



**No Wrong Door for Individuals
with Co-Occurring**

DMHAS MISSION AND VALUES

- The Department of Mental Health and Addiction Services (DMHAS) is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.
- DMHAS promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance use prevention and treatment throughout Connecticut

WHAT WE KNOW



- More than half of individuals in DMHAS services have co-occurring MH and SU disorders.
- Integrated mental health and substance use services, at the same time, yields the best outcomes.
- Historically, it has not always been easy to integrate care due to silos in funding, higher education, data reporting, etc.
- DMHAS has made a lot of progress over the last 20+ years in delivering more integrated care.

SAMHSA– DEFINITION OF RECOVERY

Recovery “ a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential”

SAMHSA's definition also emphasizes that recovery is:

- **Person-driven**: Individuals define their own recovery goals and pathways.
- **Holistic**: It encompasses the individual's whole life, including mind, body, spirit, and community.
- **Non-linear**: Recovery is a journey with ups and downs, characterized by continual growth and occasional setbacks.
- **Culturally-based**: Recovery is influenced by an individual's cultural background and experiences.
- **Supported by relationships and social networks**: Involvement of family, friends, and peers is crucial.
- **Based on hope**: Belief in the possibility of recovery is essential.
- **Trauma-informed**: Recognizing and addressing the impact of trauma on recovery.



SAMHSA- 4 DIMENSIONS OF RECOVERY

A whole person approach



SAMHSA/CONRECOVERYMONTH



LANGUAGE MATTERS

- Recovery friendly language focuses on the person, not the disease.
- Substance use disorder, person with addiction, person living with addiction or substance use disorder, person in recovery vs. Substance abuse, addict, junkie, substance abuser, recovering addict
- Mental health and substance use disorders are treatable health conditions and recovery is possible vs. Addiction is a failure of morals or will power.
- There are multiple pathways to recovery and there is always hope vs. Person is hopeless or needs to hit rock bottom.
- Recovery is not linear vs. Relapse is to be expected.
- Harm reduction is a recovery pathway vs. Recovery = abstinence.
- Medication is one of multiple pathways to recovery vs. Medication is a crutch, a person on medication is not sober/clean
- Words and phrases like “clean time” or “dirty urine” reinforce stigma and shame

SHAPING THE CONVERSATION

What to say	What not to say
Drug use (illicit substances)	Drug abuse
Drug misuse (prescription medication)	Drug abuse
Person in recovery	Former addict
Person with a substance use disorder (including alcohol)	Addict, junkie, alcoholic
Individual in recovery	clean



INTEGRATED SERVICES

All programs treat COD

Mental Health Services/COD	Substance Use Disorder Services/COD
Inpatient psychiatric	Withdrawal management (formerly known as detox)
Residential programs (MH intensives, group homes, supervised housing, transitional)	Substance use disorder (SUD) residential treatment (3.7, 3.5, 3.3, 3.1)
services (mobile crisis, respite, peer respite, REST/crisis stabilization)	Recovery houses, sober housing
Community based services (mobile crisis, respite, peer respite, REST/crisis stabilization)	Opioid Treatment Programs (OTPs) (methadone)
Outpatient clinical services (therapy, medication management)	Outpatient / IOP



ALL TREATMENT COMPONENTS ARE INTEGRATED

- Screening
- Assessment
- Recovery plans
- Clinical and non-clinical services
- Medications
- Recovery support
- Discharge planning
- Crisis support



SOMETIMES A DISCONNECT CAN HAPPEN

CT has a robust treatment continuum to provide individuals with access to comprehensive behavioral healthcare

Ensuring that resources are available & accessible in real-time and known across the state



Substance Use Disorders

System of Care in CT



WHAT IS ADDICTION?

- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.
- Medication has an important role in treating medical conditions—including SUD
- Compulsive repeated behavior despite negative consequences.
<https://www.asam.org/quality-care/definition-of-addiction>



WHAT IS AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)?

- *The ASAM Criteria* is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.
- Formerly known as the ASAM patient placement criteria, *The ASAM Criteria* is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.
- <https://www.asam.org/asam-criteria/about-the-asam-criteria>



SUBSTANCE USE DISORDER

System of care

- Medically Managed Intensive Inpatient Services, Withdrawal Management (4.0)
- Medically Monitored High-Intensity Inpatient Services, Withdrawal Management (3.7 D)
- Medically Monitored Intensive Inpatient Services(3.7)
- Medically Monitored Intensive Inpatient Services, Co-occurring Enhanced (3.7RE)
- Clinically Managed High-Intensity Residential Services (3.5)
- Clinically Managed High-Intensity Residential Services (3.5) (Pregnant and Parenting)
- Clinically Managed Population-Specific High-Intensity Residential (3.3) Services
- Clinically Managed Low-Intensity Residential Services (3.1)
- Recovery Houses
- Women's Recovery Support Programs (Pregnant and Parenting)
- Outpatient (PHP, IOP, Outpatient, Methadone Maintenance)



MANAGING OVERDOSE RISK

- Following an opioid detox a client is at higher risk for overdose as their tolerance has decreased
- Understanding safe use practices and being open to talking about relapse is important and in many cases lifesaving
- Connection to aftercare is essential to continue to enhance support network
- MOUD can help with cravings
- Current focus is on induction over detoxification
- Client titrated up to initial dose of a medication for opioid use disorder (MOUD) and transferred to a community provider
- Following an opioid detox a client is at higher risk for overdose as their tolerance has decreased



ASAM

Dimensions and levels of care



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6 DIMENSIONS

ASAM uses 6 dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services across all levels of care:

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse, Continued Use or Continued Problem Potential
6. Recovery and Living Environment

<https://www.asam.org/asam-criteria/about-the-asam-criteria>



DIMENSION 1

Acute Intoxication/Withdrawal Potential

- Is there significant risk of severe withdrawal symptoms or seizures, based on the patient's previous withdrawal history, amount, frequency and recency of discontinuation or significant reduction of alcohol or other drug use?
- Are there current signs of withdrawal? Does the patient have supports to assist in ambulatory detoxification, if medically safe? Has the patient been using multiple substances in the same drug class?



DIMENSION 2

Biomedical Conditions & Complications

- Are there current physical illnesses, other than withdrawal, that need to be addressed because they are exacerbated by withdrawal, create risk or may complicate treatment?
- Does the client have any current untreated severe medical problems that may interfere with treatment?
- Does the client have any illness or require medical attention that may interfere with treatment? E.g., hypertension, diabetes, the need for dialysis or chemotherapy



DIMENSION 3

Emotional/Behavioral/Cognitive Conditions & Complications

- The third dimension explores an individual's thoughts, emotions and mental health issues. These include: dangerousness/ lethality, BH that interferes with recovery efforts, social functioning, ability for self-care and course of illness.
- Psychiatric Diagnosis
- Current psychiatric medications and are they complying with treatment?
- What is the client's current mental status?



DIMENSION 4

Readiness to Change

- How ready is the client to change (stage of readiness to change)?
- How accepting is the client towards treatment?
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance



DIMENSION 5

Relapse, Continued Use, Or Continued Problem Potential

- What skills does the client possess to cope with/or control using? Is the patient in immediate danger of continued severe mental health distress and/or alcohol or drug use if discharged?
- How aware is the patient of relapse triggers, ways to cope with cravings to use, and skills to control impulses to use or impulses to harm self or others? What is the patient's ability to remain abstinent or psychiatrically stable, based on their history? What is the patient's current level of craving and how successfully can he or she resist using?



DIMENSION 6

Recovery/Living Environment

- Problems with Primary Support Group
- Problems with Social Environment
- Educational Problems
- Occupational Problems
- Housing Problems
- Economic Problems
- Legal Problems
- Transportation Problems
- Childcare Problems



MOUD

Medication for Opioid Use Disorders



WHY MOUD?

- Research shows that the mortality rate of untreated individuals using heroin is 15 times higher compared to individuals receiving methadone maintenance treatment (who have a similar mortality rate to the general public) *Source: Beacon Health Options White Paper on Opioid Crisis
- Per Substance Abuse and Mental Health Services Administration (SAMHSA), medication for opioid use disorders treat withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications are evidenced-based treatment options and do not just substitute one substance for another.

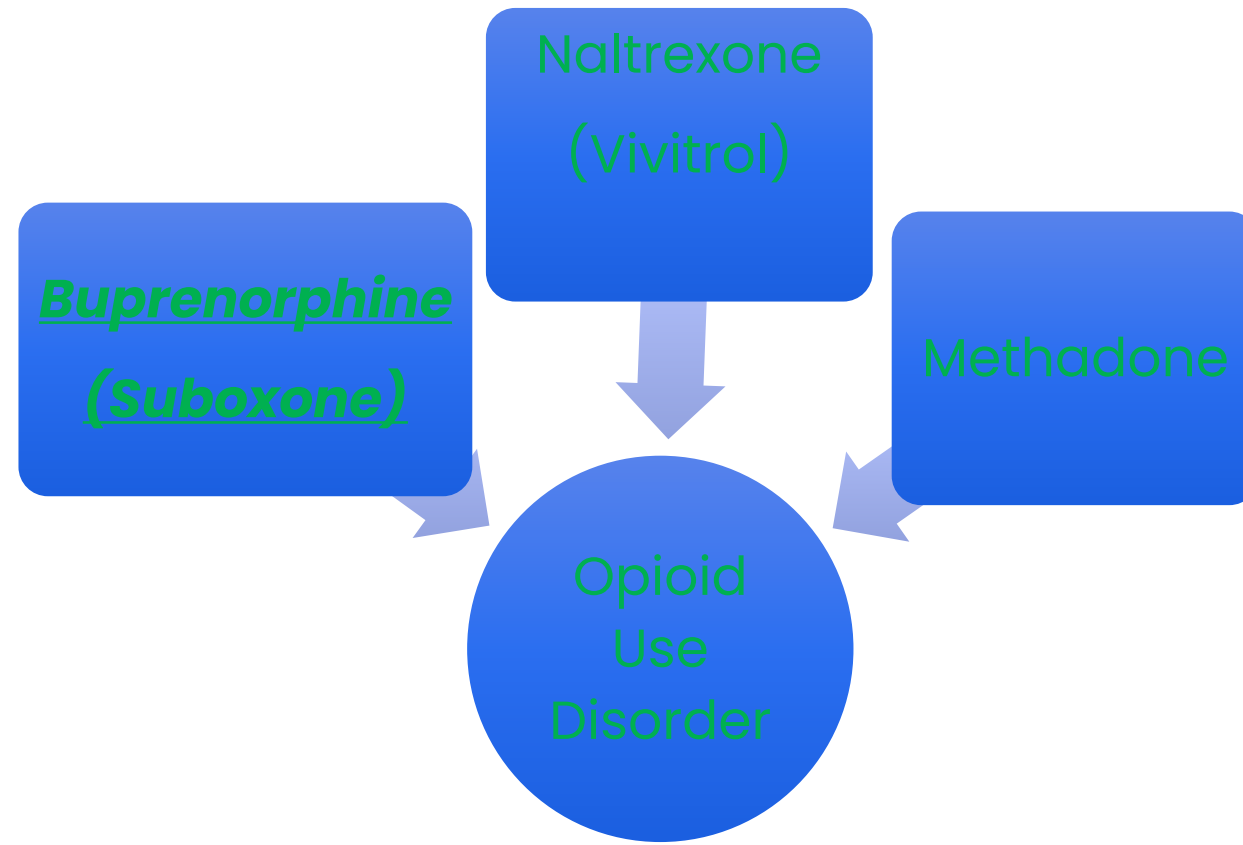


CT OVERDOSE DATA

- Data is trending for a decrease in overdose death for 2024
- This would be the third consecutive year that there is a decrease
- Far too many individuals are still dying in CT due to an overdose
- Synthetic opioids and xylazine are main cause
- 2024– estimated that 1118 individuals died from an overdose
- 2023– 1338 individuals died from an overdose
- 2022– 1462 individuals died from an overdose
- 2021– 1532 individuals died from an overdose

** data from the monthly Fatal Unintentional and Undetermined Intent Drug Overdose report created by CT Department of Public Health (DPH)

MEDICATIONS USED TO TREAT OUD



MOUD

- MOUD/MAT assists in normalizing brain chemistry, blocking the euphoric effects of opioids and/or alcohol, relieving physiological cravings, and normalizing body functions, without the negative and euphoric effects of the substance used.
- Dose will likely need to be adjusted during pregnancy (increased) and postpartum (decreased) as MOUD/MAT may be metabolized different during that time.
- Research shows that the mortality rate of untreated individuals using heroin is 15 times higher compared to individuals receiving methadone maintenance treatment (who have a similar mortality rate to the general public)
- DMHAS acts as the State Opiate Treatment Authority (SOTA) and works in collaboration with the methadone provider network to ensure adhere to all Federal regulatory standards
- 42 OTPs including DOC programs. New program to opened in Feb '25, plus 2 mobile OTPs to be operational in 2025



MOUD MYTH BUSTING

- Clients on methadone often nod out or seem drowsy
- Clients on MOUD have no reason to use & can still get high
- MOUD is forever, the person will never be drug free
- The lower the dose, the better
- Isn't MOUD replacing one addiction for another
- It's harder to kick methadone than heroin



OPIOID TREATMENT PROGRAMS (OTPS)

- Opioid Treatment Program
- Methadone Maintenance programs
- Withdrawal Management programs if utilize methadone protocol
- 21,903 individuals served in 2020 in CT
- 52 OTPs in CT
 - 11 withdrawal management programs
 - 42 methadone maintenance clinics
 - 1 located in VA
 - 7 OTPs located within DOC facilities (6 PNP, 1 DOC)
- Highly regulated medication and treatment model



ROLE OF THE SOTA

- State Opioid Treatment Authority (SOTA) designated by the governor or another appropriate official to exercise authority within the state for governing treatment of opiate addiction with medication to treatment opioid use disorder (OUD). Specifically, methadone or buprenorphine.
- In Connecticut, the position resides within the Department of Mental Health and Addiction Services, Community Service Division
- SOTA is responsible to provide approval to SAMSHA for any new certified OTPs
- SOTA is responsible to ensure that the OTPs adhere to 42 CFR part 8



42 CFR PART 8

- SAMHSA issued revised regulatory standards which was the first “major” revision to the Opioid Treatment Program (OTP) reg since 2001
- Released with effective date of 4-2-24, implementation date of 10-2-24
- The goal was to reframe the TX experience, increase access, individualized care (“not one size fits all”)
- Focus is on a culture shift in care and service delivery
- Themes include “shared decision making”, flexibility, trust, attempts to decrease stigma (language) and practitioner judgement
- Awareness that State regulations may be more stringent, and States may need to explore components that will be adopted/implemented



CONNECTION TO CARE

Access Line

- *Information on walk-in assessment centers throughout the state at www.ct.gov/dmhas/walkins or 1-800-563-4086*
- *Screening & Warm hand off to WM services*
- *Transportation available*

Carelon

- *<http://www.ctbhp.com/medication-assisted-treatment.html>*
- *Includes Interactive Map of all MAT providers*

Real time bed availability

- *www.ctaddictionservices.com*
- *www.ctmentalhealthservices.com*

