

Regional Behavioral Health Action Organization  
DMHAS Region 2  
Priority Report June 2021



## **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 34 communities of the APW service area, information regarding substance misuse, mental health, problem gambling and suicide. The information is gathered from many cited sources and separated into individual profiles of eight areas of concern: alcohol, cocaine, heroin and other illicit opioids, marijuana, mental health, prescription drug misuse, problem gambling, 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:

- Group 1: Bethany, Milford, Orange, West Haven, and Woodbridge
- Group 2: Local Prevention Council service areas of – Derby, Clinton, Meriden, Middletown, Essex, Chester, Deep River, Guilford, and Clinton
- Group 3: New Haven CT Communities Addiction Recovery
- Group 4: First Responders – Lower Naugatuck Valley

These communities are all located in the DMHAS Region 2 service area. In addition to virtual focus groups, community members and key leaders participated via survey monkey link.

The 21 BHPSW participants reviewed data compiled by APW from the data sets, focus group answers, survey monkey responses, community readiness data, as well as participant anecdotal information and feedback. Members utilized this information to determine rankings for the eight priority areas.

Based on data analysis, surveys, and focus groups the BHPSW ranked the following top priorities were identified.

The substance use, misuse, and addiction the top five priorities mean rankings included:

1. Heroin & Fentanyl (4.2)
2. Prescription Drug Misuse (3.7)
3. Electronic Nicotine Delivery Systems (ENDS) (3.5)
4. Alcohol (3.4)
5. Marijuana (3.2)

In the matrix rankings of magnitude and impact the ratings were slightly different and included: Heroin & Fentanyl the high magnitude and impact followed by marijuana, and alcohol. It was noted that the ENDS was ranked high as many people are utilizing vapor devices for marijuana with a high magnitude rating and medium impact rating.

The mental health issues top five priorities mean rankings included:

1. Anxiety (4.6)
2. Depression (4.4)
3. Early Serious Mental Illness (4.3)
4. Suicide (4.3)
5. Serious Emotional Disturbances (4.2)

The top five mental health issues were all ranked the same with highest ratings in both magnitude and impact.

The 2020 Community Readiness for Substance Abuse and Mental Health Promotion Assessment (CRS) illustrated that APW's mean stage of readiness for substance misuse prevention is a 5.55 compared to the State's average of 5.37. The CRS illustrated that APW's

mean stage of readiness for mental health promotion is a 5.0 compared to the State's average of 4.88. The RBHPSW was surprised with the priority rankings not being in alignment with the findings reported in the community readiness report. Regarding substance misuse the CRS ranked alcohol as the substance of greatest concern and depression for mental health challenges. Members discussed some of the differences and felt that the global pandemic has played a large role in the findings. The RBHPSW stated that the reports are very useful in leveraging grant funding and conducting planning. However, many were concerned that the tools would not be utilized appropriately to plan for post pandemic responses needed for substance misuse and mental health promotion. Members felt that many key leaders would rather utilize the report for quick fixes that don't result in long term changes and sustainability.

APW will continue to work with our Local Prevention Councils and other community partners to strengthen community partnerships and engagement and break down barriers and concerns to addressing the identified priorities and critical issues.

It is important to note that, as with any survey responses and RBHPSW meetings, the selection of key stakeholders they represent can influence the outcome of this report. The limitation of the RBHPSW included not having a more diverse representation from each of the towns we serve and less verbal participation through the on-line platforms. The RBHPSW and APW team did notate more hesitancy from participants in the on-line platforms compared to in-person sessions.

Region 2 is very diverse in terms of communities and populations within each of those communities. The identified priority issues affect all populations throughout our region. The RBHPSW felt the six priority recommendations can be accomplished overtime through creative innovations, evidence -based programs and strong collaborative efforts.

## RBHPSW (Workgroup) Priority Ranking Matrix: Substance Use/Misuse/Addiction

*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	4	4	3	2	4	17	3.4
Tobacco	2	3	2.5	2	4	13.5	2.7
Electronic Nicotine Delivery Systems (ENDS), vaping, juuling	4	3	3	3.5	4	17.5	3.5
Marijuana	4	4	2	2	4	16	3.2
Prescription Drug Misuse	3	4	3.5	4	4	18.5	3.7
Heroin and Fentanyl	5	5	3	3	5	21	4.2
Cocaine	3	3	2	2	3	13	2.6
Problem Gambling	3	2	2	2	4	13	2.6

## RBHPSW (Workgroup) Priority Ranking Matrix: Mental Health and Suicide

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

PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	CAPACITY/READINESS	CONSEQUENCE OF INACTION	TOTAL	Mean Ranking Score:
Anxiety	5	5	5	3	5	23	4.6
Depression	5	5	4	3	5	22	4.4
PTSD	4	5	3	3	5	20	4
Trauma	4	5	3	3	5	20	4
Serious Emotional Disturbance	5	5	3	3	5	21	4.2
Early Serious Mental Illness	4	5	4	3.5	5	21.5	4.3
Serious Mental Illness	5	5	3	3	5	21	4.2
Suicide	5	5	3	3.5	5	21.5	4.3

# 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 must 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 must be included 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.)?**

# Priority Recommendation Worksheet

Assess each identified substance or behavior based on your prioritization (magnitude, impact, changeability, and readiness/capacity for change).

Document who is being directly and indirectly impacted or harmed, and where (subpopulations), based on an assessment of why (risk factors).

Consider what resources and assets are available (i.e. public education; staff training; evidence-based /environmental approaches to prevention, treatment, and recovery; and data availability), and what local strengths exist (what is being done well).

PRIORITY PROBLEM	Risk Factor(s)	Subpopulation(s) of Increased Risk	Community Strengths, Resources and Assets	Challenges, Gaps, and Needs		
				Prevention	Treatment	Recovery/Maintenance
	<b>Substance Misuse/Abuse</b>					
<b>Alcohol</b>	Ease of access, parental acceptance of youth consuming alcohol during pandemic, access to alcohol delivery services, lack of adult supervision	Youth, Young adults, Older adults,	Community based prevention programs targeting underage alcohol use, Existing media campaigns highlighting social hosting laws,	Increase peer to peer education strategies, need collaborative data sharing of youth survey results	Increase emergency response treatment options, increase inpatient TX options & bed availability, Women-focused TX options, lack of treatment options for those who are black or brown	Need for more recovery support sites, Support for provider burnout, lack of follow up care after detox
<b>Tobacco</b>	Normalization of use, increased availability in urban areas, stress,	Those in recovery from substance use, young adults, those with serious mental illness, African American adults	Promotion of Tobacco 21 legislation, wide array of tobacco prevention and education resources, compliance checks	Increase peer to peer education strategies,	Few tobacco cessation programs	Peer recovery specialists



<b>Electronic Nicotine Delivery Systems (ENDS), vaping, juuling</b>	Low perception of harm, lack of adult supervision, trend factor, availability of flavors	Those using tobacco cigarettes, youth, young adults	Targeted prevention and education programs by Local Prevention Coalitions, promotion of Tobacco 21, social media campaigns	increase parent psychoeducation, Increase peer to peer education strategies	Few cessation programs for youth to quit,	Support for provider burnout, community surveys to monitor trends
<b>Marijuana</b>	Low perception of harm, normalization of use, lack of awareness of addiction risk,	Those in recovery from OUD, youth, young adults, those prescribed medical marijuana	Community resources available, Community based prevention & education,	Increase access/knowledge of resources to community members/providers, increase community members awareness of issue, early interventions in schools, parent psychoeducation	Increase individual motivation, co-occurring D/O, parent psychoeducation	Provider/emergency responders partnerships, support for provider burnout
<b>Prescription Drug Misuse</b>	Those taking prescription opioids,those using prescription stimulants non-medically, disordered eating, lack of awareness of addiction risk	High school youth, college population, young adults	Increased access to community training on misuse, Prescriber support for use of PMP, increased harm reduction initiatives in urban area	Increase peer to peer support, increase parent psychoeducation	Increase treatment options, alternatives to hospitalization, reduce financial barriers to treatment	In-home recovery support
<b>Heroin/Fentanyl</b>	co-occurring D/O, those taking prescribed opioids	Young adult caucasian males, Adult males	Provider support and collaboration, Increased access to community training and naloxone distribution across the region, Increased harm reduction initiatives in urban area	Increase access/knowledge to resources to community members/providers, increase community awareness of issue, early interventions in schools, Increased education for Peer Support/Recovery Coaching, needle exchange initiatives	Increase individual motivation, co-occurring D/O, parent psychoeducation, increase inpatient TX options, lack of mandated TX options, Women-focused TX options, increase emergency shelter options	lack of follow up to providers/first responders upon ED admission, Increase provider/emergency responder partnerships, Support for provider burnout, Lack of after- care following treatment
<b>Cocaine</b>	Poly-substance users, low perception of harm, childhood	Young adult white males, those with cannabis dependence	Some cocaine specific treatment options available, harm reduction initiatives in urban areas	Early intervention psychoeducation with youth, increase peer to peer support and	Increase availability and access to treatment options	In-home recovery support

	trauma, family HX of SUD, peer influences, lack of parental and school supervision			education		
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PRIORITY	Risk Factor(s)	Subpopulation(s) of Increased Risk	Community Strengths, Resources and Assets	Challenges, Gaps, and Needs		
Problem Gambling and Mental Health Issues				Prevention	Treatment	Recovery/Maintenance
<b>Problem Gambling</b>	Exposure to video gaming, Increased access to electronic gaming, parental lack of awareness of gaming' connection to gambling, low perception harm, legalization of sports betting	Youth, Young adults, Young adult males, those with substance use disorder	Availability of gambling awareness training and education resources within the region,	Increase parent psychoeducation, increase community awareness initiatives	Lack of awareness of treatment providers, lack of treatment options for youth	Lack of awareness of available recovery resources
<b>Anxiety, Depression, PTSD, Trauma, etc.</b>	Isolation during pandemic, increased time spent on electronic devices & social media, past trauma, family history of mental health issues, financial hardships and stress	Youth, young adults, adults, older adults	Availability of web resources for referral to care, stigma reduction initiatives	Lack of peer to peer education programs, teen mental health first aid	Financial barriers to treatment, Increase inpatient TX options, increase women-focused tx options, lack of treatment options for those who are black or brown	Support for provider burnout,
<b>Serious Emotional Disturbance</b>	Isolation during pandemic, increased time spent on electronic devices & social media, past trauma, financial hardships and stress, family history of mental	Youth	Stigma reduction initiatives, access to Mental Health awareness trainings	Availability of web resources for referral to care, teen mental health first aid	Increase inpatient options, increase inpatient TX options, Collaboration among emergency responders and mental health providers to	Support for provider burnout, Peer outreach and engagement, step-down treatment options from residential

	health issues				decrease repeat emergency response use and increase a sense of efficacy	
<b>Early Serious Mental Illness</b>	Trauma, financial hardships and stress, family history of mental health issues	Youth, young adults with trauma history	Stigma reduction initiatives, promotion of first episode psychosis treatment in urban region	Availability of web resources for referral to care, teen mental health first aid	Financial barriers to treatment, Collaboration among emergency responders and mental health providers to decrease repeat emergency response use and increase a sense of efficacy	Peer outreach and engagement, step-down treatment options from residential
<b>Serious Mental Illness</b>	Co-occurring D/O, financial hardships and stress, family history of mental health issues	Adults	Stigma reduction initiatives, promotion of in-patient and out-patient care resources in region via social media	Increase resource awareness, increase initiatives to resource accessibility	Financial barriers to treatment, Collaboration among emergency responders and mental health providers to decrease repeat emergency response use and increase a sense of efficacy, Increase emergency shelter options, increase inpatient TX options, increase women-focused TX options	Support for provider burnout, step-down treatment options from residential
<b>Suicide</b>	Use of heroin and prescribed opioids, increased anxiety & depression at younger ages, financial hardships and stress, family history of mental	Elderly, youth, young adults, LGBTQ+, Veterans	Established community support and training in suicide prevention, increased access to staff training for educators and support staff, implementing post-vention planning within some communities	Increase local suicide advisory boards, Elderly awareness & prevention, mandated community psychoeducational resources, more training needed to address the LGBTQ+ community	Increase inpatient TX options, increase women-focused TX options, stigmatizing language about suicide, need alternatives to hospitalization	Support for provider burnout, step-down treatment options from residential

	health issues					
<b>Other Priorities and Emerging Issues (Specify below)</b>						