

Regional Behavioral Health Action Organization
DMHAS Region 2
Priority Report
April 2023



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 are 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 thirty-four communities of the BHcare, Alliance for Prevention & Wellness (APW) service area, information regarding substance use, 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 from federal and state data is then compared to local data when available.

Our priority ranking working group offered their individual insights regarding their communities and their perception of their communities as key stakeholders in region 2, comprised of behavioral health leaders, first responders, people with lived and living experience, and prevention professionals. 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.

Focus groups were utilized to capture the behavioral health trends, gaps, needs, and strengths of our region as a qualitative measure to inform this report. Focus groups within the Region 2 community targeted the recovery community, youth-serving providers, and school representatives. Key informant interviews, as well as administering focus group questions through a quantitative instrument via Survey Monkey was also utilized. With these

additional efforts, were able to further capture the perceptions of prevention professionals and first responders in our regional area, as well as key informant interviews with prevention professionals, health departments, and first responders.

Based on data analysis, surveys, and focus groups the priority ranking working group ranked the following top priorities.

The substance use top five priorities mean rankings included:

1. Heroin & Fentanyl (4.4)
2. Prescription Drug Misuse (3.9)
3. Electronic Nicotine Delivery Systems (ENDS) (3.8)
4. Marijuana (3.7)
5. Alcohol/Cocaine (3.6)

The mean scores for the ranking matrix increased from the 2021 report, as well as with the following findings:

- Marijuana scored above Alcohol in the 2023 matrix compared to the previous year.
- Cocaine also increased in its priority ranking as now scoring tied with Alcohol.
- In the matrix, Alcohol, ENDS, Marijuana, Heroin & Fentanyl all scored highest at a 5 for “magnitude.”
- Alcohol and Heroin & Fentanyl both scored highest for “impact” and “consequence of inaction.”
- ” Cocaine and ENDS were highest for “changeability”
- Prescription Drug Misuse and Heroin & Fentanyl were highest for “capacity/readiness.”
- It was noted that the ENDS was ranked high as many people are utilizing vapor devices for THC products.
- Additionally, Cocaine ranked high in the matrix overall partly related to the increase in magnitude of the substance, but also because there has been a general increase in stimulant use across our region. It is recommended that future ranking matrixes include options for stimulants and THC products to ensure validity.

The mental health issues top five priorities mean rankings included:

1. Anxiety (4.4)
2. Serious Mental Illness – Children (4)
3. Depression/Trauma Early Serious (4.2)
4. Suicide (3.9)
5. Serious Mental Illness - Adults (3.8)

The mental health portion of the priority ranking matrix slightly decreased in overall mean scores compared to the 2021 report.

- Anxiety remained the number one priority and held the highest score of 5 for all ranking topics excluding “capacity/readiness.”
- Children with Serious Mental Illness (SMI) moved up the priority ranking matrix compared to 2021, and held highest ranking scores for “magnitude,” “impact,” and “consequence of inaction.”
- Children with SMI’s shared the lowest score of a 1 with Adults with SMI’s and Trauma.
- Depression and Trauma both scored highest for “magnitude,” “impact,” and “consequences of inaction.” Their differences were with “changeability,” where Depression scored lower at a 4, signifying a slightly less ability in region 2 to make changes regarding this mental health condition.
- Trauma /PTSD ranked the lowest, whereas Depression scored a 2, for “capacity/readiness.”
- It was discussed that while in our region we have some towns implementing the “Handle with Care” trauma-informed protocols in schools, this is not widespread, and we have much work to do in our region in addressing trauma within our communities.
- Suicide remained the 4th priority mental health concern, and adults with serious mental illness remained the 5th as compared to the previous report.

The 2022 Community Readiness Survey (CRS) for Substance Abuse and Mental Health Promotion Assessment illustrated that APW’s mean stage of readiness for substance misuse prevention is a 5.36 compared to the State’s average of 5.31.

The Community Readiness Survey illustrated that APW’s mean stage of readiness for mental

health promotion is a 5.11 compared to the State's average of 4.98. There are some noted discrepancies between the CRS results and the data collected from our community within the regional profile.

One of the notable differences is between cocaine usage and age of concern for cocaine use. It was found within the SUDORS platform (SUDORS, New Haven County, 2022) that most cocaine-involved fatalities were between 45-54, and then the primary age group of concern for cocaine use in the CRS was 12–17-year-olds (Community Readiness Survey, 2022). This signifies a major gap noted in our regional data collection process that often data collected does not show matching trends which can lead to confusion within the community prevention sector on what is the most valid source of information, and how to best determine the priority response.

The 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 priority ranking workgroup meetings, the selection of key stakeholders they represent can influence the outcome of this report. The limitation of the priority ranking workgroup included not having a more diverse representation from each of the towns we serve and less verbal participation through the on-line platforms. The priority ranking workgroup and APW team did note more hesitancy from participants in the on-line platforms compared to in-person sessions.

Region 2 is remarkably diverse in terms of communities and populations within each of those communities. The identified priority issues affect all populations throughout our region. The priority ranking workgroup felt the six priority recommendations can be accomplished over time 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	5	5	2	1	5	18	3.6 5
Tobacco	3	2	2	1	2	10	2 6
Electronic Nicotine Delivery Systems (ENDS), vaping, juuling	5	3	4	3	4	19	3.8 3
Marijuana	5	4.5	2	2	5	18.5	3.7 4
Prescription Drug Misuse	4	4	3	4	4.5	19.5	3.9 2
Heroin and Fentanyl	5	5	3	4	5	22	4.4 1
Cocaine	5	3.5	4	1	4.5	18	3.6 5

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	2	5	22	4.4 1
Depression	5	5	4	2	5	21	4.2 3
Trauma/PTSD	5	5	5	1	5	21	4.2 3
Serious Mental Illness - Children	5	5	4	1	5	20	4 2
Serious Mental illness - Adults	4	5	4	1	5	19	3.8 5
Suicide	4	4	4	2.5	5	19.5	3.9 4

RBHPSW (Workgroup) Priority Ranking Matrix: Problem Gambling

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

PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	CAPACITY/READINESS	CONSEQUENCE OF INACTION	TOTAL	Mean Ranking Score:
Problem Gambling	5	2.5	4	1	4.5	17	3.5

Summary of Priority Recommendations: Region 2

Problem/Issue	Prevention	Treatment	Recovery
Substance Abuse/Misuse			
Region	Recovery coaches for resource outreach and harm reduction	Recovery coaches for treatment follow-up	Recovery coaches for recovery follow-up; Expand availability Recovery Centers like CCAR across the region
State	Make youth-led & culturally appropriate parent and youth social norming prevention campaigns that can be easily utilized by coalitions (social media graphics, etc.); Ban alcohol advertisements that target college youth	Mandated training for all first responders and behavioral health staff on harm reduction and co-occurring disorders; Establish behavioral health crisis and sobering centers; Explore and address provider burnout to increase retention & improve quality care	Expand recovery supports through adding comprehensive vocational supports, and expand recovery supports to make more accessible to the communities
Mental Health			
Region	Recovery coaches for resource outreach	Recovery coaches for treatment follow-up	Recovery coaches for recovery follow-up; Expand availability Recovery Centers like CCAR across the region
State	Make youth-led & culturally-appropriate parent and youth social norming prevention campaigns that can be easily utilized by coalitions (social media graphics, etc.).	Mandated training for all first responders and behavioral health staff on harm reduction and co-occurring disorders; Establish behavioral health crisis and sobering centers; Explore and address provider burnout to increase retention & improve quality care	Expand recovery supports through adding comprehensive vocational supports, and expand recovery supports to make more accessible to the communities
Problem Gambling			
Region	Recovery coaches for resource outreach	Recovery coaches for treatment follow-up	Recovery coaches for recovery follow-up; Expand availability Recovery Centers like CCAR across the region
State	Make youth-led & culturally-appropriate parent and youth social norming prevention campaigns that can be easily utilized by coalitions (social media graphics, etc.); Ban gambling advertisements that college college-youth	Mandated training for all first responders and behavioral health staff on harm reduction and co-occurring disorders; E stablish behavioral health crisis and sobering centers; Explore and address provider burnout to increase retention & improve quality care	Expand recovery supports through adding comprehensive vocational supports, and expand recovery supports to make more accessible to the communities
Systems/Other			
State	Explore and improve transportation and housing barriers; provide more culturally appropriate & affirming community awareness building campaign materials on co-occurring disorders that can be easily utilized by LPCS; Maintain telehealth services for Husky insured individuals to sustain access to treatment		

Substate/ Infrastructure (consider: regional, community, LPCs, RSABs, RGATs, etc.)	Increase RBHAO capacity to address equity and stigma-issues amongst social services in the Region; Increase RBAHO and LPC funding to increase prevention capacity; Develop a synchronized system for RBAHO's to access behavioral health data to provide full insight into local conditions.
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Priority Recommendation Worksheet

PRIORITY PROBLEM	Risk Factor(s)	Subpopulation(s) of Increased Risk	Community Strengths, Resources and Assets	Challenges, Gaps, and Needs		
Substance Misuse/Abuse				Prevention	Treatment	Recovery/Maintenance
Alcohol	Extended retail sale hours, alcohol home delivery is available, increase in nip sales	Adults, young adults, adolescents	Newly available funding to address underage drinking within our community coalitions	Positive community messaging promoting use, low perception of harm, need more adult prevention efforts	Not enough inpatient beds available for persons needing treatment, Inconsistent and low access to treatment transportation, Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Need for more outreach and recovery support, need post-treatment follow-up care, Need for recovery friendly workplaces
Tobacco	Easily accessed, lack of enforcement for underage youth sale, and considered culturally appropriate for adults use especially while drinking, increase risk for vaping use, social clubs promote tobacco use	Adults, Persons with serious mental illness, persons with substance use,	Promotion of tobacco “21 for a reason” legislation educational campaign on social media, Tobacco prevention and educational resources, increased virtual cessation treatment options	Not considered a priority concern, cigar clubs/bars normalized in wedding events,	Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Minimal support in maintaining tobacco recovery, Not considered a drug/need to recover from, Need for recovery friendly workplaces

Electronic Nicotine Delivery Systems (ENDS), vaping, juuling	Lack of adult supervision, community low perception of harm, easy accessible, low enforcement at retail outlets of underage sale,	Adults, Adolescents, underage youth	Using SBIRT as a screening tool for students identified as having possession of a vaping device, targeted prevention education programs by local prevention councils, targeted media campaigns within the region to educate on risk	Environmental impact on ENDS cartridge waste, low cost to purchase, no universal bans on flavored ENDS available for retail sale, considered an acceptable risky behavior/social norm	Support for youth looking for cessation, no universal consequences/no longer considered a juvenile offense, Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	No monitoring of underage vape use
Marijuana	Normalization of use by community, towns allowing marijuana ordinances to be established/increased community access, low perception of harm among adults/parents	Recovery from OUD, young adults, adults/parents	“Be In The Know” state prevention educational campaign, local prevention councils targeting marijuana prevention efforts in their community, Interventions in schools with SBIRT screening with students who are caught in possession, Drug testing to see if fentanyl is present in substance	Legalization of adult-use, increased access to the community, normalized use of marijuana in communities, Increase targeting of parent use, marijuana is not considered addictive, more substance use early intervention programs for youth	Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Lack of consequences for adults and young adults who are caught with possession of marijuana, poly-substance use, self-medicating mental health conditions, lack of motivation for treatment as not considered addictive, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	“California sober” persons in recovery smoke marijuana, low perception of harm/not considered addictive, Need for recovery friendly workplaces
Prescription	Using prescription medications not as prescribed, lack of	College age youth, High school youth	Increase availability of harm-reduction initiatives, Increase	Increase parent educational campaigns and awareness of harmful	Illegally selling prescribed stimulants, Need for culturally	Persons in recovery and/or those utilizing

Drug Misuse	awareness regarding risk of addiction		support in starting educational efforts for middle school aged students	outcomes, Increase community members accessing recovery sites (CCAR)	informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being uninsured/high medical costs	prescription medication denied employment.
Heroin/Fentanyl	Fentanyl present through substance cross contamination/residue causing increase in overdoses, poly-substance use, youth experimenting with substance unaware of fentanyl risk	Adult males, young adults	Increased access to community naran training, increased harm reduction efforts, more community organizing around reducing opioid overdoses, more prevention education for students on overdose risk, increased outreach efforts, Drug testing to see if fentanyl is present in substance	Fentanyl present in counterfeit pills, Increase community members accessing recovery sites (CCAR), high cost of purchasing naran from pharmacies for individuals,	Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs, Implement CDC (Centers for Disease Control) Public Health and Safety Teams (PHAST) toolkit in more towns	Illegally selling MAT substances, Persons on MAT denied employment, Need for recovery friendly workplaces, Need for post-treatment follow up care, increase community outreach support,
Cocaine	Persons formally prescribed Adderall, poly-substance users, peer influences, risk of fentanyl contamination,	College age youth, young adults, Black and White men,	Harm reduction initiatives – using fentanyl test strips for cocaine use, Drug testing to see if fentanyl is present in substance	Influx in cocaine access, Increase community members accessing recovery sites (CCAR), No cocaine-specific educational efforts,	Need for culturally informed treatment for BIPOC and LGBTQI+, and women-focused treatment options, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Need for more outreach and recovery support, need post-treatment follow-up care

PRIORITY	Risk Factor(s)	Subpopulation(s) of Increased Risk	Community Strengths, Resources and Assets	Challenges, Gaps, and Needs		
				Prevention	Treatment	Recovery/Maintenance
Problem Gambling and Mental Health Issues						
Problem Gambling	Increased exposure to media marketing of sports wagering, increased access by youth via technology, low perception of harm by youth	Young adults, youth, adults	Increased education/prevention opportunities through Regional GAT teams, Collaboration among prevention, treatment, and recovery professionals, Development of pilot project to increase educational resources for youth, Increase in virtual options for recovery support	Lack of awareness of risks associated with underage gambling, need for more school-based education on problem gambling/gaming as risky behavior	Lack of adolescent treatment options in DMHAS Region 2, Lack of awareness of adult treatment resources in Region 2	Recovery support for problem gambling not always accessible in Region 2.
Anxiety, Depression, Trauma, PTSD, etc.	Increased exposure to trauma by youth, substance use disorders, post-pandemic stress,	Elementary school youth, adolescents, young adults, adults	A variety of options for out-patient Adult behavioral health resources in Region 2, increased promotion of mental wellness programming for students in middle and high school, funding for community-based training for adults in Mental Health First Aide through several organizations	Community education and awareness building on trauma & ACES; Need to build self-regulation skills for children and families in communities to prevent the use of negative coping skills; Need for outreach workers to connect community members to care	Expand in-home treatment options for Husky insurance recipients that include all ages, Expand psychiatric services/crisis response in shoreline towns; Normalize and expand treatment options; New barriers to accessing telehealth services post-pandemic for individuals with Husky insurance	Post treatment follow-up to ensure sustainable treatment outcomes
Serious Mental Illness -Children	ACES, Trauma from the pandemic, increased time spent on electronic devices & social media, past trauma, financial hardships and stress, family history of mental health issues	Preschool through age 21	Youth mental health first aid training; CT Connecting to care; increased focus on youth mental health post-pandemic; NAMI CT	Loss of ARPA funding; More promotion of CT Connect to care; Early intervention programs; parent education programs	Reduction in telehealth services, loss of ARPA funding, early-intervention programs; more in-home family therapy programs needed that incorporate parent education/coaching	Parental support; Long-term support for children as they age out

Serious Mental Illness -Adults	ACES, Co-occurring disorders, financial hardships and stress, family history of mental health issues	18 – 100+	Social clubs through LMHAs; Street psychiatry	Loss of ARPA funding; co-occurring disorder educational campaigns to build awareness; community stigma against adults with SMI	Loss of ARPA funding, lack of training for staff in best care and outcomes for therapy services for adults with SMI,	Lack of resources (livable income, housing, etc.) to support independence and improved quality of life
Suicide	For youth, co-occurring disorders, cyber-bullying/humiliation, social & relational issues. Experiences of grief, loss, and lack of social belonging across the lifespan. Childhood sexual trafficking. For adults, co-occurring disorders, grief/loss, financial distress, chronic illness, relational issues, custody issues	Lifespan, LGBTQ+, Veterans, Healthcare professionals and first responders, Veterinarians, Teachers & Paraprofessionals, youth ages elementary through young adulthood, youth with disabilities	QPR/SOS/Gizmo trainings throughout the region; RSAB strengthen awareness building of suicide prevention strategies and trainings	Establishing strong and cohesive post-vention team;	Lack of respite for suicide crisis instead of the emergency department	Need suicide survivor groups & attempt survivor groups; Need post-crisis follow-up after treatment
Other Priorities and Emerging Issues (Specify below)						
Methamphetamines (including MDMA)	Poly-substance use, Increase access in New England	College age youth, adults	College students utilizing harm-reduction strategies for safe usage, Drug testing to see if fentanyl is present in substance	College students testing substances with fentanyl test strips, Increase community members accessing recovery sites (CCAR)	Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Need for recovery friendly workplaces, Need for more outreach and recovery support, need post-treatment follow-up care
Counterfeit Pills	Lack of awareness of risk for counterfeit pill use/that it can contain fentanyl, people who use prescription medication, youth experimenting with substance unaware of fentanyl risk	College age youth	“you think you know” prevention education campaign, Drug testing to see if fentanyl is present in substance	Increase community members accessing recovery sites (CCAR)	Adderall shortage resulting in individuals seeking out counterfeit as replacement, Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Need for recovery friendly workplaces, Need for more outreach and recovery support, need post-treatment follow-up care
Cannabis (THC tinctures, edibles, delta 8)	Low perception of harm, increased access through legalization of	Adults, young adults, underage youth	Drug testing to see if fentanyl is present in substance	Normalized use, low perception of harm in communities,	Waiting lists for outpatient addiction treatment, barriers to accessing treatment due	Need for recovery friendly workplaces, Need

	adult-use of cannabis, Lack of awareness of youth use of concentrated THC			increased access and availability with legalized adult-use, low regulation of gummies & potency, youth using edibles and experiencing mental health concerns, Increase community members accessing recovery sites (CCAR)	to being insured/high medical costs	for more outreach and recovery support, need post-treatment follow-up care
Xylazine	Low awareness of its presence in substances, no awareness of acute and long-term risks & addictive properties	Adults, young adults	Drug testing to see if fentanyl is present in substance, State tracking of xylazine contamination	Increase in access by community, increasing in overdose deaths, Increase community members accessing recovery sites (CCAR), no evidenced-based prevention/harm reduction strategies, minimal adult/parent awareness of trend	Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs, specialized wound treatment for Xylazine use	Need for recovery friendly workplaces, Need for more outreach and recovery support, need post-treatment follow-up care
Zyn/Nicotine Pouch (also have caffeine pouch)	Previous vaping and/or tobacco use, low perception of harm	Young adults		Low cost, caffeine pouches available for online sale and no age limit, minimal restrictions with age verification for online sale, Increase community members accessing recovery sites (CCAR), minimal adult/parent awareness of trend, Ease of access	Waiting lists for outpatient addiction treatment, barriers to accessing treatment due to being insured/high medical costs	Need for recovery friendly workplaces, Need for more outreach and recovery support, need post-treatment follow-up care