State of Connecticut Department of 
Mental Health and Addiction Services

State Innovations in Prevention and Treatment of 
Opioid Use Disorders

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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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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-Orientated Care for Mental Health and Substance Use Conditions
Tondora, Heerema, Delphin, Andres-Hyman, O’Connell, & Davidson, 2008

Figure 6. Recovery-Oriented Dimensions of Key DMHAS Initiatives

- Culture: Address health disparities, culturally competent, developmentally appropriate
- Preferred Practices: Evidence-based, person & family driven, least invasive
- Recovery-Oriented: Person-centered, collaborative, partnership
- Trauma-Informed Care: Safety, respectful, collaborative
- Health Promotion & Wellness: Strengths-based, family

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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

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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

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 and 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
Connecticut Opioid Response (CORRe) Initiative

- Governor Malloy engaged the Connecticut Opioid Response (CORRe) 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

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
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

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