, Hartford, Manchester and Meriden.
Recovery Support: Youth Recovery CT	Curriculum-based virtual and in-person recovery support groups to youth and their families	49 groups available statewide

Outpatient Substance Use Services

DCF funds evidence-based substance use treatment programs for youth and young adults at the American Society of Addiction Medicine (ASAM) outpatient level of care. These programs include:

- Community Reinforcement Approach with Assertive Continuing Care (CRA/ACC) delivered in the Substance Use Screening, Treatment and Recovery for Youth (SSTRY) program
- Multidimensional Family Therapy (MDFT) for opioid use (known in Connecticut as HYPE Recovery)
- Multidimensional Family Therapy (MDFT)
- Multi-Systemic Therapy (MST)
- Multi-Systemic Therapy for Emerging Adults (MST-EA)

These services are offered either in clinics, in the community or in the homes of youth and their families one to three times weekly. Some programs may see youth more frequently for short durations of time to assist with crisis stabilization, as needed. All services treat substance use and co-occurring mental health problems, and address other life areas such as family, school, work, and peers. CRA/ACC, delivered by the SSTRY programs, 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. MDFT and MST are home-based services that offer more frequent treatment sessions. MDFT uses family therapy as the primary strategy to address substance use, mental health, repair family relationships and address other problems including delinquency. MST uses an "environmental systems" approach working primarily with parents to address youth substance use, delinquency and identified referral behaviors. MST-EA uses the MST approach to address the unique needs of older adolescents transitioning to young adulthood including building skills for independent living. Outcomes for clients who discharged from these services from FY2022-FY2024 are in Table 3.

Table 3. Performance Outcomes for Adolescent Outpatient Substance Use Services, PIE Data, SFY2022-SFY2024

METRIC	SSTRY	MDFT	HYPE Recovery	MST
Number Admitted/Served	N=370[a]	N=1025	N=310	N=305*
Average Length of Stay (Days)	205	113	173	140
Abstinence/Reduction in Substance Use	56%	60%	31%	76%
Living at Home at Discharge	90%	100%	94.5%	100%
Improvements in School Attendance	^	91%	85.5%	95%
No New Arrests	87%	93%	91.5%	89%

^Not applicable - data not captured for this service.
*Admissions were affected by the release of the MST procurement in Spring 2023, new contract 7/1/23 and associated staff vacancies.
[a] SSTRY contracts became effective on 11/1/21; data for FY22 includes January 2022-June 2022 only.

Functional Family Therapy

FFT is an evidence-based intervention for families offering intensive clinical services and support to youth ages 11-18 returning from out-of-home care, or who are at risk of requiring out-of-home care, due to psychiatric, emotional, or behavioral difficulties. FFT specializes in working with youth who are at risk for delinquency, violence, general substance use, or other behavioral problems such as Conduct Disorder or Oppositional Defiant Disorder. Connecticut data from the FFT model developers show positive outcomes across a wide range of problems (Table 4).

Table 4. Performance Outcomes for the Functional Family Therapy Service, Model Data, FY2024

METRIC	FFT N or %
Number of Total Youth Served in FY2024	515
No Intensification of Referral Problems	94%
Youth Attending School	92%
No Law Violations for Youth	98%
No Safety Incidents for Family	91%
Number of Youth with Substance Use Served in FY2024	12
Average Rating of reduction in Alcohol Use (Scale 1-4) *	2
Average Rating of Reduction in Drug Use (Scale 1-4)*	2.4

*Therapist rating scale: 1 "Not Better" 2 "Little Better" 3 "Some better" 4 "A Lot Better

MST Emerging Adults

The MST EA program was challenged by significant staffing vacancies in State Fiscal Year (SFY) 2022. During this period, the program operated two teams: one serving the Bridgeport, Milford, and Waterbury offices, and the other serving the Hartford, Manchester, and New Britain catchment areas. In June 2023, the program reduced from two teams to one. Staffing challenges continued to impact program operations into SFY24, impacting admissions due to vacancies and reduced referral numbers. To address the decline in referrals, the MST EA team implemented several outreach strategies. These included conducting program presentations to various DCF workgroups and regional offices and distributing an informational email to all DCF offices within the catchment area. The email outlined the program description, referral form, and current availability. These efforts successfully contributed to an increase in referrals with MST EA already servicing ten young adults in FY 25 as of 02/11/2025.

Notwithstanding these challenges, the program achieved meaningful outcomes for participating young adults. Among the eleven young adults discharged in FY 24:

- The average length of service was 217 days, with nine individuals participating for over 100 days.
- While two individuals met all MST EA treatment goals, the remaining nine still benefited from the program.
- 100% of discharged participants were living in a home setting.
- 55% demonstrated improved school attendance.
- 100% had health insurance.
- 82% identified at least one supportive relationship.

These results underscore the program's ongoing impact, even amidst staffing and operational challenges.

Helping Youth and Parents Enter (HYPE) Recovery

HYPE Recovery is an innovative youth opioid use disorder treatment program that was developed with SAMHSA federal funding. It combines three evidence-based services into a single program model to deliver MDFT treatment, medication for addiction treatment (MAT) to reduce withdrawal symptoms and cravings, and continuing care for up to twelve months using the Recovery Monitoring and Support (RMS) model. Early data shows this program is having positive impacts on youth with the highest substance use treatment needs and their families (see Table 5).

Table 5. HYPE Recovery, Performance Outcomes, MDFT portal data, June 2024

OUTCOME	ALL MDFT (N=207)	HYPE ONLY (n=185)
Youth living at home/not in placement	93%	90%
Youth in school/working	80%	84%
Youth with no new arrests	94%	92%
Families with no new child abuse/neglect reports	86%	89%
Youth with no drug use other than marijuana or alcohol	96%	92%
Youth who never or rarely engage in illegal activities other than drug/alcohol use, shoplifting, trespassing, loitering, truancy, etc.	86%	50%
Youth who never or rarely engage in violent behavior	96%	96%
Youth with stable mental health functioning	84%	76%
Youth who do not affiliate mostly or exclusively with anti-social peers	94%	81%

All youth enrolled in the HYPE program with Opioid Use Disorder (OUD) at intake demonstrated meaningful improvements by discharge. Notably, 92% of participants showed a reduction in opioid and other "hard drug" use, including benzodiazepines, cocaine, and methamphetamine. At discharge, 63% of youth with OUD achieved abstinence from opioids and all other hard drugs, and nearly all (90%) were residing in a home setting. Participants also exhibited substantial improvements in key areas:

- **Mental health:** 77% improvement.
- **School or vocational functioning:** 85% improvement.
- **Reduction in aggression and violence:** 97% improvement.
- **Reduction in association with anti-social peers:** 81% improvement.

Analysis of changes from intake to discharge revealed improvements across all fourteen measured outcomes. These ranged from a 7% average improvement in sexual health to a 69% average reduction in alcohol use. The most significant changes were observed in:

- **Reduction in opioid use:** 57%.
- **Reduction in hard drug use other than opioids:** 57%.
- **Reduction in alcohol use:** 69%.

Additional notable improvements included reductions in delinquent and criminal behavior, as well as a marked decrease in aggression and violent behavior. These outcomes underscore the program's effectiveness in supporting youth with OUD and addressing co-occurring challenges.

DCF Adolescent Residential Substance Use Treatment Programs
Since the last triennial report, two providers of residential treatment services no longer operate these services: the Multidimensional Family Therapy (MDFT) residential program at CT Junior Republic and the adolescent residential treatment program at Rushford Academy. DCF has rate agreements with other residential programs throughout the state to meet the heterogeneous treatment needs of youth requiring this level of care. DCF, in partnership with the Department of Social Services (DSS), continues efforts to recruit interested treatment providers in enrolling in the Connecticut Medical Assistance Program (CMAP) for all ASAM residential levels of care. Conversations with potentially interested providers have pointed to concerns with the existing reimbursement rate being insufficient to sustain operations and retain qualified staff.

Caregiver Substance Use Services
Connecticut 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.

The Community Pathways program aims to proactively address the needs of families experiencing challenges such as:

- Chronic school absenteeism or truancy.
- Parental incarceration.
- Youth homelessness or unstable housing.
- Trafficking or interpersonal violence.
- Substance use disorders, mental health conditions, or disabilities affecting parenting.
- Infants born substance-exposed under the state's CAPTA protocol.
- Youth referred to diversion programs, juvenile review boards, or arrested.

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. This decision stems from feedback from families and partners who highlighted the need for an independent organization to support service engagement, case management, and progress monitoring. The PCME plays a critical role in linking families to tailored services and ensuring consistent follow-up.

Connecticut's Family First efforts reflect a broader vision to shift from reactive interventions to preventative, community-based solutions. Through Community Pathways, the state is strengthening its ability to meet families where they are, offer timely support, and improve outcomes for children and families at risk.

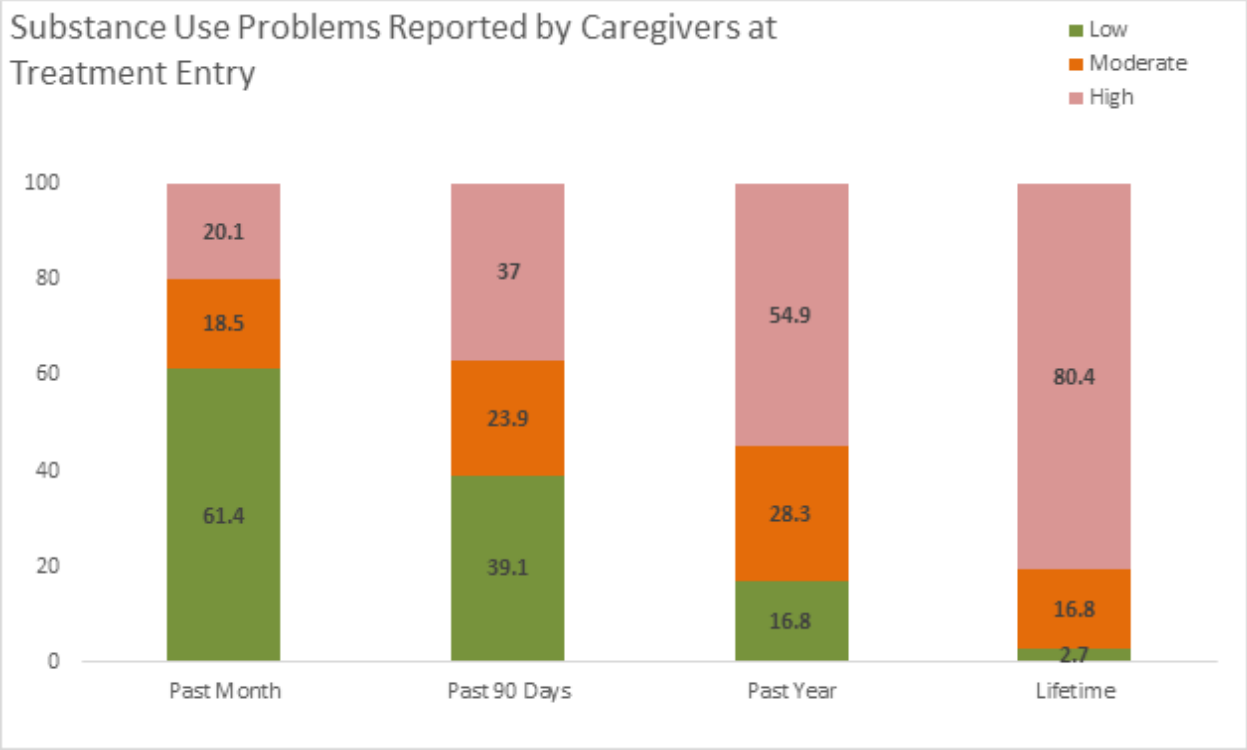
Recently DCF has launched Recovery Engagement and Support (RES). RES works with DCF involved caregivers with substance use problems to identify treatment needs and rapidly connect them to care. Brief descriptions of all caregiver services are in Table 6.

Table 6. Description of Substance Use Services for DCF-involved Caregivers

Program Type: Name	Target Population & Descriptions	Catchment Area
Intensive In-home: **Family Based Recovery**	DCF-involved families with a child ages 0-5 years at risk of removal, and where caregiver substance use is a factor. In-home services provided three times per week for six to nine months.	7 teams across six providers with coverage of the following: DCF Regions 2, 3 and 4
Intensive In-home: **Multi-Systemic Therapy Building Stronger Families (MST-BSF)**	DCF-involved families with children between the ages of 6-17 years. MST-BSF addresses the needs of each family member, including any trauma issues and case management services. In-home services provided three times per week for six to nine months.	DCF Regions 2, 4 and 6, and the following Area Offices: Bridgeport, Norwich, Waterbury. Seven teams across five providers.
Non-clinical Screening & Support: **SAFE Family Recovery (SAFE-FR)**	DCF-involved caregivers with minor children of any age. SAFE-FR offers three evidence-based services: substance use screening (SBIRT), treatment engagement (MDFR), recovery support (RMS), as well as Recovery Engagement and Support (RES).	Statewide: 6 teams across five providers.

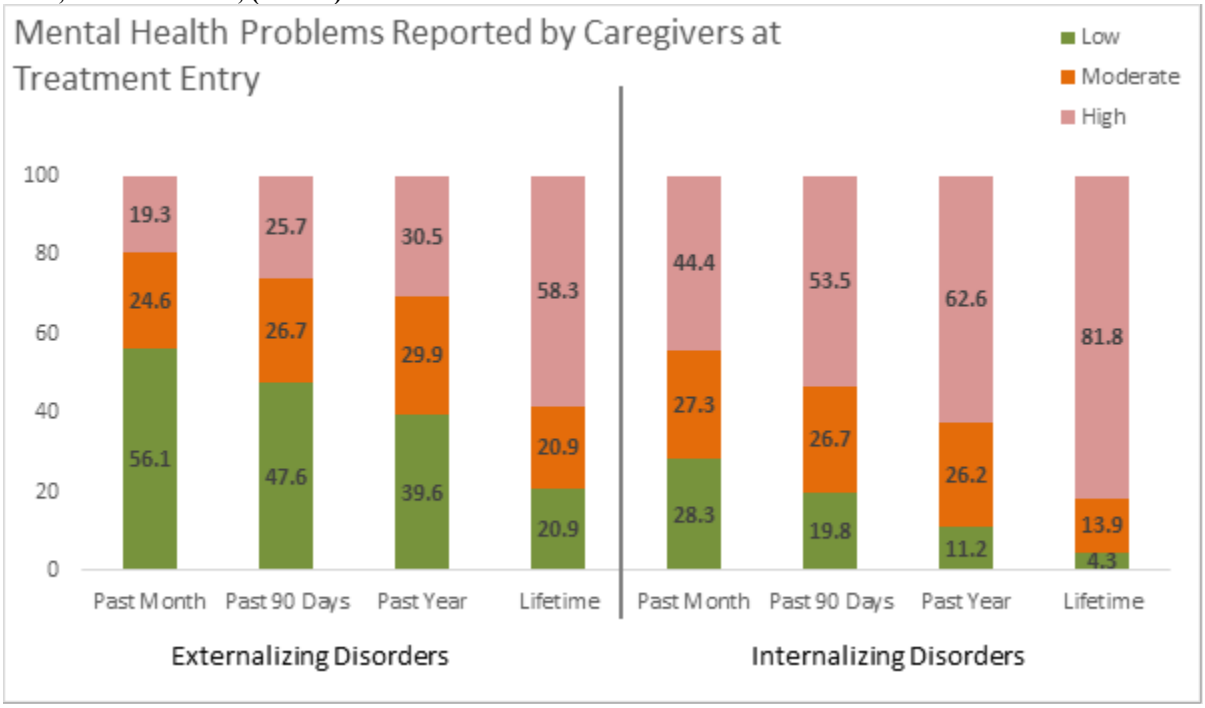
GAIN Data show that most (83%) caregivers receiving DCF–funded treatment report moderate to high severity substance use problems in the year prior to entering treatment (Figure 5).

Figure 5. Substance Use Severity of Caregivers Entering DCF Funded Treatment, GAIN Data, SFY2022-20224, (N=184)



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.

Figure 6. Severity of Mental Health Problems Among Caregivers Entering Publicly Funded Treatment, GAIN Data, SFY2022-2024, (N=187).



Caregivers reported moderate to high severity mental health problems (96%), physical health problems (96%), stress problems (83%), and risk behaviors (86%) in the year prior to treatment entry. These problems include anxiety, depression, health concerns, not meeting responsibilities due to health problems, and problems accessing health care. Caregiver sources of stress included death or health problem of a family member, fights with others, or major changes in relationships. Most caregivers (86%) reported moderate to high personal health and safety risk factors like engaging in unprotected sex, needle use, and experiencing physical, sexual or emotional abuse. Problems related to crime and violence are not uncommon among caregivers with a majority (61%) reporting experiencing physical violence in the past year and victimization (64%) during their lifetime. Close to two-thirds (66%) of caregivers report engaging in any illegal activity (besides drug use) in the year prior to treatment admission. Almost half (48%) of caregivers considered their crime and violence problems in the year prior to treatment to be moderate or severe.

Consistent with the priority DCF places on children remaining at home in their communities, 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. The Department holds providers of these services to a high standard of care and data shows these services are effective at addressing substance use and keeping children with their families (Table 7).

Table 7. Performance Outcomes for Caregiver Substance Use Treatment Services, PIE Data, FY FY2022-FY2024

METRIC	FBR	MST-BSF
Total Number Admitted/Served in FY2024	369	159
Outcomes for Clients who Discharged in FY2024:	62%	30%
Abstinent in Last 30 Days of Treatment	65%	56%
No New DCF Careline Reports During Treatment	92%	88%
Child(ren) Living at Home at Program Discharge	95%	84.5%

Project SAFE (Substance Abuse Family Evaluation), SAFE Family Recovery

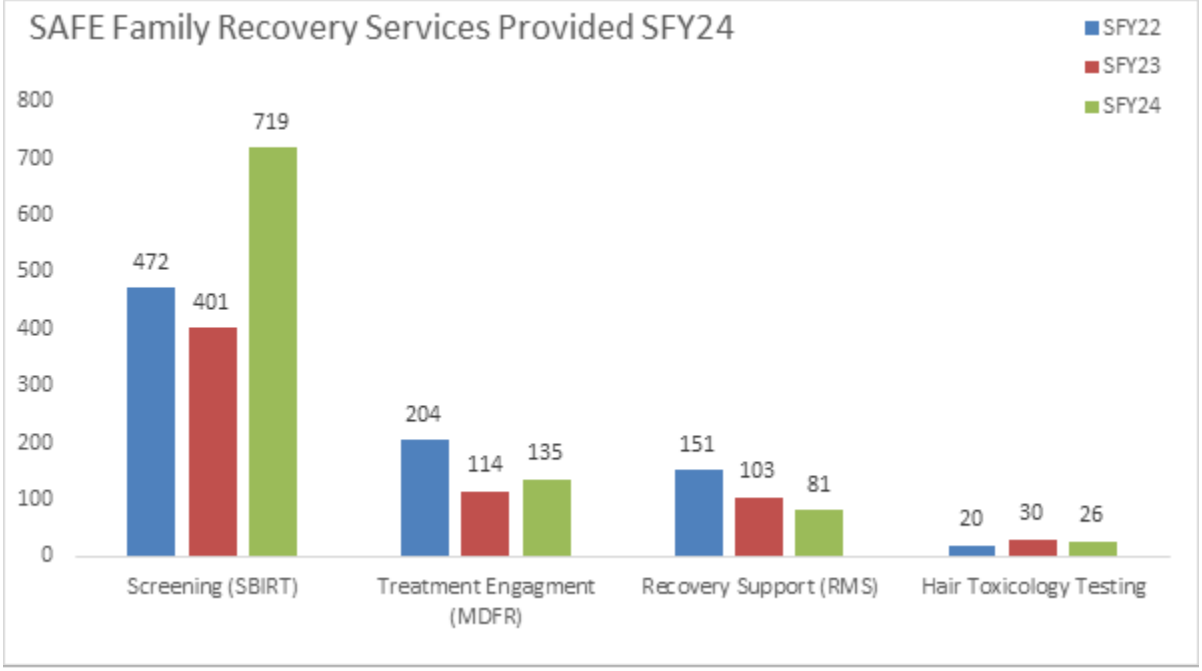
Since 1998 DCF and DMHAS have successfully partnered through Project SAFE, a legislatively mandated collaboration, to establish priority access for substance use screening, evaluation and outpatient treatment services for caregivers with child welfare involvement and substance use problems. Since its inception, Project SAFE has had two program revisions. Both revisions added outreach and recovery services to increase the rate of entry into treatment. While both revisions successfully increased treatment entry compared to similar families who did not receive these services, barriers to substance use treatment remain, and children whose caregivers have substance use problems may have extended out-of-home placements. A 2021 Project SAFE Lean review and ongoing program monitoring identified additional system "pain points" that impaired access to treatment and DCF's ability to monitor the system's functioning. These systems challenges 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 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:

1. Screening, Brief Intervention and Referral to Treatment (SBIRT)*
2. Multidimensional Family Recovery (MDFR)
3. Recovery Monitoring and Support (RMS)

*In September 2023 Recovery Engagement Services (RES) was added to the SAFE-FR program. RES specialists conduct SBIRT screening and deliver short term treatment engagement support.

SAFE-FR provider staff are embedded in local communities and at the DCF area offices to ensure timely response to referrals and information-sharing. Services are provided in clinic-based or home settings to facilitate client engagement in services. Clients with a positive SBIRT screen are referred to community services and if necessary, also referred to MDFR where an engagement specialist can help them get to and stay connected to care. Clients who are exiting care, or who have previously received substance use treatment, are eligible to receive support from RMS staff who help clients join recovery-friendly activities, and if needed, connect back to care.

Figure 7. Number of SAFE-FR services provided by program component SFY22-SFY24.



Federal and Other Sponsored Substance Use Initiatives & Projects

Connecticut Strengthening Families Together (CT SFT)

DCF is currently in the third year 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. CT SFT uses a randomized controlled clinical trial design to compare MDFTR to existing substance use treatments for pregnant and expecting/parenting persons with children up to age 6 years inclusive who have problems related to substance use. Participants are not required to have DCF involvement. CT 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 and integrates two evidence-based programs (MDFT treatment and MDFR engagement) and adds additional early childhood parenting education modules and Family Care Plan support. It is designed as an intensive (multiple sessions per week) in-home substance use and behavioral health treatment that can be delivered in multiple ways, such as in clinic and community settings, or using telehealth, to engage and retain families in treatment.

Child Abuse Prevention and Treatment Act (CAPTA)

Federal Legislation. 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. Recent CAPTA amendments also focused attention on the important role of Plans of Safe Care, which Connecticut calls 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. The federal legislation leaves it up to states to decide how to implement CAPTA. As a result, CAPTA implementation has taken different forms across the country.

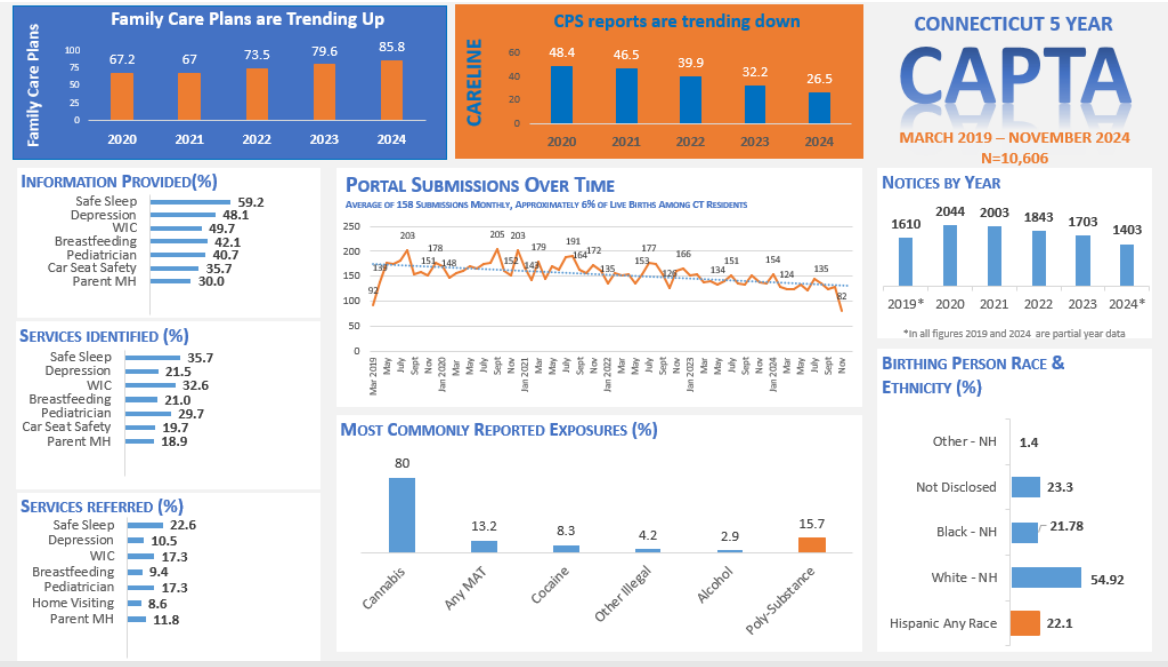
Connecticut's Approach to CAPTA Compliance

Led by DCF and in partnership with other state agencies, hospitals and other community stakeholders, Connecticut took a unique approach to complying with CAPTA. 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. This assertive connection between the two efforts ensures that CAPTA data on infants born prenatally exposed informs statewide SEPI CT policy and planning efforts.

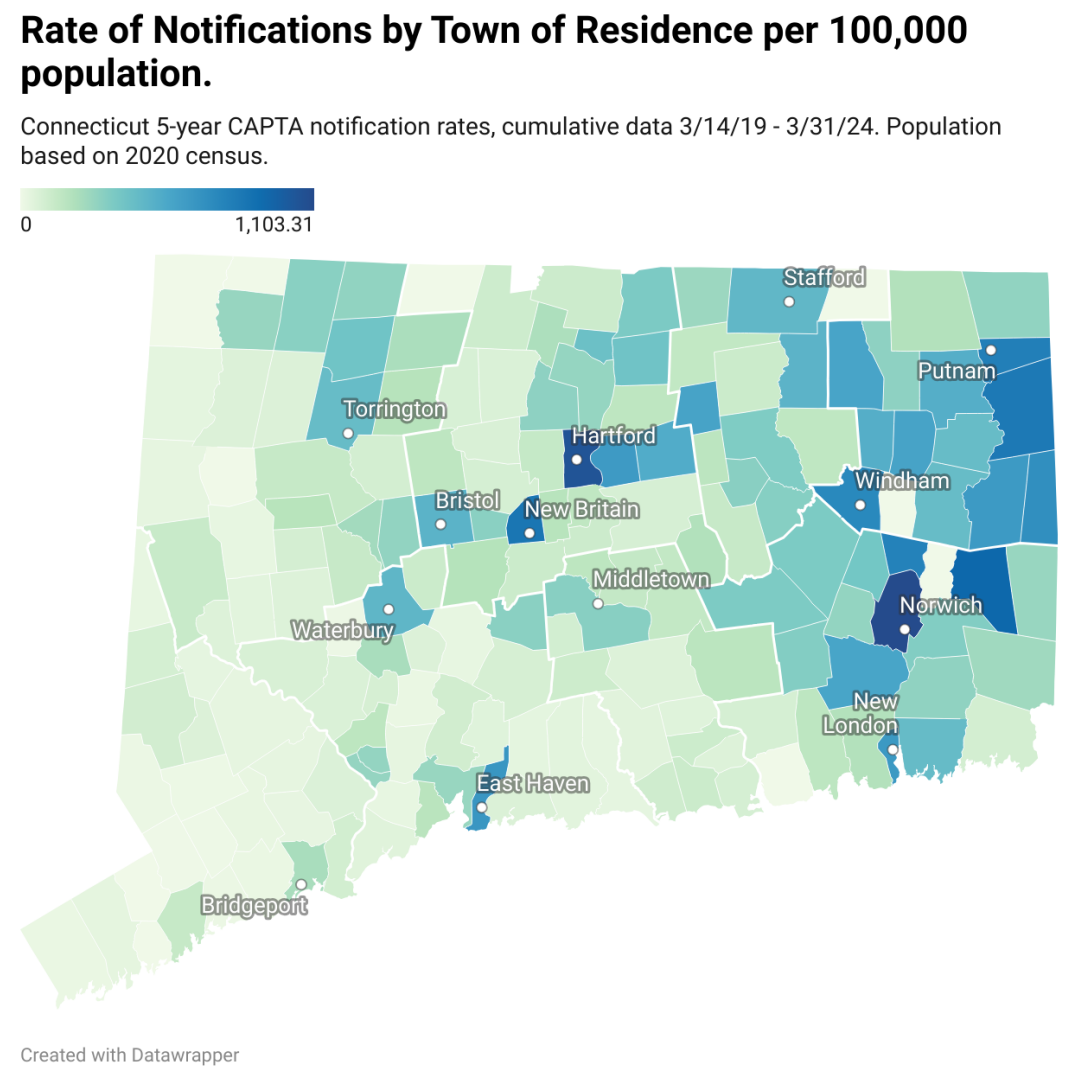
During the first three years of CAPTA implementation, Family Care Plan (FCP) completion rates averaged about 68% of CAPTA notifications. Recognizing the key role the FCP's play in diverting unnecessary Careline reports, DCF in partnership with DMHAS, established the position of Family Care Plan (FCP) Coordinator at Wheeler Clinic in 2022. The FCP Coordinator is embedded within the Substance Exposed Pregnancy Initiative (SEPI CT) and is responsible for providing training and technical assistance to birthing centers, OB-GYNs and other 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 increased and CPS reports have decreased (See Figure 8).

DCF shares data from the CAPTA notification system with state stakeholders and community partners directly and through CT DATA and the SEPI CT initiative using dashboards and other methods. Cannabis remains the most reported exposure, and FCP's are most likely to include referrals or education related to safe sleep. These data and more are summarized in the dashboard below (See Figure 8).

Figure 8. CAPTA Five Year Data Dashboard, March 14, 2019 – March 31, 2024.



DCF's data from the CAPTA notification portal demonstrate that the distribution of CAPTA notifications regarding infants born prenatally exposed to substances is not distributed evenly, with communities in the eastern region and urban areas particularly affected as depicted by the darker shading in the Geo map below. Analysis of these data should continue to inform and shape allocation of resources to provide services and supports to CAPTA families in these areas of the state.



DCF maintains the Newborn Notification portal page dedicated to providing stakeholders and the public information on the state's efforts to comply with the federal legislation. The site includes detailed information about Connecticut's CAPTA/ CARA Legislation, Best practice guidelines, and provider bulletin. Several unique program features and important goals worth noting here include the state's ongoing commitment to:

- ensure CAPTA notifications are separate from the DCF Careline child abuse reporting system by building a distinct CAPTA notification system;
- keep notifications "blind" – the department does not receive identifying information other than what is necessary to plan prevention efforts and services for this population; and
- divert referrals to child protective services when the notification does not also include child safety concerns.

Family Care Plans (formerly known as Plans of Safe Care (POSC)) are required by federal law and have an important role in Connecticut's CAPTA implementation. 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. DCF and DMHAS jointly fund a Family Care Plan Coordinator to ensure hospitals and community providers receive the training and technical assistance necessary to properly implement CAPTA requirements. Birthing hospitals receive ongoing training and support from DCF, DMHAS and SEPI CT staff at Wheeler Clinic about how to make CAPTA notifications, complete Family Care Plans, and education around substance use and stigma. These trainings are available continuously online and at live technical assistance sessions.

Substance Exposed Pregnancy Initiative (SEPI CT) Initiative

The SEPI CT initiative is a collaboration between DCF, DMHAS and Wheeler Health (the project coordinating center) under the CAPTA initiative to establish a SEI State Coordinator and develop statewide collaborations to inform SEI policy and practice at state and local levels. DCF and DMHAS jointly fund and manage this initiative with Wheeler Health. During this reporting period, CT SEI completing work from the 2022-2027 SEI Strategic Plan and created a new 5-year Plan which commences in 2027. 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. Key activities and recommendations from these workgroups during this triennial reporting period included:

- targeted notification education for birthing hospitals, ongoing data monitoring and sharing, and individualized POSC support
- SEI awareness and marketing: created monthly electronic campaigns addressing various topics affecting birthing people and families impacted by substance use. Topics included SUD/recovery and the intersection with intimate partner violence, pregnancy and infant loss, breast/chest feeding, and stress management.
- Virtual Tool for Family Care Plan: a virtual option was created to allow individuals and providers to create a Family Care Plan at their convenience. Resources are pulled from the individuals identified zip code and interfaced with 211.
- SEPI CT website: the website has become a centralized location where birthing people, families, and providers can easily access resources. Recent updates to the website include the addition of animated informational videos, and the new virtual tool.

The new Strategic Plan focuses on promoting policies intended to reduce bias, stigma, disparities, and inequalities in access to SEI care and needed support services. The Plan also emphasizes coordinating responses to SEI among health care providers and identifying the necessary continuum of services for vulnerable families, including prevention, early intervention and intensive intervention services. Over the next triennial reporting period, CT SEI will move forward the recommendations contained in the new plan.

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.

The initiative also hosts SMART Recovery Family & Friends meetings, incorporating elements from both the Community Reinforcement Approach & Family Training (CRAFT) and SMART Recovery models. Alternative Peer Group (APG) activities are offered by all Youth Recovery CT network agencies, providing prosocial peer support for youth and young adults.

Wheeler awarded mini grants to organizations statewide to establish SMART Recovery meetings, SMART Recovery Family & Friends meetings, and APGs, focused on building network capacity and sustainability from SFY 22 to SFY 24. As of the end of this triennial period, 32 unique organizations were active network members, including public schools, universities, healthcare providers, correctional institutions, youth and family service agencies, community nonprofits, coalitions, and faith-based organizations. Below is a summary of the number of meetings held and participant data from SFY 22 to SFY 24 (See Table 8).

Table 8. Summary of SMART Recovery Family & Friends Meetings, SFY22-SFY24.

State Fiscal Year	Number Of Meetings Held	Duplicated Participants	Unduplicated Participants
FY 22	708	2615	439
FY 23	858	6833	1966
FY 24	1305	13187	3319
Total FY 22-FY 24	2871	22635	5724

In addition to mini-grant opportunities, Wheeler provides training and technical assistance for network members. Both monthly networking meetings and individual meetings have been provided to assist with facilitator support, learning outcomes, meeting and activity promotion, attendee engagement, and overall agency participation in the initiative. A monthly network newsletter, established in May 2022, continues to support communication between meetings.

Youth Recovery CT has also assisted in establishing and developing additional non-funded SMART Recovery meetings through an intentional effort to train individuals to host SMART Recovery-based meetings statewide. Over 14 rounds of SMART Recovery facilitator training have been provided, nine in the past fiscal year. Specific trainings have been offered for DMHAS-funded agencies, multiple Recovery Support Specialist cohorts, and Spanish-speaking facilitators. The Department of Correction's facilitators were trained in an additional SMART Recovery model that is exclusive to correctional settings and a Train the Trainer was completed to support their staff in mentoring each other to provide quality services for this specific population. The Youth Recovery CT initiative has enabled 10 Department of Correction facilities to build capacity to host SMART Recovery-based groups and APGs. Youth Recovery CT also provides promotion and encouragement for any current SMART Recovery meetings started under former grantees, such as the successful SMART Recovery National Young Adult BIPOC meeting.

In addition to supporting SMART Recovery meetings around the state, Youth Recovery staff have hosted consistent meetings throughout this triennial review period. A staff member has been involved since the first cohort of CROSS in 2018, hosting 1-3 meetings per week until April 2024. The SMART Recovery National Young Adult Meeting, which concluded in April 2024, was novel and highly successful, averaging 200 attendees per week. Youth Recovery staff were instrumental in creating the original teen facilitator training and in the past year were the most frequent facilitators of this specific training nationally. Initiative staff have also been interviewed on the SMART Recovery podcast and have hosted an informational booth at the National SMART Recovery Conference. A Youth Recovery CT staff member was onboarded as the SMART Recovery Connecticut Statewide Volunteer Services Coordinator to further increase the network's capacity and outreach. To increase the knowledge of the networks' facilitators and the promotion of Youth Recovery CT, the initiative has hosted over 12 high-quality recovery-based workshops, utilizing Trainers by NAADAC. These trainings have promoted awareness within the treatment, prevention, and recovery provider communities. In addition to the aforementioned workshops, additional webinars focused specifically on family recovery were offered by guest speakers from notable institutions, including the Center on Young Adult Health and Development at the University of Maryland and Boston Medical Center's Grayken Center for Addiction.

During this triennial review period, other promotional efforts have increased as well including offering Youth Recovery CT staff offering virtual and in-person trainings to the community, as requested, about the initiative and the SMART Recovery model. Youth Recovery has also participated in any requested tabling event statewide and has also provided information and flyers as requested by communities for distribution. An Instagram account has been established, and efforts have been made to connect on social media with existing and possible future community partners. The initiative collaborated closely with the Connecticut Healthy Campus Initiative, The Phoenix, The Jordan Porco Foundation, and various programs within the Connecticut Clearinghouse to promote youth, young adult, and family recovery information. Youth Recovery CT routinely outreaches to other recovery-based nonprofits throughout the state to find natural places of collaboration. Additionally, a Youth Recovery CT staff member is active on the Alcohol and Drug Policy Council, to assist in keeping an appropriate focus on youth, young adults, and families as subpopulations. Larger scale projects during this review period included working with Faces and Voices of Recovery to host a 2-day Youth Recovery Ambassador training during FY 22. During the end of SFY 24, a statewide collegiate recovery conference was planned at CCSU, in collaboration with the Connecticut Healthy Campus Initiative, featuring Safe Project, a national leader in collegiate recovery efforts. A Youth Leadership Academy was developed during this same time in collaboration with West Hartford Prevention, which featured naloxone training as well as multiple recovery-based speakers from NAMI, TurningPointCT, and the Phoenix. Youth Recovery CT collaborated with JSI to create and distribute a statewide Recovery Support Services Needs and Assets Assessment and to conduct a national survey of young adults engaged in SMART Recovery meetings. The Needs and Assets Assessment had 1,240 respondents. Additionally, a new logo has been created and a more modern Youth Recovery CT website has been developed during the past fiscal year, with an anticipated launch date in early 2025.

In summary, 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.

Connecticut Section 1115 Demonstration Waiver for Substance Use Disorder (SUD) Treatment

On April 14, 2022, the Centers for Medicare & Medicaid Services (CMS) approved Connecticut's application and implementation plan for an 1115 SUD Demonstration Waiver which permits the State to demonstrate and test flexibilities to improve the continuum of care for Medicaid beneficiaries with SUD. Connecticut also requested this Demonstration to ensure a complete American Society of Addiction Medicine (ASAM) levels of care service array is available, including first-time coverage of residential and inpatient levels of care. The waiver is approved for a five-year period through March 31, 2027. 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. In partnership with Advanced Behavioral Health (ABH) and DMHAS, numerous in-person two-day introductory and skill building trainings have been offered to treatment providers and other relevant stakeholders including DCF clinical consultation staff. Access has been facilitated to online training modules that give a brief overview of the Criteria. Additionally, monthly technical assistance webinars to provide training on a specific topic related to ASAM alignment began in June 2024 and will continue into the next triennial period. 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. Participating OPCCs were trained in Adolescent Screening, Brief Intervention, and Referral to Treatment (A-SBIRT) and low-touch Service Coordination using the Wraparound Model. Upon implementation, DCF and CHDI worked with participating OPCCs on data collection, reporting and quality improvement efforts. Since beginning this work on January 1, 2023, approximately 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. This work will continue into the upcoming triennial period with additional focus on enhancing participating OPCC's capabilities and confidence to address co-occurring mental health and substance use concerns.

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. These requirements include using an ASAM-based assessment at intake and discharge and to inform patient care plans and discharge planning. The new tool, called the GAIN-Q4, fully aligns with ASAM 3rd and 4th Editions, the Diagnostic and Statistical Manual (DSM-V), and the International

Classification of Diseases (ICD-11). DCF worked with Chestnut Health Systems to create a new client ASAM Level of Care Report to assist providers in completing pre-authorization applications as needed, and to ensure comprehensive ASAM-based case planning at entry and discharge to treatment. The GAIN-Q4 was launched in November 2023 with support and training for providers to begin using the updated tool. DCF also partnered with the developers of the MST, MDFT and CRA evidence-based models to integrate the GAIN-Q4 assessment into their service delivery approaches. All models have developed and provided training to providers about how to use the GAIN-Q4 assessment to inform client treatment and discharge plans. DCF's implementation of the GAIN-Q4 as the single evidence-based and Demonstration-compliant tool standardizes assessment processes across the network allowing the DCF to monitor and compare system functioning across program types and assess the needs of youth and families receiving care statewide.

Under this Demonstration, the State has adopted the ASAM Criteria, 3rd Edition, as its evidence-based, SUD-specific patient placement criteria and requires that all Medicaid-enrolled SUD treatment providers utilize these criteria for clinical assessments, level of care determinations, treatment planning and discharge planning. For all levels of care except outpatient (ASAM Level 1), certification of ASAM adoption and ongoing monitoring is required. 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. Treatment provider cohorts were established for a phased in implementation with each cohort receiving a 2-year provisional certification period to implement these standards prior to final certification. During this 2-year period, four phases of on-site monitoring with policy and record reviews were conducted. The provisional certification period for residential and inpatient levels of care concluded on June 1, 2024. While Rushford Stonegate's residential program participated in the first two phases of monitoring, this work discontinued upon closure of the program on January 26, 2024.

The provisional certification period for Ambulatory Clinics, Outpatient Hospitals and Federally Qualified Health Centers (FQHCs) remains active into the upcoming triennial period. Table 8 summarizes the dates of the provisional certification periods and number of enrolled providers by level of care who were either provisionally certified or certified as of June 30, 2024. Some of the ambulatory programs who applied for and received provisional certification are not yet operational and therefore have not yet had any on-site monitoring. It is anticipated that a smaller subset of the below programs will receive final certification to continue offering SUD services for youth. Increasing access and evaluating sufficient provider capacity at each ASAM level of care will continue to be a priority focus in the upcoming triennial period.

Table 9. Summary of Youth Programs Provisionally Certified/Certified Under SUD Demonstration

Provider Cohort	Provisional Certification Period	ASAM 3.7	ASAM 3.5	ASAM 3.1	ASAM 2.5	ASAM 2.1	ASAM 2-WM	ASAM 1-WM
Residential	6/1/22 - 6/1/24	0	0	0	N/A	N/A	N/A	N/A
Ambulatory Clinics	11/15/22 - 11/15/24	N/A	N/A	N/A	2 - A* 1 - I	5 - A 15 - I	0 - A 7 - I	0 - A 7 - I
Outpatient Hospitals	3/1/23 - 3/1/25	N/A	N/A	N/A	6 - A 0 - I	7 - A 0 - I	0 - A 1 - I	0 - A 1 - I
FQHCs	7/1/23 - 7/1/25	N/A	N/A	N/A	0	0	0	0

*A = Active program in operation and accepting Medicaid beneficiaries; I= Inactive, non-operational

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 care. This has included SBIRT training and implementation boosters for programs including SSTRY, SAFE-FR, Specialized Trauma-informed Treatment Assessment and Reunification (STTAR) homes, and Youth Links, a mentoring program for DCF-involved LGBTQ+ youth. It has also included training Recovery Support Specialists (RSS) embedded in SSTRY, SAFE-FR and HYPE Recovery and their supervisors through Connecticut Community for Addiction Recovery (CCAR)'s internationally recognized Recovery Coach Academy. 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. Topics included in this training series include, but are not limited to, Motivational Interviewing (MI), Harm Reduction, Addressing Structural Sexism and Racism in Recovery Services, and Recovery Ready Workspaces. These trainings have been offered to DCF-contracted providers, community providers and State staff, including DCF and DMHAS.

Integrated Treatments to Address the Intersection of Intimate Partner Violence and Behavioral Health

In addition to services for primary substance use problems already described DCF funds other services that treat behavioral health conditions with co-occurring substance use. These integrated services are equipped to address commonly co-occurring mental health and general substance use problems among youth and adult caregivers.

Caregiver Intimate Partner Violence and Substance Use

DCF funds two programs that address intimate partner violence (IPV): Intimate Partner Violence – Family Assessment Intervention Response (IPV-FAIR) and Multisystemic Therapy – Intimate Partner Violence (MST-IPV). Together, these services provide a tiered approach to IPV services to DCF-involved families at low- to moderate-risk of violence and child safety.

Over the last three fiscal years, 81% of families that participated in MST IPV had no new DCF Careline reports during treatment. In addition, 85% of families who completed MST IPV had their children remain in the home. The MST IPV service in an intensive program that averages between seven months to a year for completion.

In June 2023, the MST IPV program was combined with the MST-BSF team in Region 6 in

response to staffing recruitment and retention challenges. Although this Blended MST BSF/IPV team initially continued to experience challenges with staff vacancies, and consequently reduced referrals, the MST Blended team continued recruitment efforts and was able to fill all vacancies by May 2024. The program continues to be fully staffed. The MST Blended BSF/IPV service had an average length of stay of 7.7 months for families, with two averaging 12 plus months in FY 24. Descriptions of these services are in Table 10 below.

Table 10. Description of IPV services as of June 30, 2024

Program Type: Name	Target Population & Descriptions	Catchment Area
Intimate Partner Violence – Family Assessment Intervention Response (IPV-FAIR)	DCF-involved families providing care to a minor child who have had an IPV incident within the previous 180 days. Children may reside in the home, or if placed out of home, reunification must be part of the permanency plan. The severity of IPV must be appropriate for family-based treatment services. Services occur 1-3 times per week primarily in the family's home. Clinic appointments are available when needed.	Statewide: 6 providers operating from 6 sites
Multi-Systemic Therapy Intimate Partner Violence (MST-IPV)	DCF-involved families providing care to a minor child who have had a report to DCF within the previous 180 days that included IPV. Children may reside in the home, or if placed out of home, reunification must be part of the permanency plan. The severity of IPV must be appropriate for family-based treatment services. Services occur at least 3 times per week in the family's home. The clinical approach uses evidence-based interventions to address risk factors contributing to IPV. MST-IPV builds on the family's strengths to improve parent management practices, minimize family conflict, increase child safety, and sustain the family's progress made during treatment.	DCF Region 6: New Britain and Meriden.

IPV-FAIR offers substance use treatment as part of an integrated approach to address multiple factors that contribute to IPV and child abuse or neglect. Substance use treatment is not the primary focus of this service and not all families receiving IPV services require substance use treatment. When families could benefit from substance use treatment and receive them as part of their IPV services the results are positive (Table 11).

Table 11. Performance Outcomes for IPV-FAIR Services, PIE Data (FY 2022-FY 2024)

METRIC	IPV-FAIR
Number of Individuals Served	986
Number of Families Served	257 families
Outcomes on Families/Individuals Discharged	956 individuals
Abstinent or Reduction in Substance Use in Last 30 Days of Treatment*	83% (297)
No New DCF Careline Reports During Treatment	74% (597)
Families with Child(ren) Living at Home	86% (724)

Caregivers who participate and complete IPV-FAIR complete the Drug Abuse Screening Tool (DAST) at intake and discharge. Among clients who complete both the pre- and post-assessment, most show a reduction in their DAST score reflecting reduced substance use.

The number and percentage of clients who either abstain from substances or reduce substance use during treatment are derived from various metrics for IPV-FAIR. The collected data indicates that most IPV-FAIR clients do not identify substance use as a problem. However, there is evidence of an increase in substance use problems within this population. For IPV-FAIR, this includes 84 out of 96 discharges where substance use was documented at intake and a decrease in substance use was identified as a treatment goal.

Treatment for Youth with Problem Sexual Behavior

Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB) is a specialty integrated service for youth who have committed sexual offenses and demonstrated other problem behaviors including substance use. In June 2023, MST-PSB added youth who engage in "Risky Sexual Behavior" (RSB) as an eligibility criterion to the MST-PSB service. Treatment for these youth will target the RSB putting the youth at risk for further vulnerability or safety risks from others. The goals of MST-PSB are to decrease antisocial behaviors and out-of-home placements using evidence-based interventions directed at youth and their families, and other community-based resources and professionals connected to them. In randomized controlled clinical trials MST-PSB has shown effectively increases in youth social connectedness, school achievement, and family cohesion, and decrease general substance use, mental health symptoms, and disruptive and criminal behaviors. Data from DCFs PIE system show similar improvements in youth and family functioning (Table 12).

It is important to note that in SFY24 the MST-PSB contracted services underwent a statewide re-procurement, resulting in a partial shift to new providers. Although the providers who were awarded new contracts via the RFP began accepting referrals in July 2024, re-procurement impacted the number of families served in SFY24.

Table 12. Performance Outcomes for the MST-Problem Sexual Behavior Service, PIE Data (FY22- FY 24) (N=109)

METRIC	MST-PSB % (N)
Number of Individuals Served	109
Outcomes for Individuals Discharged	101
Abstinent or Reduction in Substance Use in Last 30 Days of Treatment	83% (84)
No New Arrests During Treatment	95% (90)
Youth Living at Home at Program Discharge	93% (94)

Interagency Collaborations to Address Substance Use Statewide

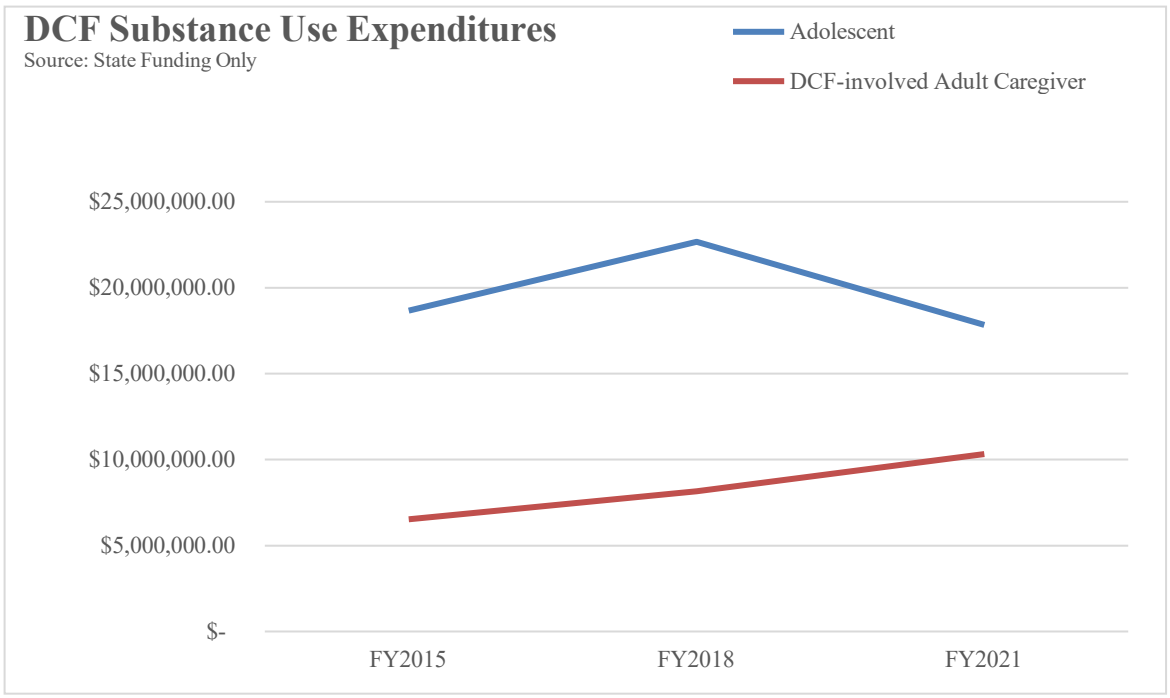
DCF participates in a variety of interagency initiatives and collaborations to address substance use across Connecticut. These include:

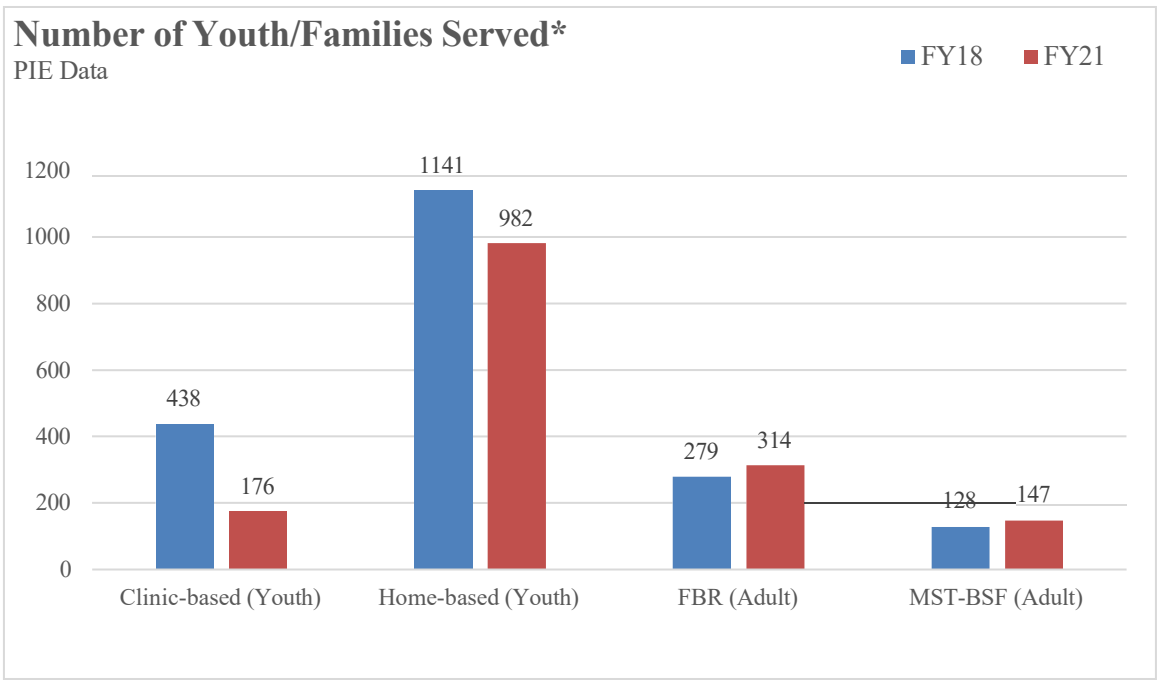
- Alcohol and Drug Policy Council
- Child Abuse Prevention and Treatment Act (CAPTA)
- Maternal Mortality Review Committee
- CCADV Fatality Review Board
- CCADV Prevention Study
- Accidental Ingestions work group
- Substance Exposed Pregnancy Initiative
- Woman Opioid Work group
- CT Perinatal Quality Collaborative
- NASCENT Advisory Committee
- Woman & Children Health Committee
- True to You vaping and nicotine prevention work
- Connecticut Alliance of Substance Exposed Children (i.e., Drug Endangered Children)

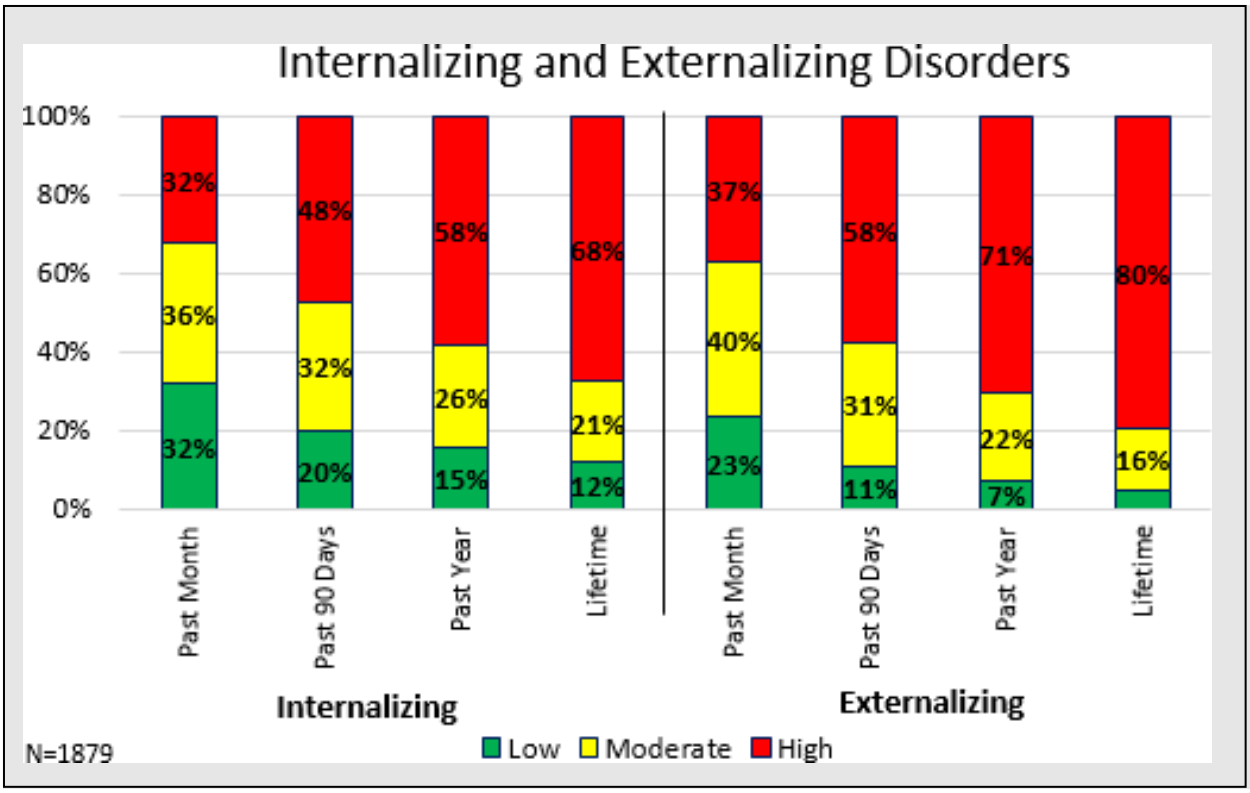
Distribution of DCF Substance Use Services and Plans for the Future

DCF is committed to supporting high-quality substance use services that are accessible to youth and families throughout Connecticut. DCF also recognizes that quality improvement is a continuous process. As we move into the next triennial reporting period, DCF intends to continue its focus on child welfare prevention and early intervention to substance use treatment in areas such as:

- Expand recovery support/coaching and treatment engagement services to include youth under age 18.
- Implement earlier screening for substance use among youth and caregivers involved with child protective services.
- Reduce substance use exposure for all youth, particularly for children aged 0-5, to prevent accidental ingestions in the state.
- Continue to integrate services for mental health, substance use, and intimate partner violence while combating stigma to provide earlier and easier access to services.
- Provide training on substance use and recovery for community providers working with youth and caregivers, including care coordinators.
- Expand treatment availability at levels of care where there is a demonstrated need or identified gaps.
- Enhance statewide awareness of services that are available to all families and their children in Connecticut


DCF Substance Use Expenditures
Source: State Funding Only
Adolescent
DCF-involved Adult Caregiver
$25,000,000.00
$20,000,000.00
$15,000,000.00
$10,000,000.00
$5,000,000.00
$-
FY2015
FY2018
FY2021


Number of Youth/Families Served*
PIE Data
FY18
FY21
1200
1000
800
600
400
200
0
438
176
1141
982
279
314
128
147
Clinic-based (Youth)
Home-based (Youth)
FBR (Adult)
MST-BSF (Adult)


Internalizing and Externalizing Disorders
100%
80%
60%
40%
20%
0%
32%
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Lifetime
Past Month
Past 90 Days
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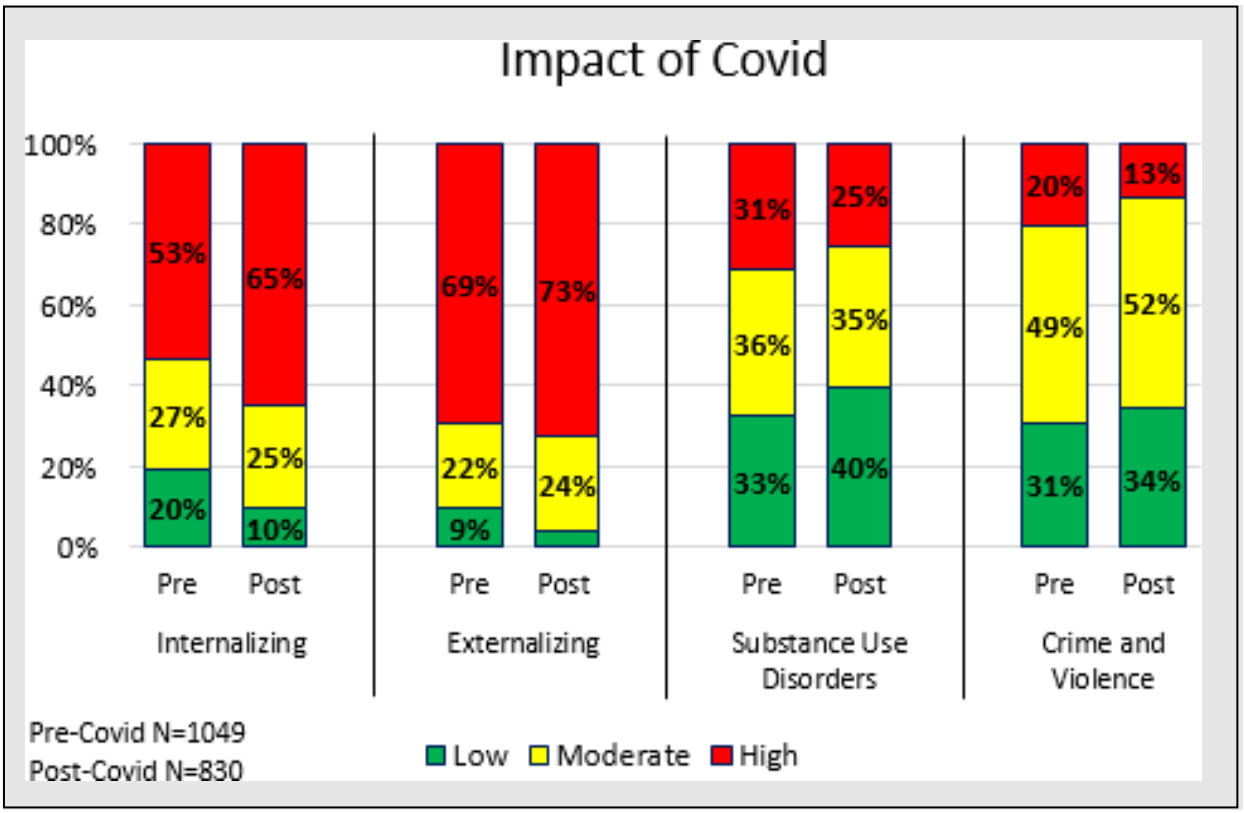
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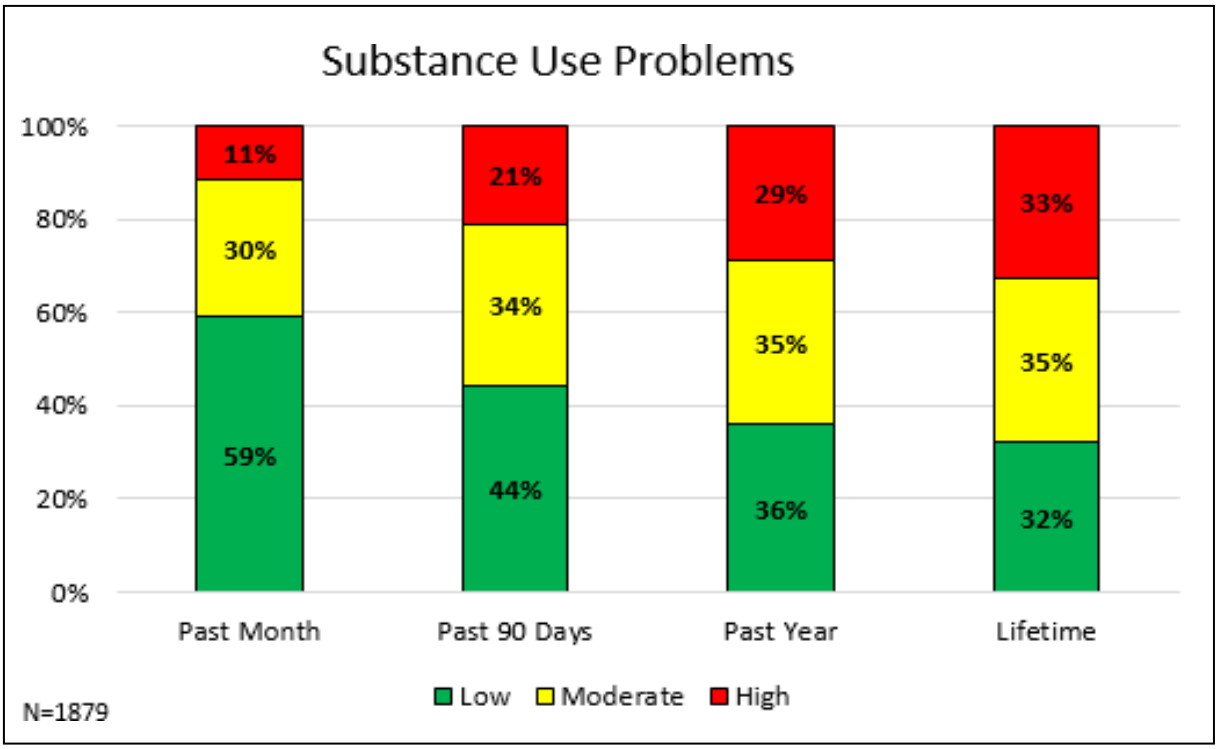
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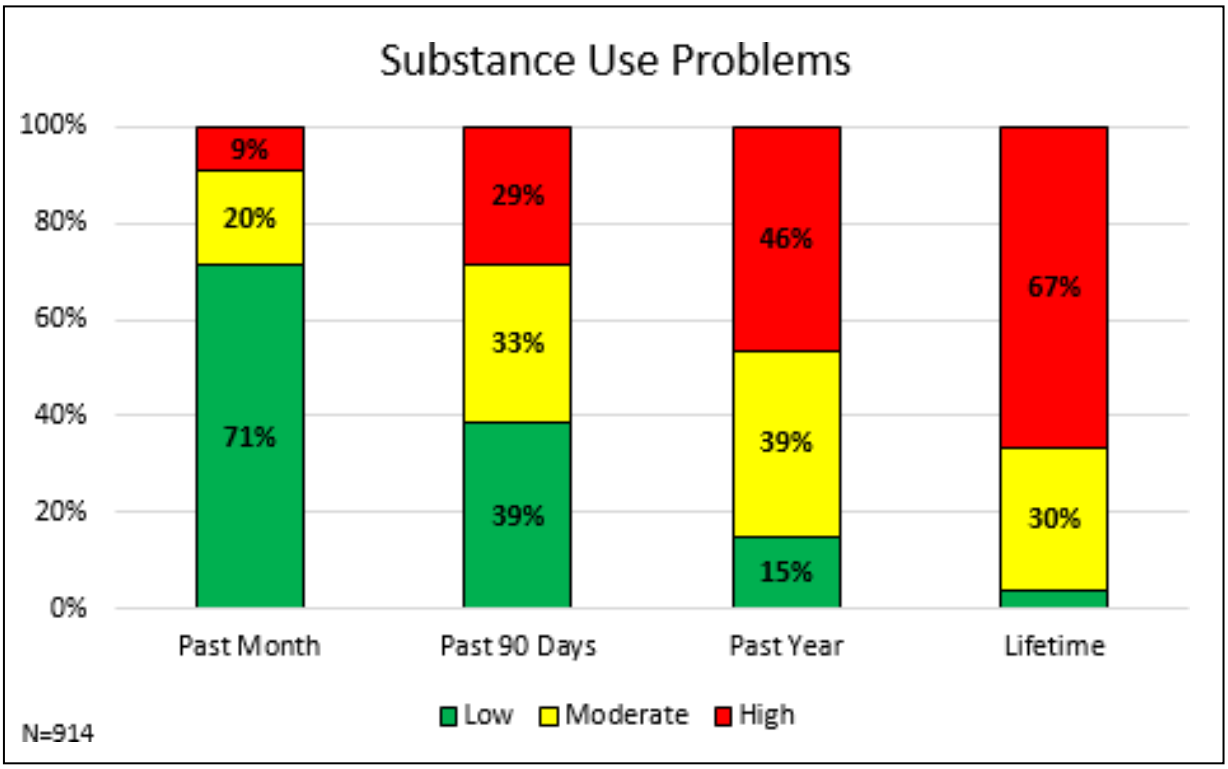
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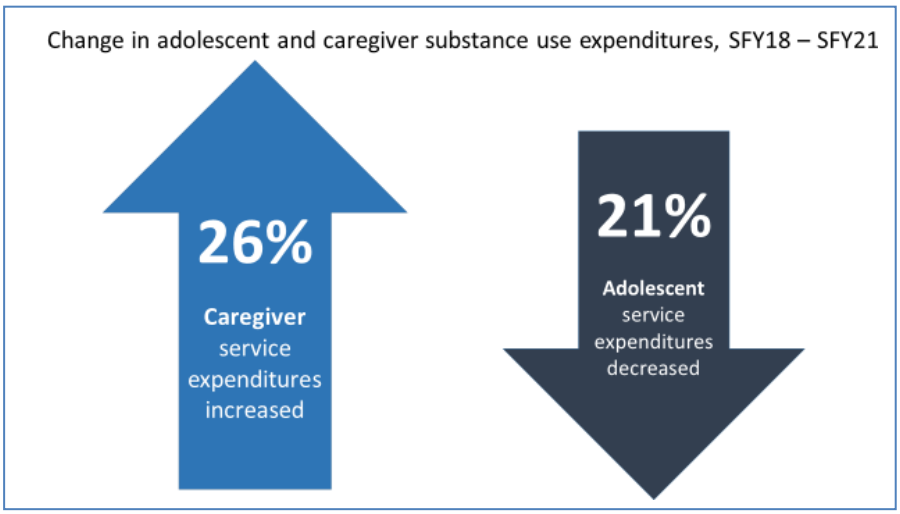


Judicial Branch Court Support Services Division (JBCSSD)

This is the substance use service grid created by the Judicial Branch's Court Support Services Division (JB-CSSD).

Program	Adult or Juvenile	SA Prevention and/or Treatment	SA Funding State and Program Income SFY25	Description of Services
Multi-Systemic Therapy (MST)	Juvenile	Treatment	$1,766,321 (JBCSSD and DCF are involved in collaborative contracting for MST. This service is jointly funded. The funding amount above is just JBCSSD's portion.)	Intensive, evidence-, family- and community-based treatment program for serious, chronic, and violent juvenile offenders. It blends clinical treatments including cognitive behavioral therapy, behavior management training, family therapies and community psychology. The overriding goal of MST is to keep adolescents who have exhibited serious clinical problems—drug abuse, violence, severe emotional disturbance—at home, in school and arrest free.

Program	Adult or Juvenile	SA Prevention and/or Treatment	SA Funding State and Program Income SFY25	Description of Services
MST-EA (Emerging Adults) previously MST - TAY	Juvenile and Adult	Treatment	$2,583,058	MST-EA is an 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. Coaches also work with young adults to increase school, work and prepare for independent living.
MST-FIT (Family Integrated Transitions)	Juvenile	Treatment	$1,172,141	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.

Program	Adult or Juvenile	SA Prevention and/or Treatment	SA Funding State and Program Income SFY25	Description of Services
Linking Youth to Natural Communities (LYNC)	Juvenile	Prevention & Treatment	$8,327,678	The Linking Youth to Natural Communities (LYNC) programs are multi-modal centers focusing on an array of targeted, evidence-based/evidence- informed services for court-involved youth ages 12-17 and their families. The program works with the youth in making sustainable behavioral changes. The program conducts intakes and assessments, provides cognitive-behavioral interventions, case management services to address basic needs and pro-social activities, and discharge planning. LYNC programs are culturally responsive, trauma-informed, gender responsive and strength-based.
REGIONS - Secure for Adolescent Males (Contracted)	Juvenile	Prevention & Treatment	$8,629,229	This program model is an 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. The 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. The program will accept referrals from all of Connecticut's juvenile courts/probation.

Program	Adult or Juvenile	SA Prevention and/or Treatment	SA Funding State and Program Income SFY25	Description of Services
REGIONS LIMITED - Secure for Adolescent Females (aka Journey House)	Juvenile	Prevention & Treatment	$4,448,157	This program model is an individually focused residential treatment program for adolescent females 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. The 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. The program will accept referrals from all of Connecticut's juvenile courts/probation.
REGIONS - Staff Secure for Adolescent Males (Contracted)	Juvenile	Prevention & Treatment	$6,656,895	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. The program is designed to decrease recidivism and increase skills, decrease substance misuse, improve educational functioning, improve mental health and increase stability and overall functioning.

Program	Adult or Juvenile	SA Prevention and/or Treatment	SA Funding State and Program Income SFY25	Description of Services
Intermediate Residential (IR)	Juvenile	Prevention & Treatment	$4,913,414	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. There is a program for boys and a program for girls.
Court Based Assessment (CBA)	Juvenile	Prevention & Treatment	$0 (This service ended in 6/30/24 so there are no FY25 costs.)	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)	Juvenile	Prevention & Treatment	$3,680,694	A shorter-term residential program that provides assessment and connection to community-based services in the youth's home community.

Total spending for CSSD in SFY25 totals **$42,177,587.**

Department of Public Health (DPH)

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. If violations of the standard of care related to prescribing are identified, prescribing practitioners are subject to licensure discipline by their respective board. 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.

- The Department of Public Health 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 a practitioner is deemed safe to practice, they may return to work under a consent order with terms that include but are not limited to: restrictions on practice settings, no access to narcotics, random urine screens reported to the Department, requirements to participate in therapy, requirements to attend 12-step meetings, and employer reports. The Department monitors the licensee's adherence to terms and may further restrict the licensee's practice if terms are violated. The penalty for violating the terms of a consent order may lead to license revocation or surrender. These efforts are to protect public safety while supporting the licensee's recovery.

- The Department works closely 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 Department may refer individuals with substance use disorder to the HAVEN program. 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.

Tobacco Control Program

Prevention Activities

The Tobacco Control Program (TCP) provides education and information on tobacco prevention and control best-practice. TCP does this by building staff expertise, providing technical assistance to community partners as requested, sharing resources with partners and the general public, and implementing evidence-based interventions. TCP also implements mass reach health communication campaigns that focus on secondary prevention. TCP aims to increase awareness of the health impacts of tobacco and nicotine use and encourage behavior change by offering cessation resources.

TCP implements evidence-based interventions with a focus on reducing tobacco-related disparities, especially among youth and young adults. The Program contracts with Wheeler Clinic, Inc. to facilitate a statewide coalition to address tobacco use in the LGBTQIA+ community that:

- Promotes tobacco-free living by encouraging smoke-free spaces and events. Builds tobacco-free social norms through mass reach health communication that promotes prevention and cessation.
- Encourages healthcare providers to screen their LGBTQIA+ patients for tobacco use and refer them to treatment.
- A tailored cessation resource is available to all youth and young adults aged 13-24 through

a contract with Truth Initiative to implement their text-to-quit vaping program. The quit vaping text message program provides young people with motivation, inspiration, and support.

Tobacco Use Cessation Activities

- The TCP implements evidence-based cessation interventions with a focus on populations experiencing commercial tobacco use related disparities. The Program contracts with National Jewish Health to operate the Connecticut (CT) Quitline, a telephone-based tobacco use cessation counseling program that includes motivational texting and web-based educational resources. The CT Quitline offers one-on-one, tailored behavioral health counseling with trained tobacco cessation treatment coaches coupled with free nicotine replacement therapy to give callers the best chance to make the psychological and behavioral changes necessary to quit commercial tobacco products for life.
- The TCP contracts with four local health departments through the Preventative Health and Health Services Block Grant. The four local health departments/districts (LHDs) implement strategies with a focus on reducing tobacco-related disparities especially among youth, LatinX communities, and LGBTQIA+ populations with the goal of reducing commercial tobacco product use among their service populations and building tobacco-free social norms. The LHDs provide in-person cessation counseling services, guidance to healthcare providers to encourage tobacco use screening amongst patients, technical assistance to multi-unit housing complexes in strengthening smoke-free policies, and promotion of CT Quitline services through mass reach health communication strategies.

Training Institute

- The TCP contracts with Southern Connecticut State University to provide the Council for Tobacco Treatment Training Programs accredited Tobacco Treatment Specialist (TTS) Training. The TCP prioritizes this training opportunity to individuals who deliver moderate to intensive tobacco treatment services withing a health care or community setting. Successful completion of the training qualifies individuals for the National Certificate in Tobacco Treatment Practice. Many of those who have completed the TTS training since this program's inception provide direct cessation counseling services to Connecticut residents in both health care facilities and local community programs statewide.
- The TCP provides education by creating and updating a suite of factsheets that cover topics such as tobacco-free policies on campuses and in schools and addresses disparities such as mental health. The Program also updates their website regularly and recently updated their youth-focused website to include information on system and environmental strategies that prevent youth initiation of commercial tobacco. TCP staff are also available for presentations and are members on a variety of committees, such as Mobilizing Against Tobacco for Connecticut's Health Coalition and the Alcohol and Drug Policy Council Prevention Subcommittee.

Cannabis Surveillance

In accordance with Public Act 21-1, Sections 65 and 146, the Department of Public Health has updated its web site to include information on Cannabis and is enhancing the following surveillance systems to monitor cannabis use and adverse events:

- Behavioral Risk Factor Surveillance System (BRFSS)

- The Connecticut Behavioral Risk Factor Surveillance System (CT BRFSS), sponsored and designed by the Centers for Disease Control and Prevention (CDC), is an ongoing statewide health survey conducted via phone with Connecticut adults. It 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. CT BRFSS data help fill surveillance gaps and enhance the effectiveness of prevention programs. The survey routinely collects information on topics such as tobacco use and vaping. The survey also gathers data on adult cannabis use, utilizing CDC-designed cannabis questions supplemented by state-specific questions. The BRFSS is funded through a CDC Cooperative Agreement, alongside other federal and state sources that sponsor specific topics or support oversampling to improve data reliability and the detection of health disparities. Annual administration costs for the BRFSS range from $950,000 to $1,200,000. For more details on the CT BRFSS and to view reports, see the CT BRFSS webpage.

- Connecticut School Health Survey (CSHS)/Youth Risk Behavior Survey (YRBS)
  - The Connecticut School Health Survey (CSHS), known nationally as the Youth Risk Behavior Survey (YRBS), is a CDC-sponsored health survey conducted biennially in public high schools across Connecticut. The 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. It consistently highlights the link between healthy behaviors and academic success. The survey covers topics like alcohol, tobacco, vaping, and illicit drug use. With school participation now mandatory, a larger and more representative sample is collected to help better capture and identify health disparities. The CSHS is funded by a CDC Cooperative Agreement, along with federal tobacco prevention and state cannabis funds. The administration of the CSHS costs between $100,000 and $120,000. For more details on the CT YRBS and to view reports, see the CSHS webpage.

- Syndromic Surveillance System/EpiCenter
  - The Syndromic Surveillance System or EpiCenter is 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. This includes verifying accuracy of current classification for marijuana/tetrahydrocannabinol (THC) use; creating a new classification for cannabis poisoning; building a new dashboard to track emergency room visits with cannabis use; and creating a new cannabis publication for DPH and local health departments.

- Pregnancy Risk Assessment Monitoring System (PRAMS)
  - The Connecticut PRAMS is a surveillance project of the DPH and the CDC. PRAMS collects information on maternal health, attitudes, and experiences before, during, and shortly after pregnancy from a sample of postpartum women in Connecticut. 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; how (e.g., smoked, dabbed, vaped, etc.) and why (e.g., relieve nausea, relieve stress or anxiety, etc.) 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. This supplement was implemented during the 2022 surveillance year. Beginning with the 2023 surveillance year, the new PRAMS Phase 9 survey was implemented with the added question about marijuana or cannabis use before, during, and after pregnancy on the survey for long-term surveillance.

HIV and Hepatitis C (HCV) Prevention and Care Program Activities

The Connecticut Department of Public Health (CT DPH) HIV/HCV Prevention Program receives funding from the CDC to support a high-impact, comprehensive HIV/HCV Surveillance and Prevention Program focused on activities to reduce new HIV/HCV infections, achieve viral load suppression, and improve health outcomes for persons living with HIV/HCV. The Program received funding from CDC through a Cooperative Agreement grant for both Integrated HIV and Viral Hepatitis Surveillance and Prevention Programs for Health Departments. State funds are used for HIV testing supplies, Syringe Services Program (SSP) supplies, Integrated Community Planning, Community Distributions Center (condom distribution and health education materials), and social media related initiatives.

- Core Programs
    - HIV/HCV Prevention Program focuses efforts on communities where HIV/HCV is most heavily concentrated by supporting increased HIV/HCV testing, access to pre-exposure prophylaxis (PrEP) for HIV prevention, and the expansion of prevention services for person who use drugs and to populations most likely to be impacted by health disparities.
    - DPH's HIV/HCV Prevention Program is the state's leader in the provision of funding for HIV/HCV testing within clinical settings (Routine Testing Services) and non-clinical settings that provide HIV Testing services in communities most impacted by HIV/HCV. PrEP Navigation Services is integrated into HIV testing services. Since 1990, CT DPH has been the sole resource for Harm Reduction Services in CT and coordinates the SSPs and Overdose Prevention and Access to Narcan. The program oversees the Community Distribution Center which operates the statewide education materials/resource warehouse, in addition to the required CDC component, Condom Distribution Program for persons living with HIV and those at highest risk of infection for HIV, HCV, Substance Use Disorder (SUD), and Sexually Transmitted Diseases (STDs).

- Collaborative Activities
    - 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. The funding source is state AIDS funding and currently provides funds to purchase HIV/HCV kits, overdose (OD) kits and harm reduction supplies. Participants are trained on overdose prevention, harm reduction strategies, and how to access substance use disorder treatment referral services.

- In 2023, DPH-funded SSPs conducted 3,572 individual-level OD training for clients participating in syringe services programs and distributed 8,580 naloxone kits. In 2022, the Program conducted 3,105 individual trainings and distributed 7,044 naloxone kits. Through the 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. In 2022, 139 group-level community trainings were conducted with 1,490 participants, and 1743 naloxone kits were distributed. The community-level trainings target a variety of providers (i.e., first responders, Department of Corrections staff, substance treatment staff, emergency medical staff, overdose survivors and their family members). From 2022 to 2023 the numbers of SSPs remained the same, 11 programs. DPH will continue to expand harm reduction services throughout the State via SSPs' mobile units, brick-and-mortar sites, harm reduction centers, home delivery, secondary distribution methods, and SSP vending machines. In addition, DPH encourages funded SSPs to partner with other organizations located in rural and suburban geographical areas to continue to expand our harm reduction services as needed.

- Accomplishments for the last year
  - Collaborated with the Department of Consumer Protection (DCP) on the legislative policy that allows CT SSPs to operate vending machines for the provision of harm reduction supplies in regions of CT where there are no or limited harm reduction services.
  - Fentanyl Testing Initiative –In 2023, SSPs distributed 19,139 fentanyl testing strips to over 9,000 SSP participants. In 2022, SSPs distributed 16,207 fentanyl testing strips to over 7,000 SSP participants. In collaboration with SPPs and community partners, the initiative provides free fentanyl testing strips to SSPs in CT.
  - Xylazine Testing Initiative - In October 2023, the first xylazine testing pilot for SSP participants was instituted. For the last three months of 2023, a total of 758 xylazine testing strips were distributed to over 175 SSP participants. In collaboration with SPPs, the initiative provides free xylazine testing strips and training to SSPs in CT.
  - Secured CDC funding for High Impact HIV Prevention and Surveillance for Health Departments. CT DPH received $2,975,716 for prevention and surveillance and prevention activities. Prevention efforts will focus on HIV/HCV testing in healthcare and non-clinical settings, PrEP/PEP Services, and Harm Reduction Services.
  - In 2023, DPH and DMHAS entered into a Memorandum of Agreement (MOA) to support additional funding for harm reduction supplies to all of Connecticut's Syringe Services Programs (SSPs) funded by DPH. The funding was earmarked from the Opioid Settlement Advisory Committee (OSAC). The MOA is in place until 2027.

- Current & Projected projects and initiatives
    - Collaborating with DMHAS on Implementing Harm Reduction Vending Machines, a recommendation from the Opioid Settlement Advisory Committee (OSAC). DPH will provide funding to contracted SSPs to implement twenty (20) Harm Reduction Vending Machines in various sites across Connecticut to increase access to sterile syringes and other harm-reduction supplies.
    - SSP Annual 2-Page Reports have been completed for 2023 and can be found on the DPH HIV Program website.

Office of Emergency Medical Services (OEMS) 2022 – 2025

In June of 2019, the SWORD (Statewide Opioid Reporting Directive) program was launched wit the passage of PA 18-166, which required all opioid overdoses to be reported to DPH. The original SWORD reporting model required all reports be made by EMS Clinicians directly to the Connecticut Poison Control Center (CPCC).

- OEMS received funding from COSSAP (Comprehensive Opioid, Stimulant, and Substance Abuse Program) and OD2A (Overdose Data to Action). The funding supported the cost of the services provided by the CPCC. Since both COSSAP and OD2A funding were not guaranteed beyond 2024, this would impact funding available to support the MOA (Memorandum of Agreement) with CPCC. OEMS collaborated with the DPH IT Department to identify options that would allow sustainability for the SWORD program. The decision was made to automate the reporting process for the EMS Clinicians.
  Reporting automation provided several gains, including improving reporting compliance. This option was cost-saving for the department as it alleviated the agency from paying annual subscription fees. In addition, the reporting automation eliminated the need to interact with the CPCC.
  OEMS began testing the new automated system in January of 2024. In September 2024, OEMS launched the automated system and ended the proxy reporting requirement to the CPCC. This new system serves as a bridge between the Image Trend EMS data repository and the Federal ODMAP (Overdose Data Mapping Application Program) maintained by the Washington/Baltimore HIDTA (High Intensity Drug Trafficking Area).
  In March of 2024, a comparison was made between the original manual reporting method, and the new system. The manual reporting method, under-reported by as much as 47% at the time of the review. The new system initially over-reported opioid incidents by 14%, and by the time it was fully implemented in September of 2024, quality assurance improved the accuracy.
- OEMS program staff manage an opioid resources networking group known as the SWORD working group, which is held monthly. These meetings have been attended by Connecticut Poison Control, the UCONN Medical Center, the Office of the Chief Medical Examiner (OCME), HIDTA (High Intensity Drug Trafficking Area) for Connecticut, and DPH's Injury and Violence Surveillance unit. This group discusses trends in fatal and non-fatal overdoses and has been instrumental in collaborating on public health notifications, which are often based on trends identified in various data sets.
- Between May of 2022 and November of 2024, thirty issues of the monthly SWORD newsletter have been published to the OEMS website. The SWORD newsletter shares opioid overdose data trends, which are gleaned directly from ODMAP, Connecticut Poison Control, and now Image Trend data. Between April 1, 2022, and April 1, 2025, just over

16,479 suspected opioid overdoses were reported to the OEMS via Electronic Patient Care Record completion in Image Trend as part of the SWORD program. The SWORD automated system was successful in importing legacy data and detected over 12,500 suspected opioid overdoses for the same period and these were exported under the new reporting model.

- Five annual reports for the SWORD program are available on the website, and chronicle 2019-2023. The 2023-2024 report can be found in the June issue of the SWORD newsletter, which is also on the SWORD web page.
- In the summer of 2021, through quality assurance audits it was noted that the EMS Clinicians were not accurately reporting the number of total fatal overdoses. The inaccurate reporting was due to several reasons. The EMS crews were cancelled prior to arrival on scene, were not called through the 9-1-1 system, or there was insufficient evidence to suspect an opioid overdose as a cause of death. These factors had a direct impact on data accuracy. In collaborative meetings with the OCME, OEMS inquired if they would be willing to provide direct entry of suspected opioid overdoses into the ODMAP system. The OCME agreed and has been recognized as a direct data entry partner, on the ODMAP platform, since October of 2021. OCME also agreed to allow OEMS to report out on their suspected death data in the SWORD newsletter to provide a more accurate depiction of the overdose landscape in the State of Connecticut.
- OEMS has also participated in the OFR (Overdose Fatality Review) led by OCME, for the last two years. The OFR is a multi-disciplinary approach to understanding individual overdoses and the causation that eventually lead to the person's death. This effort is being operationalized by utilizing a similar nationwide model. The goal is to identify gaps across society and disciplines, and use the information garnished to develop programming that addresses the identified disparities.
- PA-23-97 requires EMS Organizations to provide Naloxone Leave Behind kits to patients, family members, or bystanders if requested. Beginning in January 2025, OEMS became responsible for reporting the number of kits distributed by EMS Clinicians across the State to the Commissioner of DMHAS.
- PA 23-97 gives control of the funds for purchasing Naloxone to the Department of Mental Health & Addiction Services. OEMS has assisted DMHAS by providing them with up-to-date contact information for all levels of EMS Organizations across the State. OEMS has also provided DMHAS with feedback on distribution improvement.
- OEMS signed an MOA with DMHAS in March of 2025. The MOA outlines the collaboration between the two agencies on the PDO (Prescription Drug Overdose) grant from SAMSHA. DMHAS is the grant administrator. This is a no cost agreement. DMHAS will work with the network of Connecticut's Regional Behavior Health Action Organizations, (RBHAO's) to provide five Train the Trainer opportunities. Course content includes current drug trends, recognizing an overdose, clinical interventions, risk factors, dispelling stigma, and the critical communication skills required when providing a Naloxone leave-behind kit to the patient or a member of the community. OEMS staff are developing the curriculum.

  The EMS trainers will receive a stipend from the RBHAO's upon providing evidence of having delivered the curriculum to 25 students. Details are still being discussed, however the goal for completion of the Train-the-Trainer portion of the program is May of 2025.

  OEMS will be guiding the content for thirty minutes of opioid response education videos,

specifically geared to First Responders. The EMS training videos should be ready for Statewide distribution by Fall of 2025.

- In July of 2024 & April of 2025, OEMS was named as a finalist for the Image Trend Hooley Awards. The Hooley Awards recognize first responders, administrative leaders, and personnel, honoring their involvement, creativity, passion, and contributions to innovation and excellence for community health and safety. There are three categories: Innovation, Service, and New Frontier. OEMS was a finalist in the category of Service Award for their work with the API, and the Point Buffer Map.
- The Point Buffer Map is an interdisciplinary initiative, which involves interdepartmental collaboration between DPH's Office of Data Management and Govrnance, Office of HIV Prevention, and Office of Emergency Medical Services, and an inter-agency collaboration between DPH and the DMHAS.
  The Office of HIV Prevention applied a Location Allocation modeling script to a twelve-month export of raw SWORD data. With this data, DPH successfully produced an interactive Uniform Resource Locator, (URL) map where twenty-five zones of activity were identified. The map could not initially be shared outside our agency, as it identified the location of specific overdoses. Additional programming was required to produce a map of twenty-five 2-mile radius buffers, within the five DMHAS regions across the State of Connecticut. The final version of the Point Buffer Map was shared with the DMHAS. The Point Buffer Map will help to identify the placement of emergency use Naloxone Boxes. The boxes will serve to increase access to opioid response resources in the most impacted communities. This resource, which is de-identified, will be useful as a tool to identify the placement of limited resources in communities where they are most needed.

Department of Consumer Protection (DCP)

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 Department has a statutory responsibility to set standards for the control of prescribing, dispensing, and administration of pharmaceuticals by health care providers as well as distribution of pharmaceuticals by health care facilities (e.g. hospitals, clinics, long-term care) and other entities (e.g. manufacturers, distributors, community-based programs).

MAJOR SUBSTANCE USE INITIATIVES AND ACCOMPLISHMENTS

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

PRESCRIPTION MONITORING PROGRAM

The Connecticut Prescription Monitoring and Reporting System (CPMRS) was designed to 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. The CPMRS also collects dispensation of 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. Over 41,000 users are currently registered and able to review prescription information for patients using the CPMRS. Connecticut now shares its prescription data with 40 states, Washington DC, Puerto Rico, and the Military Health Systems.

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 DCP routinely analyzes and publishes statistical information obtained from the CPMRS to support the activities of DCP and sister agencies concerning prescription drug misuse and abuse and for use in research. 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.

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 no later than January 1, 2023, in a conspicuous place in pharmacies and cannabis retail establishments. The posted materials notified consumers where to obtain information on how to safely store and dispose of prescription medications, cannabis and cannabis products.

The materials for the safe storage and disposal of prescription medications can be found on the DCP website. In addition to print materials, DCP also developed short informational videos for consumers on how to safely store and dispose of cannabis and cannabis products. Materials for safe storage and disposal of cannabis can be found on the state's cannabis website.

Beginning January 1, 2024, all Schedule II through V controlled substances dispensed by pharmacies required a fluorescent orange sticker be affixed to the bottle stating, "DANGER TO CHILDREN. KEEP OUT OF REACH." The intent of Public Act 23-100 was to make controlled substances more readily identifiable to patients to ensure they are aware the medication they are taking is a scheduled controlled substance and so extra care may be taken to safeguard the medication from misuse.

COMMUNITY DRUG TAKE-BACK PROGRAMS

Another important initiative of DCP has been the establishment of a prescription drop box program. 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. 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. The DCP also conducts educational campaigns for the general public about prescription drug misuse and the safe storage and disposal of over-

the-counter and prescription medications. Dropbox locations can be found using the interactive map on the DCP website.

MEDICAL MARIJUANA AND ADULT-USE CANNABIS PROGRAMS

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.

Legislation passed in 2021 allowed for cannabis use by adults in Connecticut. Individuals over the age of 21 years old may now purchase and consume cannabis and cannabis products in the state. Similar to the Medical Marijuana Program, the manufacturing, transport and sale of cannabis and cannabis products is strictly regulated to safeguard the health and safety of consumers. All cannabis and cannabis products are electronically tracked in real-time from the plant's beginnings as a seed or a clone through the growing and manufacturing process to the point of sale to the consumer. The electronic tracking system is required of all licensed cannabis establishments to monitor the state's cannabis supply and prevent diversion. DCP also oversees the state's cannabis website providing information for consumers, including for the responsible use of cannabis as well as resources for the prevention and treatment of substance use disorders.

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.

DCP also worked with pharmacies that have a trained pharmacist to hold naloxone prescribing events away from the pharmacy, thereby improving access to naloxone.

In March 2023, the federal Food and Drug Administration approved formulations of naloxone for over-the-counter use. While making naloxone available over the counter significantly increases access to the drug, Connecticut pharmacists are still being encouraged to prescribe naloxone to patients. This would allow for claims for the medication to be submitted to insurance carriers for possible coverage, potentially lowering the cost to the consumer. In 2024, DCP implemented regulations to permit naloxone and other over the counter medications to be distributed via vending machines.

Over 20,351 naloxone products were dispensed to Connecticut residents and reported to the CPMRS in 2024.

Department of Correction (DOC)

System of Care

The Department of Correction (DOC) 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 (IOP) utilizing Cognitive Behavioral Therapy 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-prison Addiction Treatment

The DOC Addiction Treatment Unit provides in-prison treatment services to several thousand Offenders annually. These services include brief treatment, Intensive Outpatient, Therapeutic Community Treatment, youth specific Intensive Outpatient treatment, gender specific treatment, DUI specific treatment, Time Out Program (TOP) for at risk Parolees and Medication for Opioid Use Disorder (MOUD). Recent TOP improvements include MOUD induction and maintenance, curriculum enhancements and process facilitation. Self-Management and Recovery Training (SMART) has expanded to be offered at all sentenced correctional facilities as well as for family and friends of those who are incarcerated.

DUI Offenders

Connecticut General Statute, CGS 18-100h permits the Department of Correction (DOC) to utilize discretion and offer provisional release to eligible offenders convicted of Driving Under the Influence (DUI) and/or related convictions, the possibility to be released on Home Confinement (HC) status. Offenders undergo a thorough screening and assessment process, which indicates risk and need upon admission into the DOC. Addiction Treatment professionals, specifically manage this process, to determine eligibility and suitability of each individual offender.

The DUI treatment program offers expansive clinical programming, based on the level of care needed for each specific offender. Prior to consideration for release on DUI Home Confinement, offenders are required to complete their assigned treatment program. Any offender who enters the DOC, who is determined to be ineligible for HC status, shall still be offered treatment and programs, so that they may engage with Addiction Treatment staff and acquire additional insight, knowledge, and skill(s) prior to their release, despite their individual eligibility for provisional release.

The DOC Community Release Unit (CRU) renders decisions for all DUI HC releases. Cases approved for Home Confinement are then transferred to the DOC Division of Parole and

Community Services DUI Unit, a specialty parole unit, to begin the release process.

Community Aftercare

DOC is the sub-grant recipient of the Residential Substance Abuse Treatment (RSAT) grant from OPM. DOC has enhanced its ability to provide continuity of care from in-prison to community care for Offenders following their participation in Residential Substance Use Treatment Programs. These services include Behavioral Health Treatment in addition to recovery supports such as employment and housing assistance, transportation, and other services.

The Residential Substance Abuse Treatment (RSAT) grant has funded two CCAR Recovery Coach positions. The Recovery Coaches in this position will work alongside the Addiction staff in the residential Tier 4 Programs at Osborn CI, Robinson CI, and York CI. The facility assigned Recovery Coaches will provide support and serve as a motivator, resource broker, mentor, and liaison to the individuals in the residential programs.

In 2024, two Addiction Counselor Supervisors were asked to present at the 50th National forum on Criminal Justice on the use of Peer Support in the correctional setting. The presentation highlighted the integral role that peer support plays in the residential substance use treatment programs and described the positive impact that the model has on recovery, lowering recidivism, and the positive impact the model has on improving the relationships between incarcerated individuals and correctional staff.

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

The DOC currently serves on average 1106 inmates daily with Opioid Use Disorder Medications and Psycho-Behavioral Counseling. There are currently MOUD programs in 10 Correctional facilities. These programs are vendor based, except for York Correctional Institution, which is an internally Licensed and Accredited Opioid Treatment Program (OTP). All three FDA approved medications are being offered at 10 out of 13 Correctional facilities: Methadone, Buprenorphine, and Extended-Release Naltrexone. The DOC fully supports the expansion to include all medications, however, there has been a slower roll-out of Buprenorphine due to Covid challenges. The Agency is currently using both Suboxone strips and injectables. The National Commission on Correctional Healthcare (NCCHC) has fully accredited 9 out of 10 programs. Garner CI currently operates as a satellite location and is vendor-operated and offers all three medications. The expansion to the remaining three Correctional facilities is currently being considered. The Opioid Settlement Dollars have been provided to the DOC to build out dosing rooms. These rooms will allow the remaining three facilities to expand services in the future to accommodate MOUD.

Medication Assisted Treatment for Alcohol Use Disorder

The DOC is currently providing treatment to inmates who have alcohol use disorder. Recently DOC has begun to offer Extended-Release Naltrexone as part of its treatment of alcohol use disorder. This expansion has included, additional training for medical and addiction staff, specific training on addiction related diseases for nursing staff and the addition of detox nurses. Those inmates who have alcohol use disorders are provided with information regarding medications available to them as well as services available to them upon discharge.

Naloxone (Narcan)

In a continued effort to respond to the growing Opioid Epidemic, 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. Overdose education and how to respond to an overdose emergency training is ongoing and is completed during CPR recertification for all staff. Every facility has NARCAN strategically placed throughout the facilities for easy access for any staff member to respond to an overdose emergency. This was recently expanded to all housing units in every facility. The Addiction Treatment Unit in the jails continues to train every new intake during facility orientation about the signs of an overdose, how to respond to an overdose emergency, as well as advising the individual that NARCAN is available to them upon their release. The Parole and Community Services division continues to have Parole Officers distribute NARCAN to offenders on their caseload. Several of the contracted provider halfway houses also continue to distribute NARCAN to offenders completing their stays in the Halfway Houses. The DOC has purchased alarm style boxes that hold NARCAN for our DOC halfway houses. When the box is opened to access the NARCAN it will trigger an alarm to alert staff that there is an overdose occurring in the house. This will decrease the response time and allow staff to respond to the emergency faster in some of the larger halfway houses. NARCAN training and education continues to be offered to the sponsors of our offenders. All sponsors of DOC releases or offender community placements are offered this service. If the sponsor is interested, the Family Coordinator will connect with the sponsor and provide training and education on community resources for family members as well as offering them a free NARCAN kit that we mail to them.

Tobacco Cessation and Prevention

Over the past several years, the Tobacco and Health Trust Fund Board provided funding to the DOC to develop tobacco education and cessation support programs in several jails. In 2016, DOC expanded this program to provide similar programs in the DOC funded Halfway Houses. Smoking prevalence data was collected as part of this project. The results show that Correctional populations have 4 to 5 times higher smoking prevalence rates than the general population, and female prisoner rates were even higher. This indicates that the Criminal Justice population has not benefitted from the national public health efforts to reduce the health consequences of tobacco, as has the general population. 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. This information has also been made available on the personal tablets of the inmate population. This comprehensive approach toward nicotine and vaping prevention in conjunction with addiction ideology provides the opportunity and information for the inmate population to make the correlation between the harmful effects of tobacco, substance use and wellness overall.

Recovery Coaching

The Recovery Coaching initiative with Connecticut Community for Addiction Recovery (CCAR) has expanded to our Community Parole District Offices as well as our Halfway House contracted 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 their recovery journey in the community. In 2024, there were 418 Peer Recovery support referrals to CCAR. These individuals have received support on navigating treatment, have been referred for

MAT, and are engaged members of the CCAR recovery community. The Addiction staff inside of the Correctional facilities, continue to refer and have individuals engage with coaches before their release from custody. In addition to the in-reach in the Correctional facilities, the Addiction Staff are providing the Recovery Coach Academy inside of the prisons. This Academy gives newly released individuals an opportunity to begin the process to become a Recovery Coach in the community.

In 2024 in partnership with CCAR, the Recovery Coaching program inside of the Correctional facilities added the opportunity for incarcerated individuals to earn the Recovery Coach Professional Designation. This advanced training is offered to individuals who have completed the Recovery Coach Academy and have been selected for the additional training. The additional training facilitated by CCAR staff, consists of 16 hours of Ethical Considerations for Recovery Coaches and 12 hours of Recovery Coaching Professionalism. This training allows for the inmates to obtain needed skills to become Recovery Coaches in the community upon discharge.

SMART (Self-Management and Recovery Training)

Self-Management and Recovery Training, commonly referred to as SMART™, is a support group for individuals recovering from alcoholism and other addictions. It helps individuals, family members and friends learn how to move forward in life. The tools and techniques taught in SMART Recovery™ meetings are based on scientific research that can help people make healthy life choices. SMART recovery is currently offered in all sentenced facilities and is a combination of curriculum based programming and alternative peer groups. Peer groups are designed to help collaborate peer to peer relationships among participants. This peer-to-peer relationship can help to foster growth, allow for communication, and show how peers can work together.

SMART – Recovery Family and Friends

The family and friends program helps individuals who are in a close relationship with an individual who is struggling with addiction or problematic behaviors. SMART Recovery Family & Friends helps improve the understanding of the problem, provide information of what supports are available and helps form a plan to regain control of their own life. Family and Friends are highly encouraged to discuss SMART recovery with their loved one during phone calls and at visits. Family and Friends are engaged with the Family Coordinator who provides resources and opportunities to family members to engage in SMART recovery.

Connecticut State Department of Education (SDE)
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.

Education
Connecticut General Statutes (C.G.S.) Section 10-16b. Prescribed courses of study, requires that the program of study in public school includes substance abuse prevention, including instruction relating to opioid use and related disorders. Additionally, C.G.S. Section 10-19. Teaching about alcohol, nicotine or tobacco, drugs and acquired immune deficiency syndrome. Training of personnel, 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. 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. The CSDE's standards of instruction for health education and physical education, titled the Healthy and Balanced Living Curriculum Framework, includes core content indicators for elementary, middle and high school grades. Specially, Standard 1: students will comprehend concepts related to health promotion and disease prevention to enhance health, addresses age-appropriate instruction on "Alcohol, Nicotine and Other Drugs (ANOD)."

School Discipline Data Reporting
The CSDE produces an annual report on school discipline, which chronicles incidents and behaviors that result in student in-school suspension, out-f-school suspension, but suspensions, and expulsions. Data is collected on incidents involving "Drugs, Alcohol and Tobacco.' As of Julu 1, 2021, Public Act 21-1 legalized possession of up to 1.5oz of marijuana and allowed usie in specified locations for those over 21 years of age. As with tobacco-based products, including electronic nicotine delivery systems (ENDS), marijuana is not legal on school grounds regardless of the student's age. To accompany this change in legislation, marijuana-based incident codes were introduced in the 2021-22 school discipline collection Please see the Report on Student Discipline in Connecticut Schools for additional information.

Guidance and Training for Schools
On October 1, 2022, the CSDE, in consultation with the Department of Consumer Protection (DCP) and the Department of Public Health (DPH), issued guidelines for local and regional boards of education on the Storage and Administration of Opioid Antagonists in Schools. The guidelines include requirements under Connecticut statutes, recommendations for school policies and procedures, best practices regarding training of qualified staff on the administration of opioid antagonists (e.g., naloxone), and notification and communication to families, students and school staff. Additionally, the CSDE in collaboration with DCP and DPH developed the Naloxone Training Program. The training program includes information on:

- Opioid Use and Misuse;
- Risk Factors for Opioid Use Disorder;
- Prevention Strategies;
- Signs and Symptoms of an Overdose;
- Obtaining and Administering Naloxone;

- Good Samaritan Laws and Other Relevant Laws; and
- Treatment and Recovery Support Resources.

Naloxone Access, Availability, Storage and Training in Schools
The CSDE surveyed Connecticut public school districts in 2022, in collaboration with the Connecticut Alcohol and Drug Policy Council and again in 2024 in collaboration with the Department of Mental Health and Addiction Services (DMHAS) and the State DPH. Results of the 2024 survey are below:

- 120 school districts responded to the survey.
- 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 twenty reported instances of naloxone administration in schools, with school nurses' administration 75% (15) of those doses. Other administrators included unnamed school staff, first responders, school resource officers, and one school-based health center professional
- Naloxone is most commonly stored in the nurse's office. Other locations include co-located with automated extyernal defibrillators (AEDs), in school-based health centers, athletics offices, and security offices.
- Naloxone is accessible to members of the school community 57% of the time and to the public when in school buildings 32% of the time.

Community Collaboration
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.

The following programs are administered by the CSDE and focus on positive youth development. In addition to many opportunities for growth and enrichment, these programs include age-appropriate discussion on substance use prevention:

After-School Grant Program: $5,636,281
The After-School Grant Program was established by the Connecticut General Assembly for creating high quality after-school programs. After-school programs are defined as programs that take place when school is not in session and provide recreational activities, parent involvement, wellness components and educational enrichment designed to complement academic programs for students in Grades K-12. These programs, located in elementary or secondary schools or community-based facilities, provided a range of high-quality services to support student learning and development. In addition to tutoring, mentoring, homework help and academic enrichment initiatives, programs also provide youth development activities, violence and pregnancy prevention programming, substance use prevention, counseling, project-based learning, art, music, and technology education programs, service learning and character education. Between 28 and 32 programs are funded annually.

Family Resource Centers: $5,802,710

Family Resource Centers (FRCs) provide access, within a community, to a broad continuum of early childhood and family support services that foster optimal development of children and families. FRCs 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. School-based FRCs collaborate with many resources in their communities, including child-care providers, School Readiness Councils, local United Way chapters and service providers of the Departments of Social Services and Children and Families. There are currently 57 FRCs funded through the CSDE annually.

Leadership, Education, Athletics In Partnership (LEAP): $280,990

The LEAP Program 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. Since 1992, LEAP has led the movement to provide children and youth with opportunities to thrive in all areas of their lives. LEAP programming addresses the whole child, with activities in reading, math, arts, health, athletics and interpersonal skill building.

Neighborhood Youth Centers: $552,479

Exclusively served through Boys and Girls Clubs, the Neighborhood Youth Center Grant Program focuses on character development as the cornerstone of positive youth growth. Boys and Girls Clubs focus on capturing the interests of young people, improving their behavior and increasing their personal expectations and goals. The CSDE supports 17 sites through the Connecticut Alliance for Boys and Girls Clubs and one individual community-based club (Bridgeport).

Primary Mental Health Program: $345,288

The Primary Mental Health Program is 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. Through a competitive bidding process, the CSDE currently supports 18 Primary Mental Health Program sites throughout the state.

School-Based Diversion Initiative (SBDI): $980,000

In collaboration with DMHAS, the Judicial Branch Court Support Services Division (JBCSSD), the Department of Children and Families (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. SBDI is a school-level initiative that engages teachers, staff, administrators, and school resource officers through consultation, expert training, and capacity building activities. SBDI is an effective strategy to increase access for students and families to mental health prevention supports and treatment services in the school and local community. SBDI has been implemented in 76 schools across 26 districts, impacting over 80,000 students and reducing court referrals by 25 percent and increasing connections to Mobile Crisis Intervention Services by 24 percent.

Department of Social Services (DSS)

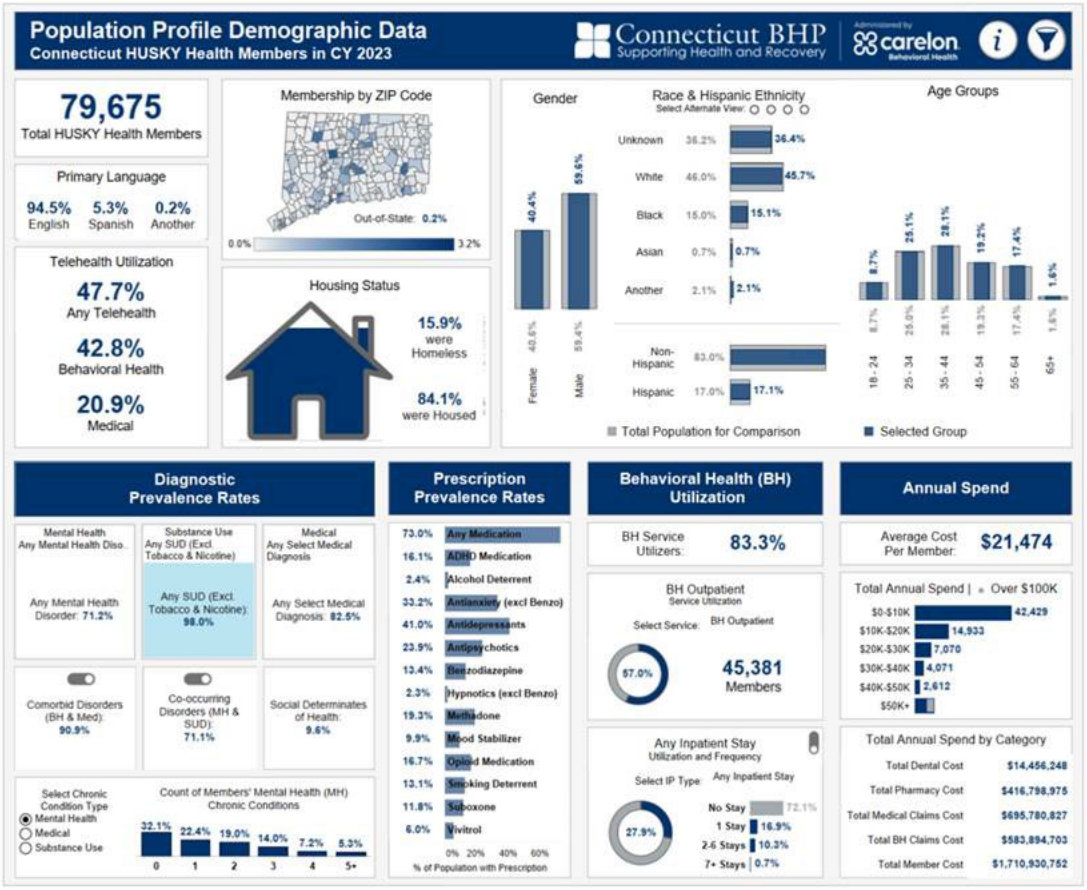
The Connecticut Department of Social Services (DSS) implemented an 1115 Demonstration Waiver for SUD inpatient and residential treatment for adults and children under fee-for-service (FFS). Connecticut also requested this Demonstration to ensure a complete American Society of Addiction Medicine (ASAM) 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.

Connecticut Medicaid covers all ambulatory ASAM Level of Care (LOCs) 0.5 through 2.5, as well as inpatient withdrawal management (ASAM level 4-WM). Connecticut submitted a Medicaid State Plan Amendment (SPA) in conjunction with this Demonstration to cover residential and inpatient treatment, as well as all levels of withdrawal management (ASAM levels 1-WM, 2-WM, 3.1, 3.2-WM, 3.3, 3.5, 3.7, 3.7-WM, 4). The Demonstration permits DSS to provide critical access to medically necessary SUD treatment services in the most appropriate setting for the member as part of a comprehensive continuum of SUD treatment services
More information may be found on the DSS website on the SUD Demonstration Waiver using the following link: Substance Use Disorder Demonstration Project

Population Profile of Medicaid Members with SUD

The following dashboard highlights data in the adult Medicaid populations with SUD for calendar year 2023. There were 79,675 adult Medicaid members with SUD. Members with a Tobacco or Nicotine use disorder were excluded from this analysis.[1] The statistics for this population include:

- 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.



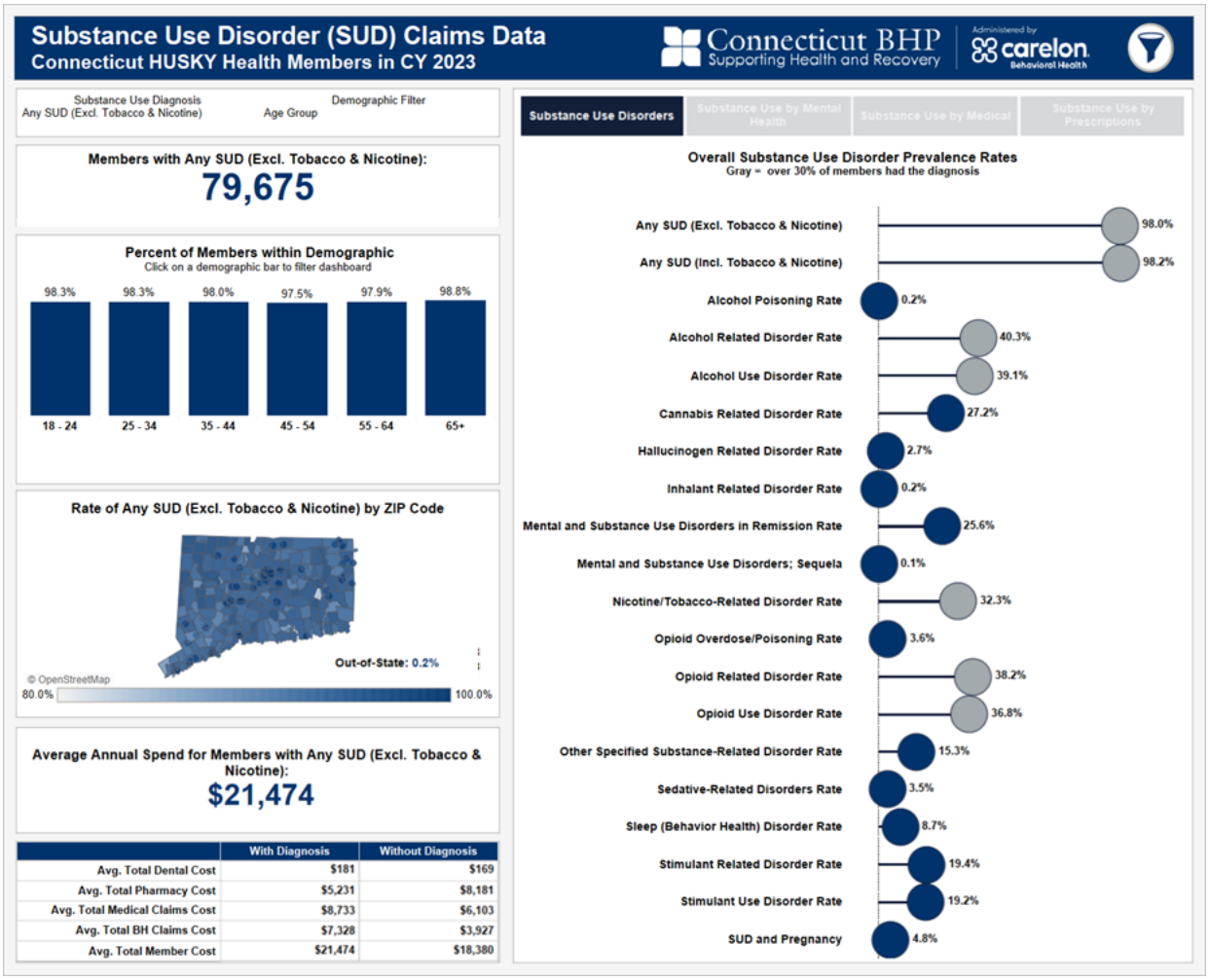
[1]Previous analysis on the population with an SUD included members with tobacco and nicotine use disorders

The following dashboards highlight the different aspects of the aforementioned adult population with an SUD.

Substance Use Disorder Diagnoses

The following dashboard highlights the specific types of SUD of the entire adult Medicaid population with SUD in Calendar Year 2023. Of the 79,675 adult Medicaid members with an SUD in CY2023, the following are the top five SUD categories:

- Alcohol Related Disorders: 40.3%/ Alcohol Use Disorder: 39.1%[2]
- 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% / Stimulant Use Disorders: 19.2%

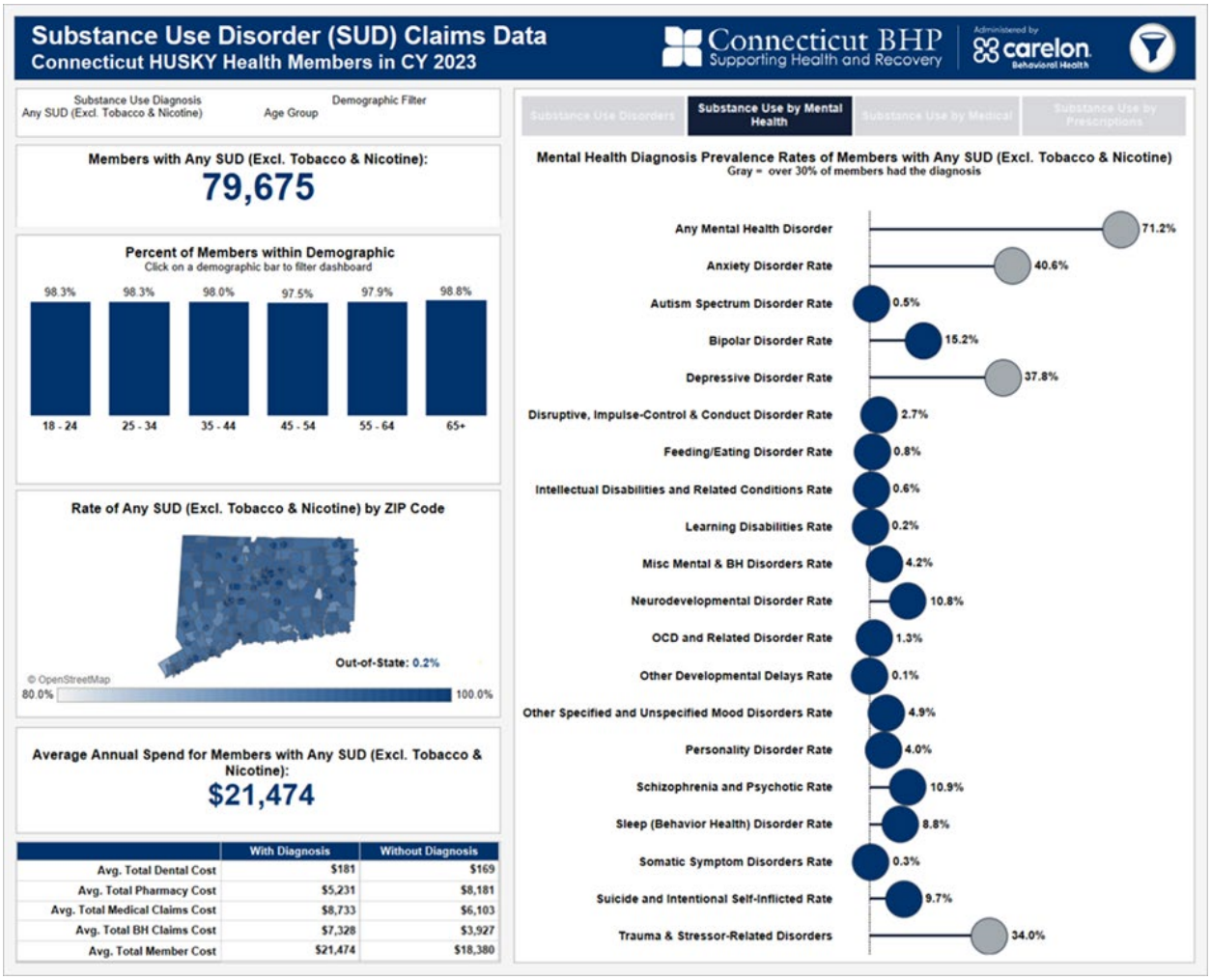


2 In calendar year 2023, the categories for alcohol, opioid, and sitmulant use disorders were updated to distinguish between use disorder, which implies the member had an active diagnosis of use disorder, and related disorder, meaning the member had a diagnosis that related to suage of the substance (e.g., remission).

Mental Health Disorder Diagnoses

The following are the top five Mental Health Disorder categories:

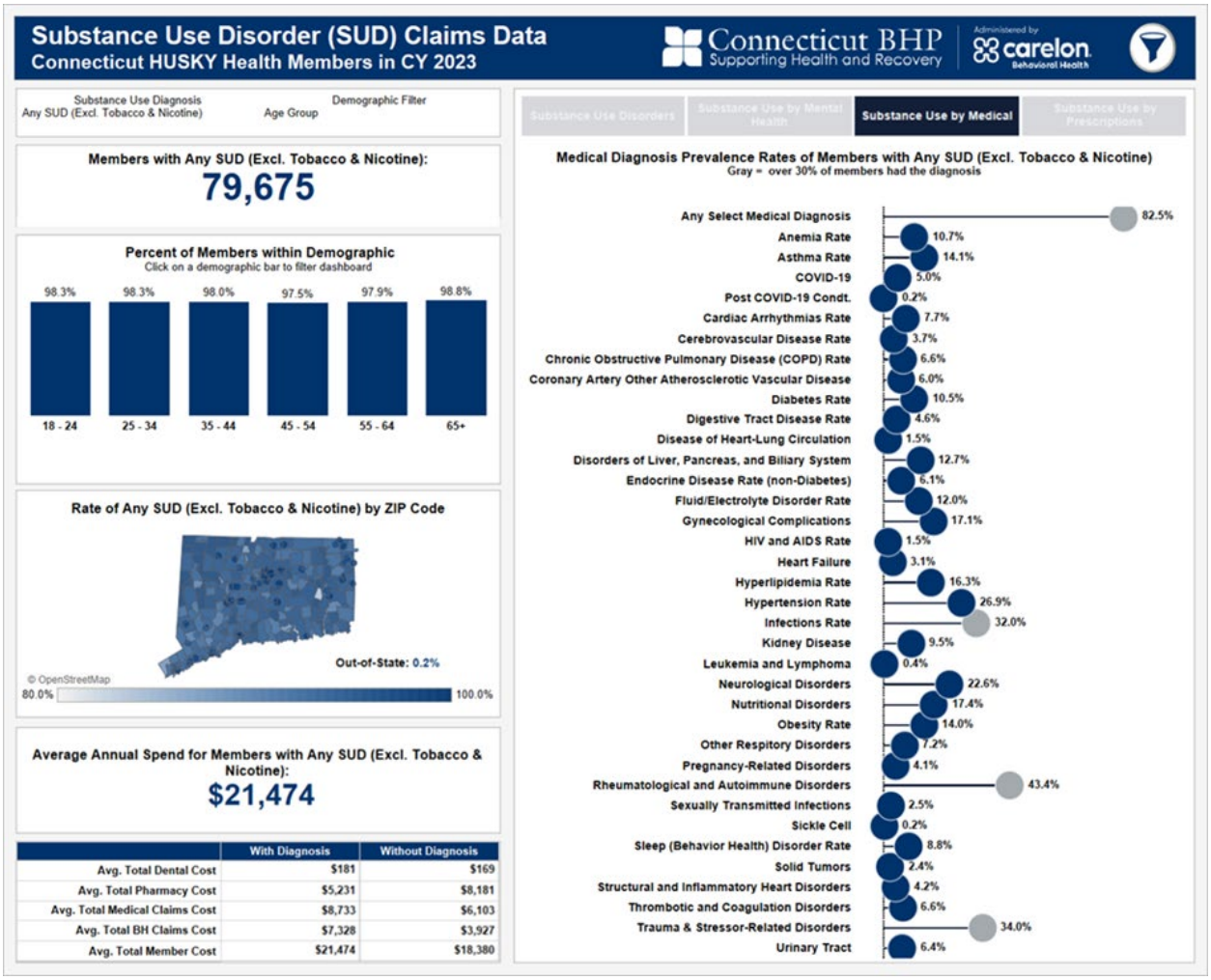
- Anxiety Disorders: 40.6%
- Depressive Disorders: 37.8%
- Trauma and Stressor-related Disorders: 34.0%
- Bipolar Disorders: 15.2%
- Schizophrenia and Psychotic Disorders: 10.9%



Medical Diagnoses

The following are the top five medical diagnosis categories:

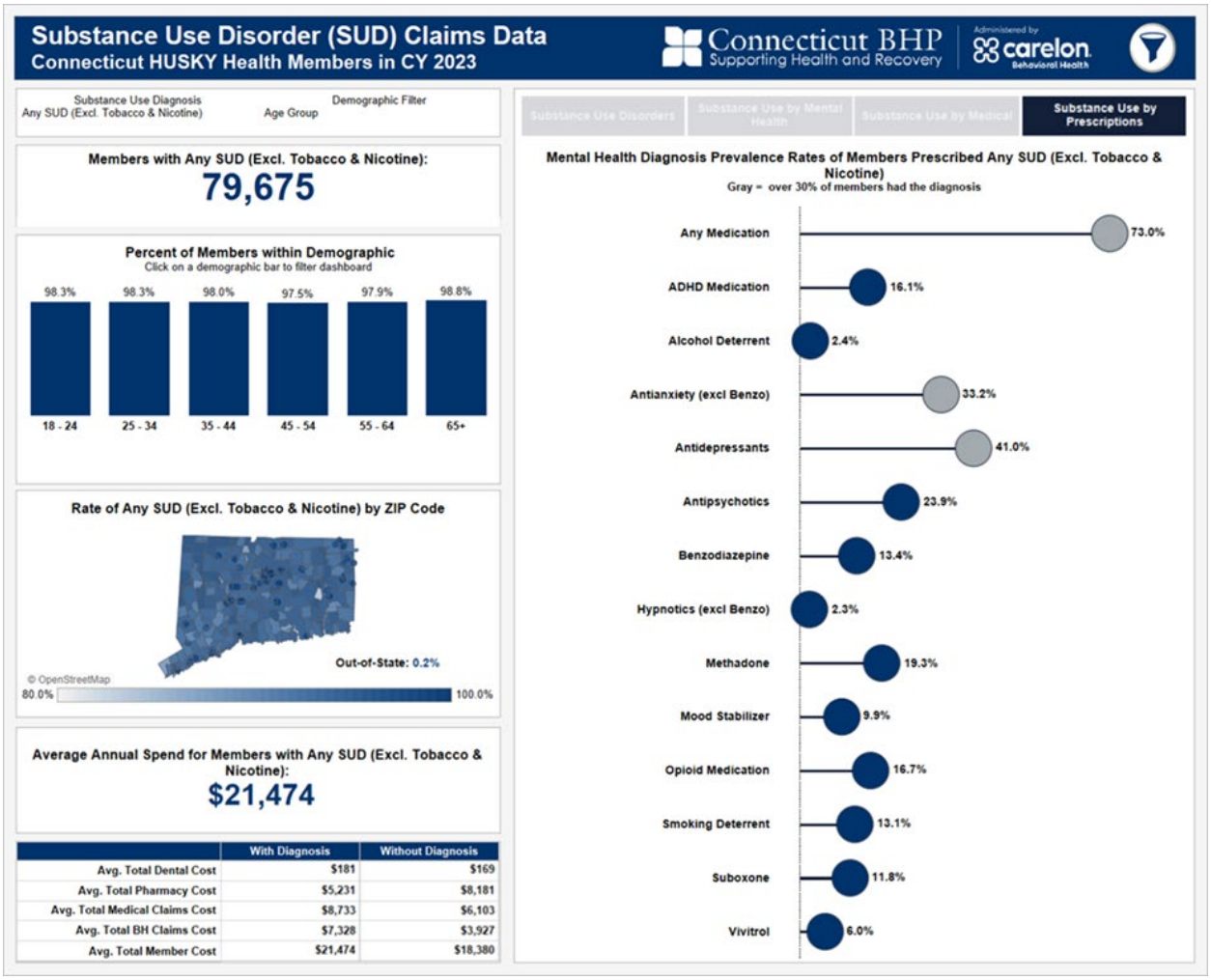
- Rheumatological and Autoimmune Disorders: 43.4%
- Trauma and Stressor Related Disorders: 34.0%
- Infections: 32.0%
- Hypertension: 26.9%
- Neurological Disorders: 22.6%



Pharmacy Prescriptions (added for CY 2023)

The following are the top five prescriptions:

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



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)

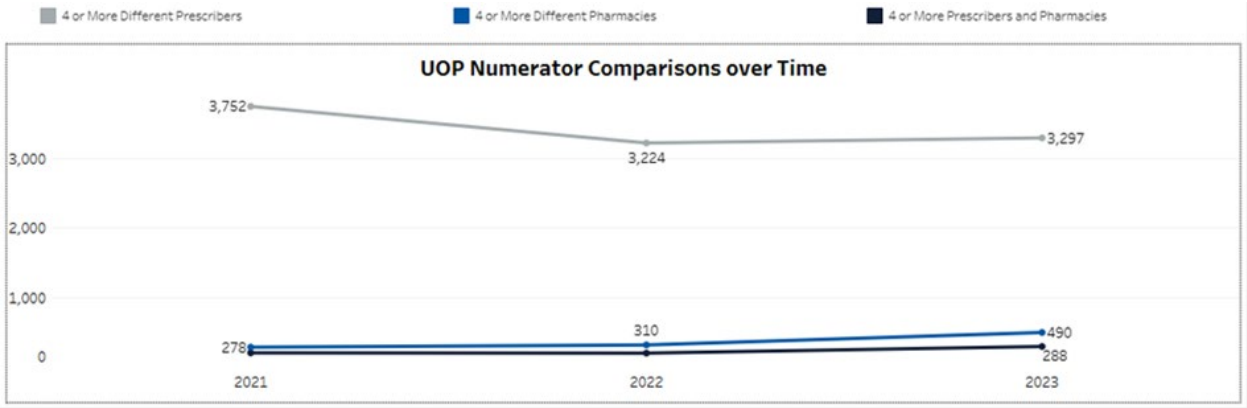
High Dose Opioid (HDO)

There are several nationally recognized and validated measures to opioid prescriptions, one of which is High Dose Opioid. High does opioid prescribing may identify a high-risk practice or pattern of prescribing.

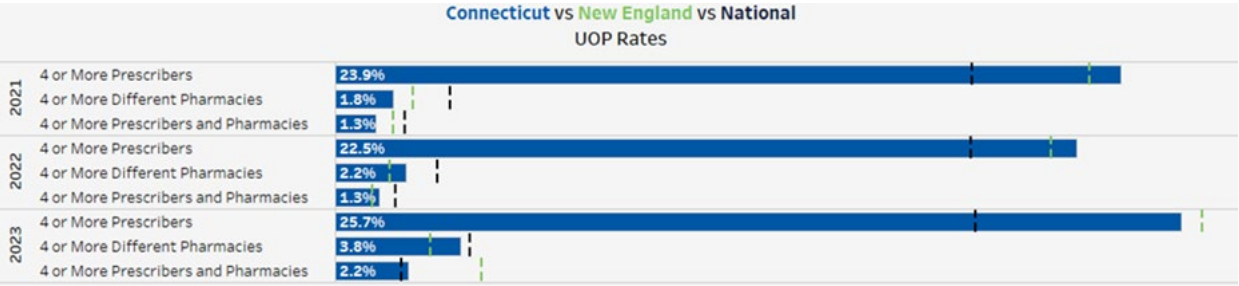
Opioids at High Dosage (HDO) HEDIS measure is important to help identify patients at high risk by focusing on providers who prescribe opioids in doses exceeding 90 morphine milligram equivalents (MME). Average daily MME for opioid medications during treatment period is calculated based on the total amount of medications dispensed and each medication's MME conversation factor that provides the comparable analgesic strength of oral morphine. It is important to note that for this measure, a lower rate indicates better performance. The following graphs compares Connecticut rates for prescribing HIDO to that of all to the average for New England states and for the nation. From CY2021 to CY2023, Connecticut had stable, but higher HDO rates than both the averages for New England states and the nation.

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. However, the number of members who were dispensed opioid prescriptions by four or more pharmacies had a notable increase from 278 members in 2021 to 490 members in 2023 (a 76.3% increase).

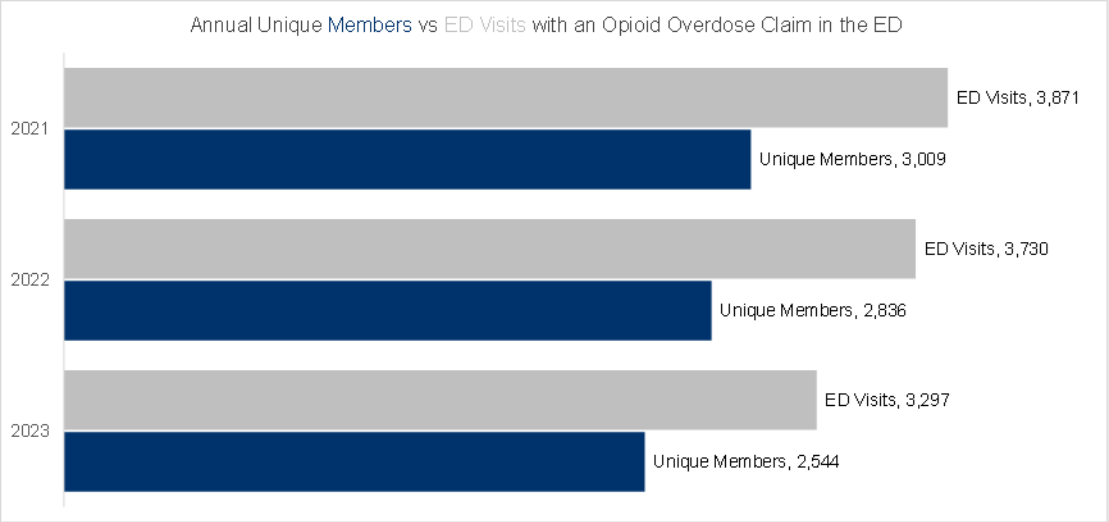


In the following graph, Connecticut is compared against New England states average and national average for UOP rates. In 2023, the UOP rate for 4 or more prescribers for Connecticut was higher than the national rate, but lower than the New England rate, whereas the UOP rate for 4 or more pharmacies was higher than the New England rate and lower than the national rate.



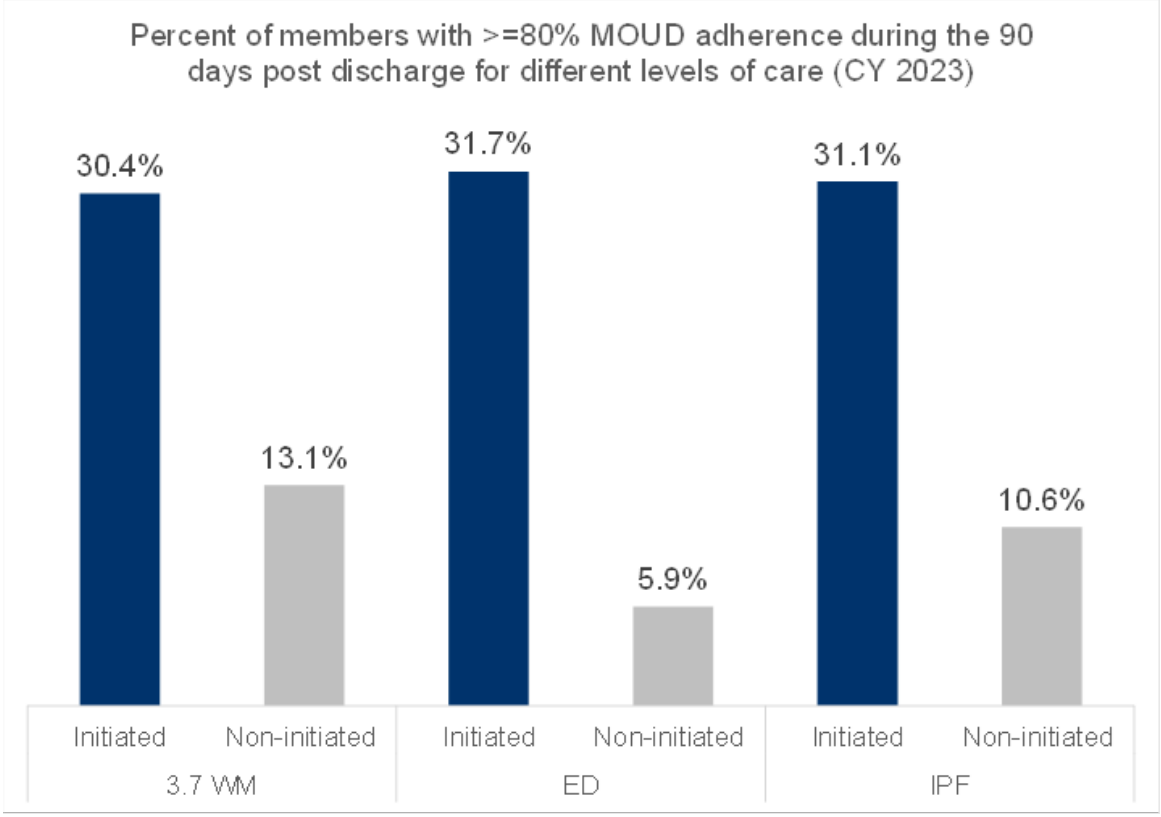
Opioid Poisoning in the Emergency Department

Accidental overdoses frequently result in an individual being transported to the emergency department and the emergency department visit may indicate an opioid poisoning. The data illustrates that the number of ED visits and the unique members for these visits decreased from 2021 – 2023.



Medication for Opioid Use Disorder (MOUD)

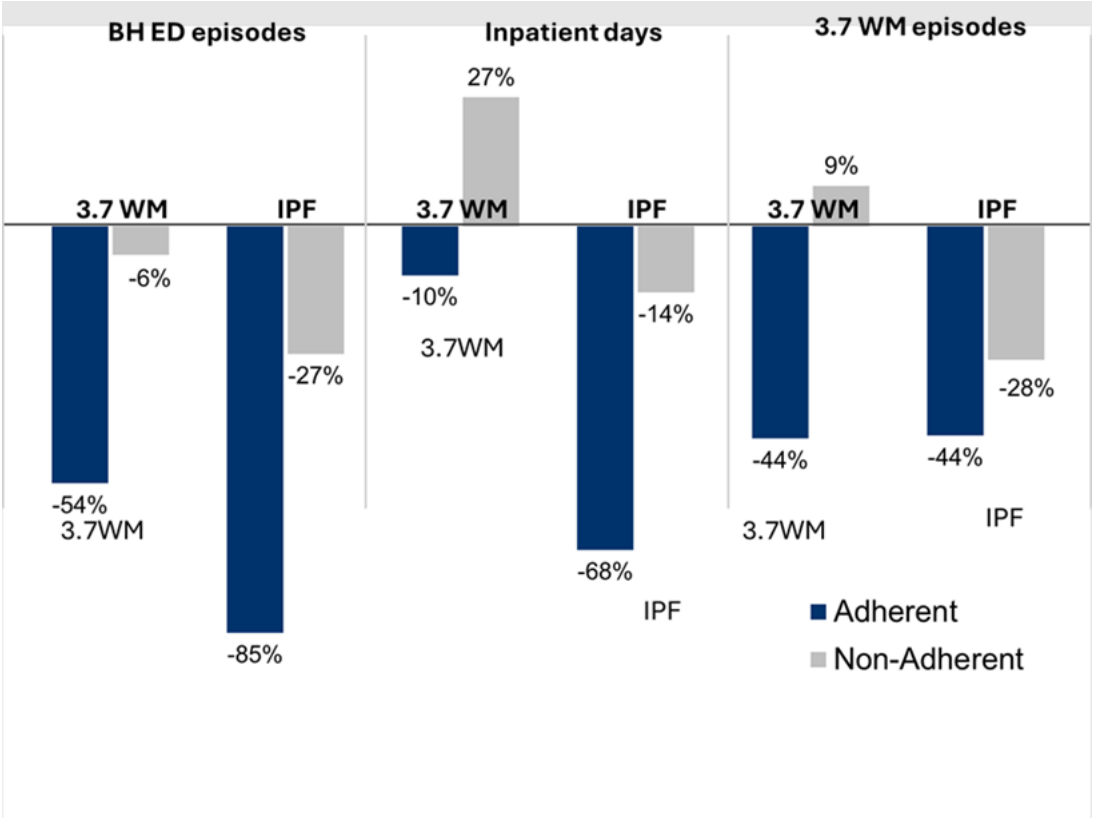
Medicaid covers several medications for the treatment of opioid use disorder (MOUD). The following represents efforts to make those medications more accessible for individuals eligible for Medicaid and which medications are being used. The data reflects that those inducted on MOUD in CY2023 had a greater 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.

Percent change in Service Use 90 days pre and 90 days post 3.7 WM episode or inpatient psychiatric episode



Pharmacotherapy for Opioid Use Disorder (CMS measure)

This measure includes five distinct rates:

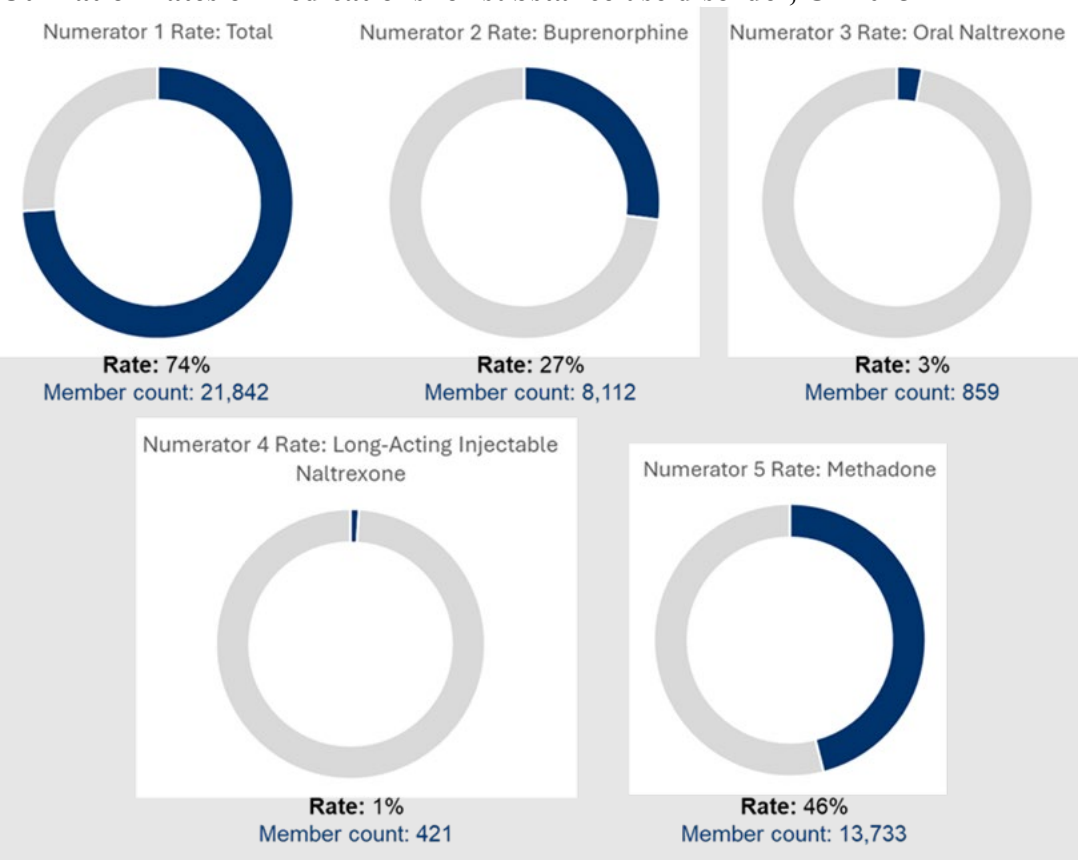
- Group 1: A total rate that captures FDA approved MOUD
- Group 2: Separate rate representing the FDA approved drug buprenorphine
- Group 3: Separate rate representing the FDA approved drug oral naltrexone
- Group 4: Separate rate representing the FDA approved drug long-acting, injectable naltrexone
- Group 5: Separate rate representing the FDA approved drug methadone

The data below shows that of Connecticut Medicaid members in Calendar Year 2023, 74% of members with an Opioid Use Disorder (29,585), were on any type of MOUD. The rates for the specific MOUD members were on were:

- 46% were utilizing methadone
- 27% were utilizing buprenorphine
- 3% were utilizing oral naltrexone
- 1% were utilizing long-acting, injectable naltrexone

The OUD-AD CMS Quality Measure for measurement year 2023 has a denominator of **29,585** members. The denominator includes HUSKY Health members ages 18-64 who had at least one claim with any diagnosis of opioid abuse, dependence, or remission during measurement year 2023. See below for the five numerator rates and member counts. Note that any member can be on more than one type of FDA approved MOUD medications and thus the sum of member counts from the sub-categories of group 2 to group 4 is more than the total unique member count of group 1 (any FDA approved MOUD).

Utilization rates of medications for substance use disorder, CY2023



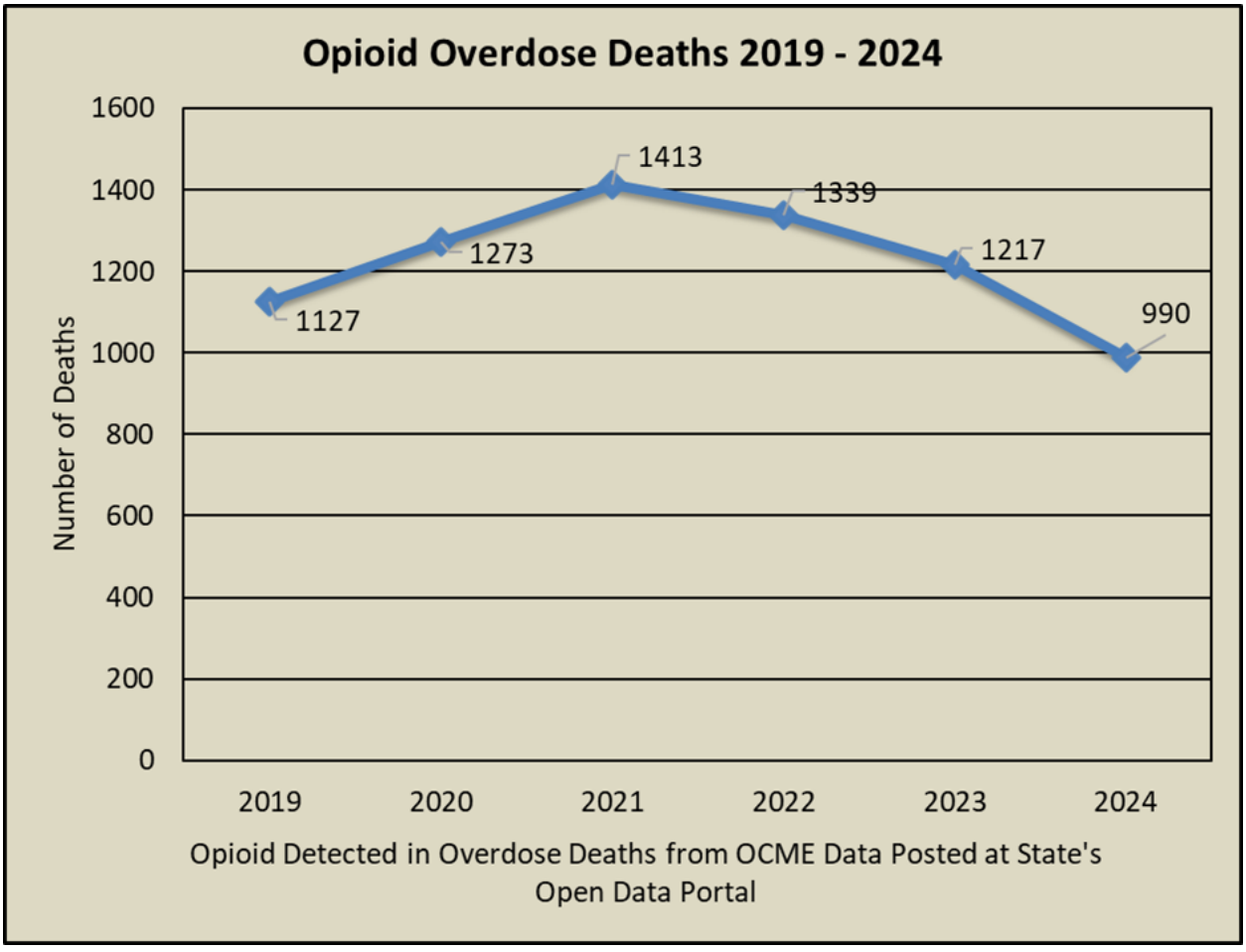
Department of Mental Health and Addiction Services' Triennial Report Subsection: Opioid Response

Introduction

Connecticut, like all of the other New England states and indeed, most of the country, began to see a significant increase in opioid use in fiscal year 2011. The surge in heroin and other opioid use has been described by the Centers for Disease Control and Prevention (CDC) as an epidemic (CDC, 2018). For over a decade, this is reflected in growing numbers of overdose deaths attributable to opioid use and it is also echoed in DMHAS utilization rates of substance use services, specifically related to opioid use. Since the last Triennial Report, however, overdose deaths declined in CY2022, CY 2023 and again in CY2024.

Connecticut's Opioid Epidemic

In Connecticut, there has been a downward trend in overdose death numbers for the last three consecutive years, with 1,524 deaths reported as confirmed by the Office of Chief Medical Examiner in calendar year 2021, 1,452 deaths in CY2022, 1,329 deaths in CY2023 and 990 in CY2024.



Despite recent declines in overdose deaths, the continued opioid epidemic can be observed in the data sets illustrated over the next few pages.

Connecticut's Opioid Crisis and Related Data

The data pertaining to the opioid epidemic, prevention / treatment interventions and outcomes can be complex. In some cases, the ability of capturing a complete dataset has its limitations. The data in this section will review the following areas:

- Opioid Overdose deaths by drug type: data from the Office of the Chief Medical Examiner (OCME) and provided in partnership with the Department of Public Health (DPH), publishes fatal overdose data.

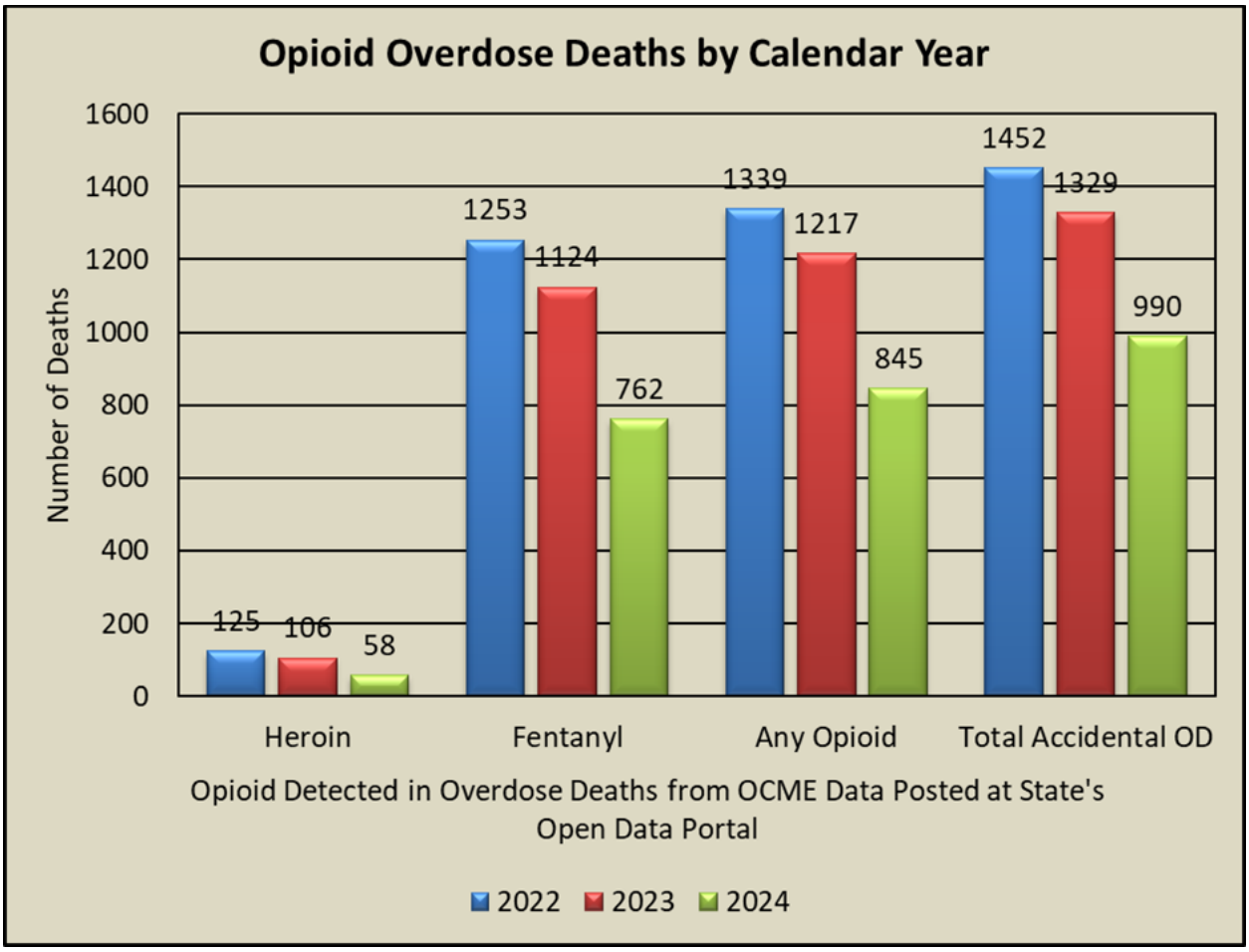
- Opioid-related admissions: this data is gathered from substance use providers' admissions data. This data is collected from providers in the DMHAS-operated and DMHAS-funded services system, as well as those methadone maintenance providers who do not receive funding from DMHAS but are monitored by DMHAS under federal mandate and thus report data to DMHAS. Upon admission, clients are asked about their substances of use.

- Substances of use at admission: this data is similar to the "Opioid-related admissions" category above in terms of the providers reporting to DMHAS. This item captures all substances of use as reported by the individual receiving services.

- Utilization of MOUD services: Medication for Opioid Use Disorder (MOUD) is an evidenced-based treatment to help clients manage withdrawal symptoms, reduce cravings and prevent relapse. The three medication types used in MOUD are methadone, buprenorphine and naltrexone.
    - Methadone: Collected from all methadone maintenance providers in the state, regardless of whether the provider receives funding from DMHAS or not. The nuance with methadone maintenance providers is that federal regulation requires that all methadone maintenance providers are monitored by, and report data to, the DMHAS Statewide Opioid Treatment Authority (SOTA).. As such, methadone data reported here is the complete data set for methadone utilization.
    - Buprenorphine and Naltrexone: Unlike methadone, not all buprenorphine and naltrexone providers are under any statutory authority to be monitored by DMHAS. As such, DMHAS collects data for buprenorphine and naltrexone only for the providers that receive DMHAS funding.

Opioid Overdose Deaths by Type

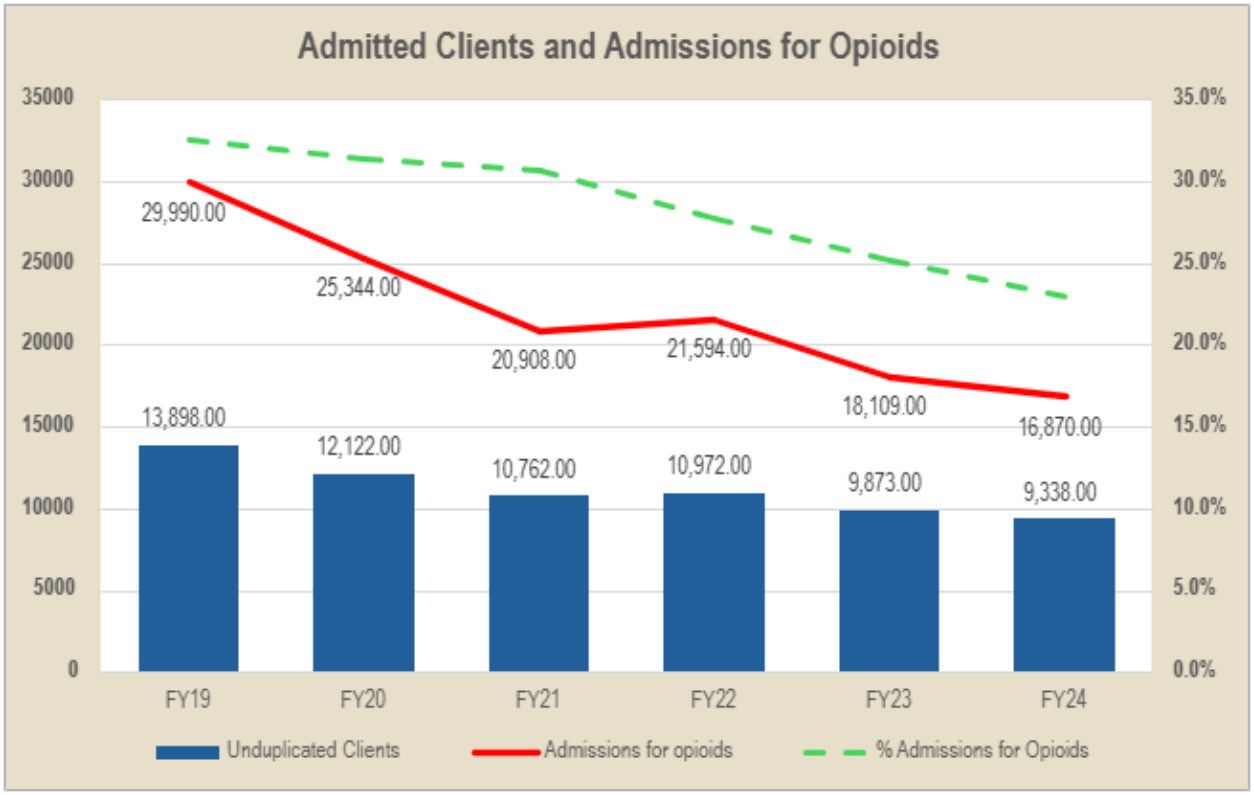
At this time, fentanyl is the substance most reported as present in CT overdose deaths, Fentanyl, a synthetic opioid, is 50 to 100 times the strength of heroin and has mostly replaced heroin in the drug supply. Use of fentanyl and contamination of other drugs particularly cocaine with fentanyl, puts people who use drugs at higher risk of overdose due to the strength and toxicity of the drug. 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.


Opioid Overdose Deaths by Calendar Year
Number of Deaths
1600
1400
1200
1000
800
600
400
200
0
125
106
58
1253
1124
762
1339
1217
845
1452
1329
990
Heroin
Fentanyl
Any Opioid
Total Accidental OD
Opioid Detected in Overdose Deaths from OCME Data Posted at State's Open Data Portal
2022
2023
2024

Opioid-related Admissions

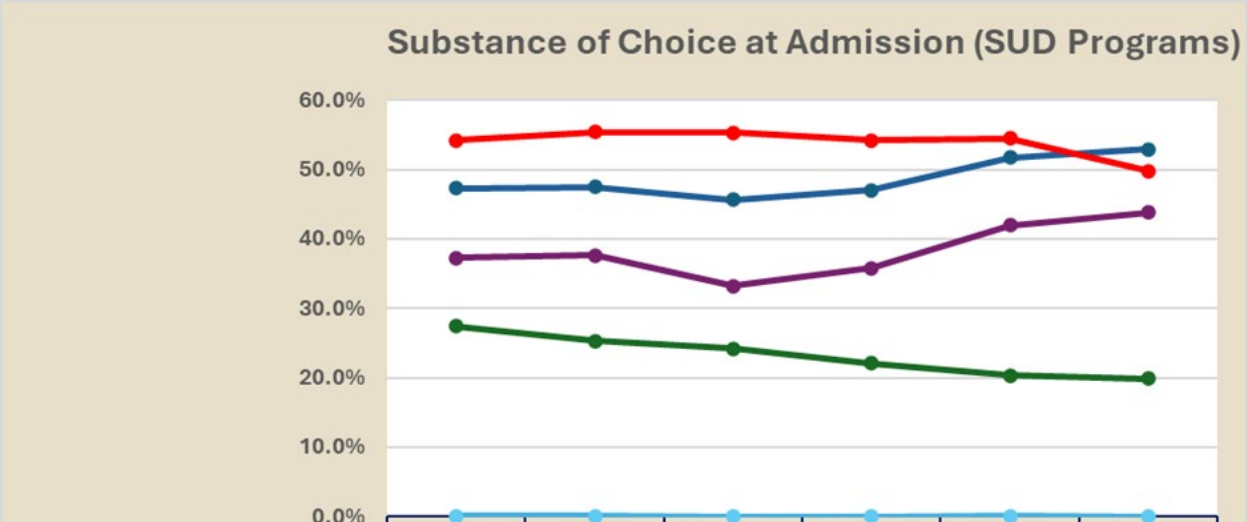
The DMHAS treatment system, which includes DMHAS-funded and operated substance use services, has seen a decline in opioid-related admissions since the epidemic's peak in 2017. Heroin and other opioid-related admissions have been in a slow decline from 2017 through 2024, apart from slight uptick in FY22. The larger drops in opioid-related admissions were between FY19 and FY20 (-15%), between FY20 and FY21 (-16%), and again between FY22 and FY23 (-10%). The decreases between FY19 and FY20 and again between FY20 an FY21 were largely related to the COVID-19 pandemic and related restrictions placed on treatment settings. The figure below includes information about opioid admissions as a percentage of all admissions to substance use programs:

- The blue bar represents unduplicated clients with an opioid-related admission to the DMHAS substance use service system.
- The red line represents opioid-related admissions to the DMHAS substance service system.
- The green line represents the percentage of opioid-related admissions out of all substance use treatment related admissions in the DMHAS substance service system.



Substances of use, self-reported at Admission

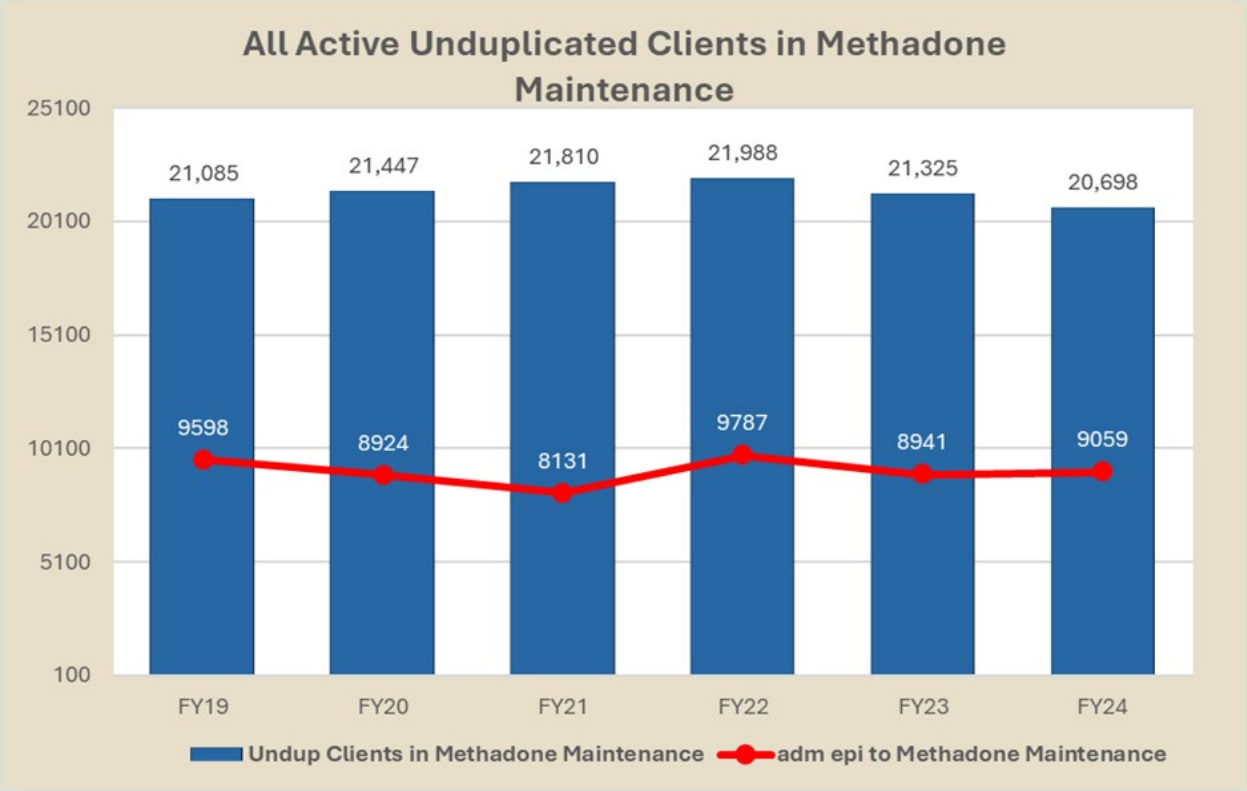
Substances of use is a data point collected at treatment-related substance use admissions to programs in which clients receive a clinical evaluation and diagnosis. Non-treatment substance use programs include case management, education / training, housing / employment, recovery support and preventions services. For several years, opioids (which include heroin, non-prescriptive methadone, and other opiates and synthetics) 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. However, 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.



	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%

Utilization of Medication for Addiction Treatment (MAT): Methadone Maintenance (MM)
Methadone Maintenance: Admissions and unduplicated clients served

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.



Opioid Epidemic Response

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 addiction treatment 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.

Connecticut Legislation and Policy Initiatives

Over the past 15 years Connecticut has proactively introduced and revised legislation focused on addressing the opioid crisis. Legislative initiatives have focused on, increasing access to opioid agonists (naloxone), imposing limits on the prescribing of opioids and increased monitoring of opioid prescriptions through the CT Prescription Drug Monitoring and Reporting System.

A comprehensive report of all legislative initiatives focused on Connecticut's Opioid Drug Abuse Laws was issued in 2021 and updated in 2022. The report examines legislative and policy initiatives in the following areas: Patient Care and Treatment, Access to Opioid Agonists, Prescription Drug Monitoring, Opioid and Controlled Substance Monitoring, Health Insurance and Drug Disposal.

As mentioned earlier in this report, during the 2022 legislative session Public Act 22-48, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING THE USE OF OPIOID LITIGATION PROCEEDS was passed into law. The Act establishes a new Advisory Committee, co-chaired by DMHAS and a representative from the municipalities, to ensure the proceeds received by the state as part of the opioid litigation settlement agreements are allocated appropriately. The Act specifies the proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability. This committee, the Opioid Settlement Advisory Council (OSAC), has been created and been actively working on identifying opioid-related needs in the state and analyzing how OSAC can support those needs. These projects are outlined in greater detail later in this report.

Six Key Strategies for a Comprehensive and Coordinated Response to the Opioid Epidemic

The following strategies have been adapted from the Addiction Policy Forum and serve as a guide to coordinate response and mitigation efforts related to the opioid epidemic.

1. *Strategies related to rescue*
    a. Reduce overdose deaths by expanding the availability of naloxone (Narcan) to first responders, law enforcement, treatment providers, community organizations, harm reduction workers, and families and loved ones in order to reverse overdoses and save lives.

2. *Strategies related to prevention and education*
    a. Prevent opioid use through education aimed at teens, parents, school and university faculty and staff, and other caretakers including medical professionals.

3. *Strategies related to treatment*
    a. Expand engagement and access to medication for opioid use disorder (MOUD) including methadone maintenance, buprenorphine and naltrexone.

4. *Strategies related to Criminal Justice*
    a. Implement criminal justice reforms that will increase the availability of MOUD in jails and prisons.
    b. Reduce barriers and adverse consequences faced by prisoners who may be dealing withopioid addiction or have drug convictions related to opioid use or distribution

5. *Strategies related to law enforcement*
    a. Foster improved coordination between law enforcement and Connecticut's treatment system in order to divert individuals arrested for opioid related crimes into treatment.
    b. Enforce laws related to trafficking of heroin and other opioids

6. *Accountability and quality care*
    a. Ensure that medical professionals screen for opioid misuse and dangerous combinations of prescription medications, establish limits for opioid prescriptions, and regularly review patients that are receiving prescription painkillers to assess continued need.

*Adapted from the Addiction Policy Forum – Key Elements of a Comprehensive Response to the Heroin Epidemic

Strategy 1: Strategies Related to Rescue

➢ Reduce overdose deaths by expanding the availability of Naloxone (Narcan) to first responders, law enforcement, treatment providers, community organizations, and families in order to reverse overdoses and save lives.	
Action Step: Continue to expand the statewide network of pharmacists that are trained and willing to prescribe and dispense naloxone	**Action Step:** Widely disseminate the names and locations of pharmacists that have completed the Dept. of Consumer Protection training program and are willing to prescribe and dispense Narcan.
Action Step: Provide in-person training to law enforcement, first responders, treatment providers, community organizations and families regarding proper use of Narcan.	**Action Step**: Continue to expand the numbers of Emergency Medical Technicians and other first responders that carry Narcan
Action Step: Continue to make online training regarding Narcan available to the general public.	**Action Step:** Continue to educate opioid users, family members, and the general public about Narcan.
Action Step: Distribute Narcan through syringe exchange programs.	**Action Step**: Ensure that all insurance carriers reimburse pharmacists for prescribing Narcan.
Action Step: Apply for federal funding being made available to expand overdose prevention training.	**Action Step:** Continue to ensure Narcan is available in schools and universities in CT
Action Step: Continue to distribute fentanyl testing strips in order to prevent overdoses.	

Strategy 2: Strategies Related to Prevention and Education

➢ Prevent opioid use through education aimed at teens, parents, school and university faculty and staff, and other caretakers including medical professionals	
Action Step: Use the state's network of Regional Behavioral Health Advocacy Organizations (RBHAO's) to distribute Narcan and educate the community about how to access it, and community resources available for the treatment of opioid use.	**Action Step**: Apply for federal funds being made available to prevent opioid use and overdose deaths associated with heroin and other prescription opioids.
Action Step: Continue to Inform the public about risks of opioid use and prescription drug use through videos, social media, websites, PSA's, and posters and billboards	**Action Step**: Continue efforts through the state's prevention and treatment network to de-stigmatize addiction which is often a barrier to help-seeking.
Action Step: Continue to disseminate educational materials regarding opioids for students, parents, and school personnel.	**Action Step**: Expand community disposal sites for unused and expired prescription medications.

Strategy 3: Strategies Related to Treatment

➢ Expand access to medications for opioid use disorder (MOUD) including methadone maintenance, buprenorphine, and naltrexone. ➢ Rapidly link opioid users to treatment	
Action Step: Maintain statewide network of walk-in assessment centers to rapidly assist opioid users to find appropriate treatment.	**Action Step**: Establish and implement protocols to attempt to rapidly engage into treatment those individuals that were rescued from an overdose
Action Step: Continue the statewide toll-free call line to connect callers to treatment options and make transportation available for individuals seeking treatment.	**Action Step:** Maintain and expand as necessary the statewide network of methadone maintenance programs.
Action Step: Increase capacity for outpatient programs to prescribe buprenorphine and naltrexone through clinic-based MAT.	**Action Step**: Improve linkages from withdrawal management services to MAT
Action Step: Continue to apply for federal funding being made available to expand access to MAT.	

Strategy 4: Strategies Related to Criminal Justice

➢ Implement criminal justice reforms that will increase the availability of MAT in jails and prisons. ➢ Reduce barriers and adverse consequences faced by prisoners who may be dealing with opioid addiction or have drug convictions related to opioid use or distribution	
Action Step: Increase employment training and job opportunities for ex-offenders.	**Action Step:** Continue to maintain and expand methadone services in the correctional system.
Action Step: Continue to transition offenders with drug convictions to community substance use programs.	**Action Step:** Continue diversionary services for individuals arrested for crimes related to opioid use. Expand where possible.

Strategy 5: Strategies Related to Law Enforcement

➢ Foster improved coordination between law enforcement and Connecticut's treatment system in order to divert individuals arrested for opioid related crimes.	
Acton Step: Provide DMHAS access line number to state and local police departments.	**Action Step:** Ensure law enforcement personnel have access to Narcan and are trained to administer the drug

Strategy 6: Accountability and Patient Care

▪ Ensure that medical professionals screen for opioid misuse and dangerous combinations of prescription medications, establish limits for opioid prescriptions, and regularly review patients that are receiving prescription painkillers to assess continued need	
Action Step: Provide continuing education training to medical professionals regarding risks involved in using painkillers and dangers associated with co-prescribing (i.e. opioids and benzodiazepines).	**Action Step:** Continue to require medical professionals to query the state's Prescription Monitoring Program when initially prescribing opioids and at regular intervals for patients receiving pain medications for chronic conditions.
Action Step: Continue to require pharmacies to enter data into the State's PMP as prescriptions are filled (real time data entry) in order to ensure PMP is complete and up to date.	**Action Step:** Increase efforts to identify mechanisms for sharing data across state agencies

Opioid Settlement Advisory Committee (OSAC)

Connecticut is expected to receive over $600 million dollars over 18 years as part of the nationwide opioid litigation settlement agreements with various pharmaceutic distributors and opioid manufacturers. The Opioid Settlement Advisory Committee (OSAC) was established to ensure the proceeds received by the state are allocated appropriately. The proceeds will be spent on substance use disorder abatement infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction with public involvement, transparency, and accountability.

OSAC is comprised of state and municipality representatives, treatment providers, and persons or family members with lived experience. Opioid remediation recommendations may be submitted by any member of the public, community organizations and groups, policy makers or government entities which are then vetted by subject matter experts of the Alcohol and Drug Policy Council (ADPC) subcommittees, the subcommittees of the OSAC and then followed by a vote by OSAC members to consider and approve the recommendations. DMHAS works in partnership with the other state agencies on implementation of approved recommendations.

Other settling parties in Connecticut, such as municipalities and tribal governments, receive their proceeds directly from the settlement administrator and report yearly receipts and expenditures to the state to publish on the OSAC website.

Connecticut Opioid Settlement Fund
Approved Recommendations

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
Expansion of Syringe Service Program (SSP) Supplies: Expand the state's SSP supplies at the Department of Public Health	Harm Reduction	Nov 2023	$500,000	1	1/1/24	Funding fully expended
		May 2024	$1,500,000	3	7/1/24	Supplies are being disseminated.
Pilot Mobile Opioid Treatment Program (OTP): Fund 2 Mobile OTPs allowing for easier access to Medications for Opioid Use Disorder (MOUD), particularly methadone.	Treatment Recovery Support	Mar 2024	$4,000,000	3	1/1/25	Contracts executed with CHR and APT Foundation. APT and CHR have ordered the mobile units with an estimated delivery by early summer and will begin implementation after arrival of the mobile units.
Treatment Pathway Program (TPP) Continuation: Continuation of TPP, a court-base pre-trial diversionary initiative for individuals with substance use disorders charged with nonviolent offenses, providing clinical evaluation and connection to clinical services, recovery coaching, and support services and referrals.	Treatment Recovery Support	May 2024	$3,840,000	3	7/1/24	Project continued as scheduled. 6-month report (7/1/24-12/31/24): # new individuals served: 285 # treatment connections: 189 # successful discharges: 37
Dept of Corrections Opioid Treatment Program Expansion: Build out Opioid Treatment dosing rooms at 4 additional facilities to ensure access to all FDA-approved medications for opioid use disorder (MOUD) for all individuals incarcerated in and transitioning out of CT DOC.	Treatment	May 2024	$416,650	1	7/1/24	MOU with DOC established. All sites continue to work on the build out of OTP rooms.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
Naloxone Saturation: Purchase of Naloxone for overdose reversal to ensure an abundant supply is going into the community, supporting the State's Naloxone Saturation plan of distribution of 60,000 naloxone kits per year	Harm Reduction Prevention	May 2024	$2,323,200	1	7/1/24	Naloxone being distributed.
Prevention and Harm Reduction through Public Access: Pilot Harm Reduction Vending Machines in 20 municipalities across Connecticut	Harm Reduction	July 2024	$2,754,784	2	10/1/24	Implementation plan is being developed.
Prevention and Harm Reduction through Public Access: Primary Prevention through education and reduction of opioid diversion, including Medication Lock boxes and mounted Naloxone boxes	Prevention Harm Reduction	July 2024	$1,418,000	2	9/1/25*	State partners are meeting to ensure naloxone boxes are implemented within new legislative expectations. For all other components, contracts are awaiting Attorney General signature with a start date in early 2025
Prevention and Harm Reduction through Public Access: Campaign to mail opioid deactivation pouches to 50,000 homes across CT with potential to remove more than 2 million pills from circulation annually	Prevention Harm Reduction	July 2024	$1,967,650	5	1/1/25	Contract executed in April 2025; GPP is developing an implementation workplan.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
Contingency Management: Funding to implement Evidence Based Contingency Management protocols to complement existing continuum of substance use disorder treatment at 5 programs serving adults and 2 programs serving youth to reduce overdose risk.	Treatment	Sep 2024	$2,989,010	2	Youth: 3/1/25 Adults: 8/1/25*	Youth: CM with youth is being implemented as the Multi-Systemic Therapy Substance Use (MST-SU) model provided by Wheeler Clinic and Family & Children's Agency. The current staff on both teams have been trained in MST SU. Several youth that were already receiving MST services are receiving CM interventions. Individuals at DCF, CSSD, and in the communities that are serviced are being educated on the availability of the service. Adult: RFP submissions were due 4/24/25, and submissions are under review.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
LiveLOUD Public Awareness and Education: An expansion of Live LOUD to maximize the impact and reach of the public health campaign and meet the OSAC goals of urgently and efficiently decreasing the adverse impact of opioids. Includes efforts to: Reduce stigma, raise awareness about recovery pathways, prevention and harm reduction information	Prevention Harm Reduction Prevention	Sep 2024	$600,000	1	1/1/25	Phase 1 of campaign is from 3/10-6/2/25 inclusive of digital/social media, radio, news, and tv/video promotional posts; bus ads; billboards; hot spot posters. **Estimated reach as of 4/28/25:** Social Results: Reach (# of times add reaches a unique person): 1,143,869 Impressions (# of times message appears on screen): 2,554,677 Engagements (any action someone takes): 449,148 LiveLOUD.org Website Metrics: New Users: 15,515 Pageviews: 21,079 pages viewed 300 - 400 people per day are visiting the LiveLOUD website during the campaign period.
Treatment Bridge Model for Connecticut's Emergency Departments: Initiative with CT hospitals to increase low-barrier Emergency Department-initiated MOUD in CT. Includes funding for: Training and TA, development of processes to screen individuals for OUD and introduce MOUD as a treatment option, support for Site Champion, 2 recovery navigators per site	Treatment Harm Reduction Recovery Supports	Sep 2024	$1,250,000	2	7/1/25*	Implementation meetings scheduled. Developing contracts with TA provider and 1 interested hospital. Determining interest for other hospital.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
Promote and Expand Opioid Overdose Education and Prevention in CT's Colleges and Universities: Technical assistance to support opioid overdose education and prevention and developing and/or enhancing recovery friendly communities at CT institutions of higher education including monthly interactive learning cohorts and personalized technical assistance for participating institutions to address individualized capacity building needs for opioids and overdose prevention	Recovery Supports Prevention Harm Reduction	Nov 2024	$631,777	2.5	7/1/25*	Contract being developed.
SafeSpot Overdose Hotline: Expansion of SafeSpot, a 24 hour-7-day a week Overdose Hotline, to Connecticut. Operators provide real-time phone-monitored supervision of drug use for individuals using alone. An emergency response is activated if the individual becomes unresponsive.	Harm Reduction	Jan 2025	$1,513,085	3	7/1/25*	Contract developed; awaiting contractor signatures. Implementation expected to begin shortly after contract execution.
Harm Reduction Centers: Continuation and expansion of Harm Reduction Centers offering low-barrier, drop-in support for individuals who use substances, particularly those who are at high risk for opioid overdose	Harm Reduction Recovery Supports	Jan 2025	$6,975,000	3	9/30/25 *	Bridgeport location in Request for Proposals process. Harm Reduction Centers in Hartford, New London, New Haven, and Waterbury will continue operations as planned.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
Supportive Housing: Housing Supports for individuals with OUD or at risk for overdose who are experiencing homelessness or homeless prior to entry to substance use disorder (SUD) treatment, who do not have a safe and/or viable housing discharge plan. Includes: Rental Assistance Program (RAP) Housing subsidies, client supports fund, and case management services.	Recovery Supports	Jan 2025	$58,600,000	4	7/1/25*	Implementation meetings being scheduled. MOA between DMHAS and DOH will be executed with 7/1/25 start date. The 8 private, non-profit providers have been selected to provide case management services; contracts are being developed. Continuing to work on the process to determine program participants.
Emergency Department Recovery Coaching: Continuation of Recovery Coaching in the Emergency Departments at 9 acute care hospitals, ensuring Recovery Coaches are available at all Emergency Departments in CT. The Recovery Coaches are available from 8:00am – midnight 7 days per week to support individuals admitted with opioid overdose and drug-related medical emergencies and connect them to treatment and other recovery support services.	Recovery Supports	Mar 2025	$2,160,000	4	7/1/25*	Project expected to continue without disruption.
Recovery Centers Continuation: A 2-year continuation of existing CCAR Recovery Center Programming including Recovery Centers in Torrington, Danbury, and New London; Extended Hours at Bridgeport, Hartford, New Haven, and Torrington locations; and Young People & Family Services. This will be followed by a competitive bidding process for 3 Recovery Centers for 3 additional years.	Recovery Supports	May 2025	$6,059,891	5	7/1/25*	Awaiting AG and OPM signatures.

Project	Category	Approval Date	Total Amount	Total Years	Contract Start Date	Status
CT Drug Data Collaborative: A data platform, including an Administrator Dashboard and Public-Facing website, designed to provide a near real-time, comprehensive view of the substances present in the state. The platform will integrate drug checking data from five existing community drug testing sites, confirmatory testing results from the CT DPH Laboratory, and information from other CT data sources.	Harm Reduction	May 2025	$1,269,414	3	7/1/25*	Awaiting AG and OPM signatures.
Opioid Treatment Program Access Expansion: Increase access to admission and same-day provision of Medications for Opioid Use Disorder (MOUD) at all eight existing non-profit agencies that have Outpatient Opioid Treatment Programs (OTP) in Connecticut**.**	Treatment	May 2025	$10,050,000	3	7/1/25*	Awaiting AG and OPM signatures.
						Total Funding Received: $161,184,046 **Total Approved Recommendations:** 19 **Total Approved Funding:** $110,818,461

*Indicates anticipated contract start date

Connecticut Alcohol and Drug Policy Council

The CT Alcohol and Drug Policy Council (ADPC), co-chaired by the DMHAS and DCF Commissioners were legislatively mandated in 1997. It was charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens -- across the lifespan and from all regions of the state and included representatives from all three branches of State government (Executive, Judicial, Legislative), individuals in recovery and family members, and private service providers. It has four working sub-committee which include prevention, treatment, recovery and criminal justice sub-committees. In 2015 Governor Malloy charged the ADPC with coordinating Connecticut's efforts related to substance use in light of the opioid crisis. The ADPC current recommendations and progress to date can be found in the table beginning on the following page.

Prevention Subcommittee Goals	Progress to Date	Status
Expand naloxone education and availability for high-risk populations	The RBHAOs have determined priority populations in each region and are working with some health districts to provide naloxone education and distribution. Additional opportunities to expand naloxone availability to the public have been met through the SOR federal grant. A total of 12,000 Narcan kits will be available for distribution in FY 2019 through the following: DMHAS, DOC, DPH, CT Hospital Association and the RBHAOs.	Complete
Provide guidance and encourage the stocking of naloxone and reporting of naloxone use in schools.	The naloxone survey results were shared. RBHAOs will follow up with districts interested in training. The subcommittee is researching whether other states require naloxone in schools and whether there are other naloxone surveys being administered.	Complete
Make available age-appropriate, evidence-based opioid curricula in public schools K-12	Through the federal SOR grant DMHAS is contracting with SERC to bring awareness of the dangers of opioid use directly into the classroom for students in grades K-12.	Complete
	Torrington and Stratford school districts have been chosen to help develop and implement a guiding curriculum for OUD identification, prevention and supports. Plans are for the curriculum to be developed by July 1st and district training held by September 30th.	
	A virtual 2-day conference was convened on August 18-19th to share the guiding curricula for selecting and implementing OUD programs. There were over 150 attendees from across the state. SERC will continue to work with school districts that are interested in more in-depth TA in utilizing the guidance.	
Identify core competencies for Continuing Medical Education around Safe Opioid Prescribing and Pain Management (for both prescribers and non-prescribing medical staff).	·A list of core competencies was developed by Dr. Daniel Tobin, Assistant Prof. of Medicine, Yale Univ. School of Medicine and Medical Director of the Adult Primary Care Center at Yale New Haven Hospital. These competencies are the objectives of the lectures he delivers to both prescribers	Complete

Prevention Subcommittee Goals	Progress to Date	Status
Measures: • Number of individuals attending the Scope of Pain trainings • Decrease in the number of opioids prescribed	and non-prescribing medical staff and is suggested for use in measuring current pain management programs for medical trainees and providers.	
	To date, six Scope of Pain trainings have been delivered to prescribers and non-prescribers across the state including the most recent on November 29th in Hartford. Additional trainings are being planned throughout the state.	
	The next SOP training is planned in Enfield for December 4, 2019	
Create a **Statewide Prevention and Education Communication Strategy** which will: • Raise awareness of and provide education on the dangers of opioids and reduces stigma and other barriers for individuals and family members seeking help. • Provide education and resources regarding dispensing, safe storage and disposal of prescription medications. • Inform prescribers by developing and adopting Fact Sheets; support the dissemination process of such Fact Sheets to prescribers • Promote ADPC adoption of one or more of the Public Service Announcements that have been developed by DMHAS and other currently available educational materials for distribution. Assist with the identification of necessary resources to do so. Measures: • # of website hits • Increase in calls to the toll free	The drugfreect.org website continues to be utilized approximately 1,800 times/day and is in the process of being redesigned.	Complete
	National Prevention Week is scheduled for May 12-18, 2019. The planning committee is coordinating an educational forum at the New Britain Museum of American Art, a Health & Wellness Fair at the State Capitol, a prevention video conference and numerous local community events.	Complete
	The 6 health districts awarded a PDO grant in 2016 are receiving quarterly report cards with data on age, gender, race ethnicity, residence and where overdose deaths have occurred in order to target their interventions.	Complete
	There are a total of four completed Remembrance Quilts that are available for display. Additional quilt square making events are being planned.	Complete
	4 health districts from across the state have been trained to implement comprehensive prescriber, school and community social marketing education campaigns which will include medication storage and disposal information.	Complete
	The Subcommittee reviewed a series of CDC-produced factsheets and posters directed at patients and families. Identified	Complete

Prevention Subcommittee Goals	Progress to Date	Status
number • Increased number of individuals being trained	materials were mailed to more than 1,000 healthcare agencies.	
• Increase in the volume of unused prescription medication collected. • Number of quilting events	On November 21, 2017 a press release was issued jointly by the DCP and DMHAS encouraging the public to check their medicine cabinets and dispose of and/or secure medications for the safety of their guests.	Complete
	The DCP has: created a new "How to dispose of your medications" for Youtube; licensed additional law enforcement drop boxes; drafted language for drop boxes in pharmacies; provided brochures for distribution including "Secure Your Meds" and "Safe Storage and Disposal of Prescription Medication."	Complete
	Brochures, posters, print ads, online ads, radio scripts, handbills, social media and on-line ads have been developed for the Change the Script campaign. A targeted campaign was completed for prescribers to increase their utilization of the CPMRS. Plans are for a statewide kickoff of the campaign in February 2018.	Complete
	The "Change the Script" campaign materials continue to be broadly disseminated and evaluated statewide. New messaging for a variety of target audiences is being developed. The campaign will also be integrated with the statewide "One Word, One Voice, One Life" suicide prevention campaign since they share common risk factors.	Ongoing
Support the integration of the Prescription Drug Monitoring Program (PDMP) with Electronic Medical Records (EMRs) to improve access to patient data and reduce prescription drug misuse and	There have been ongoing functionality enhancements being made to the CPMRS. 40% of prescribers accessed the system between the time period of September 1st and August 31st of 2019. A total of 150,945 Clinical Alerts were distributed to all CPMRS prescribers during this time period.	Complete

Prevention Subcommittee Goals	Progress to Date	Status
overdose. **Measures:** • Number of institutions participating in integration • Number and types of campaign materials distributed • Increase in the number of CPMRS users	In 2019, the following 20 were new additions to the integration of CPMRS and EHRs. They include: Women's Health Specialty Care (DrFirst) Stamford Dental Spa (DrFirst) Orthopedic and Neurosurgery Specialists PC (Virence) David Sasso MD LLC (DrFirst) Perception Programs, Inc. (DrFirst) Medical Specialists of Fairfield LLC (DrFirst) Wilton Internal Medicine, LLC (DrFirst) TCCF (DrFirst) Bruce Rothschild, MD, PLLC (DrFirst) Neurosurgery, Orthopedics and Spine Specialists PC (DrFirst) Becky Kreuzer APRN, PMHNP, LLC (DrFirst) The Children's Center of Hamden (DrFirst) Mystic Medical Associates LLC (eClinicalWorks) Micha Abeles, MD (NextGen) Eastern Connecticut Hematology & Oncology (DrFirst) Pain Management LLC (eClinicalWorks) CareMedica (eClinicalWorks) Jewish Family Services of Greater Hartford (DrFirst) Marilyn Richard APRN (DrFirst) Comprehensive Neurology and Pain Center of Connecticut (eClinicalWorks) Since then, CPRMS is accessible through approved Electronic Health Records (EHR) and Pharmacy Management Systems (PMS) and the statewide initiative utilizes a nationally recognized PMP gateway service and is connected to over 100 partners throughout the state.	
Ensure that school administrators and/or nurses and college public safety personnel have naloxone available to them and that the ADPC assists with obtaining funds, if	SB 1057 proposes that each institution of higher learning (IHL) implement a policy covering the availability and use of opioid antagonists. It further requires that IHLs maintain a supply of opioid antagonists,	Complete

Prevention Subcommittee Goals	Progress to Date	Status
necessary. **Measures:** Increase in the number of school personnel who carry naloxone.	make them available in a central location to students and employees, and notify authorities when used.	
	A meeting of the campus members of the CT Healthy Campuses Initiative was convened to provide guidance on meeting the legislation requiring the development and posting of naloxone policies for all CT colleges meeting. The DCP provided this guidance and will obtain a list of CT colleges and universities to track submission process. These policies must be submitted and approved by January 1, 2020.	Complete
	A naloxone survey was sent to school districts in first in November 2018. Survey questions were also included in the 2021-2022 CSDE Health Services Program Information Survey with results published 12/2022. And a third survey is scheduled for dissemination 12/2023. A list of school nurses who indicated on the survey that they needed training on naloxone was sent for follow up	Complete
	PA 22-80 authorized school nurses and "qualified school employees" to administer opioid antagonists for the purpose of emergency first aid to student. Guidelines and Training Program were published on 10/1/2022 by CSDE. Naloxone Guidelines.pdf (ct.gov) Training Presentation	Complete
Reduce addiction stigma in the workplace by supporting employers in the development of knowledge and practices that create a recovery-friendly workplace and policy guidelines that promote addiction recovery.	A scope of services for a consultant to put together a recovery friendly workplace toolkit with sample policies for human resources departments that addresses active users, individuals in recovery and family members of active users is being developed. The toolkit and accompanying webpage are completed and posted on the drugfreect.org website.	Complete

Prevention Subcommittee Goals	Progress to Date	Status
Institute a public health campaign to promote realistic pain expectations, while providing prescribers with resources to help patients moderate their expectations and manage their pain.	A subcommittee has been established and a campaign flyer and Personal Pain Management tool were developed and are being finalized in preparation for dissemination.	Complete
	The Personal Pain Management flyer and tool were developed and made available for download on the drugfreect.org website.	Complete
Work with established groups and initiatives to educate legislators, policy makers, medical and other professionals, families, and community members on SEI/FASD, plans of safe care, and best practices for universal prenatal screening; and develop legislative and policy recommendations that support women and families.	A new 5-year state plan that was developed incorporated the elements of policy change and legislation championed by the workgroup. As a result the workgroup dissolved in June 2021.	Complete
Work with news media outlets, journalism schools, and other organizations statewide to educate public information officers, editors, reporters, on-air professionals, and students on substance use disorders, recovery, and the importance of the use of non-stigmatizing language.	The workgroup is developing a list of experts who will be trained and made available to media who are looking for ATOD topic experts.	Complete
	The workgroup is planning to continue the yearly forum around best practices and reporting. To date, the "The Power of Media: Changing the Narrative on Substance Use" complete its third virtual forum in 2023.	Complete
Section 65 of PA 21-1 - CT's Adult Use Cannabis legislation requires the ADPC to make recommendations to the governor and legislature on efforts to promote certain public health initiatives and collection of data for certain reviews. In addition, DMHAS has received funding to develop and launch a public information and education campaign that delivers prevention messages and strategies to various populations. **Detail Recommendation:** Use the established Cannabis Workgroup of	Messages with aspects of the law relative to age for possession, DUI, transporting across state lines and storage have been developed and placed on 25 billboards across the state. Billboards will run until the comprehensive campaign is developed.	Complete
	ODonnell Company was procured to develop the campaign. They developed a plan for rolling it out, researched existing campaigns and will be meeting with content experts and focus groups to inform messages. Phase 1 completed 6/2023.	Complete
	Workgroup members identified policy recommendations in the areas of public health and safety, placement and access, products and potency and other.	Complete

Prevention Subcommittee Goals	Progress to Date	Status
the Prevention Subcommittee to advise the public education campaign and the policy and program recommendations to prevent usage by individuals under age 21, which will be due to the Governor and General Assembly in January 2023.	ODonnell Company began working on Phase2 of the media and public education campaign. Phase 2 builds on key messaging developed during Phase 1 as well as expanding upon it.	Complete
	DMHAS in conjunction with with the RBHAOs will roll out a cannabis prevention and education programming utilizing the Strategic Prevention Framework, the statewide media and public education campaign as well as fund local prevention councils in 2024.	In Progress
Convene a Naloxone Workgroup of the Prevention Subcommittee to research and develop policy and program recommendations that increase public awareness of naloxone as a lifesaving medication, establish standard minimum training requirements, eliminate barriers, and improve access to naloxone statewide. Review current policies and practices to determine their effectiveness; and identify and recommend new policies and strategies.	Convene a workgroup to develop policy and program recommendations that increase public awareness of naloxone.	Complete
	Investigate, pilot and evaluate the effectiveness of placing naloxone vending machines and naloxboxes in various settings.	New
	Expand the practice of "Leave Behind" efforts that include naloxone to the individual and/or family.	New
	Provide naloxone and training in its use to emergency services personnel.	New
	Provide naloxone and training in its use to DCF personnel.	In Progress
	Develop and disseminate brief informational videos to train individuals and emergency services personnel on the administration of naloxone	New
There are over 20 million individuals who consider themselves in recovery or have recovered from substance use or other disorders. Recovery Friendly initiatives supports communities, workplaces and individuals by recognizing and fostering a safe and recovery friendly environment. This recommendation is to convene a workgroup of the Prevention and Early Intervention and the Recovery	Identify and recruit workgroup participants from various agencies and subcommittees – DMHAS, DPH, DOL, RBHAOs, Wheeler, ADPC subcommittees, etc.	Complete
	Assess current recovery friendly website. Engage with workgroup members to identify existing barriers, challenges or gaps and improve user interface	In Progress
	Assess current RFW process and strategies. Engage with workgroup members to improve and increase RFW certified organizations	In Progress

Prevention Subcommittee Goals	Progress to Date	Status
subcommittees to review, enhance and implement strategies to increase awareness of Recovery Friendly activities in the state.		

Recovery Subcommittee Goals	Progress to Date
The ADPC will adopt the "Recovery Language" document developed by the Recovery and Health Management Committee to ensure that all members of the Council and members of the sub-committee are familiar with some alternatives to traditional terminology and can promote the use of such terminology. Revision (update)being drafted	A "Recovery Language" document was developed by the original sub-committee and adopted by the full Council
The ADPC will adopt the "Recovery Friendly Community Guidelines" that have been promulgated and piloted in a minimum of two locations by the sub-committee	Draft guidelines complete. Pilots have been completed in numerous communities. The DMHAS Regional Behavioral Health Action Organizations (RBHAOs) along with this sub-committee will continue to consult with and support additional communities interested in implementing guidelines.
Convene a Recovery Friendly Campus and School Workgroup of the Recovery and Health Management Subcommittee to research and develop programming and policy recommendations to increase the capacity of institutions of higher education to support the growing needs of students and faculty/staff members seeking recovery and/or harm reduction resources and supports. **Develop and disseminate a Recovery Friendly Campus toolkit** for institutions of higher education to complete an internal assessment of their capacity to support the growing needs of students and faculty/staff seeking recovery and/or harm reduction resources.	Monthly meeting has been established and it continues to meet, next meeting date 6/17/24. A national technical assistance provider for collegiate recovery has offered tools and information for the work group to consider incorporating into the toolkit and has proposed a one-day conference for the fall to gather input directly from current college students.

Recovery Subcommittee Goals	Progress to Date
• Identify and recruit workgroup participants from various organizations, institutions of higher education, and related statewide initiatives	Workgroup continues to meet 1-2X a month and includes members from multiple nonprofit organizations as well as multiple institutions of higher education.
• Develop survey to share between colleges to inform development of tool kit	Workgroup continues to meet on a monthly interval and has developed a survey to distribute to institutions of higher education, to increase the workgroup's awareness of needed toolkit components to support Connecticut's campuses. The survey is being piloted currently with select recovery campus professionals prior to being finalized and fully distributed through the Connecticut Healthy Campus Initiative in January 2024. Workgroup members attended the Connecticut Healthy Campus Initiative meeting on 4/14/23. Update: Statewide "Recovery Friendly Campus" survey was finalized through the workgroup and was disseminated in February 2024 through the Connecticut Health Campus Initiative to gather information from staff and administrators about capacity of campuses to provide recovery resources to inform toolkit. Results of the survey are being evaluated by the workgroup for next steps.
• Research and collaborate with existing collegiate recovery resources including programs, communities, and related professional associations	Two workgroup representatives completed the national SAFE Project 8-week Summer Series as of 8/15/2023, a virtual program that assists professionals to improve recovery support and overdose prevention services and capacity on campuses. SAFE Project materials remain available for the workgroup to examine for inclusion in the future toolkit and further technical assistance is available ongoingly. Workgroup representatives presented at the

Recovery Subcommittee Goals	Progress to Date
	10/3/2023 CSCU JED Campus Convening for Mental Health Coalitions to increase knowledge about and interest in our work, to learn from campus professionals, and to inform about the future recovery friendly campus survey. Update : The Connecticut Healthy Campus Initiative presented to the ADPC Prevention Subcommittee on behalf of the Recovery Friendly Campus and Education work group on 4/15/24. The Recovery Friendly Campus and School Workgroup in collaboration with the Connecticut Health Campus Initiative has secured the agreement of 6 collegiate recovery leaders (representing both public and private institutions) to meet to review the statewide Recovery Friendly Campus survey results, student input, and existing recovery resources/programs in the community to assist in finalizing self-assessment and toolkit for October 2024 .

Treatment Subcommittee Goals	Progress to Date	Status
Promote screening, brief intervention and referral to treatment for opioid misuse (e.g. SBIRT) across the lifespan: • Implement Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) protocols according to national standards and/or as established by DCF, DMHAS and/or the UConn Health SBIRT Training Institute. • Expand professional trainings available on adult and adolescent Screening, Brief Intervention and Referral to Treatment (SBIRT) to increase the frequency and number of individual screenings for opioid misuse, brief interventions, and referrals to treatment.	Trainers, Kognito licenses and UCONN training institute available-ongoing	Complete
	SAMHSA State Youth Treatment Implementation (SYT-I) proposal includes A-SBIRT trainings for various sectors.	Complete
	DMHAS STR and DCF ASSERT Awards include resources for SBIRT implementation and expansion. Dollars going to Beacon Health Options and UConn.	Complete
	SBIRT training offered at July 2017 opioid conference.	Complete

Treatment Subcommittee Goals	Progress to Date	Status
Enhance early identification of substance use problems by requiring children's Enhanced Care Clinics (ECC), for youth age 12-17 inclusive, at intake to services to: • Conduct urine toxicology screening for common substances of abuse/misuse including opioids. Screening protocols should be trauma-informed and follow best practice standards of care for the populations served.	Urine toxicology guidelines to be drafted by subcommittee for distribution to ECCs (can also be used beyond ECCs); please see October 2017 meeting packet for draft.	Complete
	The original recommendation to "require" ECCs to use urine toxicology screening upon all admissions was explored by the committee and ultimately decided against because of the possible misuse of it and resulting alienation from treatment that could happen.	Complete
Require the 13 DMHAS operated/funded Local Mental Health Authorities (LMHA) to provide Buprenorphine treatment on-site, including psychosocial and recovery support services. Psychosocial services require a comprehensive assessment to determine an individual's recovery plan, including which medication(s), level of care and recovery supports would be most appropriate. The assessment should include the individual's stage of readiness and receptivity to the recommendations.	12/16- One time DMHAS funding for LMHAs	Complete
	12/16-DMHAS Learning Collaborative begun including sharing of policies	
	Related-9/16 SAMHSA MATX funding expansion at 4 sites (2 LMHAs)	
	DMHAS Prevention-Treatment-Recovery Conference 7/17- 8 hrs FREE DATA training offered	
	Note: DCF ASSERT grant award includes expansion of MAT to youth aged 16-21	
	Sept 2017 DMHAS Prescriber MAT Learning Collaborative expanded to include all LMHA prescribers.	
	DMHAS expands MAT Learning Collaborative to include 7 STR funded sites	
Establish a workgroup to identify and address regulatory barriers that limit access to care. Some examples include: • LADC scope of practice; lack of integrated MH/SA program license; limits on which practitioner licenses	Have explored multiple topics and invited speakers regarding the following topics:	Complete
	• children's behavioral health program licensing;	
	• integrated mental health/substance abuse program license;	
	• scope of practice for LADCs.	
	• Mobile MAT	

Treatment Subcommittee Goals	Progress to Date	Status
can be used in outpatient hospital clinics; • hiring regulations and practices regarding persons in recovery; • Medicaid eligibility interruptions given incarceration/ hospitalization. **Note**: <u>The Treatment Sub-committee will:</u> • Involve DPH in definition of limitations of existing regulation • Explore activities/workgroups in existence to limit duplication of efforts • Provide examples that are specific to ADPC and governor's charge • Involve DSS in discussion of Medicaid rules related to incarcerated individuals; clarify any mis-information regarding benefits	• Increasing co-occurring capability of programs (e.g., licensing, funding, IMD rules)	
Increase access to substance use services (i.e. increasing access to lifespan MAT and co-occurring programming)	DCF has implemented a youth/young adult OUD treatment program through a SAMHSA Federal Grant (ATM program). The program combines MAT, family co-occurring treatment, and recovery checkups.	Complete
	Ongoing Waiver trainings to increase the number of MAT prescribers	Complete
Task from HB7052 Feasibility of establishing a publicly accessible electronic information portal-bed availability for detox, rehabilitation, outpatient MAT		Complete
General hospitals will induct patients with OUD who are on their medical units, on a maintenance medication for their opioid use disorder and, when	Based upon the discussion at the 8/20 Council meeting, DPH will revise its guidance on MOUD and disseminate to all hospitals.	Complete

Treatment Subcommittee Goals	Progress to Date	Status
discharged from the hospital, they will have a discharge plan with a specialty provider for continuation of the medication.	Update: The general hospitals, with the support of Beacon Health Options, continue to implement protocols for starting patients on medical units on medication for OUD. One barrier is the limited availability of SNF's that will admit someone on an MOUD from the hospital (continuity of care). DCP, DMHAS and DPH will continue to meet to problem solve.	
	Update: barrier related to transition out of hospital to SNFs continues	
	Update: workgroup of DCP, DPH and DMHAS reconvened	
	Carl Schiessl to work with DPH around resending blast fax. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-74-Guidance-to-Hospitals-for-Inpatient-Medication-Use.pdf	
	Beacon is setting up a workgroup to promote inductions in ED.	
"The Alcohol and Drug Policy Council shall endorse a public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence), and that the appropriate state agencies and their contractors implement such an approach." **Action Steps:** • Conduct an informational session on harm reduction approaches for substance use disorder for the Alcohol and Drug Policy members • The sub-committee will examine existing guidance documents related to harm reduction approaches to treatment and DMHAS and DCF will disseminate, as appropriate. • Conduct one or two virtual 2 hour training events for treatment providers	Update, 9/2021: The sub-committee assisted Beacon Health Options to develop a forum for treatment providers addressing this topic that will be held in May or June 2021.	Complete

Treatment Subcommittee Goals	Progress to Date	Status
and hospitals encouraging the use of harm reduction/risk reduction strategies to keep substance users engaged in services.		
A public health-oriented approach to the treatment of substance use disorder that is focused on harm reduction (as well as abstinence) is endorsed and will be implemented by state agencies and their contractors. • Conduct at least 2 harm reduction focused educational events • Compile list of harm reduction resources across the state	Harm reduction presentation was included in DMHAS webinar series DMHAS hosted the Harm reduction conference in May 2022	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
MAT for DOC Reduce disparities in access to medical treatment by expanding the availability and clinical use of MAT to a broader group of incarcerated offenders and offenders re-entering communities using community-based standards of care. This recommendation expands DOC's implementation of MAT in two facilities to the entire corrections system. In doing so, equitable opportunity to access MAT is offered to inmates regardless of facility. *Licensed OTP "inside DOC" will be licensed and run by community providers RNP, APT and CHR. DEA and DPH licensed, SAMHSA certified and NCCHC accredited.	DOC provides access to MAT to individuals at 10 DOC facilities. All 3 medications will be available to each facility. Currently all 10 facilities have access to Methadone and Vivitrol. Suboxone is currently being offered at Hartford CC, Bridgeport CC, New Haven CC, McDougal/Walker, Garner, Cybulski, Osborn, Robinson, and York.	Complete
	MAT New Haven jail (2013) Methadone/ Vivitrol- <u>Treat 90-100 patients daily</u> with methadone; vendor is APT Foundation (2022) **Inductions occur regularly** (2019) Purchased and installed automated methadone dispensing equipment (state funded budget) *Licensed Opioid Treatment Program (OTP)	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
	Suboxone roll out (Feb 2024)	
	MAT Bridgeport jail (2014)- Methadone/ Vivitrol 100-115 patients daily with methadone; vendor is RNP (2022) **Inductions occur regularly** Purchased and installed automated methadone dispensing equipment (state funded budget) *Licensed Opioid Treatment Program (OTP) **Suboxone roll out (Dec 2023)**	Complete
	MAT Hartford jail (2018)- Methadone/ Vivitrol 100-130 patients daily with methadone; vendor is CHR (2022) **Inductions occur regularly** (2020) Purchased and installed automated methadone dispensing equipment (state funded budget) Suboxone roll out planned May 2022*Licensed Opioid Treatment Program (OTP) go live date 3/24/21.	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
	MAT York CI- Methadone/ Vivitrol/ Suboxone. Expansion (initially, pregnant women on methadone). Expansion to other patients 2018, Purchased and installed automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS). **Inductions occur regularly** 145-155 persons daily with methadone, buprenorphine and naltrexone; internal OTP (2022) Purchase and installation of automated methadone dispensing equipment completed 2019 (funded by SOR/DMHAS). Internal Opioid Treatment Program (OTP) licensed by DOC.	Complete
	MAT Osborn CI, Methadone/ Vivitrol 60-70 patients daily with methadone (2022) Suboxone roll out May 2022 *Licensed Opioid Treatment Program (OTP) went live on 1/18/22	Complete
	MAT Corrigan jail Methadone/ Vivitrol 40-45 patients daily with methadone (2022). *Licensed Opioid Treatment Program (OTP) went live on 3/16/22 **Suboxone roll out Feb 2024**	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
	MAT Carl Robinson Prison Methadone/ Vivitrol *Licensed Opioid Treatment Program (OTP) (2020) go live date 3/31/21. 45-50 patients daily with methadone (2023)	Complete
	MAT Walker Reception Center prison (2020) Methadone/ Vivitrol (State funded budget) 10-15 patients daily (2022) *Licensed Opioid Treatment Program (OTP) projected start April/May 2021 **Suboxone roll out Jan 2024**	Complete
	MAT in Willard Cybulski prison Methadone/ Vivitrol (State funded budget) 20-25 patients daily (2022) *Licensed Opioid Treatment Program (OTP) projected start April/May 2021 **Suboxone being offered as of August 2023**	Complete
	MAT in Garner- expanding to Garner with vendor RNP. DEA completed site visit, hope to go live by the end of April 2022 **Suboxone roll out Feb 2024**	Complete
	Step Forward program in New Britain (initially funded with STR 2017). Between 1/1/2018 – 9/30/2020 program served 163 people in step forward and 284 in-reach clients	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
Police PD/PAD Plan Develop a plan for Police Preventative Deflection and Police Assisted Diversion for persons with problem substance use that can be quickly implemented when funding becomes available.	A workgroup formed following the May 2019 subcommittee meeting to develop a "toolkit" for police to provide guidance on connecting people to substance use treatment services, providing resource information to family and friends, and providing guidance on implementing arrest diversion models. November 2020 workgroup re-formed, exploring options re: Police resources/needs	Complete
	April 2022 Police Role Call being created- brief 5 minute videos to train on specific topics- the first will be safe handling of Fentanyl	Complete
	April 2022 Recommendation completed: due to new resources such as the ACTION Line for Adult Crisis it was decided that a tool kit is no longer required as access to crisis services is widely available to individuals and police.	Complete
	DMHAS has provided over 220 Narcan kits to the CT Police Chiefs Association for distribution to municipal police departments.	Complete
PD/PAD Report per HB7052 Study SU treatment referral programs that have been established by municipal police departments to refer individuals to SA treatment facilities for opioid dependence. Identify barriers and determine feasibility.	Workgroup met 9/28/17; will begin gathering information on programs in CT and elsewhere	Complete
	Met 10/19/17 and 11/13/17, next meeting 11/27/17	
	Preliminary ideas presented at ADPC December meeting	
Early Screening and Intervention Program Reduce criminal justice involvement of low risk adults with substance use disorders who have low level criminal charges and connect them to services in lieu of prosecution. Provide social work-trained Resource	The SFY20 state budget did not include funding to continue the Office of the Chief State's Attorney's Early Screening and Intervention (ESI) program in Bridgeport, Waterbury, Hartford, New Haven, New London, and Norwich GA courts.	Complete
	DMHAS' SOR Supplement grant funds will sustain the program through SFY20.	Complete

Criminal Justice Subcommittee Goals	Progress to Date	Status
Counselors to assist dedicated prosecutors in screening, assessment, and appropriate referral of low-level offenders with issues such as substance abuse, mental health, or homelessness underlying their criminal behaviors.	DMHAS funding and support to ESI program extended through 2022	Complete
Enhance access to the ATM model to a targeted population of youth and young adults who are transitioning out of the Department of Correction and/or who are under the supervision of the Juvenile/Adult Probation. The utilization of ATM will expand the continuum of services for youth and young adults. The focus will be on client centered recovery services to reduce opioid use and commonly associated substance use problems.	Provide information to referral sources and develop an effective referral process that meets the needs of the clients.	Complete
	Referral sources will be educated on the specialized programming available through ATM with an emphasis on services not currently available through the Department of Correction or the Court Support Services Division contracts.	In progress

DMHAS Triennial Report Subsection: Women's Services

Women's Services (WS), as part of DMHAS Statewide Services Division, is the education and implementation unit for women's behavioral health and wellness initiatives across Connecticut. The department currently consists of a Program Director and three Program Managers who are master's level public health professionals or licensed clinicians.

Women's Services staff are subject matter experts in a variety of topics related to women's holistic health, including: trauma responsiveness, behavioral health treatment and recovery (including mental health, substance use and opioid use disorders), medication assisted treatment/medication for use of opioids, gender specific best practices, intimate partner violence, and prenatal and postpartum wellbeing. Additionally, WS staff have extensive experience in prevention, advocacy, policy development, and clinical and program operations. Despite this Triennial Report being focused on substance use prevention, treatment and recovery, there are additional activities included here related to mental health, physical health and other social determinants of health due to their interconnectedness to substance misuse.

Women's Services advances DMHAS' mission in a number of ways through program daily operations. These activities include:

- WS staff organize and/or are contributing members of numerous interagency workgroups, legislative councils and learning collaboratives aimed at improving the lives of women, birthing persons, and children in Connecticut.
- Internal to DMHAS, WS staff work collaboratively with other divisions including Evidence- Based Practices and Grants Division (EBP), Evaluation, Quality Management and Improvement (EQMI), Fiscal Services Division, Community Services Division (CSD), Managed Services Division, (MSD) and the Office of Multicultural Health Equity. Internal collaboration includes data collection and sharing, grant identification and submission, contract development and oversight, and SUD program performance improvement.
- WS oversees contracts for statewide women-specific SUD treatment programs across the DMHAS continuum of care. On-going operational oversight activities includes site visits (annual and follow up as needed), technical support, staff trainings, and review of critical incidents and client cases.
- In FY 2020, WS began managing the DMHAS contract with the Connecticut Women's Consortium (CWC). The CWC provides technology and expertise to organize and execute numerous meetings and trainings at their location as well as virtually for the DMHAS continuum of care throughout the year and has been instrumental in the /trauma and gender.
- WS developed new partnerships to enhance services, knowledge, and treatment for women across the state.

Overview of Women Specific Programs overseen by WS

Women's Services currently oversees a variety of programs including: 8 Women's Residential programs, (5 Pregnant and Parenting Women's Substance Use Residential programs, 3 Pregnant and Parenting Women's Recovery Support Programs (WRSP), 5 Outpatient programs, 2 Intensive Outpatient programs, 5 Women's Recovery Engagement Access and Healing (REACH) programs, and 3 Parents Recovering from Opioid & Other Use Disorders (PROUD) sites. . All program services are gender-specific and trauma-responsive.

In addition, WS oversees a number of special projects related to SAMHSA discretionary grants and Block Grants (COVID -19 supplemental, and ARPA) including: PROUD (Parents Recovering from Opioid Use Disorder); expansion of the REACH program by 5 positions statewide to help address the needs of LGBTQ+ families and non- traditional support systems; expansion of LGBTQ+ training, enhancement of Intimate Partner Violence (IPV) services in collaboration with the Connecticut Coalition Against Domestic Violence (CCADV); and technology and training enhancements for the 5 PPWDC residential programs and 3 Women's Recovery Support Programs.

All programs participate in annual site visits that include a review of selected client treatment and service records, a review of program staff supervision and training history, and an examination of policies and procedures. Additionally, a client focus group is facilitated by WS staff to ensure that the client recovery experience is captured. Technical assistance and opportunities for staff training are provided to programs on an on-going basis. Historically, all site visits have occurred on site within programs.

Women's Residential SUD Services (45 treatment beds & 33 recovery house beds Statewide - excluding Pregnant and Parenting Women with Dependent Children (PPWDC)

All services are gender-responsive and trauma-informed and are 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. Priority admission is given to women with an opioid use disorder and consistent with SABG priority access guidelines. Additionally, the programs provide and/or refer women to the following services:

- Individual and/or Group Therapy
- Medication Assisted Treatment/Medications for Opioid Use Disorder
- Peer Support/Recovery Coaching
- Reproductive Health Education
- Mental Health Evaluations
- Parenting Skill Development
- Case Management Services
- Employment Readiness Skills

The Women's Residential SUD programs are located statewide:

- Community Health Resources – Milestone Program (Putnam)
- McCall Center for Behavioral Health – Hanson House (Torrington)
- MCCA—Trinity Glen Women's Program (Kent)
- SCADD – Gordon House Women's Program (New London)
- Mercy Housing and Shelter Corp. — Recovery House (Hartford)
- Recovery Network of Programs – Tina Klem Serenity House (Bridgeport)

Pregnant and Parenting Women with Dependent Children (PPWDC) Residential Treatment

SUD Services (48 treatment beds & 14 Women's Recovery Support (WRSP) beds statewide)
Provide specialized state-funded substance use residential treatment to pregnant women and women with dependent children. Pregnant women are granted priority access. Program applicants must be connected to residential treatment within 48 hours of their request. If a bed is not available at that time, applicants must be offered interim services that include, at a minimum, a referral for prenatal care, the REACH program, and PHP or IOP treatment. Residential program services include: substance use and mental health assessments, medication management, overdose risk reduction education, on-site case management, connection to recovery resources, individual, group and family therapy, reproductive health education, Child Abuse Prevention and Treatment Act (CAPTA), education and assistance with development of Plans of Safe Care/Family Care Plan, and linkages to Medication Assisted Treatment/Medications for Opioid Use Disorder. In addition to the parent, services are also coordinated for the children including pediatric care, connection to Birth to Three, WIC, early childhood intervention, etc.

Women receive 20 hours of treatment per week that includes:

- Relapse Prevention and Overdose Risk reduction
- Reproductive Health and Family Planning
- Recovery Planning & support network development
- Parenting & Attachment Education and Skill Building
- Management of Trauma and Co-Occurring Disorders

The PPWDC SUD residential programs are located statewide:

- Apt Foundation— Amethyst House (New Haven)
- Community Health Resources— New Life Center (Putnam)
- InterCommunity, Inc. – Coventry House (Hartford)
- Wellmore – Women & Children's Program (Waterbury)
- Liberation Programs – Families in Recovery Program (Norwalk)

Women's Recovery Support Program
The Women's Recovery Support Program (WRSP) is a step-down level of care where pregnant and/or parenting women participate in community treatment while living in a safe and structured environment. Clients meet with their case manager on a weekly basis and attend daily psychoeducational groups related to parenting skills, recovery promotion, women's wellness, overdose prevention, discharge planning and related recovery focused topics. There are three sites throughout the state located in Hartford, Hamden and Middletown.

Prior to transitioning into WRSP, a discharge meeting is held with the referring provider, client, Women's Recovery Support Specialist (if applicable) and the WRSP team to review future scheduled appointments with established providers (Behavioral health treatment, OBGYN, Psychiatric, MAT/MOUD, Recovery Supports, etc.), the client's treatment plan goals, and program operations.

Women Specific Intensive Outpatient (IOP) and Outpatient (OP) Services
DMHAS contracted agencies provide outpatient services to women age eighteen (18) or older who

have severe and persistent substance use or co-occurring disorders. IOP is defined as non-residential treatment for a minimum of three (3) hours per day, ranging from 9 to 20 hours of structured programming per week. OP treatment activity hours are variable and based on client need and/or preference. Women specific IOP and OP services are gender-specific and trauma-responsive. Additionally, in an effort to reduce barriers to accessing and participating in treatment, all women's service OP and IOP offer on-site childcare.

During the COVID-19 pandemic, the need arose for the IOP/OP service providers to develop virtual telehealth modalities (audio/visual) for clients to continue to engage in group and individual treatment, without having to physically come into a building and be in spaces where social distancing could be difficult. This flexibility has allowed for countless clients to continue to receive care and have access to their recovery supports, clinicians and medication prescribers without taking on additional contagion risk. While all women-specific IOP/OP programs have returned to primarily in-person treatment, telehealth remains as an option in all programs to some extent and is utilized based on the individual needs of a client.

Statewide Women-Specific Intensive Outpatient and Outpatient programs:

Intensive Outpatient Services

- Family & Children's Agency – Project Reward (Norwalk)
- Wheeler Clinic – Lifeline (New Britain)

Outpatient Services

- CASA, Inc. – Project Courage (Bridgeport)
- Wheeler Clinic – Lifeline (New Britain)
- MCCA – Women & Children's Program (Danbury)
- The Connection – Counseling Center (Groton)
- APT Foundation – Access Center (New Haven)
- Wellmore Behavioral Health (Shelton and Waterbury)

Women Specific Key Initiatives & Programs

Women's REACH (Recovery, Engagement, Access, Coaching & Healing) Program

Women's Services oversees REACH contracts with five private non-profit agencies Wheeler, Community Health Resources (CHR), Liberation Programs, Midwestern Connecticut Council of Alcoholism (MCCA), and The Connection Inc.). Each of the five REACH programs provides outreach and engagement services to one DMHAS geographic region. The five regionally based Women's REACH programs are staffed with two female Recovery Navigators, who offer pregnant and parenting women comprehensive case management and recovery coaching services. Each program also employs a third Recovery Navigator who acts as the Family Recovery Navigator (FRN.)

REACH navigators use their lived experience of substance use or co-occurring disorders recovery to help support others. WS staff facilitate monthly meetings with the recovery navigators and

supervisory staff, provide ongoing technical assistance and training, and offer an annual retreat for all recovery navigators. COVID specific funding has allowed for expansion of the scope of individuals able to access the REACH program The FRN works with single fathers, LGBTQIA+ families and non-traditional parents such as grandparents or foster parents.

PROUD: Parents Recovering from Opioid & Other Substance Use Disorders Program
WS oversees the DMHAS PROUD program, which is funded by a three-year, $2.7 Million SAMHSA grant. DMHAS received the first State Pilot Program for Treatment for Pregnant and Postpartum Women (PPW-PLT) award for PROUD in August 2020 followed by a second award in August 2023. The goal of PROUD during the second award cycle is to engage 400 Pregnant or Postpartum women (PPW) with Opioid or other substance use disorders (OUD/SUD) in services over the course of the three years. PROUD began accepting referrals to the program on January 1, 2021. PROUD targets a geographic area in central CT where data reveals disproportionate racial, social and economic disparities as compared to other areas of CT. This includes the urban and suburban communities in and around Hartford, Manchester, Enfield, Windham, Middletown, Meriden, Waterbury, Bristol and New Britain. In 2023, the program expanded from two to three sites; overing services through the greater Hartford, New Britain, and New Haven communities.

Each site has a multidisciplinary team of staff including clinicians, care coordinators/case managers, and peer recovery coaches to work with the PPW and any members of her household who may benefit from services and/or referrals. When developing the PROUD service model, special attention was paid to address traditional barriers PPW encounter when trying to access or remain in treatment. In response to this, PROUD site teams work with women and families in the home, in the community, and at the two (2) program sites, based on client need and preference. Telehealth is also offered to clients, and its' use has facilitated receipt of services and continuity of care when there are COVID-19, other infectious disease, transportation or childcare challenges that prevent in-person engagement. Additionally, Wheeler Clinic and Intercommunity provide wrap-around services to PPW and their family members/partners to support whole-person health, including behavioral health, primary care, MAT/MOUD, and pediatric care. The PROUD site teams engage in extensive community outreach and engagement activities including ongoing collaboration with the birthing hospitals in their geographic catchment area. The PROUD teams work closely with birthing hospitals to promote individualized and recovery-oriented discharge planning for women and infants impacted by perinatal substance use and ensure that hospital personnel are educated on CAPTA/Plans of Safe Care/Family Care Plans.

A portion of PROUD SAMHSA funding is designated to provide training and education to healthcare professionals on topics related to best practices in working with PPW with OUD/SUD. As such, DMHAS contracts with the Connecticut Hospital Association (CHA) to provide virtual educational sessions to professionals within their network. CHA's mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to health improvement. In addition to CHA, DMHAS has partnered with The Connecticut Women's Consortium to continue efforts to train DMHAS providers on topics related to reproductive health and the One Key Question model. Lastly, funding is being utilized to support the creation and dissemination of related marking materials by the O'Donnell Group.

DMHAS WS meets with all contractors on a monthly basis and as needed to support contract and grant-specific compliance, plan for upcoming activities, and promote collaboration and professional development.

Access Mental Health and Substance Use for Moms (established June 15, 2022)
Connecticut ACCESS Mental Health and Substance Use for Moms is a consultative psychiatry service available to all of Connecticut's perinatal practitioners (Obstetricians, Gynecologists, Midwives, Primary Care Providers, MH/SUD Treatment Providers) working with pregnant and post- partum women presenting with mental health and substance use concerns irrespective of insurance coverage.

The purpose of the ACCESS Mental Health and Substance Use for Moms program is to increase access to treatment for perinatal women with mental health and/or substance use concerns. By providing real-time access to a team of behavioral health experts, the program is designed to increase the competencies of front-line medical 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 with these disorders and their families.

The service is to be delivered primarily through telephonic communication by members of the ACCESS Mental Health and Substance Use for Moms consulting team (Hub). When warranted, circumstances may require face-to-face consultation with the perinatal practitioner or in-person behavioral health assessment of the pregnant or post-partum woman for whom the practitioner is seeking consultative support.

DMHAS Women's Services Collaboratives, Initiatives, Partnerships and Workgroups
Women's Services Practice Improvement Collaborative (WSPIC)

- Co-facilitated by DMHAS WS and the Connecticut Women's Consortium (CWC), WSPIC convenes every other month and focuses on improving the quality of services throughout the women's specific continuum of care.

Substance Exposed Pregnancy Initiative- Statewide Initiative
In collaboration with the Department of Children and Families (DCF), DMHAS co-funds two full time positions, a Program Manager and a Family Care Plan Educator, to oversee this statewide initiative. DMHAS participates in a monthly leadership meeting and quarterly core team meetings to support the implementation and sustainability of the state plan. In January 2022, the second 5-year strategic plan was finalized, approved by DMHAS and DCF Commissioners, and distributed to stakeholders.

- WS staff are members of the Substance Exposed Infant initiative core group meeting. Additionally, WS staff represent DMHAS on additional SEI/FASD workgroups including the Executive team and CAPTA/Plans of Safe Care.

DCF CAPTA/Plan of Safe Care Stakeholder Workgroup

- Ongoing participation in monthly workgroups aimed at implementing CAPTA legislation statewide.
- WS staff continue to provide trainings on CAPTA and the creation of Plans of Safe Care throughout the DMHAS system of care and to professional groups who are touchpoints for

pregnant people who may give birth to a substance exposed infant.
- In 2024, DMHAS funded the development of a web-based Family Care Plan tool which guides both providers and clients in accessing the resources they need to complete the plan.
- DMHAS also supported the development of a number of educational videos, in collaboration with Next Day Animation, on topics including secure storage, stigma, family care plan development and various DMHAS funded levels of care.

Maternal Infant and Child Health Coalition/MIECHV Advisory Board
- Quarterly collaborative aimed at optimizing the health and well-being of women, infants, children and families with a focus on disparate populations.

CT Women and Opioids Workgroup
- Bi-monthly collaborative facilitated by DMHAS WS with the focus of identifying collaborative system strategies to combat the opioid crisis and its impact on women and families statewide.

Every Woman CT (EWC) Learning Collaborative
- WS staff participate in a quarterly collaborative. Every Woman Connecticut is a collaborative initiative that works with consumers, health care providers, state agencies, professional organizations, and community-based partners. EWC's mission is to work collaboratively to help initiate rapid improvements in how CT cares for women and men of childbearing age.

Early Head Start Collaborative
- Office of Early Childhood/DCF/DMHAS WS plan and facilitate a quarterly meeting whose mission is to support all young children in their development by ensuring that early childhood policy, funding, and services strengthen the critical role families, providers, educators, and communities play in a child's life.

LGBTQ+ Collaborative
- Facilitated by DMHAS WS, The LGBTQ collaborative is comprised of state partners within the DMHAS Office of the Commissioner and the DMHAS--Operated and private non-profit Local Mental Health Authorities (LMHAs). The goal of the LGBTQ collaborative is to increase the understanding of the needs of the LGBTQ+ population and how to better address these needs within the state system.
- As a result of SAMHSA's technical assistance funds and COVID-19 Supplemental dollars, WS has led efforts to increase knowledge related to treating LGBTQ+ clients within -the DMHAS system of care. To date, this has included a four session virtual training series, development of updated Learning Management Service trainings, clinical consultation hours, DMHAS Lunch and Learns, a conference in June 2022, as well as an additional multi-session training series covering a wide range of LGBTQ+ topics and best practices.

Trauma and Gender Learning Collaborative (TAG)
- Co-facilitated by DMHAS WS and the CWC, TAG convenes bi-monthly to discuss topics related to Trauma and Gender.

CT Perinatal Quality Collaborative

- The Connecticut Perinatal Quality Collaborative works to promote high quality maternal and newborn care across the continuum of acuity, from the community hospital to the neonatal intensive care environment. Monthly meetings are attended by WS staff.

Middlesex County Perinatal Health Collaborative

- WS staff attend a bi-weekly community-based meeting charged with developing resource plans for pregnant and post-partum people that may be at increased risk due to substance use and/or mental health disorders.

NASADAD Women's Services Network

- As a component of the National Association of State Alcohol/Drug Abuse Directors (NASADAD) and the National Treatment Network (NTN), the Women's Services Network functions as a specialty network under the auspices of the NTN, and in collaboration with the National Prevention Network (NPN). The Women's Services Network has women's treatment and prevention issues as the focus while remaining dedicated to the NTN's overall goal of effective, socially responsive treatment delivery for all populations. WS staff attend all NASADAD events. Currently, the WS Director serves as the Region 1 representative as well as on the WSN leadership team.

Reproductive Health Integration

- This initiative focuses on integration of reproductive health and optimal birth spacing training into DMHAS's women specific continuum of care. In partnership with the CWC, WS has provided 20 trainings from 2019 to 2025 for providers of all levels of care with the goal of implementing this practice for women statewide. As a result of PROUD SAMSHA funding, these efforts will continue through 2026.

Help Me Grow (HMG) Collaborative and Advisory Board

- HMG CT is a program originating from the Office of Early Childhood. HMG promotes early childhood development and is part of a national network that ensures all children reach their full potential by connecting Connecticut children and their families to community services and resources related to child health, behavioral, development and learning.

Domestic Violence (DV) Standards and Fatality Review Board

- WS staff participate in monthly meetings convened to review Connecticut DV standards and cases of death or near death involving DV.

Governor's Council on Women and Girls

- Upon taking office in January 2019, one of Governor Lamont's first actions was to form the Governor's Council on Women and Girls – a group tasked with providing a coordinated state response to issues that impact the lives of women, girls, their families, and the State of Connecticut. DMHAS WS staff attend bi-monthly meetings, have presented on the DMHAS service continuum and participated in the Women and Girls Day at the Capitol in March 2020.

DMHAS and CT Coalition Against Domestic Violence (CCADV) Collaboration

- As a result of increased isolation and lack of access to legal and community services throughout and beyond the COVID-19 pandemic, victims of intimate partner violence (IPV) and their families remain increasingly at risk of heightened violence, resulting in severe injury and/or death. Responding to these complex and time-sensitive needs has put a considerable strain on the 18 IPV agencies in Connecticut, resulting in an additional allocation of resources to meet these demands and to respond with the immediacy required to keep victims safe. Utilizing funding from SAMHSA, DMHAS WS contracted with CCADV to implement an Outreach/Public Awareness Campaign to highlight access and availability of help through CT Safe Connect for vulnerable and underserved populations impacted by IPV.
- Additionally, this funding is utilized to increase the capacity of Connecticut's 18 lethality advocacy teams to conduct lethality assessments, increase advocacy, and access to resources post the COVID-19 pandemic.

Maternal Mortality Due to Violence Advisory Board

- CCADV received a five-year grant from the Office on Women's Health to reduce maternal mortality due to violence. WS participates in this meeting monthly along with other key stakeholders including but not limited to BSEB, March of Dimes, DSS, and DPH.

Maternal Mortality Review Committee (MMRC)

- Established by Connecticut Statute 19a-591i the MMRC conducts comprehensive, multidisciplinary reviews of maternal deaths to identify contributing factors and recommend interventions aimed at reducing maternal mortality. The MMRC publishes evaluation reports detailing maternal mortality data and recommendations. WS participates in monthly meetings providing mental health and substance use subject expertise.

Medical Assistance Program Oversight Council (MAPOC) – Women and Children's Health and Safety Subcommittee

- The Medical Assistance Program Oversight Council (MAPOC) is a collaborative body established by the General Assembly in 1994 to initially advise the Department of Social Services (DSS) on the development and implementation of Connecticut's Medicaid Managed Care Program (HUSKY A). Current statutes charge the Council with monitoring and advising DSS on matters including, but not limited to, program planning and implementation of the new delivery system under Administrative Service Organizations (ASOs), transitional issues from managed care, eligibility standards, benefits, health care access and quality measures. WS staff attend the Women and Girls Health and Safety Subcommittee meetings.

[i] Mohlman, Mary K., et al. "Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont." Journal of Substance Abuse Treatment, vol. 67, 2016, pp. 9-14.

Triennial Report Subsection: Harm Reduction

Harm Reduction is an approach aimed at reducing negative consequences associated with drug use. Harm reductionists accept that individuals may choose to use drugs and work to minimize the harmful effects rather than condemn drug using individuals. This approach acknowledges that some ways of using drugs are safer than others and calls for a non-judgmental, non-coercive provision of services and resources. Proponents of harm reduction practices compare the approach to examples such as wearing seatbelts while driving or using face masks during the COVID-19 pandemic.

Medication for Opioid Use Disorder (MOUD) can be viewed as a harm reduction approach used in treatment settings for individuals early in recovery. While the medication is not risk free, it significantly reduces the risk of non-fatal and fatal overdoses. There are three approved medications for Opioid Use Disorder: methadone, buprenorphine, and naltrexone. The Department of Mental Health and Addiction Services (DMHAS) has a robust system of methadone clinics, serving over 20,000 individuals per year. Some individuals do well on the other two medications and DMHAS has focused on increasing access to buprenorphine and naltrexone since receiving the first federal grant (MATX grant) in 2016. The initial pilot was with four non - profit providers, who employed addiction specialists and recovery coaches to assist in connecting individuals with an OUD to treatment with medication. The Recovery Coaches are trained professionals with personal lived experience who engage individuals with a possible substance use diagnosis and offer a wide variety of support and information on multiple pathways of treatment modalities. With federal State Opioid Response (SOR) grant funding, DMHAS has focused on further increasing access to MOUD treatment in all regions of the state by supporting ten outpatient providers to provide MOUD as well as community outreach through four mobile MOUD vans. These mobile vans employ a psychiatrist and recovery coach, who provide services in the community for individuals who are not accessing treatment in the traditional setting. DMHAS is also funding recovery coaching positions in methadone clinics; and supporting the Department of Corrections (DOC) with funding for MOUD for the incarcerated population.

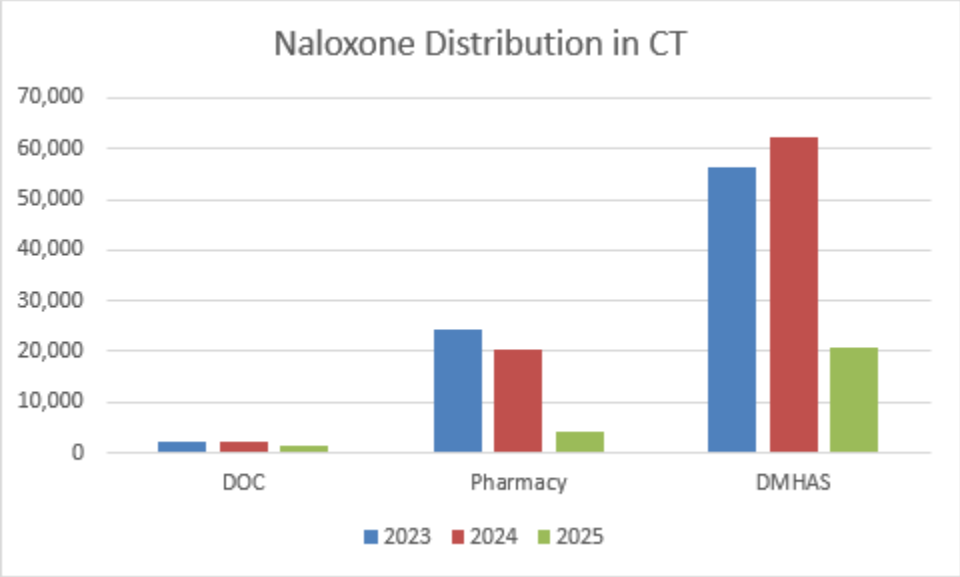
Naloxone

Another powerful medication, naloxone (brand name Narcan), is used as a harm reduction tool to reverse an active overdose. DMHAS has made it a priority to make this life saving medication available to all hospital emergency departments, treatment and recovery support providers, and harm reduction service organizations. 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. Naloxone is available over the counter at most Connecticut pharmacies and continues to be covered by Medicaid. However, due to stigma individuals sometimes prefer to get the kit from someone they trust. In addition to DMHAS supported entities, naloxone is distributed by the Department of Corrections (DOC) to individuals leaving their system, and also available through pharmacies and municipal funding for emergency response. DMHAS employs an efficient system of purchasing the naloxone from a distributor, who mails it directly to the organizations requesting the product. Since achieving the saturation goal, Connecticut saw a decrease in fatal overdoses for three consecutive years.

DMHAS Naloxone Distribution by Calendar Year

2022	29,064
2023	58,642
2024	64,087
2025 (through 5/28/25)	22,260

Naloxone Distribution by Source



Recent legislative changes allowed DMHAS to purchase and distribute fentanyl testing strips to harm reductionists in the state. Fentanyl and its analogs have been found in about 80% of overdose deaths in the last three years. Testing strips allow for safer decisions as individuals are able to check their supply for fentanyl.

State Opioid Response (SOR) Grant

The federal State Opioid Response (SOR) grant has provided much needed funding and allowed DMHAS to support additional harm reduction strategies. These strategies include outreach programs such as:

- *How Can We Help?,* where recovery coaches partner with first responders to provide services to those who have recently overdosed,
- mobile vans providing quick and efficient access to MOUD and recovery coaching via community outreach,
- drop-in centers, providing access to naloxone and other harm reduction supplies, recovery support, collaboration with shelters and syringe exchange programs, and connection to treatment.

"How Can We Help?"

The *How Can We Help?* initiative is an outreach-based program that deploys peer recovery specialists in collaboration with first responders, local health departments, and harm reduction

organizations to provide support and resources to individuals who have recently experienced an overdose or are at high risk of doing so. "How Can We Help?" is currently active in twelve locations across the state. Each program is uniquely tailored to meet the specific needs of its respective community.

Annual "How Can We Help?" Outreach Engagements

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

Harm Reduction Centers

Harm Reduction Centers operate as stigma-free, low-threshold drop-in spaces for individuals who use drugs. These centers do not require abstinence or an expressed desire for treatment as a condition for access. Their purpose is to create a safe, nonjudgmental environment where individuals can receive critical services and support.

In 2022, DMHAS continued supporting two Harm Reduction Centers designed to:

- 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 July 2023, DMHAS issued a Request for Proposals (RFP) to fund three additional Harm Reduction Centers, based on data identifying regions with the highest need and potential for impact. These centers opened in October 2023 and continue to serve individuals at high risk of overdose.

Training, Education and Media Campaign

The Department recognizes the importance of educating the public, to minimize stigma associated with substance use disorders. In May of 2022, the second CT Harm Reduction Conference was held with 218 attendees. Connecticut providers had the opportunity to learn about strategies that are helpful and hear from experts, panelists, and those who are currently using opioids. A webinar on harm reduction as well as the presentations from the conference were posted on the DMHAS website. Ongoing public education efforts continue through the LiveLOUD media campaign. LiveLOUD focuses on destigmatizing harm reduction messaging, information sharing, and awareness raising. The campaign includes a website, www.liveloud.org with information for drug using individuals, and their loved ones; billboards on major highways; images on local buses and train stations, as well as powerful social media posts. In 2024, the campaign focused on developing four short, award winning, educational videos.

Conclusion

The Department of Mental Health and Addiction Services would like to thank Governor Lamont, the Connecticut legislature and all of the state agencies that are involved in the important work of providing substance use prevention, treatment, recovery and harm reduction efforts across the state. Connecticut remains a national leader in the provision of behavioral health services thanks to the leadership at multiple levels within state government. The Commissioners and staff at each of the agencies providing substance use services in the state continue to deliver a number of innovative activities designed to enhance the state's service system while also working to address emerging issues.