# **Connecticut Initiative Brief**

# Addressing Opioid Misuse and Use Disorders: The Impact of State Targeted Response and State Opioid Response Grants

# Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grants. The STR grant was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose—related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR grant similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)—approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SAMHSA SOR grant supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

# Single State Agency (SSA): Connecticut Department of Mental Health and Addiction Services (DMHAS)

In FY 2017 and FY 2018, the Connecticut Department of Mental Health and Addiction Services (DMHAS) received a total of \$11 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$42.2 million in SOR funding.

# Overview of Connecticut's efforts to address opioid misuse and use disorders

Connecticut's overarching opioid-related goal is to reduce overdose deaths in the state. To help achieve that goal the state has focused on distributing naloxone kits to emergency departments, treatment providers, police departments, homeless shelters, sober homes, recovery supports, and the community at large. They are also focused on making evidence-based MAT and recovery support services easily available.

Through STR/SOR funds, Connecticut has been able to support outpatient clinics, residential programs, and MAT induction and maintenance in the Connecticut correctional system. The state has added recovery support services to hospital emergency departments and treatment providers to address needs of the person, as well as the family and the community. The state has also implemented a variety of prevention strategies, including media campaigns to educate the public. DMHAS has partnered with the Judicial Branch and the Departments of Consumer Protection, Children and Families, Correction,

and Public Health to develop a strategic and comprehensive approach to combat the Connecticut opioid crisis.

#### Innovative service delivery models

- Academic detailing for healthcare professionals
- Expansion of MAT
- Mobile provision of MAT
- Enhanced MAT services with recovery coaching and employment support
- Law Enforcement Assisted Diversion (LEAD)
- Peer coaching in emergency departments, methadone clinics, and community recovery programs
- Faith-based programs responding to cultural differences in the community
- Outreach and engagement models such as "How Can We Help?"

### **Building workforce capacity**

Connecticut has utilized the assistance of the Opioid Response Network (ORN) to support the technical assistance needs of the grant. Through ORN, DMHAS has increased information dissemination via use of brochures. DMHAS organized waiver trainings and encourages doctors and nurses looking to prescribe buprenorphine to participate in ORN-offered waiver training. DMHAS offered several best practices trainings and workforce development opportunities, including: Motivational Interviewing training, Auricular Acupuncture training, Computer Based Training for Cognitive Behavior Therapy (CBT4CBT), Women and Opioid Conference, and Harm Reduction Conference.

## Collaborating with public and private entities

DMHAS actively reviews overdose death data reported by the Office of the Chief Medical Examiner to assess for the state's most impacted areas. DMHAS collaborates with all task forces, which were formed in each of these impacted regions. DMHAS partners with many sister agencies to respond to the opioid crisis: the Departments of Public Health, Corrections, Children and Families, and Court Services Support Division, to implement all grant priorities.

# Preventing opioid misuse before it starts

#### Academic Detailing

The state promotes best practices for opioid prescribing and dispensing through implementation of the theory-based Academic Detailing (outreach education for health care professionals) program. Community prescribers and pharmacists in four high-burdened health districts were identified for irregular prescribing practices and will participate in the program.

#### **Proper Medication Disposal**

Connecticut worked with the State's Department of Consumer Protection to create a YouTube video on medication disposal, licensed additional law enforcement drop boxes, and provided brochures for distribution.





#### **Education and public awareness**

#### Change the Script Campaign

DMHAS has provided 75 mini-grants to community coalitions across the state to disseminate "Change the Script" materials to parents, prescribers, pharmacists, dentists, and veterinarians. This is a statewide public awareness and educational campaign to increase awareness among the general public about opioid use, misuse, and overdose. The campaign was deployed across billboards, TV and radio stations, social media, and mall and bus advertising. Change the Script was customized for prescribers, funeral homes, realtors, libraries, and construction trades. A mobile resource vehicle will be customized to deliver resources directly to communities throughout the state by visiting health fairs, shopping malls, public parks and other community events. Change the Script materials can be accessed at www.drugfreect.org

#### Workplace initiatives

The state targeted five places of employment to provide opioid misuse prevention information through paycheck inserts, "Lunch and Learn" events, and distribution of other materials. Employment Assistance Program (EAP) personnel were also educated on how to provide staff training.

#### College awareness campaigns

Twenty college campuses were awarded mini-grants under the Connecticut Healthy Campus Initiative. Colleges received \$10,000 to implement campus-based public awareness and education events. In November and December of 2019, over 2,000 individuals were trained at 22 campus-based events.

#### Web-based Trainings

Connecticut developed a hybrid, interactive web-based training and a webinar along with an accompanying user guide on opioid education and awareness. The trainings are intended for parents, EAP staff, and the general public. Research and script development are occurring to create a web-based explainer video on polysubstance use, as well as the creation of two additional explainer videos that will highlight how addiction impacts persons involved in the criminal justice system and how it impacts veterans.

#### Courage to Speak

The state implemented a face-to-face drug prevention education program that helps parents understand and address the impact of substance use on children and youth. The program trains parents in both English and Spanish on communicating effectively with children on the dangers of drug use.

#### School-based education

Connecticut provided support to the State Education Resource Center (SERC) to develop and provide an opioid-related curriculum to school systems. SERC is currently developing a plan and recruited two school district participants. Diffusion to an additional five schools for grades K–12 is being planned.

#### "LiveLOUD" multimedia campaign

This campaign educates and provides motivation to active opioid users and their families to enter recovery.





# Overdose reversal efforts: saving lives

Connecticut uses data provided by the Department of Public Health on overdose reversals by emergency medical services (EMS). These data outlines how essential and effective naloxone is in saving people's lives. DMHAS has used STR/SOR funding to distribute naloxone kits to hospital emergency departments, service providers, police departments, homeless shelters, sober homes, recovery support providers, local health districts, and communities.

# Increasing access to treatment

#### Increasing access to and enhancing MAT services

Connecticut provides support to outpatient clinics across the state. Six of these clinics are providing enhanced MAT services, with the addition of recovery coaching and employment support staff. Eight methadone clinics also support recovery coaches. The state also supports a 24/7 treatment "Access Line" along with transportation to enable anyone interested in treatment to access it at any time and provides vouchers for residential treatment in conjunction with MAT for people with OUD who are uninsured or underinsured.

#### Providing services in overdose "hotspots"

Connecticut provides street-based MAT in three cities identified as overdose hotspots. The state also implements community and faith-based initiatives aimed at outreach and engagement in these areas.

# Supporting long-term recovery

The state has implemented comprehensive programs to support long-term recovery. These include providing on-call recovery coaches at 16 hospital emergency departments; supporting families with education, support, and bereavement groups; providing temporary housing support to individuals in early recovery who are in urgent need of safe housing; and supporting harm reduction, outreach, and engagement at two inner-city "drop-in resource centers."

#### Law Enforcement Assisted Diversion

LEAD is an arrest diversion program which addresses the needs of individuals whose contact is through police departments, who may benefit from treatment in place of arrest. LEAD participants worked with case managers in Connecticut communities to access treatment and recovery supports—including housing, health care, job training, and mental health support—instead of processing them through traditional criminal justice system avenues.

#### "How Can We Help?"

"How Can We Help?" is a recovery support initiative in 11 communities, where recovery coaches partner with first responders in hotspot locations to provide home outreach and follow-up with individuals who have survived an opioid overdose and attempt to engage the individual and affected family members in treatment or recovery support services.





# Serving special populations

#### Treatment services for criminal justice—involved population

DMHAS supports the Department of Corrections in providing MAT maintenance and induction at five correctional centers, including one female-only institution. They have also implemented the Treatment Pathway Program and Early Screening and Intervention Program, enabling those in the court system to be evaluated by a clinician and recommended for treatment.

#### Addressing youth substance use

The state offers SMART (Self-Management and Recovery Training) Recovery model, SMART Family and Friends, and Alternative Peer Groups in collaboration with the Department of Children and Families. These mutual support groups for youth are run by volunteers and peers as an alternative to traditional Alcoholics Anonymous and Narcotics Anonymous groups.

# Demonstrating outcomes for a healthier future

- 3,000 naloxone kits have been distributed to hospital emergency departments.
- 4,000 naloxone kits have been distributed in communities via Regional Behavioral Health Action Organizations (RBHAOs).
- 2,000 naloxone kits have been distributed to local health districts via the Department of Public Health
- 2,500 naloxone kits have been distributed to service providers, police departments, and homeless shelters.
- 8,800 individuals have received recovery support services.
- 2,600 individuals were newly admitted to MAT.
- 704 providers attended training, of whom 179 went through Drug Addiction Treatment Act (DATA) waiver training.
- 16,000 individuals received naloxone training and opioid overdose education. Among them were physicians, nurses, social workers, addictions counselors, law enforcement, emergency medical technicians, family members, schools, and friends of overdose victims.
- During 2019, the drugfreect.org website received 26,320 page views. The average number of page views per day is 869.
- 13,349 college students and personnel received opioid education and awareness training at over 250 events during the 2018–2019 academic year.
- 150 mini-grants were awarded to community coalitions across the state.
- 2,628 naloxone overdose reversal kits were distributed by RBHAOs between December 2017 and September 2018.
- The Change the Script opioid public awareness campaign, guidelines for opioid education, and naloxone distribution were developed and deployed statewide.
- 500 drug deactivation pouches were distributed for disposal of unused and unwanted pills for home, clinical, and public settings.



Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

