2024-25 Regional Priority Report: Region 5

Developed by Western CT Coalition, Inc.

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Executive Summary

Western CT Coalition, Region 5 RBHAO

As the Regional Behavioral Health Action Organization (RBHAO) for the Northwestern region of Connecticut (*identified as DMHAS Region 5*), Western CT Coalition (WCTC) is tasked by the Connecticut Department of Mental Health and Addictions Services (DMHAS) to conduct a biennial assessment of behavioral health needs, strengths, and critical gaps of the region's service delivery systems and identify target populations and priorities. The resulting Regional Priority Report is a data-driven analysis that informs DMHAS, stakeholders, and the public about the behavioral health needs of children, adolescents, and adults. It also serves as a foundational tool for developing a Regional Strategic Plan that guides recommendations for prevention, treatment, and recovery services.

The *2025 Region 5 Regional Priority Report* presents the most current and comprehensive overview of substance misuse, problem gambling, mental health challenges, and suicide in the region. It outlines the characteristics of the general population and key subpopulations who are experiencing—or are at increased risk for—these issues and who may require prevention, treatment, recovery, or health promotion services. The report also incorporates community-level insights and perceptions, analyzes trends over time, and defines regional priorities, resources, and health disparities. Finally, it offers realistic, actionable recommendations to address identified gaps and meet the unique challenges of Region 5 (R5) using available resources.

WCTC conducted the needs assessment in collaboration with its Regional Priority Report (RPR) Team—composed of Coalition staff—and the Regional Priority Workgroup (RPW), which included community volunteers, partners, and stakeholders. The RPR Team facilitated regional focus groups to collect broad input on needs, service gaps, priority subpopulations, and recommendations related to prevention, treatment and recovery, suicide prevention, and problem gambling. In addition, a selected group of stakeholders were invited to complete a confidential online survey addressing key concerns, emerging issues, and populations of focus. To support and validate findings, we also analyzed data from a range of trusted local, regional, state, and national sources to create individual community profiles and develop evidence-based recommendations.

Based on data analysis, surveys, and focus groups, we identified the following specific areas of concern, emerging issues and trends, and persistent challenges:

- Alcohol use remains the highest priority among the substances for R5. This year, it ranks 3rd overall after depression and anxiety.
- Cannabis use has been growing significantly since its initial legalization in 2021. There is an increase in the number of students who have ever or are currently using cannabis.

- Cocaine use has continued and has remained low among high school students in R5, There has been an overall decreasing trend of cocaine among youth since 2007.
- Fentanyl remains the most common opioid involved in accidental overdose deaths, though the number of accidental overdoses here has declined. The presence of Xylazine was noted in our 2023 report. 2024 saw the emergence of bromazolam and medetomidine.
- Anxiety was the second highest diagnosis at admission to DMHAS treatment (16%) in 2023 and the second highest ranked concern by the R5 RPW.
- Depression among middle and high school students experienced a slight decrease, with females accounting for higher rates than males.
- Rx drug use decreased, particularly among youth, except among Hispanic youth where use continues to increase. Misuse of prescription drugs like benzodiazepines continues to be a concern.
- Fatal drug overdoses declined slightly. However, overdoses are still the number one cause of unintentional deaths in CT.
- Suicide deaths are consistently higher among males compared to females in the region. WCTC trained more than 1,094 individuals in QPR Suicide Prevention Training in 2023 and 2024. Residents here continue to access suicide prevention and crisis intervention resources, such as 988.
- Problem Gambling is identified as a top Addiction Priority, exacerbated by the legalization of online gambling and sports betting. WCTC continues to raise awareness about disordered gambling and connecting individuals to treatment. Student athletes continue to be a population at risk.
- Vaping rates among CT youth are declining, in part due to DMHAS' funding focus on reducing youth use of ENDS. The perceived harm around vaping increased among youth in R5. Eighty-two percent of tobacco retailers in the region are compliant with Point-of-Sale (POS) regulation.
- Trauma remains a significant concern in Region 5. Despite growing awareness and implementation of trauma-informed practices, there is still a critical need for additional counselors and support groups to help individuals build coping strategies and reduce the long-term impact of trauma.

Demographics in Region 5 are highly disparate town by town. This region comprises 43 communities in the western part of Connecticut, including all of Litchfield County, northern Fairfield County, and northern New Haven County. It includes one urban core, Waterbury three urban peripheries (Danbury, Torrington, and Naugatuck), 15 suburban communities, and 25 rural towns. All socioeconomic strata are represented within the region, from among the highest to lowest median annual household incomes in the state. Danbury, Torrington, and Waterbury have poverty rates above the state average of 10%, while eight communities (Cheshire, Hartland, New Hartford, Newtown, Prospect, Ridgefield, Sherman, and Warren) have poverty rates under 3%. 34% of households in R5 are cost-burdened, meaning they spend 30% of their total income on housing costs. Racial diversity (*non-White*) ranges from a low of under 3% in Morris and New Hartford to a high of 58% in Waterbury. Linguistic diversity and immigrant populations are among the highest (Danbury) and lowest (Northwest corner) in the state. While English is the spoken language in 100% of homes in Norfolk, it is the spoken language in only 50.4%

of homes in Danbury. Disparate demographics within R5 make this priority setting report a limited snapshot of the overall regional picture.

The *2025 Region 5 Regional Priority Report* identifies risk factors, burdens, and subpopulations at risk and explores how and why they are at-risk for substance misuse, problem gambling, and mental health problems, including suicide. At-risk groups include youth, adolescents, those facing homelessness, LGBTQ+ community, those living at or below the poverty level, new immigrants, and those in chronic pain and/or using prescription pain relievers. There are specific at-risk groups within each category, described in detail. For example, people dependent on alcohol are *at risk* for other substance addiction. This report addresses health disparities throughout the region and how heath disparities correlate to subpopulations at risk. There are disparities by race, ethnicity, age, gender, sexual orientation, gender identity, and educational attainment in the prevalence of substance misuse, problem gambling, and mental health problems, including suicide.

The report acknowledges persistent resource gaps and needs in R5. These focus on access to and affordability of preventive care and treatment options, lack of public transportation for mental health and addiction services and supports, shortage of service providers in some communities (particularly for youth), reactive/crisis intervention over prevention, and stigma around mental health and addiction issues. There is a need for better coordination and collaboration among agencies, departments, and law enforcement. There is also a need for more proactive resources and support that might intercept the need for crisis intervention, especially among youth. While there is representation from local officials and area legislators on local Prevention Councils, Suicide Prevention Taskforces, and Opioid Workgroups, there is need for a deeper level of engagement from this sector. Although mental health promotion and substance misuse and problem gambling prevention efforts are growing in the region, we recognize the ongoing need for continued outreach and engagement, especially among youth and families.

We identify many community resources, strengths, and assets in R5. These vary widely from town to town and include effective treatment options and emerging trends in customized therapies. One such supportive resource is TRED (Transportation Reaching Every Direction) that provides free car service for eligible DMHAS clients and transports individuals from area hospital emergency departments to in-patient recovery centers. Multiple community-based organizations (CBO) provide no-cost mental health awareness, crisis intervention, suicide prevention, and harm reduction trainings for the public to address stigma and to connect individuals with professional help and treatment. WCTC and others promote positive youth development. A 5-year U.S. Department of Education grant has greatly increased the number of school-based mental health professionals throughout rural communities here. Faith-based organizations serve as trusted community resources, offering guidance and support to individuals during times of need.

Positive community norms and conditions include that *most people* in Region 5 do not misuse substances or present with problem gambling. Most enjoy good mental health, maintain positive relationships with others, cite strong support systems when facing challenges, and remain resilient to adversity.

We will continue to work with our colleagues at the CT Prevention Network, Region 5 Local Prevention Councils and other state, regional and community agencies to strengthen partnerships and engagement to address identified priority issues.

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Abbreviations and Acronyms

ADA: American Disability Act

ADD: Attention Deficit Disorder

ADHD: Attention-Deficit/Hyperactivity Disorder

ADPC: Alcohol Drug Policy Council

AMI: Any Mental Illness

ARPA: American Rescue Plan Act

ASAMs: American Society of Addiction Medicine

ASIST: Applied Suicide Intervention Skills Training

ATOD: Alcohol, Tobacco, and Other Drugs

AUD: Alcohol Use Disorder

BAC: Blood Alcohol Content

BH: Behavioral Health

BRFSS: Behavioral Risk Factor Surveillance System

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CACs: Catchment Area Councils

CADCA: Community Anti-Drug Coalitions of America

CCAR: Connecticut Community for Addiction Recovery

CCPG: Connecticut Council on Problem Gambling

CCT: Community Care Team (CCT)

CDC: Center for Disease Control

CEs: Continuing Education Units

CIFC: Connecticut Institute for Communities

CIT: Crisis Intervention Training

CLEAR: CT Law Enforcement Addiction Recovery

CLSP: Community Led Suicide Prevention

COG: Council of Governments

CPES: Center for Prevention Evaluation Services at UCONN Health Center

CPN: Connecticut Prevention Network

CSHS: Connecticut School Health Survey (CT's YRBSS)

CSP: Community Suicide Prevention

DCF: Department of Children and Families

DCP: Department of Consumer Protection

DEA: Drug Enforcement Agency DEA

DESPP: Department of Emergency Services and Public Protection

DFS: Drug Free Schools Committee

DiGIn: Disordered Gambling Integration Project

DMHAS: Department of Mental Health and Addiction Services

DOC: Department of Corrections

DPH: Department of Public Health

DRS: Department of Revenue Services

DSM: Diagnostic and Statistical Manual of Mental Disorders

DSS: Department of Social Services

DUI: Driving Under the Influence

ED: Emergency Department

EDAC: Early Detection and Assessment Coordination

ENDS: Electronic Nicotine Delivery System

FDA: Food and Drug Administration

FG: Focus Groups

FPL: Federal Poverty Level

FY: Fiscal year

GLS: Garrett Lee Smith

HIDTA: High Intensity Drug Trafficking Area

IOP: Intensive Outpatient Programs

KIIs: Key Informant Interviews

LADC: Licensed Alcohol and Drug Counselor

LCSW: Licensed Clinical Social Worker

LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexual and Asexual

LMHAs: Local Mental Health Authorities

LOUD: Life Without Opioid Use Disorder

LPC: Local Prevention Council

MAT: Medication Assisted Treatment

MCCA: Midwestern Connecticut Council on Addiction

MDFT: Multidimensional Family Therapy

MH: Mental Health

MHAT: Mental Health Awareness Training

MHFA: Mental Health First Aid

MMUCC: Model Minimum Uniform Crash Criteria

MTSSP: Multi-tiered School Suicide Prevention

NAMI: National Alliance for Mental Illness

NCPG: National Council on Problem Gambling

NHCOG: Northwest Hills Council of Governments

NIAAA: National Institute on Alcohol Abuse and Alcoholism

NORA: Naloxone Overdose Response Application

NPC: Nip Per Capita

NSDUH: National Survey on Drug Use and Health

NVCOG: Naugatuck Valley Council of Governments

NW: Northwest

OCME: Office of Chief Medical Examiner

OD: Overdose

ODDs: Overdose Deaths

ODMAPS: Overdose Detection Mapping Application Program

ORS: Overdose Response Strategy

OTC: Over the Counter

PDMP: Prescription Drug Monitoring Program

PDO: Prescription Drug Overdose

PFLAG: Parents for Lesbian and Gay

PGAT: Problem Gambling Awareness Team

PH2: Partnerships for Hope and Healing

PNPs: Private Nonprofit

PTSD: Post-traumatic stress disorder

QPR: Question, Persuade, Refer -Suicide Gatekeeper Training

R5: Region 5

RAC: Regional Advisory Council

RBHAO: Regional Behavioral Health Action Organization

RCT: Regional Crisis Team

REACH: Recovery Engagement Access Coaching and Healing

RESC: Regional Educational Support Center

RORF: Regional Opioid Response Fund

RPR: Regional Priority Report

RPW: Regional Priority Workgroup

RSAB: Regional Suicide Advisory Board

Rx: Prescription

SAMHSA: Substance Abuse Mental Health Service Administration

SBHC: School Based Health Centers

SBIRT: Screening Brief Intervention Referral to Treatment

SEC: Substance Exposed Children

SEOW: State Epidemiological Outcomes Workgroup

SMARTIE: Strategic, Measurable, Ambitious, Realistic, Time-Bound, Inclusive, & Equitable

SMI: Severe Mental Illness

SOR: State Opioid Response

SOS: Signs of Suicide

SPIN: Suicide Postvention Information Network

SRO: School Resource Officer

SSPs: Syringe Service Programs

SUD: Substance Use Disorder

SWORD: Statewide Opioid Reporting Directive

TAHD: Torrington Area Health District

THC: Tetrahydrocannabinol

tMHFA: Teen Mental Health First Aid

TOTs: Training of Trainers

UA: Urinalysis

UCC: Urgent Crisis Centers

UCONN: University of Connecticut

VDRS: Violent Death Reporting System

WCMHN: Western CT Mental Health Network

WCSU: Western Connecticut State University

WCTC: Western CT Coalition

WRN: Women’s Reach Navigators

YRBSS: Youth Risk Behavior Surveillance System

YSBs: Youth Service Bureau

Introduction

Background

The purpose of this report is to identify ATOD, suicide, problem gambling, and positive mental health service gaps which highlight the service needs and priority populations and municipalities in our region. This priority report is one of the deliverables of the Western CT Coalition's contract with the CT Department of Mental Health and Addiction Services (CT DMHAS).

To fulfill this contractual responsibility, the RBHAO identifies current local and regional conditions that help in the assessment of emerging trends, service gaps and resources. Western CT Coalition seeks to identify emerging behavioral health issues including increases or decreases in the use of existing substances, the appearance of new drugs and trends, who is most at risk, emerging consequences, and/or changes in where people are accessing substances. This report will include recent changes in the treatment of mental health and substance use disorders, with particular attention to access, availability and innovative modalities which the RBHAO has encountered since the last report in 2023.

Our last report was published in 2023 and can be found on our website, along with downloadable infographics. CT DMHAS has a link to our last report along with that of the other four RBHAOs across the state. This iteration of the priority report is a full biennial report, not an interim update report.

Information from multiple sectors of our community partners ensures that the report is a comprehensive portrayal of behavioral health in our area. We rely on a balance of lived-experience, professional expertise, and current data to understand regional strengths and needs.

The tools we use to collect current qualitative and quantitative data include updates to previous behavioral health statistics at the regional and, where possible, local level. This qualitative data was previously (2023 and prior) provided in the form of "epi-profiles". In

addition, focus groups and key informant interviews were run across different sectors, and a regional stakeholder survey was distributed at the beginning of 2025.

The priority subjects we research are : Alcohol, Cannabis, Cocaine, ENDS/Tobacco/Vaping, Heroin/Fentanyl, Other Opiates, Prescription Drug Misuse, Anxiety, Depression, Trauma, Suicide and Problem Gambling. This report will highlight some of the strengths and resources present in the behavioral health infrastructure in CT DMHAS Region 5, like: grassroots programs, training and educational resources for the behavioral health workforce, new support mechanisms that impact community partners, policy changes, programs that help reduce stigma, the influx of municipal funds, and other successes of note over the past two years.

Likewise, this report includes behavioral health issues in Region 5 that need improvement. Our focus groups, key informant interviews, surveys and on-going committee meetings described shortages of treatment services, challenges with the provision of treatment, challenges with access to appropriate treatment for populations that are underserved or at higher risk, instability of funding, and the lack of pro-social norms.

Data Sources

Figure 1(below) is a table describing data sources, what they address, and their overall strengths and limitations.

Figure 1. Data Sources and Uses

Data Source	Strengths *(and/or Purpose/Value)*	Limitations *(and What/Who is Missing)*
NSDUH	National survey that helps by providing longitudinal data	No data specific to R5. Some data is missing from 2018-2020 which affects the ability to determine longitudinal trends
YRBSS	Aggregate statewide, useful for tracking trends.	No data specific to R5
BRFSS	Aggregate statewide, useful for tracking statewide trends which can be used in	The data set has been modified to comply with President Trump's executive

	comparison to any local adult data we gather	orders. There are some missing values which may appear to be inconsistencies in the data based on a respondents' answers to questions that were removed.
CT DPH	CT School Health Survey data	Only state data.
CT OCME	Lots of detail, timely and useful in finding trends in the region. User can sort by town allowing region 5 specifically.	Inconsistent categories, i.e., Death city, residence city, location, etc.
United Way 2-1-1	Available by both town and region, timeframe can be selected by user, easy to use.	Could be more specific, Mental health and substance use are general categories.
CT DCP	Current statistics on prescriptions and the CPMRS	Town level data is not easily accessible
CT DRS	Current revenue reports	Town level data is not easily accessible
CT DMHAS	Annual treatment data	Missing under 18 population
R5 Youth Surveys	District specific longitudinal/trend data, youth self-report, collect information on strengths and positive community norms.	Some communities use different surveys with questions that are not always comparable .
R5 Community Survey (CPES)	Representation of the majority of our 43 towns. Provided ranking of our priorities by age group which could be compared directly with comments from FGs and KIIs	For certain questions there were a lot of "don't know" responses. Response rates vary year to year.
Focus Groups	Promotes a group dynamic to foster deeper discussion	Time and coordination with focus group participants.
Key Informant Interviews	Information from people with lived experience and those involved at the present time. Can be used to corroborate anecdotal information from other sources and support perceptions derived from quantitative data.	The information gathered can depend too much on what questions are asked.

CT VDRS	Available by region, current timely data, includes explanations	Protocol restricts certain details for safety reasons.

The Regional Priority Report process uses a significant amount of quantitative data collected from a variety of sources.

The national data used in the development of this report was gathered primarily from the National Survey of Drug Use and Health (NSDUH), Behavior Risk Factor Surveillance System(BRFSS) Youth Risk Behavior Surveillance System (YRBSS), and U.S. Census Bureau.

Statistics from CT Department of Public Health, CT Office of Chief Medical Examiner, 2-1-1 Infoline, the CT State Epidemiological Outcomes Workgroup (SEOW) data portal, CT Violent Death Reporting System, and Datahaven provided statewide and some regional statistical information.

Regional demographic data was provided by CPES. Local quantitative data came from area treatment providers, the DMHAS Wellbeing Report for the Western Region, our RBHAO 2024 Regional Needs Assessments, the Datahaven Equity Report for Western DMHAS, law enforcement, Western CT Coalition's FY25 environmental scans, young adult and youth surveys. As with all survey instruments, there are strengths and limitations to each of these data sources.

Specific to our needs, national surveys are mostly used for comparisons and assisting the workgroup members by providing a reference point. Interpreting and applying data from these sources require some caution because of the large geographic area and wide range of demographics in Region 5. This year we only looked at youth surveys by specific school system which reduced the risk of missing local trends.

Region 5 covers forty-three distinct communities, including three "urban periphery" cities: Danbury, Naugatuck and Torrington, in addition to the "urban core" city of Waterbury and one "wealthy" community, Ridgefield. We tried to separate the urban or greater metro area data from that of rural communities in the northwestern corner of the state where populations can be less than 2,000 full-time residents.

In addition to the quantitative data sources listed above, qualitative input was used to describe local behavioral health conditions. Focus groups and key informant interviews were conducted between December of 2024 and March of 2025. Qualitative input also included information gathered through our work and community involvement as an active coalition. The committees at WCTC involved in this report include: the Drug-Free Schools Committee, Prevention Committee, Vaping and Cannabis Workgroup, two Opioid Workgroups, Regional Suicide Advisory Board, and our Gambling Awareness Team. These groups provided both quantitative and qualitative data throughout the year, as they use local level data to identify needs and address emerging issues for

their own purposes. These long-standing committees bring relevance to the data gathering process. They are engaged with numerous community sectors and play an important role in developing our priority setting report.

Description of Prioritization Process

Region 5 staff consulted with the Center for Prevention Evaluation at UCONN Health Center (CPES) regarding the guidance documents, regional survey administration and analysis, changes in formatting and the overall goals of the process. The Board of Directors at Western CT Coalition (WCTC) participated as consultants and as members of the Regional Priority Workgroup (RPW).The R5 Board of Directors are liaisons to people in our region who have lived experience and/or are presently involved in the behavioral health infrastructure in our area.

All Region 5 staff were involved in updating our quantitative data from the 2023 epi-profiles. All Region 5 staff conducted focus groups and key informant interviews, gathered anecdotal information during outside meetings, and incorporated notes from 2024 committee meetings.

Results of the regional survey were put into a table that ranked them together and separately, by mental health and substance use issue. Suicide and gambling were each examined independently. Staff updated the epi-profiles from our last report and that information was added to the slide deck of statewide data provided by CPES. The RPW went through the slide deck together and shared their interpretations.

We presented the survey results, anecdotal information gathered at the focus groups and from key informant interviews, along with the updated epi-data from our 2023 report. Then, after folks had a chance to discuss what was presented , we used the criteria from previous priority setting processes. RPW members the various topics (Alcohol, Cannabis, Cocaine, Vaping/Tobacco use, Heroin, Prescription Drugs, Anxiety, Depression and Suicide) by perceived prevalence, severity, impact and changeability. We emphasized that changeability should reflect capacity and readiness.

Strengths and Limitations of This Report

The overarching strength of this report is its comprehensive assessment of the region’s behavioral health. The quantitative data used is current and the qualitative data is gathered through a series of focus groups, key informant interviews, and information recorded during regular committee meetings, the regional survey conducted over a majority of our communities. The focus group, survey and key informant questions were all the same, which is a best practice methodology.

The online community survey was disseminated via email, through a link posted on our website, and shared at multiple events and meetings. Survey respondents represented 69.8% of Region 5 communities. One limitation to the survey this year was a lower

response rate. We would also like to have more participants from the faith-based and healthcare sectors.

Much of our region is rural and suburban, so the survey data reflects that component. Although survey responses from our one urban core city and three urban periphery towns were included, we acknowledge the diverse nature of those communities and the need for a closer look. The focus groups and key informant interviews helped to incorporate information from our larger cities. RPW members took the time to consider these factors.

Additionally, respondents utilized open-ended response (other: specify) fields in unexpected ways, using response fields to record multiple responses or responses relevant to other questions. This dynamic increased the number of subjective decisions that needed to be made to standardize and quantify responses. Where open-ended responses did not align with the question asked, they often were better fit to address another question within the survey. Therefore, some open-ended responses may contribute to knowledge for a different question or issue than the item(s) in which they appeared.

A considerable number of issues that were reported under the “emerging Issues” section were not necessarily “emerging.” Many of these issues, such as vaping among youth, are already considered an ongoing concern. Future processes may benefit from developing questions or items that more clearly define “emerging” issues and distinguish them from “ongoing” issues or concerns. Responses to Emerging Issues questions remain useful for regional planning, however, as responses based on non-emergent issues speak to ongoing community concern about existing issues in the community.

Overall, the dataset offers a fair representation of Region 5’s key informant perspectives across communities, sectors, regions, and community types. Information was collected from a strategically chosen sample of WCTC key informants who we identified after reading through the RPR guidance document. The survey gathered essential data on substance use, mental health, suicide prevention, and problem gambling concerns. These results offer a good understanding of critical and emerging issues in the region.

Western CT Coalition recognizes that the report cannot accurately measure all aspects of behavioral health within its forty-three communities. Regional trend data about adult substance (current) use is mostly unavailable. Our mental health treatment data consists mainly of DMHAS system adult population figures. Individual private providers, primary care physicians, our Medicaid/HUSKY provider and the hospitals all have other information that would help this process.

For clear regional quantitative data, we are limited to surveys developed by the RBHAO and assessments shared by our regional partners. Overall, this process allowed us to identify priorities and establish reasonable goals and recommendations.

Regional Profile

Description of the Region

DMHAS Region 5 comprises 43 towns Northwestern/Western CT. It includes all of Litchfield County and extends into northern Fairfield and New Haven Counties. It includes all 5 community types: 18 Suburban towns (Barkhamsted, Bethel, Bridgewater, Brookfield, Cheshire, Middlebury, New Fairfield, New Hartford, Newtown, Oxford, Prospect, Redding, Roxbury, Sherman, Southbury, Watertown, Wolcott, and Woodbury); 20 Rural towns (Beacon Falls, Bethlehem, Canaan, Colebrook, Cornwall, Goshen, Hartland, Harwinton, Kent, Litchfield, Morris, New Milford, Norfolk, North Canaan, Salisbury, Sharon, Thomaston, Warren, Washington, and Winchester); 3 Urban Periphery (Danbury, Naugatuck, and Torrington); 1 Wealthy (Ridgefield); and 1 Urban Core (Waterbury).

The total population of DMHAS Region 5 is 623,792, representing approximately 16.97% of Connecticut's total population of 3.675 million. Due to its numerous small rural and suburban communities, Region 5 encompasses just over 25% of Connecticut's 169 towns.

Region 5 features some of the most pronounced disparities in income levels and racial/ethnic composition across the state. Median household income here varies from a low of $48,787 in Waterbury to a high of $160,258 in Ridgefield. Nine towns in Region 5 have median household incomes lower than Connecticut's median.[i] Waterbury has a poverty rate of 22%, more than double the state average of 10%[ii], while Ridgefield's poverty rate is just 2%. North Canaan, Torrington, and Waterbury have the lowest median household income in the region. Bridgewater, Newtown, Redding, Ridgefield, and Warren are among the wealthiest towns in CT. Rural Northwestern CT has the lowest ethno-racial diversity in the state, including Morris with 7% diversity[iii] and New Hartford with 8% diversity.[iv] Waterbury and Danbury have among the highest ethno-racial diversity in the state, at 67% and 56% respectively.

Demographic data encompasses more than just racial, ethnic, and economic diversity; it also includes factors such as age, educational attainment, gender, English language

proficiency, sexual orientation, and gender identity. Of the 623,792 people residing in Region 5, 20.8% are youth ages 0-17 and 18.5% are elderly aged 65 and up.[v] In Danbury, 49.6% of the population speaks a language other than English at home.[vi] These factors contribute to a wide range of differences in behaviors, attitudes, cultures, resources, and community norms. For community-level change to be effective and sustainable, it must account for all demographic characteristics.

Subpopulations at higher risk for substance use disorder, mental health challenges, serious mental illness, and suicide include the region's LGBTQ+ community, homeless individuals and families, and disengaged youth. 4% of female youth and 6.5% of male youth in Region 5 are considered disengaged, defined as “Young people who are not enrolled in school and are not employed.”[vii] Growing awareness highlights the urgent need for more comprehensive and supportive services tailored to these communities. There has been a steady growth in LGBTQ+ responsive healthcare, such as Waterbury Hospital and Community Health Center Inc. in Waterbury and Danbury. Other LGBTQ+ supportive initiatives in the region include PFLAG in Waterbury, Apex Community Care in Danbury, and Pride in the Hills in Litchfield County.

Supportive services for homeless adults and youth and those at risk of homelessness or living in unstable housing include implementation of the McKinney Vento Homeless Assistance Grant, administered by EdAdvance, the RESC in Region 5. There are homeless, overflow, and emergency shelters in Danbury, Torrington, Waterbury, and Winsted. In Torrington, the Gathering Place, a Homeless Outreach/Service Center with a broad range of life changing resources, serves 26 communities in the region.

Figure 2. Region 5 Town Characteristics

Town/ City	Total Population[1]	Community Type[2]	Median Income[1]	% Poverty Rate[1]	% White[1]	% Black/ African American[1]	% Hispanic/ Latinx[1]	% Asian[1]	% Native American[3]	% Other[1]
Barkhamsted	3,660	Suburban	$120,125	5.0	87.0	< 1.0	11.0	< 1.0		2.0
Beacon Falls	6,061	Rural	$98,042	4.0	83.0	4.0	8.0	< 1.0		4.0
Bethel	20,406	Suburban	$108,382	4.0	66.0	7.0	13.0	6.0		8.0
Bethlehem	3,399	Rural	$113,650	8.0	90.0	< 1.0	4.0	2.0		4.0
Bridgewater	1,701	Suburban	$149,643	2.0	95.0	1.0	2.0	< 1.0		2.0
Brookfield	17,468	Suburban	$132,950	5.0	82.0	2.0	8.0	3.0		4.0
Canaan	1,155	Rural	$89,318	16.0	92.0	< 1.0	1.0	2.0		5.0
Cheshire	28,791	Suburban	$147,969	4.0	71.0	5.0	6.0	10.0		9.0
Colebrook	1,594	Rural	$120,625	6.0	85.0	5.0	2.0	3.0		6.0
Cornwall	1,315	Rural	$99,922	16.0	84.0	2.0	5.0	6.0		3.0
Danbury	86,456	Urban periphery	$79,983	11.0	45.0	12.0	32.0	5.0		7.0
Goshen	3,144	Rural	$138,299	8.0	80.0	< 1.0	7.0	8.0		5.0
Hartland	1,806	Rural	$111,429	3.0	92.0	< 1.0	4.0	< 1.0		3.0
Harwinton	5,509	Rural	$102,078	3.0	88.0	5.0	6.0	< 1.0		< 1.0
Kent	3,015	Rural	$93,281	9.0	82.0	< 1.0	8.0	4.0		6.0
Litchfield	8,232	Rural	$112,910	4.0	80.0	3.0	8.0	3.0		5.0
Middlebury	7,665	Suburban	$135,114	5.0	86.0	< 1.0	5.0	5.0		4.0
Morris	2,059	Rural	$101,638	11.0	90.0	4.0	2.0	< 1.0		4.0
Naugatuck	31,653	Urban periphery	$91,145	5.0	61.0	13.0	16.0	5.0		6.0
New Fairfield	13,596	Suburban	$140,844	5.0	80.0	< 1.0	11.0	2.0		7.0
New Hartford	6,680	Suburban	$102,522	0	93.0	< 1.0	2.0	2.0		3.0
New Milford	28,181	Rural	$98,313	7.0	79.0	4.0	11.0	3.0		3.0
Newtown	27,341	Suburban	$142,039	4.0	82.0	2.0	10.0	2.0		4.0

Norfolk	1,856	Rural	$92,500	8.0	78.0	3.0	10.0	< 1.0		8.0
North Canaan	3,212	Rural	$60,962	25.0	74.0	4.0	14.0	< 1.0		7.0
Oxford	12,801	Suburban	$123,000	2.0	83.0	1.0	9.0	4.0		3.0
Prospect	9,411	Suburban	$124,382	3.0	81.0	5.0	9.0	< 1.0		5.0
Redding	8,785	Suburban	$165,391	4.0	83.0	< 1.0	8.0	3.0		5.0
Ridgefield	25,021	Wealthy	$169,363	4.0	83.0	2.0	6.0	4.0		4.0
Roxbury	2,069	Suburban	$132,500	3.0	87.0	2.0	6.0	4.0		2.0
Salisbury	4,170	Rural	$99,083	5.0	91.0	2.0	3.0	2.0		2.0
Sharon	2,691	Rural	$102,963	9.0	84.0	< 1.0	3.0	3.0		9.0
Sherman	3,499	Suburban	$113,490	2.0	84.0	< 1.0	8.0	2.0		6.0
Southbury	19,936	Suburban	$107,266	4.0	85.0	2.0	6.0	4.0		3.0
Thomaston	7,487	Rural	$91,967	3.0	80.0	2.0	10.0	2.0		6.0
Torrington	35,510	Urban periphery	$66,616	15.0	65.0	9.0	18.0	3.0		5.0
Warren	1,533	Rural	$130,156	3.0	65.0	3.0	24.0	5.0		2.0
Washington	3,651	Rural	$85,709	11.0	74.0	< 1.0	23.0	1.0		1.0
Waterbury	114,480	Urban Core	$51,451	22.0	30.0	25.0	36.0	3.0		5.0
Watertown	22,177	Suburban	$84,536	7.0	80.0	2.0	11.0	4.0		3.0
Winchester	10,278	Rural	$73,000	13.0	84.0	3.0	10.0	< 1.0		3.0
Wolcott	16,188	Suburban	$113,433	1.0	84.0	4.0	5.0	3.0		3.0
Woodbury	9,775	Suburban	$120,577	4.0	89.0	2.0	4.0	2.0		4.0
Connecticut	**3,611,317**	**NA**	**$90,213**	**10.1**	**65.9**	**12.2**	**16.9**	**5.0**	**NA**	**8.5**

[1]Connecticut Town Profile, 2024 (American Community Survey, 2018-2022).
[2]Levy, Don: Five Connecticuts 2010 Update. (2015).
[3]CT Data combined Native American w/ Other; 'Other' includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, two or more races. Please explore detailed census here.

Subpopulations in Region 5

Figure 3. Subpopulations in Region 5 and Areas of Concern

Subpopulation/Group	Area(s) of Concern	Rationale/Evidence
Non-English Speakers	Access to services-low availability of resources and providers Lack of awareness of existing services and resources	Survey responses indicating that we need more Portuguese language resources and services, not just Spanish. RPW mentioned that folks who speak Portuguese do not always identify as "Latino" when demographics are collected. Need for Portuguese services in our urban periphery communities.
LGBTQIA+	Suicide and Mental Health	More risk factors, fewer resources – RSAB Focus Group 24.3% of survey respondents indicated that the LGBTQIA+ population was the most commonly selected as "not being adequately served" by suicide prevention services.
Unhoused Individuals - especially those w/ existing BH and physical health needs	Access to care, isolation.	Focus Groups reported that services for unhoused individuals can be discriminatory, identified "targeted support" as a need and/or challenging to access. Stigma remains an issue in some of our hospital emergency depts.
People who are Uninsured	Account for those who need but are not seeking treatment	Western CT Community Wellbeing Survey - Of those failing to get treatment, 14% said health insurance does not cover MH treatment and 33% said insurance does not pay enough.
Families and individuals living below the poverty level	Access to care, isolation.	Poverty is a social determinant of health risk factor
People who identify as Black and Hispanic	Tobacco and other sources of nicotine consumption	Smoking among Black and Latino populations are higher, 21% and

		17% respectively, than White and Asian populations at 14%. Western CT Health Equity Report, 2023-
	Lack of insurance among Latino population	Latino population in Western CT has the highest "uninsured" rate, 19% - which is higher than the state rate .
	Accidental death involving substances	OCME data indicates an increase in accidental deaths of both populations.
Emerging Adults (18-25)	Higher risk of recreational substance use	23% of those ages 18-34 reported using cannabis more than 10 times in the past 30 days - Community Well Being survey DMHAS Region 5
	Depression	Focus Group participants reported that " transitional youth face significant health challenges as they navigate adulthood."
	Onset of Any Mental Illness (AMI) or Serious Mental Illness (SMI)	SAMHSA 2022 indicated that "any mental illness among adults" was highest among those 18-25 at 36.2% compared to adults overall of 23.1% SMI was 11.6% among those 18-25 vs. 6% for overall adults.
Veterans	Access to Mental Health services	Survey respondents indicated that Veterans were a sub-population of concern for finding adequate services for mental health issues.
Youth	Challenges of youth in a changing world	Comments at focus group discussions and among key informants were centered on: youth substance use, levels of anxiety and depression in R5, high levels of absenteeism, the way youth are portrayed in the media, excessive screen time, lack of in-person social time, parents who are not around.

Findings

Summary of Priority Trends 2021-2025

Alcohol	• New relationships with local retailers and other civic groups have enabled WCTC to focus more attention on adult alcohol use. • Alcohol was identified as the #1 priority substance in the 2021, 2023 and 2025 reports. Alcohol use remains the highest priority among substances for Region 5 and this year, it is ranked third overall after depression and anxiety. • During the year 2021 the region experienced an estimated 494 crashes involving a DUI, 3 of which were in a work zone, 11 of these crashes were fatal and 28 were suspected of having serious injuries. Between 2022- 2024, Region 5 experienced an estimated 840 crashes involving a DUI, 25 of which were fatal and 129 which resulted in possible injury. • Canaan (pop. 1,082 , NPC 69.81) is our smallest community by population and yet sold 75,536 nips in 6 months with one liquor store. Our second highest NPC is Winchester/Winsted (sold 281,046 pop. 10,236 NPC 27.46) which is 29th out of our 43 towns by population. Winchester previously had the highest nip sales per year in Region 5 (2021 = 1,108,779) outselling larger regional cities such as Naugatuck, Waterbury, Danbury, and Torrington. WCTC Regional Priority Report 2023 and 2025; UCONN CT Crash Data Repository, 2021 and 2022-2024; R5 Nips
Cannabis	• New funding since 2024 has enabled us to create a workgroup, formed with representation from several community sectors, and to formalize cannabis prevention efforts in two other communities with the disbursement of two cannabis mini-grants in Region 5. • After its initial legalization in 2021, the adult-use cannabis retail environment has been growing significantly. Over the course of a year, the adult-use cannabis industry saw a 38% increase in sales revenue, as well as a 38% increase in the number of adult-use retail products sold. **These numbers reflect adult-use sales only, not medical cannabis sales.** • There has been an increase in the perception of ease of access throughout Region 5. A potential root cause may be the increase in the number of ENDS retailers in R5; many of these retailers sell illicit cannabis products, and surveys show youth report accessing cannabis products from vape stores. • From Q4 2023 to Q4 2024, the number of final licenses in R5 has tripled. The number of licensed adult-use cannabis retailers in R5 has more than tripled, increasing from 2 in 2023 to 7 in 2024. Several municipalities in R5 have more than one adult-use cannabis retailer. • Despite zoning approvals and licensing requirements, there are several instances in Region 5 of illegal THC or cannabis sales from stores that are not licensed to sell cannabis. The products sold in these stores are often hemp-derived THC, which can be significantly more potent than Delta 9 THC. • There was an increase in the number of students who have ever or are currently using cannabis. This may be due to the impact of a lower

	perception of risk with cannabis use, as seen in two recently surveyed school districts (along with statewide trends). Multiple school surveys show perception of risk continues to decrease as grade level increases. • DataHaven's 2024 Community Readiness Survey showed higher rates of cannabis use among adults with children in the household compared to those without. There is a growing concern around youth who have been accessing unsecured cannabis products in the home. Search Institute Developmental Assets full reports, 2022 and 2024. 2023 - 2024 Report on Student Discipline in CT Public Schools, 2025 CTData: Cannabis Retail Sales by Month; CTData: Number of Cannabis Products Sold (Retail), Western CT Coalition Cannabis Needs Assessment, June 2024; Region 5 retailer scans, 2024 - 2025
Cocaine/Crack	• Cocaine use has historically remained low among high school youth in R5. • 2021 Connecticut School Health Survey (CT YRBSS), 1.2% of Connecticut high school students reported using some form of cocaine in their lifetime. • 2023 1.8% of Connecticut high school students reported using some form of cocaine in their lifetime. • There has been an overall decreasing trend of cocaine use among youth since 2007, when the prevalence was 8.3%. • Cocaine has remained a constant in R5. • 2024 cocaine related deaths are similar to state (60.8% R5). 2021,2023-Connecticut School Health Survey (CT YRBSS),CT YRBS 2005-2023,2024 CT OCME
Heroin/Fentanyl	• The number of accidental overdoses in Region 5 has declined. • Most overdose deaths in region 5 involved Fentanyl. • The presence of xylazine was noted in our 2023 report. 2024 saw the emergence of Bromazolam and Medetomidine. • From 2022 to 2024 the number of fatalities decreased by 44.7% from 217 to 120. The average age of people dying from an accidental overdose has increased (45-47). CT OCME 2024
Anxiety	• Programs specifically addressing anxiety have continued to grow in our area. (art, sound, tapping, yoga, etc.) • In Region 5, anxiety was the second highest diagnosis at admission to DMHAS treatment (16%) during 2023. • It was also the second highest ranked concern by the R5 RPW, both overall and amongst mental health issues. • In 2023, CT saw **almost double the number of anxiety cases being diagnosed as the primary diagnosis** in treatment related programs when compared to 2022. DMHAS EQMI Treatment Admissions 2022,2023

Depression	• There was a very slight decrease, from 22.7% to 22.1% in middle and high school students reporting they felt sad or hopeless most or all of the time in the last month. • Across R5 school districts surveyed, females reported higher rates of feeling sad or hopeless than males ranging from 22% to 37%. • In 2023, one R5 school district (N=1400) found that 56% of transgender students reported being sad or hopeless for 2 or more seeks in a row (compared to 21.5% of their cisgender classmates). Additional survey data found that LGBS students reported feeling sad or hopeless at a much higher rate (46.5%) than heterosexual peers (16.8%). Search Institute Youth A & B Surveys, Youth Voices Count Surveys, 2023-24
Rx Drugs	• There have been decreases in Rx drug misuse in Region 5, particularly among youth. However, misuse of prescription drugs like benzodiazepines continues to be a concern. • According to the 2021 Connecticut School Health Survey, 8.5% compared to 12.2% in 2023 of high school students reported ever taking prescription drugs without a doctor's prescription. • Youth past 30-day use among Hispanic youth in Region 5 went up from 12% to 13.1% between our 2023 and 2025 priority processes. • The number of opioids and Benzodiazepine prescriptions both decreased in CT according to the DCP 2022-24 data. • Adderall continues to be the most prescribed controlled substances in R5. • 2024 HIDTA FTR data indicates that mostly all counterfeit Adderall pills are pressed methamphetamine and contain no Adderall. CT DCP 2022-24, CT HIDTA
Suicide	• Western CT Coalition trained over 1,094 individuals in QPR in 2023 and 2024. • Male deaths are consistently higher than female deaths in our region. • Residents of Region 5 use 211 to access crisis intervention and suicide resources. In 2023 there were 5,797 requests to 211 for crisis intervention and suicide, accounting for 31.9% of all mental health and addiction requests from Region 5. Then in 2024 there was an increase in number of requests - 6,496 for crisis/suicide - which accounted for 30.0% of all mental health and addiction calls (a very slight decrease). • The decrease in the number of overdose deaths may also indicate a decrease in number that may be suicides. CTVDRS Data, 2023-24; 211counts.org; CT OCME, 2024
Problem Gambling	• MCCA Bettor Choice census remains steady. • Student athletes continue to be a population at risk. • Lack of awareness of help line and self-exclusion option. • CCPG was able to connect 93% of callers to the helpline to referral services. • Internet casino gambling remains the number one reason people call the helpline (46%) followed by sports betting (36%). Key informant interview with MCCA; CCPG Helpline

Tobacco/ENDS /Vape	• CT youth vaping rates are declining as a result of the DMHAS decision to focus 2019-2025 LPC dollars on reducing youth use of ENDS. • CT YRBSS data saw high school vaping rates go from 27% in 2019 to 11.5% in 2023. • While not as high as the 98% "perceived risk" of smoking cigarettes, R5 youth perception of harm around vaping did increase. In 2023, "perception of risk" among middle and high school youth ranged from 72% to 85%. For this reporting period it ranged from 73% to 96% among middle and high school youth. • Past 30-day use rates of ENDS among high school students in 2019 were 27% and then 11.5% in 2023. • In 2023, the Connecticut Tobacco Prevention and Enforcement Program (TPEP) conducted 6,485 compliance checks in DMHAS Region 5. 5,300 (82%) were compliant. Danbury and Waterbury retailers have the most non-compliance issues. • As of January 16, 2025, the FDA has authorized Zyn in 10 assorted flavors, and two strengths of nicotine (3mg and 6mg). There is no current considerations for a flavor ban in CT. • In 2019, there were 204 registered ENDS dealers in Region 5. In January 2025, there were 257. Western Connecticut Coalition Assessment of Vaping of Nicotine, May 2024 DCP registered ENDS dealers
Trauma	• There continues to be a heightened awareness of and interest in building trauma-informed practices in Region 5. • In 2023, CT State saw around **3,000 more cases of trauma and stress related illness being diagnosed as the primary diagnosis** in treatment related programs when compared to 2022. • We expect delayed effects of trauma when trauma occurs in early childhood and we need to implement more services after the first 10 years, not less. • There is a need for more counselors and support groups focused on increasing coping strategies and harm reduction in this area. Providers should continue to offer MHFA and YMHFA, and DMHAS should provide trauma-related training to state employees and PNP staff. Focus Group 2025-WCTC (Danbury) Regional Opioid Workgroup DMHAS EQMI Treatment Admissions, 2023

Emerging Issues

Figure 4. Emerging Issues in Region 5

Emerging Issue	For Whom/What Group	Rationale/Evidence
1. ZYN and other synthetic nicotine pouches	Adolescent and young adults Primarily males	Regional Survey Data Focus Groups Key Informant Interviews
2. Bromazolam - involved in ODDs in Region 5-Carfentanil in Waterbury contributed to ODDs	People using polysubstance, including benzodiazepines. People using Fentanyl/Carfentanil	1/228 (.4%) in 2020 and 7/120 in 2025 (5.83%) as reported in the CT OCME Statistics reports CT ORS April 2025 Report
3. Increase in Cocaine-involved OD deaths	People using cocaine which may contain fentanyl or another opioid People with compromised physical health, i.e. CVD	CT OCME data- 44.7% of Region 5 overdose deaths in 2022 involved cocaine which increased to 60.8% in 2024. In 2024 there was evidence of 3 ODDs in R5 that were entirely attributed to acute cocaine use and no other substances were present. There has been an increase in requests for "safe smoking kits" among our harm reduction partners.
4. Increase in initiation to cannabis use between 2020-2021	Adults 18-25	9% of adults 18-25 reported using cannabis for the first time in the past year, the highest prevalence of first-time use in any age group. NSDUH 2021
5. Insecure funding for DMHAS Suicide Prevention/Postvention Initiatives (RSABs)	General Population This impacts suicide risk and protective factor education and awareness especially for young people who are diagnosed with depression in Region 5. Also, impacts our communities that are in the midst of developing evidence-based postvention plans in the event of a death by suicide.	ARPA is sunsetting and while DCF financially supports part of this work, there are no other DMHAS funds currently allocated for the continuation of the Regional Suicide Advisory Boards.
6. Bottlenecks in the treatment also affecting the treatment workforce because of 1115 waiver.	Access to adequate treatment and treatment workforce	Under new rules, student counselors are allowed to intake, treatment planning, and discharge assessment but once they have graduated they cannot perform these duties. LADCs are having

		trouble getting into practice before they are fully licensed. Patient protocols are challenging.
7. Increase in ADD/ADHD prescriptions	Youth and young adults	Drug Free Schools Committee reports more youth (and more adults) using Adderall or a similar amphetamine.
8. Presence of medetomidine	People participating in methadone maintenance program	Voluntary UA results
9. Rapid increase in the number of vape retailers throughout R5, and evidence of illegal products being sold.	Most R5 communities.	Environmental scans and compliance checks.
10. Adults seeking to taper off medications and change prescribers after 20+ years.	Adults who have been prescribed a combination of medications for stress, anxiety, sleep, for many years and are looking to update their treatment plans- innovations, culture shifts, etc.	Key informants and focus groups ASAM's new Webinar series Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Risks Outweigh Benefits.

Regional Strengths, Resources, and Assets

Western CT Coalition coordinates the Regional Suicide Advisory Board which meets bi-monthly. Torrington Area Health District has a grant through the Dept. of Public Health to increase awareness and provide suicide prevention and postvention supports in the TAHD communities. Newport Behavioral Health (Bethlehem) hosts numerous professional learning opportunities (complete with CEs) which are open to the behavioral health field. EdAdvance offers, QPR and MHFA, YMHFA and tMHFA across the entire region. WCTC partners with agencies that can assist with QPR attendees and other groups that require special presentations like Spanish speakers and those needing ASL.

Question, Persuade, Refer (QPR) is offered every month in Region 5 by the Western CT Coalition. There are currently 66 trainers in our area outside of the RBHAO. Other suicide prevention programs like Talk Saves Lives, SOS and ASIST are available among various providers and through the schools. The Regional Crisis Team (RCT), which is coordinated by Tanya Iacona , remains the guiding light for our schools and communities when these tragedies occur. The RBHAO works closely with RCT, which has supported the development of our postvention networks.

WCTC received funds from CT DMHAS to address adult alcohol use which was our number one substance use priority from the last report in 2023. With these additional funds we have employed SAMHSA's Strategic Prevention Framework and created a workplan that raises awareness, provides resources, connects community folks who are part of the solution, and sets long term goals of reducing risky adult alcohol use.

All of our hospitals are resources for behavioral health needs, offering acute care, partial hospitalization, intensive outpatient programs (IOP), dual diagnosis IOP, and child and adolescent treatment, among many other services.

Primary care providers are available, and these services are expanding with Wheeler Clinic and McCall Behavioral Health adding services in Waterbury. School-based Health Centers also provide assessments and primary care, as well as referrals for families. The establishment of School-based Health Centers have improved access to screenings and services, as well as wonderful basic healthcare.

Four Winds Hospital in Katonah, NY is very close to Region 5. This facility has been one of the few places that folks can count on when families are seeking in-patient behavioral health services for young people. Four Winds' admissions office is open 24 hours a day, 7 days a week, and they accept insurance including managed Medicaid. Behavioral Health professionals in Region 5 rely on Four Winds, especially with the treatment of eating disorders.

The Network of Care, coordinated in the Western Region by Jules Calabro at Carelon, provides collaborative opportunities, training and networking across the children's behavioral health system. The Connecting to Care website (https://www.connectingtocarect.org/) is a great resource for families and anyone looking for youth behavioral health. Connecting to Care bridges gaps in services and creates an integrated system of care so families can access the services they need in a timely and effective manner

The Northwestern part of Region 5 is fortunate to have received some Mental Health Awareness Training grants through the federal Department of Education and SAMHSA. These programs bring MHFA, tMHFA and QPR along with other evidence-based programs to all Region 5.

The Region 5 Problem Gambling Awareness Team has an established membership, holds bi-monthly meetings, and publishes a quarterly newsletter that is disseminated to over 2100 individuals. MCCA Bettor Choices offers 4 support groups in the region, including one for "persons affected". Telehealth options have expanded treatment options. CCAR and McCall Behavioral Health integrate disordered gambling screenings during intake assessments.

12-step programs are abundant in Region 5, especially with virtual meetings and special populations being added to the list of meetings. There are currently Community Care Teams in Danbury, Waterbury, and Torrington. Each model is slightly unique, but the result is that they can identify and engage with people in need, especially people who are unhoused or considered high utilizers of the various Emergency Departments. Community Harm Reduction vans provide physical health screenings out in the communities. Our Mobile Crisis is very strong and well connected. The Western CT

Mental Health Network has three locations in Region 5 with comprehensive mental health services. Region 5 has a lot of private providers.

The private non-profit treatment providers (MCCA. McCall, Apex, Staywell, Greenwoods, FCA, Ability Beyond, CIFC, etc.) here are excellent. One of the strengths in Region 5 is the strong collaboration between all these agencies, from both the children and adults' treatment sides. For the most part, organizations that support prevention, treatment and recovery are also very closely aligned.

The CT DMHAS offers many opportunities to receive mental health promotion and substance use prevention training through their Prevention Division's Resource Links. Trainings meet the needs of the prevention workforce at all levels, from volunteers, to the recently employed, and those who have been involved in this work for several years.

Many opportunities to receive naloxone and the accompanying training exist in Region 5, This is available through increase the number of trainers made possible with State Opioid Response funded "Narcan TOTs". The RBHAO holds regular monthly Narcan sessions online, as requested. These are being provided both virtually and in person.

SBIRT training continues among social work, school guidance graduate programs and law enforcement. Harm reduction strategies are more widely accepted and used in our region. There is broad participation on the CT Harm Reduction Action Group. Several law enforcement agencies have taken on the practices of CLEAR, CT Law Enforcement Addiction Recovery. We have noticed a better understanding of how harm reduction practices allow providers to meet people where they are, with realistic expectations about abstinence and the road to recovery on their terms. In addition, local police have reported that more mental health-related calls are channeled to the behavioral health system recently, which has alleviated the need for police involvement.

Preventionists in Region 5 promote the importance of person first language and the integration of "Language Matters" materials. The RBHAO and Local Prevention Council members participate in DEA take-back events.

Statewide Opioid Response grantees have educated providers and promoted the ***Change the Script*** and **Live LOUD** media campaigns. Newtown Parent Connection and other parent and peer supports are available.

The number of providers offering MOUD has remained steady. MOUD providers remain flexible and collaborative. While more are always needed, there are resources available in Portuguese and Spanish. The RBHAO and our partner agencies keep each other informed about emerging needs for translation and assistance for people who speak languages other than English, Spanish and Portuguese.

Schools coordinate presentations and offer behavioral health promotion and prevention resources; municipal leaders raise awareness and participate in forums. Higher education and faith-based organizations are engaged.

12-step programs, including those for special populations, including virtual meetings are abundant in Region 5.

More outreach and better consideration for the LGBTQIA+ community has brought about heightened awareness of their need for resources.

Prevention in Region 5 is strong, with credit going to DMHAS funding opportunities benefitting the RBHAO and Local Prevention Councils.

Figure 5: Summary of Resources and Assets in Region 5

Prevention		
Resource/Asset	**Focus Area**	**Catchment Area/Reach**
Partnership for Hope and Healing (PH2)	Suicide Prevention Education and Awareness	New Milford School District
RSAB	Suicide Prevention and Postvention education, awareness and resource sharing	DMHAS Region 5
Expansion of SBHC services	Access to BH resources for youth and family members	Bethel, Brookfield, Danbury, New Milford, Newtown, Waterbury, Winsted
LPCs	Local grassroots prevention efforts	DMHAS Region 5
RCT	Crisis prevention, intervention, and suicide postvention support	Barkhamsted, Bethel, Bridgewater, Brookfield, Canaan, Colebrook, Cornwall, Danbury, Goshen, Kent, Litchfield, Middlebury, Morris, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Watertown, Winchester, and Woodbury

Expanded Funding for the RBHAOs	Substance use prevention, mental health promotion, suicide prevention and problem gambling awareness	DMHAS Region 5
Formal planning to address the consequences around opioids at the municipal level has improved.	Substance use prevention	DMHAS Region 5
Regional Opioid Response Fund	Local opioid misuse prevention and education, including leave behind kits for after an overdose	Barkhamsted, Canaan, Colebrook, Hartland, Kent, Morris, Norfolk, Warren, and Washington
The Danbury Collective	Full and equal opportunities for success for children and families	Danbury
Connecticut Alliance for Substance Exposed Children (SEC)	Education, awareness, and collaboration across disciplines working with youth	DMHAS Region 5
TAHD CDC/CSP	Suicide awareness and prevention	Bantam, Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Litchfield, Middlebury, Morris, Norfolk, North Canaan, Salisbury, Thomaston, Torrington, Warren, Watertown & Winsted
Youth Service Bureaus, Boys and Girls Clubs, Scouts, Park and Recreation Club Sports	Youth and families	Throughout Region 5
Stacked Deck Curriculum in schools	High School Students	Litchfield
MHAT Grants	Mental health and suicide prevention training, education, awareness	Western CT

Opioid Workgroups	Shared resources and conversation around opioid and other substances across the continuum of care	DMHAS Region 5
PGAT	Awareness around disordered gambling and connecting to treatment.	DMHAS Region 5
Narcan Training and Distribution	Opioid overdose prevention, awareness, and education	DMHAS Region 5
Rovers & SSP	Prevention and harm reduction	DMHAS Region 5
DCF RAC	Facilitate the coordination of services for children, youth and their families	DCF Region 5
Multidisciplinary Investigation Team	Children exposed to abuse and neglect	Greater Danbury
Prevention Workforce Development opportunities	Education and training of those involved in prevention work at RBHAOs, R5 schools, DCF, civic organizations, etc.	DMHAS Region 5
Treatment		
Resource/Asset	**Focus Area**	**Catchment Area/Reach**
Improved services via SBHCs	Access to BH services for youth and family members	Bethel, Brookfield, Danbury, New Milford, Newtown, Waterbury, Winsted
Reduced stigma in some of our rural areas	Providers and community members	Northwest CT
Urgent Crisis Center	Outpatient level of care for youth experiencing a mental health or behavioral crisis	DMHAS Region 5
Mind Mapping	Early Diagnosis of psychosis	DMHAS Region 5

Regional Opioid Response Fund (RORF)	Local opioid misuse resources, including leave behind kits for after an overdose	Barkhamsted, Canaan, Colebrook, Hartland, Kent, Morris, Norfolk, Warren, and Washington
WCMHN	Oversight of contracted and state-operated mental health services	DMHAS Region 5
McCall Primary Care in Waterbury	Comprehensive primary care services for adults, children, and seniors	Greater Waterbury
New Alcohol IOP track at Wellmore	Alcohol use disorder treatment	Western CT
Increase in Esketamine (Spravato) prescribers	Depression Treatment	DMHAS Region 5
Continued access to BH telehealth services	Substance use and mental health treatment	DMHAS Region 5
EMDR	Individuals with emotional distress and trauma	DMHAS Region 5
R5 Hospitals	Substance use and mental health treatment	DMHAS Region 5
Recovery		
Resource/Asset	**Focus Area**	**Catchment Area/Reach**
More police departments have adopted practices of CIT and CLEAR Initiative and interest continues to grow	Access to recovery assistance	CIT - DMHAS Region 5 CLEAR - Winsted, Torrington, Watertown
RORF	Local opioid misuse prevention and education	Barkhamsted, Canaan, Colebrook, Hartland, Kent, Morris, Norfolk, Warren, and Washington

Enhanced opportunities for Recovery SS certification through Advocacy Unlimited	Peer recovery services for people who experience mental health challenges	DMHAS Region 5
More Recovery Friendly Communities and Recovery Friendly Workplaces	Municipalities and businesses interested in supporting residents and employees who are in recovery from a substance use disorder	DMHAS Region 5
REACH at MCCA	Outreach, short-term case management, recovery coaching, and recovery support resources for pregnant and parenting women with SU or co-occurring disorders AND parenting/ expecting fathers, grandparents, LGBTQIA+ individuals, partners of WRN clients, and other immediate parenting family or natural support	DMHAS Region 5
Connecticut Prevention Network (CPN) and CT Association of Prevention Professionals (CAPP)	Support to the substance use prevention and mental health promotion workforce and volunteers.	Statewide
Recovery Friendly Workplaces	A new way of looking at, and responding to, substance misuse in the workplace	DMHAS Region 5
Danbury and Torrington CCAR offices opened	Recovery networks in Western CT	Greater Danbury and Greater Torrington

Refer to the links below for additional Region 5 resources and connections-

wctcoalition.org/torrington
wctcoalition.org/waterbury
wctcoalition.org/danbury

Regional Resource Gaps and Needs

Isolation continues to surface as a root cause of behavioral health challenges in Region 5. The various focus groups, key informants and our regular committees identify loneliness and lack of social engagement as a local condition across the lifespan. Cell phones and social media are commonly seen as barriers for youth and young adults. Youth will often say that there is nothing to do while programs are poorly attended and sometimes simply shut down from lack of attendance; it is sort of a vicious cycle. The reality is that there are opportunities to address social isolation which we can build upon.

Danbury has the Agewell Community Council that meets monthly to network and capitalize on existing resources. Older adults are often prone to loneliness because their circumstances have changed; retirement, compromised health, lack of transportation, death of a spouse. All of these can impact mental health.

Special groups, like those in the LGBTQIA+ community, are also more prone towards loneliness and feelings of hopelessness. Even further, adolescents sometimes report feeling powerless, as adults generally hold the money, car keys and other controls. Lack of agency is another form of isolation on top of adolescence, which is already a stressor.

We don't have enough regional and local level data on adult substance use and mental health. We lack in depth data about behaviors around alcohol and cannabis. The RBHAO would benefit from data that describes cannabis use, safe storage, use while driving, use in combination with other substances, etc. The number of R5 clients who identified marijuana/cannabis as their "primary drug use" upon intake has been rising. We remain concerned that the legalization of adult use cannabis has raised the risk of youth exposure to secondhand inhalation, edibles or flower that are not stored properly, and/or neglect by a caregiver or parent. Also, children rely on adults to drive them places and cannabis can cause impaired driving.

Alcohol is the most prevalent substance used in Region 5 among youth and adults. The negative consequence of adult use remains the most prevalent priority concern. Our data continues to show reductions in youth use over the past few years, and we still have many people under the legal age of 21 consuming alcohol.

There are service gaps for people who have not accessed behavioral health services and those who cannot maintain appropriate levels of care. The RBHAO occasionally receives requests for assistance from family members of adult children (in early-adulthood) who need services and are not yet "in the system". These adults have generally struggled with undiagnosed or inadequately treated mental health issues, live either on their own or in the family home, are unemployed or have part time work, sometimes have private, group or state insurance, and may have few or no social connections. Parents of these adult children often pay their rent, parking tickets, medical bills, and order their prescriptions. Sometimes these parents live in another state and

are older and living alone themselves. Many possible local conditions can lead to these circumstances: stigma around mental health, changes in mental and physical health status as folks move through early adulthood, alienation from siblings, and almost any change in family dynamics.
Another area of need concerns Young Adult Services (YAS). Transitions out of YAS are challenging and they sometimes result in people bouncing back in multiple times.

The need for universal screening and early intervention has been noted in previous reports. While more of our healthcare providers (and school systems) have adopted some form of behavioral health screening, more needs to be done.

We are aware of funding shortages at CT Communities of Addiction Recovery and Region 5 providers are concerned about the possible closing of two relatively new CCAR locations in Torrington and Danbury. We also need more Certified Recovery Coaches and Recovery Support Specialists for both addiction disorders and mental health.

A data gap persists around disordered gambling in Region 5. We have limited survey data from college students, along with student survey responses from several of our local high schools. There is only scant local data about adult gambling other than helpline calls and treatment data from MCCA's Bettor Choices program. Region 5 has low awareness about gambling risks and resources CCPG Helpline has reported an increase in the number of calls regarding young adults.

The Western CT Coalition board of directors has had some changes as members have fulfilled their term limits over the past few years. To be effective, the RBHAO board needs representation from our very large and complex region.

During the priority setting process, there were concerns about the reporting of overdoses in R5. Different people from our recovery groups and law enforcement mentioned that the ODMAP can sometimes be reporting overdoses more than once. Also, CT OCME has changed the factors collected on the annual statistical report for accidental overdose deaths. For instance, the 2023 data did not include "Residence City" on the spreadsheet.

The statewide lack of providers is present in R5, with providers having difficulty hiring and keeping all levels of staff. A lot of people are waiting for outpatient therapy, and some providers have stopped taking insurance. The region would benefit from more trauma-informed practitioners. We need more opportunities for Crisis Intervention Trained police in our local departments. Only a few communities have CIT trained officers 24/7.

Region 5 has so many great treatment providers, but demand exceeds supply within most behavioral health programs. Non-profit providers are in a tough situation regarding hiring and keeping staff. They are in competition with employers who do not require specialized training, pay more, and offer incentives. A persistent concern in Region 5 is

the lack of inpatient treatment for children and adolescents presenting with behavioral health needs. This gap has been reported during our previous priority setting processes.

A large part of the funding that supports the suicide prevention and postvention initiatives in R5 is ending in August of 2025. The programs and services that have been building since 2019 (and before) will not be available to our 43 communities.

There are service needs in our one urban center, Waterbury. The Local Prevention Council in Waterbury needs assistance and would benefit from a designated full-time staff person. Volunteers are only able to do so much, and Waterbury is a large city with unique needs.
In 2024, Waterbury had the fourth highest number of overdose fatalities in the state. Waterbury lost a total of 51 people to accidental overdose, Fentanyl was involved in 41 of those cases, and 3 were solely Fentanyl.

Figure 6: Summary of Resource Gaps and Needs in Region 5

Gap/Need	For Whom/What Group	Rationale/Evidence
1. Adults engaged in the DMHAS system need more community supported social and educational activities to thwart the isolation and lack of connection which is experienced by the general population and is further magnified among people with mental health issues.	Adults engaged in the DMHAS system, and those who are not yet engaged.	2024 CAC 20 survey on "Isolation".
2. LGBTQIA+ resources/services	LGBTQIA+ teens and emerging adults	R5 Community Survey results indicated that 28.3% of respondents identified LGBTQIA+ as a sub-population that is underserved by suicide prevention services. Focus groups identified LGBTQIA+ youth and young adults as at higher risk for depression and suicidal thoughts. According to YRBSS 2023 estimates for CT high schools, LGBTQIA+ students co-used cannabis and tobacco products at a 16.8% higher rate than non-LGBTQ students.

3. Data at the regional level which is comprehensive and comparable to national and other statewide data	Youth, young adults and adults with consistent age groups defined.	General population 12+ CT estimates are not sufficient. Also, the current administration has cut the NSDUH staff and CDC funding, so this resource may not be available in the future. We will need a reliable data gathering mechanism.
4. People find it challenging to get MH services for adults who live on their own, are employed, and have mental health issues that require family supervision of life skills- like paying their rent, parking tickets, bills that employee medical insurance does not cover, interventions when the person is "in crisis".	Adults w/ MH issues who have not been formally diagnosed and gotten in the BH system	Individual calls to the RBHAO from the community
5. Barriers still exist for universal screening and early intervention	General population	Key informants noted the inconsistent screening during PCP well care visits, at schools with SBHCs and at community clinics.
6. CCAR is currently in 3 locations in R5, and at least 2 of those locations lack financial resources and have been at risk of closing	People who benefit from the great Recovery Support Services offered at CCAR	Recent CCAR testimony at the CT Legislature and selected news articles and broadcast reporting in February 2025.
7. Lack of awareness about prevention and treatment services for problem gambling.	General Population People who need problem gambling services	49.5% of community survey respondents **did not know** how adequate problem gambling prevention, treatment and recovery services are in R5 for individuals with problem gambling issues.
8. WCTC Board has experienced changes and currently lacks adequate representation.	Region 5 communities	Board members with diverse backgrounds have transitioned off the board which has resulted in vacancies.
9. ODMAPS and "spike alerts" are not always helpful because of data crossover	Responders to potential overdose hotspots -	Focus groups with First Responders/ Opioid workgroups
10. Shortage of providers	People who need treatment	All committees, workgroups, and focus groups
11. Regional Suicide funding stops in 2025	Regional Suicide Advisory Board. Prevention and postvention services	RBHAO contract terminates in 2025
12. Opioids in our urban center	People using substances in Waterbury	OCME data

Other Needs Assessments and Funding

This sub-section describes the needs and priorities already identified through initiative or issue-specific needs assessments and strategic plans, as well as those priorities that may already be addressed by initiative-specific funding sources.

Figure 7: Summary of Needs Assessment Priorities in Region 5

Needs Assessment Initiative/Project	Focus Area of Initiative/Project	Identified Priority (Issue and Population of Focus)
WCTC Community Environmental Scans- Vape/ENDS	Vape Shops in R5	Youth access to ENDS/Tobacco and unregulated products
Adult Alcohol Needs Assessment/ **BWS Consulting**	Region 5 Adult Alcohol behaviors	Adult Alcohol Safe Consumption Education
Adult Alcohol Needs Assessment/ **BWS Consulting**	Region 5 Adult Alcohol use consequences	DUI and promotion of safety plans (designated drivers, Uber, Lyft, etc.)
Search Institute Youth Attitudes and Behaviors Survey 2024	8th, 10th, 12th grade students in New Milford, CT	Suicide Prevention NM PS
Tobacco/Vape/ENDS Needs Assessment/ **BWS Consulting**	Youth use of Tobacco/Vapes/ENDS, availability of cessation resources, access and retail availability	Vaping Prevention Youth and young adults
WCTC Survey Tool Youth and Young Adult Gambling Awareness	High School Health Fairs and College Fresh Check and Wellness Fairs	Lack of Awareness of risks associated with online gambling and sports betting

Figure 8: Summary of Current Funded Priorities in Region 5

Initiative/Project Name	Funding Source	Time Period	Priority Issue and Population of Focus
Cannabis, Workgroup and Mini-grants	Non-Medical Tax Revenue "carve out" administered by Cannabis CT DMHAS	Through 6/30/26	Cannabis Use among people under 21
Adult Alcohol Use Initiative	CT DMHAS	Through 6/30/25	Adult Alcohol Use
Juul/Vape/Nicotine SPF Initiative and Workgroup	Juul Settlement administered through CT DMHAS	Through 9/30/25	Vaping/ENDS/Tobacco prevention, mitigation, cessation among youth

Adult Suicide Prevention/Postvention	CT DMHAS	Through 8/30/25	Suicide Prevention and Postvention Response
Youth Suicide Prevention/Postvention	CT DCF	Through 9/30/26	Suicide Prevention and Postvention Response
Gambling Awareness Contract	DMHAS Problem Gambling Services	Through 6/30/20	Problem Gambling Awareness and Prevention
Mental Health Awareness Training Support	Regional Education Resource Center	Through 9/29/25	Teen Mental Health-TMHFA training for youth
Substance Exposed Child Prevention	DCF	Through 9/30/27	DCF-funded, law enforcement agency and R5 community organizations
MHFA TOT	City of Danbury	2025	Planful use of settlement funds to provide enhanced Mental Health Promotion, Substance Use Prevention in City of Danbury
PDO contract SOR contract	DMHAS DMHAS	8/30/28 9/29/27	Opioid OD Prevention/Harm Reduction. (Leave Behind Kits) CT EMSI trainers People who have experienced an Overdose
Partnership for Hope	GLS via United Way of CT	9/29/28	New Milford School system MTSSP and CLSP

Priorities, Recommendations, and Regional Goals

The central questions of the regional priority process were posed to our focus groups based on their expertise. For example, our Opioid Workgroups were asked to respond to “substance use” prevention, treatment and recovery needs, while another provider focus group responded to the “mental health” promotion, treatment and recovery needs.

Some focus groups, like the Drug Free Schools Committee, answered both mental health and substance use needs about youth. Likewise, our LPC based focus groups were responding to both substance use and mental health across the lifespan.

The questions provided by CPES for focus groups were as follows:

- **What are the most pressing [behavioral health] needs in your region?**
- **What [behavioral health] needs are not addressed in your region?**
- **What actions and/or services do you recommend to better address these needs?**

Focus groups and key informants had the opportunity to expand their answers during detailed discussions about who/which groups were being affected, and what evidence influenced their answers. The online survey also allowed for “other comments”.

The community survey participants responded to questions about: substance use and mental health issues of community concern for different age groups; emerging issues and at-risk or high burden populations; community-level resource gaps and needs; service level and service support needs; community ability to implement suicide and problem gambling; and other topics relevant to substance use, mental health, suicide and problem gambling.

The priority ranking process we conducted with our RPW gave workgroup members the opportunity to review state and regional data along with the recordings and notes from the focus groups and key informant interviews. The RPW applied the considerations we have used during our previous prioritization processes. These resulted in rich discussions about what is influencing alcohol, drug use and mental health trends in Region 5 and where the best possibilities for making positive changes can be found.

The top three behavioral health needs in our region for substance use are alcohol, cannabis and heroin/Fentanyl while the top three mental health concerns are depression, suicide and anxiety.

Alcohol appears to be of most concern for both men and women,18-25 and 26-65 years of age. Overall concerns about Cannabis are complicated. Folks are worried about very young children being exposed to edibles and cannabis products that are not safely stored by adults who are using legally. In addition, cannabis is legal in CT for people over 21, but there were plenty of indications that use continues to increase among adolescents, perception of harm is declining and that is generally an indicator that “current use” will go up. There were 120 accidental overdose deaths in our region during 2024. Fentanyl use contributed to many of those fatalities. The severity of this issue is what has kept it in the top three for the past several iterations of this report. The state of Connecticut has done remarkable work addressing the opioid crisis, by mass distribution of naloxone, improvements in harm reduction and coordination of care among vigilant prevention, treatment and recovery partners. However, there are still too many people dying. The increased presence and lethality of Fentanyl contributes to this persistent, heartbreaking dilemma. HIDTA has also noted that poly drug use is becoming a factor impacting the number of overdose deaths.

Depression and anxiety, both increasingly prevalent, have been priority concerns in Region 5 since before the pandemic. Our survey respondents noted that people between the ages of 18 and 65 were those most impacted, so our focus should be on early intervention and treatment for adults, while simultaneously building resiliency and coping skills among younger people.

Region 5 saw a slight increase in the percentage of calls for suicide and crisis resources that went unmet, potentially indicating a need for more resources for crisis. Suicide

prevention and postvention education and awareness in R5 has been positively impacted by the Regional Suicide Advisory Board (RSAB). The RSAB has extensive membership with strong participation, regular meetings and a quarterly newsletter. WCTC consistently offers trainings that are open to the public to increase awareness, knowledge, and capacity around suicide prevention. Other services have improved because of the broadening of school-based health centers (SBHC), the new in Urgent Crisis Centers (UCC), and a few new Mental Health Awareness grantees in Region 5.

The chart below, **CHART A**, shows the ***Region 5 community survey respondents*** final ranking of priority concerns *across all age groups*.

Depression #1	Anxiety #2	Alcohol #3	Tobacco/ Cigarettes/ Vaping Nicotine #4	Marijuana/ Cannabis/ Hashish/THC/ Vaping Marijuana #5
Trauma #6	Rx Drugs #7	Suicide #8	Heroin/ Fentanyl #9	Cocaine/ Crack #10

CHART B, below**,** shows how survey respondents ranked priority issues across the age groups. The color coding emphasizes R5 *perceived trends* across the lifespan.

Survey Results: Level of concern by age group

0-11	12-17y	18-25y	26-65y	66+y
Anxiety	Anxiety	Alcohol	Alcohol	Depression
Depression	Depression	Anxiety	Depression	Alcohol
Trauma	Tobacco/Nicotine	Depression	Anxiety	Anxiety
Tobacco/Nicotine	Alcohol	Tobacco/Nicotine	Tobacco/Nicotine	Rx drugs
Alcohol	Cannabis	Cannabis	Cannabis	Tobacco/Nicotine
Cannabis	Trauma	Suicide	Rx drugs	Trauma
Suicide	Suicide	Trauma	Suicide	Cannabis
Rx drugs	Rx drugs	Rx drugs	Trauma	Suicide
Cocaine/Crack	Cocaine/Crack	Heroin/Fentanyl	Heroin/Fentanyl	Cocaine/Crack
Heroin/Fentanyl	Heroin/Fentanyl	Cocaine/Crack	Cocaine/Crack	Heroin/Fentanyl

The following model, **CHART C**, captures the final RPW ranking after reviewing:

1) the survey results
2) the epi-data PowerPoint which included key findings from focus groups and key informants and
3) considering prevalence, severity, impact and changeability.

The **highest numbers** indicate ***lowest concern*** about a particular priority issue.

For example, alcohol is rated lowest priority concern (4.71) for Infants to 11-year-olds and the substance of greatest concern (2.47) among those 26-65.

Respondents perceived that Cocaine/Crack and Heroin/Fentanyl (both 8.78) were the lowest issue of concern for 12-17 year-olds while they thought anxiety (2.66) was the greatest issue of concern for that age range.

Remember, these are **all** identified priorities in our region!

Age	Alcohol	Tobacco/ Cigarettes/ Vaping Nicotine	Marijuana/Cannabis/Hashish/THC/ Vaping Marijuana	Cocaine/ Crack	Heroin/ Fentanyl	Rx Drugs	Anxiety	Depression	Trauma	Suicide
Inf-11	4.71	4.60	5.72	8.35	8.47	7.25	2.4	2.94	3.61	6.94
12-17	4.07	3.91	5.0	8.78	8.78	7.41	2.66	3.09	5.56	5.75
18-25	2.99	4.42	4.71	8.2	8.17	6.81	3.57	3.58	6.41	6.15
26-65	2.47	4.97	5.47	8.18	7.53	5.78	3.62	3.61	6.79	6.59
66+	2.70	5.34	6.63	8.22	8.45	4.40	3.88	2.31	6.39	6.67
Avg	3.39	4.65	5.51	8.35	8.28	6.33	3.23	3.1	5.75	6.42
Survey rank	3	4	5	10	9	7	2	1	6	8
BH rank	1	2	3	6	5	4	2	1	3	4
RPR calc	3.64	2.86	3.18	2.94	3.17	2.94	3.36	3.92	3.25	3.89
Final rank	3	10	6	8/9	7	8/9	4	1	5	2

Regional Priorities

This section summarizes our region's identified priorities relevant to substance use and mental health, as well as those identified priorities in the areas of suicide and problem gambling.

Figure 9: Summary of Identified Priorities in Region 5

Focus Area	Rationale/Considerations	Population of Focus .
Substance Use-Alcohol	Alcohol remains the most prevalent substance used in Region 5 among people 18+. Alcohol did not rate as high as heroin/fentanyl or suicide regarding severity, however the prevalence and impact were determined to be higher. Negative consequences of alcohol use can impact other people: driving fatalities, neglect of children, Domestic violence, assault, loss of employment, etc. Excessive alcohol use can cause liver disease and shorten lifespan and binge drinking can lead to alcohol poisoning and cause death. Longitudinal research about the effects of alcohol is available, and analysis by reliable scientific sources continues to help raise awareness of the risks and improve outcomes.	Adults 18+
Mental Health-Depression/Anxiety	After reviewing the survey data, MH treatment slides from the epi-deck and the criteria of prevalence, severity, impact and changeability depression and anxiety ranked first and second overall in priority concerns by the RPW. Depression and anxiety can lead to increased substance use, and problems with interpersonal relationships, health concerns, and an increased risk of suicidal ideation.	Youth, Young Adults, Adults
Suicide	Suicide was chosen as a priority because of its severity. Unlike substance use and mental health, the result is always someone's death. Suicide impacts up to 135 people who are "exposed", with 11 of those experiencing a "devasting effect" on their own life. With the increase in crisis services (UCCs), QPR and MHFA training and the reduced stigma about seeking help, the	Adult Men

	possibility of decreasing the number of suicides in Region 5 is better than ever. Prevalence is low, and we are grateful for that.	
Gambling Awareness	Region 5's level of awareness has not caught up with the many changes in access to legalized gambling. The rationale of the RPW was linked to the need for education about online gambling and the risks associated with "gaming" among young children. It was interesting to note that while survey respondents felt they did not know enough about problem gambling, all the focus groups and key informants discussed the proliferation of sports betting advertising and anecdotal stories and research about young people who are "addicted" to online gaming- which can sometimes involve real money/wagering.	General Population, with specific strategies directed at Youth and Young Adults

Recommendations

Figure 10: Summary of Regional Recommendations: Region 5

Area/ System of Focus	Recommendation	Rationale	Involved Parties
Substance Use/Misuse Prevention	Create a formal task force as part of the WCTC Vape/Cannabis Workgroup and mobilize R5 communities to adopt density laws for ENDS/ vape shops	There is need to establish limits on ENDS/vaping retail establishments. R5 experienced a 40% increase in the number of vape shops over the past 5 years. Environmental scans in R5 found several vape shops had cannabis and/or edible cannabis products mixed in with ENDS . Recommendation is tied to Figure 6 #8	WCTC R5 Local Prevention Councils

Substance Use/Misuse Treatment/Recovery	Build regional networks of substance use recovery support utilizing specific guidelines, toolkits and other planning instruments that extend beyond an annual *Celebrate Recovery Month.* Develop a living resource document for websites to share RFC, RFW, sober-related news and events throughout the year.	Even if funding is secured, CCAR is not enough. Other existing sober support networks lack presence and need funds to provide appropriate services. Recommendation is tied to Figure 6. #6	DMHAS RBHAOs ADPC Prevention Sub-committee
Mental Health Promotion	Include NAMI leadership on RBHAO board of directors and other committees.	WCTC board and various workgroups and committees need more diversity. Recommendation is tied to Figure 6. #8	WCTC
Mental Health Promotion	Identify and/or develop more resources and spaces recognizing specific risk and protective factors of the LGBTQIA+ community youth and emerging adults.	According to 2023 CSHS survey results showed that during the past 30 days 51.6% of LGBTQIA+ HS students reported that "most of the time" or "always" their mental health was not good compared to 21.2% of heterosexual HS students. The same survey showed that 17.9% of LGBTQIA+ youth attempted suicide over the past 12 months compared to 4.4% of heterosexual HS students. Recommendation is tied to Figure 6, #2	DCF DMHAS RSAB
Mental Health Treatment/Recovery	Fund regular, sustainable programs and events that offer social engagement and experiential learning opportunities to people engaged in the DMHAS system.	Too few social club and other activities that involve surrounding businesses, service organizations and other MH recovery supports in R5.	WCMHN (WCTC would assist with outreach to community supports)

		Recommendation is tied to Figure 6, #4 and #6	
Suicide Prevention Suicide Postvention	Dedicate stable funding for the Regional Suicide Advisory Board with a minimum of $100,000 annually. Develop a more streamlined and timely mechanism for notifying RBHAOs of a recent adult suicide loss	Current funding for RSABs is not sufficient or stable. Important adult suicide event information is not communicated in a consistent and reliable way which impairs the good work of the SPINs Recommendation is tied to Figure 5, #4 .	DMHAS
Problem Gambling	Increase regulations that restrict aggressive marketing, like baiting people with free money, broad presence of sports book advertising .	In R5 there is a low perception of harm related to gambling- as the casinos are not nearby. Lack of awareness about risk factors leads people to be more susceptible to aggressive marketing. Recommendation is tied to Figure 6, #7	CT Legislature

Figure 11: Summary of State/System Recommendations: Region 5

Area/ System of Focus	Recommendation	Rationale	Involved Parties
Statewide	No later than January 1, 2027, implement a comprehensive data tracking platform capable of illustrating local data to support the efforts of the Regional Behavioral Health Organizations (RBHAOs). The platform will inform the identification and prioritization of needs across prevention, treatment, and recovery-support systems, with the resulting data used to develop regional (RBHAO) dashboards that deliver timely, actionable insights for ongoing monitoring, strategic planning, and system-level improvements.	Improving the availability of regional and local data will enhance coordination across systems, strengthen prevention and treatment efforts, and ultimately lead to better outcomes for individuals and communities throughout Connecticut. Recommendation is tied to Figure 6,#3	RBHAOs, DMHAS/ other state agencies, CPES
	Ensure HUSKY reimbursement covers early identification services to make interventions accessible and affordable	Focus group participants noted the need to promote universal screening across schools, healthcare settings, etc. AND to expand these programs to provide culturally responsive support which includes making screening and early intervention affordable. Recommendation is tied to Figure 6,#5	CT DMHAS, ADPC Prevention or Treatment Committee

Regional Goals

In this sub-section, we describe the priority SMARTIE-(Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable) goals identified by our RPW. Identified goals are specific to the region, applicable to the next two-year period (2025-2027), and structured so they are SMARTIE (Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable).

We have highlighted three goals for substance use prevention, one goal for mental health promotion, one goal for suicide prevention, and one for problem gambling awareness.

Substance Use/Misuse Prevention

Figure 12: Region 5 Substance Use/Misuse Prevention Goals.

Regional Goal - Alcohol
This is tied to a **LT Goal** of reducing alcohol consumption rates in Region 5 by 5% by 2035, as measured by a regional community survey. **By June 2026 develop, and by June 2027 implement, a Region 5 community survey of alcohol rates (perception of risk, consumption, consequences, etc.) which is multi-lingual and adheres to ADA and other access considerations, to determine baseline data representing a cross-section of our communities as measured by the collection of region-specific adult alcohol data that is useful for prioritization and planning, and can be easily tracked with qualitative data across R5 to create a comprehensive story.**
Rationale (problem statement, supported by data)
Alcohol use among adults is prevalent and contributes to negative outcomes. • Alcohol has consistently been ranked by the RPW the number one (1) substance use priority during the RPR process. • From 2015-2022, 26.3% of suicide deaths had alcohol in their system according to toxicology reports. 19.7% had an alcohol BAC above the legal limit. - CTVDRS 2024 • According to the UCONN Connecticut Crash Data Repository, during the years 2022-2024 the region experienced an estimated 840 crashes involving a DUI, 25 of which were fatal and 129 of which resulted in possible injury. • 2024 CT OCME data indicates that alcohol was involved in 15 accidental overdose deaths in Region 5, which represents 12.5% of accidental Overdose Deaths (ODDSs) in the region. • Between January and June 2024, Danbury, one of our three urban periphery communities, led the state in DUI arrests (138). • CT BRFSS, 2023 indicated that 58.3% of adults surveyed reported current use (past 30-day alcohol use).

• Currently, there is no annually administered survey tool specific to the Region 5 adult (18+) population that captures data related to the nature and extent of alcohol use consequences and consumption rates. • The CT Crash Data Repository MMUCC dataset indicates that between 2022 and 2024, 1,438 vehicle crashes involving impaired drivers occurred in R5. These crashes resulted in 51 fatalities.
Focus Population(s) (supported by data)
Young adults and adults-Survey data from R5 indicates that alcohol use is the top substance of concern for those ages 18-25 and 26-65.

Figure 13: Region 5 Substance Use/Misuse Prevention

Regional Goal - Tobacco/Nicotine/Vaping
This is tied to a **LT Goal** of reducing youth vaping past 30-day rates in Region 5 by 5 points by 2030, (12-14% will be reduced to 7-9%) as measured by SEARCH Institute and Youth Voices Count survey data. **By June of 2026 develop and by June of 2027 implement, a *Positive Community Norms* campaign highlighting the decrease in use of ENDS/vapes among youth by involving youth and young adults in concept creation and sharing the campaign via our partners across the region, as measured by campaign launch, geo-fencing tracking, demographic data describing distribution, meeting minute, and attendance/participation rosters**.
Rationale (problem statement, supported by data)
There is a perception gap around youth use of ENDS/vape products. In the 2022 Western CT Community Readiness Survey, Region 5 stakeholders identified vaping as a concern for youth. Among youth 12-17, vaping/ENDS ranked as the #1 concern, with 45.8% of respondents indicating it is a higher concern among youth. Community Survey respondents in 2025 ranked Tobacco/Vaping as the 3rd overall "issue of concern" for those ages11-17, after anxiety (1st) and depression (2nd) and ahead of alcohol (4th) which is used at higher rates according to our 2023 and 2024 youth surveys. The data shows that alcohol use ranged from 17-23% over the past 30 days while vaping during the past 30 days was considerably lower between 12-14%. At a 2025 WCTC vaping presentation, R5 school resource officers perceived that between 50-80% of youth were currently vaping. According to the 2021 and 2023 CSHS, past-month use was reported by 10.6% and 11.5% of CT students respectively. Adults are not alone in this misperception. Youth commonly report that more of their peers are using vape products than survey data shows.

In R5, between 2022-2024, one high school reported a 15% decrease in past 30-day use while results (2020-2023) from another R5 high school indicated a 27.41% drop and still another had a 33.3% drop in use (2019-2022).
Focus Population(s) (supported by data)
Youth – Positive Community Norms campaigns influence youth decisions. The Social Norms approach works to correct negative misperceptions by collecting actual data that measures beliefs, attitudes, and behaviors. The data is then incorporated into a marketing strategy using media materials and messages to correct commonly held beliefs like “everybody does it.” By continuing to market the positive messages and true norms, the misperception that “everybody does it” is slowly altered until there is a realization that “not everyone does it.”

Figure 14: Region 5 Substance Use/Misuse Prevention

Regional Goal - Cannabis
By June 2027, establish the R5 average reported perception of risk of cannabis use among high school youth at 75% as measured R5 SEARCH Institute and Youth Voices Count Youth Surveys.
Rationale (problem statement, supported by data)
Youth are using cannabis. Low perception of harm of cannabis use corresponds with higher rates of use among youth. Perception of risk/harm has been on the decline among youth surveyed in Region 5 and ranged from 52%-84% in 2021 and 55.9%-65.5% in 2022 among different R5 high schools according to our youth surveys.
Focus Population(s) (supported by data)
Youth- Perception of risk/harm can be correlated to youth past 30-day use rates. Cannabis use is not legal for people under the age of 21 in CT.

Mental Health Promotion

Figure 15: Region 5 Mental Health Promotion Goal

Regional Goal - Depression
By June of 2026, address the prevalence of depression in Region 5 by increasing early identification of risk factors and promotion of protective factors, by training two (2) WCTC staff as MHFA trainers, and by June of 2027 hold a minimum of three (3) MHFA trainings and one (1)Teen MHFA training in R5, as measured by participation rosters and pre- and post-surveys.

Rationale (problem statement, supported by data)
The prevalence of depression across the lifespan is high in R5. R5 youth surveys during 2023-2024 indicate 16.3% of students "felt sad or depressed most or all of the time in the past month" (n=734). Another R5 youth survey (n=4487), had 22.5% respondents saying they "felt sad or hopeless so much that it stopped them from doing their usual activities during the past year". Adult figures from the Wellbeing Survey indicate that 12% of those surveyed reported "feeling down, depressed or hopeless nearly every day or more than half the days over the past few weeks" People who responded "yes:" to Q1- little interest or pleasure in doing things and Q2- feeling down, depressed or hopeless equals 21%, which indicates a risk of a major depressive episode. Depression was the most common mental health diagnosis for R5 folks being admitted to DMHAS treatment during 2023. This was higher than all the other DMHAS regions (15-21%) and the state (21%). Older statistics from 2021, describing Region 5 suicide death data, showed that for those whose circumstances were known (n=72), the most common risk factors were: 1) Mental Illness (diagnosed depression; bipolar disorder; anxiety) 2) Substance Use; substance misuse 3) Previous suicide attempt 4) Physical health problem (acute, chronic, terminal illness or pain) 5) Intimate partner problem (divorce, break-up).
Focus Population(s) (supported by data)
General population of R5. Community survey results indicate depression as one of the top three "issues of concern" across the lifespan.

Suicide Prevention

Figure 16: Region 5 Suicide Prevention Goal

Regional Goal - Suicide
This is tied to a **LT Goal** of reducing suicide rates among adult men in Region 5 by 5% by 2030, as measured by CT DPH. **Gather region-specific adult mental health and suicide data to inform a prioritization and planning process which can be easily synthesized with similar data across CT to create a comprehensive story.**

By June 2026 develop, and by June 2027 implement, a multi-lingual community survey which adheres to ADA and other access considerations, measuring adult (including male 18+) mental health rates of suicidal ideation, barriers to seeking help, cultural considerations, and perceived social constructs that perpetuate stigma, to determine baseline data representing a cross-section of Region 5.
Rationale (problem statement, supported by data)
Too many adult men in Region 5 die by suicide. Men die by suicide at a rate of 3-5 times more often than women in Region 5.
Focus Population(s) (supported by data)
The focus population is adult men in Region 5. In Region 5, during 2023 there were 65 suicide deaths (78% were men) and 65 in 2024 (85% were men) (CTVDRS 2023-24).

Problem Gambling

Figure 17: Region 5 Problem Gambling Goal

Regional Goal - Problem Gambling
By June 2026, conduct at least three educational workshops at regional youth groups (YSBs, B and GCs, Scouts) to raise awareness about the risks of youth gambling and three adult community presentations raising awareness about the impact of gambling advertisements. Through gambling workshops, measure youth understanding of gambling risks and adult awareness of aggressive marketing tools via pre- and post-workshop surveys.
Rationale (problem statement, supported by data)
Too few people are aware of the risks associated with gambling and lack enough information to discern if adequate prevention resources exist in Region 5. The majority of the community survey responses to this question were “Don’t know”.
Focus Population(s) (supported by data)
Youth and Adults. R5 focus groups and the PGAT have identified the need for more gambling education for both youth and adults

Conclusion

Over the next two years, the RBHAO, Western CT Coalition, will be responsible for addressing seven (7) of the seven (7) goals and will be a contributor to five (5) of the seven (7) recommendations in the previous section.

The guidance document provided for this report required that the goals would be achievable by the RBHAO, in this region, Western CT Coalition (WCTC), within the next two years. WCTC has a strategic plan which includes long term goals that generally extend five (5) to ten (10) years. WCTC's strategic plan addresses capacity building, consideration for populations that have more risk, and SMART goals tied to specific community level behavior change. For the purposes of this priority report, we were able to develop shorter-term goals that are linked to the existing long-term goals of WCTC. The goals identified in this report all include either process or outcome measures. If the goals herein are not already part of an existing logic model, or part of a workplan at the RBHAO, those will be developed. The recommendations will need to be fleshed out with other entities and a plan for addressing those will likely involve a group process over the coming state fiscal year.

The RPW and staff who contributed to this report all noticed that there had been positive progress regarding priority issues from our 2023 report. In Region 5, fewer overdose deaths are occurring, youth use of ENDS is down, mental health services have improved via the UCCs, Substance Exposed Children programs have be restored, and we have a regional Early Detection and Assessment Coordinator (EDAC) who is linked to the STEP program for assessment and diagnosis of early onset psychosis.

Next steps

Once the Region 5 Priority Report is in the final draft form, we will create individual infographics for Alcohol, Anxiety, Cannabis, Cocaine, Depression, Heroin/Fentanyl, Rx Drug Misuse, Suicide, Trauma and Tobacco/Cigarettes/Vaping. These infographics will be posted on our website to replace our 2023 infographics. We have found that infographics about individual priorities have been popular among our community partners, LPCs, and for use at tabling events. We have also distributed them to our local officials and legislators. A PowerPoint presentation summarizing the key findings of the prioritization process will also be developed and shared with WCTC board members, workgroups and committees.

The next steps after the completion of this report will be to develop a detailed plan for sharing the report. All parties who dedicated time and provided qualitative and quantitative data will have the opportunity to review the document and contribute to the dissemination planning process. We will create a timeline and make every effort to move this material out to our strategic partners while it is still timely and relevant.

Footnotes:

[i] https://dmhasregions.ctdata.org/region/5
[ii] https://www.ctdatahaven.org/sites/ctdatahaven/files/waterbury_equity_2023.pdf
[iii] https://www.ctdatahaven.org/sites/ctdatahaven/files/morris_equity_2023.pdf
[iv] https://ctdatahaven.org/data-resources/new-hartford-town-equity-report-2023
[v] https://dmhasregions.ctdata.org/region/5
[vi] https://data.census.gov/profile/Danbury_city,_Connecticut?g=160XX00US0918430
[vii] https://dmhasregions.ctdata.org/region/5

For specific information from the Regional Alcohol, Cannabis, and Vaping Needs Assessments that were used to inform this report, please visit the documents below.

Western Connecticut Coalition Alcohol Assessment, 2023

Western Connecticut Coalition Assessment of Vaping of Nicotine, May 2024

Western Connecticut Coalition Cannabis Needs Assessment, June 2024

Appendices

Appendix A: Key Focus Group and Key Informant Findings

Focus groups and key informant interviews are primarily held in informal settings where local level anecdotal information, which does not always fit in a specific section of the report, provides insight that we might otherwise miss. The following were some key takeaways:

1. Concerns about “Skinny Culture”/ Ozempic, may lead to cocaine use and/or misuse of Amphetamines, Adderall, etc. (priming people for addiction disorders)
2. Prevalence of cannabis, smell it out in the open in our communities.
3. Youth are shifting away from alcohol and towards cannabis.
4. Concerns about the normalization of ZYN among youth and young adult males.
5. Inconsistent coding at police departments makes it difficult to track trends/progress from town to town.
6. There has been an increase in the frequency of (police) calls to group homes during a “meltdown” when emergency services aren’t always the right fit.
7. Increased training in de-escalation skills might improve outcomes for everyone.
8. There are gaps in services for the aging population in the Torrington area.
9. We should develop and share success stories about the impact of 988.
10. Use social norms campaigns to shift public attitudes.
11. Focus on small steps and modeling behavior.
12. Identify community places that are accessible to marginalized populations.
13. Alcohol use and DUI law enforcement commentary: While treatment service access has improved, alcohol use remains a big challenge in the Middlebury “Tribury” areas. Noticeable upticks in DUIs, mostly among folks who have chronic AUD, high BACs , suspended licenses, and repeat offenses are common themes.
14. Increase access to Harm Reduction supplies at multiple locations.
15. We need more entry points like CLEAR, perhaps at PCP offices, other treatment providers.

Appendix B: Infographics

Vaping and Nicotine Use

1 Key Issue

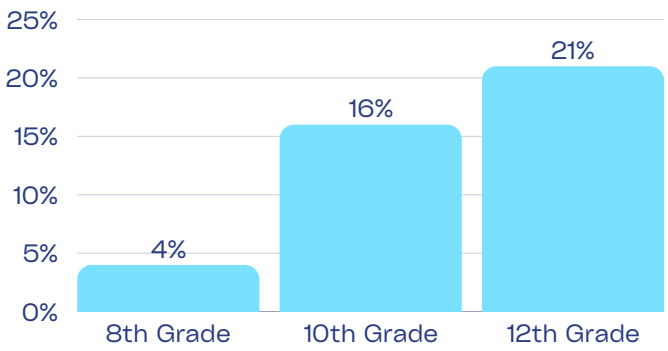
While most youth in Western CT do not vape or use nicotine, past 30 day use of e-cigarettes ranges from 3 to 27% among those in grades 9-12.

2 Risk Factors

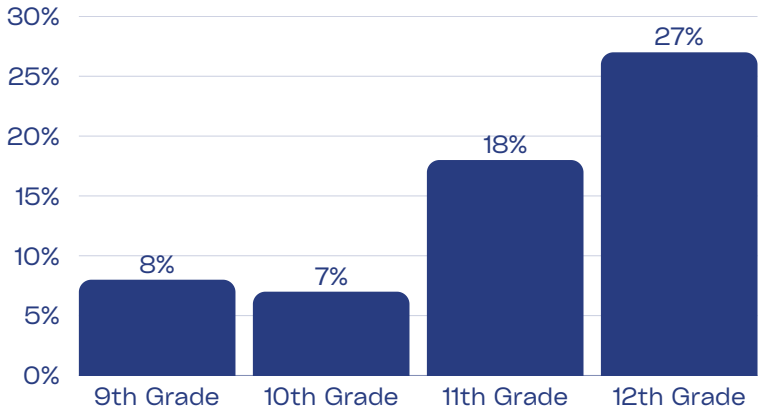
In 2023, 28% of youth who use e-cigarettes reported that they got them from a vape shop. One school district, saw an increast in that reporting from 26% to 39%.

3 Recommendations

- **Increased state and local regulation of vape shops** to include density caps, limitation on signage, and registration checks and balances.
- **A Comprehensive flavor ban** on all tobacco products, including menthol flavored products.
- Update the CT definition of tobacco and nicotine products to align with federal standards and **ensure all vape an emerging nicotine products are included under tobacco regulations in CT**



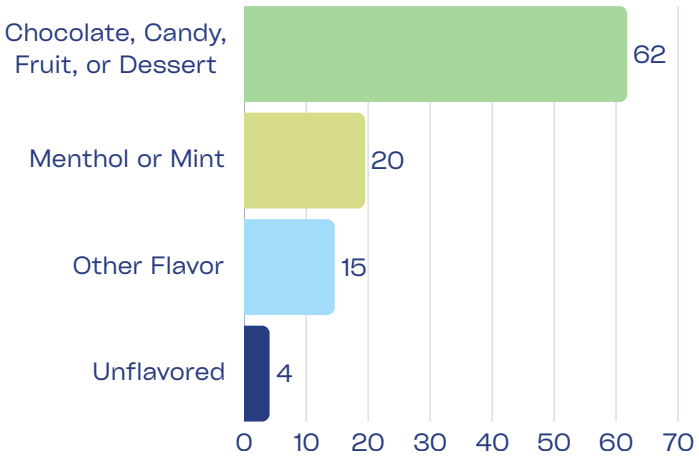
Past 30-Day E-Cigarette Use District B 2024



Past 30-Day E-Cigarette Use District G 2023

4 Community Strengths & Strategies

- The primarily volunteer-based **Local Prevention Council program** in CT is vital to prevention. Utilizing evidence-based strategies, their work has contributed to a reduction in youth use of e-cigarettes since 2019.
- Leveraging the Juul settlement funds, **the RBHAOS have a cohort of prevention professionals** across the state dedicated to reducing the harms of nicotine use among those most vulnerable - under 21.



Flavor of Electronic Vapor Products Used Most Often in the Past 30 Days Among Current Users

Sources: Search Institute Attitudes and Behaviors Survey Results in Region 5, CT Department of Consumer Protection, CT YRBS 2023

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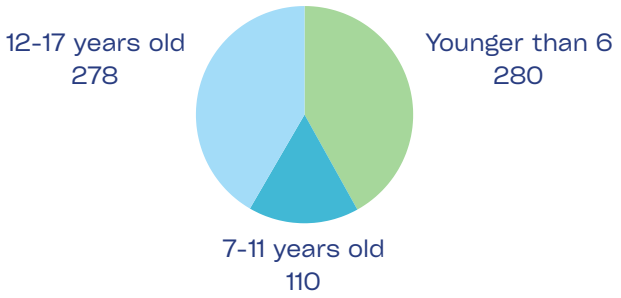
Cannabis

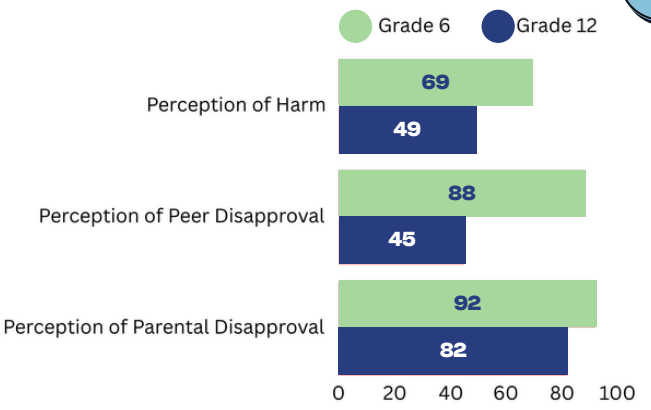
1 Key Issue

While the majority of youth in Region 5 do not use cannabis, there has been an increase in the number of youth who have ever used, or are currently using, cannabis. There has also been an increase in the perception of ease of cannabis access.

CT Poison Control Cannabis-related Calls
Ages 0 - 17 (2017-24)



Connecticut Youth Survey Data:
Perception of Cannabis Use



Source: Connecticut Youth Voices Count Surveys, 2019 - 2024 (n = > 44,000)

2 Key Findings

- CT Poison Control reports that between 2017 and 2024, it received an average of **40 to 60 cannabis-related calls per month** for children aged 17 and under.
- As grade level increases, perception of risk decreases; cannabis is the substance with the **lowest perception of risk** among youth grades 6 - 12.
- There are several instances of registered ENDS retailers (i.e. vape shops, smoke shops, convenience stores) selling illicit cannabis products; on regional surveys, **youth report accessing cannabis products from these retailers.**
- From a representative sample of regional youth surveys, youth who reported vaping nicotine in the past 30 days, **44.7% reported vaping cannabis.**

3 Recommendations

- **Institute a cap on smoke shop density** to prevent excessive retailer concentration and reduce youth access to cannabis products.
- **Implement stricter packaging and labeling regulations** to prevent accidental consumption and ensure clear dosage guidance.
- **Commit 5% of cannabis retail revenue to prevention efforts**, including dedicated funding to under-18 cessation programs to provide youth-focused intervention and treatment options.

4 Community Strengths & Strategies

- Two Local Prevention Councils in Western CT were awarded $57,000 per award for an 18-month period of **Cannabis Coalition Prevention Grants**.
- **Increased collaboration with DMHAS and DCP** has led to expanded outreach and educational efforts at licensed cannabis retailers and registered ENDS retailers.
- The establishment of the **Region 5 Underage Cannabis and Nicotine Workgroup** has incited an increased level of representation, awareness, and capacity for cannabis prevention strategies throughout Western CT.

Sources: CT DPH Cannabis Health Statistics (2025), Connecticut Poison Control (2025), CT YRBS (2024), Regional School Surveys (Survey Institute, Youth Voices Count), CT DataHaven Community Wellbeing Survey

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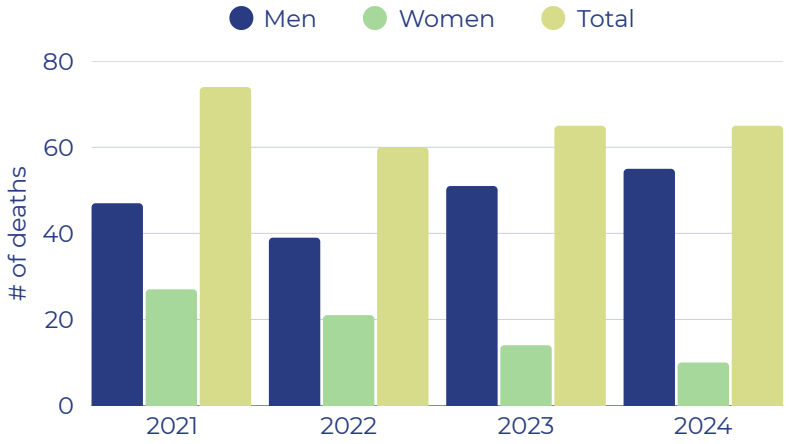
Suicide

1 Key Issue

Suicide is a **public health concern** with an impact that is felt across the lifespan and among our communities. Suicide deaths in Western CT have slightly decreased or stayed steady since 2021. Male deaths are consistently higher than female deaths in the region.



2 Key Findings

- In Western CT, while requests to 211 decreased slightly from 2023 to 2024, there was an **increase of over 3600 requests to 211** for crisis intervention and suicide.
- 19.3% of students surveyed in in five districts indicated having seriously considered attempting suicide in the past 12 months. In another two districts, 18.8% of students reported attempting suicide ever in their lives. This dataset found **higher reports of suicide attempts in female students** - a pattern consistently shown in regional data.
- Groups with notable risk factors that require attention include LGBTQIA+ individuals, emerging adults, and older men.

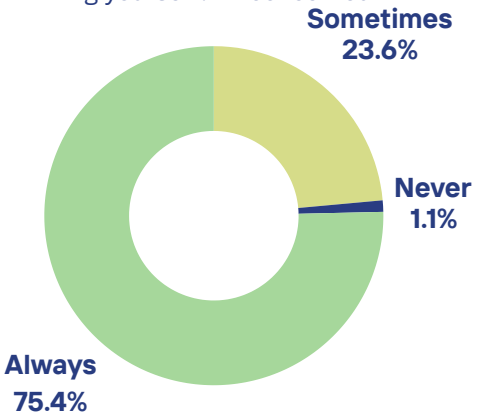
3 Recommendations

- Dedicate stable funding to the **Regional Suicide Advisory Boards** to continue and enhance the important prevention and postvention work being done across the lifespan in their communities.
- Gather regional adult mental health and suicide data, particularly adult men, to inform prioritization processes and suicide prevention and postvention planning.

4 Community Strengths & Strategies

- In 2023 and 2024 Western CT Coalition trained over **1,094 individuals** across various sectors and settings in Question, Persuade, Refer (QPR), evidence-based training that teaches simple steps to help save a life.
- The Regional Suicide Advisory Board trains and builds capacity around suicide postvention (response after a loss that mitigates risk and promotes safety), including supporting communities in creating local **Suicide Postvention Information Networks (SPINs)**.

How likely QPR participants are to ask someone "Are you thinking of killing yourself?" if concerned



Sources: CT VDRS, Regional School Surveys (Survey Institute, Youth Voices Count), 211counts.org

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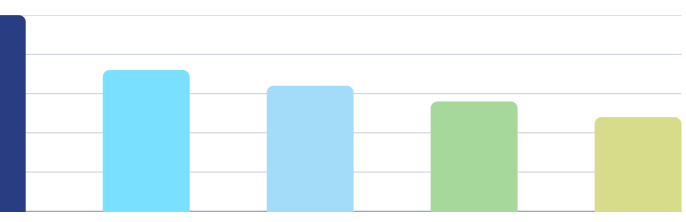
Mental Health

1 Key Issue

Mental health has a critical impact on thoughts, feelings and actions and mental health concerns can determine how individuals handle stress, relate to others, and make life choices. In the 2025 Priority Report, **depression and anxiety were ranked as the top two priority concerns** in the region across all age groups.

2 Key Findings

- In 2023 depression and anxiety were the top 2 most common mental health diagnoses at DMHAS treatment admission for adults in Western CT.
- Schools surveyed across the region found **females reported higher rates of feeling sad or hopeless** than males, ranging from 22-37%.
- One surveyed district in Western CT (N=1400) found 56% of transgender students reported feeling sad or hopeless for 2 or more weeks in a row; compared to 21.5% of cisgender peers.



of surveyed adults in Western CT reported feeling down, depressed or hopeless **"not at all"** or "only several days" on the past 2 weeks

Mental Health Diagnoses of Individuals Admitted to Treatment
DMHAS Region 5, 2023

3 Recommendations

- Increase early identification of risk factors and promotion of protective factors by increasing mental health awareness presentations and trainings like Mental Health First Aid.
- Identify and develop more resources and spaces recognizing specific risk and protective factors of LGBTQIA+ community, especially emerging adults.

4 Community Strengths & Strategies

- **Gizmo's Pawesome Guide to Mental Health** book read-alongs and accompanying curriculum have been permeating Western CT, teaching mental health language and coping skills to young children and beyond.
- **Urgent Crisis Centers** for youth, MHAT grants, and the expansion of School Based Health Centers are just a few current efforts to increase early identification and supports for mental health concerns and crises.

Sources: DMHAS EQMI Treatment Admissions, Regional School Surveys (Survey Institute, Youth Voices Count), Community Wellbeing Survey

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Prescription Drugs

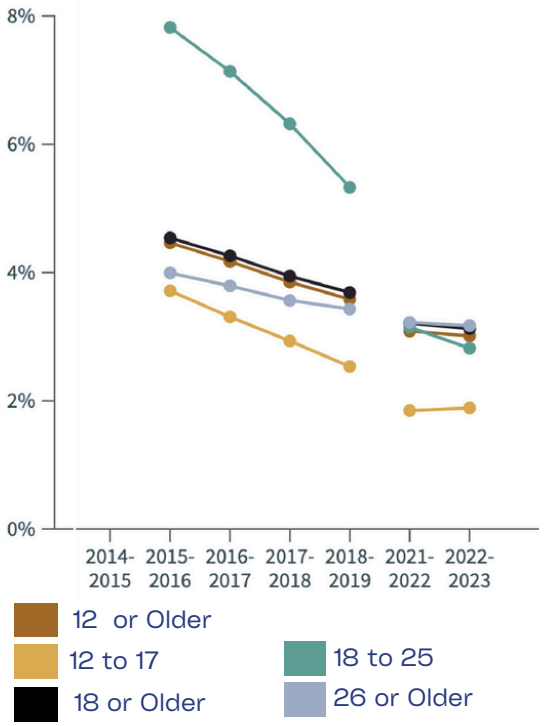
1 Key Issue

There have been decreases in Rx drug misuse in Region 5, particularly among youth. However, misuse of prescription drugs like benzodiazepines continues to be a concern.

2 Key Findings

- Rx drug use decreased, particularly among youth, except among Hispanic youth where use continues to increase.
- Misuse of prescription drugs like benzodiazepines continues to be a concern.
- Adderall continues to be the most prescribed controlled substances in R5.
- 2024 HIDTA FTR data indicates that mostly all counterfeit Adderall pills are pressed methamphetamine and contain no Adderall.

Past Year Pain Reliever Misuse in CT, by Age Group



3 Recommendations

Despite overall declines, **misuse among Hispanic youth is rising (past 30-day use rose from 12% to 13.1%)**. This indicates a need for culturally and linguistically tailored interventions, especially in Spanish and Portuguese-speaking communities.

4 Community Strengths & Strategies

Western CT offers strong behavioral health support through hospitals, school-based centers, and expanding services. Community teams, harm reduction vans, and naloxone training increase access to care.

Survey Results: Level of concern by age group

0-11y	12-17y	18-25y	26-65y	66y+
Anxiety	Anxiety	Alcohol	Alcohol	Depression
Depression	Depression	Anxiety	Depression	Alcohol
Trauma	Tobacco/Nicotine	Depression	Anxiety	Anxiety
Tobacco/Nicotine	Alcohol	Tobacco/Nicotine	Tobacco/Nicotine	Rx drugs
Alcohol	Cannabis	Cannabis	Cannabis	Tobacco/Nicotine
Cannabis	Trauma	Suicide	Rx drugs	Trauma
Suicide	Suicide	Trauma	Suicide	Cannabis
Rx drugs	Rx drugs	Rx drugs	Trauma	Suicide
Cocaine/Crack	Cocaine/Crack	Heroin/Fentanyl	Heroin/Fentanyl	Cocaine/Crack
Heroin/Fentanyl	Heroin/Fentanyl	Cocaine/Crack	Cocaine/Crack	Heroin/Fentanyl

The chart above shows how survey respondents ranked priority issues across the age groups. The color coding emphasizes R5 perceived trends across the lifespan.

Sources: CT DCP 2022-24, CT HIDTA.

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Cocaine

1 Key Issue

Although the main focus of prevention work has been opioids over the last decade, cocaine use has remained a constant within our region. The average demographic of individuals with cocaine present in toxicology reports post mortem continues to be middle-aged, white, non-Hispanic men. The increase in deaths involving both cocaine and fentanyl raises concerns about unintentional polysubstance exposure.

2 Key Findings

In 2023, **55%** of Connecticut's unintentional overdose deaths **involved cocaine**. Western CT experienced **125 overdose deaths involving cocaine** (OCME), of the western towns that have experienced these deaths, data show a disproportionately high percentage at **58.4% of all identified Western CT deaths occurring in Waterbury.**

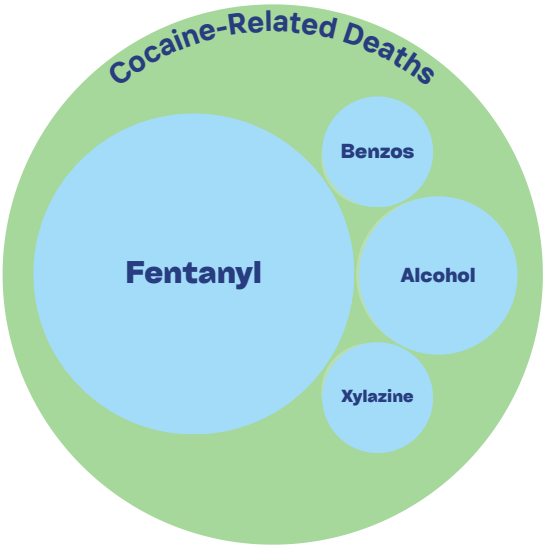
3 Recommendations

Expand access to portable **spectrometers** to support drug checking. **Expand** access to **safer smoking kits** to reduce injury among people who use drugs and promote places of connection and relationship building. Grassroots initiatives in Western CT are already reporting increased interest and engagement, with these programs.

of Connecticut high school students surveyed in 2023 reported never having used some form of cocaine in their lives.

4 Community Strengths & Strategies

Western CT hosts many **harm reduction sites** and has access to resources for supplies that would not otherwise be available through state and federal funding. Apex Comm. Cares hosts harm reduction supplies at all four locations, Litchfield County Opioid Task Force highlights twelve more on lcotf.org/harm-reduction/, all of which provide safer smoking supplies and test strips.



Sources: OCME Death Data, 2024, Connecticut - YRBS, 2023

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Problem Gambling

1 Key Issue

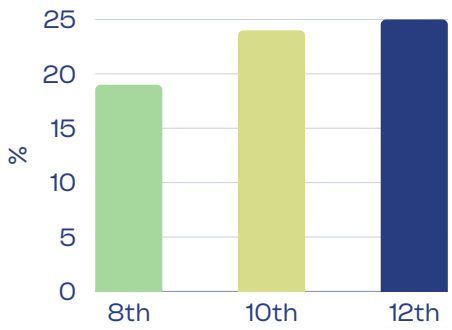
Problem gambling, sometimes referred to as disordered gambling, includes gambling behaviors which disrupt or damage personal, family, or vocational pursuits. Symptoms include increasing preoccupation with gambling, needing to bet more money more frequently, irritability when attempting to stop, and continuation of the gambling behavior despite serious negative consequences

2 Key Findings

In focus groups, youth showed awareness of gambling risks like money loss and addiction. Common activities included sports betting, dice, card games, loot boxes, and lottery tickets—some received as gifts. Middle schoolers often gambled with snacks or game currency. Most reported seeing ads for CT Lottery, casinos, DraftKings, and FanDuel across media.

Prevalence of Ever Gambling among R5 High School Stuents: School "A" 2024

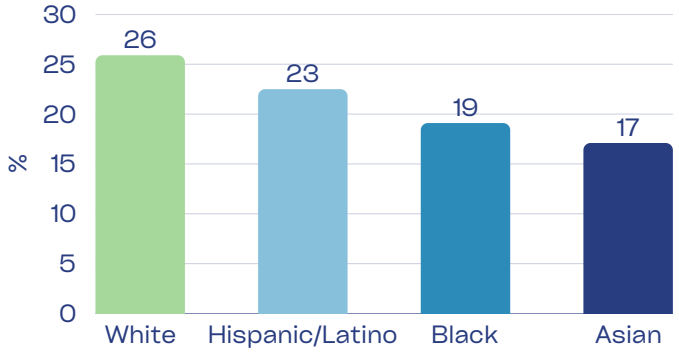
Gambled 1< In 12 months



3 Recommendations

As sports betting grows, so does the need for stronger safeguards. Some states are exploring stricter rules—like loss limits and self-exclusion—to protect users. Experts warn current regulations are not enough, and betting platforms are being urged to adopt more ethical features like cooling-off periods and safety alerts.

Prevalence of Ever Gambling* among CT High School Students across Race/Ethnicity, 2023



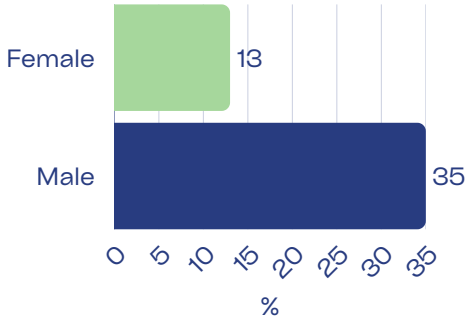
4 Community Strengths & Strategies

Education, education, education (and advocacy)

Promotion of Help Line, MCCA, and Self-Exclusion programs; in-person "Community Conversation" presentations (age-appropriate programs for elementary school through senior citizens); tabling events at schools, public events

The only 18+ inpatient treatment facility is in Region 5 (Danbury)

Prevalence of Ever Gambling* among CT High School Students across Sex, 2023



Sources: RG.org, Naugatuck, New Milford, Wolcott (2022)

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Alcohol

Key Issue

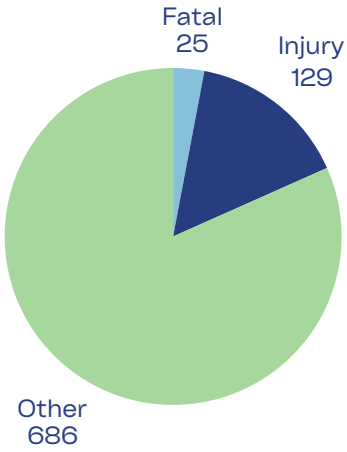
1

- Alcohol was identified as the **top priority substance** in the 2021, 2023 and 2025 priority reports for Western CT.
- It ranked as the 3rd overall concern after depression and anxiety in 2025.

Key Findings

2

- Canaan, our **smallest community** by population, (1,082) **sold 75,536 nips in 6 months with one liquor store** (Nips Per Capita [NPC] 69.81). Our second highest NPC is Winchester/Winsted (NPC 27.46). Winchester previously had estern CT's highest nip sales per year, outselling our larger regional cities like Waterbury and Danbury.
- From 2015-2022, **26.3% of suicide deaths had alcohol in their system** according to toxicology reports. 19.7% had an alcohol BAC above the legal limit.
- Between January and June 2024, Danbury, one of our three urban periphery communities, led the state in DUI arrests (138).



Between 2022-24, Western CT experienced an estimated 840 crashes involving a DUI, 25 of which were fatal and 129 which resulted in possible injury.

Recommendations

3

- Develop and implement a multilingual, ADA-compliant Western CT community survey on alcohol use (including perceptions of risk, consumption, and consequences).
- Gather baseline data from a diverse cross-section of the community, providing region-specific insights that support prioritization, planning, and tracking through qualitative data across Western CT.

of recently surveyed students in one school district reported **not driving after drinking** or riding with driver who's been drinking three or more times in the last 12 months.

Community Strengths & Strategies

4

- New relationships with local retailers and other civic groups have enabled WCTC to focus more attention on adult alcohol use.
- Western Connecticut Coalition distributed over 1,500 coasters with information on standard drink sizes to more than 30 local restaurants.

WCTC Regional Priority Report 2023 and 2025; UCONN CT Crash Data Repository, CTVDRS 2024, 2021 and 2022-2024; R5 Nips

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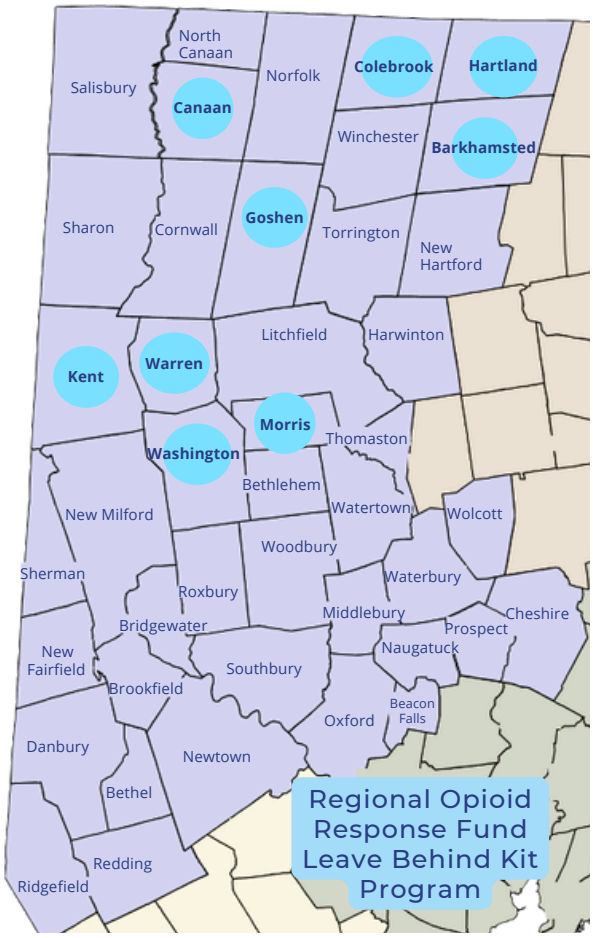
Opioids

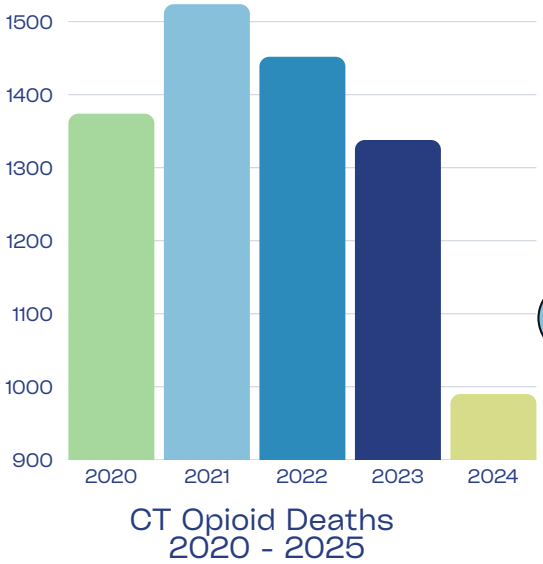
1 Key Issue

- Fentanyl remains the most common opioid involved in overdose deaths.
- Fentanyl is widely used in street drugs under the guise of other substances (e.g. cocaine, adderall, xanax), that have been illicitly and nearly imperceivably pressed into pills.

2 Key Findings

- Opioid deaths are **decreasing**.
- The **State Opioid Response** funds are ongoing in their support of opioid-related initiatives both statewide and in Western CT. These funds are dedicated to promoting awareness, education, and access to naloxone. The Change the Script and Live LOUD media campaigns, alongside local activities, remain valuable community-based resources.





CT Opioid Deaths
2020 - 2025

3 Recommendations

- Use the Regional Opioid Response Fund model for smaller towns to maximize municipal settlement funds in smaller towns.
- Streamline ODMap Data & other spike alert programs for more accurate reporting.

4 Community Strengths & Strategies

- **3 active opioid workgroups** in Danbury, Torrington, Waterbury.
- The use of harm reduction strategies are common in Western CT among:
  - Mental health counseling
  - Medical centers
  - Street outreach
  - Drop in centers
  - Shelters

Sources: OCME Death Data 2020 - 2024

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