

# CT'S RESPONSE TO THE OPIOID CRISIS: LEGISLATIVE EFFORTS, STRATEGIC RECOMMENDATIONS, GRANTS, AND OTHER INITIATIVES

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# DCF

## Legislative mandate for prevention, child protection, children's behavioral health & juvenile justice

- 14 Area Offices in 6 Regions; 3 facilities: Connecticut Juvenile Training School (CJTS)
- Albert J. Solnit Children's Psychiatric Center –North & South Campuses
- Wilderness School

At any point in time, the Department serves:

- Approximately 26,000 children and 11,500 families
- 14,000 open cases
- Approximately, 4,200 children in placement:
- 42% are with families or fictive kin
- 11% in congregate settings

Annual operating budget: \$800 million , staffing over 3,200 employees

# DMHAS

- Lead state agency for adult mental health and substance use services
- 110,000+ served by DMHAS system of care in FY17
- One State hospital, including an addiction services division; 3 inpatient programs at LMHAs
- 13 Local Mental Health Authorities (LMHAs) - 6 state-operated and 7 PNP
- 160 non-profit agencies provide individuals with substance use and mental health services
- Prevention, Treatment and Recovery Support
  - Treatment and support for adults only (18+)
  - Prevention services across the lifespan

# Center for Disease Control Definitions

## **Prescription Opioids**

Opioid analgesics (commonly referred to as prescription opioids) have been used to treat moderate to severe pain in some patients. Natural opioids, semi-synthetic opioids, methadone (a synthetic opioid), and some other synthetic opioids are commonly available by prescription.

## **Fentanyl**

Fentanyl is a synthetic opioid that is legally made as a pharmaceutical drug to treat pain, or illegally made as a non-prescription drug and is increasingly used to intensify the effects (or “high”) of other drugs, such as heroin.

# Opioids: Some National Data

According to the National Survey on Drug Use and Health (NSDUH) – 2014:

- 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month.
- Approximately 1.9 million Americans met criteria for prescription painkillers use disorder based on their use of prescription painkillers in the past year.
- 1.4 million people used prescription painkillers non-medically for the first time in the past year.
- The average age for prescription painkiller first-time use was 21.2 in the past year.
- The average age of onset of any substance use is 13 to 14.

According to SAMHSA's 2014 NSDUH:

- 4.8 million people have used heroin at some point in their lives.
- Among people between the ages of 12 and 49, the average age of first use was 28.

# CT Treatment Admissions

- Admissions for heroin use has been steadily increasing since 2011 after a five-year decline
- Heroin has replaced alcohol as the primary drug reported at admission to substance abuse treatment programs
- In FY17, heroin and other opiates accounted for more than half (42%) of all substance abuse treatment admissions

# CT Overdose Deaths

## Connecticut Accidental Drug Intoxication Deaths Office of the Chief Medical Examiner

	2012	2013	2014	2015	2016
<b>Accidental Intoxication Deaths*</b>	357	495	568	729	917
-Heroin, Morphine, and/or Codeine detected	195	286	349	445	541
-Heroin in any death	174	258	327	416	504
-Heroin + Fentanyl	1	9	37	108	276
-Heroin + Cocaine	50	69	73	106	152
-Morphine/Opioid/Codeine NOS	21	28	22	29	37
-Cocaine in any death	105	147	126	177	273
-Oxycodone in any death	71	75	107	95	110
-Methadone in any death	33	48	51	71	84
-Hydrocodone in any death	15	19	15	20	20
-Fentanyl in any death	14	37	75	188	479
-Fentanyl + Cocaine	2	16	14	43	142
-Fentanyl + Prescription Opioid	4	7	14	23	72
-Fentanyl + Heroin	1	9	37	108	276
-Any Opioid + Benzodiazepine	41	60	140	221	232
-Hydromorphone	1	0	12	17	22
-Amphetamine/Methamphetamine	7	5	11	20	19
-MDMA	0	0	2	1	1

# What has been CT's response?

- Legislation
  - Re-vitalizing the Alcohol & Drug Policy Council
- Governor Malloy's CORE Initiative
  - Federal grant applications
  - Targeted strategies



# 2016 Opioid-Related Legislation

- 7-day limit on opioid prescriptions
- Licensed health care professionals allowed to administer naloxone without fear of civil liability
- Each municipality must ensure that their designated first responder(s) are trained on and equipped with naloxone
- Pharmacies required to enter information about all controlled substances dispensed into the CT Prescription Drug Monitoring and Reporting System  
*(operated by the CT Department of Consumer Protection)*

# 2017 Opioid-Related Legislation

- One page Fact Sheet
- Allowing patients to refuse opioids through a voluntary non-opioid directive form
- Feasibility of marketing campaign
- Feasibility of publicly available electronic informational portal to track real-time availability of detox, SA beds
- Study SA treatment referral programs at police depts
- Requiring electronic prescriptions for controlled substances
- Expand the requirement for pharmacists to provide information about the risk of addiction to opioids
- Allowing data sharing among State agencies

# CT Alcohol and Drug Policy Council

- legislatively mandated (1997)
- co-chaired by the DMHAS and DCF Commissioners
- 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
- representatives from all three branches of State government (*Executive, Judicial, Legislative*)
- individuals in recovery and family members
- private service providers
- prevention, treatment, recovery and criminal justice sub-committees
- DMHAS website has schedule and other information:  
<http://www.ct.gov/dmhas/cwp/view.asp?q=334676>

## CT ADPC: Current recommendations and activities

- Development of core competencies for medical practitioner education for safe prescribing and pain management
- Provide training and forums addressing opioid education, stigma, other barriers
- Provide safe storage and disposal education
- Connect electronic health records to the PDMP
- Get naloxone in schools and on college campuses
- Expand training on and use of SBIRT
- Expand use of MAT in DMHAS Local MH Authorities
- Identify and address regulatory barriers

# CT Opioid REsponse Initiative (CORE)

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* in order to have a *rapid impact* on the number of opioid overdose deaths in Connecticut. He asked the CORE team to focus on evidence-based strategies with measurable and achievable outcomes.

## CORE Recommendations

1. Increase access to treatment, consistent with national guidelines, with methadone and buprenorphine
2. Reduce overdose risk, especially among those individuals at highest risk
3. Increase adherence to opioid prescribing guidelines among providers, especially those providing prescriptions associated with an increased risk of overdose and death
4. Increase access to and track use of naloxone
5. Increase data sharing across relevant agencies and organizations to monitor and facilitate responses, including rapid responses to “outbreaks” of overdoses and other opioid-related (e.g. HIV or HCV) events.
6. Increase community understanding of the scale of opioid use disorder, the nature of the disorder, and the most effective and evidence-based responses to promote treatment uptake and decrease stigma.

# DCF Federal Grants

➤ IMPACCT

➤ ASSERT

➤ DCF Pay for Success Funding:  
Family Stability Project

# DCF IMPACCT Planning Grant

- IMProving Access, Continuing Care, & Treatment
- 2 years (9/2015-9/2017)
- 3 year strategic plan for system improvements for youth
- Workforce development, Finance, Social Marketing
- Statewide Youth Coordinator
- Identify Gaps in the System
- Primer for Implementation Grant

# DCF ASSERT Grant

- Access, Screening & Engagement, Recovery Support & Treatment
- 4 years, 800K annually, starts 9/2017
- MDFT-MAT-RMC for youth age 16-21
- Expansion of A-SBIRT
- Youth recovery pro-social activities
- Includes social marketing to reduce stigma, workforce development, financial mapping, evaluation



# DCF Family Stability Project

- Pay for Success/Social Impact Bond Project
- \$11.2M to expand and evaluate FBR
- 500 families over 4 years
- Partners: DCF, FBR, Providers (UCFS, CHR, CMHA), Social Finance, UCONN, Harvard, Investors

# DMHAS Federal Grants

- Prescription Drug Prevention Grant
  - Medication Assisted Treatment Expansion Grant
- State Targeted Response (STR) to Opioid Crisis Grant

# DMHAS Prescription Drug Prevention Grant

*Develop and implement a comprehensive prevention strategy that raises awareness about the dangers of sharing medications for individuals age 12 and over; work with the pharmaceutical and medical communities on the risks of overprescribing to young adults.*

- 9/1/16 – 8/31/21     \$371,615 annually
- DMHAS, Department of Consumer Protection, Department of Public Health
- Use statewide epidemiological and CT Prescription Monitoring Reporting System (CPMRS) data to identify high need areas where prescription drug misuse is prevalent
- Fund community providers to implement education strategies developed at the state level and promote the use of the CPMRS in their communities
- Conduct a process and outcome evaluation to determine increases in the use of the CPMRS and decreases in overdose deaths across the state but specifically in high need areas selected for funding

# DMHAS MAT Expansion Grant

- 3 years: September 1, 2016 – August 31, 2019; \$1m year
- Over 500 new clients to be served
- Adds medical support staff & Recovery Coaches
- Provides support for physicians and other medical staff to receive and deliver MAT training; develop initial medical protocols and conduct case conferences
- Full time Recovery Coaches at each of the four project sites
- Training and Consultation in Evidence Based Practices for staff at each of the four project sites
- Distribution of Narcan
- Locations: CMHA, Wheeler, CHR/Willimantic, McCall

# State Targeted Response Grant (STR)

- Continue to expand medication access in outpatient clinics and residential programs
- Continue to expand use of Recovery Coaches: EDs, Methadone clinics, outpatient clinics
- Work with New Haven and Hartford police departments to connect individuals to services
- Work with DOC to connect individuals to services pre- release
- Work with DCF to hire a “Youth Coordinator” and develop APGs
- Develop family education/support groups in 5 areas
- Support EDs to induct patients onto a medication
- Provide training to multiple target groups

# Other Targeted Strategies

- Current DCF Initiatives
  - DMHAS Access Line
- Recovery Coaches in Hospital Emergency Departments
  - Community Forums
  - DMHAS Website
  - Remembrance Quilt

# DCF Initiatives



PE 1: Office of IPV and SU: SUBSTANCE USE SERVICE ARRAY: CAREGIVERS

	Age	Prevention	Risk			Capacity
			Low	Moderate	High	
Family Based Recovery (FBR)	0-3					240
CT Family Stability Project (FBR-SIB)	0-6					500
MST-Building Stronger Families(BSF)	6-18					84
Project SAFE	0-18					4050 (FY15)
RSVP-RCM-RCMe	0-18					500

## More DCF Initiatives

- Community-Based service array for youth
- A-SBIRT
- KID Project



# DMHAS Access Line

- Statewide 800 number for people seeking treatment:

**1-800-563-4086**

- Caller will be screened
- If eligible for detox, triaged immediately to detox center and transportation offered
- Others are referred for face to face assessment at a local Assessment Center
- Transportation expanded

# Recovery Coaches in Hospital Emergency Departments

- Launched Spring 2017
- 4 EDs in Eastern Connecticut (Manchester, Lawrence and Memorial, Backus, Windham)
- Recently added Midstate, St. Francis, Danbury
- Recovery Coaches go to EDs, connect with patients who overdosed *(or have other SUD related issues)* and link them to services
- Unexpected culture shift in ED

# Community Forums

- DMHAS has participated in dozens of community forums throughout the state over the past year and a half.
- Local elected officials, providers, people in recovery, family members, law enforcement have participated in the forums.
- The forums are an opportunity for communities to come together and come up with local solutions as well as share with others in the community who may have similar stories.
- The Remembrance Quilt was born out of hearing from people at the forums who lost loved ones to addiction and who shared that they felt isolated and alone. The quilt is a way to bring people together who share similar stories and honor those they have lost to addiction.

# DMHAS Website

dmhas Department of MENTAL HEALTH & ADDICTION SERVICES

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Miriam Delphin-Rittmon, Ph.D. Commissioner

Programs & Services  
Finding Services  
Prevention Services  
Problem Gambling  
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Agency Directories

Language Assistance

**Crisis Services HELP**

**PRESCRIPTION DRUG & HEROIN Prevention/Treatment**

**HOPE**  
Effect Change  
CT Network of Care Website

**VIDEO BRIEFS Gallery**

**Psychiatric Security Review Board (PSRB)**

**1 WORD VOICE LIFE**  
Be the 1 to start the conversation about preventing drug use. CALL 3-1-1

**TURNING POINT**

**What's New!**

May 23, 2017  
Projects for Assistance in Transition from Homelessness (PATH) - Public Comment June 14, 2017

May 17, 2017  
Legislative Update #6

May 2, 2017  
Advisory: Netflix Original Series "13 Reasons Why"

April 27, 2017  
CVH Greenhouse Sale 2017 Now open!

March 20, 2017  
System-Wide Analytics & Projection (SWAP) - analysis of Homeless/Housing system performance

March 17, 2017 Mark your calendars!  
The National Covington Curriculum Conference - June 6-8, 2017

February 24, 2017  
The Remembrance Quilt: for those who have died from substance use disorders. Check out

**Agency Online**

Employment Opportunities

Divisions and Offices

DMHAS State Bed Vacancy for Current Week

Training Opportunities - Office of Workforce Development (formerly Education and Training)

Career Development and In-Service Training

Major Initiatives

RFPs, RFQs and RFIs NEW!

Commissioner's Policy Statements

Americans With Disabilities (ADA) Notice

Legislative Matters

Freedom of Information Requests

No one should die from an overdose!  
**Narcan (Naloxone) Saves Lives.**  
Get the facts  
[www.ct.gov/dmhas/naloxone](http://www.ct.gov/dmhas/naloxone)

# Remembrance Quilt



# What You Can Do

- Get educated on opioid use and opioid use disorders: prevention, treatment and recovery
- Support multiple pathways to recovery for the individuals you are working with
- Encourage naloxone for people using any form of opioid
- Address your own and others' stigma related to addiction and MAT

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