Regional Priority Report
June 27, 2019

Alliance for Prevention & Wellness

A program of **BHcare**

Executive Summary

The Priority Report is an analysis of the magnitude, impact and capacity within DMHAS Region 2. It is based on data –driven analysis of issues in the region, with assistance from key community members. The profile and data will be used as a building block for community level processes including capacity and readiness building, strategic planning, and implementation of evidence -based programs & strategies.

The overall profile offers the communities of the APW service area, information regarding substance use and misuse, both illegal and legal; mental health concerns, suicide and gambling. The information is gathered from many sources and separated into individual profiles of ten areas of concern: alcohol, tobacco, prescription drugs, marijuana, heroin, illicit opioids, cocaine, problem gambling, mental health problems such as anxiety and depression, and suicide. The information is gathered from federal and state data and is then compared to local data when available.

Our BHPSW group offered their individual insights regarding their communities and their perception of their communities. This information is included in each of the profiles. The individual profiles give a picture of the magnitude of the issue, populations at risk, burden, capacity and service system strengths. Charts are incorporated into the profiles for visual understanding of some numerical and/or percentage figures. Each community has a different make-up; therefore, the information is more general than specific for some of the problem areas. The profiles, however, will be used by all communities as a basis for each community to develop strategies to address their own issues.

The BHPSW focus groups were held in the following communities: Ansonia, Branford, Old Saybrook, and Middletown. These communities are all located in the DMHAS Region 2 service area. In addition to focus groups, community members and key leaders participated via phone interviews, and a survey monkey link. A First Responders focus group was held with 7 law enforcement and fire department members. Additionally, information was discussed with the APW Prevention Committee Members.

The 32 BHPSW participants reviewed data compiled by APW from the data sets, focus group answers, community readiness data, as well as participant anecdotal information and feedback. Members utilized this information to determine rankings for the ten priority areas.

Based on data analysis, surveys, focus groups, and interviews, these are the top priorities identified by the BHPSW workgroups.

1. Mental Health Issues
2. Suicide
3. Prescription Drug Misuse
4. Alcohol
5. Heroin
6. Electronic Nicotine Delivery Systems (ENDS), vaping, juuling
7. Marijuana
8. Cocaine
9. Problem Gambling
10. Tobacco

The first three priorities were very closely ranked in magnitude and impact. Mental health issues along with suicide were tied with the same rating, but mental health issues had a slightly higher magnitude. Anxiety along with mental health conditions were discussed at great length along with mental health conditions that co-occur with substance use disorders. The 2018 Community Readiness for Substance Abuse Prevention & Mental Health Promotion Assessment illustrated that APW's region mean stage of readiness is 5.25 which is comparable to the State's average of 5.26. The key leaders interviewed illustrated that the data collected is mostly used for strategic planning /program planning, leveraging grants and resources. While it is good news that we are using data for planning and funding, it is of great concern that we report problems in funding to collect data and the negative stigma data can bring to a community. The Priority Report ranked mental health and suicide as the top priorities which also correlated with findings in the Community Readiness report. APW hopes to work with the identified system strengths and community partners to break down barriers and assist local coalitions and partners in implementing initiatives that fill identified needs and gaps in services. The changeability rankings along with capacity / readiness matched in the top five priorities. It is

important to note that, as with any survey responses and BHPSW meetings, the selection of key stakeholders they represent can influence the outcome of this report. The limitation of the BHPSW included not having a more diverse representation from each of the towns in our sub-region.

Region 2 is very diverse in terms of communities and populations within each of those communities. The top three identified priorities of mental health, suicide, and prescription drug abuse is an issue across all income levels and communities. Discussions included that the prescription drug problem is more of an issue than opioids and focus should also be placed on benzodiazepines and stimulants. While every community in the region has been affected by opioids and opioid related overdoses, it is overshadowing other issues.

Issues of concern as related to the top three identified priorities included the need for more coordination and collaboration among providers, community- based organizations, and first responders so they can help the people in most need. Many felt that services are still fragmented and operating in silos. Children's services are also hard to access for mental health and substance use and, the services are not readily available in the community. Additional concerns included the need for enhanced communication, education, awareness, and cultural competence. The lack of cultural competence was discussed for various sub-populations such as people who are abusing substances, those with mental health challenges, and the LGBTQI community. It was recommended that enhanced education and training be provided to the hospitals and specifically emergency room professionals, so they would have more compassion for those with behavioral health disorders. It was found that there is a culture among medical professionals of engaging in stigmatizing language deprived of empathy. Lastly, the distribution of resources and services varies across the region. Many of the smaller communities feel overshadowed by their larger neighboring towns.

RBHPSW (Workgroup) Priority Ranking Matrix

SCALE: 1=Lowest   2=Low   3=Medium   4=High   5=Highest

PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	CAPACITY/ READINESS	CONSEQUENCE OF INACTION	TOTAL	Mean Ranking Score:
Alcohol	3.8	3.6	2.6	2.4	3.4	15.8	3.1
Tobacco	1.8	1.9	2.0	2.0	2.2	9.9	1.9
Electronic Nicotine Delivery Systems (ENDS), vaping, juuling	3.0	2.8	2.8	2.7	3.2	14.5	2.9
Marijuana	3.3	2.8	2.2	2.1	3.0	13.4	2.6
Prescription Drug Misuse	3.9	3.7	3.2	3.0	4.2	18	3.6
Heroin	3.3	3.2	2.4	2.7	3.5	15.1	3.0
Cocaine	2.3	2.4	2.1	2.6	3.0	12.4	2.4
Problem Gambling	1.9	2.0	2.7	2.4	2.2	11.2	2.2
Mental Health Issues (specify as applicable)	4.3	3.5	3.2	3.2	4.2	18.4	3.6
Suicide	3.6	3.7	3.5	3.4	4.2	18.4	3.6

Required Stakeholder Questions for Regional Priority Reports

Instructions: *RBHAOs must obtain feedback from a broad array of stakeholders about the needs and strengths of, and opportunities for, the DMHAS funded and operated substance use, mental health and problem gambling systems. Following are the questions that <u>must</u> be asked, analyzed and incorporated in the Regional Priority Report. RBHAOs are free to determine the best format for obtaining the feedback.*

A summary of the answers to these questions <u>must be included</u> in the Appendices to the RBHAO Regional Priority Report. An answer grid, which follows this list of questions, has been developed to aid in this process.

1. How appropriate are available services to meet the needs of:
   - substance use prevention, treatment and recovery?
   - mental health promotion, treatment and recovery?
   - problem gambling prevention, treatment and recovery?

2. What prevention program, strategy or policy would you like to most see accomplished related to:
   - substance use?
   - mental health?
   - problem gambling?

3. What treatment levels of care do you feel are unavailable or inadequately provided:
   - related to substance use?
   - related to mental health?
   - related to problem gambling?

4. What adjunct services/support services/recovery supports are most needed to assist persons with:
   - substance use issues?
   - mental health issues?
   - problem gambling?

5. What would you say is the greatest strength/asset of the:
   - substance use prevention, treatment and recovery service system?
   - mental health promotion, treatment and recovery service system?
   - problem gambling prevention, treatment and recovery service system?

6. Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the:
   - substance use service system?
   - mental health service system?
   - problem gambling service system?

7. What are the emerging prevention, treatment or recovery issues that you are seeing or hearing about:
   - substance use issues?
   - mental health issues?
   - problem gambling?

8. Are there opportunities for the DMHAS service system that aren't being taken advantage of (technology, integration, partnerships, etc.)?

Answer Summary Grid for DMHAS Required Stakeholder Questions

1. How appropriate are available services to meet the needs of:								
Of Substance Use?			**Of Mental Health?**			**Of Problem Gambling?**		
Prevention	Treatment	Recovery	Prevention	Treatment	Recovery	Prevention	Treatment	Recovery
There are many, and varying prevention services available, however most communities are not aware of these resources. YSB's, funded coalitions and the RBHAO should provide a data base of the various services. Participants agreed that most prevention is youth focused. Collaborations have been formed since the RBHAO acquired additional towns. Not all are on board with partnering to increase efficiency.	*Availability of treatment services varies by town and city. Abundance of services in Greater New Haven and Middlesex area, however, shoreline communities and Lower Naugatuck Valley residents must travel to larger city to get SA inpatient, methadone, and detox treatment. Adolescent SA inpatient and detox beds continue to be discussed as a need. MAT resources were mentioned as part of out-patient treatment resources.*	*Participants are largely not aware of the recovery services available in their area of the region. Community based self-help support groups like AA and NA were most often mentioned. Knowledge of family support services and their availability was minimal.*	**Early education in trauma and developing trauma informed systems in the schools**	*It was echoed by participants in each focus group that major hospital's in the region (Yale, Middlesex) are sending people home from Emergency Departments with no follow up and no referral for appropriate services. Law enforcement continues to be burdened with repeat calls for the same BH or SA issue not being addressed.*	*There is one CCAR Young Adult and Family Program service center located in Derby. A handful of participants were aware of its existence in the region. SMART Recovery groups are available only in the larger cities :New Haven, Milford, Meriden, and West Haven. There is room for more recovery support.*	*Prevention of problem gambling resources are limited by location and primarily focused on youth.*	**Expand to target other ethnicities as most helpline callers are white males 18-35**	*Participants were not aware of recovery support resources in their local regions.*

2. What Prevention Program, strategy, or policy would you like most to see accomplished:		
Related to Substance Use?	**Related to Mental Health?**	**Related to Problem Gambling?**
Consistent School District Policy addressing vaping Legalization of recreational marijuana legislation should not move forward	**Provide enhanced education and training be provided to the hospitals and specifically emergency room professionals, so they would have more compassion for those with behavioral health disorders**	**Guidelines to enforce age restrictions for sports betting and on-line gaming in CT. More prevention at the high school level**
3. What treatment levels of care do you feel are unavailable or inadequately provided related to:		
Related to Substance Use?	**Related to Mental Health?**	**Related to Problem Gambling?**
Higher levels of care for the older adult population with alcohol use disorder. Current MAT services just deal with OUD – should address alcohol as well. *Lack of detox for adolescents*	**Grid lock of adolescent in the emergency room and police need to keep responding until the adolescents receive higher levels of care.** **Not enough residential care**	**Low awareness of problem gambling treatment resources**
4. What adjunct services/support services/recovery supports are most needed to assist persons:		
With substance use issues?	**With mental health issues?**	**With problem gambling issues?**
Recovery coaches in the community to work with people being discharged from the emergency room with alcohol use disorder to connect them with services	*Recovery homes / sober living homes could be an asset, but insurance needs to cover these services.*	**Young adults in recovery are gaming and participating in on-line gambling and more peer support outreach is needed.**

Answer Summary Grid for DMHAS Required Stakeholder Questions (continued)

5. What would you say is the greatest strength/asset of:		
Substance use prevention, treatment and recovery service system?	**Mental health promotion, treatment and recovery service system?**	**Problem gambling prevention, treatment and recovery service system?**
Strong local networks of providers across the region **MAT expansion**	**First responders reported having stronger connections and communication with mental health providers**	**We are lacking in this area as nobody answered this question in prevention, treatment and recovery. There is a lack of awareness.**
6. Are there particular subpopulations(for example veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the:		
Substance use service system?	**Mental health service system?**	**Problem gambling service system?**
Youth LGBTQI **ALICE population** **Older Adults** **Post release from incarceration** **Those living in poverty**	*Children in need of psychiatric services, young adults on the spectrum with BH issues that have left high school.*	**Young adults in recovery** **High school students**
7. What are emerging prevention, treatment or recovery issues that you are seeing or hearing about regarding:		

Substance use issues?	Mental health issues?	Problem gambling issues?
The increased rates of use by students of vaping THC products accompanied by low perception of harm by students and parents. *Treatment of alcohol use disorders in the older adult population is not adequate to accommodate the referrals.* *The legislation to legalize recreational marijuana is of great concern to all participants given the increase need for treatment by adolescents.* *The prolific use of medical marijuana among the 18-30 age group who already have behavioral health and substance use disorders.*	*BH and SA within family systems (trauma induced) were discussed at all workgroups. Severe emotional disturbance and/or psychiatric disorders seen at earlier ages as evidenced by EMPS calls to schools and subsequent hospitalizations.* *School districts becoming the "catch all" for students with un-met BH needs.*	**The unaddressed college population who are gaming and gambling**

8. Are there opportunities for the DMHAS service system that aren't being taken advantage of?
(technology, integration, partnerships, etc.)

Support for the recovery friendly workplaces and communities.
Support consistent law enforcement initiatives as they vary across the state.
More communication regarding grant opportunities.
Integration of family services (children and adults together)