



2024-25 Regional Priority Report: Region 4

Developed by Amplify, Inc.

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Executive Summary

Purpose

Every two years, the Department of Mental Health, and Addiction Services (DMHAS) Planning Division is required to conduct a comprehensive behavioral health needs assessment to guide strategic statewide and regional planning. Conducted in partnership with the Regional Behavioral Health Action Organizations (RBHAOs), this assessment provides critical insights into the evolving landscape of mental health and substance use across Connecticut. This report, prepared by Amplify, the RBHAO for Region 4 (North Central Connecticut), identifies the region's priority behavioral health concerns, emerging trends, service gaps, and strengths. Drawing on a compilation of the available data, community needs assessments, and stakeholder perspectives, it presents actionable recommendations to strengthen behavioral health systems and improve outcomes. In addition to fulfilling federal requirements associated with the Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, this report incorporates direct input from community members to ensure that local voices are reflected in the findings. The results not only inform DMHAS's biennial budgeting process but also help ensure that decisions are responsive to the most urgent needs, grounded in community priorities, and strategically positioned to drive meaningful regional impact.

Process

The 2024-25 assessment process included extensive qualitative and quantitative data collection and review between December 2024 and March 2025. Amplify, in partnership with DMHAS and its Center for Prevention Evaluation and Statistics (CPES), collected data including regional stakeholder surveys (n=181), key informant interviews (n=22), and focus groups (n=7). Upon completion of the data collection and review, a Regional Priority Workgroup (RPW) was convened to review information collected from community representatives from across the continuum of prevention, treatment, and recovery support systems. Region 4's 2025 priorities were determined within the RPW

using a framework considering magnitude, severity, changeability, and consequences of inaction.

Regional Priorities, Recommendations, and Goals

The 2025 priority concerns and recommendations for Region 4 reflect an array of both emerging and intensified needs. The foremost mental health priorities identified for Region 4 are **suicide, depression, and anxiety; and** the primary substances of concern are **alcohol, cannabis, and heroin/fentanyl.**

Regional recommendations underscore the importance of youth and adult prevention initiatives, improving access to treatment that respects cultural differences, and expand recovery support services. Key goals include raising public awareness about the health risks of alcohol use, preventing and addressing cannabis-impaired driving, gaining generational perspectives on mental health, expanding gambling resources, and promoting peer-led supports across the lifespan. Collectively, these strategies aim to strengthen a more resilient and responsive behavioral health system that adapts to the evolving needs of all Region 4 communities.

Region 4 believes that empowered families and trusted adults are key to advancing healthy communities.

Region 4 recognizes that trusted adults such as parents, mentors, coaches, faith, and community leaders are vital protective factors in building healthy, resilient communities. These individuals offer stability, guidance, and connection, which are essential to fostering positive youth development and preventing risk behaviors. At the same time, these roles provide meaningful opportunities for adults to stay engaged, share their experience, and build intergenerational bonds that enhance their own sense of purpose, mental well-being, and social connectedness. By strengthening these relationships across generations, Region 4 supports a healthier community across the lifespan.

Region 4 believes collaboration improves outcomes.

Regional and local partners work hard to increase community awareness about prevention, early intervention, treatment, and recovery supports across the lifespan. The legalization of adult-use cannabis, the rapid expansion of online gambling and sports

betting, and the growing influence of digital platforms have created new risks that require an equally coordinated and comprehensive response. Focused efforts must continue to build capacity and readiness among key subpopulations, including youth, young adults, older adults, and veterans. Underserved and overrepresented groups in Region 4 would benefit from targeted outreach, particularly in the areas of suicide prevention, overdose awareness, and problem gambling. Across all priority areas, expanding access to user-friendly data tools—including real-time dashboards and syndromic surveillance systems—remains critical. Strengthening data access will better equip RBHAOs, local prevention councils, and regional coalitions to deliver earlier, more responsive technical assistance and to guide community-driven solutions.

Contributors

Allyson Nadeau, MPA, Executive Director, Amplify, Inc.
Hope Allen, Program Coordinator, Amplify, Inc.
Brittany Whiteley, M.P.Ed., Program Manager, Amplify, Inc
Caitlin Geaghan, Program Manager, Amplify, Inc.
David Ruela, CPS, Program Coordinator, Amplify, Inc.
Erin Osterhoudt, M.Ed., Program Coordinator, Amplify, Inc.
Kaitlynne Gable, Office Manager, Amplify, Inc
Nicholas Schmeizl, Program Coordinator, Amplify, Inc.
Nicole Bengtson, Program Manager, Amplify, Inc.
Samantha Forbes, MA, Program Manager, Amplify, Inc.
Zachary Nailon, Program Coordinator, Amplify, Inc.
Allison Pons, LCSW, Root Center for Advanced Recovery
Jilly Barry, State Representative, District 31
Michaela Fissel, Advocacy Unlimited
Peter San, LCSW, Community Mental Health Affiliates
Steven Gavron, Wheeler Clinic
Violette Haldane, Advocacy to Legacy

Region 4 gratefully acknowledges the many individuals and organizations who contributed to this regional report. We extend our sincere thanks to the local fire departments, police departments, school districts, prevention councils, and treatment and recovery programs whose representatives shared their time, insights, and experiences to inform this report with directed experiences.

To those who were named and to those who contributed anonymously, thank you for your trust and for joining us in service to the well-being of our region.



Abbreviations and Acronyms

ARPA	American Rescue Plan Act
BRFSS	Behavior Risk Factor Surveillance System
CPES	Center for Prevention Evaluation and Statistics
CTVDRS	Connecticut Violent Death Reporting System
CQI	Continuous Quality Improvement
DCF	Connecticut Department of Children and Families
DCP	Department of Consumer Protection
DCWS	DataHaven Community Wellbeing Survey
DMHAS	Department of Mental Health and Addiction Services
DOT	Department of Transportation
DPH	Department of Public Health
DMV	Department of Motor Vehicles
EPA	Environmental Protection Agency
EVP	Electronic Vapor Product
FDA	U.S. Food and Drug Administration
HID	High Intensity Drinking
IVSU	Injury and Violence Surveillance System Unit
KII	Key Informant Interview
LBGTQ+	Lesbian, Bisexual, Gay, Transgender, Queer + Community
LPC	Local Prevention Council
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIH	National Institutes of Health
NRT	Nicotine Replacement Therapy
NSDUH	National Survey on Drug Use and Health
PFS	Partnership for Success Grant
RBHAO	Regional Behavioral Health Action Organization
RPW	Regional Priority Workgroup
RCVW	Regional Cannabis & Vaping Workgroup

RGAT	Regional Gambling Awareness Team
RSAB	Regional Suicide Advisory Board
SAMHSA	Substance Abuse and Mental Health Services Administration
SPF	Strategic Prevention Framework
SUPTRS	Substance Abuse Prevention, Treatment, and Recovery Services
THC	Tetrahydrocannabinol
TPEP	Tobacco Prevention and Enforcement Program
UCC	Urgent Crisis Center
YRBSS	Youth Risk Behavior Surveillance System
YVCS	Youth Voices Count Survey

Introduction

Background

Every two years, the Department of Mental Health and Addiction Services (DMHAS) is federally required to conduct a comprehensive needs assessment and priority planning process to evaluate behavioral health needs at the local, regional, and state levels. This process is essential in fulfilling the requirements of the Substance Abuse and Mental Health Services Administration (SAMHSA) for states receiving funding through the Substance Abuse Prevention, Treatment, and Recovery Services (SUPTRS) and Mental Health (MH) Block Grants. Specifically, SAMHSA mandates that states regularly assess system-wide needs, strengths, and service delivery gaps, and identify target populations along with strategic priorities to address those populations' behavioral health needs.

To carry out this critical function, DMHAS partners with the five Regional Behavioral Health Action Organizations (RBHAOs), whose structure and regional focus uniquely position them to lead this effort. The RBHAOs' deep-rooted connections with stakeholders, local knowledge, and established coordination roles across communities make them the most effective entities to compile and interpret regional behavioral health data. Their role ensures that the needs assessments are informed by comprehensive, community-based perspectives and grounded in both qualitative and quantitative data.

The primary objective of the priority planning process is to outline regional priorities, available resources, and make recommendations to address identified needs and improve behavioral health outcomes across the region, including substance use, problem gambling, mental health concerns, and suicide. It assesses emerging needs and trends, identifies at-risk populations, and supports prevention needs assessments and service gap analyses. The resulting regional reports inform state-level planning and decision-making, including the Mental Health Block Grant application, biennial budget development, and the prioritization of initiatives led by organizations such as Amplify.

As the designated RBHAO for DMHAS Region 4, Amplify is committed to promoting behavioral health through the implementation of best practices in prevention, early

intervention, and recovery support. With the support of DMHAS, Amplify serves 38 communities in North Central Connecticut in Hartford and Tolland counties. Region 4 communities include: Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, and Windsor Locks.

Amplify conducts this work in collaboration with a wide network of regional stakeholders, including individuals with first-hand experience, family members, service providers, schools, law enforcement, first responders, municipal leaders, and other community partners. This report reflects the invaluable input of key informants, survey participants, and focus group contributors involved in prevention, treatment, and recovery systems across the region.

In the 2023 Priority Report, Region 4 identified a range of priority concerns and recommendations, reflecting both emerging and intensified needs within a behavioral health system still recovering from the impacts of the pandemic. The system was described as “in recovery” itself, facing increased demand while contending with a constrained and depleted workforce. Although Connecticut demonstrated strong innovation and support for best practice evidenced by recent advancements in service delivery, prevention infrastructure, and recovery supports, the effectiveness of these improvements was limited by the ongoing workforce shortages.

In 2023, Region 4’s top mental health concerns were **anxiety, suicide, and depression**, and the identified priority substance-use needs were **heroin/fentanyl, alcohol, and vaping/ENDS**.

For 2025, the leading mental health priorities remain **suicide, depression, and anxiety**, while substance-related concerns have shifted slightly to include **alcohol, cannabis, and heroin/fentanyl**.

Data Sources

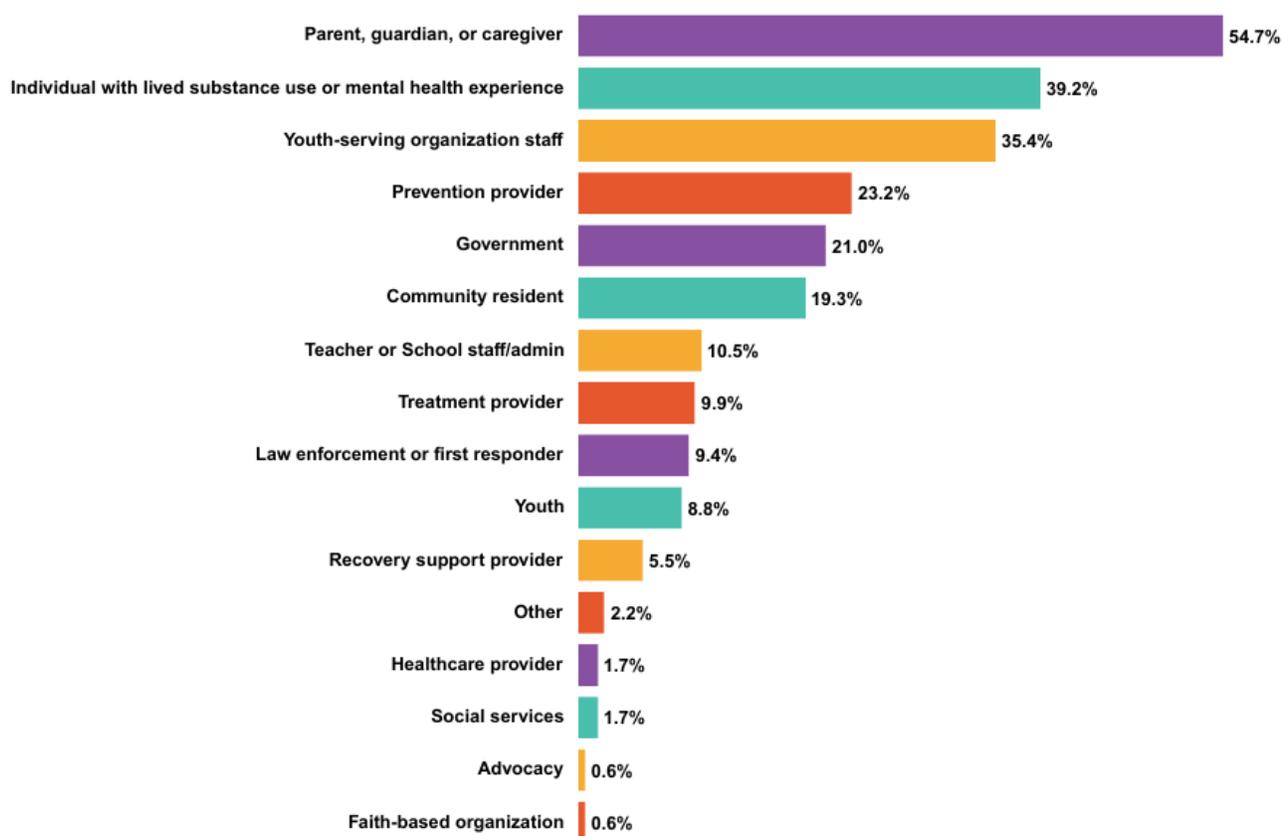
The priority planning process included several forms of qualitative and quantitative data collection, synthesis, and analysis that took place between December 2024 and March 2025. Local, regional, state, and national data sources are listed in Figure 1.

Figure 1. Data Sources and Uses

Data Source	Strengths	Limitations
Regional Data Sources		
Stakeholder Survey (n=181)	Regional quantitative data collected, all R4 towns represented	Limited regional oversight of survey
Region 4 Focus Groups (n=7)	Qualitative data collected, strong regional representation	Limited time to conduct focus groups
Region 4 Key Informant Interviews (n=22)	Qualitative data collected, strong community sector representation	
Region 4 Cannabis Needs Assessment	Presentation of youth cannabis use data, retail/policy overview	Adult cannabis use data
Region 4 Vaping Needs Assessment	Presentation of youth vaping data, retail/compliance/policy overview	Limited scope on vaping, not inclusive of all nicotine/tobacco products
Region 4 General Funds Needs Assessment	Presentation of adult alcohol use data	Limited alcohol use data available to discuss
Region 4 Youth Voices Count Surveys	Youth data collection on lifestyle, substance use, mental health, and gaming	YCVS were conducted in 16 of 38 the R4 school districts
Region 4 Data Haven Community Wellbeing Survey (DCWS)	Data collection on wellbeing, health, and quality of life of CT residents and utilizes probability sampling	Small sample size statewide which may limit applicability to smaller communities.
Region 4 DMHAS Treatment Admissions Data	Provides insight into what conditions individuals are receiving treatment for	Only contains treatment data for DMHAS funded programs
Region 4 CT Behavioral Health Partnership Data	Comprehensive Medicaid claims data for behavioral health	Only reflects Medicaid member utilization
State Data Sources		
CT Violent Death Reporting System (CTVDRS)	Data collection and analysis on violent deaths	Data can be incomplete/delayed reporting to determine COD
CT School Health Survey	Data collection as part of the YRBSS on health behaviors	Data primarily collected in CT public schools
CT Fatal Unintentional and Undetermined Intent Drug Overdose Report	Comprehensive information on overdose deaths (substance, demographics, etc.)	Data does not include non-fatal overdoses
Impacts of Legalized Gambling in Connecticut	Includes qualitative and quantitative data, provides actionable recommendations	Limited data on some forms of gambling (i.e., sports betting, online casinos)
Gambling Prevalence in Connecticut's Undergraduate Population	Includes qualitative and quantitative data, provides actionable recommendations	Limited sample of college students
Youth Gambling and Gaming Assessment 2023	Exploration of youth gambling rates and risk factors	Limited depth on gambling behaviors

Connecticut Department of Transportation Data	Provides insight into CT road safety and impaired driving statistics	Does not yet contain thorough cannabis-related impaired driving data
Connecticut Drug Overdose Deaths Data Dashboard	Up-to-date data dashboard on overdose deaths and substances	
National Data Sources		
National Survey on Drug Use and Health (NSDUH)	Large, representative sample with annual collection	Community-level data is not available, excludes some active-duty military, and lag time.
Behavioral Risk Factor Surveillance System (BRFSS)	Very large sample size, able to provide state-level estimates	Does not include youth data
National Youth Tobacco Survey (NYTS)	Representative sample, longitudinal for trend tracking	Does not include homeschooled students

Figure 2: Regional Sector Representation in 2024-25 Regional Stakeholder Survey



100%
of Region 4 Communities were represented in the 2024-25 Stakeholder Survey.

Description of Prioritization Process

The priority planning process included both qualitative and quantitative data collection methods, including data reviews, a regional stakeholder survey, key informant interviews, and focus groups. From December 2024 to March 2025, Amplify, in collaboration with the Center for Prevention Evaluation and Statistics (CPES), gathered and analyzed data reflecting regional, state, and national behavioral health trends. During this period, Amplify distributed the regional stakeholder survey developed and analyzed by CPES, to all communities in Region 4.

Key informant interviews were conducted with a diverse range of regional stakeholders, including school district administrators, law enforcement and first responders, municipal leaders, behavioral health and recovery providers, peer-led recovery organizations, youth, parents, and staff from youth-serving agencies. Several key informants also shared lived experience related to mental health, substance use, problem gambling, and suicide.

Amplify convened a Regional Priority Workgroup (RPW) to review and synthesize these data sources alongside stakeholder insights. The RPW was provided with a summary of regional survey findings and key themes from interviews and focus groups to inform discussions across a range of behavioral health topics.

The RPW used a prioritization framework that considered the magnitude, severity, changeability, and consequences of inaction for each issue. Priority topics included **alcohol, cannabis, vaping/nicotine, heroin/fentanyl, prescription drug misuse, anxiety, depression, trauma, and suicide**. Stakeholder survey respondents were asked to rank these issues by level of concern across five age groups. Simple averages of these rankings were calculated to identify the most pressing areas of concern. Based on this process, alcohol and anxiety/depression emerged as top concerns for the region. Recommendations were developed based on these priorities and were strongly informed by conversations with regional key stakeholders, who provided critical insight into how existing systems can be improved to better serve the community.

Strengths and Limitations of this Report

This report draws from a diverse range of data sources, as outlined in Figure 1. State and national datasets, including key surveys such as the National Survey on Drug Use and Health (NSDUH) and Behavioral Risk Factor Surveillance System (BRFSS), were used for prevalence and other estimates to inform discussions on mental health and substance use topics.

At the regional level, recent needs assessments conducted in 2023 and 2024 on alcohol, cannabis, gambling, and vaping, provided essential, timely, and localized data to support region-specific findings. During the same time period, 16 school districts in Region 4 administered the Youth Voices Count Survey (YVCS), and aggregate responses were analyzed to highlight youth perspectives on substance use and mental health, including prevalence rates and perceptions. While this represents a substantial sample of 14,592 students in grades 6-12, the data does not include all school districts in Region 4, limiting its generalizability.

Primary data collection for this report included 181 survey respondents from all Region 4 communities, ensuring complete geographical representation. Several communities, such as Glastonbury (n=21), Manchester (n=19), East Windsor (n=13), and New Britain (n=11), had particularly strong response rates. Seven focus groups with key regional stakeholders were conducted in December of 2024, alongside 22 key informant interviews, contributing rich qualitative insights that enhanced the interpretation of survey findings.

Since the last reporting period, Amplify's team has grown significantly, further strengthening the organization's ability to provide valuable input and support to the priority report process. This report reflects a collaborative effort by program staff and community partners who contributed to data collection and year-round effort in their respective focus areas. Amplify's expanded programming has also strengthened community partnerships, ensuring broader engagement and allowing more regional voices to inform the findings.

One notable limitation of this report is the absence of timely and accessible regional data on mental health and substance use treatment, including health and behavioral health service utilization across the lifespan. Improved availability of such data would significantly strengthen the assessment of community needs and enhance the precision of regional planning efforts. These factors hindered the ability to conduct a more detailed analysis.

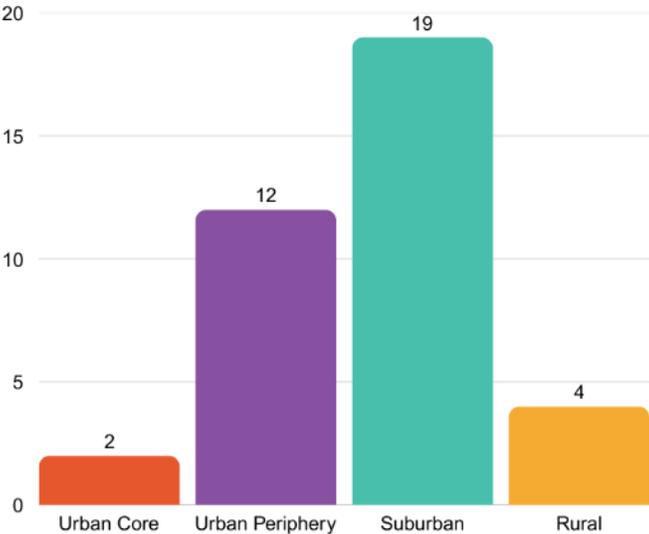
Regional Profile

Description of the Region

Region 4 encompasses 37 towns in North Central Connecticut, with a total population of approximately 1.08 million residents. The region includes a diverse mix of urban, suburban, and rural communities. At its center lies Hartford, the state capital and a major hub for healthcare, government, and social services. Southern towns such as Rocky Hill, Marlborough, and Southington are predominantly suburban, while the northernmost border features rural and suburban communities like Suffield, Enfield, and Somers, adjacent to the Massachusetts state line.

According to CT Data’s community type classifications, most towns in Region 4 are categorized as suburban, followed by urban periphery and rural.

Figure 3: Region 4 Community types



Region 4 contains major highways, such as Interstate 91 and Interstate 84, that connect urban centers with surrounding towns and facilitate access to services and resources. The Connecticut River also bisects the region from north to south. Just over the northern border lies MGM Springfield, a major casino that opened in 2018 and remains a consideration in regional public health and prevention planning. The region is home to Bradley International Airport, Connecticut's largest airport, which enhances regional accessibility but also increases demand for emergency response infrastructure and behavioral health coordination.

Region 4 is racially and ethnically diverse. Approximately 62% of residents identify as White (non-Hispanic), 18% as Hispanic or Latino, 12% as Black or African American, 5% as Asian or Pacific Islander, and 4% as Other (including American Indian/Alaska Native, multiracial individuals, and those identifying as "Other Race Alone"). The most spoken non-English languages in the region include Spanish, French (including Haitian Creole), Polish, Portuguese, and Chinese, reflecting a culturally and linguistically rich population. Since the 2021 regional report, the population has declined by an estimated 15%, driven primarily by decreases in the White and Black populations. In contrast, the Hispanic/Latino and Asian/Pacific Islander populations have experienced modest growth.

Several towns within Region 4 reflect particularly high concentrations of specific racial or ethnic populations:¹

- **Hispanic or Latino:** Hartford (46%), New Britain (44%), East Hartford (37%), Bristol (20%), and Manchester (17%)
- **Black or African American:** Bloomfield (55%), Windsor (36%), Hartford (34%), and East Hartford (24%)
- **Asian:** South Windsor (19%), Rocky Hill (17%), Farmington (16%), and Avon (15%)

¹ [Connecticut Town Profile](#), 2024 (American Community Survey, 2018-2022).

Behavioral Healthcare in Region 4

Region 4 is served by nine hospitals, including Hartford Hospital, St. Francis Hospital and Medical Center, Connecticut Children's Medical Center, the Hospital of Central Connecticut (New Britain and Southington campuses), UConn John Dempsey Hospital, Manchester Memorial Hospital, Rockville General Hospital, and Mount Sinai Rehabilitation Hospital. Smaller towns (e.g., Andover, Bolton, Granby) lack standalone hospitals and rely on regional facilities, typically within a 10–20-mile radius.

Some towns have urgent care or outpatient clinics (e.g., Hartford HealthCare or UConn Health locations), but these are not full hospitals and thus not listed as such.

Major Health Systems Operating in the region:

- **Hartford HealthCare:** Operates Hartford Hospital, The Hospital of Central Connecticut (New Britain and Southington campuses), and numerous outpatient centers across the region (e.g., Avon, Glastonbury, Newington). Hartford HealthCare is one of Connecticut's largest integrated health systems, offering a full continuum of behavioral health services through its Behavioral Health Network (BHN). The BHN provides care ranging from prevention and early intervention to outpatient therapy, intensive programs, inpatient psychiatric care, and specialized services for conditions such as addiction, trauma, and serious mental illness. Their network includes the Institute of Living, one of the oldest mental health facilities in America, and multiple behavioral health partnerships across hospitals, outpatient centers, and community programs, ensuring comprehensive support across all levels of mental health and substance use treatment.
- **Trinity Health of New England:** a regional health system that operates Saint Francis Hospital in Hartford and provides comprehensive medical care, including behavioral health services such as inpatient psychiatric care, outpatient therapy, and addiction treatment through its hospitals and affiliated programs.
- **UConn Health:** the University of Connecticut's academic health system, offering clinical care, education, and research, with behavioral health services that include outpatient psychiatry, psychological services, and addiction treatment.

- **Eastern Connecticut Health Network (ECHN):** a community-based health system offering a range of medical services, including behavioral health care such as inpatient psychiatric treatment for adults, outpatient therapy, and addiction recovery programs. Includes Manchester Memorial Hospital and Rockville General Hospital.
- **Connecticut Children’s:** A nationally recognized Level I Pediatric Trauma Center and the state’s only health system exclusively dedicated to pediatric care. Their integrated approach ensures that mental health support is coordinated with other pediatric specialties to address the unique needs of each patient and family.
- **VA Connecticut Healthcare System:** provides medical and mental health services to veterans across Connecticut, offering comprehensive behavioral health care including outpatient therapy, inpatient psychiatric treatment, substance use programs, and specialized PTSD and trauma services.

Region 4 has **six correctional facilities**, including one reintegration center. Two additional facilities closed in 2021 and 2023, reflecting statewide reductions in incarceration and an increasing emphasis on reentry supports and behavioral health care in the community.

All Region 4 towns are located within **50 miles of a casino**, emphasizing the importance of problem gambling prevention and outreach, particularly in light of expanded sports betting and online gambling access.

The region is serviced by **35 Youth Service Bureaus (YSBs)**, providing programs and services that promote the positive development of youth, including counseling, juvenile justice services, prevention programs, and referrals to community resources.

Region 4 contains **15 public health departments and districts** coordinating infectious disease surveillance, wellness programs and immunization clinics and screenings.

Together, the demographic, geographic, and infrastructure elements shape the behavioral health landscape in Region 4, providing a foundation of healthcare and prevention systems while also highlighting challenges in access, service coordination,

and workforce capacity. Hartford's concentration of behavioral health institutions positions the city as a central hub for care delivery and innovation, offering services that reflect the needs of a growing and diverse population.

Figure 4: Region 4 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
Andover	3,160	Rural	\$124,167	1.0	93.0	< 1.0	< 1.0	2.0		4.0
Avon	18,852	Suburban	\$146,153	5.0	75.0	2.0	5.0	15.0		3.0
Berlin	20,149	Suburban	\$106,272	5.0	87.0	< 1.0	5.0	5.0		2.0
Bloomfield	21,460	Urban periphery	\$90,061	7.0	30.0	55.0	9.0	4.0		2.0
Bolton	4,851	Suburban	\$114,948	6.0	89.0	15.0	5.0	1.0		4.0
Bristol	61,052	Urban periphery	\$82,094	9.0	64.0	7.0	20.0	3.0		5.0
Burlington	9,557	Suburban	\$148,696	3.0	83.0	1.0	7.0	3.0		6.0
Canton	10,125	Suburban	\$108,059	5.0	92.0	2.0	2.0	< 1.0		4.0
East Granby	5,198	Suburban	\$107,478	3.0	78.0	5.0	5.0	4.0		8.0
East Hartford	50,942	Urban periphery	\$64,244	14.0	32.0	24.0	37.0	3.0		3.0
East Windsor	11,180	Rural	\$90,480	8.0	68.0	7.0	9.0	9.0		7.0
Ellington	16,558	Suburban	\$124,495	6.0	81.0	4.0	6.0	5.0		3.0
Enfield	41,346	Urban periphery	\$90,741	10.0	72.0	6.0	13.0	3.0		7.0
Farmington	26,623	Suburban	\$118,329	7.0	71.0	3.0	7.0	16.0		3.0
Glastonbury	35,105	Suburban	\$144,134	4.0	78.0	2.0	8.0	10.0		3.0
Granby	10,972	Suburban	\$116,023	3.0	92.0	< 1.0	3.0	2.0		3.0

Hartford	121,057	Urban core	\$41,841	27.0	15.0	34.0	46.0	2.0		3.0
Hebron	9,127	Suburban	\$135,397	5.0	92.0	< 1.0	4.0	< 1.0		3.0
Manchester	59,510	Urban periphery	\$85,048	12.0	53.0	14.0	17.0	10.0		5.0
Marlborough	6,134	Suburban	\$134,643	9.0	80.0	2.0	12.0	5.0		< 1.0
New Britain	74,212	Urban core	\$53,766	20.0	38.0	11.0	44.0	3.0		4.0
Newington	30,458	Urban periphery	\$100,239	8.0	72.0	5.0	11.0	7.0		5.0
Plainville	17,505	Urban periphery	\$78,900	7.0	80.0	2.0	12.0	4.0		2.0
Plymouth	11,712	Rural	\$94,600	8.0	82.0	< 1.0	9.0	< 1.0		8.0
Rocky Hill	20,705	Urban periphery	\$96,773	4.0	69.0	4.0	6.0	17.0		3.0
Simsbury	24,617	Suburban	\$143,874	6.0	82.0	3.0	7.0	4.0		4.0
Somers	10,086	Suburban	\$105,450	2.0	84.0	4.0	6.0	< 1.0		6.0
South Windsor	26,805	Suburban	\$134,080	5.0	64.0	4.0	8.0	19.0		6.0
Southington	43,569	Suburban	\$118,790	4.0	86.0	2.0	5.0	4.0		4.0
Stafford	11,507	Rural	\$92,292	6.0	90.0	< 1.0	4.0	< 1.0		5.0
Suffield	15,676	Suburban	\$121,141	3.0	80.0	8.0	7.0	3.0		3.0
Tolland	14,601	Suburban	\$132,846	6.0	86.0	< 1.0	7.0	3.0		5.0
Vernon	30,289	Urban periphery	\$79,875	12.0	73.0	6.0	12.0	6.0		4.0
West Hartford	64,088	Urban periphery	\$124,150	6.0	69.0	7.0	13.0	7.0		4.0

Wethersfield	27,192	Urban periphery	\$108,656	6.0	78.0	3.0	13.0	3.0		2.0
Windsor	29,445	Suburban	\$103,521	5.0	44.0	36.0	11.0	3.0		6.0
Windsor Locks	12,563	Urban periphery	\$85,570	9.0	74.0	6.0	7.0	7.0		6.0
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).

²Levy, Don: Five Connecticuts 2010 Update. (2015).

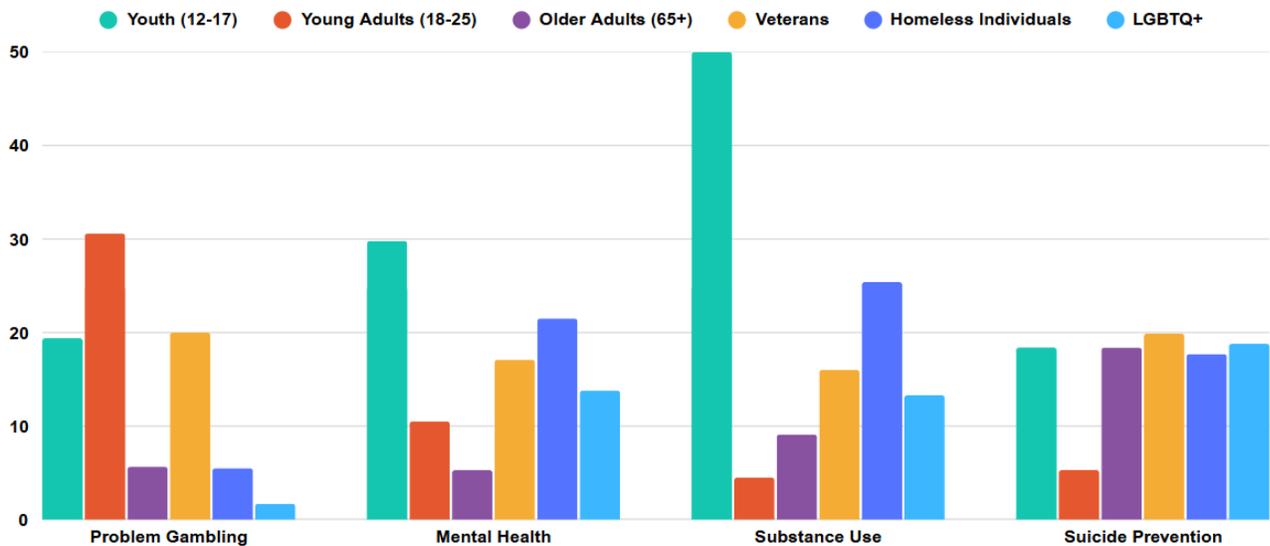
³CT Data combined Native American w/ Other; 'Other' includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, two or more races. Please explore detailed census [here](#).

Subpopulations in Region 4

Figure 5: Subpopulations in Region 4 and Areas of Concern

Subpopulation/Group	Area(s) of Concern	Rationale/Evidence
Youth (12-17)	Substance use, mental health, suicide, problem gambling	<ul style="list-style-type: none"> R4 survey Focus group
Young Adults (18-25)	Substance use, mental health, suicide, problem gambling	<ul style="list-style-type: none"> R4 survey Focus group
Older Adults (65+)	Substance use, suicide, problem gambling	<ul style="list-style-type: none"> R4 survey Focus group
Veterans/ Service members	Substance use, mental health, suicide, problem gambling	<ul style="list-style-type: none"> R4 survey Focus group
First Responders/ Law enforcement	Mental health, suicide	<ul style="list-style-type: none"> R4 survey Focus group
Individuals experiencing homelessness	Substance use, mental health, suicide, problem gambling	<ul style="list-style-type: none"> R4 survey Focus group
LGBTQ+ Individuals	Substance use, mental health, suicide	<ul style="list-style-type: none"> R4 survey Focus group
Middle-aged white, non-Hispanic males (35-64)	Suicide	<ul style="list-style-type: none"> CT VRDS & ED Data R4 Key Informants

Figure 6: Sub-populations Not Being Adequately Served by Services



Regional stakeholders identified several subpopulations with elevated behavioral health needs across mental health, substance use, suicide prevention, and problem gambling:

- **Youth and Young Adults:** Youth face rising rates of anxiety, depression, substance use, and gaming-related concerns. Young adults are similarly impacted, particularly by Internet Gaming Disorder.
- **Older Adults:** Increasing concerns include loneliness, depression, alcohol misuse, and prescription drug misuse—alongside a growing risk of suicide.
- **Veterans:** Veterans are at higher risk for problem gambling, substance use disorders, mental health issues, and suicide, underscoring the need for tailored, accessible care.
- **People Experiencing Homelessness:** A rise in homelessness, including a 10% increase in unsheltered individuals in the Greater Hartford area, has heightened concern around access to mental health and substance use services.
- **LGBTQ+ Individuals:** LGBTQ+ youth are more likely to experience mental health challenges, substance use, and suicidal ideation. Stakeholders noted gaps in affirming care.
- **Middle-Aged White Males (35–64):** This group accounts for 37% of regional suicide deaths (2023–2024), yet remains underrepresented in treatment and data, with stigma identified as a key barrier.

Findings

This section of the report outlines the key findings of the regional priority report process across each priority area, including emerging issues, regional resources, strengths, and assets, and identified gaps and needs.

Emerging Issues

Figure 7: Emerging Issues in Region 4

Emerging Issue	For Whom/What Group	Rationale/Evidence
Alcohol-Related Issues		
High intensity drinking	Young adults (18-25)	Past 30-day use data
Alcohol attributable cancer	All ages	Surgeon general report
Cannabis-Related Issues		
Access: Sale of cannabis seeds	All ages	DCP data & definitions
Forms of Products: Sale of infused beverages	All ages	TPEP data, DCP data & definitions
High Potency: Cannabis induced psychosis	Young adults (18-25)	R4 Survey and KII data, DMHAS Admissions data, National & State potency data
Impaired Driving		
Driving under the influence of alcohol or cannabis	All ages	R4 Survey data, UCONN crash data, cannabis needs assessment
Wrong way driving	All ages	CT DOT data
Aggressive Gambling and Gaming Advertisements		
Sports betting	Young Adult Males (18-25)	CT Problem Gambling Helpline data
Cryptocurrency: Meme coins	All ages	CT Problem Gambling Helpline data
Gambling Advertisements	All ages	Key Informant Interviews
Online Gaming	Youth (12-17)	Environmental Scans, focus group data
Emerging Substances		
Carfentanil	All ages	R4 Survey data, CT DPH Report
Nitazenes	All ages	R4 Survey data, CT DPH Report
Designer Benzodiazepines	All ages	R4 Survey data, CT DPH Report
Nicotine Pouches	Youth (12-17), Young adults (18-25)_	R4 Survey, KII, & focus group data, FDA Authorization
Social Media		
Social Media Harm	Youth (12-17), Parents, Schools	Proposed bill on social media harm

High Intensity Drinking

High-Intensity Drinking (HID) is defined as consuming alcohol at levels that are at least twice the standard binge drinking threshold. This typically looks like 10 or more drinks for men and 8 or more drinks for women on a single occasion.² Key informants in Region 4 noted that excessive use of alcohol is common in bars and restaurants in the region, making binge drinking and high intensity drinking both widespread, yet often unrecognized as a problem. High-intensity drinking significantly increases the risk of both immediate and long-term health consequences.

Research from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) shows that HID is especially prevalent among young adults, particularly during high-risk events such as holidays, festivals, and milestone celebrations like 21st birthdays.² HID is associated with more severe outcomes than standard binge drinking, including alcohol poisoning, emergency department visits, memory blackouts, and increased risk of alcohol use disorder. In Region 4, the alcohol-related emergency department visit rate was 74.5 per 10,000, indicating the high prevalence of HID in the region. The National Institutes of Health (NIH) have identified HID as a growing public health concern, emphasizing the need for increased surveillance and tailored prevention strategies.³

Alcohol Attributable Cancer

In January 2025, the U.S. Surgeon General issued an advisory confirming that alcohol is a known carcinogen, increasing the risk of at least seven cancers including breast, colorectal, esophageal, liver, mouth, throat, and larynx.³ Even small amounts, such as one drink per day, can elevate cancer risk, particularly for breast cancer. The advisory calls for updated warning labels, national education campaigns, and a review of alcohol guidelines to reflect current evidence and raise public awareness.

² [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) *High Intensity Drinking*, 2023](#)

³ [National Institutes of Health \(NIH\) *Understanding alcohol's impact on health*, 2023](#)

Sale of Cannabis Seeds

Key informants across Region 4 have raised concerns about the increasing availability of cannabis products, particularly cannabis seeds. In accordance with recent regulations from the Connecticut Department of Consumer Protection (DCP), new definitions have been established for both "high-THC hemp" and "moderate-THC hemp," both of which require a cannabis retail sales license. High-THC hemp is defined as "hemp products containing a total THC content of more than 0.5 mg per serving or 5 mg per container, and hemp flower or trim with a total THC content exceeding 0.3% by dry weight."⁴ Moderate-THC hemp refers to products containing THC levels between 0.5 mg and 5 mg per container.⁴ DCP retailer guidelines indicate that products falling within these parameters require a specific cannabis retail sales license issued by the DCP. However, cannabis seeds typically do not meet the criteria for classification as either high-THC or moderate-THC hemp products, as they generally contain less than 0.3 mg of THC.⁴ As a result, cannabis seeds are not subject to the same sales restrictions as other hemp-derived products, allowing a broader range of retailers and wholesalers to sell them.

The widespread availability of cannabis seeds has raised concerns about the potential growth of unregulated homegrown cannabis within Region 4. Key informants also reported instances of community members distributing cannabis seeds informally, further increasing access. These trends present emerging challenges for prevention efforts, safe-use education, and the ability to monitor cannabis availability and use patterns across the region.

Sale of THC-Infused Beverages

There has been an increase in the availability of THC-infused beverages. These beverages are prohibited from containing, or being marketed as containing, 3 mg or more of THC per container and must have a minimum volume of 12 fluid ounces.⁴ The sale of these beverages is restricted to individuals aged 21 and over and may be sold at licensed cannabis dispensaries or package stores. Under Connecticut law, these beverages are classified as "hemp-derived" rather than "cannabis," and are subject to distinct DCP policies.

⁴ [State of Connecticut Adult-Use Cannabis in Connecticut, updated 2025](#)

Concerns have emerged regarding retailer compliance of THC beverage sales and ensuring that the THC content does not exceed 3 mg per container, in order to align with DCP guidelines.

Access to THC products is a particular concern in Region 4, as access to these products is abundant between cannabis dispensaries and licensed package stores endorsed to sell THC beverages. Region 4 has the highest proportion of towns that have approved zoning policies for cannabis establishments, with 17 of the 38 towns in the state being located within the region (45%). As of early 2025, Region 4 has 21 licensed cannabis dispensaries and 137 package stores that can legally sell THC infused beverages, making access these products widespread.⁵ The figure below depicts the locations of regional cannabis dispensaries.

Figure 8: Regional Cannabis Dispensaries

Region 4: DCP Licensed Cannabis Dispensaries (as of March 2025)



⁵ Connecticut Department of Consumer Protection e-License Records

Cannabis Induced Psychosis

The connection between cannabis use and the onset of first-episode psychosis, warrants ongoing monitoring throughout the state, particularly within Region 4. 2023 DMHAS EQMI treatment admission data shows that 11% of individuals admitted to DMHAS mental health treatment in Region 4 were diagnosed with schizophrenia spectrum and other psychotic disorders.⁶ Thirty-nine of all clients reported marijuana use at the time of admission, with a notable 77% of young adult clients (ages 18-25) in Region 4 reporting use of marijuana, hashish, or THC.⁵ This data aligns with the typical age range for the onset of symptoms associated with schizophrenia spectrum disorders, which generally emerge during late adolescence to the mid-20s. Given the increasing rates of cannabis use among young adults, the rise in cannabis potency over recent years, and the growing accessibility of cannabis products both statewide and within the region, there is concern that continued cannabis use trends could lead to a rise in admissions for substance-induced psychosis or schizophrenia spectrum disorders.

Wrong Way Driving

Wrong-way driving is a rising concern in Region 4, with 163 wrong-way crashes reported between January and December 2024, including two fatalities.⁷ Alcohol impairment remains a significant factor; according to the Connecticut Department of Transportation (CTDOT), 86% of wrong-way drivers had a blood alcohol concentration (BAC) above the legal limit of 0.08%.

Cannabis impairment is also emerging as a growing concern following the legalization of recreational cannabis sales in Connecticut in 2021. Although current CTDOT crash data do not systematically capture cannabis impairment due to testing limitations, there has been a 22% increase in wrong-way accidents in Region 4 from 2021 to 2024. Enforcement challenges further complicate the issue. As highlighted by State Representative Jill Barry, Connecticut law restricts law enforcement's ability to use the odor of cannabis or possession of certain quantities as probable cause for vehicle searches, even if cannabis use is visibly

⁶ Connecticut's State and Regional Behavioral Health Data (Epidemiological Slide Deck), 2024-25

⁷ [Connecticut Crash Data Repository, 2025](#)

occurring while driving. The combination of high rates of alcohol impairment, the potential influence of cannabis use, and barriers to enforcement and detection represent a significant emerging behavioral health and public safety concern for Region 4.⁸

Aggressive Gambling and Gaming Advertisements

Focus group participants within Region 4 highlighted the growing prevalence of advertisements as an emerging issue. The North Central region, which includes extensive stretches of major highways such as I-84 and I-91, features numerous intersections in the centrally located capital area. Along these highways, billboards prominently display pro-gambling messages, including advertisements for Mohegan Sun Casino, Foxwoods Casino, DraftKings Online Sportsbook, FanDuel Online Sportsbook, and the Connecticut Lottery. Billboards are highly visible to a broad segment of Region 4 residents including children, parents, new drivers, and local residents commuting into the capital area for work. Informants noted that these billboards often feature concerning messaging, such as enticing offers like “play \$5 and get \$200”, which are particularly effective as attracting younger audiences and encouraging them to start gambling based on the perception of easy rewards.

In addition to billboards, online gambling platforms utilize sophisticated algorithms to maximize user engagement. These systems are designed to target high-risk demographics, particularly young adults (18-34) and individuals who exhibit frequent gambling behaviors. Promotions such as “boosted odds” and “risk-free” bets are strategically timed to encourage continued play, often immediately after wins or losses when users are emotionally vulnerable. Key informants expressed concern that the targeted nature of these advertisements exacerbates gambling risks among young and vulnerable individuals, who are continually exposed to these messages across various online platforms.

⁹ [CT DPH Fatal Unintentional and Undetermined Intent Drug Overdose Report, 2025](#)

Sports Betting

Focus group participants in Region 4 identified sports betting as an emerging and growing concern. The ease of access, particularly among younger audiences, coupled with the multitude of betting opportunities embedded within a single sporting event, has exacerbated the issue. Key informants emphasized that many residents do not fully understand the risks associated with gambling on these events, which is contributing to the rise in sports betting participation.

The growing normalization of sports betting and online gambling, intensified by the proliferation of advertisements from sports networks and organizations, is seen as an emerging issue, further amplified by the surge in advertisements from sports networks and organizations, making it increasingly difficult for prevention efforts to keep pace with the expanding influence of sports betting.

Online Gaming (Microtransactions)

Community members across Region 4 have identified online gaming as another emerging concern. Many popular video games now offer players the opportunity to spend real money to acquire “in-game currency,” which can then be used to obtain exclusive perks or skills that are otherwise unavailable through regular gameplay. This practice, known as microtransactions, is particularly troubling given that lack of spending limits, especially among young people. Many online games specifically target young players with enticing deals, encouraging frequent purchases. One of the most notable examples is *Fortnite*, one of the most popular games for the past decade. In 2022, *Epic Games*, the maker of *Fortnite*, faced a class action lawsuit for duping millions of players into making unintentional purchases and using psychological reinforcement strategies similar to those found gambling. The lawsuit resulted in \$520 million settlement for psychological damages to young users. Despite this outcome, concerns remain high, as many online games continue to employ similar microtransaction and other tactics that may contribute to gaming addiction in youth.

“Gambling is being masked in games for children. Awareness must be increased”
-Region 4 Survey Respondent

Cryptocurrency

Cryptocurrency is a type of digital currency that operates without a central authority, using blockchain technology to record transactions securely. Over the past year, cryptocurrency and day trading have emerged as growing concerns, surpassing sports betting in prevalence. A specific focus is on “meme coins,” cryptocurrencies designed to quickly inflate in value so creators can sell their holdings for profit. In February 2025, the Securities and Exchange Commission (SEC) clarified that meme coins are not considered securities, meaning purchasers are not protected under federal law.

has gained attention. A recent incident with meme coins involved the "\$GUNIT" meme coin scam, where hackers took over rapper 50 Cent’s website and social media accounts, promoting a fake token and making \$300 million in just 30 minutes. This example highlights the gambling-like risks associated with unregulated cryptocurrencies, where outcomes are highly uncertain, and protections are minimal.

Emerging Substances

The Injury and Violence Surveillance System Unit (IVSU) at DPH identified several substances as emerging threats: carfentanil, designer benzodiazepines, and nitazenes.

Carfentanil

Carfentanil is a synthetic opioid that is approximately 100 times more potent than fentanyl. It is designed to be used as a large animal tranquilizer and has made its way into the opioid crisis. In Connecticut there were 9 overdose deaths from carfentanil in 2024, with 1 confirmed case in Region 4.⁹ Carfentanil poses a threat to law enforcement and first responders who may be responding to incidents where carfentanil is present and come in contact with the substance.

Designer Benzodiazepines

Designer benzodiazepines are a subclass of novel psychoactive substances. They mimic prescription benzodiazepines but have a higher potency and longer duration. In CT, there were 37 deaths in 2024 involving designer benzodiazepines, 13 of which were in Region 4.⁹

⁹ [CT DPH Fatal Unintentional and Undetermined Intent Drug Overdose Report, 2025](#)

Nitazenes

The IVSU also identified nitazenes as an emerging substance. Nitazenes are a subgroup of opioids that have no legitimate medicinal purposes. They are classified as Schedule I substance and can be 40 times more potent than fentanyl. There are challenges in identifying deaths that are related to nitazenes. In 2024, there were 9 confirmed overdose deaths involving nitazenes, 3 of which occurred within Region 4.⁹

Oral Nicotine Pouches (Zyn)

Key informants in Region 4 identified nicotine pouches, particularly the brand Zyn, as an emerging issue. These small pouches are made of plant-based fibers and contain nicotine, flavoring, and sweeteners.¹⁰ They come in various strengths, with nicotine content ranging from 1.5 mg to 9 mg per pouch. Users place the pouches between the upper lip and gum for about 30 minutes, during which nicotine is absorbed through the saliva.

Manufacturers promote nicotine pouches as a harm-reduction tool, similar to nicotine replacement therapies (NRTs) designed for individuals trying to quit cigarettes or vaping to avoid nicotine withdrawal symptoms. In January 2025, the FDA authorized the marketing of 20 Zyn nicotine pouch products through the premarket tobacco product application. The FDA concluded that these products offer greater benefits than health risks, specifically for adults who smoke cigarettes, as the pouches contain substantially lower amounts of harmful constituents than cigarettes and most other smokeless tobacco products.¹¹

Despite their potential benefits for smokers, nicotine pouches pose a risk to youth and young adults, who are more vulnerable to nicotine dependence. Zyn pouches come in appealing flavors such as mango, cool mint, black cherry, and citrus. They also feature a rewards system, allowing users to earn points by purchasing Zyn pouches and redeeming codes, which can be exchanged for rewards like gift cards and tech products. The 2024 National Youth Tobacco Survey found that 1.8% of middle and high school students report using nicotine pouches.¹² Regional survey data is yet to include nicotine pouch prevalence

¹⁰ [CDC, Smoking and Tobacco Use- Nicotine Pouches, 2025](#)

¹¹ [U.S. FDA, Authorization of Zyn Nicotine Pouches, 2025](#)

¹² [National Youth Tobacco Survey, 2024](#)

rates, but key informants often emphasized their concerns around youth using nicotine pouches in their communities. With intense marketing strategies and interesting flavors, there is growing concern over the rise of nicotine pouch use in youth.

Social Media Harm and Smartphone Disruption

Since 2010, rates of depression and anxiety among youth have surged nationwide. Major depressive episodes more than doubled for 12–17-year-olds between 2010 and 2022, with a parallel spike in emergency room visits for self-harm among 10–14-year-olds.¹³ In Connecticut, the number of high school students who reported feeling sad or hopeless almost every day for two or more weeks in a row, increased 54% from 2007 to 2023.¹⁴ Within Region 4, 22% of middle and high school students reported feeling sad or hopeless.¹⁵

In response, public awareness and policy action have increased. In August 2024, the Connecticut State Board of Education recommended that districts restrict cell phone use during school hours to support student well-being. In 2025 CT House Bill 6857 was raised, seeking to limit minors' access to social media algorithms, boost parental control, and require platform transparency.

In Region 4, educators, school administrators, law enforcement, and youth-serving agencies report rising concerns over youth mental health, noting declines in emotional resilience and conflict resolution skills. Many attribute this to the pervasive impact of smartphones and social media, which amplify peer comparison, online conflict, and misinformation.

"Social media is a double-edged sword for our students — while over half say it boosts their self-esteem, many struggle with overuse, exposure to inappropriate content, and even conflicts that escalate to school discipline or arrests."

-Director of a Region 4 Youth Service Bureau

In this town, 53% of students in grades 6-12 report that social media makes them feel better about themselves, 30% said it made them feel worse.
YVCS Survey, 2023

¹³ [National Institute of Mental Health \(NIMH\) Major Depression, 2023](#)

¹⁴ [Connecticut School Health Survey \(YRBS\), 2023](#)

¹⁵ [Region 4 Youth Voices Count Survey \(YVCS\) Aggregate Data Tables, 2023-24](#)

The sharp rise in the number of screenings of: *Screenagers: Growing Up in the Digital Age* has doubled from 2023 to 2024, reflecting a growing community concern about the impact of screen use on youth.

Regional Strengths, Resources, and Assets

Region 4 is home to strong and vibrant network of resources dedicated to preventing and addressing substance use, mental health challenges, problem gambling, and suicide across the lifespan. These efforts represent some of the region’s greatest strengths, demonstrating a collective commitment to building healthier, more resilient communities through collaboration, innovation, and the elevation of direct lived experience. North Central Connecticut benefits from a deeply rooted culture of collaboration across sectors including public health, education, healthcare, and community-based organizations which support the work of the Regional Behavioral Health Action Organization (RBHAO).

Regional Resources and Assets

Below is a summary of resources and assets that are located in or serve Region 4 with a focus on more recent initiatives and major coalitions.

Figure 9: Summary of Resources and Assets in Region 4

Prevention		
Resource/Asset	Focus Area	Catchment Area/Reach
988 Suicide & Crisis Lifeline	Crisis Intervention/Prevention Youth & Adult	CT
Central Connecticut Health District Opioid Coalition	Opioid Overdose Prevention/Awareness	Central CT
Connecticut Alliance to Benefit Law Enforcement (CABLE)	Law enforcement & community collaborative	CT
Wheeler Clinic, Connecticut Clearinghouse	Statewide Library and Resource Center	CT
Connecticut Council on Problem Gambling (CCPG)	Individuals, Families, and Communities	CT
Connecticut Problem Gambling Helpline	Youth & Adults	CT
CT Collaborative to End Loneliness	Mental Health	CT
Ellington Opioid Committee	Opioid Overdose Prevention/Awareness	Ellington, CT
Expanded RBHAO Model	Behavioral Health	North Central CT

Governor's Prevention Partnership	Youth Substance Use and Mentorship Programs	CT
Hartford Opioid Taskforce	Opioid Overdose Prevention/Awareness	Hartford
Local Prevention Councils (LPC)	Prevention of youth vaping	North Central CT
MCIS Wheeler/CHR	Crisis intervention	North Central CT
National Problem Gambling Helpline	Adults	CT
Regional Cannabis Vaping Workgroup (RCVW)	Cannabis and Vaping Prevention Group	North Central CT
Regional Gambling Awareness Team (RGAT)	Problem Gambling Prevention Group	North Central CT
Regional Suicide Advisory Board (RSAB)	Suicide Prevention Group	North Central CT
Responsible Play The CT Way Van	Prevention, Communities	CT
The Windsor Mental Health Alliance	Mental Health	Windsor, CT
Gambling Awareness Youth Media Project Initiative	Youth	CT
Youth Peer Advocate (YPAs)	Integration of Youth Voices	North Central CT
Treatment		
Resource/Asset	Focus Area	Catchment Area/Reach
Honor Wellness Center	Veterans/Active Military/First Responders	Glastonbury/Hartford County
Urgent Crisis Center (The Village for Families and Children)	Crisis Services for Children	Greater Hartford County
MCIS Wheeler/CHR	Crisis intervention	North Central CT
VapeFreeCT (Commit to Quit, My Life My Quit)	Nicotine addiction treatment for over and under 18	CT
Departments of Veterans Affairs (DVA)	Veterans/Active Military	CT
Community Mental Health Affiliates (CMHA)	Behavioral Health for Children & Adults	Greater New Britain area
MindMap CT	Early Detection campaign to identify psychosis	CT
Way to Go Program	Transportation services for older adults, veterans, and disabled	North Central CT
Recovery		
Resource/Asset	Focus Area	Catchment Area/Reach
Advocacy Unlimited	Peer Led Recovery	CT, Rocky Hill based
Alcohol Anonymous/ Al-Anon	Individuals/Families	CT
Connecticut Community for Addiction Recovery (CCAR)	Recovery Services for Individuals/Families	CT

Gambler’s Anonymous	Individuals/Families	CT
NAMI-CT	Mental Health Support & Recovery	CT
Root Center for Advanced Recovery	Individuals/Families	North Central CT
The Gloria House-Peer Respite House	Adults 18 +	CT

Prevention

At the heart of community-level prevention, **Local Prevention Councils (LPCs)**, drive proactive efforts to reduce youth substance use, with particular focus on vaping and cannabis. Through school-based programs, youth leadership initiatives, and restorative interventions, LPCs are not only responding to emerging public health threats but actively shaping environments where young people can thrive. Their dynamic work ensures that prevention remains rooted in both evidence and youth voice, supported by regional and state partnerships. During the 2024–2025 grant cycle, LPCs continued to prioritize electronic nicotine delivery systems (ENDS) due to rising nicotine concentrations, harmful additives, and the popularity of nicotine pouches. Youth are initiating use at younger ages, including in elementary school, and the legalization of cannabis in 2021 has blurred the lines between nicotine and THC vaping, making enforcement and education more difficult.

In response, LPCs across Region 4 have implemented a range of interventions. School-based evidence-based programs are widely used and vape detectors have been installed in schools in towns like Stafford and Farmington. While some use detection for disciplinary deterrence, others refer students to cessation services or Juvenile Review Boards (JRBs) for restorative support. Enfield has extended vaping education to younger grades, and Ellington piloted a program offering support for youth caught vaping either nicotine or cannabis.

Youth-led prevention efforts have expanded as well. Initiatives such as WE HOPE in Wethersfield and the New Britain LPC have empowered youth advisors to lead peer-based education campaigns, with technical assistance and peer learning opportunities provided by the RBHAO. In 2024, Juul Settlement funds enabled Amplify and the other four RBHAOs to conduct regional needs assessments focused on youth vaping. Additionally, with support from DMHAS Cannabis funding, Amplify awarded two grants to pilot local prevention

strategies. These combined efforts contributed to the formation of the Regional Cannabis and Vaping Workgroup (RCVW), further strengthening regional coordination and collaboration.

The region's commitment to suicide prevention is equally robust, led by the **Regional Suicide Advisory Board (RSAB)**. By aligning local efforts with the [Connecticut Suicide Advisory Board and State Suicide Prevention Plan](#), the RSAB builds a safety net across all 37 towns. Amplify convenes bimonthly RSAB meetings that include expert-led presentations and collaborative discussions to strengthen suicide prevention strategies and infrastructure. The RSAB promotes postvention planning and fosters cross-sector collaborations, ensuring a coordinated, effective response to suicide risk. Additionally, the RSAB connects local community leaders with crisis resources such as Mobile Crisis Intervention Services (child and adult), the Urgent Crisis Center, the Regional Crisis Teams (RCT), and animal-assisted/K9 crisis response.

Recognizing the growing public health impacts of gambling, the **Regional Gambling Awareness Team (RGAT)** includes partners from healthcare providers, faith communities, education, law enforcement, veterans, and peer recovery specialists with direct lived experience to tackle problem gambling related harms. Through training, stigma reduction campaigns, and advocacy, the RGAT increases community awareness and strengthens the region's capacity to promote responsible gambling policies and peer recovery supports. The ongoing collaboration among RGAT members strengthens the region's capacity to address gambling disorder and related behavioral health issues, ensuring that services are accessible, responsive, and tailored to the needs of all Region 4 communities. By focusing on stigma reduction and connection to care, RGAT plays a vital role in fostering a regional system that supports individuals and families impacted by problem gambling.

Launched in 2025, the **Regional Cannabis and Vaping Workgroup (RCVW)** enhances regional coordination among schools, prevention coalitions, behavioral health providers, and youth-serving organizations. The workgroup plays a dual role by advancing youth vaping and cannabis prevention efforts while also supporting coordination around responsible adult-use cannabis education. The workgroup meets monthly to exchange best practices, promote data-driven planning, and to coordinate outreach efforts that enhance the region's

prevention infrastructure. Overall, the RCVW strengthens the region's ability to address the complex landscape of youth substance use and promotes public health and safety in the context of adult cannabis legalization.

The active participation of **Youth Peer Advocates (YPAs)** further distinguishes Region 4's prevention landscape. Youth Peer Advocates (YPAs) play a vital role in shaping prevention, intervention, and recovery efforts for mental health, substance use, and suicide among young people in Region 4. As individuals with lived experience, YPAs offer authentic peer-to-peer support that fosters connection, reduces stigma, and promotes resilience. While not clinicians, YPAs fill an essential gap by building trust and creating safe spaces for open dialogue, particularly in settings where traditional services may feel inaccessible or stigmatizing.

YPAs actively contribute to the planning and delivery of youth-focused prevention programs, ensuring that services are relevant and empowering. Their involvement strengthens program effectiveness by elevating youth voice and modeling help-seeking behaviors for their peers. Through collaboration with schools, youth-serving organizations, and regional workgroups, Youth Peer Advocates have become an important asset in advancing behavioral health outcomes across Region 4.

The **Windsor Mental Health Alliance**, formed through a five-year grant from the Windsor Public Health Department, promotes mental wellness and suicide prevention locally. A 2025 community health needs assessment found that social isolation and loneliness were among the top mental health concerns. More than half of respondents, primarily adults aged 65 and older, were unaware of the 988 Suicide & Crisis Lifeline. The Alliance aims to address these gaps through community education, improved resource awareness, and service connection.

The CT Collaborative to End Loneliness, led by the nonprofit For All Ages, brings together statewide partners to combat loneliness and social isolation, particularly among older adults. The initiative promotes intergenerational programming and social health education to reduce stigma and improve mental and physical wellbeing. Activities foster community connection and support mental health, particularly for older adults who may experience high rates of social isolation

Treatment

Honor Wellness is a nonprofit mental health provider that offers outpatient and intensive services specifically for first responders, veterans, and their families. Treatment addresses trauma, addiction, and co-occurring mental health issues using evidence-based, culturally responsive approaches. Recently, Honor Wellness expanded its services by receiving licensure for intensive outpatient (IOP) and partial hospitalization (PHP) programs, further enhancing treatment access for high-risk populations.

The **Way to Go Program** is a transportation connection service through Amplify Inc. This service connects older adults, veterans, and people with disabilities to appropriate transportation options through one-on-one phone conversations, as well as an online website platform. The program is run by the regional mobility manager that is part of a large, statewide transportation group. The mobility manager also travels and attends regional meetings and events to reach priority populations.

The MindMap CT initiative focuses on early detection and intervention for first-episode psychosis (FEP). It provides care coordination and support services for individuals experiencing symptoms linked to schizophrenia or other psychotic disorders. In response to increased cannabis use and its potential connection to psychosis in youth, MindMap collaborates with RBHAOs on education and awareness campaigns. The program assigns Early Detection and Assessment Coordinators (EDACs) to each of the five regions, ensuring consistency in outreach and referral systems. The EDACs play a vital role in Connecticut's early psychosis intervention system. EDACs manage a confidential referral line, conduct screenings for symptoms of psychosis, and connect eligible individuals to appropriate care. They work closely **with Local Mental Health Authorities (LMHAs)** to ensure quick access to outpatient services and provide ongoing education, support, and follow-up to individuals and families to promote engagement in treatment. Wheelers **Bettor Choice Gambling Treatment Program** offers confidential outpatient services, peer recovery support, and financial counseling for individuals and families affected by problem gambling. In recent years, Wheeler expanded its addiction Center of Excellence to integrate primary care, peer support, and outreach efforts, reinforcing its commitment to holistic, client-centered care.

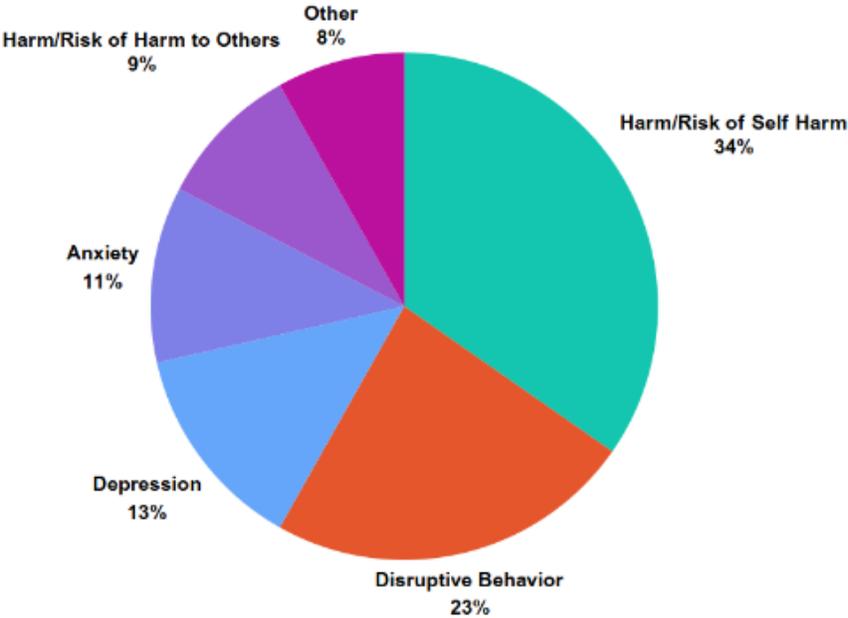
The **Changing Pathways program** is a critical asset to Connecticut's efforts in addressing the opioid crisis, offering an innovative model that integrates medication-assisted treatment (MAT) with peer recovery support. Launched in Region 4 in 2018, through a partnership with Carelon and the Connecticut Behavioral Health Partnership (CT BHP), the program is designed to enhance engagement in treatment and reduce overdose rates. Changing Pathways initiates medication assisted treatment (MAT) such as methadone, buprenorphine, or naltrexone at the point of care, allowing individuals to begin treatment immediately without the delays associated with traditional detox protocols. A defining feature of the program is the involvement of certified peer specialists, individuals with lived experience of addiction, who provide education, guidance, and emotional support from the point of admission through 90 days post-discharge. This peer engagement fosters trust, improves treatment adherence, and supports long-term recovery. Upon discharge, participants are seamlessly connected to local outpatient providers to continue their MAT regimen, ensuring critical continuity of care. The program's impact has been substantial. Recent data indicate that participants experienced a 48% reduction in withdrawal management episodes, a 58% decrease in behavioral health emergency department visits, a 25% reduction in inpatient hospital days, and an impressive 79% reduction in overdose rates.¹⁶ Moreover, MAT adherence rates nearly triple following discharge, underscoring the program's effectiveness in promoting recovery and preventing relapse. Changing Pathways services are available through key healthcare facilities in Region 4 including Rushford, Intercommunity, Inc., and the inpatient psychiatric units at Saint Francis Hospital and the Institute of Living (Hartford Healthcare).

Urgent Crisis Centers (UCCs) are specialized facilities designed to provide immediate, short-term care for children and adolescents experiencing behavioral health crises. UCCs offer an alternative to emergency departments by delivering rapid stabilization, assessment, and connection to ongoing services in a safe, youth-friendly environment. They play a critical role in addressing mental health needs before they escalate into more serious emergencies.

¹⁶ [Carelon Changing Pathways for Opioid Recovery](#)

In Region 4, the **Village for Families and Children's Urgent Crisis Center** serves as a vital asset to the community. Since its opening, the center has treated 970 youth, offering urgent, community-based interventions for children in crisis. The Village's UCC helps reduce the strain on hospital emergency rooms, supports families during highly stressful moments, and provides immediate access to mental health care. Its presence significantly strengthens Region 4's behavioral health system by ensuring that young people receive timely, compassionate, and effective crisis stabilization services close to home. Below depicts the presenting problems of the youth that were treated at the Village.

Figure 10: The Village Urgent Crisis Center Presenting Problem Data



Recovery

Advocacy Unlimited (AU) is a statewide organization providing peer-led, recovery-focused mental health support. Its services are holistic and trauma-informed, grounded in the perspectives of individuals with direct lived experience. Programs include the Recovery Support Specialist (RSS) Training for state certification, continuing education, and peer support programs like the Bridger Program, Hearing Voices Network, and Alternatives to Suicide. Youth-specific programs, such as Join Rise Be, engage younger audiences in advocacy and recovery. Over the past two years, AU launched a new

peer/recovery certification program to expand the state's peer workforce and meet the demand for recovery supports.

The **Connecticut Community for Addiction Recovery (CCAR)** is an important asset to Region 4, providing peer-led services that support individuals and families affected by substance use disorders. Through recovery coaching, community centers, telephone and virtual support, and employment services, CCAR helps individuals build and maintain long-term recovery. Their focus on lived experience, person-centered care, and stigma and reduction strengthens the region's behavioral health system and promotes a stronger, recovery-oriented community.

NAMI Connecticut (National Alliance on Mental Illness – Connecticut) is a statewide nonprofit organization dedicated to improving the lives of individuals and families affected by mental illness through support, education, and advocacy. NAMI CT offers a wide range of peer-led programs, including support groups, educational workshops, and family-to-family training, all designed to reduce stigma and empower communities. Its strong presence in the region helps bridge gaps between clinical services and community-based supports, ensuring individuals with lived experience have access to recovery-oriented care and a strong advocacy voice.

The Gloria House is a residential peer-run respite program located in New Britain. This 4-bedroom house is the first of its kind in Connecticut offering voluntary, short-term respite for adults 18 +, experiencing mental health, addiction, or trauma occurrences. Funded by the state of CT, The Gloria House is an alternative to traditional psychiatric facilities and run by peers with lived experience ready to offer support and encouragement in a safe, comfortable home environment for up to 7 days. Their mission is to create a brave space in which Respite Guests can find the connection and support needed to navigate emotional distress and turn a difficult time into an opportunity to learn, heal and grow. With 24/7 peer support, guests are allowed to come and go as they please, have their own private bedroom, have visitors and most importantly an opportunity to rest and regroup.

For a comprehensive listing of regional resources, please visit Amplify's resource webpage: [Resources - Amplify](#).

Other Needs Assessments and Funding

The following table summarizes existing funding streams, at the RBHAO level, which address the identified priority areas.

Figure 11: Summary of Needs Assessment Priorities in Region 4

Needs Assessment Initiative/Project	Focus Area of Initiative/Project	Identified Priority (Issue and Population of Focus)
Needs Assessments		
R4: Amplify Assessment of Vaping of Nicotine, May 2024	Vaping of Nicotine	Youth and young adult vaping nicotine in Region 4.
R4: Amplify Cannabis Needs Assessment, June 2024	Cannabis Use	Youth (under 21) and adult (21+) use of cannabis in Region 4.
R4: Amplify Alcohol Assessment, 2024 (“general funds”)	Alcohol Use	Adult (men, first responders, women) use of alcohol in Region 4.
R4: Amplify Partnership for Success 2022	Alcohol Use	Youth alcohol use in the towns of Bolton, East Hartford, and East Windsor.
Youth Gambling and Gaming Assessment, 2023 (*send Alley copy of this please as refresher)	Gambling and Gaming	Youth gambling and gaming in the state of Connecticut.
Strategic Plans		
Alcohol Strategic Plan	Actionable steps to address alcohol misuse	Alcohol use among adults (focus on men) in Region 4.
Cannabis Strategic Plan	Actionable steps to address cannabis misuse	Cannabis use among youth and young adults in Region 4.
Nicotine (JUUL) Strategic Plan	Actionable steps to address nicotine use	Nicotine use among youth and young adults in Region 4.
Opioid Strategic Plan	Actionable steps to address opioid misuse	Opioid use and fear of fentanyl exposure and accidental poisoning in Region 4.
Problem Gambling Strategic Plan	Actionable steps to address problem gambling	Problem gambling and gaming among youth in Region 4.
Suicide Strategic Plan	Actionable steps to address suicide	Suicide among men in Region 4.

Figure 12: Summary of Current Funded Priorities in Region 4

Initiative/Project Name	Funding Source	Time Period	Priority Issue and Population of Focus
Cannabis Prevention	DMHAS	3/1/2024-6/30/2026	Prevention of cannabis use in youth and adults.
CT Partnership for Hope and Healing (PH2)	SAMHSA/DMHAS	9/1/2024-6/30/2028	Suicide prevention in a Region 4 CT public school district (Vernon public schools).
General Funds	DMHAS	12/1/23-6/30/2025	Prevention of alcohol use in adults (men, first responders, women) in Bolton, East Hartford, and East Windsor.
JUUL/ Vaping Prevention	DMHAS	5/1/2024-9/30/2025	Prevention of nicotine vaping in youth under 21.
Partnership for Success (PFS)	SAMHSA/DMHAS	4/30/23-9/30/2027	Prevention of alcohol use in youth (12-17) in Bolton, East Hartford, and East Windsor.
Prescription Drug Overdose (PDO)	DHMAS	7/15/2024-8/30/2028	Reduction of prescription/opioid overdose related deaths and adverse events for youth and adults.
Problem Gambling Services (PGS)	DHMAS	7/1/2024-6/30/2027	Gambling prevention, education and community awareness for youth and adults.
Regional Behavioral Health Act Organization (RBHAO)	DHMAS	7/1/24-6/30/27	Operation of RBHAO in Region 4.
Regional Suicide Advisory Board (RSAB)	DHMAS	3/1/23-8/31/25	Prevention and Postvention of suicide of adults.
Regional Suicide Advisory Board (RSAB- DCF)	DCF	1/1/24-9/30/26	Prevention, intervention and postvention of suicide for children, adolescents, and emerging adults.
Ryan White	City of Hartford DHHS	3/1/25-2/28/26	Improve health and quality of life for those with HIV and AIDS.
State Opioid Response (SOR)	DHMAS	9/30/24-9/29/27	Increase awareness of the dangers of opioid use disorders in youth and adults.
Substance Endangered Children (SEC)	DCF	10/1/24-9/30/27	Prevention of substance endangered children.
Way to Go	CT DOT	7/1/24-6/30/27	Transportation options for adults with heavy focus on senior citizens

Regional Resource Gaps and Needs

While Region 4 benefits from a strong behavioral health service continuum, feedback from community stakeholders indicates that important gaps and unmet needs still persist. This section outlines the critical areas where services, infrastructure, and systems are insufficient to fully meet the region’s behavioral health priorities. Drawing on input from key informants, focus group participants, and supporting quantitative data, it identifies specific domains where additional investment, improved coordination, and innovative approaches are needed to strengthen the region’s overall capacity to support individuals and families.

Figure 13: Summary of Resource Gaps and Needs in Region 4

Gap/Need	For Whom/What Group	Rationale/Evidence
Alcohol-Related Gaps and Needs		
Increasing awareness of risk factors for alcohol use disorder	Adults (21+)	Key informant interviews
Low perception of harm associated with alcohol use	Youth (12-17)	Key informant interviews, Alcohol Needs Assessments
Adult/Youth alcohol use data/survey	Youth (12-17), Adults (21+)	Current lack of regional alcohol-related data
Minimal targeted outreach to high-risk populations	Middle-aged men, unhoused individuals, youth, and young adults	Key informant interviews
Cannabis-Related Gaps and Needs		
Tools to test level of cannabis intoxication	Law Enforcement (Police)	Currently no tools for police to test level of cannabis intoxication
Treatment and recovery services for cannabis use	Youth (12-17), Young adults (18-25), Adults (26-64)	Key informant interviews, focus groups
Opioid-Related Gaps and Needs		
Addressing stigma treatment/recovery for opioid use disorder	General population (Adults, college students)	Key informant interviews, focus groups
Access to quality and culturally responsive care for OUD	Populations for whom English is not their primary language	Key informant interviews
Vaping-Related Gaps and Needs		
Nicotine cessation & treatment programs	Youth (12-17)	Key informant interviews, vaping needs assessment
Community Engagement with Parents for Stronger Prevention Efforts	Parents	Focus groups, key informant interviews, attendance records
Reduce youth access to nicotine products	Youth (12-17), Young adults (18-20)	Key informant interviews, environmental scans, vaping needs assessment
Safe Disposal of EVPs	General Public	Key informant interviews

Mental Health-Related Gaps and Needs		
Outpatient services	Youth (12-17)	Key informant interviews, R4 survey
Inpatient psychiatric care	Youth (12-17), Young adults (18-25), Adults (26-64)	Key informant interviews, R4 survey
Emergency/Crisis services	Young children (<11), Youth (12-17)	Key informant interviews, R4 survey
Peer/Recovery supports	Young adults (18-25), Adults (25-64)	Key informant interviews, R4 survey
Suicide-Related Gaps and Needs		
Addressing high-risk populations in prevention efforts	Veterans, First Responders, Middle-aged Men	Key informant interviews
Addressing stigma and promoting male voices in suicide prevention	Young men (18-34)	Key informant interviews
Age-appropriate mental health services	Young children (<11), Youth (12-17)	Key informant interviews
Suicide Prevention training in Master Level Programs	New Clinicians	Key informant interviews
Gambling-Related Gaps and Needs		
Funding for New Clinicians to Provide Gambling Treatment	Treatment Providers	Key Informant Interviews
Gambling Disorder Treatment Workforce Development	Treatment Providers	Key Informant Interviews
Lack of Ability to Bill Insurance for Gambling Disorder Treatment	People affected by gambling disorder	Key Informant Interviews
Problem Gambling Information in Mental Health Curriculums	Students in K-12	Key Informant Interviews

Alcohol-Related Gaps and Needs

A significant gap in alcohol prevention in Region 4 is the **lack of targeted outreach to individuals who drink socially but may be at risk for harmful use**. These individuals often do not perceive their behavior as problematic, as their consumption aligns with cultural norms and social expectations. Tailored education, brief intervention services, screening programs, and community-based support could help raise awareness about the risks of consistent alcohol consumption before it escalates to dependence.

A continuing challenge in Region 4 is the need to address **low perceived harm related to alcohol use**. Youth often view drinking as socially acceptable and relatively harmless, perceptions reinforced by peer norms, adult behavior, and media messaging. Among adults,

alcohol is widely seen as a normal part of socializing and stress relief, with prevention efforts lacking cultural relevance and credibility. Current messaging fails to engage youth meaningfully, as they are not often actively engaged in its development, and there are insufficient resources and training for parents, caregivers, and community leaders to provide informed support.

Regional stakeholders also identified **gaps in outreach to high-risk populations**. Middle-aged men often face cultural pressure to normalize heavy drinking and are less likely to seek help due to stigma. Unhoused individuals may rely on alcohol as a coping mechanism, given its legality and accessibility. Youth and young adults often receive abstinence-focused messaging that lacks practical guidance on responsible use. More tailored, targeted strategies are needed to engage these groups and address their specific risks.

There is a **need for comprehensive survey data on adult alcohol use** to capture patterns, contexts, and motivations across the lifespan. Although youth alcohol use is routinely measured, adult drinking, particularly among social drinkers, remains largely overlooked. Without this critical data, prevention efforts risk overlooking key populations and missing key populations and opportunities for early intervention.

Cannabis-Related Gaps and Needs

“Many report their first usage being in early teens, some as young as 10. It’s a lot harder to stop using after using for so long... so addressing someone’s cannabis usage at 18 years old, when they’ve already been using for several years is challenging. Addressing earlier may provide a better impact.”

-Region 4 Mental Healthcare Provider

Informants emphasized that **cannabis treatment and recovery services** in Region 4 are insufficient. There is a lack of cannabis-specific cessation programs and peer-led support options; for instance, Marijuana Anonymous offers only virtual

meetings, with no in-person sessions in Connecticut. Stakeholders also noted that individuals with cannabis use disorder are often treated for co-occurring conditions like depression or anxiety, causing cannabis dependence to be overlooked. Without standardized screening tools or dedicated treatment protocols, cannabis use is frequently

under-identified and inadequately addressed. Expanding cannabis-specific services and integrating screening into pediatric, primary, and women’s health care setting was identified as a key need for the region.

Cannabis-impaired driving remains a critical enforcement challenge in Region 4.

Unlike alcohol, there is no validated roadside testing device to detect cannabis intoxication in real time, leaving law enforcement reliant on blood toxicology screenings that can only be conducted after detainment. This gap is compounded by legislative constraints such as Connecticut law prohibits initiating a traffic stop based solely on the odor of cannabis, making enforcement particularly difficult with odorless products like edibles or vapes.

Informants emphasized that the absence of effective roadside testing limits the ability to identify and deter impaired drivers. Continued investment in the development of reliable roadside testing tools, along with updated enforcement policies, is essential to improving roadway safety in the context of legalized cannabis.

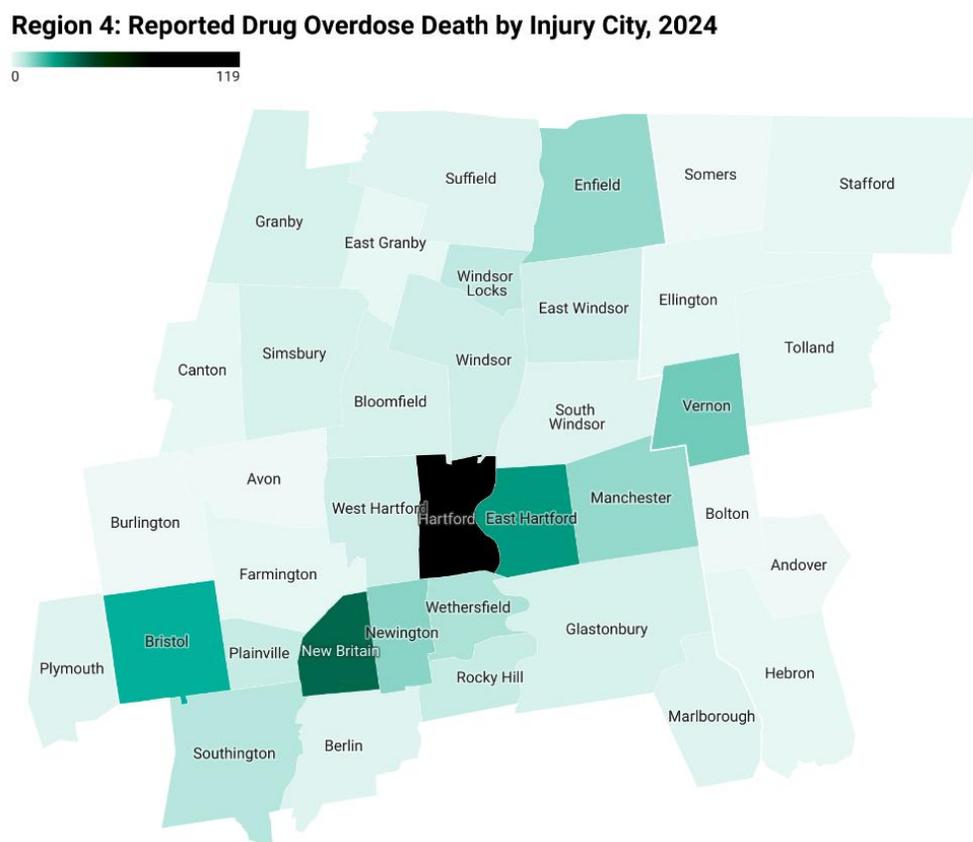
Opioid-Related Gaps and Needs

Opioid-related gaps and needs in Region 4 center on **persistent disparities in overdose rates**, limited access to tailored prevention and treatment services, and the ongoing impact of stigma. Males continue to experience significantly higher overdose death rates than females (43.4 vs. 18.9 per 100,000), with the highest rates observed among non-Hispanic Black residents (59.6 per 100,000), followed by Hispanic residents (31.5) and non-Hispanic white residents (27.9). Young adults, particularly males aged 20–29, are disproportionately affected, with 583 overdose deaths reported among individuals aged 15–24 between 2014 and 2024. Yet consistent and accessible prevention and early intervention services for this age group remain lacking.

Stigma remains a major barrier to treatment and recovery. Regional stakeholders emphasized the need to normalize conversations around opioid use disorder (OUD) as a treatable medical condition, not a moral failing. Misconceptions about OUD often prevent individuals from seeking care, delay engagement in services, and contribute to social isolation. More culturally and linguistically responsive services, especially for non-English-speaking Hispanic communities, are also needed to ensure access. The regional map below

depicts the 2024 drug overdose locations by injury city. Hotspot areas include Hartford, New Britain, East Hartford, Bristol, and Manchester, the communities within the region with the highest proportion of Hispanic residents, indicating the need for culturally appropriate care. Tailored education, stigma-reduction campaigns, and increased visibility of peer recovery support are critical to addressing these barriers and promoting pathways to recovery.

Figure 14: Region 4 2024 Drug Overdose Deaths



Created with Datawrapper

Vaping-Related Gaps and Needs

Youth in Region 4 face a **significant shortage of accessible nicotine cessation programs**, with gaps in school-based interventions and specialized counseling. While some support exists, such as SMART Recovery programs, there is a clear need for expanded training for Tobacco Treatment Specialists (TTS) and more youth-focused services free of residency restrictions or age limitations. Key informants highlighted concerns about the link

between mental health and nicotine use, noting that adolescent mental health programs are not abundant, and those addressing substance use are inadequate. Additionally, there is a lack of resources and support for parents, contributing to misconceptions about EVPs and unclear expectations around use. Youth survey data from Region 4 schools shows that only 73.5% of middle school students report having clear family rules about vaping nicotine products. Strengthening cessation programs and expanding access to support services could improve outcomes for young people trying to quit.

Parental engagement remains a persistent challenge in Region 4, with low participation in educational events and limited involvement in prevention activities. This gap is frequently observed by Local Prevention Council (LPC) staff, particularly in programs focused on vaping and youth behavioral health. Barriers such as demanding work schedules and competing responsibilities continue to limit caregiver involvement. Despite these challenges, increasing parental engagement is a critical prevention need. Evidence underscores the protective role of Positive Childhood Experiences (PCEs), particularly those that foster emotional safety, open communication, and strong caregiver-child connections. Strengthening caregiver involvement in behavioral health programming is essential to promoting long-term resilience and reducing youth substance use.

As of January 2025, Region 4 has 442 licensed electronic nicotine delivery systems (ENDS) dealers by the DCP. DMHAS's Tobacco Prevention and Enforcement Program (TPEP) yielded a 19.6% non-compliance rate for Region 4 retailers from 2023-2024, demonstrating how accessible these products are to the youth. Despite new legislation (CT Public Act No. 24-54) requiring at least one authorized owner of each ENDS dealer to take an online prevention and education training course, there is still a **persisting need to reduce access to nicotine products for youth in the region** through further control and policy efforts.

Another significant gap related to vaping in Connecticut, as well as nationwide, is the disposal of electronic vapor products (EVPs), which are considered hazardous waste due to their lithium-ion batteries as well as the nicotine itself. These batteries pose serious environmental and safety risks if not properly disposed of, as they can leak toxic chemicals, catch fire, or contaminate water sources. The Connecticut Department of Public Health (DPH) and EPA safe disposal guidelines recommend that vapes be taken

to hazardous waste facilities, which are equipped to handle such materials safely. However, a critical gap exists in Connecticut, as there are no designated hazardous waste facilities within the state that accept vapes for disposal. This lack of infrastructure creates a dilemma for consumers and retailers who are unsure of how to properly dispose of these devices, potentially leading to improper disposal practices and environmental harm. Addressing this issue by establishing appropriate disposal options or creating more accessible facilities would be an important step in mitigating the risks associated with vape waste.

Mental Health- Related Gaps and Needs

Access to consistent, high-quality behavioral health services remains a challenge in Region 4, with issues like capacity, workforce shortages, and geographic barriers affecting all levels of care. Feedback from community partners highlights the need for a more responsive and comprehensive system of care.

Youth typically enter the behavioral health system through identification by adults, such as school staff, parents, or Juvenile Review Boards (JRBs), due to issues like truancy, substance use, or emotional distress. While outpatient or intensive outpatient therapy is often recommended, youth frequently have complex needs beyond the capacity of available services. Limited youth smoking cessation options and challenges in accessing integrated treatment for co-occurring substance use and mental health issues exacerbate the problem. Many cases require long-term, coordinated approaches, which remain scarce.

Inpatient psychiatric care for both youth and adults is limited due to high demand, workforce shortages, and a lack of available beds. Region 4 is home to two hospitals that offer inpatient care: the Institute of Living in Hartford and the Hospital of Central Connecticut in New Britain. These facilities provide specialized programs but often exceed capacity, resulting in reliance on Mobile Crisis Intervention Services (MCIS) and Urgent Care Centers (UCCs). Connecticut Children's Hospital recently opened a 12-bed medical-psychiatric unit, but ARPA funding that supported the expansion expired in 2025, raising concerns about sustainability.

Mobile Crisis Intervention Services (MCIS) and Urgent Crisis Centers (UCCs) have become crucial in supporting families with acute behavioral health needs, offering timely care and alternatives to emergency room visits. The 2022 ARPA-funded expansion introduced four UCCs and the 988-crisis line, improving crisis response. However, with ARPA funding expiring in 2025, sustainable funding is essential to maintain these services.

Peer recovery services, provided by individuals with lived experience, play a critical role in supporting those affected by substance use or mental health challenges. These services leverage unique insights and empathy that come from direct lived experience to foster healing and empowerment. Even though peer recovery services are recognized as evidence-based by several national authorities (i.e., SAMHSA, CMS), they remain underfunded and under-utilized. The expansion of peer recovery services is hindered by a dependence on temporary funding streams, including federal grants and opioid settlement allocations. This reliance condones an unstable financial foundation, leaving programs vulnerable to disruption or collapse in the absence of sustained funding streams. In addition, the lack of consistent insurance reimbursement mechanisms undermines efforts to integrate peer services into the broader continuum of care. Despite their demonstrated efficacy, peer recovery services remain underleveraged in Connecticut.

Suicide-Related Gaps and Needs

Region 4 continues to face significant gaps in mental health access for high-risk adult populations, particularly veterans, first responders, and middle-aged men. These groups experience an elevated risk of suicide yet remain underrepresented in services due to stigma and systemic barriers. While 57% of women in Connecticut report receiving mental health care, only 42% of men with mental illness do, despite men dying by suicide at four times the rate of women.¹⁷ In Region 4, men account for 74% of suicide deaths, underscoring a critical disconnect between need and access.¹⁸

Stigma remains a pervasive barrier, especially among men, youth, and professionals in fields that discourage emotional vulnerability. Young men in focus groups described

¹⁷ [National Institute on Mental Health, Mental Illness, 2024](#)

¹⁸ [Connecticut Violence Death Reporting System \(CTVRDS\), 2023-24](#)

reluctance to disclose mental health concerns due to fear of judgment and a lack of visible role models. Youth also reported a need for stronger adult connections, with only 46% of students indicating they have someone to talk to about mental health.¹⁹ Regional stakeholders emphasized gaps in male representation within the behavioral health workforce and the need for more male-led, help-seeking messaging. In addition, men remain underrepresented in data collection efforts, limiting the ability to tailor effective prevention strategies.

Among youth, growing levels of mental health distress point to critical service gaps. Stakeholders cited social media as a key driver of anxiety, depression, and low self-esteem, with school nurses reporting increased visits for stress-related symptoms. Youth Voices Count aggregate survey data from Region 4 school districts show that 27% of students in grades 6–12 experience persistent anxiety, and 22% report prolonged sadness or hopelessness.¹⁴ These findings highlight a need for enhanced supports, including stronger school-family partnerships, clearer policies on cell phone use, and increased adult engagement in students' lives.

Efforts to build system capacity are ongoing, but gaps in workforce training and coordination persist. Suicide prevention initiatives include postvention training for educators, first responders, and municipal staff, alongside public awareness, and anti-stigma campaigns. However, a need remains to strengthen linkages to regional and statewide resources such as Regional Suicide Advisory Boards (RSABs), Regional Crisis Teams (RCTs), Urgent Crisis Centers (UCCs), and Mobile Crisis Intervention Services (MCIS). Postvention services for adults and survivors of suicide loss remain limited, despite improvements in youth-focused initiatives.

Gambling-Related Gaps and Needs

Region 4 stakeholders identified substantial **gaps in Connecticut's ability to address problem gambling**, citing underfunding, limited workforce capacity, insufficient insurance coverage, and a lack of youth prevention education. These challenges have become more

¹⁹ [Amplify Youth Anxiety Review, 2020](#)

urgent since the legalization of online sports betting in 2021, which has increased demand for services.

Funding limitations remain a core issue. Problem gambling receives a disproportionately small share of behavioral health resources, with most funding directed toward maintaining existing services as opposed to expanding capacity of certified gambling clinicians. This has contributed to a shortage of trained clinicians, as there are few financial incentives to enter the field. The state currently struggles to meet the needs of an estimated 50,000 residents with gambling disorders, according to a 2022 DMHAS prevalence study.²⁰

While treatment access has improved modestly, and some providers report completing intakes within 48 hours, **overall capacity remains limited**. The Connecticut Council on Problem Gambling (CCPG) supports access through its helpline and referral services; however, broader systemic barriers persist.

Workforce development continues to be cited as a major gap. Connecticut has very few certified gambling clinicians, and limited training pathways exist. Existing programs offered by CCPG and national organizations often focus on general awareness rather than clinical specialization. Higher education institutions, including UConn's School of Social Work, do not offer dedicated tracks in gambling treatment, leaving the state ill-equipped to respond to growing service demands.

Insurance coverage presents a critical barrier to treatment. Although gambling disorder is recognized as a behavioral addiction, private insurers, including major providers like Anthem and Cigna, exclude coverage of treatment for gambling from their standard behavioral health plans. Medicaid provides limited coverage, and eligibility restrictions further limit access to care. While state funding (DMHAS) helps offset treatment costs, broader reforms are needed to improve access to care.

Youth prevention represents a significant unmet need. Gambling education is notably absent from the Connecticut State Department of Education's health curriculum, and Region 4 school districts currently lack gambling-specific content. As sports betting and social media increasingly target younger audiences, students are left particularly vulnerable.

²⁰ Gemini Research: Impacts of Legalized Gambling in Connecticut, 2024

Alarming, the CCPG reported a **15% increase in helpline calls** from individuals under the age of 21 between 2021 and 2023, signaling a **rise in youth-gambling**.²¹

These gaps highlight the need for targeted investments in workforce development, insurance reform, parent education, and school-based prevention initiatives to build a more responsive and effective gambling prevention and treatment system.

Progress and Promising Trends

On a positive note, Region 4 and Connecticut have made measurable progress in behavioral health.

Alcohol:

While alcohol remains culturally ingrained, shifting attitudes are evident. Nationally, 38% of adults report not drinking, often for health or personal reasons²². Research also questions alcohol's social benefits, and Connecticut has seen a decline in excessive alcohol use (from 17.6% in 2019 to 16.3% in 2020)²³. The rise of non-alcoholic options expanded mocktail menus, and increased use of rideshare services reflect a broader trend toward safer consumption. Public safety improvements, including wrong-way detection systems, further support this shift.

Cannabis:

Region 4 has strengthened its cannabis prevention infrastructure through statewide coordination, monthly DMHAS-led cannabis coordinator meetings, localized initiatives, and statewide messaging campaigns (*Be in the Know*). Two Region 4 communities now receive cannabis coalition grants to support both youth prevention and adult safe-use strategies. Law enforcement also cited youth driving restrictions as effective in reducing cannabis-impaired driving.

²¹ Statewide Regional CCPG Helpline Data, 2024

²² 2023 Alcohol Gallup Poll

²³ Connecticut Behavioral Risk Factor Surveillance System (BRFSS), 2020

Opioids:

Connecticut has seen a steady decline in opioid-related harm. Unintentional overdose deaths fell from 1,531 in 2021 to a projected 1,035 in 2024.²⁴ Emergency department visits decreased from 162.7 per 100,000 in 2021, to 128.3 per 100,000 in 2023.²⁵ Prescription rates have decreased by more than half from 2014 to 2023. These gains reflect the impact of investments in treatment, recovery, and harm reduction. However, the ongoing threat of fentanyl and emerging substances highlights the need for continued vigilance, culturally responsive care, and community-based education.

Vaping:

Enforcement and education have improved the region's response to youth vaping. TPEP compliance checks have strengthened retail accountability, and Public Act No. 24-54 now requires training for ENDS retailers. Schools are adopting restorative practices, such as SMART Recovery programs, that support prevention and cessation. There is growing commitment among school personnel to address the connection between mental health and nicotine use.

Mental Health:

Mental health indicators in Connecticut show encouraging progress among adults, with anxiety and depression symptoms falling to under 22% by mid-2024, down from a peak of 41.8% during the pandemic. Increased access to telehealth, school-based supports, and Medicaid-funded services has helped boost treatment engagement.²⁶ Regional task forces are playing a key role in outreach and advocacy for a more accessible and inclusive system.

In contrast, youth mental health challenges, particularly anxiety, continue to rise. However, growing collaboration among educators, providers, and community organizations reflects a promising shift toward proactive, prevention-focused support. These efforts emphasize the

²⁴ Fatal Unintentional and Undetermined Intent Drug Overdose Report, Connecticut, DPH, Jan. 2025

²⁵ Count of Emergency Department Visits for Suspected Opioid Overdose, DPH, 2023

²⁶ U.S. Census Bureau Household Pulse Survey

importance of trusted adults and safe environments that promote positive childhood experiences, fostering resilience and well-being for young people.

Suicide Prevention:

Efforts to prevent suicide in Region 4 are gaining momentum. Amplify’s regional coordination has supported training, stakeholder engagement, and post-crisis reintegration efforts in schools. Use of evidence-based tools like QPR and CAMS is expanding, and the integration of school, provider, and crisis team efforts reflects a more unified regional response.

Gambling:

Amplify has expanded gambling prevention through the addition of a full-time Problem Gambling Coordinator. Youth engagement has grown through projects like the Youth Media Project, and cross-sector collaboration has strengthened via the Regional Gambling Awareness Team. Joint outreach with the Regional Suicide Advisory Board now targets veterans, Asian American Pacific Islander (AAPI) communities, and LGBTQ populations with culturally responsive materials and resources.

These collective efforts highlight a regional shift toward safer behaviors, stronger prevention systems and care. Continued investment and collaboration will be key to sustaining this progress.

Priorities, Recommendations, and Regional Goals

Regional Priorities

The figure below presents results from the 2024–25 Stakeholder Survey, which asked respondents to rank ten mental health and substance use issues by level of concern across five age groups: infants and young children (under 11), youth (12–17), young adults (18–25), adults (26–65), and older adults (65+). The rankings by age group are shown below:

Infants/ Young Children (<11)	Youth (12-17)	Young Adults (18-25)	Adults (26-65)	Older Adults (65+)
Anxiety	Anxiety	Alcohol	Alcohol	Depression
Trauma	Depression	Anxiety	Depression	Alcohol
Depression	Tobacco	Cannabis	Anxiety	Anxiety
Alcohol	Alcohol	Depression	Cannabis	RX Misuse
Tobacco	Cannabis	Tobacco	Tobacco	Tobacco
Cannabis	Trauma	Trauma	RX Misuse	Trauma
Suicide	Suicide	RX Drug Misuse	Trauma	Cannabis
RX Misuse	RX Misuse	Suicide	Suicide	Suicide
Heroin/ Fentanyl	Heroin/ Fentanyl	Heroin/ Fentanyl	Heroin/ Fentanyl	Cocaine/ Crack
Cocaine/ Crack	Cocaine/ Crack	Cocaine/ Crack	Cocaine/ Crack	Heroin/ Fentanyl

The Regional Priority Workgroup (RPW) reviewed survey results, focus group themes, and key informant interviews to identify regional priorities using four criteria: prevalence, severity, changeability, and the consequences of inaction. This process led to the identification of Region 4’s priority needs. For 2025, top mental health priorities remain **suicide, depression, and anxiety**, while leading substance-related concerns include **alcohol, cannabis, and heroin/fentanyl**.

The resulting priorities are outlined below:

Figure 16: Summary of Identified Priorities in Region 4

Focus Area	Rationale/Considerations	Population(s) of Focus
Substance Use: Alcohol	High prevalence, severity, consequence of inaction and low changeability	Men, Youth (12-17)
Substance Use: Cannabis	Very high prevalence, high severity and consequence of inaction, and low changeability	Youth (12-17), Young adults (18-25), Parents
Substance Use: Heroin/Fentanyl	Very high severity, high consequence of inaction, medium prevalence, and changeability	Men, middle-age, Black
Mental Health: Anxiety	Very high prevalence, high severity, and consequence of inaction, and medium changeability	Youth (12-17), Older adults (65+)
Mental Health: Depression	Very high prevalence and severity, medium consequence of inaction and changeability	Youth (12-17), Adults, Older adults (65+)
Suicide Prevention	Very high severity and consequence of inaction, high prevalence (including suicidality), and medium changeability	Men (35-64, non-Hispanic White)
Problem Gambling	High prevalence, severity, and consequence of inaction	School-age youth (12-17), Young adults (18-25)

Recommendations

Based on the identified priorities, recommendations were crafted across the domains: substance use/misuse prevention, substance use/misuse treatment/recovery, mental health promotion, mental health treatment/recovery, suicide prevention, problem gambling, and state/system improvements.

The recommendations are as follows:

Figure 17: Summary of Regional Recommendations: Region 4

Area/ System of Focus	Recommendation	Rationale	Involved Parties
Substance Use/Misuse Prevention*	As part of a comprehensive substance use prevention strategy to address impaired driving risks associated with legalized cannabis: 1) Review and discuss available impaired driving fatality/crash data with key partners (DOT, DMV) with a focus on incidents that involve alcohol and other substances (cannabis). 2) Prioritize investment in reliable roadside testing technologies and modernized enforcement policies to enhance public safety and support prevention goals by reducing cannabis-related harm on roadways.	Roadway safety was cited among Region 4 report informants as a key area of concern. Unlike alcohol, there is no validated roadside testing device to detect cannabis intoxication in real time, leaving law enforcement reliant on blood toxicology screenings that can only be conducted after detainment. The lack of Connecticut laws in the context of legalized cannabis is a critical gap.	CT General Assembly, law enforcement, DOT, DMV, RBHAO (Amplify)
Substance Use/Misuse Treatment/Recovery*	Continue to promote the Changing Pathways program with hospitals/emergency departments and other access points in the behavioral health delivery system (OP/IP)	Programs like Changing Pathways are needed to offer earlier intervention and alternative treatment approaches to traditional systems. This program has proven results and offers a flexible, client-centered model available through multiple access points.	DMHAS, CTBHP/Carelon, RBHAO (Amplify)
	To support early identification and intervention for	While Region 4 is home to roughly a quarter of the vape	RBHAO (Amplify), CHDI, primary care,

	<p>substance use among youth, including vaping, Region 4 should:</p> <ol style="list-style-type: none"> 1) Continue to promote the implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) using the CRAFFT screening tool in primary care settings. 2) Expand capacity of tobacco treatment specialist (TTS) and access to youth-focused cessation programs 3) Promote public education efforts that emphasize the link between nicotine use and mental health challenges, with a focus on parents/trusted adult. 	<p>shops in CT, it has a shortage of accessible nicotine cessation programs. Key informants highlighted concerns about the link between mental health and nicotine use. Youth survey data from Region 4 schools shows that only 74% of middle school students report having clear family rules about vaping nicotine products. Embedding A-SBIRT into routine healthcare visits allows providers to proactively identify and address substance use concerns.</p>	<p>DMHAS, DCF, DPH</p>
<p>Mental Health Promotion*</p>	<p>Develop a “trusted adults for healthy futures” campaign that empowers parents and other adults in various sectors of the community to advocate for youth-wellbeing, resulting in enhanced social connection, parental engagement, and community-wide responsibility for youth wellbeing.</p>	<p>Regional data and community feedback highlight the opportunity to support parents and other trusted adults in addressing the low perception of harm and increasing adult guidance around youth use of nicotine, alcohol, cannabis, and social media. Strengthening parental engagement and leadership is essential to promoting healthier choices and behaviors among young people.</p>	<p>Parents/trusted adults, RBHAO (Amplify), law enforcement, LPCs, healthcare providers, businesses/retailers</p>

<p>Mental Health Treatment/Recovery*</p>	<p>Expand outpatient care and support for recovery support services to reduce waitlists, increase continuity of care and prevent the need for emergent/urgent types of care.</p>	<p>Although Region 4 benefits from strong, high-quality community-based clinical and peer support providers, informants consistently report that outpatient care and peer support services are "unavailable or inadequately provided." This underscores the pressing need to expand service capacity to ensure broader access to the high-quality care already available.</p>	<p>CT DMHAS, Region 4 community-based clinical and peer support programs, all insurance payer types</p>
<p>Suicide Prevention*</p>	<p>Prioritize the behavioral health of our communities by committing to permanent funding for crisis response services in Region 4 including mobile crisis across the lifespan, 988, and the Urgent Crisis Center at the Village for Families and Children</p>	<p>Providers consistently report the need for stable funding due to long waitlists for outpatient and intensive services, leaving crisis teams to manage ongoing care beyond their scope. Only 50% of CT residents are aware of 988, highlighting the need for sustained public education. UCCs have proven to be an effective ED diversion option achieving nearly 100% pediatric treatment completion with positive outcomes across racial and ethnic groups.</p>	<p>Providers and RBHAO (Amplify)</p>
<p>Problem Gambling*</p>	<p>Implement a targeted digital awareness campaign to counteract aggressive gambling</p>	<p>Adults aged 18+ are targeted by aggressive gambling</p>	<p>Amplify/RBHAO, DMHAS-PGS</p>

	<p>advertisements, reaching at least 10,000 adults aged 18+ through social media, regional billboards, and newsletters. Campaign content will be developed in collaboration with individuals with lived experience, regional and state partners while being culturally relevant. All materials will be accessible in English, Spanish, and Portuguese to reach the greatest proportion of individuals. Effectiveness will be measured by engagement metrics and post-campaign surveys assessing awareness of gambling risks.</p>	<p>advertisements, which have led to an increase in regional problem gambling helpline calls for the 18+ demographic. This group is more enticed by the idea of online gambling and casino promotions, resulting in higher rates of problem gambling, financial instability, and mental health challenges as evidenced by the increased population seeking treatment for problem gambling in the region. This campaign can work to counteract harmful advertising and create greater awareness of gambling risks.</p>	
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Figure 18: Summary of State/System Recommendations: Region 4

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 Action 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.	RBHAOs, DMHAS/ other state agencies, CPES

Regional Goals

Working from the RPW identified priorities, measurable goals were developed within the domains of substance use/misuse prevention, mental health promotion, suicide prevention, and problem gambling revolving around determined priorities.

Substance Use/Misuse Prevention

Figure 19: Region 4 Substance Use/Misuse Prevention Goal(s)

Regional Goal
Alcohol This is tied to a long-term goal of reducing alcohol consumption rates in Region 4 by 5% by 2035, as measured by a regional community survey. By June 2026, develop, and by June 2027 implement, a Region 4 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 useful for prioritization and planning and can be easily tracked with qualitative data across R4 to create a comprehensive story.
Rationale <ul style="list-style-type: none">• Alcohol has consistently been ranked by the RPW the number one (1) substance use priority during the RPR process.• Overall, the rate of alcohol-related emergency department (ED) visits in Region 4 was 74.5 per 10,000 population. This rate is lower than regions 1 and 2, but higher than 3 and 5. It appears that larger cities tend to have higher rates even when accounting for population, such as Hartford (141.4), New Britain (118.7), and Bristol (85.0).• In Region 4, the rate is higher among males (112.5) compared to females (38.5) and is particularly high among those ages 35-44 and 55-64. It was also higher among individuals who were non-Hispanic Black (NHBR) and Hispanic of any race (HAR).• There is currently no annually administered survey tool specific to the Region 4 adult (18+) population that captures data related to the nature and extent of alcohol use consequence and consumption.• The CT Crash Data Repository MMUCC dataset indicates that in 2024, there were 839 vehicle crashes involving impaired drivers that occurred in R4. These crashes resulted in 15 fatalities.
Focus Populations
Males, adults in Region 4

Mental Health Promotion

Figure 20: Region 4 Mental Health Promotion Goals

<p>Regional Goal</p> <p>Anxiety</p> <p>By the end of 2026, we will complete a comprehensive youth anxiety review, including the distribution of a survey, at least 2 focus groups, and an examination of the available data (e.g. healthcare utilization), to capture youth and adult perspectives on youth mental health and to better understand their experiences with anxiety and positive child experiences.</p>
<p>Rationale</p> <p>Per key informant interviews, focus group and coalition discussions, and surveys, region 4 stakeholders indicate concerns about youth anxiety.</p> <ul style="list-style-type: none"> • In Region 4, a significant portion of youth reported experiencing anxiety, with 39% indicating they felt anxious "almost always" or "always," and the remaining 61% experiencing it at least "some of the time" (Youth Anxiety Review by Amplify, September 2020) • 89% of educators noted increased stress among students (Annual Back to School survey) • 30% of youth were diagnosed with a mental health disorder, with anxiety as the 2nd most diagnosed condition (2023 Medicaid claims data, Region 4) • Youth voices count surveys – Region 4: <ul style="list-style-type: none"> i. 26.8% of respondents felt very anxious, nervous, tense, scared panicked or like something bad was going to happen ii. 28% of respondents say they always or almost always experience feelings of anxiety or nervousness, affecting or making things difficult for you in schoolwork, relationships, or other areas of your life. With HS students rating 5 points higher than MS iii. Females report anxious feelings always or almost always 23.8% higher than males. iv. 88.5% of males report never or some anxiety compared to 64.7% of females
<p>Focus Populations</p> <p>Youth (school age), parents in Region 4</p>

<p>Regional Goal</p> <p>Mental Health – Older adults</p> <p>Within two years, a minimum of 4 community conversation sessions focused on mental health (loneliness and isolation) among seniors will be conducted. Conversations will be held at senior centers in Region 4. Discussions will focus on how to better engage and reach seniors, perspectives on mental health, and what kind of resources can be created specifically for seniors in order in increase connectedness.</p>

Rationale
<p>Per key informant interviews, focus group and coalition discussions, surveys, and data review, region 4 stakeholders indicate concerns about older adults and their increased risk of isolation and anxiety. Through the Way to Go program in Region 4, older adults and their family members report transportation as a barrier to accessing care and in-person social connection. Loneliness is a significant predictor of depression and anxiety in older adults.</p> <ul style="list-style-type: none"> • Loneliness accounts for nearly 18% of depression cases among individuals over 50, suggesting that addressing loneliness could prevent a substantial proportion of late-life depression (National Institute on Aging) • According to the 2021 Connecticut Healthy Aging Data Report, approximately 30% of residents aged 65 and older have been diagnosed with depression, and 25% with anxiety disorders statewide. In urban centers like Hartford, these rates are even higher, with 36% experiencing depression and 27% living with anxiety disorders.
Focus Populations
Older adults, their caregivers in Region 4

Suicide Prevention

Figure 21: Region 4 Suicide Prevention Goal

Regional Goal
<p>By January 1, 2027, increase participation in the National Shooting Sports Foundation’s (NSSF) Project ChildSafe Initiative to include at least 50% of police departments in Region 4, with a focus on engaging departments in urban core and urban periphery settings that face high rates of firearm-related injuries and deaths. Progress will be measured through the Project ChildSafe participant directory and will include outreach strategies that prioritize access to firearm safety education and resources.</p>
Rationale
<ul style="list-style-type: none"> • Men have been identified as a subpopulation of concern, with 73% of suicide deaths that occurred within Region 4 in 2023 being males. Of the male deaths, 43% had the death cause of “intentional self-harm by other and unspecified firearm discharge”. • Children are another subpopulation of growing concern • Most firearm related injuries occur in males, and more specifically, in Black males. • In 2023, 51.5% of all firearm-related injuries in Connecticut were fatal with half of those fatalities being self-directed violence • Distributing free gun locks effectively encourages firearm owners to store their firearms more safely (US Gov Accountability Office report, 2017) • Program has shown that giving away a free locking device influenced behavior to store firearms more securely, whereas physician consultations alone did not have the same impact. (US Gov Accountability Office report, 2017)
Focus Populations
Adult men, law enforcement, children in Region 4

Problem Gambling

Figure 22: Region 4 Problem Gambling Goal

Regional Goal
By January 1, 2027, at least 30% of school districts or communities in Region 4 will have accepted outreach and hosted a youth gaming presentation for youth aged 12-17, to educate on gaming risks and self-monitoring strategies, as measured by regional tracking information. Gaming materials for students will be translated into commonly spoken languages in Region 4 including: Spanish, Polish, and Portuguese.
Rationale (problem statement, supported by data)
<ul style="list-style-type: none">• 41.7% of Region 4 respondents to the 2024-25 stakeholder survey who reported an age group of concern for problem gambling, selected “youth” or “youth and young adults”• According to the Youth Gambling and Gaming Assessment of 2023, approximate 30% of students in grades 6-12 in Connecticut reported due to their gaming habits that they were unable to complete their homework and get enough sleep• The social isolation impact of gaming is concerning youth, as 10.8% of youth reported that they have chosen to not spend time in person with friends because they would rather play games at home
Focus Population(s) (supported by data)
Adults age 18+, English, Spanish, and Portuguese

Conclusion

Region 4’s 2025 Regional Priority Report illustrates our collaborative commitment to improving the region’s foundation in prevention, treatment, and recovery. Through data-informed planning, cross-sector partnerships, and an expanding network of youth, peer, and community-based supports, the region has made meaningful progress in addressing substance use, mental health, suicide, and problem gambling. However, important gaps remain. Looking ahead, Region 4 is committed to expanding access to services, deepening engagement with parents, caregivers, and other trusted adults, and supporting high-risk populations through evidence-based practices that foster long-term positive outcomes. As a critical next step, Region 4 will develop a comprehensive plan to share the report widely with community members. This process will be designed to promote ongoing participation, encourage feedback, and ensure that the findings actively inform a cycle of continuous quality improvement. Guided by a Regional Strategic Plan, stakeholder insights, and a commitment to measurable impact, the region will continue to advance healthy communities through collaborative leadership, responsive strategies, and a focus on prevention, treatment, and recovery across the lifespan.

Appendices

Appendix A: 2025 Substance Use/Misuse Priority Rankings



2025 Regional Priority Workgroup (RPW) Priority Ranking: Substance Use/Misuse

Scale: 1=Low, 2=Medium, 3=High, 4= Very High

Alcohol 3.38



Cannabis 3.25



Heroin/Fentanyl 3.00





2025 Regional Priority Workgroup (RPW) Priority Ranking: Mental Health & Suicide

Scale: 1=Low, 2=Medium, 3=High, 4= Very High

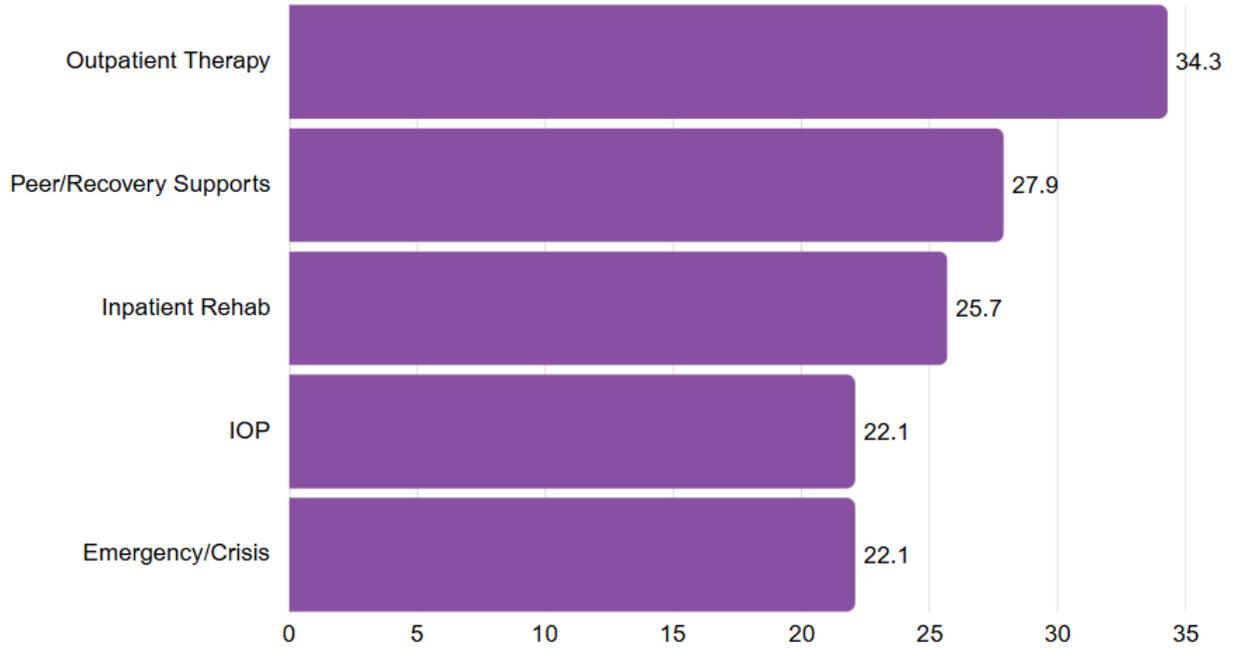
Suicide 3.50 

Depression 3.25 

Anxiety 3.00 

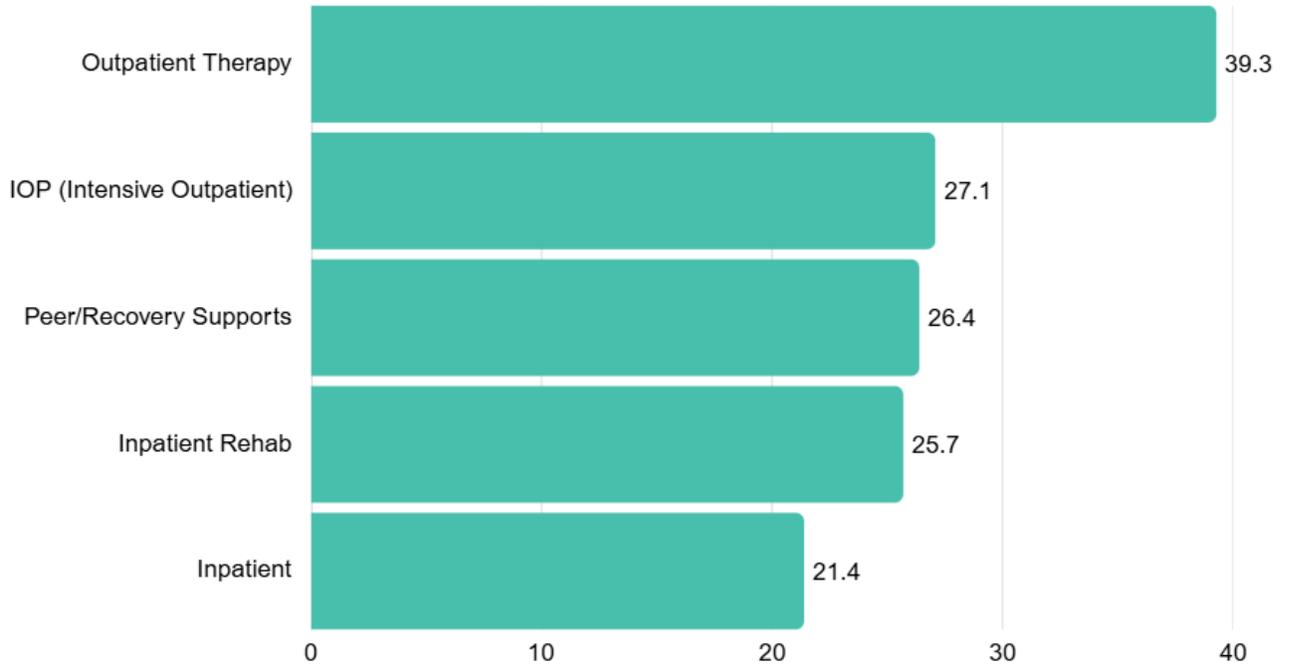
Appendix C: Inadequate Substance Use/Misuse Services

What treatment levels/types of care you feel are unavailable or inadequately provided for substance use? (Select up to 3.)



Appendix D: Inadequate Mental Health Services

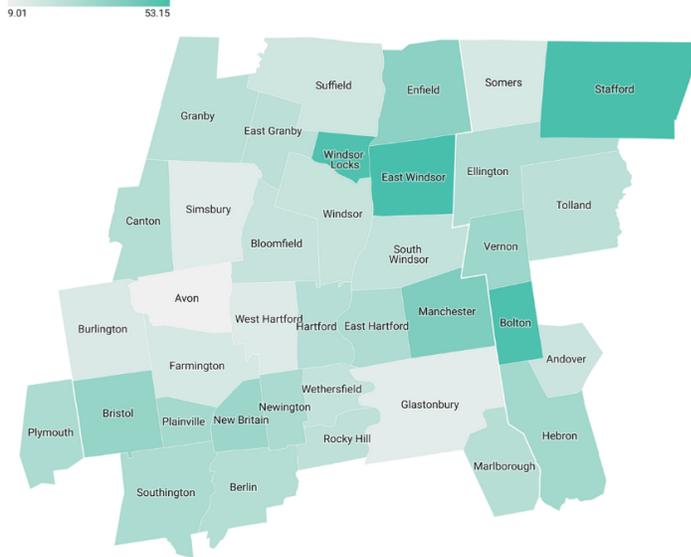
What treatment levels/types of care you feel are unavailable or inadequately provided for mental health? (Select up to 3.)



Appendix E: Region 4 Alcohol Data Profile

2025 North Central (Region 4) Data Profile: Alcohol

Region 4: Average Nips Sold Per Year Per 1 Town Resident (2021-2024 data)



Problem Statement

Alcohol remains the most widely used and socially accepted substance in the United States, yet it contributes significantly to preventable morbidity, mortality, and social harm. In Connecticut, alcohol use consistently ranks among the highest in the nation, with rising rates of excessive consumption and related health consequences. According to the 2022 National Survey on Drug Use and Health (NSDUH), Connecticut has the 5th highest prevalence of past 30-day use of alcohol, with 56.46% of residents 12 years and older reporting use in the past month.¹ For individuals 26 and over in CT, the past month alcohol consumption prevalence is 61.2%.¹

Magnitude

According to the 2023 CT School Health Survey, 21.1% of CT high school students report past 30-day use of alcohol and 11.6% reported engaging in binge drinking (4-5 drinks in 2 hours).² According to the 2022 NSDUH, 21.8% of adults aged 26 and older in Connecticut engaged in binge drinking in the past 30-days.¹

Risk Factors & Subpopulations

- Males³
- Individuals aged 35-44 and 55-64³
- Individuals who are non-Hispanic Black (NHBR)³
- First Responders³

Burden & Consequences

- Consuming alcohol increases the risk of developing at least 7 types of cancer.⁴
- Connecticut is the 4th highest state for alcohol-impaired driving fatalities.³
- In Region 4 in 2023, the alcohol-related emergency department visit rate was 74.5 per 10,000.³
- Of all FY 2023 DMHAS treatment admissions in Region 4, 49% identified alcohol as the primary substance at admission.⁵

Capacity & Service System Strengths

Key stakeholders who completed the priority survey, identified alcohol use the top substance of concern for young adults, adults, and older adults.⁶

Region 4's Regional Priority Workgroup (RPW) identified alcohol is the top substance of concern, by ranking alcohol has high prevalence, severity, and consequence of inaction and low changeability.

1 National Survey on Drug Use and Health (NSDUH), 2021-22

2 CT School Health Survey, 2023

3 R4: Amplify General Funds Needs Assessment, 2024

4 Alcohol and Cancer Risk, U.S. HSS

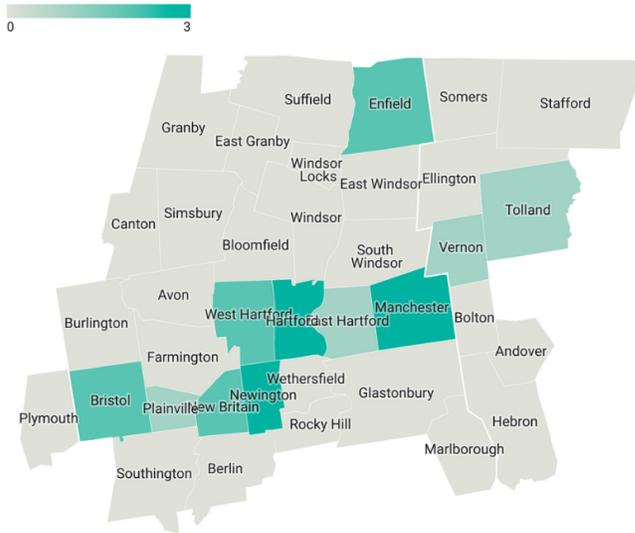
5 CT State and Regional Behavioral Health Data: 2024-25 Epi Slide Deck

6 R4: 2024-25 Stakeholder Survey

Appendix F: Region 4 Cannabis Data Profile

Amplify 2025 North Central (Region 4) Data Profile: Cannabis

Region 4: DCP Licensed Cannabis Dispensaries (as of March 2025)



Problem Statement

Cannabis, commonly referred to as marijuana, includes all products derived from the plant in any form or stage of growth. On July 1, 2021, the Connecticut Legislature legalized recreational cannabis use, permitting individuals aged 21 and older to possess and consume up to 1.5 ounces. Retail sales of cannabis products began on January 10, 2023, through licensed retailers. As of early 2025, the Connecticut Department of Consumer Protection (DCP) has licensed 21 cannabis dispensaries in the North Central region of the state. The legalization of recreational cannabis has contributed to lower perceived harm and an increase in use rates.

Magnitude

According to the 2023 CT School Health Survey, 25.5% of high school students report ever using cannabis, and 14.7% report current use.¹ The most common way students use cannabis is smoking it (48.9%), followed by using an electronic vapor product (9.8%).¹ In Connecticut, 13.42% of individuals 26 and older report past 30-day use of cannabis (NSDUH).²

Risk Factors & Subpopulations

- Availability of cannabis from 21 dispensaries in Region 4
- Low perception of risk and harm³
- Lack of commitment to community/school³
- Females³
- Black and Hispanic/Latino ethnicities³
- Bisexual individuals³

Burden & Consequences

- 24.6% of 18-34-year-olds in CT have driven under the influence of cannabis, potentially contributing to the uptick of wrong way driving cases in the state.⁴
- DMHAS treatment data from FY 2023, shows 39% of individuals reporting substance use at admission, were using cannabis.⁵
- THC potency reached the highest potency level yet in 2022 at 16.14% (NIDA).⁶

Capacity & Service System Strengths

Key stakeholders who completed the priority survey, identified cannabis use among individuals aged 18–25 as the second-highest substance-related concern after alcohol. Concern about cannabis use has increased since the 2023 Regional Priority Report process, as evidenced by the frequency of cannabis-related discussions during key informant interviews and regional focus groups.

1 CT School Health Survey

2 National Survey on Drug Use and Health (NSDUH), 2021-22

3 R4: Amplify Cannabis Needs Assessment, June 2024

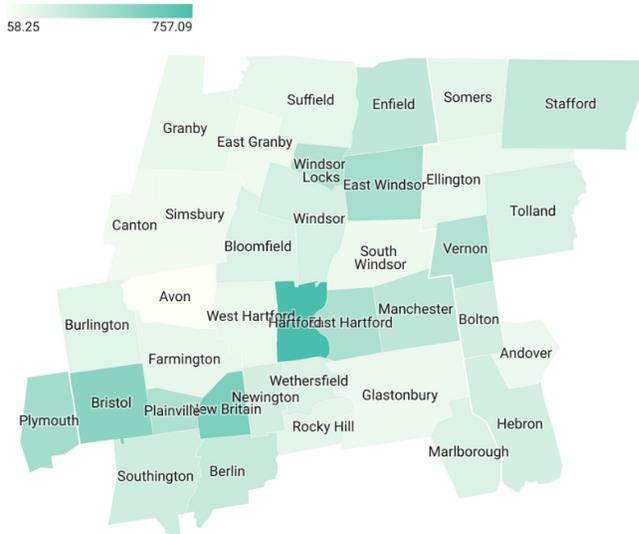
4 Cannabis Public Health Surveillance: 2024 Cannabis Health Statistics Report

5 CT State and Regional Behavioral Health Data: 2024-25 Epi Slide Deck

6 NIDA, Cannabis Potency Data

Amplify 2025 North Central (Region 4) Data Profile: Opioids

Region 4: Opioid Deaths from 2015-2024 per 100,000 Town Residents



Problem Statement

Connecticut continues to confront an opioid crisis, primarily driven by fentanyl and heroin. In 2024, there were 984 confirmed drug overdose deaths, and fentanyl was involved in 77.1% of those cases.¹ Xylazine, a powerful veterinary sedative that is resistant to naloxone, reached its highest death rate since its emergence in 2019.¹ The emergence of potent synthetic opioids like carfentanyl, nitazenes, and designer benzodiazepines continue to pose urgent health threats.¹

Magnitude

The combination of fentanyl and xylazine, a veterinary sedative, reached its highest prevalence in 2024, contributing to 34.6% of all overdose deaths statewide.¹ In the Hartford area, overdose death rates have remained among the highest in the state, with Hartford County reporting a rate of 34.5 per 100,000 in 2024.¹ According to the 2012-22 NSDUH state estimates for CT, opioid misuse for those 12+ was 2.65%.²

Risk Factors & Subpopulations

- Males³
- Individuals who are non-Hispanic Black (NHBR)³
- Individuals aged 35-54³
- Individuals in urban-core communities³

Burden & Consequences

- In 2023, the state's emergency department suspected opioid overdose visit rate was 128.3 per 100,000 visits.⁴
- Of all FY 2023 DMHAS treatment admissions in Region 4, 16% identified heroin and 26% identified other opiates as the primary substance at admission.⁵

Capacity & Service System Strengths

Region 4 urban core communities, Hartford and New Britain, have established Opioid Task Forces and received *Overdose Data to Action* Grants from the DPH.

The number of opioid prescriptions in CT have been decreasing since 2015, reaching the lowest point in 2023 with 1,249,323 prescriptions statewide.³

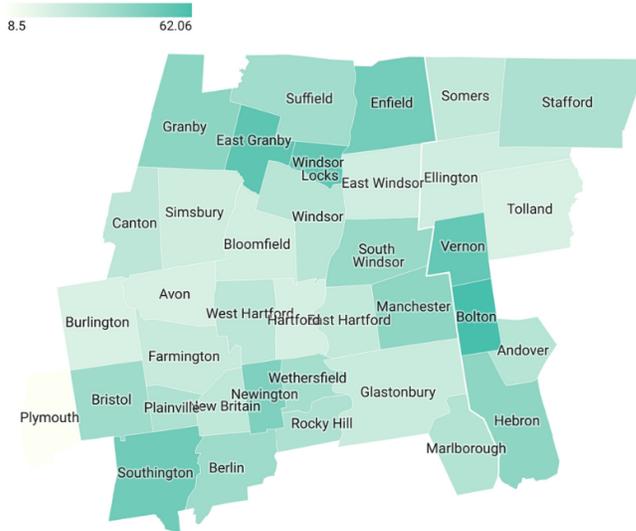
1 Fatal Unintentional Drug Overdose Report, DPH, Jan. 2025
 2 National Drug Use and Health Survey (NSDUH), 2021-22
 3 The State of the State: Substance Use in CT, CPES, 2024

4 Injury and Violence Surveillance Unit, DPH, 2024
 5 CT State and Regional Behavioral Health Data: 2024-25 Epi Slide Deck

Appendix H: Region 4 Vaping Data Profile

Amplify 2025 North Central (Region 4) Data Profile: Vaping

Region 4: Licensed ENDS Retailers per 100,000 Town Residents



Problem Statement

Vaping refers to the use of electronic vapor products (EVPs), which aerosolize nicotine to be inhaled by the user. Vaping is a problem in Connecticut, as 2023 CT adult tobacco data from the BRFSS shows the highest percentage to date of adults who currently use EVPs at 6.2%.¹ YRBS data for Connecticut shows an increase in 2023 data from 2021, with 11.5% currently using EVPs.² EVP use can have significant mental and physical effects including impaired brain development, exposure to cancer-causing chemicals, particle exposure into the lungs, heightened feelings of anxiety and depression, and potential for addiction to nicotine.

Magnitude

According to the 2023 CT School Health Survey, current use of EVPs in high school students increased from 10.6% in 2021, to 11.5% in 2023.² Aggregate student survey data from 2023 and 2024 in Region 4, reports 3.5% of middle and high school students using EVPs in the past 30-days.³

Risk Factors & Subpopulations

- Youth (12-17)⁴
- Young Adults (18-34)⁴
- Females⁴
- Hispanic/Latino ethnicity⁴
- Those with an associates degree or less⁵
- Those identifying as LGBTQ⁴

Burden & Consequences

- Lack of youth nicotine cessation programs
- Region 4 retailer compliance checks conducted by DMHAS TPEP had a 19.6% non-compliance rate in 2023-24⁴
- Recent studies are examining dual use between EVPs and other substances (i.e. cannabis) and the compounded dangers for adolescent users⁵

Capacity & Service System Strengths

Key informants in Region 4 ranked tobacco/vaping as the top substance concern for youth (12-17) on the 2024-25 stakeholder survey. The local prevention councils (LPCs) current funded priority is addressing youth vaping, as this has been an identified issue for several years. Starting in January 2025, Amplify has formed a workgroup of regional members to address vaping and cannabis in our community.

1 Behavioral Risk Factor Surveillance System (BRFSS), 2023
 2 CT School Health Survey, 2023
 3 R4: Youth Voices Count Aggregate Data, 2025

4 R4: Amplify Vaping Needs Assessment, 2024
 5 Exploring the Practice of Dual Vaping, 2025

2025 North Central (Region 4) Data Profile: Problem Gambling

Problem Statement

Problem gambling, sometimes referred to as gambling addiction, includes gambling behaviors which disrupt or damage personal, family, or vocational pursuits.¹ 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. According to the American Psychiatric Association, for some people gambling becomes an addiction and individuals may crave gambling the way someone craves alcohol or other substances. Aside from financial consequences, problems with relationships and work, or potential legal issues, problem gamblers are at increased risk of suicide.²

Magnitude

In the United States, about 2 million adults meet criteria for severe gambling problems in a given year, and another 4-6 million (1-3%) would have mild or moderate gambling problems.¹

According to the Connecticut School Health Survey in 2023, 23.6% of high school students, including nearly 35% of males and 13% of females, reported gambling on a sports team, playing cards or dice game, state lottery games, gambling on the internet, or bet on a game of personal skill, such as pool or a video game.⁵

Risk Factors & Subpopulations

Risk Factors include:³

- Having an early big win;
- Having easy access to preferred form of gambling;
- Holding mistaken beliefs about odds of winning;
- Having a recent loss or change, such as divorce, job loss, retirement, death of a loved one;
- Financial problems;
- A history of risk-taking or impulsive behavior;
- Depression and anxiety;
- Having a problem with alcohol or other drugs;
- A family history of problem gambling



Burden & Consequences

- 24.8% of respondents stated that they didn't know the adequacy of Problem Gambling Services⁴
- 26.5% of respondents ranked the Communities ability to raise awareness about risks of gambling⁴



Capacity & Service System Strengths

- CT Youth Media Project: Empowering youth voices statewide
- CT Helpline+: 24/7 support for gambling concerns
- Regional Gambling Awareness Team (RGAT): Community education and prevention
- Bettor Choice at Wheeler Clinic: Affordable gambling treatment services

1 National Council on Problem Gambling

2 American Psychiatric Association, Gambling Disorder

3 Risk Factors for Developing a Gambling Problem, Centre for

4 R4: 2024-25 Stakeholder Survey

5 Connecticut School Health Survey, 2023

2025 North Central (Region 4) Data Profile: Depression and Anxiety

Problem Statement

Mental health refers to emotional, psychological, and social well-being. Mental health continues to be a significant public health concern in the United States, with rising rates of anxiety and depression affecting a substantial portion of the population. Anxiety disorders are common and involve intense and persistent feelings of worry, nervousness, or fear. Depression disorders involve prolonged feelings of sadness, hopelessness, and loss of interest in activities.¹ Among U.S. adults, the prevalence of anxiety symptoms rose from 15.6% in 2019 to 18.2% in 2022, while symptoms of depression increased from 18.5% to 21.4%.²

Magnitude

The 2022 CT BRFSS shows that among adults 18+, 19.3% reported being told by a doctor that they have a depressive disorder. General poor mental health, defined as reporting 14 or more days of poor mental health in the past 30 days, was 14.5%.³ According to the 2022-2023 NSDUH, the prevalence rate for major depressive episode in the past year in Connecticut was 19.7% for youth (12-17) and 21.6% for young adults (18-25).⁴ In Region 4, 22.0% of surveyed 6-12 graders reported feeling sad or hopeless for 2 or more weeks in a row.⁵

Risk Factors & Subpopulations

- Youth and young adults⁶
- Veterans/Service Members⁶
- Homeless individuals⁶
- LGBT+ individuals⁶
- Non-English speaking individuals⁶
- Individuals in the BIPOC community⁶



Burden & Consequences

- In Region 4, 16% of individuals experienced a time when they needed mental health treatment or counseling from themselves but did not get it. Common reasons for not receiving treatment were around not being able to afford services, not having time for treatment, not getting appointments soon enough, and not knowing where to get services.⁷
- Untreated mental health concerns can lead to poorer physical health, suicidality, substance use, and higher rates of hospitalization.¹



Capacity & Service System Strengths

Key stakeholders who completed the 2024-25 survey consistently ranked depression and anxiety as top concerns across the age groups.⁶ Region 4's Regional Priority Workgroup (RPW) identified depression and anxiety as the top mental health concerns following suicide. Depression and anxiety were ranked as having very high prevalence and high severity and consequence of inaction.

1 National Institute on Mental Health (NIMH)

2 National Center for Health Statistics (NCHS)

3 Behavioral Risk Factor Surveillance System (BRFSS), 2022

4 National Survey on Drug Use and Health (NSDUH), 2021-22

5 R4: Youth Voices Count Aggregate Data, 2025

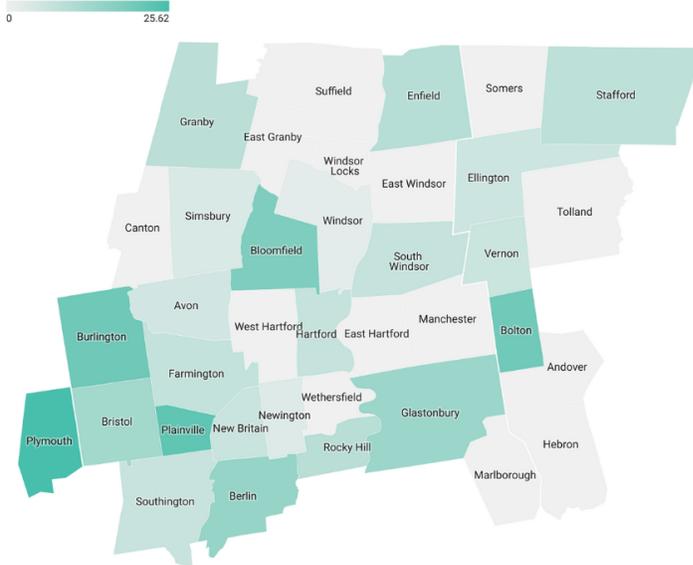
6 R4: 2024-25 Stakeholder Survey

7 CT State and Regional Behavioral Health Data: 2024-25 Epi Slide Deck

Appendix K: Region 4 Suicide Data Profile

2025 North Central (Region 4) Data Profile: Suicide

Region 4: 2023 Suicide Deaths by Residence City Per 100,000 Residents



Problem Statement

Suicide is defined as a death caused by injuring oneself with the intent to die. It is a serious public health issue with long-lasting impacts on individuals, families, and communities. Nationally, suicide is the 11th leading cause of death as of 2022. It is the second leading cause of death for 10-14 year olds and the third for 15-24 year olds. In Connecticut, the age-adjusted suicide death rate was 9.10 per 100,000. In 2023, there were 356 suicide deaths in the state, which is less than the previous year which totaled 398² deaths. Region 4 suicide deaths totaled 82.³

Magnitude

The 2022 CT BRFSS shows that among adults 18+, 12.6% ever thought about taking their own life. Among those who thought about suicide, 38.2% have attempted suicide.⁴ According to the 2023 CT School Health Survey, 15.7% of high school students seriously considered attempting suicide within the past year, marking the highest percentage to date.⁵ Aggregate Region 4 Youth Voices Count Survey Data from 2023-2024 reveals 11.6% of middle and high school students reported considered suicide in the past year.⁶

Risk Factors & Subpopulations

- Middle-aged males aged 35-64²
- Veterans and military personnel²
- Current or prior adverse childhood experiences²
- Social isolation²
- Mental illness²
- Easy access to lethal means²

Burden & Consequences

- Suicide impacts the health of the community and those around the individual.²
- In 2021, the suicide death rate was twice the homicide death rate.³
- Mental health and emergency service strain.¹

Capacity & Service System Strengths

Key stakeholders who completed the priority survey, most commonly reported a “medium” level of community ability to implement suicide prevention efforts (46.7%). Suicide was ranked below other mental health conditions and risk factors, like anxiety and depression.⁷

Region 4's Regional Priority Workgroup (RPW) ranked suicide as the top mental health issue of concern. The RPW communicated that suicide, including suicidality, very high severity and consequence of inaction.

1 National Institute of Mental Health (NIMH) 4 Behavioral Risk Factor Surveillance System, 2022
 2 Centers for Disease Control (CDC), Suicide Prevention and Rates 5 CT School Health Survey, 2023
 3 Connecticut Violent Death Reporting System (CTVDRS) 6 R4: Youth Voices Count Aggregate Data, 2025