

# State of Connecticut Department of Mental Health and Addiction Services

## *State Innovations in Prevention and Treatment of Opioid Use Disorders*

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Connecticut Department of Mental Health and Addiction Services

## The Department of Mental Health and Addiction Services (DMHAS)

### **Our Scope**

Prevention services available to all CT citizens, treatment services to adults (18+) with psychiatric and/or substance use disorders who lack the financial means to obtain such services on their own. Collaborative programs for special populations (e.g. persons with HIV/AIDS infection, people in the criminal justice system, those with problem gambling disorders, substance using pregnant women, and persons with TBI or hearing impairment).



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# The Department of Mental Health and Addiction Services (DMHAS)

## Our System Design

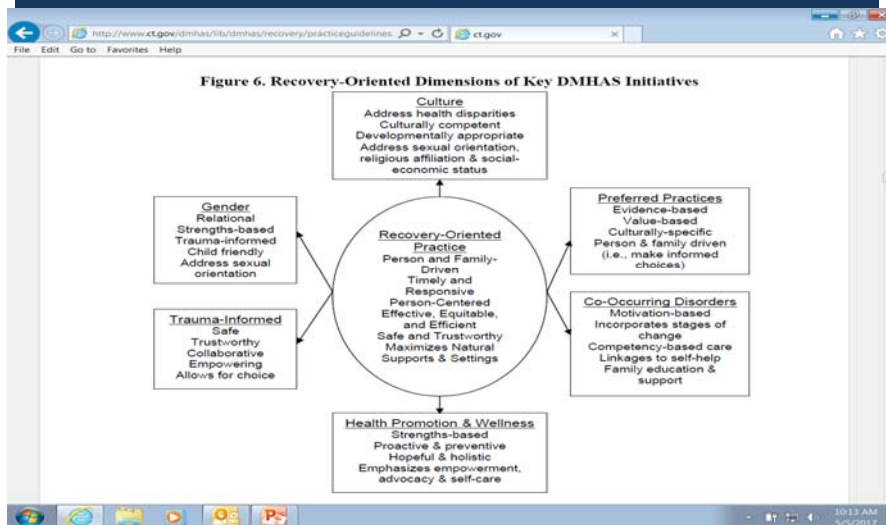
**Recovery-Oriented System of Care (ROSC)** that the State has been developing since a Commissioner's Policy first established this framework in 2002. A ROSC as one that identifies and builds on each individual's assets, strengths, and areas of health and competence to support each person in achieving a sense of mastery over mental illness and/or substance use while regaining his or her life and a meaningful, constructive sense of membership in the broader community (DMHAS Commissioner's Policy #83 and #33).



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## Practice Guidelines for Recovery-Oriented Care for Mental Health and Substance Use Conditions

Tondora, Heerema, Delphin, Andres-Hyman, O'Connell, & Davidson, 2008



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## Drivers of Policy and Practice

- **Data** - Every Funded (and SA unfunded) Agency Provides Data  
*Focus on Opioids:* Driven by Nationals and Statewide trends e.g. treatment utilization, overdose deaths, demographic composition, access to treatment and infectious disease rates
- **Purposeful Connection to Stakeholder Groups** - Stay Relevant  
*Statewide, Regionally, Locally:* Alcohol and Drug Policy Council (ADPC)  
Commissioner Forums, Site Visits, Persons with Lived Experience, Advocacy Groups, Faith-Based Organizations, Sister State Agencies (DOC, CSSD, DCF, DCP, DPH)
- **Research, Evidenced-Based and Promising Practices** - Use Science  
*Academic Affiliations:* Yale University, UCONN  
*Collective Professional Resources:* Multi-disciplinary staff and associates with personal, clinical, academic and public health perspectives

Crisis is a Catalyst for Collaboration



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## Principles of Recovery in Connecticut

### There are Multiple Pathways to Recovery- Choice

Traditional Levels of Care-Detox (detox ≠ tx), residential, PHP, IOP, outpatient

Medication Assisted Treatment (MAT)

MI, CBT, Trauma Services

12-Step, Recovery Supports

Alternative Therapies



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## Principles of Recovery in Connecticut

### **From an Acute Care Model (Episodic, Illness-Based) to a Chronic Care Model (Longitudinal, Recovery Management)**

*“Enhance early pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal/family life in long-term recovery” (White, 2008).*

- Focused attention at several levels (prevention-treatment-recovery continuum)
- Public education and *prevention*
- *Continuity of contact* over a sustained period of time
- Individual/family education and empowerment to promote self-management
- Access to the latest advances in medication-assisted treatment
- Access to peer-based recovery support groups and advocacy organizations
- Sustained monitoring (checkups), recovery coaching, and when needed, early re-intervention (White and Kelley, 2010).

**GOAL: NO Silos**  
**Recovery Is Not Linear**



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## What Matters Most?

Research has consistently demonstrated that a trusting relationship with a practitioner is one of the most important predictors of a positive outcome resulting from care for a mental health and/or substance use condition; more so than any particular approach or evidenced-based technique (Tondora, et al 2008).

**Hope, Compassion and Humanity are Antidotes**



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## In Connecticut

- DMHAS Treatment
  - Admission for heroin has been steadily increasing since 2011 after a five-year decline
  - Heroin has replaced alcohol as the primary drug reported at admission to SA programs
  - In FY16, heroin and other opiates accounted for more than half (42%) of all substance abuse treatment admissions



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## Alcohol and Drug Policy Council (ADPC)

- Tasked by Governor Malloy to coordinate state substance abuse prevention and treatment efforts and developed recommendations on how to address the state's opioid crisis
- Subcommittees working to implement recommendations
  - Prevention, screening and early intervention
  - Treatment and recovery supports
  - Recovery and health management



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## Connecticut Opioid Response (CORe) Initiative

- Governor Malloy engaged the Connecticut Opioid Response (CORe) team to supplement and support the work of the ADPC by creating a focused set of tactics and methods for immediate deployment
- *Tactics include:*
  - Increase MAT use among incarcerated
  - Increase access to buprenorphine
  - Increase accessibility to naloxone
  - Educational efforts with media, agencies, health care and public health personnel
  - Diverting individuals from the legal system to the health care and treatment system



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## DMHAS Prevention Activities

- Statewide 800 number for people seeking treatment (1-800-563-4086)
- Public messaging (social media, PSAs, website)
- Help promote drop boxes and drug take back days
- Participation in a number of community task forces, workgroups and advisory boards across the state to coordinate efforts
- Federal funding for communities to prevent prescription drug abuse in teens and young adults



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## Treatment Innovations

- SAMHSA STR, MAT-PDOA grants
- Access
  - Statewide Access Line with transportation
  - Detox, residential treatment, recovery house bed tracking website
- Treatment
  - Recovery coaches in ERs, methadone clinics, OP MAT programs
  - Buprenorphine induction in ERs
  - Criminal Justice initiatives



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## Lessons Learned

- Use of federal funds
- Creating a MAT treatment provider map
- Medical Examiner's office
- Education on need for MAT vs "beds"
- Stigma, language
- The story of Kay



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