



WCTC

**2023 Regional
Priority Report:
Region 5
(Western Connecticut)**

www.wctcoalition.org

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Region 5 Problem Gambling Awareness Team

Region 5 Prevention Committee

Abbreviations

Apex-formerly Aids Project of Greater Danbury
ATOD: Alcohol, Tobacco, and Other Drugs AUD: Alcohol Use Disorder
BRFSS: Behavioral Risk Factor Surveillance System
CACs: Catchment Area Councils
CADCA: Community Anti-Drug Coalitions of America
CCAR: Connecticut Community for Addiction Recovery
CCATS: Center for Child and Adolescent Treatment Services
CCPG: Connecticut Council on Problem Gambling
CCT: Community Care Team (CCT)
CGAC: Connecticut Gambling Awareness Community
CHOICES: Cultivating Healthy Opportunities In College Environments Office
CIFC: Connecticut Institute for Communities
CME: Chief Medical Examiner, Office of
COG: Council of Governments
CORE: College Population Surveys
CORI: Connecticut Opioid Response Initiative
CSHS: Connecticut School Health Survey (CT's YRBSS)
DEA: Drug Enforcement Agency
DEA DTA: DEA Drug Threat Assessment
DEC: Drug Exposed Child
DCP: Department of City Planning
DFS: Drug Free Schools Committee
DiGIn: Disordered Gambling Integration Project
DMHAS: Department of Mental Health and Addiction Services
DCF: Department of Children and Families
DCP: Department of Consumer Protection
DESPP: Department of Emergency Services and Public Protection
DOC: Department of Corrections
DPH: Department of Public Health
DSM: Diagnostic and Statistical Manual of Mental Disorders
DSS: Department of Social Services
DVA: Department of Veteran Affairs
DUI: Driving Under the Influence
ECC: Enhanced Care Clinic
ED: Emergency Department
EMPS: Emergency Medical Personnel Services
ENDS: Electronic Nicotine Delivery System
FDA: Food and Drug Administration
FPL: Federal Poverty Level
HIDTA: High Intensity Drug Trafficking Area
HVCASA: Housatonic Valley Coalition Against Substance Abuse
IICAPS: Intensive In-home Child and Adolescent Psychiatric Services
IMF: illicitly manufactured fentanyl

IOP: Intensive Outpatient
LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexual and Asexual
LCSW: Licensed Clinical Social Worker
LMHAs: Local Mental Health Authorities
LPCs: Local Prevention Councils
LOUD: Live Life Without Opioid Use Disorder
MAT: Medication Assisted Treatment
MCCA: Midwestern Connecticut Council on Addiction
MDFT: Multidimensional Family Therapy
MH: Mental Health
MHAT: Mental Health Awareness Training
MHFA: Mental Health First Aid
MTF: Monitoring the Future Survey
NAMI: National Alliance for Mental Illness
NCPG: National Council on Problem Gambling
NIAAA: National Institute on Alcohol Abuse and Alcoholism
NORA: Naloxone Overdose Response Application
NSDUHL: National Survey on Drug Use and Health
NHCOG: Northwest Hills Council of Governments
NVCOG: Naugatuck Valley Council of Governments
OD: Overdose
OTC: Over the Counter
PDMP: Prescription Drug Monitoring Program
PGAT: Problem Gambling Action Team
PSN: Project Safe Neighborhood
PTSD: Post-traumatic stress disorder
QPR: Question, Persuade, Refer-Suicide Gatekeeper Training RBHAO: Regional Behavioral Health Action Organization SAMHSA: Substance Abuse Mental Health Service Administration SAPT: Substance Abuse, Prevention, and Treatment
SEOW: State Epidemiological Outcomes Workgroup
SMI: Severe Mental Illness
SOR: State Opioid Response
SRO: School Resource Officer
SSPs: Syringe Service Programs
SUD: Substance Use Disorder
SWORD: Statewide Opioid Reporting Directive
THC: Tetrahydrocannabinol
WCMHN: Western CT Mental Health Network
WCSU: Western Connecticut State University
YRBSS: Youth Risk Behavior Surveillance System (school survey)

Executive Summary

The *2023 Region 5 Regional Priority Report* provides an updated overview and thorough description of substance misuse, problem gambling, mental health, and suicide issues of our region's diverse population. It includes a demographic snapshot of CT DMHAS Region 5; in-depth regional profiles of substance misuse, problem gambling, mental health, and suicide in our service area; a discussion on emerging issues and trends; identification of specific groups and subgroups at increased risk for behavioral health issues; descriptions of resources, community norms and conditions, strengths and assets, service gaps, and resource needs; and recommendations that are realistic and reflective of the region's challenges and available resources.

Western CT Coalition (WCTC) staff consulted with our key stakeholders, comprised of coalition members, community volunteers, partners, committee and board members. Staff conducted regional focus groups and key informant interviews to rank mental health concerns, alcohol, marijuana, tobacco, electronic nicotine delivery systems (ENDS), illicit and prescription drug misuse, suicide, problem gambling, tobacco and cocaine. We also accessed several local, regional, state, and national data sources to help develop individual epidemiological profiles which were used to inform our final recommendations.

Through data analyses, staff and community contributors identified the following specific areas of concern, emerging issues and trends, and persistent challenges:

- Suicide and suicidal ideation are top concerns.
- There were 60 suicides during 2022 in Region 5. The vast majority were among people 25 and older.
- Post pandemic, we continue to see an increased prevalence of mental health concerns across the lifespan.
- Statewide and national suicide rates dropped slightly among all age groups in 2020, following a 4-year increase during 2015-2019, however, the trend has returned upward since 2021.
- Anxiety and depression are the most reported mental health disorders. Anxiety is the primary concern among ages 12 – 17 and depression is the mental health issue of greatest concern among those 65 years and older.
- There is a clear linkage between mental health challenges and substance use disorders, with associated risks of addiction and compounding behavioral health risks.
- Alcohol remains the most prevalent substance misuse/ addiction priority in Region 5, with negative consequences of alcohol misuse, underage drinking, and binge drinking all being risk factors.
- Opioids remain at the center of accidental drug deaths. In Region 5, the highest death rates per 100,000 residents from any opioid occurred in Canaan, Morris, and Waterbury. (*DMHAS Regional Data Stories at <https://dmhasregions.ctdata.org/region/5>*)
- Fentanyl remains the most common opioid involved in accidental intoxication deaths.
- Fatal drug overdoses declined slightly from 1524 in 2021 to 1452 in 2022. However, overdoses are still the number one cause of unintentional deaths in CT.

- White residents long comprised the bulk of OD deaths, but as overall death rates have gone up, an increasing share of those deaths have been people of color.
- The presence of Xylazine in accidental drug deaths increased four-fold since 2019.
- Vaping and e-cigarettes (*ENDS*) are the substances of greatest concern for ages 12-17. The legal age for purchase and use of tobacco products in CT has been raised to age 21.
- Growing use of cannabis among youth and adults, with a low perception of harm. CT residents over the age of 21 can now legally possess and consume non-medical cannabis.
- Persistent misuse of prescription drugs, especially benzodiazepines and amphetamines.
- The ease of access and unknown composition of illicit pills is a risk among youth and young adults.
- Problem Gambling is now identified as a top priority with problem gambling disorder, gambling addiction, or problems related to gambling affecting youth, young adults, and adults of all ages. Problem Gambling is tagged as a high-risk behavior.
- The COVID pandemic exacerbated operational and financial challenges for community non-profits.

Demographics in Region 5 are highly disparate town by town. This region comprises 43 communities in the western part of Connecticut, including all of Litchfield County, and northern Fairfield and New Haven Counties. It includes three core urban centers (Danbury, Torrington, and Waterbury), 15 suburban communities, 24 rural towns, and 1 unique small city (Winsted) within a town (Winchester).

All socioeconomic strata are represented within this region, from among the highest to lowest median annual household incomes in the state. Five rural and urban communities (Danbury, North Canaan, Sharon, Waterbury, and Winchester) have poverty rates above the state average of 10%. This contrasts sharply with eight communities (Cheshire, Hartland, New Hartford, Newtown, Prospect, Ridgefield, Sherman, and Warren) that have poverty rates under 3%.

Racial diversity (*non-White*) ranges from a low of 3% in Morris and New Hartford to a high of 62% in Waterbury. Linguistic diversity and immigrant populations are among the highest (Danbury) and lowest (Northwest corner) in the state. While English is the spoken language in 99% of homes in Norfolk, it is the spoken language in only 56% of homes in Danbury. Disparate demographics within our region make this priority setting report a limited snapshot of the overall regional picture.

The *2023 Region 5 Regional Priority Report* identifies risk factors, burdens, and sub-populations at risk and explores how and why they are at-risk for substance misuse, suicide, problem gambling, and mental health challenges. Due to the broad range of substances and mental health concerns covered in this report, at-risk groups include older adults, youth, young adults, BIPOC (the Global Majority), people who are unhoused or experiencing unstable housing, LGBTQ+, those living at or below the poverty level, new immigrants, and those in chronic pain and/or using prescription pain relievers.

There are specific at-risk groups within each category, described in detail. For example, people dependent on alcohol are *at risk* for other substance addiction. This report addresses health disparities throughout the region and the correlation to subpopulations at risk. There are disparities by race, ethnicity, age, gender, sexual orientation, sexual identity, and educational attainment in the prevalence of mental health challenges, alcohol dependence, substance use disorders, and problem gambling.

This report acknowledges persistent resource gaps and needs in this region. These focus on access to and affordability of preventive care and treatment options, lack of transportation for mental health and addiction services and supports, severe and on-going shortage of service providers particularly for youth, reactive/crisis intervention over mental health promotion and early intervention, and stigma around mental health and addiction issues. Even though things have improved, there is still a need for better coordination and collaboration among agencies, departments, and law enforcement. There is definitive need for more pro-active resources and supports that might intercept the need for crisis intervention, especially among youth. While there is representation from local officials and area legislators on local Prevention Councils, Suicide Prevention Taskforces, and Opioid Workgroups, we are still working towards a deeper level of engagement from all sectors. Although mental health promotion and substance misuse prevention are actively present in the region, we recognize the need for continued outreach and engagement, especially among youth and families.

In a way, the advent of online gambling and the legalization of non-medical marijuana have aroused interest from new partners; community health providers continue to look for opportunities to engage. Along this line, we identify many community resources, strengths, and assets. These vary widely from town to town and include innovative treatment options and emerging trends in customized therapies. Supportive resources include initiatives such as TRED (Transportation Reaching Every Direction) that provides free car service for eligible DMHAS clients in the region as well as free transportation from area hospital emergency departments to a designated inpatient drug treatment facility. Community-based organizations such as the Center for Empowerment, Newtown Parent Connection, MCCA, McCall Behavioral Health, the Local Prevention Councils, EdAdvance, various private providers, and WCTC offer no-cost mental health awareness, crisis intervention, and support to address stigma and encourage those in need to seek treatment.

Agencies such as Apex Community Care in Danbury and the collaborative of Litchfield County Opioid Task Force provide Harm Reduction Services in Region 5. Supportive resources for youth and families in rural communities include the YMCA and Youth Service Bureaus. Regional school districts provide education and awareness around substance abuse, mental health, and positive youth development and family structures. School based Health Centers are expanding in our districts. There is new U.S. Department of Education federal grant funding to greatly increase the number of school-based mental health professionals throughout rural communities in Region 5 over the next five years.

Across the region, faith-based organizations – from small neighborhood churches to large non-denominational congregations – are recognized in the region as a community resource where people can access guidance and assistance during challenging times. Several congregations throughout Region 5 offer opioid awareness and Narcan training, QPR (Suicide Prevention), CAP (Congregational Awareness Program), and Mental Health First Aid. Their efforts have resulted in a reduction of stigma related to mental health challenges and substance use disorders. Another asset is our ongoing positive communication with various Councils of Government (COG), represented by WESTCOG (*Western CT*), NWCOG (*Northwestern CT*) and NVCOG (*Naugatuck Valley*).

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

Western CT Coalition, and our collaborators acknowledge cultural humility in each phase of the development of the *2023 Region 5 Regional Priority Report*. Within the lens of equity and inclusion, our intention is to present a fair and just representation of data. We purposefully sought to include diverse voices on committees and in surveys, focus groups, and interviews. This report seeks to be transparent about inequalities within and across communities, including unequal access to prevention, treatment, and other resources.

REGION 5 PRIORITIES 2023

The following chart represents the results of our Regional Ranking Matrices for Mental Health, Substance use, and Problem Gambling:

PRIORITY	CATEGORY RANKING	MEAN SCORE	OVERALL RANKING
SUICIDE	1	4	1
ANXIETY	2	3.9	2
DEPRESSION	3	3.8	3**
TRAUMA/PTSD	4	3.5	5
CHILDREN’S SMI	5	3.4	6*
ADULT SMI	5	3.4	6*

ALCOHOL	1	3.8	3**
ENDS/VAPE	1	3.8	3**
HEROIN/FENTANYL	2	3.6	4
CANNABIS	3	3.4	6*
RX DRUGS	4	3.3	7
TOBACCO	5	3.1	9
COCAINE	6	2.9	10
PROBLEM GAMBLING	X	3.2	8

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Introduction

Background

Western CT Coalition has worked on different iterations of the Regional Priority Setting Report with partners throughout Region 5 for several years. The report has been used in conjunction with epidemiological profiles specific to sub-regions of the five main DMHAS service regions to summarize statewide priorities. The 2023 report identified demographic data and social determinants of health. It focused on the magnitude and impact of substance misuse (including alcohol and tobacco), problem gambling, mental health challenges/serious mental illness (SMI), and suicide. The content and format was designed to provide key information that would be useful to planning groups, policy makers, and other coalitions and stakeholders.

Purpose

The purpose of this report is to provide a thorough description and representation of substance misuse, suicide, problem gambling, and mental health challenges/SMI among the populations that we serve. We examine trends and attempt to identify specific sub-populations who are at heightened risk and may be in need of services. We organize data into profiles to help with needs assessments and gap analyses for substance misuse, suicide, problem gambling, and mental health issues. We define regional priorities and resources, so that we can make informed recommendations to address these needs. The report also identifies health disparities in order to address these inequities.

Data Sources

The assessment incorporates a significant amount of quantitative data collected from a variety of sources.

The national data used in this report was gathered primarily from the National Survey of Drug Use and Health (NSDUH), Monitoring the Future, Youth Risk Behavior Surveillance System, and U.S. Census Bureau. Statistics from CT Department of Public Health, CT Office of Chief Medical Examiner, 2-1-1 Infoline, the CT State Epidemiological Outcomes Workgroup (SEOW) data portal, and CT Datahaven provided statewide and some regional statistical information. Regional demographic data was collected from the 2021 CT Town Profiles, through AdvanceCT. Local quantitative data came from area treatment providers, Community Health Needs Assessments, law enforcement, Western CT Coalition's Community Readiness Survey, and youth surveys. As with all survey instruments, there are strengths and limitations to each of these data sources.

Specific to our needs, national surveys are most useful for comparisons. Interpreting and applying data from these sources require some caution because of the large geographic area and wide range of demographics in Region 5. For instance, it was important to consider the differences between youth surveys in rural areas and those of urban centers.

Aggregate data from youth surveys across an area of 43 disparate communities becomes diluted and can therefore lack significance. Region 5 covers forty-three distinct communities, including three core cities: Danbury, Torrington, and Waterbury. We tried to separate the urban or greater metro area data from that of rural communities in the northwestern corner of the state where populations can be less than 2,000 full-time residents. When using the local data, we recommend that communities make observations without waging comparisons to neighboring communities. Priorities are more accurately identified when local conditions, resources and strengths are considered in tandem with areas of concern.

In addition to the quantitative data sources listed above, qualitative input was used to describe behavioral health conditions. Focus groups and key informant interviews were conducted between December of 2022 and March of 2023. Qualitative input also included information gathered through our daily work and community involvement as an active coalition. The committees at WCTC involved in this report include the Drug-Free Schools Committee, Prevention Committee, Catchment Area Council, Opioid Workgroups, Regional Suicide Advisory Board, and the Problem Gambling Awareness Team. These groups provided both quantitative and qualitative data throughout the year, as they use local level data to identify needs and address emerging issues for their own purposes. These long-standing committees brought great relevance to the data gathering process. They are engaged in a wide array of community sectors and are invaluable to our priority setting report.

Strengths and Limitations of the Report

The overarching strength of this report is its comprehensive assessment of the region's behavioral health. The profiles are detailed and thorough. We recognize that the report cannot accurately measure all possible aspects of behavioral health within its forty-three communities. Information was at times limited as to the level of geographic detail, availability of certain indicators, and timeliness of reporting periods. Overall, we were able to find ample local information and resources pertinent to the development of the profiles and to generate recommendations and priorities at the regional level.

How the Report was Developed

The bulk of the priority setting process transpired between January and April of 2023. WCTC staff developed epidemiological profiles. WCTC staff recruited members of standing committees and community partners to review data and offer insights about current trends, gaps in services, sub-populations and improvements to the behavioral health landscape. We intentionally included new people from diverse backgrounds to provide fresh perspectives. WCTC staff met regularly, consulted with other community partners and volunteers, reviewed the profiles, and disseminated priority ranking matrices. Coalition staff tabulated results and incorporated these into the report.

Participants in this process discussed epidemiological profile data, community readiness data, and their own personal/professional knowledge. They used anecdotal and timely information to support the quantitative data provided in the profiles. They also discussed availability of resources and changes in perceptions around substance use disorders and other behavioral health issues. The Priority Ranking Matrix was used to score Magnitude, Impact, Changeability, Capacity/Readiness and Consequence of Inaction. The individual matrix rankings are tallied, and the results are used to determine priorities and make recommendations. The anticipated outcome of this report is the provision of actionable recommendations that will improve prevention, treatment and recovery across the lifespan.

Description of the Region

DMHAS Region 5 covers the 43 communities in the western part of Connecticut. It includes all of Litchfield County and extends into northern Fairfield and New Haven Counties. It includes three core urban centers (Danbury, Torrington, and Waterbury), 15 suburban communities, 24 rural towns, and 1 unique small city (Winsted) within a town (Winchester). Region 5 communities are: Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester/Winsted, Wolcott, and Woodbury. According to the most recent data (<https://dmhasregions.ctdata.org/region/5>), the total population of DMHAS Region 5 is 623,792, which accounts for approximately 17.25% of the total population of CT, which is 3,626,205 (*census.gov,2022*). From a different perspective, due to its many small rural and suburban communities, the WCTC service area comprises a full quarter, or 25%, of all municipalities in CT.

The WCTC service area has among the most divergent income levels and racial/ethnic compositions in the state. North Canaan, Torrington, and Waterbury have the lowest median household income in the region (*with Waterbury among CT's ten poorest places in CT*) while Bridgewater, Newtown, Redding and Warren are among the *wealthiest towns* in CT. Racial and ethnic demographics in Region 5 are equally divergent. While rural Northwestern CT has the lowest ethno-racial diversity in the state (*including Morris and New Hartford with 3% diversity*), Waterbury and Danbury have among the highest ethno-racial diversity in the state, ranking #3 and #8 respectively. Demographic data extends beyond racial, ethnic, and economic diversity to include factors such as age, educational attainment, gender, English language proficiency, sexual orientation, and gender identity. There are many differences in behaviors, attitudes, cultures, resources, and community norms. If it is to be effective and sustained, efforts towards community level change must consider equity, inclusion, and diversity in the broadest sense.

Subpopulations at higher risk for substance use disorder, mental health challenges, and suicide include the region's LGBTQ+ community and homeless population. There is increasing awareness of the need for more supportive services for these communities. The region has experienced slow but positive growth in LGBTQ+ responsive healthcare, such as Wheeler Clinic in Waterbury. Other LGBTQ+ organizations and initiatives in the region include QUEST (Queer Unity Empowerment Support Team) and PFLAG in Waterbury, Apex Community Care in Danbury, and Pride in the Hills Fund in Litchfield County. Supportive services for homeless adults and youth and those at risk of homelessness or living in unstable housing include implementation of the McKinney Vento Homeless Assistance Grant, administered by EdAdvance; we currently have homeless, overflow and emergency shelters in Danbury, Torrington, Waterbury, and Winsted that are operational. In Torrington, the Gathering Place, a Homeless Outreach/Service Center with a broad range of life changing resources serves 26 communities in the region.

Below is a table that clearly demonstrates these demographic disparities town by town in Region 5, as well as, how each town compares to statewide averages:

Town/City	Total Population	% White	% Black/ African American	% Hispanic/ Latinx	% Asian	% Other	Median Household Income	% Poverty Rate	% of households where English is spoken at home
Barkhamsted	3,649	94%	<1%	<1%	4%	1%	\$109,688	6%	92%
Beacon Falls	6,168	92%	1%	6%	<1%	<1%	\$85,024	7%	87%
Bethel	19,663	81%	4%	8%	7%	1%	\$101,968	3%	81%
Bethlehem	3,433	91%	<1%	2%	2%	3%	\$98,409	5%	92%
Bridgewater	1,707	90%	5%	3%	<1%	2%	\$111,250	3%	95%
Brookfield	17,016	86%	1%	6%	5%	1%	\$114,615	5%	86%
Canaan	1,143	92%	4%	1%	1%	2%	\$80,298	6%	97%
Cheshire	29,147	83%	4%	4%	7%	2%	\$120,546	2%	88%
Colebrook	1,484	97%	<1%	2%	<1%	<1%	\$98,250	3%	99%
Cornwall	1,291	88%	<1%	8%	4%	4%	\$80,000	9%	83%
Danbury	84,619	50%	9%	30%	6%	5%	\$73,297	11%	56%
Goshen	2,883	93%	<1%	2%	<1%	4%	\$109,886	5%	95%
Hartland	1,982	90%	<1%	<1%	<1%	9%	\$105,921	2%	97%
Harwinton	5,456	96%	2%	1%	<1%	<1%	\$111,202	3%	95%
Kent	2,799	91%	1%	2%	3%	3%	\$78,125	6%	90%
Litchfield	8,147	90%	1%	7%	<1%	<1%	\$84,694	7%	94%
Middlebury	7,739	90%	<1%	4%	4%	2%	\$121,122	4%	88%
Morris	2,205	97%	<1%	1%	<1%	2%	\$87,308	6%	97%
Naugatuck	31,347	72%	9%	12%	3%	4%	\$74,944	8%	79%
New Fairfield	13,347	87%	<1%	9%	1%	2%	\$112,457	4%	92%
New Hartford	6,703	97%	<1%	2%	<1%	1%	\$106,765	2%	96%
New Milford	27,014	85%	1%	7%	3%	3%	\$89,969	5%	86%
Newtown	27,822	89%	2%	5%	3%	2%	\$127,602	2%	89%
Norfolk	1,628	93%	<1%	3%	<1%	3%	\$75,208	6%	97%
North Canaan	3,281	85%	4%	10%		<1%	\$62,432	12%	87%
Oxford	13,086	89%	3%	6%	<1%	<1%	\$110,111	2%	91%
Prospect	9,705	87%	7%	4%	<1%	2%	\$101,134	1%	90%
Redding	9,176	93%	<1%	4%	1%	1%	\$132,838	4%	91%
Ridgefield	25,042	88%	1%	5%	4%	2%	\$163,945	2%	88%
Roxbury	2,105	95%	<1%	2%	3%	<1%	\$118,971	<1%	91%
Salisbury	3,625	95%	<1%	2%	1%	<1%	\$72,658	6%	96%
Sharon	2,700	90%	2%	3%	1%	3%	\$81,919	15%	95%
Sherman	3,649	92%	<1%	3%	2%	3%	\$101,818	1%	91%
Southbury	19,681	90%	5%	1%	2%	1%	\$98,790	5%	93%
Thomaston	7,599	95%	<1%	3%	<1%	<1%	\$68,539	7%	97%
Torrington	34,489	81%	3%	11%	3%	2%	\$63,172	10%	85%
Warren	1,457	94%	1%	3%	<1%	1%	\$104,375	2%	94%
Washington	3,450	88%	1%	7%	2%	2%	\$108,250	6%	86%
Waterbury	108,176	38%	19%	37%	2%	4%	\$42,401	23%	62%
Watertown	21,751	88%	2%	7%	2%	1%	\$78,576	5%	85%
Winchester	10,730	90%	<1%	5%	1%	3%	\$68,750	15%	95%
Wolcott	16,615	88%	2%	7%	2%	1%	\$95,257	4%	91%
Woodbury	9,562	91%	<1%	5%	2%	1%	\$81,362	6%	88%
STATE Average		67%	10%	16%	4%	3%	\$78,444	10%	78%

(The Connecticut Town Profiles, 2021 @ advancect.org)

Changes in our demographic composition over the past twelve years are similar to the 28% statewide increase in the Hispanic and Latino populations, especially in Danbury and Waterbury. At the same time, the non-Hispanic population in CT has decreased about 10%. To address the unique needs of our changing demographic, we need more than simply bi-lingual or multi-lingual translation services. The behavioral health system and its providers should be educated in the customs, beliefs and attitudes of our constituents. Mental health and substance use can be daunting topics to approach within some South American cultures. It is critical that we provide resources and services in the right language, but it is also important to become familiar with the values that influence people's decisions about their health and healthcare, in general. It should also be noted that the Spanish/Hispanic/Latino population in our state trends younger than the non-Spanish/Hispanic /Latino population. About 81% of this group are under the age of 65, while only 40% of non-Spanish/Hispanic/Latino folks are under 65.

When Region 5 is examined from the lens of "5 Connecticut", it appears to be mostly rural with some suburban areas, one wealthy community and one urban center. It is important to be mindful of the actual number of individuals residing in these different communities. Distance from services, transportation barriers and physical isolation will impact the rural towns. People in our suburban areas like New Milford and Naugatuck will face different challenges, as will the City of Waterbury. We have a lot to consider when factoring in sub-populations of risk. Each of these areas poses challenges for various "at-risk" subpopulations. We are fortunate to have some many local level networks and organizations that share timely and accurate information about current trends, changes in service structures and personnel, new funding for new programs, and data from treatment censuses, surveillance systems, and emergency resources, among others.

We acknowledge the enormous amount of time and commitment offered to Western CT Coalition by these colleagues. They helped WCTC staff locate data and anecdotal information that was used to develop the epidemiological profiles in the following section.

Regional Epidemiological Profiles

Alcohol
Cannabis
Cocaine
Heroin and Other Illicit Opioids
Mental Health
Prescription Drug Misuse
Problem Gambling
Suicide
Tobacco and ENDS

2022 Region 5 Epidemiological Profile: Alcohol

Problem Statement

Alcohol is the most used substance nationally and in Connecticut. According to the 2021 National Household Survey of Drug Use and Health (NSDUH), Connecticut has the 5th highest prevalence of current alcohol use (56.3%) compared to other states in the U.S., higher than the national prevalence (47.6%)¹. The current data provided was collected using methodological changes that were implemented as a result of the COVID-19 pandemic. Trends outlined in this profile should be understood within this context.

Magnitude (prevalence)

Overall, NSDUH shows that the rate of alcohol use in Connecticut has remained relatively stable; the prevalence of current alcohol use in individuals 12 and older was 59.4% in 2009-2010 and 56.3% in 2021. However, consistent with the national trend, underage drinking in Connecticut among 12 to 17-year-olds decreased significantly, from 17.8% in 2009-2010 to 7.0% in 2021. Adults in Connecticut aged 26 and older have the highest rate of reported past month alcohol use (61.41%), followed closely by young adults aged 18-25 (58.47%).

Alcohol and Driving³ During the year 2021 the region experienced an estimated 494 crashes involving a DUI, 3 of which were in a work zone, 1 involved a school bus, and 114 were related to an intersection. 11 of these crashes were unfortunately fatal and 28 were suspected to be serious injuries.

The youth in Region 5 report driving in cars with drivers who had been drinking. Of the schools surveyed: 19.7% of 7th graders, 20.7% of 8th graders, 18.2% of 9th graders, 19.9% of 10th graders, 13.2% of 11th graders, and 19.9% of 12th graders reported riding in a car with a driver who had been drinking. The Search Institute Attitudes and Behaviors survey does not indicate if the driver was of drinking age or under. Given the data put forth it is reasonable to assume youth are riding in cars with adults who have been drinking.

Binge Drinking Scope Binge drinking (as defined as four or more drinks of alcohol in a row for females, five or more drinks for males) continues to present at a stable rate amongst the adult population. The prevalence of binge drinking in Connecticut has remained relatively stable since 2010. As for 2021, CT's prevalence of binge drinking among those 12 and older has dipped below the national prevalence (19.9% vs. 21.5%). Binge drinking is highest among young adults (29.3%), followed by adults ages 26 or older (20.3%), and youth ages 12-17 (3.6%).

According to 2016-2018 NSDUH data, the most recent year of substate data available, 59% of the Region 5 population 12 and older used alcohol in the past month. Among 12-20 year olds, 25.1% used alcohol in the past month. The 2016-2018 NSDUH data show that Region 5 reported slightly lower prevalence of binge drinking (27.6%) than all other regions (27.7%-30.6%) and the state (28.6%). Region 5 had the second lowest prevalence of past month alcohol use (59.1%) of the five regions (58.3% - 63%), and slightly lower than the state (60.6%) for that time period.¹

The 2021 Connecticut School Health Survey shows **high school females were two times more likely than males to report past month drinking** (29.2% and 14.2%, respectively) and binge drinking (8.5% vs 5.6%). This is a sharp increase from the historic numbers and aligns with rates of mental health challenges within the high school female population. Non-Hispanic Caucasian students had the highest prevalence of past month drinking (22.4%) and binge drinking (10.3%). Reports of Latinx and people of color past month drinking (13.7% and 12.1% respectively) and binge drinking (4.0% and 3.5%, respectively) were similar between the two groups.²

2022 Region 5 Epidemiological Profile: Alcohol

NSDUH Substate Estimates:

Percent Reporting Past Month Binge Drinking, Ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	28.6	30.6	28.6	29.1	27.8	27.6

Percent Reporting Past Month Use, ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	60.6	61.5	59.4	58.3	63.0	59.1

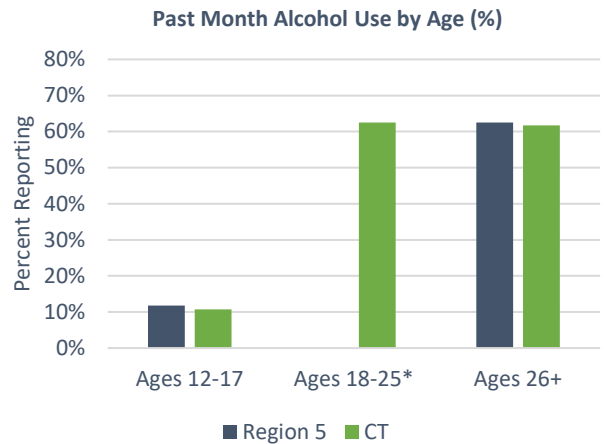
Connecticut School Health Survey (YRBS) 2021

17.5% of high school students reported using alcohol in the past month and 7.0% reported binge drinking** in the past month². The percentages of students reporting being drunk once or more in the last two weeks follow a similar trend to past 30-day use with a higher rate of drinking within the female population and an increase from grade 7 to grade 12.³

According to 2016-18 NSDUH data, the most recent substate (regional) data available due to COVID-induced methodological issues that rendered the 2018-20 data incomparable, 59.1% of the region 5 population 12 and older used alcohol in the past month before the survey. This reported prevalence aligned with the reported past 30 day alcohol use for CT (60.6) and its other regions, as shown in the tables above.¹

Attitudes and Behaviors Survey

Seven schools in region 5 conducted the Search Institute Attitudes and Behaviors surveys in 2022. The surveyed indicates an average of 16.46% of students reported using alcohol once or more in the last 30 days. **Male alcohol use occurred at a rate of 12.1% and females reported a higher rate of 16.1%.** The number of students reporting drinking in the past 30 days steadily increased from grade 8 to grade 12³, as depicted in the chart below.



Perceptions of Risk and Parental Disapproval of Alcohol Use in Region 5 Community

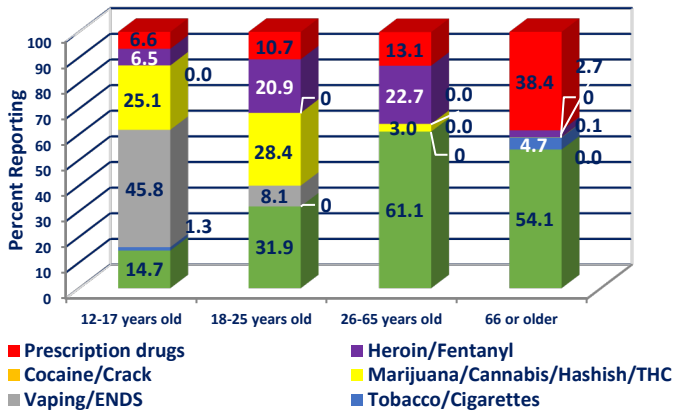
Perception of peer and parent disapproval are two important factors that impact youth alcohol use. When looking at the seven schools that engaged in the Search Institute Attitudes and Behaviors Survey in 2022, the perception of both peer and parent disapproval of alcohol use decreased between grades 8 and 12, with a higher drop in perceived peer disapproval between grades 8 and 12, indicating that students believe their peers are more accepting of alcohol use by the end of high school. Alternatively, there was a high rate of students who believed that their parents disapproved of youth alcohol use.³ Parental disapproval can lead to higher rates of abstinence within the youth population, indicating that parental perspectives are impactful to a young person's development as demonstrated in the book developed by The Search Institute (2015) titled *Don't Forget the Families: The Missing Piece in America's Effort to Help All Children Succeed*.

Data from the 2022 Community Readiness Survey specific to region 5 indicates that key informants view alcohol (represented in green in the graph below) as the problem substance of greatest concern for individuals 18 and older.⁶

2022 Region 5 Epidemiological Profile: Alcohol

Risk Factors and Subpopulations at Risk

Problem Substances of Greatest Community Concern by Age, Western CT Coalition CRS, 2022



At-Risk Populations include the following:

- Young people who drink are more likely than adults to report binge drinking.⁷
- Women are more likely than men to develop alcoholic hepatitis and cirrhosis and are at increased risk for damage to the heart muscle and brain with excessive alcohol use.⁹
- Individuals with mental health disorders are about four times more likely to be heavy alcohol users.¹⁰
- Latinx individuals have higher rates of abstinence from alcohol, those who do drink often have higher rates of binge drinking.¹²
- In 2019, 68.2% of alcohol admissions were male, and 59.6% were non-Hispanic White.¹³
- Among youth, risk factors include:
 - Academic and/or other behavioral health problems in school
 - Alcohol-using peers
 - Lack of parental supervision
 - Poor parent-child communication
 - Parental modeling of alcohol use
 - Anxiety or depression
 - Child abuse or neglect
 - Poverty
 - Social norms that encourage or tolerate underage drinking¹⁴

As previously mentioned, perception of risk is known to impact alcohol consumption and other behaviors related to alcohol use. The 2016-2018 NSDUH data (included below) suggests that Region 5 residents,

aged 12 and older, report a lower perception of great risk from heavy drinking once or twice a week than all the regions and the overall state.¹

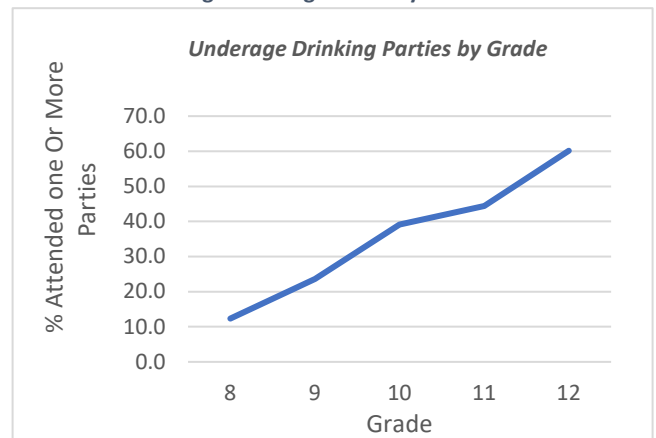
Within the Waterbury area, Latinx individuals have been identified as consuming alcohol at higher rates than any other ethnicity group²².

Percent Reporting Perception of Great Risk from Having 5+ Drinks of an Alcoholic Beverage Once or Twice a Week, age 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	43.9	44.6	42.6	39.8	45.3	27.6

Previously mentioned risk factors for youth including alcohol-using peers and social norms that encourage and tolerate underage drinking are risk factors of high concern for region 5. By their freshman year, almost 1 in 4 students have been to a party where people their age are drinking. This number rises to 60% by their senior year of high school.³

Underage Drinking Parties by Grade



By the time students enter 12th grade 60% report attending one or more parties where other kids were drinking.³

Burden (consequences)

- Immediate adverse effects of alcohol can include impaired judgment, reduced reaction time, slurred speech, and loss of balance and motor skills.⁷

2022 Region 5 Epidemiological Profile: Alcohol

- When consumed rapidly and in large amounts, alcohol can also result in coma and death.⁷
- Alcohol use can increase risk of death when used with other substances, i.e., prescription medication like benzodiazepines and opioids.¹⁵
- In 2019, alcohol was listed as a contributing cause of death for almost 3 in 10 (29%) of 1200 fatal overdoses which occurred in Connecticut.¹⁶
- Approximately 95,000 deaths each year in the U.S. are attributed to alcohol misuse.¹⁷
- In 2019, Connecticut ranked as the fourth highest state in the country for the percent of alcohol-impaired driving fatalities compared to total driving fatalities (38%), versus the United States overall (28%).¹⁸
- Excessive drinking has numerous chronic and acute health effects, including liver cirrhosis, pancreatitis, various cancers, cardiomyopathy, stroke, high blood pressure, and psychological disorders as well as increased risks for lower respiratory infections such as tuberculosis.¹⁹
- Excessive drinking has been associated with increased risk of motor vehicle injuries, falls, and interpersonal violence.⁷
- Drinking during pregnancy can lead to a variety of developmental, cognitive, and behavioral problems in the child (Fetal Alcohol Spectrum Disorders).¹⁹
- Older adults aged 65+ who drink are at increased risk of health problems.
- associated with lower tolerance for alcohol, existence of chronic health problems (i.e., diabetes, high blood pressure, congestive heart failure, and liver problems) and interactions with medications (e.g., aspirin, acetaminophen, cough syrup, sleeping pills, pain medication, and medication for anxiety or depression).²⁰

- Initiation of alcohol use at young ages has been linked to increased likelihood of AUD later in life.²¹
- Of all 2021 Connecticut treatment admissions, 38% identified alcohol as the primary drug at admission.¹³

Percent Reporting Alcohol Use Disorder in the Past Year, ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	6.1	6.1	5.9	6.1	6.3	5.8

Percent Reporting Needing but Not Receiving Treatment at a Specialty Facility for Alcohol Use in the Past Year, ages 12+¹

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	5.7	5.9	5.7	6.2	5.5	5.5

Treatment Admissions: Alcohol as primary substance at admission¹⁰

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
FY2019	24,985	2,698	5,450	5,464	6,546	4,827
FY2020	19,916	2,128	5,014	4,403	4,801	3,570
FY2021	14,985	1,816	3,384	2,861	3,780	3,144

*Excluding 741 admissions where residence was unknown.

Community Wellbeing Survey: Percent Reporting Past Month Binge Drinking¹⁹

	CT	Wealthy	Suburban	Rural	Urban Periphery	Urban Core
2021	219	20	18	19	20	17

Capacity and Service System Strengths

Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention^{6 & 22}

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	5.37	5.14	5.55	5.21	5.59	5.25
2022	5.31	5.72	5.36	4.89	5.25	5.12

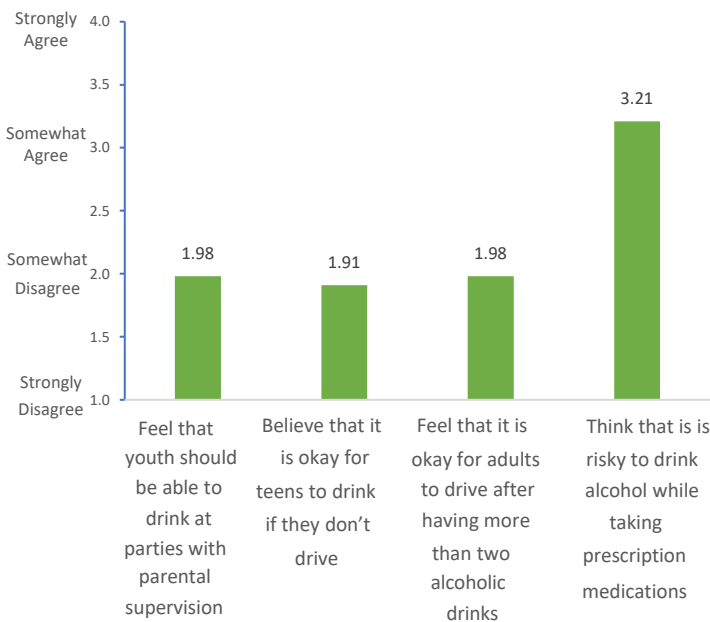
The chart above reports a decrease in Region 5's readiness for substance misuse prevention from 2020 to 2022 with readiness in Region 5 still slightly lower than the Connecticut average.⁶

2022 Region 5 Epidemiological Profile: Alcohol

Community Attitudes Toward Alcohol Use⁶

As previously mentioned, alcohol is viewed as the substance of greatest concern for individuals 18 and older. Community awareness of an issue is one of the first steps in building capacity to create change. While there is community awareness, the attitudes of key informants reflect a need for increased education around alcohol use and misuse. The chart below displays attitudes around some alcohol related behaviors.⁶

Community Attitudes Towards Alcohol Use, Region 5



As of 2022, there are 17 treatment facilities in the rural towns of Litchfield County. These include ten facilities in Torrington, two in Kent, and one each in Bethlehem, Canaan, Litchfield, New Milford, and Sharon. The region hosts numerous fellowships that support sobriety including Alcoholics Anonymous, Narcotics Anonymous, S.M.A.R.T Recovery (virtual and in person) for both young people, friends, families, and adults, Celebrate

Recovery, and Adventure Recovery, to name a few. The region is also home to the origin of the 12 Steps of Alcoholics Anonymous written by Bill Wilson, founder of the fellowship.

Along with 24 vibrant local prevention councils, Region 5 has 2 communities that were awarded with DMHAS funding for primary prevention, education, and youth alcohol use prevention. The cities of Waterbury, Danbury, and Torrington have intentionally instituted and refined access to support within the local emergency departments through Community Care Teams, Recovery Coaches, and Recovery Support Specialists. The talent that these entities bring as a resource to clinical systems is immeasurable. The peer model for supporting those with alcohol use disorder has been proven effective for many years and continues to strengthen in Western CT. The RBHAO anticipates this trend to continue to develop with the newly opened Waterbury Recovery Community Center (a CCAR site). This recovery community center is known as a recovery-oriented sanctuary, offering virtual support meetings, telephone recovery support, as well as recovery social events, and a model to certify recovery coaches.

The region is enjoying the growth of 'sober curious' social ideologies within communities for young adults. Alcohol-free drinks like those made at Athletic Brewing Company, a CT based non-alcoholic beer company that is getting national attention, is continuing to shape Gen Z's perspectives on social drinking. Allegorically speaking, more young people are opting for sober options including locally run sober dances within 12 step fellowships, sober comedy shows, and sober karaoke. Danbury has been the host of free or suggested donation events to promote sober adult activities such as open mic nights, 6-week art therapy classes, group fitness, recovery through music, and movie nights.

2022 Region 5 Epidemiological Profile: Alcohol

Footnotes:

¹ NSDUH (2016-2018, 2021)

² DPH, 2021 Connecticut School Health Survey

³ Search Institute Attitudes and Behaviors Survey, 2022

⁴ CT's Partnership for Success (PFS) 2015 No Cost Extension Report, 2020

⁵ Core Measures Survey – Youth Voices Count, 2020

⁶ Community Readiness Region 5 Report, 2022

⁷ CDC (2022), Alcohol and Public Health

⁸ CDC (2022), Excessive Alcohol Use is a Risk to Men's Health

⁹ CDC (2022), Excessive Alcohol Use is a Risk to Women's Health

¹⁰ NIDA (2014), Severe mental Illness Tied to Higher Rates of Substance Misuse

¹¹ NIAAA (2014), Focus On: Ethnicity and the Social and Health Harms from Drinking

¹² NIAAA (2021), Alcohol and the Hispanic Community

¹³ CT DMHAS 2021 Treatment Admissions

¹⁴ SAMHSA (2019), Risk and Protective Factors

¹⁵ CDC (2022), Alcohol and Other Substance Use

¹⁶ CT Department of Public Health Drug Overdose Monthly Report, 2021

¹⁷ NIAAA (2022), Alcohol Facts and Statistics,

¹⁸ NHTSA (2019)

¹⁹ Alcohol-Impaired Driving, WHO (2018), Global Status Report on Alcohol and Health,

²⁰ NIAAA (2017), Older Adults,

²¹ NIAAA (2006), Alcohol Alert No.67 Underage Drinking

²² Greater Waterbury Health Partnership Analysis, 2022

2022 Region 5 Epidemiological Profile: Cannabis

Problem Statement

Cannabis, also called marijuana, is a term widely used to encompass all products made with cannabis in any form or stage of growth. The Connecticut Legislature legalized cannabis use on July 1st, 2021. An individual 21 years of age or older can now possess and consume up to 1.5 ounces of cannabis. Retail sales began January 10th, 2023 (ct.gov). Cannabis remains illegal under federal law (dea.gov).

Cannabis use is widespread among young adults and adolescents in Connecticut. The 2021 National Survey on Drug Use and Health (NSDUH) showed that, for 18- to 25-year-olds, past year cannabis use was similar to the national average (35.96% in CT and 35.37% nationally). Young adults' past month use was slightly lower than the national average (22.90% in CT vs. 24.13% nationally).¹ Among youth ages 12-17 in Connecticut, 10.08% had used within the past year, and 4.74% had used within the past month, which was also slightly lower than their national peers.¹

According to the 2022 Community Readiness Survey (CRS) in Region 5, key informants report that their communities are concerned about youth and young adult use of cannabis. Respondents fell in the category of "somewhat agree" (2.16 out of 4) for "are concerned about the legalization of cannabis."²

The current knowledge level of the dangers of cannabis as a substance with potential for misuse is misunderstood. Perception of harm data from the survey data within Region 5 shows that compared to other substances, cannabis is believed to be less dangerous.³

Magnitude (prevalence)

The 2021 Connecticut School Health Survey shows about 11.1% of Connecticut high school students report currently using cannabis.⁴

According to 2022 Search Institute Attitudes and Behaviors Survey results from 7 school districts in region 5, on average 2% of middle and 9.7% of high

school youth reported past 30-day use of cannabis. A comparison of past 30-day use rates showed a drop between 2019 and 2022 in Region 5 for the high school students- with middle school maintained at 2%.³

Risk Factors and Subpopulations at Risk

Risk factors include⁵:



Medical cannabis dispensaries are in Danbury, Waterbury, and Torrington. The Danbury dispensary is a hybrid (medical and recreational) with a potential drive-thru service option. This contributes to a low perception of harm in those communities.

Perception of harm is lower among people who are unaware of the following adverse health impacts of cannabis use¹

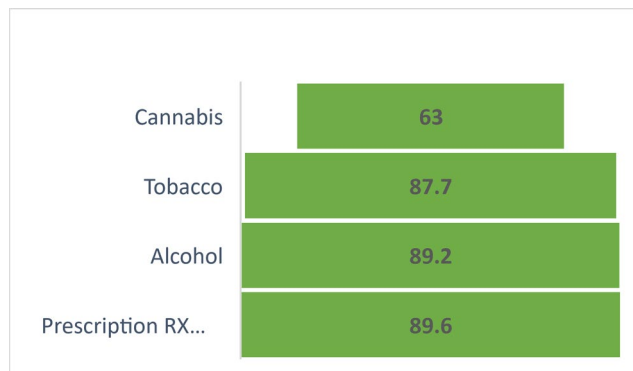
- Serious mental health problems like psychosis, paranoia, anxiety, and depression
- Impaired cognitive development in adolescents

2022 Region 5 Epidemiological Profile: Cannabis

- Altered brain development in children whose mothers used while pregnant.

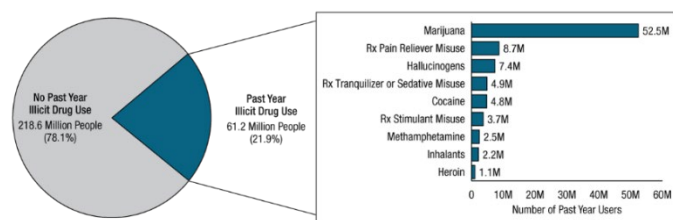
In region 5, youth perception of risk is lowest for cannabis. Alcohol, tobacco, and prescription drugs all have a perception of risk between 87 and 90% while cannabis is an outlier with 63%.³

Average Perception of Risk for Different Substances
- Region 5 Schools



Both perception of parental disapproval and peer disapproval have increased, with perception of parental disapproval at 90.6%, while perception of peer disapproval is much lower at 74.3%.³

Illicit Drug Use in the Past Year- Nationally¹



With the legalization of retail sale of cannabis comes the social acceptance of its use. In focus groups, youth report it is accessible and sold through social media platforms like Snapchat.⁶

Local law enforcement partners have shared that they anticipate the illegal market will thrive even with legalization. It is a profitable business, considered a "staple" in the illicit drug world, and often found while executing a search warrant for other drugs. (Det. Mark Williams, Danbury PD)

The 2021 Connecticut School Health Survey shows slightly higher current cannabis use in girls (14.1%) compared to boys (8.2%). Reported current use increases by grade from 4.7% of 9th graders to 16.0% of 12th graders. More Black students reported current use (14.7%) than White students (9.9%) and Hispanic students (13.9%). Overall, the percentage of Connecticut high school students reporting current use has remained relatively stable since 2005.⁴ Current use nationally also appears to be relatively stable.

Region 5 data indicated that rates increase as youth get older. Males and females are equally at risk, reporting similar rates of use.³

Vaping devices provide an opportunity for youth use of cannabis- in the form of THC oils or "dabs." In a sample of three region 5 schools using the SEARCH survey supplemental items, 44.7% of the youth who indicated past 30-day use of an e-cig reported the substance they vaped was cannabis which was down from 50% in the 2019 survey.³ In focus groups, youth indicate the relief of stress and anxiety as a reason to use cannabis.⁶

CT SAM (Smart Approaches to Marijuana) sees youth as the population most at risk. They support a minimum age of 25 to purchase if sales are legalized. They have collected data that indicate that adolescents who use cannabis may be at increased risk for depression and suicide.⁷

Burden (consequences)

Short-term consequences include:⁸

- Altered senses (for example, seeing brighter colors);
- Altered sense of time;
- Changes in mood;
- Impaired body movement;
- Difficulty with thinking and problem-solving;
- Impaired memory;
- Hallucinations (when taken in high doses);
- Delusions (when taken in high doses);
- Psychosis (risk is highest with regular use of high potency marijuana).

2022 Region 5 Epidemiological Profile: Cannabis

Long-term consequences include:⁸

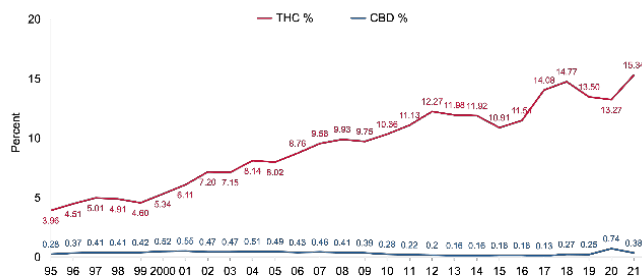
- Impaired learning and coordination;
- Sleep problems;
- Potential for addiction to cannabis, as well as other drug and alcohol use disorders;
- Potential loss of IQ (particularly in those who used heavily during adolescence);
- Decreased immunity;
- Increased risk of bronchitis and chronic cough.

Cannabinoid Hyperemesis is a diagnosis caused by chronic cannabis use. Cannabinoid Hyperemesis is a condition where the patient experiences cyclical nausea, vomiting, abdominal pain, and a compulsive desire to take hot showers.⁹

Cannabis use during pregnancy also increases the risk of child development problems including low birth weight, and brain development. Additionally, children exposed to cannabis in -utero have increased risk for problems with attention span and problem solving.⁷

Cannabis potency has increased over the past few decades. The graph below shows the percentage of delta-9-tetrahydrocannabinol (THC), the psychotropic component, and cannabidiol (CBD) in Cannabis samples seized by the DEA from 1995 to 2021.¹⁰

Percentage of THC and CBD in Cannabis Samples Seized by the DEA, 1995-2021



SOURCE: U Miss. Potency Monitoring Project

Several studies have linked cannabis use to increased risk for psychiatric disorders and substance use disorders. The amount used, age at first use, and genetic vulnerability possibly influence this relationship.⁷

In 2019, cannabis was identified as the primary drug in approximately 14% of treatment admissions in Connecticut- up from 12% in 2019. Of these, approximately 57% were male. About 61% were White, 16% Black, and 89 % non-Hispanic.¹¹

An MCCA key informant reported that 21.5% of their outpatient clients in region 5 were being treated primarily for cannabis in 2019-2020. (MCCA "Primary Drug Used" Report). CT Counseling Centers reported a similar figure, at 20%. They also indicated that many patients being treated for opioids will continue to self-medicate using cannabis/ THC; the patients view it has harm reduction because it is not as deadly as using opioids.

Because cannabis use impairs motor coordination and reaction time, many studies have shown a relationship between blood THC concentration and impaired driving.¹²

From 2017-2020, enforcement actions for cannabis in the largest high school in our region have been climbing (by 42%). The Crisis Counselor is seeing referrals for students across all demographics due to being caught "under the influence" or possessing cannabis, and due to poor school performance and legal issues related to use. (Key Informant Interview)

The number of cannabis-related Emergency Department visits increased between 2016 and 2019 and then dropped almost down to the 2017 levels in 2021. With a notable exception of the age ranges of: 0-9 year olds which doubled in 2018-2020 and doubled again in 2021 and 10-14 year olds which tripled from 2016-2020.¹³

The rate of inpatient hospitalizations has continued to increase from 2016-2021 by approximately 46%.¹³

The number of hospital admissions for people with comorbidity of Psychotic Disorders, including Schizophrenia

2022 Region 5 Epidemiological Profile: Cannabis

as admission diagnosis with combination of cannabis use, misuse, or dependence plus intoxication, rose by 195% between 2016 and 2019 and then dropped in 2021 *(because of COVID this trend is not yet verifiable).¹³

Capacity and Service System Strengths

Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	5.37	5.14	5.55	5.21	5.59	5.25
2022	5.31	5.72	5.36	4.89	5.25	5.12

As indicated by the above chart, in 2022 region 5 readiness is lower than the state (5.12 vs. 5.31)²

Service system strengths include:

- Treatment providers in the region offer programs for cannabis addiction.
- Recovery Coaches are in multiple Region 5 hospitals.
- CCAR is now open in Waterbury.
- The Community Care Teams in Waterbury, Danbury and Torrington are helping to connect populations at risk to various levels of treatment-including 12- step programs and family supports that are available in our area.
- Individual municipalities have the strength of being able to vote for a moratorium as part of their service system. This facilitates greater discussion and sharing of information about cannabis with the community at large. If a moratorium is approved through voting, it would likely increase the perception of harm associated with cannabis. On the other hand, if it is rejected through voting, it would probably lead to a decrease in the perception of harm.
- A byproduct of the work our LPCs are doing with vaping prevention is an increased focus on cannabis and THC as well. Local data collected indicated risk of youth use of THC with vapes. They are utilizing the vaping and cannabis toolkit provided by CT Clearinghouse this year.

Footnotes:

¹ NSDUH 2021

² 2022 CRS

³ 2022 Search Institute Attitudes and Behaviors Survey results from 7 school districts in Region 5

⁴ Connecticut School Health Survey, 2021 (YRBS)

⁵ Preventing Marijuana Use Among Youth- SAMHSA

⁶ PFS 2015 NCE final report 2021

⁷ Statement of Concern: Cannabis Policy in Massachusetts

⁸ NIDA, Marijuana

⁹ NIH Cannabinoid Hyperemesis Syndrome

¹⁰ NIDA Cannabis Potency

¹¹ CT DMHAS, 2019 Treatment Admissions

¹² DPH Cannabis Fact Sheet

¹³ CHIME Data (Connecticut Hospital Association's ED/Admission visits)

2022 Region 5 Epidemiological Profile: Cocaine

Problem Statement

Cocaine is a powerful and addictive nervous system stimulant that comes in several forms including powder, crack, or freebase. In the United States, cocaine is a Schedule II drug. These types of substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. Cocaine binds to dopamine transporters, leading to an accumulation of dopamine, causing a euphoric feeling. Cocaine is primarily used intranasally, intravenously, orally, or by inhalation, and is often used with other licit and illicit substances. Cocaine may be intentionally combined with fentanyl and/or heroin and injected ("speedball"). Alternatively, an individual may purchase cocaine that has fentanyl and/or heroin added without their knowledge, with increased risk of overdose, especially among non-opioid tolerant individuals. Some individuals use cocaine concurrently with alcohol, resulting in the production of coca ethylene, which tends to have a longer duration of action and more intense feelings than cocaine alone. The formation of cocaethylene is of particular concern because it may potentiate the cardiotoxic effects of cocaine or alcohol.

Statewide, cocaine-involved accidental deaths increased by 38% from 2020 to 2022, contributing to 623 deaths in 2022 versus 458 in 2020. Cocaine was involved in 43% of all drug-related deaths in CT in 2022.⁸ In 2021, Connecticut recorded 562 unintentional overdose deaths involving cocaine², a 35% increase from 2019 (415 cocaine-involved deaths).

In Region 5, 76 people died from a drug overdose involving cocaine in the year 2021. According to the Office of Chief Medical Examiner (OCME), 63 of those deaths (80%) also involved fentanyl. This is a progressive increase in cocaine related deaths from what Region 5 has witnessed historically, with only 20 deaths involving cocaine between the years 2012 and

2015, with only 1 involving fentanyl.² In addition to deaths attributable to polysubstance use, it is suspected that the cocaine in both powdered and hard form is unintentionally laced with fentanyl. Chief of Police Mark Williams describes, "the cases we see come in are likely due to a cross contamination and unknowingly selling the wrong product."

Magnitude (prevalence)

In 2021, 1.7% of people aged 12 or older (or 4.8 million people) in the United States used cocaine in the past year.⁴ According to data from the 2021 Connecticut School Health Survey (CT YRBSS), 1.2% of Connecticut high school students reported using some form of cocaine in their lifetime.² This is consistent with a decreasing trend since 2007, when the prevalence was 8.3%. DMHAS admissions data indicates that cocaine use contributed to 15% of the treatment admissions in the year 2021.¹¹

NSDUH data show that 1.7% of Connecticut respondents 12 and older reported past year use of cocaine.⁴ This is highest among young adults aged 18-25 (3.3%), compared adults aged 26+ (1.6%). Nationally, nearly 60 percent of people who used cocaine for the first time in the past year were between the ages of 18 and 25.⁴

Risk Factors and Subpopulations at Risk

Risk factors include:

- Family history of substance use (youth and adults);
- Lack of parental supervision (youth);
- Substance-using peers (youth and adults);
- Lack of school connectedness and low academic achievement (youth);
- Low perception of risk/harm (youth, adults);
- Childhood trauma (youth and adults);
- Young adults ages 18 to 25 have a higher

2022 Region 5 Epidemiological Profile: Cocaine

rate of current use than any other age group;²

- Males are more likely to use cocaine than females;
- Those with current or previous misuse of other illicit substances, such as marijuana and heroin/fentanyl;
- Individuals with mental health challenges.⁵

According to data from the 2021 Connecticut School Health Survey (CT YRBSS), males reported higher prevalence (1.7%) than females (0.6%).³ The prevalence of lifetime cocaine use was highest among 9th and 11th graders (1.5% each). Hispanic (1.4%) and White (1.2%) students reported use more than Black students.

When considering age of initiation, those who perceive a lower risk associated with regular cocaine use are at a heightened risk for early onset of substance misuse. According to the 2021 NSDUH, nationally, fewer adolescents 12 to 17 reported perception of great risk from using cocaine once a month (50.7%) than those 18-25 (58.8%) or 26 and older (69.2%).⁴ Based on 2016-18 NSDUH regional (substate) data, which is the most recent data available, perception of great risk was only slightly higher in Region 5, but generally in line with other regions in the state.¹⁴

NSDUH Substate Estimates:

Percent Reporting Perception of Great Risk from Using Cocaine Once a Month, ages 12+¹⁴

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	68.5	67.2	69.0	68.1	68.8	69.1

2021 NSDUH and CSHS data show that cocaine use is relatively low in CT compared to some other substances, but its effects are not unsubstantial. National NSDUH data from 2021 showed that among people aged 12 or older, 0.5% (or 1.4 million people) had a cocaine use disorder in the past year.⁴

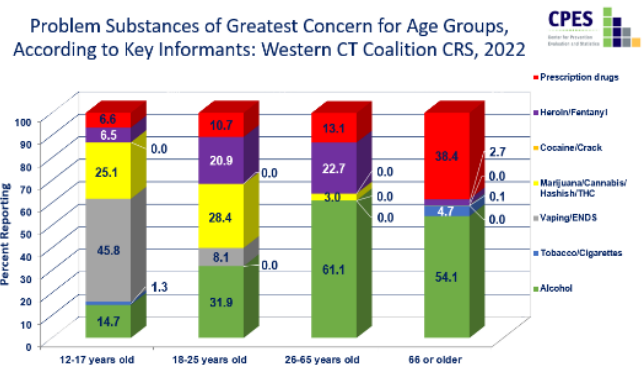
NSDUH 2016-18 regional (substate) data from 2016-18, the most recent data available, confirm that use is low in the region as well.¹⁴

NSDUH Substate Estimates:

Percent Reporting Past Year Cocaine Use, ages 12+¹⁴

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	2.3	2.1	2.5	2.5	2.3	2.1

Possibly due to a smaller number of individuals using cocaine in Region 5, key informants ranked this substance lower than other substances of community concern in Region 5 according to the Community Readiness Survey (CRS) 2022 results (see chart below).¹⁵



Burden (consequences)

Physical, short-term consequences of cocaine use include:³

- Increased heart rate and blood pressure;
- Restlessness, irritability, and anxiety;
- Tremors and vertigo;
- Hypersensitivity to sight, sound and touch;
- Large amounts can result in unpredictable and violent behavior.

Long-term physical consequences of cocaine use include:³

- Tolerance, requiring higher and more frequent doses;
- Sensitization, where less cocaine is needed to produce anxiety, convulsions, or other toxic

2022 Region 5 Epidemiological Profile: Cocaine

effects (increasing risk of overdose);

- Loss of appetite leading to malnourishment;
- Increased risk of stroke and inflammation of the heart muscle;
- Movement disorders such as Parkinson's disease;
- Impairment of cognitive function;
- Cocaine users are also at risk for contracting blood-borne diseases such as HIV and hepatitis C via needle sharing and other risky behavior;³
- Users are at risk of accidental overdose, especially in the presence of alcohol or other drugs.³

In FY2021, cocaine was the primary drug in 10.8% of Region 5 substance use treatment admissions.⁷ This represents 738 admissions. The state had 4,432 admissions with cocaine as the indicated primary substance. This is a noteworthy decrease from the 2019 cocaine admissions total of 5,904 for the State of CT.⁷

According to the DataHaven Health Equity in CT 2021 report: “A lack of high-quality health care in underserved neighborhoods, perceived discrimination during clinical encounters, and difficulty accessing culturally competent care often prevent people with the greatest health need from accessing necessary care.”¹²

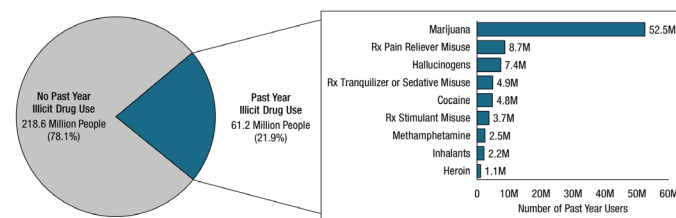
National NSDUH data indicate that in 2021, cocaine use in the past year among people aged 12 or older did not differ among racial or ethnic groups, except for crack cocaine, for which NSDUH showed that African American use was higher than other groups.⁴ However, in CT at the regional level, key informant and anecdotal data, as well as overdose data, seem to indicate that a key subpopulation of individuals that are using cocaine are Latinx and living in region 5’s urban core and urban periphery communities. Health disparities, such as the lack of access to quality treatment within the urban core communities, are a contributing factor to the overall burden to public health. It is important to consider the implications of preferential admission to individuals who have a different reported primary substance. Due to the

great awareness of unintentional overdose deaths from fentanyl intoxication, individuals who are seeking treatment are more likely to be granted admission into treatment for opioid use disorder. When this occurs, those who identify cocaine as their primary substance have a lowered chance to be admitted into residential treatment, an unintended consequence of black and brown communities having a disproportionately lower chance to begin treatment. This is because People of Color use cocaine at higher rates than Caucasians. “We are creating a systemic oppression within the black and brown community because they cannot access treatment for cocaine use disorder,” Director of Community Engagement, McCall Center for Behavioral Health.

Capacity and Service System Strengths

National NSDUH data show that over 3 in 4 people aged 12 and older reported not using substances.⁴ Region 5 is happy to find that those living here are also continuing to remain illicit substance-free at higher rates than those that report using substances, as inferred from our data collected by The Search Institute and The CT School Health Survey.

Past Year Illicit Drug Use: Among People Aged 12 or Older; 2021⁴



As a region, we continue to elevate access to harm reduction for those that have substance use disorder, especially individuals who use cocaine. A Harm Reduction approach means that the aim is to meet people who use drugs where they are. It also means to move at the pace of the individual. It does not remove a person’s primary coping mechanism until others are in place. This approach seeks to empower drug users, encouraging them to share information and support

2022 Region 5 Epidemiological Profile: Cocaine

each other. It works to minimize harmful effects rather than ignore or condemn them. Harm Reduction acknowledges that some ways of using drugs are clearly safer than others and it is not a replacement for substance use treatment rather, another service that should be offered to people who use drugs as a form of pretreatment. The cities of Danbury, Waterbury, and Torrington have harm reduction sites that reduce the risk of death, infection, and disease as well as creates an increase of access to healthcare services within the population of individuals who are using substances. There are many locations for harm reduction throughout the region including¹³:

- **Torrington**
Alvord Street
Apex Community Care
Becky's Cupboard
North End Parking Lot
The Gathering Place
Torrington Area Health District
Torrington Plaza
Torrington Soup Kitchen
- **Barkhamsted**
Brass Horse Café
- **Canaan**
Canaan Municipal Lot
- **Waterbury**
Carmine's
Moonmart
- **Harwinton**
Harwinton Ambulance
- **Kent**
Kent Wine & Spirit
- **Watertown**
LaBonne's Market
Watertown Town Hall
- **Winsted**
Northwest Realty
Northwestern Community College
Open Door Soup Kitchen
Winsted YMCA
- **Plymouth**

Plymouth Congregational Church
Terryville Covenant Church
Plymouth Food Pantry

- **Sharon**
Sharon Hospital
- **Litchfield**
St. Michael's Church

Footnotes:

- ¹ Search Institute Attitudes and Behaviors and SERAC surveys, 2021
- ² OCME Data, 2021
- ³ Connecticut School Health Survey, 2021 (CT YRBSS)
- ⁴ NSDUH, 2021
- ⁵ NIDA, 2021
- ⁶ Search Institute Attitudes and Behaviors survey, 2021
- ⁷ Connecticut Department of Mental Health and Addiction Services, 2021
- ⁸ CT Office of the Chief Medical Examiner, 2022
- ⁹ Tomassoni AJ . MMWR 2017;66:107-111.
- ¹⁰ DPH, 2022
- ¹¹ DMHAS Treatment Admissions, 2022
- ¹² Data Haven Health Equity CT, 2021
- ¹³ Litchfield County Opioid Taskforce, 2021
- ¹⁴ NDSUH substate estimates, 2016-18
- ¹⁵ Community Readiness Survey, 2022

2022 Region 5 Epidemiological Profile: Heroin & Other Illicit Opioids

Problem Statement

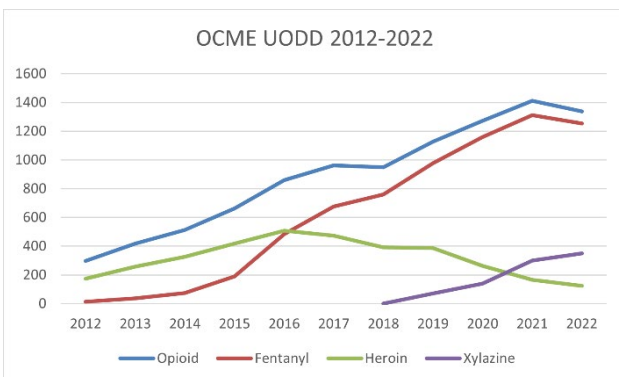
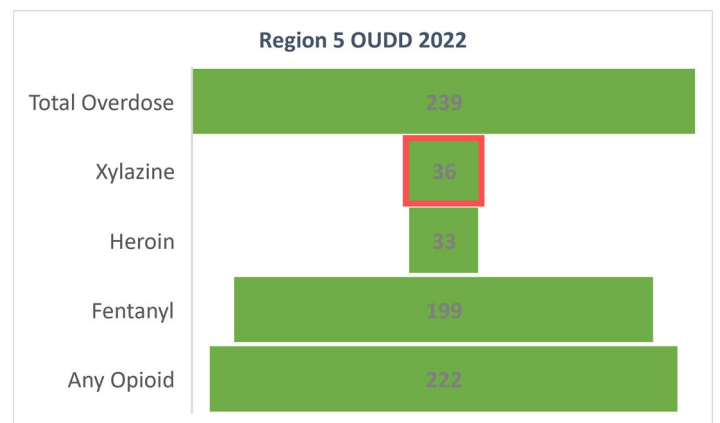
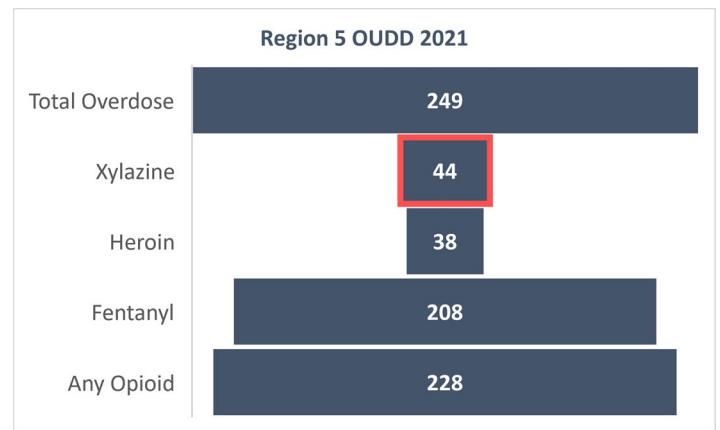
Heroin is an illicit opioid. In Connecticut, the use of heroin now often involves the use of fentanyl, either intentionally or not. This profile, where appropriate, describes the concurrent and overlapping use of fentanyl and heroin.

Magnitude (prevalence)

According to the 2021 National Survey on Drug Use and Health (NSDUH) Model Based Estimates Prevalence for States, less than one percent (0.32%) of Connecticut residents 18 or older have used heroin in the past year, a rate slightly lower than the national average (0.43%). Regarding misuse of any opioids, 2.94% of Connecticut residents 18 or older have misused opioids in the past year, a rate lower than the national average of 3.44%. Past year heroin use was so low the rate for 12–17-year-olds was not produced. However, for past year **any opioid** misuse, the rate for 12-17-year-olds was 2.01%, which is slightly higher than the national average estimate of 1.91%.¹

In 2022, 125 out of 1,452 (8.6%) of Unintentional Overdose Deaths (UODD) that occurred in Connecticut involved Heroin. This is a decrease from 32% in 2019. While this is a significant decrease, it is misleading due to the concomitant rise of illicitly manufactured fentanyl and fentanyl analogues (IMF) and xylazine and the intertwined nature of polysubstance use. IMF was present in 1,253 of 1,452 (86.2%) UODD. Of the 125 UODD involving heroin, only 3 did not also contain IMF and of those only 2 did not contain any other Opioid.²

Xylazine, a non-opioid veterinary tranquilizer, is also on the rise. Xylazine is used as an adulterant. It can be added to opioids to lengthen the euphoria experienced while creating a greater profit for the illicit drug traffickers. A central nervous system depressant, when used with an opioid, there is an increase in the likelihood of a life-threatening overdose.³ Naloxone, which is an opioid overdose drug, does not have any effect on Xylazine. In 2021, Connecticut had 300 out of 1,524 (19.6%) UODD with Xylazine. In Region 5, in 2019 there were 16 UODD that involved Xylazine, in 2020 25 and in 2021 there were 44 UODD – a 175% increase over two years. All UODD went down in 2022, including those from xylazine.²



2022 Region 5 Epidemiological Profile: Heroin & Other Illicit Opioids

In Region 5, this identifies two challenges to be addressed. As the illicit supply is not regulated, when a “prescription pill” is bought off the internet, or the street there is no guarantee what is in that pill. Due to the illicit manufacturing, with no regulation or oversight, there can be a “chocolate chip effect” of fentanyl, causing uneven distribution in a specific pill, a batch of pills, or in the powder form of IMF, or fake prescription pills.



Without oversight, there is no guarantee that a “xannie” or “Blue M-30” (two pills bought illicitly) contain Xanax or oxycodone respectively. According to a recent DEA Public Safety Alert, Administrator Ann Milgram from the DEA said “DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine.”⁴ These numbers align with drug seizures in Connecticut, according to New England High Intensity Drug Trafficking Area, which were 15-24% in 2022.⁵ This can, and is potentially being addressed, by Harm Reduction methods such as Xylazine Test Strips, Fentanyl Test Strips and Rovers.

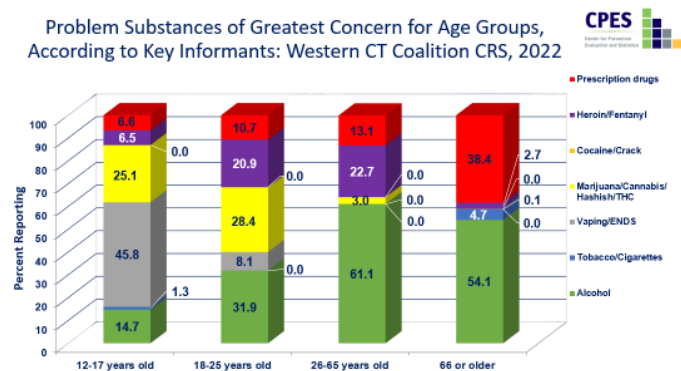
The second challenge is stigma surrounding Opioid Use Disorder (OUD) and the barriers to treatment and recovery that the stigma causes. Shatterproof, a national organization created to identify and work to end the stigma surrounding UOD, identified nine commonly cited drivers of the opioid epidemic: “overprescribing, increased access to heroin and

fentanyl, insufficient treatment capacity, gaps in evidence-based treatments, criminalization of SUD, insurance coverage disparities, social isolation, lack of help-seeking, and societal barriers to recovery. **Seven of the nine drivers of the opioid epidemic are either partially or entirely driven by stigma.**”⁶ When talking to key informants, all these drivers are present within Region 5. All these drivers and the underlying stigma need to be addressed to promote treatment and recovery to persons with OUD.

In Region 5, of the 239 accidental overdoses in 2022, 222 (92.8%) contained any opioid, 199 (83.2%) contained Fentanyl, 33 (13.8%) contained heroin and 36 (15.1%) contained Xylazine. Of those with Xylazine, there was an opioid present in every instance.²

Of 222 accidental overdoses involving any opioid, 175 (78.9%) were male, 175 (78.9%) were non-Hispanic, and 193 (87.0%) were white. 7 (3.1%) accidental overdoses deaths were individuals aged 17-24, 50 (22.5%) were aged 25-24, 124 (55.9%) were aged 35-54, and 57 (25.7%) were over 55. Region 5 unintentional opioid overdose deaths were primarily 25–54-year-old (78.4%) white, non-Hispanic, males.²

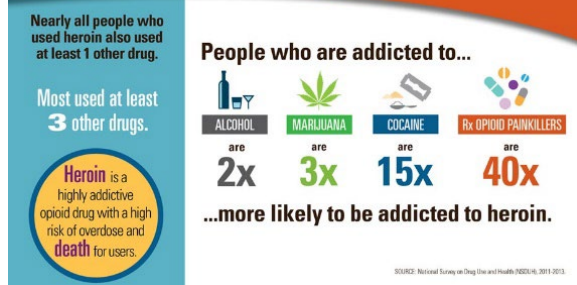
Data from the 2022 Community Readiness Survey specific to Region 5 indicates that key informants view heroin/fentanyl (represented in purple in the graph below) as the problem substance of third greatest concern for individuals 18-65.⁷



2022 Region 5 Epidemiological Profile: Heroin & Other Illicit Opioids

People who are addicted to other substances are more likely to meet criteria for heroin use disorder. Compared to people without an addiction, those who are addicted to alcohol are 2 times more likely to become addicted to heroin. Those addicted to marijuana are 3 times more likely, while those addicted to cocaine are 15 times more likely, and those addicted to prescription pain medications are 40 times more likely to become addicted to heroin.⁸

Risk Factors and Subpopulations at Risk



Use among high school students in general is of particular concern, as youth use is often linked to continued use and substance use disorder in the future. One specific population of concern in the 2021 Connecticut School Health Survey is Hispanics, which reported the highest overall rate (1.1%), which is higher than the prevalence for Black non-Hispanics and White non-Hispanics (0.4% each). One percent of boys and .2% of girls reported ever use of heroin.⁹

Diving further into the demographics of UODD due to Opioids over the past decade, what is seen is overdoses becoming significantly more evenly distributed across gender, racial, and ethnic groups. There have also been disparities between reasons for substance misuse for Urban Core (Waterbury) to rural (Canaan). Urban Core (Waterbury) is more likely to see substance misuse due to socioeconomic factors, adverse childhood experiences (ACEs), family history, lack of trust for healthcare providers and law enforcement, and stigma surrounding mental health. While in rural areas (Canaan) substance misuse can be more directly attributable to socioeconomic isolation,

generational substance misuse, and transportation issues.¹⁰

Burden (consequences)

Opioids such as fentanyl and heroin are highly addictive, and their misuse has multiple medical and social consequences including increased risk for HIV/AIDS, property, and violent crime, arrest and incarceration, unemployment, disruptions in family environments, and homelessness.

Chronic opioid misuse may lead to serious medical consequences such as fatal overdose, scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses and other soft-tissue infections, and liver or kidney disease. Poor health conditions and depressed respiration from heroin use can cause lung complications, including various types of pneumonia and tuberculosis.

Opioid misuse during pregnancy can result in a miscarriage or premature delivery, as well as neonatal abstinence syndrome (NAS), and exposure in utero can increase a newborns' risk of sudden infant death syndrome (SIDS).

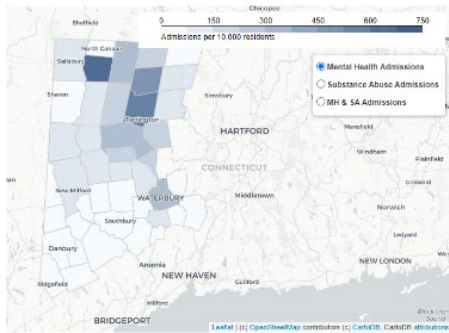
Of note, according to Connecticut's OCME in 2019, the percentage of females who died increased from 12.9% in 2020 to 21.1% in 2022. There was an increase in Hispanic/Spanish/Latin, Cuban, Puerto Rican, and Mexican from 12.4% to 21.1%- however, this could be accounted for by the new ethnic designations in the OCME report.²

In 2021 there were 11,837 treatment admissions where heroin/other opioids were identified as the primary drug for Department of Mental Health and Addictions Services (DMHAS) which is 36% of the total admissions statewide. 33% of DMHAS clients had a co-occurring serious mental illness and a substance misuse diagnosis.¹¹

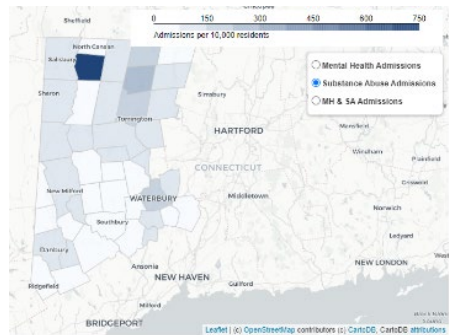
2022 Region 5 Epidemiological Profile: Heroin & Other Illicit Opioids

DMHAS MH and SM Admissions in Region 5*

Mental Health Admissions



Substance Misuse Admissions



*Co-occurring MH and SM admissions were not discernible ¹²

The above graphic visualizes the diversity across socioeconomic, and geographic boundaries.

Waterbury DPH, CIFIC, and MCCA are increasingly concerned about the appearance of co-occurring substance misuse and mental health issues. One diagnosis may be treated independently of the other and the client will then not get the necessary treatment. Also, with the rise of mental health cases presenting, this can cause screening, funding, treatment bed, staffing, and logistical problems for those treatment providers. (Key Informant)

According to MCCA there are not enough treatment beds required to treat all those in need. The insurance (usually Medicaid) does not cover the level of care required for many persons with a substance use disorder (SUD). Local short-term inpatient treatment facilities have operated with a 98% occupancy rate. This did not change during COVID-19. Treatment

providers continue to see more referrals than availability and operate with a waitinglist. Since COVID-19 there has been an uptick in dual diagnoses of mental health illness with SUD. (Key Informant)

Capacity and Service System Strengths

The Statewide Opioid Response Directive (SWORD) Data and Overdose Spike Response Framework are invaluable tools at not only the regional level, but the town level as well. With this real time data, overdose response teams are able to deploy immediately to address the threat with multiple tools and cross-agency collaboration.

Western CT Coalition has hosted Opioid Education/Overdose Prevention trainings throughout Region 5, both in person and virtually. The presentations pair data and education about the opioid epidemic and prescription drugs with training on how to recognize an opioid overdose and use naloxone. From January 2021 through December 2022, 1,053 individuals were trained in Opioid Education and Narcan Administration and 2447 Narcan kits were distributed. There have been multiple Training of the Trainers to increase the pervasiveness of the training. Increased efforts around harm reduction like Narcan, syringe exchange programs xylazine and fentanyl testing strips speak to Region 5's capacity. Local Prevention Councils in Region 5 apply for SOR mini grants to provide them with the opportunity to raise awareness about prescription and illicit opioids, overdose prevention and community involvement in opioid prevention initiatives.

One of the main strengths in Region 5 is the inter-agency, inter-department, and inter-workgroup collaboration. There are 3 Opioid Workgroups in the Greater Danbury, Greater Waterbury, and Greater Torrington areas, each with its own unique way of addressing the opioid crisis within its area. Through the Litchfield County Opioid Taskforce there are 5

2022 Region 5 Epidemiological Profile: Heroin & Other Illicit Opioids

“Rovers” which carry harm reduction tools like nasal and injectable naloxone, wound care supplies, safe sex supplies and xylazine and fentanyl test strips. They also supply referrals to treatment and other community resources. Within Waterbury, there are Overdose Response Technicians who supply individuals who overdose with Narcan and information, as well as Police efforts at reaching out to individuals after an Overdose. Danbury accomplishes similar outreach with community outreach vans. These specialized programs are engaging by starting to holistically treat the individual as a whole person. They are a mobile hub and spoke model for community outreach and engagement, similar to the treatment being offered in other states at Overdose Prevention Centers (OPC) to individuals with SUD.

Footnotes

¹ NSDUH

² OCME Data

³ DEA Growing Threat of Xylazine

⁴ DEA Widespread Threat of Fentanyl

⁵ Key informant interview - Robert Lawlor NE HIDTA

⁶ Shatterproof A Movement to End Addiction

⁷ CRS 2022

⁸ CDC Vital Signs Heroin

⁹ CSHS 2021

¹⁰ Data Haven Towards Health Equity in CT

¹¹ DMHAS Annual Reports 2021

¹² DMHAS Regional Data Stories- Region 5

2022 Region 5 Epidemiological Profile: Mental Health

Problem Statement

Mental health refers to emotional, psychological, and social well-being. Mental health has a critical impact on thoughts, feelings and actions. It also determines how individuals handle stress, relate to others, and make life choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Many factors contribute to mental health problems, including: biological factors, such as genes or brain chemistry; life experiences, such as trauma or abuse; family history of mental health problems. Types of mental health disorders include but are not limited to depression; anxiety; post-traumatic stress disorder (PTSD); obsessive compulsive disorder; mood and personality disorders; eating disorders; and serious mental illness (SMI). Anxiety and depression are the most commonly reported mental health issues, while SMI has serious consequences for the lives, livelihood, and wellbeing of individuals and families experiencing it.

Mental health was ranked the highest priority during the 2019 Priority Setting process in Region 5.

Anxiety

Anxiety can be a normal part of life for many people, but anxiety disorders involve more than temporary worry or fear.¹ These symptoms can interfere with the individual's daily life and can impact work, school, and relationships. Anxiety disorders can include panic disorder, phobia-related disorders, and generalized anxiety disorder.¹

Depression

Depression is a relatively common but serious mood disorder. It interferes with everyday functioning, and includes symptoms like feeling sad all the time, loss of interest in activities previously enjoyed, sleeping too much or too little, having trouble concentrating, and thinking about suicide or hurting oneself.² About 1 in 6 adults will have

depression at some point in their life.² According to the 2021 National Survey on Drug Use and Health (NSDUH), 7.69% of adults (18+) in Connecticut reported a major depressive episode in the past year, which is significantly reported higher among 18-25 year olds (18.93%) than among those aged 26 years and older (5.95%). 20.42% of youths (12-17 years old) reported a major depressive episode in the past year.³

Serious Mental Illness

Serious mental illness {SMI} refers to mental, behavioral, or emotional disorders resulting in serious functional impairment, interfering with major life activities.¹ Examples of serious mental illnesses include schizophrenia, bipolar disorder, and major depression.⁴ The 2021 NSDUH reported that 4.31% of adults (18+) in Connecticut reported SMI in the past year.³

Although we experienced a minor increase in SMI reported among individuals 18+, Region 5 continues to have the lowest percentage (3.80%) of the regions according to 2016-2018 NSDUH substate estimates.¹³ In general, SMI is rare and resources are appropriate and remain stable. More evident in Region 5 is the effect of the pandemic, which has served to further challenge people with existing anxiety and depression. In addition, those who were at lower risk, or previously not experiencing these symptoms at all, have been negatively impacted. Older adults have been more isolated, families have had to adjust their customary routines and roles, and youth have been living with a host of uncertainties. An ongoing gap in Region 5 is the lack of inpatient psychiatric treatment for youth and adolescents.

2022 Region 5 Epidemiological Profile: Mental Health

Magnitude (prevalence)

Anxiety

The 2019 Connecticut BRFSS showed 11.1% of adults reported feeling nervous, anxious, or on edge for more than half the days or nearly every day in the past 2 weeks.⁵

Depression

The percentage reporting past year major depressive episode was highest among youth aged 12-17 (20.42%), slightly lower among young adults aged 18-25 (18.93%), and significantly lower among adults aged 26+ (5.95%).³ According to the 2019 Connecticut BRFSS, 14.4% of adults reported being told by a doctor that they had a depressive disorder.⁵ Similar to the NSDUH, the BRFSS showed a higher percentage among younger adults 18-24 (18.1%), compared to those 35-54 (12.4%) and those 55+ (13.9%).

Serious Mental Illness

In the 2021 NSDUH, young adults aged 18-25 had a higher percentage of reporting serious mental illness within the past year (9.97%) than adults aged 26+ (3.43%).³

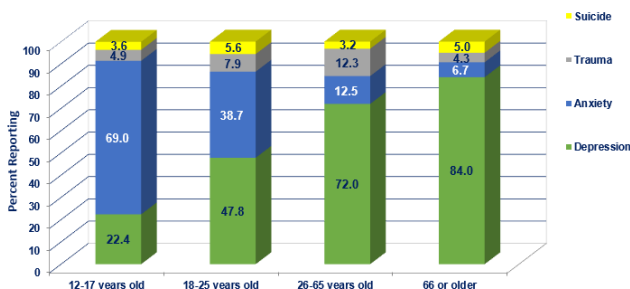
Key informants in Region 5 were asked about mental health issues of greatest concern for different age groups. According to those surveyed, **anxiety was the prominent concern for young people** aged 12-17 (69%) and decreased with age. **Depression was the prominent concern for older adults 66 and older** (84%), with the concern decreasing with lower age.⁶

The 2021 Connecticut School Health Survey reported that almost 70% of high school students said their past 30 day mental health was not good (including depression, stress, emotional problems).⁷ This was higher among girls (28.5%) and LGBT students (54.1%). The percentage of high school students reporting feeling sad or hopeless almost every day for two weeks or more in the past year, so that they stopped doing usual activities, was 35.6%. This was higher among girls (47.6%) than boys (24.2%) and was higher among Hispanic students (42.6%) than non-Hispanic Black (34.9%) or non-Hispanic White students (31.8%).⁷

2021-2022 school survey data from 5 districts (two suburban, two rural, and one urban periphery) in Region 5, including some middle school and some high school responses, was analyzed to better understand the mental health of students. An average of 22.7% of middle and high school students surveyed in Region 5 reported they felt sad or hopeless most or all of the time in the last month, up from 19.9% as cited in the 2021 report. Across all districts surveyed, females reported higher rates of feeling sad or hopeless than males.⁸

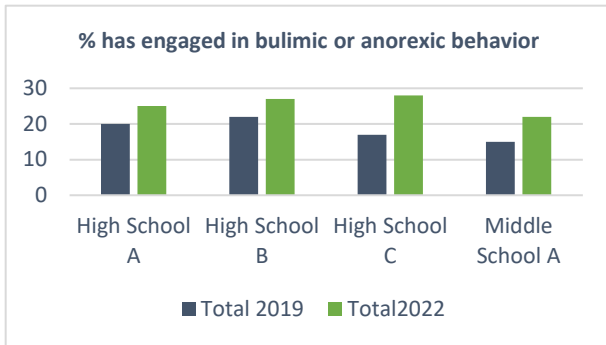
This school survey data suggests eating disorders are a mental health issue of concern for youth in Region 5, particularly when compared to 2019 school survey data. Data collected in 2021-2022 shows increases in students who reported binge eating and then making themselves throw up or use laxatives “sometimes” or “often” in 2 high schools and one middle school; other schools surveyed showed no significant changes. In four schools (3 high school, 1 middle school), a notable increase in students reporting they “have gone several months where they cut down on how much they ate and lost so much weight or became so thin that other people became worried about them” was noted when comparing longitudinally. The Search Institute identifies an eating disorder (defined as having engaged in bulimic or anorexic behavior) as a risk-taking behavior.

Mental Health Issue of Greatest Concern for Age Groups, According to Key Informants: Western CT Coalition CRS, 2022



2022 Region 5 Epidemiological Profile: Mental Health

In four schools (3 high school, 1 middle school), all four reported an increase in total students and female students reporting eating disorder behavior and 3 schools reported an increase in male students when compared to previous surveys.⁸



In the following charts, "MH only" is defined as clients with at least one episode of care in a mental health and/or forensic mental health program, but NOT in a substance abuse (SA) or forensic substance abuse program during the same period of time. "MH & SA" is defined as clients with at least one episode of care that is in a substance abuse and/or forensic substance abuse program, AND at least one episode of care that is in a mental health or forensic mental health program.⁹

The chart below provides the number of unique cases (one individual can have multiple cases) of clients with at least one admission, or discharge, or open episode in the DMHAS system in Region 5. Unique cases for mental health services increased from FY 21 to FY 22 while cases involving both mental health and substance use decreased slightly.⁹

	FY 2021	FY 2022
SA only	12,508 59.0%	7,291 43.4%
MH only	7,177 33.8%	8,338 49.7%
MH & SA	1,519 7.2%	1,158 6.9%
Total	21,204 100.0%	16,787 100.0%

The chart below provides the number of individuals accessing mental health treatment through the DMHAS system in Region 5. Clients seeking mental health services only increased from FY 21 to FY 22 while those individuals in a program for both mental health and substance use decreased slightly.⁹

	FY 2021	FY 2022
SA only	6,613 62.0%	3,612 45.2%
MH only	2,934 27.5%	3,513 44.0%
MH & SA	1,112 10.4%	866 10.8%
Total	10,659 100.0%	7,991 100.0%

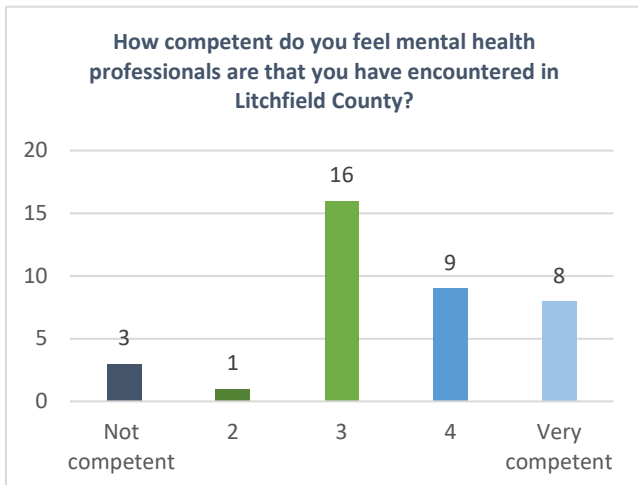
Risk Factors and Subpopulations at Risk

- Risk factors for depression and anxiety include¹:
 - Family history of anxiety, or depression, or other mental illness;
 - Experiencing traumatic or stressful events;
 - Some physical conditions can produce or aggravate anxiety symptoms, and having medical problems such as cancer or chronic pain can lead to depression;
 - Substance use (alcohol or drugs);
- Young adults report higher rates of depression and serious mental illness.^{3,5}
- The prevalence of major depressive episodes is higher among adult females than males¹, and among adults reporting two or more races.¹
- The prevalence of any anxiety disorder is higher among females than males.¹
- LGBTQ individuals are more likely than heterosexual individuals to experience a mental health condition;

2022 Region 5 Epidemiological Profile: Mental Health

- Individuals who are transgender are four times more likely to experience a mental health condition.²

In 2022 the Litchfield County Opioid Taskforce distributed a LGBTQIA+ Community Input Survey (N=76) to residents in Litchfield County (which includes 28 of Region 5’s 43 towns). When asked about LGBTQ-specific care, one resident expressed “I have tried many times with no success. Particularly with mental health care I would feel more comfortable talking to another gay person. The mental health providers I have researched all appear to be much older white males with religious connections. They won’t get me.”¹⁰ This anecdote suggests a need for a diverse workforce that is more representative of the communities they serve. The chart below shows community member perception of mental health professional competency in the area.¹⁰

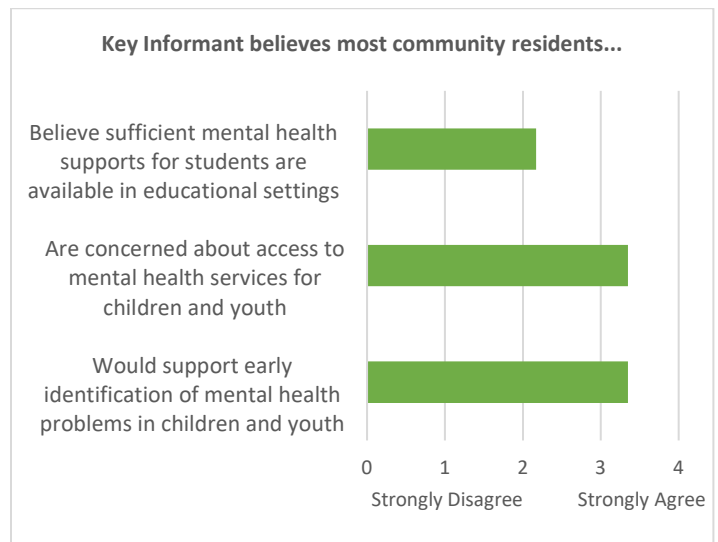


2022 school survey data from one school district in Region 5 (grades 7-12, urban periphery, N= 1101) showed **significantly higher rates of depression and eating disorders in students who identified as Bisexual; Mostly/Only Gay/Lesbian** when compared to Only Straight/Heterosexual classmates.⁸

Disaggregated Data around MH Indicators in One Region 5 District

	Depression	Eating Disorder
AVG 7th- 12th	25	30
Sexual Orientation		
Only Straight/Heterosexual	16.5	24.8
Bisexual; Mostly/Only Gay/Lesbian	47.5	41.2

The chart below shows that, when asked about community attitudes towards mental health, key informants in Region 5 expressed concern for the mental health children and youth in particular, a subpopulation of concern listed above.⁶



Burden (consequences)

- Mental illness (including depression, anxiety, bipolar disorder, among others) is a risk for suicide;
- Depression is the leading cause of disability in the world;¹¹
- Mental illness costs Americans \$193.2 billion in lost earnings per year;¹¹
- 1 in 8 emergency department visits involves a mental health or substance use condition.¹¹

2022 Region 5 Epidemiological Profile: Mental Health

Capacity and Service System Strengths

Community Readiness Survey:

Mean Stage of Readiness for Mental Health Promotion

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2022	4.98	5.36	5.11	4.54	4.91	4.79
2020	4.88	4.86	5.00	4.71	4.89	4.88

The CT DMHAS Annual Statistical Report SFY 2021 summarizes the clients and services provided by DMHAS-funded or DMHAS-operated programs. When looking at the capacity of DMHAS services in Region 5, most available mental health services are highly utilized.¹²

SFY21 Bed Capacity and Utilization by Region			
Care Type	Level of Care	Data Type	Region 5
Forensic MH crisis	Respite bed	# of beds	4
		Use rates	28%
Crisis services	Respite bed	# of beds	11
		Use rates	63%
Residential services	Group home	# of beds	30
		Use rates	80%
	Intensive res. rehab	# of beds	17
		Use rates	91%
	Residential support	# of beds	145
		Use rates	75%
	Supervised apartments	# of beds	134
		Use rates	95%
	Transitional	# of beds	14
		Use rates	60%

The Region 5 Suicide Advisory Board meets quarterly to provide mental health and suicide educational opportunities and network building for clinical providers, school social workers, prevention professionals, and others. Starting in June 2022, the Region 5 Advisory Board distributes a quarterly newsletter with different focus areas which includes data, upcoming learning opportunities and more. Mental health promotion and support for those experiencing mental illness is integrated into much of the prevention work done in the Region.

There are three Catchment Area Councils (CACs) that aim to provide education and raise awareness about important issues impacting those living with mental illness including homelessness, police accountability and access to services.

The *Gizmo's Pawesome Guide to Mental Health* book and accompanying curriculum have a strong presence in Region 5. Multiple communities have the book in their local libraries and schools and read-alongs are happening more frequently with many local libraries interested in hosting. This book is an important mental health promotion resource for all ages.

The availability of mental health training and capacity building is a strength in Region 5. EdAdvance, in collaboration with project partners Apex Community Services, Greenwoods Counseling and Referral Services, and Western CT Coalition, provides Mental Health First Aid, Youth Mental Health First Aid, Teen Mental Health First Aid, and QPR Suicide Prevention Training across Region 5 at no cost. Two Western CT Coalition staff members were trained to train in teen Mental Health First Aid and have conducted trainings in the region with EdAdvance staff.

Western CT Coalition holds multiple Question, Persuade, Refer (QPR) suicide prevention trainings each month for a wide range of individuals across all sectors. Western CT Coalition has trained over 1,575 individuals in QPR in 2021 and 2022. In 2022, Western CT Coalition introduced Connection/De-escalation trainings in Region 5 which has taught a range of participants, including clinicians, harm reduction partners, behavioral health providers, and more, how to slow down a chaotic event, manage their own emotions to change behavior, and safely resolve complex and potentially violent situations.

There are multiple resources in Region 5 that are supporting those with mental health concerns and co-occurring disorders. The Community Care Teams, in Danbury, Waterbury and newly established in

2022 Region 5 Epidemiological Profile: Mental Health

Torrington, have proven to be effective in improving the lives and health of those with mental health and substance use concerns who were frequently utilizing emergency department services. School-based health centers across the region increase access to behavioral health supports and services for youth and young people with significant success. Juvenile Review Boards (JRBs) in communities work to increase restorative practices for youth engaged in substance use and other risky behaviors, as opposed to punishment, legal or otherwise.

When asked, key informants in Region 5 found political support for mental health promotion (52.9%), data to determine/support the extent or magnitude of the issue (49.8%), and availability of leadership (49.1%) to be a moderate or great asset to mental health promotion activities in the community.⁶ Some perceived moderate or great barriers to mental health promotion in the community include financial resources to address mental health in the community (53.6%), a strategic plan to address mental health needs (45.4%), and knowledge of effective strategies to address mental health (45.1%).⁶

Footnotes:

¹ NIMH

² CDC, Depression and Anxiety

³ NSDUH 2021

⁴ SAMHSA, Adults with SMI

⁵ CT BRFS 2019

⁶ 2021 Community Readiness Survey

⁷ Connecticut School Health Survey 2021

⁸ Region 5 School Survey Data, 2021-2022

⁹ DMHAS Treatment Data 2021-2022

¹⁰ LCOTF LGBTQIA+ Community Input Survey, 2022

¹¹ NAMI

¹² CT DMHAS Annual Statistical Report SFY 2021

¹³ NSDUH Substate Estimates, 2016-2018

2022 Region 5 Epidemiological Profile: Prescription Drug Misuse

Problem Statement

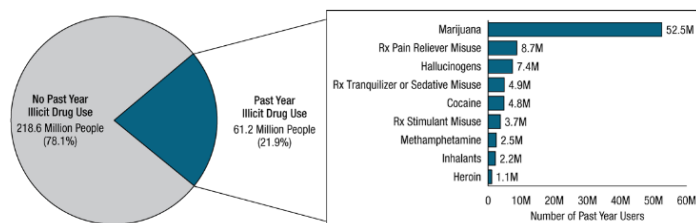
Non-medical use of prescription drugs is a problem that continues to be a concern in the U.S., including within Connecticut. The most commonly misused prescription drugs include painkillers (opioids), central nervous system depressants (tranquilizers, sedatives, benzodiazepines) and stimulants.¹ Oxycodone (OxyContin), oxycodone, tramadol, and hydrocodone are examples of opioid pain medications. Opioid painkillers work by mimicking the body's natural pain-relieving chemicals, so the user experiences pain relief. Opioids can also induce a feeling of euphoria by affecting the parts of the brain that are involved with feeling pleasure. Tranquilizers, sedatives, and benzodiazepines are central nervous system depressants often prescribed for anxiety, panic attacks and sleep disorders. Examples include Xanax, Valium, Klonopin, Ativan and Librium. These drugs can also slow normal brain function. Stimulants increase alertness, attention, and energy by enhancing the effects of norepinephrine and dopamine in the brain. They can produce a sense of euphoria and are prescribed for attention-deficit/hyperactivity disorder (ADHD), narcolepsy and depression.¹

Polysubstance use, the mixing and misuse of several prescription drugs, lead to overdose deaths in Region 5.

Magnitude (prevalence)

The 2021 National Survey of Drug Use and Health (NSDUH) reported 5.1% or 14.3 million people, 12 and older, had any use of prescription psychotherapeutics in the past year.²

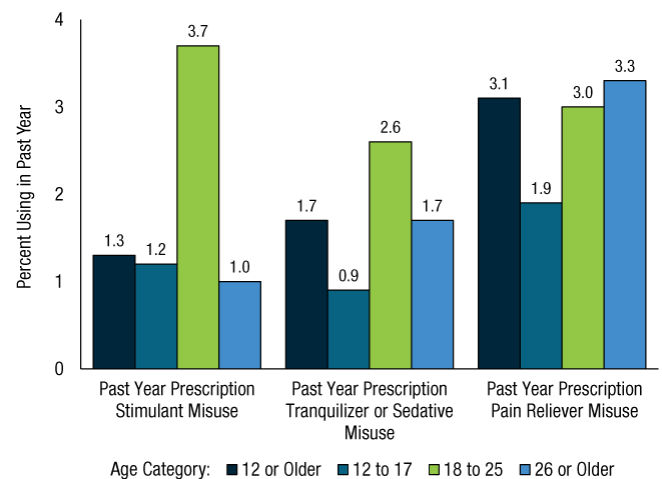
Past Year Illicit Drug Use



NSDUH 2021

Among prescription medications, pain relievers are the most frequently used for non-medical purposes in the U.S. During the past year, 3.1% or 8.7 million people aged 12 and older had used prescription pain relievers non-medically, 1.7% or 4.9 million used sedatives and tranquilizers (with 1.4% or 3.9 million misusing benzodiazepine), and 1.3% or 3.7 million used stimulants.²

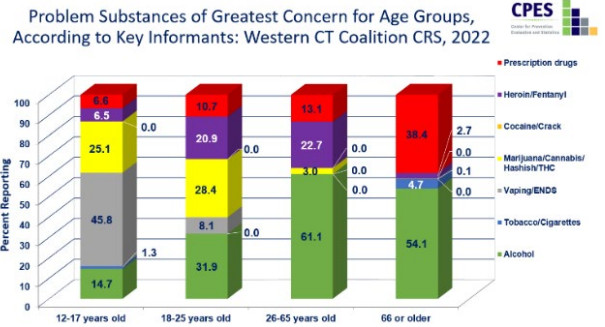
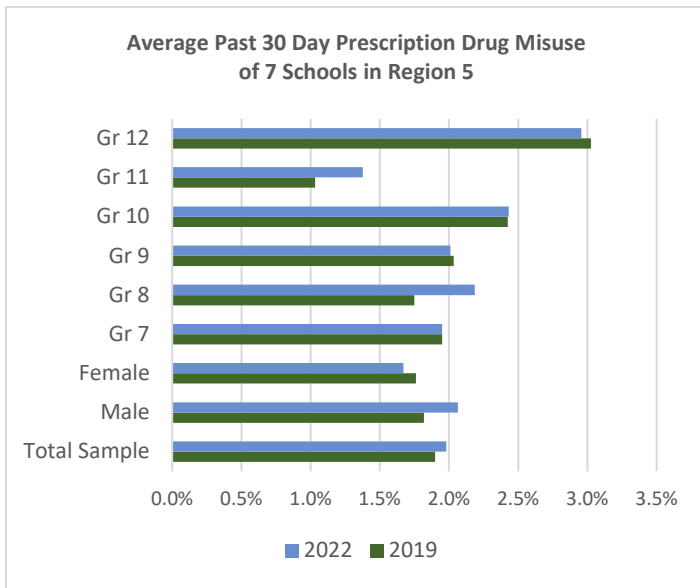
Past Year Prescription Stimulant Misuse, Past Year Prescription Tranquilizer or Sedative Misuse, and Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2021²



According to the 2021 Connecticut School Health Survey (CT's Youth Risk Behavior Surveillance survey), 8.5% of high school students reported ever taking prescription drugs without a doctor's prescription.³

Seven schools in Region 5 conducted Search Institute Attitudes and Behaviors surveys in 2022. Reported rates of past 30-day use of prescription drugs not prescribed to them was lowest in 11th grade and slightly lower in females compared to males.⁴

2022 Region 5 Epidemiological Profile: Prescription Drug Misuse



Risk Factors and Subpopulations at Risk

Persons at risk of misusing prescription drugs include ⁷

- Those with past year use of other substances, including alcohol, heroin, marijuana, inhalants, cocaine, and methamphetamine
- People who take high daily dosages of opioid pain relievers
- Persons with mental illness
- People who use multiple controlled prescription medications, often prescribed by multiple providers.
- Individuals with disabilities are at increased risk of prescription opioid misuse and use disorders.⁸

Among all fatal overdoses involving prescription opioids in Connecticut in 2019, the majority occurred among non-Hispanic whites, with male deaths occurring 1.3-2.8 times more frequently than females in each racial/ethnic group⁹

The elderly population may be at risk of consequences of prescription drug misuse, as they use prescription medications more frequently compared to the general population and may be at higher risk of medication errors.¹⁰

NSDUH Substate Estimates: Percent Reporting Past Year Pain Reliever Misuse, Ages 12+

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016-2018	3.98	3.57	3.73	4.09	4.40	4.02

When compared to the above NSDUH data, Region 5 is slightly lower.

With prescription pain medication misuse continuing, it is important to be aware of the increase of non-opioid medication drugs that are being misused. In CT, there has been a decrease in the number of opioid prescriptions but an increase in non-opioid prescriptions since 2016. Of the top five prescribed controlled substances in CT in 2020, three of the five were benzodiazepines.⁵

Data from the 2022 Community Readiness Survey specific to Region 5 indicates that key informants view prescription drugs (represented in red in the graph below) as the problem substance of second greatest concern for adults 26 and older, topped only by alcohol.⁶

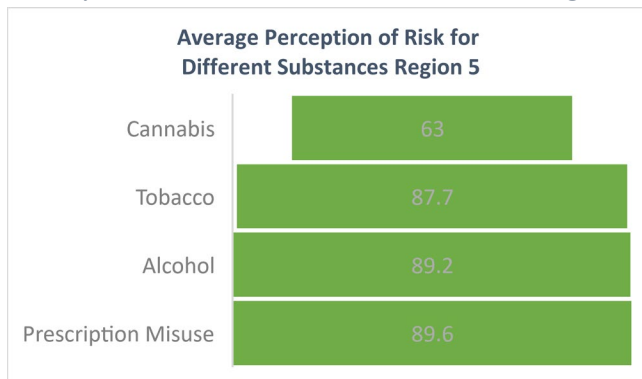
2022 Region 5 Epidemiological Profile: Prescription Drug Misuse

According to the 2021 Connecticut School Health Survey, Hispanic students had the highest rates of taking prescription drugs without a doctor's prescription (12.5%).³

Perception of both parental and peer disapproval impacts youth use of non-prescribed prescription drugs. Higher rates of peer and parental disapproval may lead to lower rates of use in youth.

In the seven schools surveyed in Region 5 during 2022, the average rate of parental disapproval was 96.8%, as reported by the youth surveyed. Reporting that their parents would feel it's wrong or very wrong to misuse prescription drugs stayed consistent across sex and grade. Peer disapproval of prescription drug misuse was lower with an average rate of 90.5%, with variations between 88-93% across the grades.⁴

In addition, youth perception of risk, especially if it is low, is another risk factor for misuse of prescription drugs. In our school surveys, students reported high rates of perceived risk which were mostly consistent across sex and grade.⁴



SEARCH Survey 2022

Burden (consequences)

Prescription opioid misuse is a risk factor for heroin and other illicit opioid misuse, including illicitly manufactured fentanyl. While the estimated proportion of individuals who transition to heroin following prescription opioid misuse is low (<5%), a majority of those who use an opioid initiated with non-medical use of prescription drugs.¹²

According to reports from the Office of the Chief Medical Examiner (OCME), Region 5 experienced 222 opioid -involved fatalities in 2022, including 18 that involved a prescription opioid; 14 involved oxycodone, 2 oxymorphone, 1 hydrocodone, 4 tramadol, and 3 hydromorphone.⁹

Approximately 8.1% of opioid overdose fatalities in Region 5 involved a prescription opioid, but only one of the overdoses involved *only* prescription opioids. The majority involved multiple substances such as fentanyl, benzodiazepines, and alcohol.⁹

NSDUH Substate Estimates: Percent Meeting Criteria Past Year Pain Reliever Use Disorder, ages 12+¹⁴

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2016 - 2018	0.58	0.50	0.55	0.59	0.65	0.61

Treatment Admissions: Other Opiates¹⁵

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
FY2021	2922	353	720	511	865	473
FY2022	2415	181	492	552	968	222

Capacity and Service System Strengths

Community Readiness Survey: Mean Stage of Readiness for Substance Misuse Prevention

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2020	5.37	5.14	5.55	5.21	5.59	5.25
2022	5.31	5.72	5.36	4.89	5.25	5.12

According to our Regional Readiness Survey, prescription drugs are viewed as the problem substance of second greatest concern for individuals 26 and older. Community awareness of an issue is one of the first steps in building capacity to create change.⁶

Continuing to raise this awareness of prescription drugs, the risks of misuse and education around overdose prevention, specifically related to opioids is a priority in Region 5.

2022 Region 5 Epidemiological Profile: Prescription Drug Misuse

Western CT Coalition has hosted Opioid Education/Overdose Prevention trainings throughout Region 5, both in person virtually. The presentations pair data and education about the opioid epidemic and prescription drugs with training on how to recognize an opioid overdose and use naloxone. From January 2021 through December 2022, 1,053 individuals were trained in Opioid Education and Narcan Administration and 2447 Narcan kits were distributed. There have been multiple Training of the Trainers to increase the pervasiveness of the training. Print materials, billboards, PSAs and more featuring the Change the Script campaign are used by Western CT Coalition and Local Prevention Councils to raise awareness of prescription drug safe storage and safe

disposal, to encourage community members to talk with their doctors about the drugs they are prescribed and to highlight the lifesaving effects of naloxone.

Region 5 has a multitude of medication drop boxes often located in local police departments. Many Region 5 communities participate in National Drug Take Back Days each April and October. Local Prevention Councils in Region 5 apply for SOR mini grants that permit them to raise awareness about prescription drugs, overdose prevention and community involvement in prescription drug safety initiatives.

Footnotes:

¹ NIDA, Misuse of Prescription Drugs Research Report

² NSDUH 2021

³ Connecticut School Health Survey, 2021 (CT YRBSS)

⁴ Search Institute Attitudes and Behaviors Survey, 2022

⁵ Connecticut Department of Consumer Protection, PMP Statistics

⁶ 2022 Community Readiness Survey

⁷ Bali V. Research in Social and Administrative Pharmacy 2013;9(3): 276-287.

⁸ Lauer EA et al. Disability and Health Journal 2019 ;12(3):519 -522

⁹ Connecticut Office of the Chief Medical Examiner, 2019

¹⁰ Perez-Jover Vet al. Int J of Environmental Research and Public Health 2018; 15:310. ¹¹ Jones CM. Drug Alcohol Depend 2013; 132:95-100

¹² NMUPD 11

¹³ CT DPH, Epicenter

¹⁴ NSDUH Substate Estimates, 2016-2018

¹⁵ DMHAS EQMI, FY 2021, FY 2022

2022 Region 5 Epidemiological Profile: Problem Gambling

Problem Statement

Problem gambling, sometimes referred to as disordered gambling, includes gambling behaviors which disrupt or damage personal, family, or vocational pursuits. Symptoms include increasing preoccupation with gambling, needing to bet more money more frequently, irritability when attempting to stop, and continuation of the gambling behavior despite serious negative consequences.¹

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, individuals with gambling disorder, are at increased risk of suicide.²

The National Association of Administrators for Disordered Gambling Services' (NAADGS) 2021 Survey of Problem Gambling Services in the U.S. reported a new all-time high for consumer spending on gambling- an estimated \$187 billion. In their Survey Report, they state **“the lack of a national strategy to minimize gambling harms has resulted in poor funding for problem gambling services”**. Unlike publicly funded efforts to reduce harms from alcohol, tobacco and other drugs, there are no federal agencies investing in interventions to reduce gambling-related harm. Public funding is left to the states.³

In 2018, the U.S. Supreme Court repealed the federal law prohibiting sports gambling. Since that time, growth of legalized sports betting increased 180%.³

In October of 2021, the state of CT launched legalized sports betting and online gambling, expanding gambling opportunities. Since that time, sports (online and retail) and online casino wagers totaling \$14.7 billion have been reported by the Department of Consumer Protection, as well as payments to the state totaling \$71.2 million. (through January of 2023)⁴ While we lack baseline data to measure the effects of expansion, anecdotally we can report a proliferation of sports betting advertising from the industry, primarily DraftKings and FanDuel. This results in the normalization of gambling within sports. Our partners at the CT Council on Problem Gambling have reported an increase in helpline calls since gambling

opportunities expanded. **We recommend regulations and policy aimed at reducing the harm to individuals caused by the increased exposure to gambling on TV, social media, signage, and lengthy infomercials.**

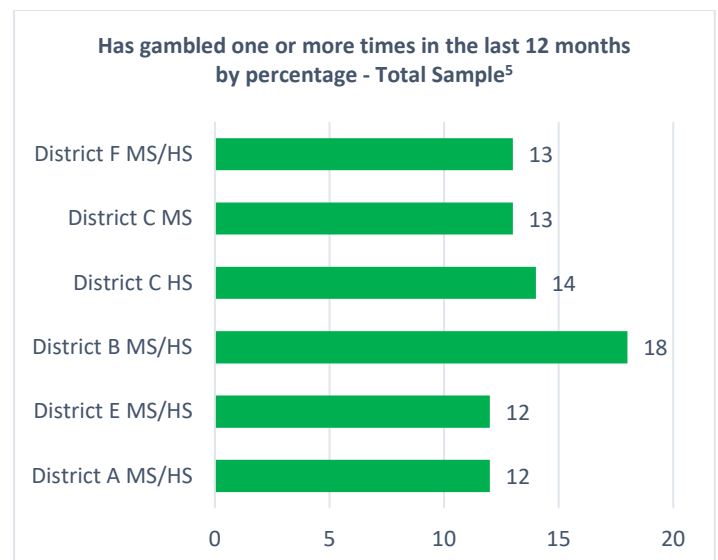
Magnitude (prevalence)

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

We do not currently have statewide data on adult gambling behaviors and attitudes. Problem Gambling Services is currently conducting a study.

Youth Gambling Attitudes and Behaviors in Region 5

According to 2021 and 2022 Search Institute Attitudes and Behaviors Survey results from 5 districts in our region, on average 13.7% of youth in grades 7-12 (sample size 3,312) reported “gambling 1 or more times in the last 12 months”. Gambling behaviors are defined within the survey as “bought lottery tickets or tabs, bet money on a sports team or card games, etc.”. Search Institute defines this as a risky behavior. High risk behaviors are reported as well, with an average of 4.8% of those surveyed reporting “gambling 3 or more times in the last 12 months”. Upon further analysis of this data, we see some middle school gambling rates are higher than high school. 8th graders in 4 districts gambled at higher rates than 9th, 10th, and 11th graders.⁵



2022 Region 5 Epidemiological Profile: Problem Gambling

Findings from youth focus groups in our region in February 2023:

Youth reported an understanding of what gambling activities are, and that there is a risk involved such as losing money or potential addiction. The types of activities youth are commonly engaged in include:

- Betting on sports
- Dice
- Video game loot boxes
- Cards games like blackjack, rummy, and poker
- Lottery tickets (several indicating they were given them as gifts)

Middle school youth reported gambling with non-monetary rewards like candy or snacks and acquiring loot boxes with “game money”. Most students reporting seeing or hearing ads for CT Lottery, the casinos, DraftKings and FanDuel on the radio, TV, and online.⁶

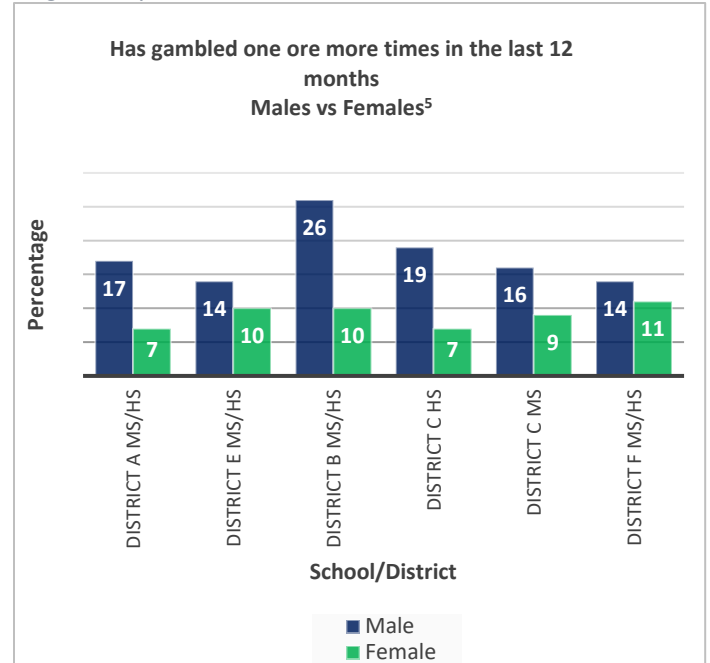
Risk Factors and Subpopulations at Risk

Risk Factors include:

- 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;
- **Exposure to advertising and promotions from the industry;**
- Microtransactions (free to play the game, but virtual items can be purchased) and loot boxes within video gaming;
- Lack of financial literacy;
- Poor coping skills;
- Favorable norms especially with sports betting
- Gambling is now normalized within sports;
- Access has increased with online casino and sports betting.

- Although there are no casinos in proximity to region 5, problem gambling rates double for individuals living within 50 miles of a casino.

Region 5 Specific:



- Among youth, males gamble at a much higher rate than females:⁵
- Athletes have been identified as a population vulnerable to gambling problems due to the legalization and normalization of sports betting.
- Older adults are at risk due to the frequency of senior center activities and trips to the casinos.

Burden (consequences)

The National Council on Problem Gambling estimates the national societal cost of problem gambling to be about \$7 billion, including gambling-related criminal justice and healthcare spending, job loss, and bankruptcy, among others.¹

Problem Gambling Treatment in Region 5

Analysis of statewide Bettor Choice outpatient treatment data FY 2022 provided by DMHAS revealed:⁷

- **Region 5 saw the most clients- 104 out of a total of 307.**
- 58.7% were male and 41.3% were female.

2022 Region 5 Epidemiological Profile: Problem Gambling

- 79.8% White/Caucasian, 7.7% Black/African American, 5.8% Other, and 4.8% Asian.
- 94% were non-Hispanic.
- 65.3% were age 45-65+, 34.6% age 18-44.
- 16.3% had a dual diagnosis (substance misuse and problem gambling).
- 47.2% of clients treated in Region 5 reside there. In the other 4 regions that number is much higher- 83-90%. 27.8% reside in Region 2, 17.6% in Region 4.

In a key informant interview with MCCA, The Bettor Choice provider in Region 5, they reported their census increased to a high of 85 in early 2023.⁸

Other comments:

- They are treating more men than women, however they have reported an increase in women clients aged 50-60 (supported by the above data).
- They treat not just those struggling with gambling but also persons affected by another person's gambling.
- **They have seen an uptick in younger male clients aged 20-35. Most of these clients are struggling with sports betting.**
- Parents call seeking help for their young adult children.

The CT Council on Problem Gambling (CCPG), who runs the CT problem gambling helpline, has reported an increase in calls since gambling expansion. Highlights of the 2022 call data for our region:⁹

- The #1 and #2 reasons people call are a problem with internet casino gambling (39%) and sports betting (20%)
- 58% of callers were male, 35% female (compared to 66% male, 32% female in 2021)
- There was an increase in calls for those age 21-25- 10% compared to 0 in 2021

Capacity and Service System Strengths

Statewide strengths:

- According to the NAADGS 2021 Survey, **Connecticut ranked 7th in the U.S. in terms of per capita public funds dedicated to problem gambling services.** (\$0.72 per capita compared with an average of \$0.40). They also reported that The CT Lottery

participates in the NCPG Responsible Gambling Accreditation Program.³

- Problem Gambling Services (PGS) provides resources, trainings and presentations to help raise awareness. We meet quarterly with the other problem gambling awareness teams to collaborate and brainstorm prevention strategies. **PGS sponsored a 16 hour online, plus a full day, of training with CADCA.**
- The CT Council on Problem Gambling helpline.
- Responsible Gambling campaign, the new resource van, and the availability of self-exclusions options.
- The Powered Up healthy video gaming program.

Strengths in our region:

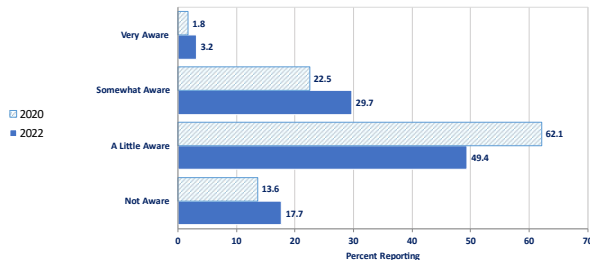
- The Region 5 Problem Gambling Awareness Team efforts:
 - Bi-monthly meetings
 - Training webinars
 - Quarterly newsletter
 - March Madness campaign
- Strong partnership with MCCA, the Bettor Choice Provider.
- **MCCA Bettor Choice offers the most support groups of the 5 regions (4 compared to only 1 or 2 elsewhere), including a group for Persons Affected. They also offer the only in-patient treatment for problem gambling in the state, servicing on average 3-5 clients yearly at McDonough House.**
- Telehealth options have expanded treatment and support opportunities.
- Providers Apex Community Care and McCall Behavioral Health have screened a total of 516 clients for problem gambling since they were awarded the DiGIN grant in 2021. Those clients would not have been screened if it were not for the grant they received from DMHAS.¹⁰
- Collaboration with Local Prevention Councils(LPCs). In 2022, 7 of our LPCs received a mini grant focused on problem gambling awareness.
- Youth gambling awareness:
 - Three groups in the region participated in the statewide Youth Gambling Awareness Project in 2022 and 2023.
 - Stacked Deck in two school districts in 2023.

2022 Region 5 Epidemiological Profile: Problem Gambling

From the Community Readiness Survey 2022¹¹:

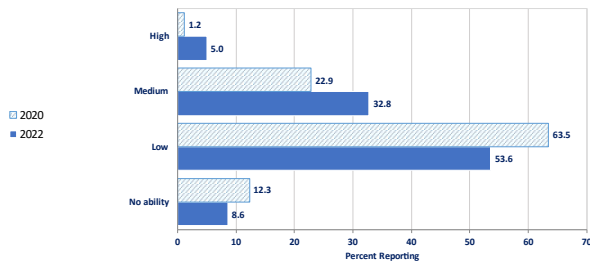
- We saw an increase in the number of key informants indicating it is important to prevent problem gambling/gaming in their community (40.4% in 2022 vs 21.7% in 2020).
- We also saw an increase in awareness of problem gambling addiction with 3.2% “very aware” and 29.7% “somewhat aware” in 2022 compared to 1.8% and 22.5% in 2020).

How aware are community residents that gambling activities* can become an addiction for some people? [Q22]:
Western CT Coalition CRS, 2020 -2022



*e.g. scratch-off tickets, lottery, sports betting, Keno, casino games, dice, cards, loot boxes and skins in gaming, etc.

How would you rate your community's ability to raise awareness about the risks of problem gambling/gaming addiction? [Q21]: Western CT Coalition CRS, 2020 -2022



Footnotes:

- ¹ National Council on Problem Gambling
- ² American Psychiatric Association, Gambling Disorder
- ³ 2021 Survey of Publicly Funded Problem Gambling Services in the US, Problem Gambling Solutions, Inc, 2022
- ⁴ CT Department of Consumer Protection Gaming Revenue Statistics and Documents
- ⁵ Search Institute Attitudes and Behaviors Survey data from 5 districts in Region 5, 2021 and 2022
- ⁶ Youth Focus group data: Naugatuck, New Milford, and Wolcott, 2022
- ⁷ Better Choice Outpatient data FY 22, DMHAS
- ⁸ Key informant interview - Earle Sanford, Program Manager, MCCA
- ⁹ CCPG Region 5 Helpline Statistics 2022
- ¹⁰ Apex Community Care and McCall Center for Behavioral Health
- ¹¹ Community Readiness Survey, 2022

2022 Region 5 Epidemiological Profile: Suicide

Problem Statement

Suicide is defined as death caused by self-directed violence with an intent to die. Suicide is a growing public health problem and is now the tenth leading cause of death in the United States. Suicide is a problem across the lifespan; however, it is the second leading cause of death among people 10-14 years old, third leading cause of death among people 15-24, and fourth among people 35-54 years old.¹

In the United States, the age-adjusted suicide rate increased by 35.2% from 2000 to 2018, from 10.4 to 14.2 per 100,000. This rate is higher in males (22 per 100,000) than females (5.5 per 100,000).²

In Connecticut, the crude suicide rate in 2021 was 10.9 deaths per 100,000 population.³ This rate is highest among those ages 65+, with a rate of 16.8 deaths per 100,000 population.³ The number of suicide deaths per year in Connecticut has risen each year since 2008, but shows decrease in 2020 and 2021, according to the Office of the Chief Medical Examiner.⁴

Magnitude (prevalence)

There were 74 (47 male and 27 female) suicide deaths in Region 5 in 2021 with the most deaths occurring in the 45-64 age range. Preliminary data from Connecticut's Violent Death Reporting System (VDRS) in 2022 suggests that Region 5 had 21 female deaths and 39 male deaths for a total of 60 deaths, with the most deaths occurring in the 25-44 age range.³

Data from the 2021 National Survey on Drug Use and Health (NSDUH) showed that 4.0% of adult respondents (18+) in Connecticut reported having serious thoughts of suicide in the past year.⁵ This percentage is higher among those 18-25 years old (11.50%) compared to those aged 26 and older (2.83%).⁵ Additionally, 0.41% of Connecticut adult respondents (18+) reported attempting suicide in the

past year. The percentage of adults that reported attempting suicide was notably higher among young adults aged 18-25 (2.26%) than compared to those aged 26 and older (0.12%).⁵

In Region 5, 2022 emergency department (ED) data shows visits for suicidal ideation decreased significantly with age, with the highest rate at 769.8 per 10,000 for 10–17-year-olds and the lowest rate at 50.0 per 10,000 for those 75-84 years old (with the exception of the 0-9 years age group). Suicide attempt data for the same time period follows a similar trend.⁶

2022 data from emergency departments in Region 5 shows the rate of males visiting the ED for suicidal ideation (265.0 per 10,000 visits) was slightly higher than females (218.2 per 10,000 visits). Conversely, the rate of females visiting the ED for suicide attempts (487 individuals) was higher than males (352) in 2022.⁶

According to data from the 2021 Connecticut School Health Survey (CT YRBSS), 14.1% of high school students reported seriously considering attempting suicide in the past year.⁷ In 2021, 5.9% of high school students reported attempting suicide one or more times during the past year.⁷

The 2018 Connecticut Behavioral Risk Factor Surveillance System (BRFSS) showed that among adults over 18, 12.4% reported ever thinking of taking their own life.⁷ Among those who thought of suicide, 30.5% had attempted suicide.⁷

Residents of Region 5 use 211 to access crisis intervention and suicide resources (defined by 211 as seeking direct help or help finding programs and hotlines providing emergency support, assistance, referrals and information). In 2021 there were 3,991 requests to 211 for crisis intervention and suicide, accounting for 39.4% of all mental health and addiction requests from Region 5. Then in 2022 there was an increase in number of requests - 4,663 for crisis/suicide - which accounted for

2022 Region 5 Epidemiological Profile: Suicide

34.0% of all mental health and addiction calls (a slight decrease).⁸

2021-2022 school survey data from 5 districts (two suburban, two rural, and one urban periphery) in Region 5, including some middle school and some high school responses was analyzed to better understand suicidal thoughts and attempts in Region 5. Of those surveyed, an average of 14.7% of middle and high school students surveyed in Region 5 reported they had attempted suicide one or more times in their lives.⁹

Risk Factors and Subpopulations at Risk

- On average, men account for 88% of suicides in CT.³
- White non-Hispanic males account for 91% of suicides in CT.³
- Nationally, non-Hispanic American Indian/Alaska Natives experience high rates of suicide.¹
- Other disproportionately impacted populations include Veterans and military personnel and certain occupational groups such as construction and sports.¹
- LGBTQ+ youth experience increased suicidal ideation and behavior compared to their peers.¹
- Mental illness is a risk for suicide, including depression, anxiety, bipolar disorder, and general depressed mood.³
- For those over 45, other risks include physical illness, such as terminal illness and chronic pain, as well as intimate partner problems.³
- Other risk factors include¹:
 - Family history of suicide;
 - Childhood abuse/trauma;
 - Previous suicide attempts;
 - History of substance misuse;
 - Cultural and religious beliefs;
 - Local epidemics of suicide;
 - Isolation;
 - Barriers to treatment;
 - Loss (financial, relational, social, work); and

- Easy access to lethal means.

According to 2021 Region 5 suicide death data, for those whose circumstances were known (n=72), the most common risk factors were:

- 1) Mental Illness (diagnosed depression; bipolar disorder; anxiety)
- 2) Substance Use; substance misuse
- 3) Previous suicide attempt
- 4) Physical health problem (acute, chronic, terminal illness or pain)
- 5) Intimate partner problem (divorce, break-up)³

Most of these common risk factors aligned with the indicated risk factors from the CDC previously listed as risk factors of concern statewide.¹

The National Institute on Drug Abuse (NIDA) reports that experts suggest around 30% of opioid overdoses may actually be intentional suicides.¹ With the increasing number of individuals with opioid use disorder and who experience opioid overdoses, there is concern that this would mean an increased number of overdoses that are really suicides.

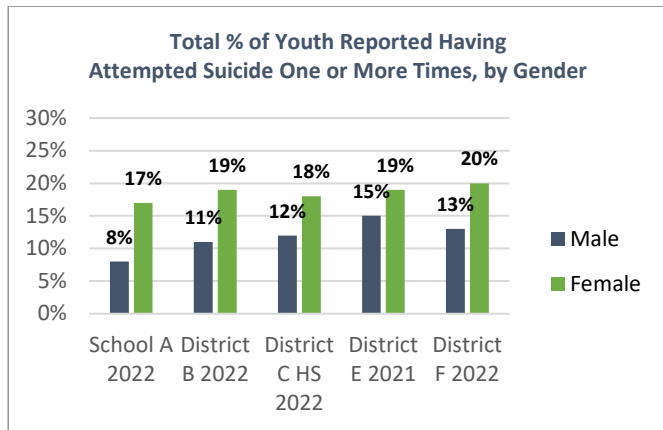
According to the Office of the Chief Medical Examiner, (OCME), Region 5 lost 488 individuals to overdose death in 2021 and 2022. Based on the previously mentioned estimation from NIDA, it is possible that close to 145 of the overdoses may have been intentional suicides. Drug poisoning is the second most used lethal mean for women in Region 5 (6 of 27 total deaths) in 2021.³

Data from the 2021 Connecticut School Health Survey shows the percentage of female high school students who seriously considered attempting suicide was significantly higher (19.8%) than males (8.7%).⁷ Additionally, the percentage of students identifying as gay, lesbian, or bisexual reporting considering attempting suicide is significantly higher than their heterosexual peers (34.2% vs.

2022 Region 5 Epidemiological Profile: Suicide

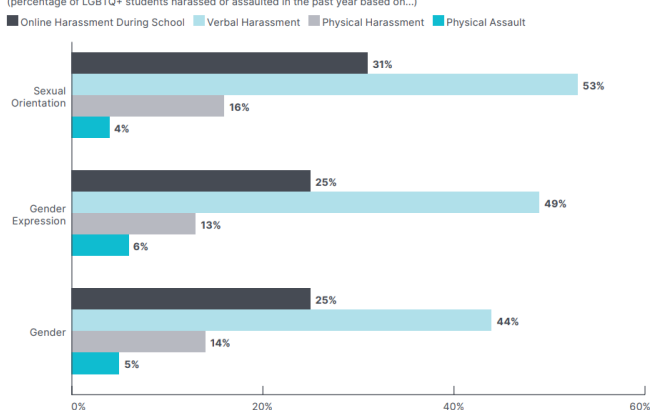
8.4%).⁷ A significantly greater percentage of female students reported attempting suicide (8.8%) compared to male students (3.3%). Additionally, Hispanic students reported this at a greater rate (7.6%) than Black non-Hispanic students (7.5%) or White non-Hispanic students (4.0%).

Similar to statewide concern, **there is concern around female students as a subpopulation at increased risk in Region 5.** Females reported higher rates of ever attempting suicide in all schools surveyed in Region 5 between 2021-2022. This is a continued trend when compared to previous years' school survey data. This same pattern is apparent when looking at depression and general depressed mood as a risk factor for suicide, with female students surveyed in Region 5 reporting higher (in most cases almost double) rates of feeling sad or hopeless most or all of the time in the last month than males.⁹



The LGBTQ+ population, in particular LGBTQ+ youth, are a subpopulation of concern statewide and for our region.

Figure 2. Anti-LGBTQ+ Harassment & Assault in Connecticut Schools (percentage of LGBTQ+ students harassed or assaulted in the past year based on...)



2022 school survey data from one school district in Region 5 (grades 7-12, urban periphery, N= 1101) showed significantly higher rates of depression and suicide in students who identified as Bisexual; Mostly/Only Gay/Lesbian when compared to Only Straight/Heterosexual classmates.⁹

Disaggregated Data for MH Indicators in One Region 5 District (%)

	Depression	Suicide
AVG 7th- 12th	25	18
Sexual Orientation		
Only Straight/Heterosexual	16.5	10.1
Bisexual; Mostly/Only Gay/Lesbian	47.5	35.5

Burden (consequences)

- Suicide impacts the health of the community and those around the individual. Family and friends experience many emotions including shock, guilt, and depression.¹
- People who attempt suicide and survive can sometimes experience serious injuries which can have long term health effects.¹

According to research done by Cerel et al., (2016), 115 people are exposed to a single suicide death and one in five report devastating impact or major-life disruption caused by the suicide death. If Region 5 lost 134 individuals to suicide in 2021 and 2022, that means that in that time period over 15,000 individuals have been exposed to suicide and almost 1,500 people had devastating effects on their lives.¹⁰

Capacity and Service System Strengths

Community Readiness Survey:

Mean Stage of Readiness for Mental Health Promotion

	CT	Region 1	Region 2	Region 3	Region 4	Region 5
2022	4.98	5.36	5.11	4.54	4.91	4.79
2020	4.88	4.86	5.00	4.71	4.89	4.88

2022 Region 5 Epidemiological Profile: Suicide

Region 5 engages in suicide prevention education and capacity building throughout the year. The Region 5 Suicide Advisory Board meets quarterly to provide educational opportunities and network building for clinical providers, school social workers, prevention professionals, and others. Starting in June 2022, the Region 5 Advisory Board distributes a quarterly newsletter with different focus areas which includes data, upcoming learning opportunities and more.

Training and capacity building around suicide prevention and postvention are a top priority in Region 5. Western CT Coalition holds virtual Question, Persuade, Refer (QPR) suicide prevention trainings at least once a month, in addition to trainings requested by different groups including WCSU and Post University Resident Assistants, EMTs, law enforcement, firefighters, parks and recreation staff, school counseling graduate students, and more. Western CT Coalition has trained over 1,575 individuals in QPR in 2021 and 2022. With 45 QPR trainers in Region 5, there are many trainings happening out in the community in addition to those hosted by Western CT Coalition, including with Torrington Area Health District (TAHD) staff who were trained to train QPR as part of a CDC grant to expand their work in suicide prevention. Another community partner active in training and capacity building is EdAdvance, who in collaboration with project partners Apex Community Services, Greenwoods Counseling and Referral Services, and Western CT Coalition, provides Mental Health First Aid, Youth Mental Health First Aid, Teen Mental Health First Aid, and QPR Suicide Prevention Training in the area at no cost. Two members of Western CT Coalition staff were trained to train in teen Mental Health First Aid and AFSP's Talk Saves Lives training in 2022.

Addressing the burden to families, friends, and communities after a death by suicide, **the Regional Suicide Advisory Board continues to engage in training and capacity building around suicide postvention and creating local Suicide Postvention Information**

Networks (SPINs) throughout the region. "What is Postvention?" trainings are held quarterly, as well as SPIN discussion meetings where those involved in creating postvention community plans and postvention response can gather to share ideas, lessons learned and educate each other. The regional suicide advisory board and Western CT Coalition staff provide ongoing support and guidance to these SPINs as needed, including engaging with local officials and media in the unfortunate case there is a suicide in a community.

The *Gizmo's Pawesome Guide to Mental Health book and accompanying curriculum* have a strong presence in Region 5. Multiple communities have the book in their local libraries and schools and read-alongs are happening more frequently with many local libraries interested in hosting. This book is an important mental health promotion resource for all ages.

An overarching strength of suicide prevention and postvention efforts in Region 5 is the collaborative partnerships. Region 5 Suicide Advisory Board coordinators meet monthly with other regional coordinators to share ideas, partner on virtual and in person events, like the Addressing Suicide Prevention and Highlighting Hope Across Sectors & Identities event in September 2022, attended by over 80 people, with 19 representing Region 5. Regional suicide advisory board membership attends monthly CTSAB meetings, as well as multiple subcommittee meetings about data, postvention and education. The Connecticut Center for School Safety and Crisis Preparation has increased its capacity to do important work in the last two years and staff work collaboratively with regional suicide postvention efforts. Multiple schools in Region 5 have Hope Squads and mental health advocacy groups led by students.

The majority of calls to 211 result in connections to help and resources. As previously mentioned, residents of Region 5 use 211 to access crisis intervention and suicide resources and of the 3,991 requests to 211 for crisis intervention and suicide in 2021, 3% went unmet (unmet

2022 Region 5 Epidemiological Profile: Suicide

is defined by 211 as “requests for which no help was available”). In 2022, 6% of the 4,663 requests went unmet.⁸

Key informants’ views on the awareness of suicide resources in the community are highlighted in the 2022 Community Readiness Survey results. When key informants in Region 5 were asked about their awareness of suicide resources in the community, (with 1. being not at all aware, 2 being somewhat aware, and 3 being very aware) they reported they are somewhat aware of school personnel trained to recognize warning signs (2.33) and crisis hotline numbers and other mental health resources visible in community locations (2.09).

Some of the resources with the lowest reported awareness include community post-suicide intervention or support plans in place (1.68) and regular suicide prevention trainings in community (1.82).¹¹ Community support for an issue and ability to implement change are two of the key components of readiness. Of all key informants surveyed in Region 5, 68.8% reported there is some or a lot of support for suicide prevention efforts in the region. Of all key informants surveyed in Region 5, 59.7% reported their community's ability to implement suicide prevention efforts as medium or high.¹¹

Footnotes:

¹ CDC (2019) Suicide Prevention

² NIMH (2020). Suicide

³ CT DPH (2021). CTVDRS

⁴ CT OCME (2021) . Annual Statistics: Suicide s

⁵ NSDUH 2021

⁶ Connecticut Department of Public Health EpiCenter Syndromic Surveillance System

⁷ Connecticut School Health Survey, 2021 (CT YR BSS)

⁸ 211counts.org

⁹ Region 5 School Survey Data, 2021-2022

¹⁰ Exposure to Suicide in the Community : Prevalence and Correlates in One U.S. State, Cerel et al., 2016 ¹¹ Community Readiness Survey, 2021

2022 Region 5 Epidemiological Profile: Tobacco & ENDS

Problem Statement

Results from the 2021 National Survey of Drug Use and Health (NSDUH) estimate that approximately 503,000 or 17.8% of Connecticut adults aged 18 years or older, used some form of tobacco, including cigarettes, cigars, e-cigarettes or other electronic vapor products, hookahs (waterpipes) and smokeless tobacco in the past 30 days (i.e., current tobacco use). Current tobacco use was more prevalent among those 26 and older (18.2%) than among 18–25-year-olds (14.7%), but both age groups were much higher than 12-17 year olds (2.7%).¹⁶

2021 Behavioral Risk Factor Surveillance System (BRFSS) showed that among adults 18 and older, prevalence of past 30 day smoking (11%) was twice that of past 30 day e-cigarette use (5%).¹

In region 5, vaping continues to trend higher than smoking. From a nationwide perspective, Monitoring the Future 2022 data reports nicotine vaping remained stable for all three grades surveyed, with 12% of eighth graders, 20.5% of 10th graders, and 27.3% of 12th graders reporting vaping nicotine in the past year.²

Flavored tobacco products entice youth. According to the 2022 National Youth Tobacco Survey, 85% of youth who use e-cigarettes reported flavoring as the primary reason for using a tobacco product.³ The states surrounding us have flavor ban policies in place, but Connecticut does not. Within their data brief “Monitoring U.S. E-Cigarette Sales: National Trends”, the CDC concludes- “Policies that prohibit all non-tobacco flavored e-cigarettes, including flavored disposable e-cigarettes and menthol flavored prefilled cartridges may reduce e-cigarette sales, reduce youth access to flavored e-cigarettes, and ultimately reduce youth e-cigarette use.”⁴

Emerging Trends

New product trends include vape devices with colorful characters that boast 10,000 puffs (Airis) and oral nicotine pouches like Zyn that come in an array of flavors.

The Retail Environment

Through environmental scans of our region, we have noticed an increase in vape and smoke shops offering a wide array of products including bongs/pipes, Kratom and CBD. Some have recently been selling Delta 8 and Delta 9 cannabis and leaf cannabis illegally. Many of these Delta 8 and Delta 9 products are packaged like snack foods or candy which can be attractive to youth. There are 1,762 registered e-cigarette dealers in CT. That equates to an average of 10.4 per town (based on 169 towns). 116 of these retailers are registered by individuals or companies located outside of CT. In our region, there are 262 registered e-cigarette retailers: an increase of 26% from 2019. Ten region 5 towns (predominantly in the rural northwest corner), did not have a registered e-cigarette retailer in 2019 but do as of March 2023. The density of retail establishments is greater in our urban core and urban periphery communities. For example, Danbury currently has 47 retailers, Waterbury 51, and Naugatuck 27, compared to some of our more suburban communities like Brookfield (9) or Watertown (8).⁵

The CT Tobacco Prevention and Enforcement Program (TPEP) conducted 876 compliance checks in 2022 in region 5. 674 or 77% were compliant. Danbury and Waterbury retailers have the most non-compliance issues. Some retailers consider fines for non-compliance to be “the cost of doing business.”⁶

Region 5 youth may not realize they are ingesting nicotine. On average, 27.2 % of youth who reported past 30-day use of e-cigs or vapes said they were vaping “flavored liquid without nicotine.”⁷

Vape devices provide an opportunity for youth to engage in cannabis use as well. From the same sample of youth mentioned above, 44.7% on average reported vaping THC/marijuana.⁷

2022 Region 5 Epidemiological Profile: Tobacco & ENDS

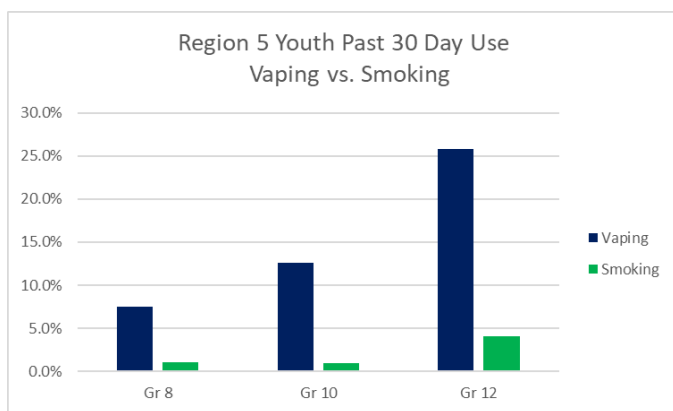
Magnitude (prevalence)

Perception of peer disapproval of vaping is very low compared to that of cigarettes (66% vs 86%).⁷ We hear anecdotally that there is a misperception among youth that “everyone is vaping.”

Nicotine vaping is the most common form of substance use among 8th and 10th graders.

According to Monitoring the Future, smoking rates among teens in the U.S. peaked in 1997 at 36.5% (past 30-day use among 12th graders). Utilizing many prevention strategies and with policy changes, we have lowered the prevalence of youth smoking in this country. In 2022, that rate among 12th graders is 4%. Unfortunately, e-cigarette use rates are quite a bit higher. The new survey finds that nicotine vaping is the most common form of past 30-day substance use for 8th and 10th graders students, exceeding use of other substances such as alcohol and cannabis. Among 12th graders, nicotine vaping was the second most common form of substance use.²

In Region 5, an examination of past 30-day use of cigarettes vs. ENDS among middle school and high school youth. (5 districts, 3,620 total sample).⁷



On average 1.1% of 8th grade, .96% of 10th grade and 4.1% of 12th grade reported current use of cigarettes. Vaping rates are much higher: 7.5% 8th grade, 12.6% 10th grade, and 25.8% 12th grade.

CT adult current tobacco use, according to data from the BRFSS:

- 11.1% smoke cigarettes (24.4% male, 9.9% female)
- 5% use e-cigarettes (6.5% male, 3.6% female)
- 4.2% smoke cigars (7.4% male, 1.4% female)
- 2.1% use other tobacco including hookah, chewing tobacco, snuff, or snus¹

Risk Factors and Subpopulations at Risk

The American Lung Association State of Tobacco Control identifies the following populations as disproportionately affected by smoking and tobacco use:

- Military veterans smoke at a rate of 21.6%. **The highest rate among the military is among those ages 18-25 with a rate of 50.2%.** This is due to a long history of tobacco use, including cigarettes being distributed with rations.
- Uninsured Americans smoke at a rate of 21.2%, more than double the rate of adults with private insurance.
- Indigenous Peoples smoke at a rate of 27.1%.
- Those with poor mental health. People with mental health conditions account for 36% of all cigarettes smoked. Nicotine’s mood-altering effects can mask the negative symptoms of mental illness putting them at risk for higher tobacco use.
- Adults in public housing smoke at a rate of 33.6%.⁸

Populations at-risk for tobacco use in CT (adults):¹

- Men are more likely than women to use tobacco (21.6% vs 13.2%).
- Those with an annual income less than \$25K use tobacco at higher rates.
- Rates are higher among Hispanics (18.2%)
- LGBTQ individuals (21.4%).
- Those with a high school diploma or less.

2022 Region 5 Epidemiological Profile: Tobacco & ENDS

Populations most at-risk for using ENDS are:¹

- Youth (12-17)
- Young adults (18-34). 16.4% vs overall 5% for CT adults. Those age 25-34 also use ENDS at higher rates (8.9%).
- Adults with poor mental health (10.3%)
- LGBTQ individuals (9%)

Risk Factors for youth ENDS use:

- Availability and access to a wide variety of flavored products that continue to be marketed to kids. Disposable vapes are colorful, sleek, easy to hide and contain high levels of nicotine. They are often on display at gas stations and convenience stores right at the register and near other product kids enjoy (candy and snacks).
- Youth report mental health concerns like anxiety and depression as reasons they use ENDS.
- Television (TV) and other media exposes youth to these products.
- The industry maintains their harm reduction claims about e-cigarettes without any evidence.
- The FDA has not approved these products appropriate for smoking cessation.
- According to local youth data from 5 of our area high schools:⁷
 - After 10th grade, use rates significantly rise 11th (22.3%) and 12th graders (25.8%).
 - Less than 50% of those surveyed said they had a conversation with a parent about the dangers of vaping during the last 12 months.
 - Most students (51%) are getting their device from a friend, but **28% said they got their device from a vape/smoke shop** and 9% from a gas station or convenience store.

Burden (consequences)

4,900 CT adults die from smoking related illness annually.

According to the CDC, 4,900 adults die each year in CT from smoking related illness and smoking related healthcare costs in our state are \$2.03 billion (about \$6

per person in the US) annually. *It is the leading cause of preventable death in our country.* CDC research suggests that for every \$1 spend on tobacco prevention, CT can reduce tobacco related healthcare expenditures and hospitalizations up to \$55.⁹

Menthol cigarettes are a major cause of tobacco-related death and disease in Black communities. Nearly 81% of Black Americans who smoke use menthol.¹⁰

According to Save the Sound, CT's most prevalent form of trash is cigarette butts. Cigarette filters are made of plastic, are not biodegradable and are harmful to wildlife. Waste from ENDS and other tobacco products cause environmental contamination.¹¹ We have concerns that these FDA guidelines for proper disposal of e-cigs are not being followed in most communities. **In a 2021 report, the Truth Initiative said e-cigarettes are “a toxic plastic problem. There is no safe disposal guidance from the industry and recycling programs don't exist.”**¹²

Capacity and Service System Strengths

Protective Factors at a state and national level include:

- Tobacco 21 law
- Smokefree workplace laws in CT
- The 2021 Amendment to the Clean Indoor Air Act expanded definition of smoking to include any tobacco, hemp, and cannabis. Areas where smoking is prohibited now include the exterior of buildings (within 25 feet of a doorway, window, or air intake vent)¹³
- Pod system flavor ban and exposure of the company that created Juul
- Advocacy groups like PAVE, Campaign for Tobacco Free Kids, American Lung Association and Truth Initiative (we promote their “This is Quitting” campaign and text line)
- Truth Initiative's “This is Quitting” program has helped more than 500,000 youth and young adults quit during 2019-2022¹⁴
- The Great American Smokeout effort is widely recognized and celebrated in Region 5

2022 Region 5 Epidemiological Profile: Tobacco & ENDS

Strengths and capacity in Region 5:

- Support and collaborate with the Local Prevention Councils who have been focusing on reducing youth use of e-cigarettes for the last 3 years using comprehensive strategies.
- Distribution of hundreds of “Quit Kits” in our region to help youth and young adults quit vaping and other tobacco use.
- Collaboration with statewide partners at TPEP to conduct local compliance checks.
- Active attendance at the statewide Tobacco Steering Committee and MATCH coalition meetings.
- Testimony to the CT General Assembly in favor of tobacco control policies and prevention funding.
- Positive community norms messaging to address youth vaping.
- Restorative or alternative to suspension programs within some of our communities.
- Western CT Coalition Drug Free Schools Committee is actively engaged in addressing youth vaping and provides education through the “Educator” info brief.
- Nuvance Health’s “Quit Now” smoking cessation program.
- Increase in signage in public places banning tobacco use, including e-cigarettes.
- Findings from the 2022 Community Readiness Survey indicate public concerns and awareness has increased.
 - 45.8 % of key informants indicated vaping was the substance of highest concern for those age 12-17, followed by cannabis (25.1%) then alcohol (14.7%). It is the second highest concern for those age 18-25.¹⁵

Footnotes:

- ¹ BRFSS, 2021, CTDPH
- ² National Institutes for Health and Monitoring the Future data, 2022
- ³ CDC National Youth Tobacco Survey data, 2022
- ⁴ CDC National E-Cigarette Sales Data Brief 2022
- ⁵ CT Department of Consumer Protection data, 2023
- ⁶ CT TPEP data, 2021 and 2022, and key informant interview with one of the special investigators.
- ⁷ Search Institute Attitudes and Behaviors Survey data from 5 school districts in Region 5, 2022
- ⁸ American Lung Association State of Tobacco Control, 2023
- ⁹ CDC Connecticut tobacco fact sheet, 2020
- ¹⁰ American Lung Association
- ¹¹ Save the Sound
- ¹² Truth Initiative report: The Harmful Effects of Tobacco, 2022
- ¹³ CT Department of Public Health
- ¹⁴ Truth Initiative This is Quitting Program
- ¹⁵ Community Readiness Survey data, 2022
- ¹⁶ NSDUH, 2021

Emerging and Current Issues

Suicide, Anxiety and Depression

Region 5 youth are presenting with higher acuity mental health concerns including anxiety, depression and suicidal ideation. According to reports from our Emergency Departments, there has been an increase in the number of young people presenting with suicidal ideation. This was previously reported during our 2021 priority process. Suicide and suicidal thoughts have been trending upward in Region 5 for the past 7 years. Fortunately, in our area, the number of deaths by suicide among people under the age of 26 has not increased. During 2022, 95 percent of the suicides in Region 5 were among people 26 years of age and older. Mental health issues were already on the uptick prior to the pandemic, but treatment providers and school counselors are noticing heightened degrees of anxiety, and more youth suffering from these conditions.

Another sub-population for whom we are reaching out and gathering more indicators around mental illness are the Latino population. There are a number of factors that led to this. Most notably, we have a substantial number of Hispanic and Latino people living in Waterbury and Danbury. In these times when mental health is on the forefront, we need to assure that we are acknowledging cultural differences and associated risk factors. For example, 18 percent of Waterbury adults reported experiencing anxiety regularly and being bothered by depression. This is one-third higher than the state result of 12 percent. In a community like Waterbury that is close to 60 percent people of color, it would seem they are disproportionately affected. We continue to engage with the Hispanic and Latino populations through both Danbury and Waterbury's many faith-based organizations and community providers.

Data from our Region 5 Community Readiness Survey conducted during 2022 indicates that key informants view alcohol as the “problem substance of greatest concern” for individuals 18 and older. This is not an emerging trend. This perception has been consistent over the years when we have looked at community readiness. It makes sense since alcohol is the substance most used among both adults, and those under 21. The SEOW data for 2021-2022 indicates that 62.4 % of people 18 and older used alcohol in the last month. At one point, during the pandemic, liquor retailers were experiencing a 55% increase in sales. According to some of the retailers in our area, that has slowed down during 2022. However, there are emerging concerns about the increased amount of alcohol consumed by women. This is not just limited to Region 5, or the state of CT. The culture around women and alcohol has been changing across the U.S. for a while. It is impacting the behaviors of teen girls and young adult women, as well. We continue to collect youth survey data in Region 5 where high school aged females are reporting drinking more often than high school aged males. Also, within the Waterbury area, Latinx individuals have been identified as consuming alcohol at higher rates than any other ethnicity. Still, the majority of people who are seeking treatment for alcohol use disorder are white.

Electronic Nicotine Delivery Systems

Electronic Nicotine Delivery Systems rose to the second highest substance use priority this year, in a tie with alcohol, and above heroin/fentanyl. The FDA has made some determinations about ENDS, including restrictions on most of the flavored vapes sold by JUUL (which resulted in an on-going lawsuit). Unfortunately, even though these products were on the FDA’s radar back in 2016, there are still a lot that have not been reviewed and remain on the market without having been thoroughly examined. High school administrators and school social workers report that vaping is a persistent problem among a certain percentage of students. While vaping rates among youth continue to be lower than other substances (alcohol and cannabis) in our region, it remains a top priority. Disposable, flavored vape products introduced yet another generation to nicotine. Some of the ENDS are modified to allow for much higher levels of nicotine, as well as THC. Also, there are still challenges finding appropriate cessation programs for youth, and schools are still coming around to employing “restorative” practices rather than only punishment when youth violate school policies around vaping. Additionally, there has been a 26 percent increase in the number of vape shops in Region 5 over the past four years.

Heroin/Fentanyl

An emerging trend over the past few years has been the diminished presence of actual heroin. Fentanyl has replaced heroin; it is relatively easy and very inexpensive to manufacture. Fentanyl has been involved in over 90 percent of the accidental opioid overdoses in CT during the past 2 years, and the same holds true in Region 5. The emergence of xylazine, a non-opioid veterinary tranquilizer, is used as an adulterant.

It can be added to opioids to extend euphoria. Xylazine is a central nervous system depressant, not an opioid, and when used with an opioid, there is an increase in the likelihood of a life-threatening overdose. In Region 5, there was a 175 percent increase in the number of xylazine -involved overdoses over a recent two-year period. Although HIDTA and DMHAS have raised awareness about the presence of xylazine, there are still local officials, law enforcement and treatment providers in our area that are unaware of this trend. Regarding overdose reversals, the stigma around naloxone availability and naloxone training has started to decrease. Naloxone was recently approved as an over-the-counter medication which should further improve access and reduce stigma.

Cannabis

Cannabis became legalized in Connecticut on July 1st, 2021. Many questions remain about the impact of this new law on both youth and adult use. Communities continue to wrestle with public policies and municipal moratoriums on retail establishments. Region 5 has many rural areas and some small towns have been tasked with deciding whether to allow cannabis cultivation sites within their town borders. The first cannabis retailers to open in Region 5 had previously been medical marijuana dispensaries and applied to become hybrid. They had established reputations and familiarity among community folks. Currently, we have shops located in Danbury, Torrington, and Waterbury. Potency levels of both flower and edibles are an emerging concern now that cannabis is legal. In addition, there are greater risks of children having access to edibles after they are in a home. This is a very high priority in Region 5. We do not have any reliable data on the nature and extent of adult use since the laws changed, but we expect to have more robust data moving forward. We do know that “primary drug use” among IOP clients at one treatment provider with several locations in Region 5 indicated that between 6-8% of people report marijuana/cannabis as primary drug during intake. An exception was in Waterbury where “primary drug use” of cannabis during intake for IOP was 35% in 2021, and 31% in 2022. We need to investigate the factors that are impacting this trend in Waterbury. Our post-pandemic youth survey data may not be as reliable, due to the challenges of conducting assessments during and just following COVID.

We do know that youth perception of harm has been steadily decreasing over the past decade and the same is true for perception of parental disapproval. According to a clinician at Danbury High School, which is the largest high school in the state with a census of 3,373, there were 37 THC referrals in the first term of school year 2023, as well as more freshman referrals than the year prior.

Mental Illness

Treatment providers have continued to report that there are more people seeking services and they have higher acuity needs. Region 5 is similar to the rest of the state in this respect. Access to mental healthcare is still the main challenge identified in priority setting interviews. One discussion that arose during our focus groups and key informant interviews was related to research around alternative therapies. There is a strong interest

in research around psilocybin and other non-traditional treatments. We have been witnessing a lot more mindfulness and “self-care” practices for several years. According to DMHAS treatment data, Region 5 residential services utilization rates averaged 80% in group settings, 91% in intensive residential rehab, 75% in residential support, 95% in supervised apartments and 60% in transitional beds. There are currently a total of 15 respite beds in Region 5, four of which are forensic beds. Also, advocates from Region 5 are looking for the state to create Peer Respite opportunities which are not available yet. It seems that a pilot or an RFP was recently offered. Still there could be more respite locations to help alleviate the burden on crisis services.

Prescription Drugs

The misuse of prescription pills is still an issue across the lifespan in Region 5. Youth misuse by taking another person’s medication, adults will take more than prescribed and may become dependent on medications like benzodiazepines, and older adults may simply mismanage their meds or combine them with alcohol- all of these are risky choices. For the past few years, Gabapentin has been prescribed more frequently. Gabapentin was involved in more than 10% of the fatal overdoses in Region 5. However, the overall number of prescriptions written for opioids has decreased during this period. Although it remains low, recent youth survey data in Region 5 shows a slight increase in past 30-day use. Data from our youth surveys, past 30-day prescription pill use (non-medical) has been between 1 and 2 percent with the highest perception of harm along with tobacco in some cases. Recently, there was an alert issued by the CTIC indicating that people involved in the CT probationary system had bought and ingested excessive amounts of Dextromethorphan pills. These high dosage pills can cause hallucinations and effects that mimic PCP. This is of interest because anecdotal reports from law enforcement in Waterbury had mentioned patients transported to the Emergency Departments exhibiting signs of PCP use. High doses of Dextromethorphan can actually show up as PCP on a toxicology screen.

Problem Gambling

Region 5 , like the rest of Connecticut has experienced an onslaught of advertising around online gambling. Oversized, colorful and tantalizing postcards in our mailboxes, social media, radio, and streaming ads on the evening news during the sports reporting- so there has been heightened awareness around online gambling opportunities. According to an analysis of statewide Bettor Choice outpatient treatment data FY 2022 provided by DMHAS, Region 5 saw the most clients- 104 out of a statewide total of 307. Apex and McCall Center together have screened 516 individuals for problem gambling disorder since 2021, through the DiGIn Initiative funded by DMHAS. Currently, MCCA in Danbury runs the only inpatient services for problem gambling disorder. The number of people seeking services has increased and requests for treatment are trending higher among young males than before.

Cocaine

Cocaine use in Region 5 is not considered an emerging trend, but it is an enduring one. It has never really gone away, and according to local law enforcement the only thing that seems to change is the price. Use of cocaine is not prevalent and there is no specific sub-population at risk, other than teens and young adults who are “at risk” by nature.

Populations of Concern Identified by Region 5 Key Informants and Focus Groups

1. Homeless individuals with acute behavioral health needs.
2. Undocumented immigrants and people for whom English is not their spoken language.
3. Veterans.
4. Young Adults who are not enrolled in-school or employed.
5. Older Adults.
6. LGBTQIA+ community
7. People coming out of in-patient treatment or incarceration.
8. BIPOC populations.
9. Individuals discharged from ED after a suicide attempt.
10. Behavioral Health Workforce.

Resources, Strengths and Assets

Suicide and Mental Health Resources

There were a number of high-profile suicides in Region 5 over the past couple of years. Among others, we have had to navigate the death of well-known community members and two murder suicides, one of which involved several children. The Regional Crisis Team, which is coordinated by Dr. Gabe Lomas, who has been affiliated with WCSU, is the guiding light across many of our communities when these tragedies occur. A team of clinicians is immediately made available to deploy and assist in communities and schools, as needed. This model was established in Region 5 by Dr. Lomas, and through the acquisition of state funding in 2021 is being replicated in all the other regions across the state. The RBHAO works closely with the RCT, and they have also been supportive of the development of our postvention networks.

Question, Persuade, Refer (QPR) is offered every month in Region 5 by the Western CT Coalition. There are a host of other QPR events facilitated by trainers in the region. There are currently 66 trainers in our area. Other suicide prevention programs like Talk Saves Lives and ASIST are available among various providers and through the schools (SOS).

The three Catchment Area Councils continue to meet monthly in Region 5. They have all committed to increasing membership and representation- with a focus on people with lived experience and those who are currently involved in the mental health service system

The CACs have made a lot of progress over the past two years, and we expect them to continue to thrive.

Western CT Coalition coordinates the Regional Suicide Advisory Board which meets quarterly. WCTC also holds quarterly Suicide Postvention training and an informal quarterly meeting for communities that are developing their teams, so there is at least one program going on every month. Torrington Area Health District has a grant through the Dept. of Public Health to increase awareness and provide suicide prevention and postvention supports in the TAHD communities. Newport Behavioral Health (Bethlehem) hosts numerous professional learning opportunities (complete with CEs) which are open to the behavioral health field. They are mostly virtual, so very easy to attend. EdAdvance is currently in year two of an MHAT grant, so they offer, QPR and MHFA across the entire region. Along with a robust array of trainings being offered, we also partner with ASL providers who can assist online with QPR and other evidence-based programs.

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

The number of School-based Health Centers in our region have increased again over the past year. These centers improve access to screenings and services, as well as wonderful basic healthcare. The Network of Care, coordinated in the Western Region by Jules Calabro at Carelon, provides collaborative opportunities, training and networking across the children's behavioral health system. The Connecting to Care website (<https://www.connectingtocarect.org/>) is a great resource for families and anyone looking for help with youth behavioral health needs. In particular, the AIM Tool which can be used by parents, has been mentioned at several of our meetings this year.

The Northwestern part of Region 5 is fortunate to have received some Mental Health Awareness Training grants through SAMHSA. These programs bring MHFA, Region 5 RESC) was awarded an \$8.7 million U.S. Department of Education grant to increase school-based mental health services in rural NW CT. It employs a multi-pronged approach to increase the number of credentialed school-based mental health providers and services. Overriding project goals are to increase the number of credentialed SBMH providers and increase SBMH services in small rural schools in NW CT. Fifteen diverse credentialed school social workers and/or school counselors who will be EdAdvance employees, will be engaged with 30 participating schools serving students from grades Pre-K to 12 in 20 communities throughout the northwestern corner. This is a great asset to the children and families in the northwestern part of our service area. Connecting to Care is working to bridge gaps in services and create an integrated system of care so families can access the services they need in a timely and effective manner. One group mentioned the great work of the Youth Service Bureaus in Region 5. Positive youth

development is prevention. It should be noted that veterans who reported using the VA hospital services reported having good experiences and good outcomes.

Problem Gambling-The Region 5 Problem Gambling Awareness Team has an established membership, holds bi-monthly meetings, and publishes a quarterly newsletter that is disseminated to over 3300 individuals. MCCA Bettor Choices offers 4 support groups in the region, including one for persons affected. Telehealth options have expanded treatment options. Apex and McCall Behavioral Health integrate disordered gambling screenings during intake assessments. In 2022, the RBHAO awarded 7 mini-grants to local prevention councils to raise awareness.

Substance Misuse Resources

Firstly, 12-step programs are abundant in Region 5, especially with virtual meetings and special populations being added to the list of on-going meetings. The combination of proper sleep, good diet and regular exercise, along with the connection to a good 12-step, can be the best option for those who are first finding sobriety. There are currently Community Care Teams in Danbury, Waterbury, and Torrington. Each model is slightly unique, but the result is that they can identify and engage with people in need, especially people who are unhoused or considered high utilizers of the various Emergency Departments. Our Mobile Crisis units are very strong. The Western CT Mental Health Network is also well-regarded and organizes community outings for clients and links to local resources. We have a lot of private providers. The private non-profit treatment (MCCA, McCall, Apex, FCA, Ability Beyond, CIFC, just to name a few) providers here are excellent. One of the strengths in Region 5 is the strong collaboration between all these folks, from both the children and adults' treatment services. The organizations that support prevention, treatment and recovery are also very closely aligned. The Network of Care, Region 5 RAC (DCF), Community Health Improvement Planning bodies at the hospitals (DPH), Parent Connection, and the RBHAOs (DMHAS) all share expertise and do their best to coordinate programs. The Waterbury Opioid Workgroup, Danbury Regional Opioid Workgroup and Litchfield County Opioid Task Force are three active grassroots partnerships with longevity here. These groups all share information about various pilot programs, grant funded initiatives and other projects.

Narcan training and distribution is abundant in Region 5. The RBHAO holds regular monthly sessions online and assorted other programs are scheduled by lots of other trainers, as requested. These are being provided both virtually and in person. SBIRT training has increased among WCSU social work and school guidance graduate students. Harm reduction strategies are becoming more widely accepted and used in our region. There is broad participation on the CT Harm Reduction Action Group. Overall, we have noticed a better understanding of how harm reduction practices allow providers to meet people where they are, with realistic expectations about abstinence and the road to recovery on their terms. People in Region 5 promote the importance of person first language and the integration of "Language Matters" materials.

Local Prevention Council members participate in DEA take-back events, Statewide Opioid Response grantees have educated providers and promoted the Change the Script and Live LOUD media campaigns. Newtown Parent Connection and other parent and peer supports are available.

Schools provide presentations and resources; municipal leaders raise awareness and participate in forums. Higher education and faith-based organizations are engaged. There are three Fatherhood Initiatives in Region 5 that engage with the RBHAO, They are proactive about identifying resources that support healthy decision-making for children.

The number of providers offering Medication Assisted Treatment continues to increase. The COVID-19 restrictions resulted in adaptations like teletherapy and revised Methadone maintenance programs. In general, MAT providers remain flexible and collaborative. Waterbury Health Department Opioid Response Technicians assure that everyone leaves after and overdose reversal with a cellphone contact number in their phone and Narcan in hand. There are more resources available in Portuguese and Spanish. Better outreach and consideration for the LGBTQIA+ community has brought awareness through a number of presentations and new partnerships.

Resource Gaps, Needs and Challenges

Mental Health-

Adult Behavioral Health providers are continuing to struggle with staffing. This has been a perpetual problem which was only exacerbated by the COVID pandemic. Providers are still having difficulties hiring and keeping all levels of staff. A lot of people are waiting for outpatient psychotherapy and several providers have either left or stopped taking insurance. Local police reported that many of the calls they respond to are mental health related. We would like to have more intentional capacity building around CIT in our local departments. We have extremely few communities with access to a CIT trained officer 24/7.

There has been an increase in suicide attempts by the BIPOC population. Providers commented that this is a new phenomenon, and we should have been proactive with screening, prevention and education, even though the numbers were low before. Also, according to the most recent NSDUH data, 14 percent of males seriously considered suicide, 12 percent made a suicide plan during the year prior to the survey, and 7 percent attempted suicide. Nearly 1 in 3 teen girls (30 percent) seriously contemplated attempting suicide—up nearly 60 percent from a decade ago—and 1 in 4 reported making suicide plans, 1 in 5 girls (18 percent) experienced sexual violence in the past year—up 20% since 2017, 1 in 10 female students and more than 1 in 5 LGBTQ+ students attempted suicide. More than half of LGBTQ+ teenagers reported struggling with their mental health. We should be proactive with all these groups.

Young Adult Services, which is meant to prepare folks for more independent settings, has turned into extended care services for some clients. Some individuals stay in YAS until they are 30 years old. Transitions are hard and they sometimes result in people bouncing back into YAS two or three times.

Disordered Eating was increasing at the time of our last report (2021) and it has remained a problem. Anorexia is affecting both young people and adults. Anorexia has been linked to greater risk of suicide. In addition, finding specialty treatment (Eating disorders, OCD) is extremely difficult right now. When a specialty provider is identified, it is likely they only take cash. According to a member of the Greater Danbury Family Focus Partnership, Wellmore, 90% of their cases right now are diagnosed with Autism. Funding services for those clients is a problem and parents/caretakers struggle with access to respite. It is difficult to find Applied Behavior Analysis services. There are long waiting lists and credentialing is also “hard and slow”. For adults who are already using the system, some programs have cut back. New Heights, the social club in Danbury, is closed from 10-2 during the day. People have fewer and fewer places to go to connect with others and to access resources.

A serious concern in Region 5 is the lack of inpatient treatment for children and adolescents presenting with behavioral health needs. This is a persistent gap and has been reported during our priority setting process previously. Very often, this results in young people being identified as “ED stuck”. Families will sometimes be told that their child is “too acute”. This needs to change. Among young people with HUSKY insurance, the statewide average length of stay in the emergency department for behavioral health is 4.3 days., at St. Mary’s in Waterbury the average is 5-7 days. There remains no children’s psychiatric staff at the most frequented Emergency Department in Region 5. Discharge delays only intensify these service gaps. The outcomes are not favorable for young people who are already in crisis, staying for extended numbers of days, in a hospital unit that is designed for acute care/brief treatments.

In Region 5, Medicaid-enrolled adults with a primary mental health diagnosis comprised about 14% of the state total. (Region 5 Medicaid clients with a primary *substance use disorder* diagnosis made up 13% of the state total.) The percentage of people presenting with Serious Mental Illness (SMI) in Region 5 is lower than the other the regions in CT. Among adult Medicaid patients with a BH diagnosis during 2022, the six hospitals in Region 5 reported a total of 11,648 visits by 7,164 unique individuals. This amounts to an 8.5% decrease from the number of visits in 2021. Of these behavioral health visits, St. Mary’s had the highest percentage of primary MH diagnoses (37%) and Waterbury Hospital had the highest percentage of SUD diagnoses (38.9%). Notably, almost 100 of the BH clients at St. Mary’s visited the Emergency Department between 6-10 times in 2022. This is very costly and begs for a system change that would offer a less acute environment than the ED. Also, for adults, fewer than 30% are connected to care within 7 days. Among youth HUSKY patients with a BH diagnosis during 2022, the six hospitals in Region 5 reported a total of 1818 visits by 1236 unique individuals. This reflects about a 35% increase in the number of BH visits to the ED from the year before. The vast majority of these BH patients had a primary mental health diagnosis. Repeated visits again were highest in Waterbury at St. Mary’s and Waterbury Hospital with about 100 patients being seen 2-5 times during 2022. Less than 40% of these young patients are connected to care within 7 days.

In addition, school social workers are reporting a higher number of 504 referrals. To be protected under Section 504, a student must be determined to have a physical or mental impairment that substantially limits one or more major life activities; or have a record of such an impairment; or be regarded as having such an impairment. All of the school social workers who participate in the Drug Free Schools Committee at WCTC report having students who they see on a daily basis, some arrive immediately at the start of the school day. None of our schools have enough staff to appropriately address the extent of youth behavioral health needs at this time. They could all use more staff and more paraprofessional support. School staff mentioned their concern around the increase in school disciplinary actions resulting from violence, and threatening with a weapon, as well as youth who possessed a weapon for protection. Region 5 partners indicated that they value the availability of School Resource Officers.

The 1115 demonstration waiver implementation has been difficult for providers. It is causing backlogs and creating challenges finding placement for people as they are evaluated during the course of their treatment. Sometimes, providers hold beds for folks who may need them internally. When the fourth edition of ASAM eliminates the 3.3 level of care, this will likely compound the problems providers are experiencing. These comments were consistent from all different providers we spoke with during our priority setting process.

Problem Gambling- A data gap exists around disordered gambling in Region 5. Up until recently, we have not thoroughly assessed the nature and extent of the problem gambling in our area. We have limited survey data from college students, along with student survey responses from several of our local high schools. There is no local data about adult gambling other than helpline calls and treatment data from MCCA's Bettor Choices program. A statewide assessment is in the works, so we should be on better footing for our next report. CCPG Helpline has reported an increase in the number of calls regarding young adults.

Substance Misuse

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

Harm reduction has not yet been entirely embraced by the general public. Old ways of thinking, about substance misuse as a choice, persist and it is not easy to reframe thinking about an issue that is emotionally charged for family members and friends of people who struggle with addiction.

In 2021 and 2022, Waterbury had the third highest number of overdose fatalities in the state. The rest of our region continued to experience an increase. There are not enough treatment beds for people diagnosed with opioid use disorder across region 5.

Despite an increase in the number of DDIOPs, several providers raised concerns about people with co-occurring disorders who are not receiving appropriate care because both mental health and substance use treatment are stretched so thin. Also, some professionals tend to diagnose from their area of expertise, which compounds the problem. Providers need to be mindful of contributing to the "silos". In the past, we have encountered evidence of this in the data from Carelon which indicates that some people leaving in-patient psychiatric units, without an opioid use disorder diagnosis actually had been diagnosed with an OUD during the past year. Lacking that diagnosis upon discharge, they are not referred to MAT or other services. This puts them at a heightened risk of death by overdose. We are hopeful that the incidences of opioid use and overdose will soon subside in Connecticut and the U.S.A.

After an overdose reversal, there is rarely a friend or family member at the hospital bedside and folks generally leave alone, so there is nobody to train in the administration of naloxone. Very often, people living with opioid use disorder have burned all their bridges. Help identifying someone who can get them to the next step in treatment is needed. Connecting people to appropriate levels of care after a hospital visit has been an on-going challenge within both the youth and adult populations.

Alcohol is the most prevalent substance used in Region 5, among youth and adults. Our data has shown some reductions in youth use over the past few years, but we still have many people under the legal age of 21 acquiring and consuming alcohol. Adult women have emerged as a sub-population of concern- despite marketing that emphasizes the acceptability of women drinking- there is still stigma that gets in the way of them seeking treatment.

We don't have enough solid data to weigh in on changes in adult consumption of cannabis, but we hope to very soon. In 2021, an IOP in Waterbury, experienced more clients who identified marijuana/cannabis as their "primary drug use" upon intake than alcohol use. That is a shift we need to monitor in the rest of the region. In that same vein, we are concerned that the legalization of non-medical cannabis will raise the risk of children being exposed to secondhand inhalation, edibles or flower that are not stored properly, and/or neglect by a caregiver or parent. Children also run the risk of "riding in a vehicle" while a driver is under the influence of cannabis.

Anecdotally, we are aware of more behavioral health screenings happening in primary care settings, Nuvance Health has integrated social workers in their PCP offices to assist. Still, we need more folks trained in SBIRT and A-SBIRT.

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

We need more Recovery Coaches and Recovery Support Specialists for both addiction disorders and mental health.

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Regional Recommendations

Substance Misuse

Prevention	<ul style="list-style-type: none"> • Prevention should be culturally appropriate for Hispanic/Latinx population- need to diversify our coalition membership and engage a broader representation of BIPOC, LGBTQIA+, people with lived experience. • Continue and expand access to free MHFA, YMHFA, tMHFA, QPR, and SBIRT training. • Continue naloxone trainings as requested and as part of monthly programming. • Universal Screening at PCP and all ED visits (even for a broken arm)- When screenings are universal- there is less reluctance/stigma and better outcomes engaging LGBTQIA+ and other at- risk populations. • Integrate Language Matters into other presentations. • Restore Drug Exposed Children (DEC) training and collaboratives in Region 5
Harm Reduction	<ul style="list-style-type: none"> • Encourage naloxone leave behind policy adoption at local police departments.(per CT OEMS protocols, 2022) • Continue participation on CT Harm Reduction Action Group
Treatment	<ul style="list-style-type: none"> • Mobile MAT operational • Work with CHIP to improve community connections, warm hand offs upon discharge from the hospital or Emergency Department.
Recovery	<ul style="list-style-type: none"> • When the person is ready, the entire family needs help, we should continue to build our repertoire of family services and Family Recovery Coaches. • How Can we help? or Knock and Talks after a MH crisis or OOD. • Reconvene our Recovery Coach Collab- networking, presentations, shared resources, advocacy. • Recognition for RFCs similar to RFWs • Expand the availability of Family Recovery Coaches

State Recommendations

Substance Misuse

Prevention	<ul style="list-style-type: none"> • The state of CT should continue to provide free naloxone for community level distribution. • CT should prioritize all recommendations from the Naloxone Workgroup to the ADPC, which are accepted by the ADPC • Statewide ban of flavored tobacco products, including all ENDS flavors. • Fund Drug Exposed Children initiatives across Connecticut.
Harm Reduction	<ul style="list-style-type: none"> • Continue and expand support of CT Harm Reduction Action Group.
Treatment	<ul style="list-style-type: none"> • Increase funding to PNPs so they have a better chance of attracting and retaining quality staff. • Workforce- Incentives for potential incoming clinical workforce – start in the high schools by providing job shadowing with HOSA students. Tuition reimbursement for all levels of treatment from engagement specialists onward. • Mobile MAT operational • Enhanced behavioral health crisis care for adults -No Wrong Door in Region 5. • Access to mental health and substance use treatment at an agency that accepts all referrals, drop-ins, police transports and is affiliated with a Community Engagement Centers- showers, washer, dryers, snacks, water, coffee, haircuts, connection to resources, 12-step, internet, hope. • Due to the workforce shortage it is impossible to hire the number of licenses needed to comply with the 1115 demonstration waiver requirements. they are looking for. I am hoping DSS and DMHAS can allow for a supervision model to support non licensed (and competent) staff to provide groups under supervision.
Recovery	<ul style="list-style-type: none"> • Recognition for RFCs similar to RFWs • Expand the availability of Family Recovery Coaches

Regional Recommendations

Mental Health

Prevention	<ul style="list-style-type: none"> • Raise awareness about DCF Connecting to Care and the AIM tool for families. • Promote CIT in local PDs and SROs in schools. • Raise awareness about CTC videos for Suicide Prevention • Continue QPR training as requested and as part of monthly programming. • Universal Screening at PCP and all ED visits (even for a broken arm)- When screenings are universal- there is less reluctance/stigma and better outcomes engaging LGBTQIA+ and other at- risk populations. • Integrate Language Matters into other presentations. • Youth Mental Health Councils “ Hope Squads” in middle and high schools • Continue and expand Suicide Prevention programs in the workplace (Working Minds, etc.)
Harm Reduction	<ul style="list-style-type: none"> • MH Recovery Support Specialists MH check in phone call similar to the CCAR caller list • Regional CIT opportunities, so that more than 250-350 officers can be trained annually. Many should receive a refresher training, which is a best practice set by CIT International.
Treatment	<ul style="list-style-type: none"> • RBHAO should continue to advocate for expansion of alternative therapies and methods to fortify the BH workforce. • Very important to foster collaboration among providers and grassroots organizations.
Recovery	<ul style="list-style-type: none"> • Coordinate an annual forum for Community based Suicide Postvention Planning Networks. • MH Recovery Support Specialists MH check in phone call similar to the CCAR caller list.

State Recommendations

Mental Health

MH Promotion	<ul style="list-style-type: none"> • Improve availability of training options for CIT and SROs. • CTSAB should coordinate a media forum for local news media outlets as a way to promote best practices in postvention and connect them with local postvention networks and best practices.
Treatment	<ul style="list-style-type: none"> • Increase funding to PNPs so they have a better chance of attracting and retaining quality staff. • Workforce- Incentives for potential incoming clinical workforce – start in the high schools by providing job shadowing with HOSA students. Tuition reimbursement for all levels of treatment from engagement specialists onward. • Enhanced behavioral health crisis care for adults -No Wrong Door in Region 5. • Access to mental health and substance use treatment at an agency that accepts all referrals, drop-ins, police transports and is affiliated with Community Engagement Centers- showers, washer, dryers, snacks, water, coffee, haircuts, connection to resources, 12-step, internet, hope. • Fund and offer specialized training for PNP Clinical staff to alleviate cost burden. • Increase respite beds, and offer pilot for Peer Respite in Region 5. • When legally possible, approve the medically supervised use of Psilocybin for mental health conditions in licensed health settings, under the supervision of health professionals. • A study should be commenced to determine recommendations regarding alternative therapies.
Recovery	<ul style="list-style-type: none"> • Continue to support MH Recovery Support Specialist training and credentialing. • Promote the presence of RSS in the Emergency Department when people are in crisis.

Regional Recommendations	
Problem Gambling	
Prevention	<ul style="list-style-type: none"> • Increase awareness of risks associated with Problem Gambling for youth and young adults. • Continue and expand screening for problem gambling risk factors.
Treatment	<ul style="list-style-type: none"> • Expand problem gambling support groups and increase awareness about treatment options.
Recovery	<ul style="list-style-type: none"> • Increase peer support opportunities for people in recovery from PGD. • Include training around PG support in Recovery Coach training.
State Recommendations	
Problem Gambling	
Prevention	<ul style="list-style-type: none"> • Continue funding for RBHAO Regional Problem Gambling Coordinator. • Create a cohesive prevention plan, based on nature and extent of Problem Gambling, and associated risks subsequent to the legalization of online gambling in CT. • Study the impact of prolific advertising by the industry.
Treatment	<ul style="list-style-type: none"> • Expand access to problem gambling treatment programs.
Recovery	<ul style="list-style-type: none"> • Include “persons affected” in recovery planning and supports.

Appendix

Infographics

Survey Results

Focus Groups

Key Informant Interviews

Infographics

Behavioral health infographics are accessible by
clicking the link below:

**[https://www.wctcoalition.org/_files/ugd/
d92001_40237193fe904f86b5801d55aef372fb.pdf](https://www.wctcoalition.org/_files/ugd/d92001_40237193fe904f86b5801d55aef372fb.pdf)**

Survey Results

Q1 How appropriate are available services to meet the needs of substance use

Answered: 11 Skipped: 1

ANSWER CHOICES	RESPONSES	
prevention?	100.00%	11
treatment?	100.00%	11
recovery?	100.00%	11

#	PREVENTION?	DATE
1	appropriate	4/18/2023 11:04 AM
2	More services and PSA's targeting younger people would be beneficial	4/18/2023 10:57 AM
3	Groups, Individual	4/18/2023 10:44 AM
4	This community has limited services, you need to go outside of Naugatuck & Beacon Falls	4/18/2023 10:03 AM
5	Acceptable range	4/17/2023 7:04 PM
6	good	4/17/2023 5:15 PM
7	Services are available	3/16/2023 6:24 AM
8	Seem readily available & appropriate	3/13/2023 2:24 PM
9	good programs but often not available during the work/school day	3/9/2023 10:23 AM
10	Could always be better but that's true simply due to	3/2/2023 10:34 AM
11	poor	2/22/2023 4:10 PM
#	TREATMENT?	DATE
1	appropriate	4/18/2023 11:04 AM
2	Effective in Meriden, CT between CCC and Rushford	4/18/2023 10:57 AM
3	Groups, Individual, MAT, Psychiatric Services, Recovery Coach	4/18/2023 10:44 AM
4	This community has limited services, you need to go outside of Naugatuck & Beacon Falls	4/18/2023 10:03 AM
5	Need more affordable treatment	4/17/2023 7:04 PM
6	good for Adults --fair for youth	4/17/2023 5:15 PM
7	State clients have difficulty getting beds & treatment	3/16/2023 6:24 AM
8	Seem relatively available & appropriate. Could use improved continuation of care availability in substance use treatment	3/13/2023 2:24 PM
9	treatment that lasts long enough to address addiction problems is often not available	3/9/2023 10:23 AM
10	Could always be better, more available to help eliminate wait times for a bed	3/2/2023 10:34 AM
11	fair	2/22/2023 4:10 PM
#	RECOVERY?	DATE
1	appropriate	4/18/2023 11:04 AM
2	Same answer as treatment	4/18/2023 10:57 AM
3	All of the above	4/18/2023 10:44 AM

Region 5 Priority Report Questions - Substance Use

4	This community has limited services, you need to go outside of Naugatuck & Beacon Falls	4/18/2023 10:03 AM
5	Not enough programs available or sober house living options	4/17/2023 7:04 PM
6	good for Adults --fair for youth	4/17/2023 5:15 PM
7	Would like to see more programs for those in recovery	3/16/2023 6:24 AM
8	Seem readily available & appropriate	3/13/2023 2:24 PM
9	as above	3/9/2023 10:23 AM
10	This is building momentum I think, that needs to continue	3/2/2023 10:34 AM
11	poor	2/22/2023 4:10 PM

Q2 What prevention program, strategy or policy would you like to most to see accomplished this year related to substance use?

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	More access between organizations for MAT methadone services versus Suboxone and Vivtrol	4/18/2023 11:04 AM
2	Increasing case management services, as we are seeing an increase in needs in all areas of life that are affecting individuals' ability to come to the program consistently and loss of housing makes recovery all the more difficult.	4/18/2023 10:57 AM
3	I would like to see treatment go to the patient - increase patient access	4/18/2023 10:44 AM
4	More offered in recovery care. Many individuals who complete programs need additional services to help them adjust to life without addiction.	4/18/2023 10:03 AM
5	Addressing vaping THC pens.	4/18/2023 7:08 AM
6	Prevention is not a one and done event. Education with practical suggestions about avoiding relapse is critical. Not every addict values 12 step programs.	4/17/2023 7:04 PM
7	focusing on vaping before it gets out of hand with youth more education on Narcan in communities	4/17/2023 5:15 PM
8	More on cannabis for our youth and parents More on vaping for our youth and parents	3/16/2023 6:24 AM
9	I would love to see the incorporation of Harm Reduction into treatment models including inpatient and methadone/MAT programs. Overdose Prevention Center's and Mobile Methadone.	3/13/2023 2:24 PM
10	Education that stresses the high level of risk presented by Fentanyl	3/9/2023 10:23 AM
11	HARTFORD NEEDS to have all of us in prevention and treatment in a room and they need to LISTEN to what our experiences are on the front lines before proposing (tapping themselves on the back) legislation	3/2/2023 10:34 AM
12	Initiation of medication assisted thereapy from the hospital	2/22/2023 4:10 PM

Q3 What treatment or services do you feel are unavailable or inadequately provided related to substance use?

Answered: 11 Skipped: 1

#	RESPONSES	DATE
1	prevention to elderly and teenagers with VAPE education	4/18/2023 11:04 AM
2	Housing assistance and case management	4/18/2023 10:57 AM
3	This is not specific to CCC - but reaching patients in the community that struggle with transportation/access.	4/18/2023 10:44 AM
4	After recovery care	4/18/2023 10:03 AM
5	Treatment programs are often unavailable and have a long waiting period. What does an addict do?	4/17/2023 7:04 PM
6	none	4/17/2023 5:15 PM
7	So difficult with the new waiver getting people from detox to residential. Not enough time devoted to inpatient especially for those on state aid	3/16/2023 6:24 AM
8	Long term care seems to and proper connection following withdrawal management services seems to be a major struggle. As well as widespread access to harm reduction supplies, syringe services programs seem to be few and far between in areas that truly need it.	3/13/2023 2:24 PM
9	I think more routine treatment (decreased stigma)of substance use issues by primary providers is needed. Recognition and treatment of addiction as a chronic disease	3/9/2023 10:23 AM
10	We've been saying this for years...more available treatment options with LESS BARRIERS to help eliminate wait times for a bed for starters - be PROactive in facing the evergrowing challenge rather than being willy-nilly REACTIVE.	3/2/2023 10:34 AM
11	resources if pt cannot get directly into detox	2/22/2023 4:10 PM

Q4 What adjunct services/support services/recovery supports are most needed to assist persons with substance use issues?

Answered: 11 Skipped: 1

#	RESPONSES	DATE
1	recovery coaches and CCAR	4/18/2023 11:04 AM
2	Housing assistance and case management. It would be helpful if our patients could access Rushford inpatient programs and stay on methadone while there.	4/18/2023 10:57 AM
3	Direct access, immediate availability, recovery coaches to go to the patient/community and provide and coordinate services	4/18/2023 10:44 AM
4	Mental health/counseling continuum through the after recovery period	4/18/2023 10:03 AM
5	Sober housing Support programs other than 12 step programs Transportation!	4/17/2023 7:04 PM
6	need to continue to educate the public as well as youth in schools	4/17/2023 5:15 PM
7	More programs like Aware Recovery offering aftercare recovery coaches fir one year with insurance. Should be available for state aid clients	3/16/2023 6:24 AM
8	Connections to Peer Recovery Support Specialists and Recovery Coaches seems to be widely increasing. But these supports are usually very positive.	3/13/2023 2:24 PM
9	Recognition of ongoing need for treatment - not a will power issue. Reentry supports in schools, workplaces to decrease stigma	3/9/2023 10:23 AM
10	SERIOUS warm hand offs and REAL wrap-around support services for the entire journey into, and remaining IN, recovery.	3/2/2023 10:34 AM
11	multiple members for support on outpt basis	2/22/2023 4:10 PM

Q5 What would you say is the greatest strength/asset of the substance use:

Answered: 12 Skipped: 0

ANSWER CHOICES	RESPONSES	
prevention services in your region?	91.67%	11
treatment services in your region?	83.33%	10
recovery services in your region?	75.00%	9

#	PREVENTION SERVICES IN YOUR REGION?	DATE
1	community care team	4/18/2023 11:04 AM
2	Unknown	4/18/2023 10:57 AM
3	Tx facilities that coordinate Tx smoothly	4/18/2023 10:44 AM
4	N/a	4/18/2023 10:03 AM
5	CT	4/18/2023 7:08 AM
6	??? Question does not seem to make sense.	4/17/2023 7:04 PM
7	many many community partners	4/17/2023 5:15 PM
8	Western ct coalition/Parent Connection	3/16/2023 6:24 AM
9	Connecticut	3/13/2023 2:24 PM
10	multiple organizations working on prevention: LPC, Parent Connection, school district,	3/9/2023 10:23 AM
11	WCTC for one	3/2/2023 10:34 AM

#	TREATMENT SERVICES IN YOUR REGION?	DATE
1	CCC Opioid treatment Centers	4/18/2023 11:04 AM
2	Having an OTP in Meriden is huge for the opioid using community and a great strength	4/18/2023 10:57 AM
3	Same as above	4/18/2023 10:44 AM
4	N/a	4/18/2023 10:03 AM
5	good partners and referrals	4/17/2023 5:15 PM
6	Clients with insurance because they have more choices for treatment	3/16/2023 6:24 AM
7	behavioral health companies that care greatly about the population they serve.	3/13/2023 2:24 PM
8	town has central intake for referrals; high school/middle school have on site crisis counselors on site	3/9/2023 10:23 AM
9	Presently decent, but still falls short of need - there could be WAY more	3/2/2023 10:34 AM
10	Hospital Substance Use Case manager	2/22/2023 4:10 PM

#	RECOVERY SERVICES IN YOUR REGION?	DATE
1	community care team	4/18/2023 11:04 AM
2	Same, along with options for higher levels of care with Rushford	4/18/2023 10:57 AM
3	Same as above	4/18/2023 10:44 AM
4	N/a	4/18/2023 10:03 AM

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5	good reputations	4/17/2023 5:15 PM
6	AA meetings	3/16/2023 6:24 AM
7	recovery workers that have passion for the work that they do.	3/13/2023 2:24 PM
8	AA; Al Anon; Alateen; local support groups; Parent Connection and town social services assist with referrals/placement	3/9/2023 10:23 AM
9	Presently decent, but still falls short of need - there could be WAY more	3/2/2023 10:34 AM

Q6 Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the substance use services in your region?

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	pregnant females and veterans	4/18/2023 11:04 AM
2	Unknown	4/18/2023 10:57 AM
3	We network with agencies to address subpopulations. However, many veterans do not feel comfortable accessing veteran services and request to remain out of that - which can be an issue with insurance	4/18/2023 10:44 AM
4	Not aware	4/18/2023 10:03 AM
5	Reentry& teenagers	4/18/2023 7:08 AM
6	Yes, young adults under 30 with mental health issues. Woefully inadequate resources.	4/17/2023 7:04 PM
7	Homeless, Youth	4/17/2023 5:15 PM
8	Na	3/16/2023 6:24 AM
9	LGBTQ could use improvement within the Litchfield area. We conducted a survey to best address the needs of this population for continued improvement.	3/13/2023 2:24 PM
10	not sure	3/9/2023 10:23 AM
11	For sure	3/2/2023 10:34 AM
12	-	2/22/2023 4:10 PM

Q7 What are the emerging prevention, treatment or recovery issues that you are seeing or hearing about substance use issues?

Answered: 9 Skipped: 3

#	RESPONSES	DATE
1	Many of the societal issues impacting finances and moneys available to our patients seem to be increasing (food costs, loss of emergency EBT funds, loss of protection of housing, etc.), which directly relates to the substance use recovery of our patients.	4/18/2023 10:57 AM
2	Continuing issues with transportation, addressing medical issues, homelessness - these are a part of recovery - access	4/18/2023 10:44 AM
3	What is the state of CT going to do with the huge settlement as a result of the oxy abuse?	4/17/2023 7:04 PM
4	Narcan available over the counter	4/17/2023 5:15 PM
5	Lack of time in treatment. With changes and the new waivers...less time is now being offered. If our continuum of care was longer I feel there would be less chances for relapse	3/16/2023 6:24 AM
6	Increase of Xylazine related issues within withdrawal management and wound management.	3/13/2023 2:24 PM
7	Opioid (Fentanyl) use/overdose in young adults. Increased danger related to buying drugs online. Vaping continues to be a concern.	3/9/2023 10:23 AM
8	I'm going to dub this "pre-suicide" - anecdotally hearing people trying substances to "not feel" all the while contemplating suicide as an end to the means	3/2/2023 10:34 AM
9	Starting alcohol use disorder meds from the ER. More accepting start of opioid use disorder meds from ER.	2/22/2023 4:10 PM

Q8 Regarding your responses to Question 7, how/where are you seeing/hearing about these emerging issues, or what evidence is there of these (e.g. social media, TV news)?

Answered: 10 Skipped: 2

#	RESPONSES	DATE
1	Internet/TV news, first hand evidence of costs rising, confirmation of policy via blasts from DSS, etc.	4/18/2023 10:57 AM
2	Patient reports and communicated upon intakes/admissions	4/18/2023 10:44 AM
3	Social Media, local newspaper, and police updates on arrests and needs	4/18/2023 10:03 AM
4	Attorney General William Tong has expressed victory in the news with multiple opioid distributors (press release 10/26/22). His office has failed to respond to inquiries about the use of the settlement. I am a parent of a young adult son with an opioid addiction.	4/17/2023 7:04 PM
5	News	4/17/2023 5:15 PM
6	I see it everyday since we help place clients into treatment. Services were better 25 years ago since clients received more time in treatment however the continuum of care being offered today is better if you have insurance and the financial means to pay	3/16/2023 6:24 AM
7	Social Media & TV News. Recent articles and CNN News story on "Tranq" (Xylazine) in Philadelphia.	3/13/2023 2:24 PM
8	HS admin reports vaping is a persistent problem among a small percentage of students. Several deaths of young adults this year related to OD (Fentanyl, alcohol)	3/9/2023 10:23 AM
9	Anecdotaly locally in my towns I'm sorry to say	3/2/2023 10:34 AM
10	-	2/22/2023 4:10 PM

Q9 What are the opportunities regarding provision of services that aren't being taken advantage of (technology, integration, partnerships, etc.)?

Answered: 10 Skipped: 2

#	RESPONSES	DATE
1	holistic integrated services through partnerships	4/18/2023 11:04 AM
2	Better and quicker access to DSS for benefits and the 2-1-1 line for homeless persons.	4/18/2023 10:57 AM
3	We are all in person to provide services	4/18/2023 10:44 AM
4	How about partnerships with churches? Ministers often know of members or town residents that need services and have few resources to offer them.	4/17/2023 7:04 PM
5	warm hand offs	4/17/2023 5:15 PM
6	Na	3/16/2023 6:24 AM
7	Partnerships, I believe that outside of the northwest corner there is a large amount of siloed efforts.	3/13/2023 2:24 PM
8	not sure	3/9/2023 10:23 AM
9	Difficult to answer as we all have literally saturated all forms of media with information to prevent first use, where to get help, emerging drug threats etc etc - and yet still somehow there are people who for whatever reason do not "see" those messages.	3/2/2023 10:34 AM
10	Starting programs that integrate medical hospital staff and outpt resources	2/22/2023 4:10 PM

Q10 Where are the areas that services can be improved? What can be done differently?

Answered: 11 Skipped: 1

#	RESPONSES	DATE
1	holistic integrated services through partnerships	4/18/2023 11:04 AM
2	Housing	4/18/2023 10:57 AM
3	We need to have those in the field inform and educate first responders - being able to educate patients during crisis (overdose) - on-call personnel to do an onsite intake and set patients up for MAT services. This includes ER visits as well. Educating the public about MAT - taking away the stigma.	4/18/2023 10:44 AM
4	Anxiety and depression issues.	4/18/2023 7:08 AM
5	Better transportation options for addicts in recovery with licenses that have been suspended.	4/17/2023 7:04 PM
6	youth treatment options	4/17/2023 5:15 PM
7	More time in treatment and guidance for support once discharged	3/16/2023 6:24 AM
8	Harm Reduction services within this area can be expanded. Something I am currently working on	3/13/2023 2:24 PM
9	LPC looking to get messaging to people "where they are". Focus on existing local gatherings.	3/9/2023 10:23 AM
10	See answers to questions 3 and 4	3/2/2023 10:34 AM
11	There needs to be folks that can support pts who overuse the ER, have habitual behaviors, or can't get directly into detox.	2/22/2023 4:10 PM

Q11 Optional: Please include your name and contact information if we can reach out to you to further discuss your responses.

Answered: 10 Skipped: 2

ANSWER CHOICES	RESPONSES	
Name	90.00%	9
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	100.00%	10
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	90.00%	9
Phone Number	0.00%	0

#	NAME	DATE
1	Emily Fiscella	4/18/2023 11:04 AM
2	Josh Noffsinger	4/18/2023 10:57 AM
3	Elizabeth Pirola	4/18/2023 10:44 AM
4	Cathy Vellucci	4/17/2023 7:04 PM
5	Dorrie Carolan	3/16/2023 6:24 AM
6	Cameron Breen	3/13/2023 2:24 PM
7	ANNE H DALTON	3/9/2023 10:23 AM
8	Jeff	3/2/2023 10:34 AM
9	Sagar Rana PA-C	2/22/2023 4:10 PM

#	COMPANY	DATE
	There are no responses.	

#	ADDRESS	DATE
	There are no responses.	

#	ADDRESS 2	DATE
	There are no responses.	

#	CITY/TOWN	DATE
1	Waterbury	4/18/2023 11:04 AM
2	Meriden, CT	4/18/2023 10:57 AM
3	Waterbury	4/18/2023 10:44 AM

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4	Danbury	4/18/2023 7:08 AM
5	Cheshire	4/17/2023 7:04 PM
6	Newtown	3/16/2023 6:24 AM
7	Torrington/Waterbury CT	3/13/2023 2:24 PM
8	NEWTOWN	3/9/2023 10:23 AM
9	Woodbury and Bethlehem	3/2/2023 10:34 AM
10	Torrington	2/22/2023 4:10 PM
#	STATE/PROVINCE	DATE
	There are no responses.	
#	ZIP/POSTAL CODE	DATE
	There are no responses.	
#	COUNTRY	DATE
	There are no responses.	
#	EMAIL ADDRESS	DATE
1	efiscella@ctcounseling.org	4/18/2023 11:04 AM
2	jnoffsinger@ctcounseling.org	4/18/2023 10:57 AM
3	eklasspirola@ctcounseling.org	4/18/2023 10:44 AM
4	cavell722@aol.com	4/17/2023 7:04 PM
5	dorrie@newtownparentconnection.org	3/16/2023 6:24 AM
6	cameron.breen@mccallbhn.org	3/13/2023 2:24 PM
7	DALTONA@NEWTOWN.K12.CT.US	3/9/2023 10:23 AM
8	woodbury.bethlehem.asap@gmail.com	3/2/2023 10:34 AM
9	sagar.rana@hhchealth.org	2/22/2023 4:10 PM
#	PHONE NUMBER	DATE
	There are no responses.	

Q1 How appropriate are available services to meet the needs of mental health

Answered: 27 Skipped: 1

ANSWER CHOICES		RESPONSES	
promotion?		96.30%	26
treatment?		100.00%	27
recovery?		96.30%	26

#	PROMOTION?	DATE
1	Not very	4/18/2023 3:31 PM
2	limited	4/18/2023 10:59 AM
3	More promotion of available services would be better	4/18/2023 10:49 AM
4	Are community has some mental health providers however some of community residents need to go to Waterbury or the Valley for services	4/18/2023 10:07 AM
5	Need More Flyers everywhere and a date for monthly on the weekend Coalition of all providers	4/18/2023 8:40 AM
6	Am unaware of any services	4/17/2023 7:18 PM
7	insurance companies and grant sources are dictating who can attain what type of services these days vs getting the appropriate and best service to the client to meet their needs.	4/17/2023 5:38 PM
8	Good	4/17/2023 5:26 PM
9	fair	4/17/2023 5:06 PM
10	MH is discussed in many spaces and that has helped reduce stigma. MHFA trainings have helped for lay persons to have some skills to identify and support folks who are struggling.	3/20/2023 6:03 PM
11	unsure	3/15/2023 10:08 AM
12	I think we can always do more to promote mental health but we have a good amount in Connecticut	3/15/2023 10:01 AM
13	ok	3/13/2023 9:39 AM
14	Services are promoted on social media, local news, websites, through schools and word-of-mouth	3/13/2023 8:22 AM
15	8/10	3/9/2023 2:57 PM
16	I am not concerned about promotion because with the size of our current waitlist I think the stigma of mental health has decreased	3/9/2023 2:16 PM
17	good	3/9/2023 11:42 AM
18	Not appropriate	3/9/2023 9:44 AM
19	very good	3/9/2023 9:37 AM
20	Somewhat	3/8/2023 5:10 PM
21	2	3/8/2023 4:50 PM
22	Improving since the 2020 shut down, but needs to gain traction again and BOOST the amount of promotion post-pandemic	3/2/2023 11:09 AM
23	poor	2/22/2023 4:06 PM

Region 5 Priority Report Questions - Mental Health

24	50/50	2/20/2023 1:20 PM
25	very appropriate	2/20/2023 11:34 AM
26	They are good	2/18/2023 12:45 PM
#	TREATMENT?	DATE
1	Not acceptable	4/18/2023 3:31 PM
2	limited	4/18/2023 10:59 AM
3	In the Meriden area, our patients would benefit from more options locally to choose the right fit.	4/18/2023 10:49 AM
4	Are community has some mental health providers however some of community residents need to go to Waterbury or the Valley for services	4/18/2023 10:07 AM
5	Need More Flyers everywhere and a date for monthly on the weekend Coalition of all providers	4/18/2023 8:40 AM
6	Long wait time in some cases for treatment	4/17/2023 7:18 PM
7	There are limited higher levels of care available and long wait lists for the programs we do have. This creates a back log in the system, where each level of care is trying to manager higher acuity than they are set up for.	4/17/2023 5:38 PM
8	Lack availability	4/17/2023 5:26 PM
9	fair	4/17/2023 5:06 PM
10	Therapist availability is a challenge especially for young people - we have a significant workforce shortage in behavioral health	3/20/2023 6:03 PM
11	not enough	3/15/2023 10:08 AM
12	Again, the needs are greater than ever so we can use more mental health treatment for sure	3/15/2023 10:01 AM
13	more services needed	3/13/2023 9:39 AM
14	As a referral service, our main goal is to get clients set up with treatment. Because we don't do direct services, it would be helpful to our center to see various levels of treatment become more widely available in our area.	3/13/2023 8:22 AM
15	5/10	3/9/2023 2:57 PM
16	There can always be more providers that take all insurances and HUSKY and medicaid	3/9/2023 2:16 PM
17	fair on the child side	3/9/2023 11:42 AM
18	Not appropriate	3/9/2023 9:44 AM
19	good but not always available	3/9/2023 9:37 AM
20	Somewhat	3/8/2023 5:10 PM
21	1	3/8/2023 4:50 PM
22	limited availability in a timely manor	3/8/2023 4:31 PM
23	Improving... but I feel the need still is greater than the amount of services available	3/2/2023 11:09 AM
24	only if pt qualifies for ED crisis eval	2/22/2023 4:06 PM
25	45/55	2/20/2023 1:20 PM
26	appropriate but not adequate to meet the need	2/20/2023 11:34 AM
27	Not available when needed	2/18/2023 12:45 PM
#	RECOVERY?	DATE
1	Not acceptable	4/18/2023 3:31 PM
2	alot of access to psychiatric medications and not enough therapeutic skills	4/18/2023 10:59 AM
3	Same answer as treatment	4/18/2023 10:49 AM

Region 5 Priority Report Questions - Mental Health

4	Are community has some mental health providers however some of community residents need to go to Waterbury or the Valley for services	4/18/2023 10:07 AM
5	Need More Flyers everywhere and a date for monthly on the weekend Coalition of all providers	4/18/2023 8:40 AM
6	It is not a one and done type of situation in many cases. Treatment can be lengthy and last for years	4/17/2023 7:18 PM
7	wait lists negatively impact those who are ready for help, and need it right away.	4/17/2023 5:38 PM
8	Lack of aftercare	4/17/2023 5:26 PM
9	depends on area you have needs for	4/17/2023 5:06 PM
10	Peer programs for MH are helpful - not as available as they could be.	3/20/2023 6:03 PM
11	not enough	3/15/2023 10:08 AM
12	We need more services for people in this area. Getting people beds, appropriate levels of care has been extremely difficult.	3/15/2023 10:01 AM
13	more services needed	3/13/2023 9:39 AM
14	From our point of view, this is a part of treatment that is lacking. While clients continue with individual therapy, there are very few support groups and other types of support in the area	3/13/2023 8:22 AM
15	5/10	3/9/2023 2:57 PM
16	There are not many recovery centers in our Region.	3/9/2023 2:16 PM
17	Fair on the child side	3/9/2023 11:42 AM
18	Not appropriate	3/9/2023 9:44 AM
19	good	3/9/2023 9:37 AM
20	Somewhat	3/8/2023 5:10 PM
21	3	3/8/2023 4:50 PM
22	Decent, but could improve	3/2/2023 11:09 AM
23	poor as no plan is identified for exacerbations of symptoms unless they are suicidal/homicidal	2/22/2023 4:06 PM
24	55/45	2/20/2023 1:20 PM
25	appropriate but not adequate to meet the need	2/20/2023 11:34 AM
26	Not readily available	2/18/2023 12:45 PM

Q2 What prevention program, strategy or policy would you like to most to see accomplished this year related to mental health?

Answered: 26 Skipped: 2

#	RESPONSES	DATE
1	For more services to offer outreach care after office hours. Follow through and no 3 strikes you're out for services they are in need of mental health care , people giving up when they give up isn't always the answer.	4/18/2023 3:31 PM
2	prevention education, identifying signs and symptoms through the life span, coping skills to utilize with medication management	4/18/2023 10:59 AM
3	Increase the integration of mental health in to primary care, as even those community agencies have had diminished mental health care options.	4/18/2023 10:49 AM
4	I would like to see more in the schools (all age groups)	4/18/2023 10:07 AM
5	Communication, Communication, Communication across the board. There should be an all access server program for Providers who work in this field should be a part of like the Danbury Community Care Team! The DCC team are all on the same team for each individual client and help one another keeping each other in the loop with each case.	4/18/2023 8:40 AM
6	Speaking to middle schoolers about mental health.	4/18/2023 7:01 AM
7	Offer a financial credit of some sort (state of CT offering) for those that seek treatment and stay in it for a minimum of a year	4/17/2023 7:18 PM
8	I would like to see Mental Health and treatment a priority for legislators, grant sources and insurance companies. Too many children and families are not able to get the appropriate services due to the above things mentioned. Programs are cut, clients with medicaid or commercial insurance are not allowed access to the same treatment .	4/17/2023 5:38 PM
9	Increase availability of beds and practioners	4/17/2023 5:26 PM
10	more mental health focus in schools	4/17/2023 5:06 PM
11	We do need to revise the LMSW exam to be more culturally competent. I'd like to see early mental health identification and intervention at the preschool and primary grade levels through pediatric screenings and school based assessments.	3/20/2023 6:03 PM
12	hiring more staff at nonprofit agencies, as well as paying a decent salary.	3/15/2023 10:08 AM
13	More prevention programs in Connecticut that are involved with the schools. There are prevention programs (for example, Torrington Awareness and Prevention Partnership) that do great work, however, getting the school involved, probably the most important aspect of the work, is extremely difficult. The younger we start, the better the long-term outcomes are and we need to start younger with more prevention work.	3/15/2023 10:01 AM
14	Social media campaign in schools Forum for parents	3/13/2023 8:22 AM
15	More group programs.	3/9/2023 2:57 PM
16	I would like to see more emphasis on pushing insurance companies and lawmakers to increase insurance reimbursement rates for providers. As one of the largest nonprofit mental health providers we lose money on every mental health session we offer. This is not sustainable.	3/9/2023 2:16 PM
17	Support for the behavioral health system as a whole. Adequate wages for frontline staff to help alleviate staffing issues and turnover. More/Continued support for schools, students and school staff around mental health.	3/9/2023 11:42 AM
18	Mental health awareness outreach services in schools and childcare settings for both children and parents.	3/9/2023 9:44 AM

Region 5 Priority Report Questions - Mental Health

19	Programming related to raising awareness of the effect of social media on mental health.	3/9/2023 9:37 AM
20	Adolescent supports including bullying, suicide, addiction, and other risk areas. In particular, we need help with services with the most acute kids.	3/8/2023 5:10 PM
21	Promotion of services	3/8/2023 4:50 PM
22	Take what IS effective and improve upon them and ditch the ones that are not; SOMEHOW end the stigma; increase in the amount of counselors (daunting I know); available self care resources; REACH YOUTH!	3/2/2023 11:09 AM
23	Conference or teachings involving mental health providers and hospital workers on managing patients	2/22/2023 4:06 PM
24	reducing stigma	2/20/2023 1:20 PM
25	Youth risk assessments and pre-intervention strategies	2/20/2023 11:34 AM
26	Gambling education and coping strategies	2/18/2023 12:45 PM

Q3 What treatment or services do you feel are unavailable or inadequately provided related to mental health?

Answered: 28 Skipped: 0

#	RESPONSES	DATE
1	appropriate inpatient facilities that are therapeutic. transportation is non existent. Culturally appropriate staff that can relate and speak Spanish.	4/18/2023 3:31 PM
2	implementing coping skills in addition to psychiatric medication management, education on preventive care	4/18/2023 10:59 AM
3	Ongoing individual therapy and medication management	4/18/2023 10:49 AM
4	Mental health providers are stretched then and can not provide the complex treatment for many of our adolescents and young adults who struggle with mental health issues	4/18/2023 10:07 AM
5	Substance Use Disorder treatments due to lack of insurance or very little insurance as well as communication, communication, communication.	4/18/2023 8:40 AM
6	Youth, teenagers	4/18/2023 7:01 AM
7	Not enough providers. Covid related trauma increased the need for more treatment exponentially.	4/17/2023 7:18 PM
8	The number of higher levels of care are lacking or have wait lists and the other levels of care are bearing the brunt of the high acuity. Many agencies have open positions and limited applicants to choose from to fill the gaps. The changes that were allowed during COVID to assist, have now started to have a negative impact on the workforce in the clinics. New clinicians are now allowed to go straight to private practice without the 2 years of experience that many of us have had in the past to get us clinically ready to work in the private sector. Telehealth can be a useful tool but it does not work in every situations and is not as effective as in person work with some populations like children and families. Being " in the room" give you far more to work with and feel in the moment. There is always a need for additional services for children and families- especially in patient and higher levels of care. Outpatient (OP) teams definitely need assistance as well, as OP is the base that everything flows into and out of.	4/17/2023 5:38 PM
9	Beds. Access to treatment. Access therapy.	4/17/2023 5:26 PM
10	youth beds and available doctors	4/17/2023 5:06 PM
11	We desperately need more clinicians in the nonprofit sector. We have lost so many to private practice and much of the population experience barriers to access in that space. I also get concerned about the quality of care in some cases with young therapists leaving the multidisciplinary teams that are so valuable to growth and professional development .	3/20/2023 6:03 PM
12	difficult to refer families/teens to outpatient providers because most places have waiting lists. Longer wait lists for Spanish speaking.	3/15/2023 10:08 AM
13	Substance use treatment, especially for Medicare population.	3/15/2023 10:01 AM
14	Not enough providers, high deductible ins plans keep people from seeking mental health treatment	3/13/2023 9:39 AM
15	Medication management IOP offered at private practice, so other than at Nuvance Health -- and accept insurance	3/13/2023 8:22 AM
16	Programs in spanish/portuguese language.	3/9/2023 2:57 PM
17	I feel that both adolescent therapist are extremely hard to find. Also that elderly adult have boundaries with transportation and technology.	3/9/2023 2:16 PM
18	Substance services for youth, Mental health resources for schools.	3/9/2023 11:42 AM

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19	Access to mental health services for children and adults, specialized care for diverse populations (e.g. bilingual providers), early intervention and prevention for children, holistic and integrated care, innovative and evidence-based treatment options (virtual treatment options, meditation classes, yoga, etc), affordable treatment for uninsured patients.	3/9/2023 9:44 AM
20	Crisis care for youth - still long wait times to get counseling even after hospital assessment and referral.	3/9/2023 9:37 AM
21	Services for the most acute kids, such as those who can't be served by our traditional agencies.	3/8/2023 5:10 PM
22	not enough provider availability/ more clinics needed	3/8/2023 4:50 PM
23	Inpatient bed availability; outpatient groups, individual therapists, and medication prescribers; residential options; group home options	3/8/2023 4:31 PM
24	Pretty much all. Perhaps a lack of qualified staff and locations; veteran mental health professionals being burned out and leaving the field (their care may help retention?); not many replacements in "the pipeline"; barriers - insurance, financial, transportation, etc.	3/2/2023 11:09 AM
25	Easy plan for outpt follow up for sx that are not SI or HI	2/22/2023 4:06 PM
26	in patient treatment	2/20/2023 1:20 PM
27	Prescribers across all ages	2/20/2023 11:34 AM
28	Readily available counseling resources for immediate needs	2/18/2023 12:45 PM

Q4 What adjunct services/support services/recovery supports are most needed to assist persons with mental health issues?

Answered: 27 Skipped: 1

#	RESPONSES	DATE
1	Transportation/Outreach after office hours	4/18/2023 3:31 PM
2	access to basic needs to remove barriers to treatment and skilled clinicians to identify and differential diagnosis	4/18/2023 10:59 AM
3	Case management to provide assistance to those in our community who are without supports to assist them in basic needs and housing. Housing options and assistance would greatly impact the mental health and recovery.	4/18/2023 10:49 AM
4	Communication across the board, look above.	4/18/2023 8:40 AM
5	CBT work with depression	4/18/2023 7:01 AM
6	Support groups would be helpful for young adults. This population often feels isolated.	4/17/2023 7:18 PM
7	Case management is a key services. Community based Support groups as well	4/17/2023 5:38 PM
8	NA	4/17/2023 5:26 PM
9	more doctors or clinicians	4/17/2023 5:06 PM
10	Programs for families. Having a trained clinical workforce that is adept at treating whole family systems and involving a peer in that work would be tremendously beneficial.	3/20/2023 6:03 PM
11	for adolescents we also need more recreational programs to help with boredom and stagnation.	3/15/2023 10:08 AM
12	More peer recovery coaches/specialists. Not everyone needs someone with lives experience, but for those that do, it makes a huge difference.	3/15/2023 10:01 AM
13	more treatment providers, medicare coverage for all mental health disciplines, better legislation with cannabis sales	3/13/2023 9:39 AM
14	MH support groups, clinician run MH support groups, peer run	3/13/2023 8:22 AM
15	all of them	3/9/2023 2:57 PM
16	Case Management is crucial. Several of our clients not only need mental health but need case management to help with additional challenges. Therapists do not have the enough time for treatment and case management follow-up.	3/9/2023 2:16 PM
17	Availability of general case management or care coordination	3/9/2023 11:42 AM
18	Therapy/counseling, medication management, peer support, case management, housing, employment support, substance abuse treatment, educational/vocational training.	3/9/2023 9:44 AM
19	More resources to deal with current issues for youth - effects of pandemic; lack of personal connections and socialization skills.	3/9/2023 9:37 AM
20	Our community caters to the higher SES groups. Those that use Husky are often left without many specialized services.	3/8/2023 5:10 PM
21	Walk in clinics and crisis availability	3/8/2023 4:50 PM
22	supportive housing, case management services	3/8/2023 4:31 PM
23	Overall maybe an acknowledgement that mental health issues being turned into mental health wellness don't happen in a set amount of time... and that the adjunct/support/recovery services need the flexibility to be able to be tailored to the individual rather than the masses.	3/2/2023 11:09 AM
24	LCSW available for no crisis needs	2/22/2023 4:06 PM

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25	A person with mental health issues would be best served by someone who listens, validates, and provides support. A recovery navigator of sorts. To assist with MH recovery and connect the person to services they need.	2/20/2023 1:20 PM
26	case management related to housing	2/20/2023 11:34 AM
27	Transportation via internet assistance And a road map of how to find a therapist	2/18/2023 12:45 PM

Q5 What would you say is the greatest strength/asset of the mental health:

Answered: 23 Skipped: 5

ANSWER CHOICES	RESPONSES	
promotion services in your region?	91.30%	21
treatment services in your region?	95.65%	22
recovery services in your region?	91.30%	21

#	PROMOTION SERVICES IN YOUR REGION?	DATE
1	access to transportation and basic needs	4/18/2023 10:59 AM
2	N/A	4/18/2023 10:49 AM
3	N/A	4/18/2023 8:40 AM
4	?	4/17/2023 7:18 PM
5	Harm reduction	4/17/2023 5:26 PM
6	being in the schools and community partners	4/17/2023 5:06 PM
7	Collaboration amongst providers and prevention efforts in the NW region is outstanding.	3/20/2023 6:03 PM
8	unsure	3/15/2023 10:08 AM
9	We have a lot of specialty groups that speak about adolescents and that I think would be the strength of this region	3/15/2023 10:01 AM
10	more media coverage -building awareness	3/13/2023 9:39 AM
11	local newspaper always willing to advertise services	3/13/2023 8:22 AM
12	6/10	3/9/2023 2:57 PM
13	N/A	3/9/2023 2:16 PM
14	Strength caring and dedication of the providers in our area, communication and working together	3/9/2023 11:42 AM
15	multiple organizations in community focused on education and prevention	3/9/2023 9:37 AM
16	The coalition is visible and available	3/8/2023 5:10 PM
17	2	3/8/2023 4:50 PM
18	Mental health services seem to be decently publicised yet still "missed" by too many who NEED help	3/2/2023 11:09 AM
19	communication between providers	2/20/2023 1:20 PM
20	collaborative approaches and efforts, such as LCOTF	2/20/2023 11:34 AM
21	N/A	2/18/2023 12:45 PM
#	TREATMENT SERVICES IN YOUR REGION?	DATE
1	identify individuals	4/18/2023 10:59 AM
2	Some variable options, including those built in to other services (MMTP, PCP, outpatient SU)	4/18/2023 10:49 AM
3	N/A	4/18/2023 8:40 AM
4	The agencies that continue to work though the pandemic and collaborate together in behalf of families have done some amazing work.	4/17/2023 5:38 PM

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5	Na	4/17/2023 5:26 PM
6	adults in need	4/17/2023 5:06 PM
7	Collaboration benefits treatment as well especially when there are wrap around services for our most complex/ acute cases. McCall and Charlotte Hungerford are wonderful!	3/20/2023 6:03 PM
8	we do have several large agencies with multilingual clinicians unlike some communities	3/15/2023 10:08 AM
9	The people that do provide treatment in this area are very collaborative which I think is a strength	3/15/2023 10:01 AM
10	having clinicians in the schools	3/13/2023 9:39 AM
11	Clinicians willingness to try to help even when at capacity	3/13/2023 8:22 AM
12	7/10	3/9/2023 2:57 PM
13	N/A	3/9/2023 2:16 PM
14	Service providers are exceptional	3/9/2023 11:42 AM
15	central intake for community but not enough providers - therefore long wait times	3/9/2023 9:37 AM
16	The community is good with networking	3/8/2023 5:10 PM
17	1	3/8/2023 4:50 PM
18	Decent, there could always be more	3/2/2023 11:09 AM
19	ED behavioral health team	2/22/2023 4:06 PM
20	McCall BHN wrap around services	2/20/2023 1:20 PM
21	well-rounded network of providers	2/20/2023 11:34 AM
22	Treatment for youth	2/18/2023 12:45 PM
#	RECOVERY SERVICES IN YOUR REGION?	DATE
1	case management grant to retain individuals treatment and maintain recovery	4/18/2023 10:59 AM
2	Same as treatment	4/18/2023 10:49 AM
3	N/A	4/18/2023 8:40 AM
4	Na	4/17/2023 5:26 PM
5	adults in need	4/17/2023 5:06 PM
6	Western CT DMHAS	3/20/2023 6:03 PM
7	more services for adults	3/15/2023 10:08 AM
8	Having the Litchfield County Opiate Taskforce up this area is amazing. I think the collaboration of providers and outreach workers having there own meeting is key.	3/15/2023 10:01 AM
9	n/a	3/13/2023 9:39 AM
10	NA	3/13/2023 8:22 AM
11	7/10	3/9/2023 2:57 PM
12	N/A	3/9/2023 2:16 PM
13	Dedication of LPCs, CCAR, Turning Point and AA	3/9/2023 11:42 AM
14	LPC working towards recovery friendly community; Parent Connection - strong support; on site counselors in high school	3/9/2023 9:37 AM
15	Unsure	3/8/2023 5:10 PM
16	3	3/8/2023 4:50 PM
17	Decent, there could always be more	3/2/2023 11:09 AM

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18	local rehab	2/22/2023 4:06 PM
19	McCall BHN	2/20/2023 1:20 PM
20	outreach teams	2/20/2023 11:34 AM
21	N/A	2/18/2023 12:45 PM

Q6 Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the mental health services in your region?

Answered: 28 Skipped: 0

#	RESPONSES	DATE
1	Yes, all of the above there is a small VA in Winsted with one provider. There are very few Spanish speaking providers. I do not know if any LGTBQ specific provider or are known to assist this community.	4/18/2023 3:31 PM
2	veterans and Spanish population	4/18/2023 10:59 AM
3	N/A	4/18/2023 10:49 AM
4	not aware	4/18/2023 10:07 AM
5	LGBTQ+, Latino population, and Male/Dads	4/18/2023 8:40 AM
6	Middle school and High school. Reentry population	4/18/2023 7:01 AM
7	Young adults living on their own with limited support	4/17/2023 7:18 PM
8	ASD services, services for the LGBTQ+ population, bilingual clinical services	4/17/2023 5:38 PM
9	Veterans. Black and brown communities. All add up ts	4/17/2023 5:26 PM
10	LGBTQ+	4/17/2023 5:06 PM
11	Indeed! Spanish speaking folks are especially underserved as a result of not enough bi-lingual clinicians in the area. That has been a targeted effort of our agency (McCall) and we have made good progress - but could still do better! There have been recent additions to the continuum of care in the region to include programs specific to the LGBTQ population after a survey conducted by the Litchfield County Opiate Task Force revealed a lack of supports. New clinical and peer groups were formed at McCall and other agencies in the area with a robust response from the community.	3/20/2023 6:03 PM
12	latinos and lgbtq	3/15/2023 10:08 AM
13	LGBTQ+ There are just not a lot of specific services in this area and really in the entire state for this population.	3/15/2023 10:01 AM
14	LGBTQ, Youth, Seniors-65+	3/13/2023 9:39 AM
15	SUD clients Under 10	3/13/2023 8:22 AM
16	Latinos Veterans Uninsured	3/9/2023 2:57 PM
17	We are seeing an increase in adolescent LGBTQ needs.	3/9/2023 2:16 PM
18	Data still shows disparities in mh services based on race/ ethnicity. Staff and organizational leadership are still not representative of client base, still not enough Spanish-speaking staff/other languages as well.	3/9/2023 11:42 AM
19	Children, veterans, LGBTQ, undocumented and uninsured patients, people of color, Latinos	3/9/2023 9:44 AM
20	Not sure	3/9/2023 9:37 AM
21	All the sub populations need more supports. In our area, we need more clinicians who can speak Spanish and Portuguese.	3/8/2023 5:10 PM
22	Elderly, teens (Waitlists everywhere)	3/8/2023 4:50 PM
23	low income/ uninsured/ underinsured	3/8/2023 4:31 PM

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24	Yes - Youth, LBGTQ+, senior citizens,	3/2/2023 11:09 AM
25	-	2/22/2023 4:06 PM
26	all of the above. The people that fall through the cracks.	2/20/2023 1:20 PM
27	As illustrated in responses from the LGBTQIA+ community input survey hosted by LCOTF, the LGBTQIA+ population does not feel their mental health needs are being met adequately.	2/20/2023 11:34 AM
28	Transgender patients Latino as well	2/18/2023 12:45 PM

Q7 What are the emerging prevention, treatment or recovery issues that you are seeing or hearing about mental health issues?

Answered: 27 Skipped: 1

#	RESPONSES	DATE
1	Provider burnout causing them to close clients when they aren't participating and leaving them with nobody. Treatment is not locally available and hard to get a client into. Family Friendly for Parents is non existent.	4/18/2023 3:31 PM
2	emerging psychosis whether from substances and/or pathology development-- need to education for differential diagnosing	4/18/2023 10:59 AM
3	Many of the societal issues impacting finances and moneys available to our patients seem to be increasing (food costs, loss of emergency EBT funds, loss of protection of housing, etc.), which directly relates to the mental health of our patients.	4/18/2023 10:49 AM
4	No services due to lack of or little insurance. Insurance is the biggest issue and lack of counselors for specific populations.	4/18/2023 8:40 AM
5	n/a	4/18/2023 7:01 AM
6	How to convince a family member to seek help and offer ongoing support. HIPAA privacy keeps family member in the dark.	4/17/2023 7:18 PM
7	Wait list and a lack of the needed services is having a huge impact on all levels of care as I mentioned earlier.	4/17/2023 5:38 PM
8	Recovery coaches working with Emergency Depy	4/17/2023 5:26 PM
9	Youth beds for kids in crisis LGBTQ+ youth and young adults are underserved	4/17/2023 5:06 PM
10	We are certainly seeing the process addictions related to screens across the lifespan but most predominantly in young people. Recreational marijuana and vaping are major issues and we are seeing rising cases of anxiety as well.	3/20/2023 6:03 PM
11	THC use in adolescents	3/15/2023 10:08 AM
12	I work in the field, so I feel like more than hearing about things I am in the middle of it. ASAM criteria is a real struggle, finding people the appropriate level of care at all ages is a problem, kids using younger is a problem, more need at the schools is a problem.	3/15/2023 10:01 AM
13	More awareness on the MH issues and ways to address it	3/13/2023 9:39 AM
14	Long waiting lists Insurance issues	3/13/2023 8:22 AM
15	Stigma in different cultures	3/9/2023 2:57 PM
16	Anxiety is the number one DX that we are seeing at our agency in all age groups.	3/9/2023 2:16 PM
17	opioids, fentanyl use, legalization of marijuana and fears of impact on youth mental health	3/9/2023 11:42 AM
18	Not enough providers in the area, treatment is expensive, not enough providers to provide treatment for children	3/9/2023 9:44 AM
19	Anxiety and depression among adolescents (Per recent CDC survey. Local survey pending). Cell phone addiction - adults & students. Vaping continues to be an issue with high school students. Opioid ODs in young adults.	3/9/2023 9:37 AM
20	School refusal and dysregulation that is extreme.	3/8/2023 5:10 PM
21	HS Clinics needed	3/8/2023 4:50 PM
22	Lack of overall treatment services to meet the needs	3/8/2023 4:31 PM
23	In our towns, more requests than ever on issues relating to social media pitfalls (ALL ages),	3/2/2023 11:09 AM

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parenting (!!!), the graying of the line between discipline and punishment, perception of substance misuse harm just dwindling, and more. And its not like we aren't *trying* to accomodate educating the public, but when an event is scheduled and single digit amounts register or ACTUALLY show up... very frustrating.

24	Promotion and awareness of men's mental health	2/22/2023 4:06 PM
25	mental health conditions are treatable. Many people with mental health conditions live long, successful, productive lives despite the added challenges that a mental health condition may bring.	2/20/2023 1:20 PM
26	Not emerging, but the well-known correlation between mental health and housing issues is vividly demonstrated in Litchfield county, and we know that without a safe/stable place to live, recovery and treatment programs are much more difficult to follow.	2/20/2023 11:34 AM
27	Gambling and cannabis use	2/18/2023 12:45 PM

Q8 Regarding your responses to Question 7, how/where are you seeing/hearing about these emerging issues, or what evidence is there of these (e.g. social media, TV news)?

Answered: 26 Skipped: 2

#	RESPONSES	DATE
1	In the community personally.	4/18/2023 3:31 PM
2	TV, local media and police presence to recall more prevalence of psychotic individuals with police calls and through social media	4/18/2023 10:59 AM
3	Internet/TV news, first hand evidence of costs rising, confirmation of policy via blasts from DSS, etc.	4/18/2023 10:49 AM
4	Everyday all around us	4/18/2023 8:40 AM
5	First hand experience with my 24 yr old son.	4/17/2023 7:18 PM
6	I work in a MH clinic and see the impact daily on our families and on my staff who are trying to support families, do treatment and get families the most appropriate services they can, while trying to manage symptoms and keep clients safe..	4/17/2023 5:38 PM
7	RBHAOs	4/17/2023 5:26 PM
8	Look at what is going on in the world	4/17/2023 5:06 PM
9	From our client population.	3/20/2023 6:03 PM
10	school	3/15/2023 10:08 AM
11	See above	3/15/2023 10:01 AM
12	Social media, in educational settings	3/13/2023 9:39 AM
13	Clients, news, clinicians, local agencies	3/13/2023 8:22 AM
14	community	3/9/2023 2:57 PM
15	Our agency in data driven and we have tracked data for over 12 years. We report these trends to our school district and human service departments annually.	3/9/2023 2:16 PM
16	News, comments/reports in community meetings	3/9/2023 11:42 AM
17	Meetings with the BOE and local community partners, social media, news outlets, and recent local events (murder-suicide, etc.).	3/9/2023 9:44 AM
18	Anxiety/depression - CDC survey. Vaping as reported by HS administration(small but persistent part of the student population). Multiple OD deaths among the 30 something population this year (Fentanyl, alcohol)	3/9/2023 9:37 AM
19	Networking with colleagues	3/8/2023 5:10 PM
20	at the local HS level	3/8/2023 4:50 PM
21	I work in the behavioral care unit in the emergency department/mobile crisis team- I see the increasing needs with little to no services to provide to pt's within the community due to the increased demand for all mental health services	3/8/2023 4:31 PM
22	Predominantly from the schools and parents/caregivers	3/2/2023 11:09 AM
23	Social media	2/22/2023 4:06 PM
24	organizations such as Ability Beyond Ability, Prime Time House, persons and providers in the community.	2/20/2023 1:20 PM

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- | | | |
|----|--|--------------------|
| 25 | I collected data from 211 showing the number of housing/shelter inquiries compared to the number of mental health/addiction inquiries in Litchfield county; the data illustrated this correlation. | 2/20/2023 11:34 AM |
| 26 | From families experiences | 2/18/2023 12:45 PM |

Q9 What are the opportunities regarding provision of services that aren't being taken advantage of (technology, integration, partnerships, etc.)?

Answered: 24 Skipped: 4

#	RESPONSES	DATE
1	partnerships and integrated coordination of care	4/18/2023 10:59 AM
2	Better and quicker access to DSS for benefits and the 2-1-1 line for homeless persons.	4/18/2023 10:49 AM
3	Communication across the board	4/18/2023 8:40 AM
4	n/a	4/18/2023 7:01 AM
5	Creating more support groups on zoom would be more accessible to those that need it.	4/17/2023 7:18 PM
6	Insurance Companies/ grant sources need to revisit what they will cover for people. Funding opportunities need to be developed so that clinics can attain the resources they need to build their staff in order to meet the complex needs of children and families these days.	4/17/2023 5:38 PM
7	NA	4/17/2023 5:26 PM
8	Technology for sure but also more professionals are needed in communities	4/17/2023 5:06 PM
9	We launched a digital therapeutic tool called Pear a couple of years ago and are seeing excellent outcomes. I'd endorse the roll out of that at all outpatient clinics.	3/20/2023 6:03 PM
10	I think we could probably develop partnerships with local agencies	3/15/2023 10:08 AM
11	I am not sure, I think we are doing the best we can to bring services where they are needed and using technology to solve some problems. I don't think we have enough involvement sometimes from those that can make a difference in the community and really see what an impact mental health and addiction services is having on every age group. We have lost some of that "it takes a village" mentality and that is not good in my opinion.	3/15/2023 10:01 AM
12	n/a	3/13/2023 9:39 AM
13	technology, partnerships	3/9/2023 2:57 PM
14	N/A	3/9/2023 2:16 PM
15	I think our region has strong partnership but work is still being done in silos and we need to be better at communicating and partnering on projects and integrating the care.	3/9/2023 11:42 AM
16	Technology, partnerships, and incentives for students to pursue a career in mental health-related fields.	3/9/2023 9:44 AM
17	not sure	3/9/2023 9:37 AM
18	There could be more of all those. We need more PSA type of messaging and more partnerships.	3/8/2023 5:10 PM
19	technology	3/8/2023 4:50 PM
20	I really don't have an answer - finding that "thing" or those "things" that makes the connections is more and more daunting... even WITH the input of those who would benefit.	3/2/2023 11:09 AM
21	partnerships in the community	2/22/2023 4:06 PM
22	lack of access to the services and supports they want and need.	2/20/2023 1:20 PM
23	UniteUS is a platform that is beginning to take hold among the region and can be used for case management, referrals and loop closure - if ALL providers were on the platform, it could facilitate increased continuity of care.	2/20/2023 11:34 AM
24	A more central place to seek help	2/18/2023 12:45 PM

Q10 Where are the areas that services can be improved? What can be done differently?

Answered: 24 Skipped: 4

#	RESPONSES	DATE
1	Community care teams are a good start it would be great to expand them for holistic care (primary, behavioral health, dental, and vision) in addition to case management services	4/18/2023 10:59 AM
2	Housing, housing, housing.	4/18/2023 10:49 AM
3	Everywhere, Open communication across the board for all providers on the same page, more flyers and advertisements. If we are in the community and are seen then things will change. Need more outdoor fairs more than once a month.	4/18/2023 8:40 AM
4	Prevention of long wait lists	4/18/2023 7:01 AM
5	1) use zoom mtgs for the creation of ongoing support groups 2) could they be peer led in some cases? Not sure about the liability involved.	4/17/2023 7:18 PM
6	I added suggestions throughout. Involve clinics / programs in the discussion and listen to the suggestions as the front line generally knows what can have a good impact.	4/17/2023 5:38 PM
7	More state beds for treatment. More money directed toward harm reduction for adolescents and teens.	4/17/2023 5:26 PM
8	We need to be focus on youth and provide the services that they need NOW before they move into teen years	4/17/2023 5:06 PM
9	Certainly workforce development especially amongst populations that have been traditionally marginalized (the global majority). Early modeling, exposure and inspiration around a career in prevention and healthcare are vital.	3/20/2023 6:03 PM
10	perhaps more preventative groups/programs for younger ages	3/15/2023 10:08 AM
11	Mental health services in the schools needs to improve. If we give kids the skills to manage mental health issues young, they are less likely to have those same issues as they get older. We absolutely need to talk more about adverse childhood experiences and positive childhood experiences and how that impacts what we need to do in schools and in the community. For example, if we had mentors and added more trusted adults into kids lives, we could see a huge decrease in outcomes for people when they are adults.	3/15/2023 10:01 AM
12	More treatment providers/ better financial compensation to attract providers	3/13/2023 9:39 AM
13	Connecticut in general More advocacy, communication,information	3/9/2023 2:57 PM
14	Communication is always a challenge. Schools and local medical providers need to know what is available in their own communities.	3/9/2023 2:16 PM
15	Contracting can promote partnerships	3/9/2023 11:42 AM
16	Schools and childcare settings	3/9/2023 9:44 AM
17	Would like to see a return to more in person education programs	3/9/2023 9:37 AM
18	I think coalitions where agencies come together periodically and address issues.	3/8/2023 5:10 PM
19	More services in our region and more mental health clinics (long waitlists everywhere)	3/8/2023 4:50 PM
20	N/A	3/2/2023 11:09 AM
21	It would be best for us in the hospital setting to have a liason for outpt behavioral health services to easily link to.	2/22/2023 4:06 PM
22	administrators at all levels of government should expand supportive housing programs,	2/20/2023 1:20 PM

Region 5 Priority Report Questions - Mental Health

particularly for individuals with serious mental illness. Develop a mental health diversion strategy centered on community mental health. Correctional facilities are one of the largest providers of mental health care in the United States.

- | | | |
|----|--|--------------------|
| 23 | There needs to be a stronger working relationship between mental health providers/outreach workers, and homeless providers/outreach workers. | 2/20/2023 11:34 AM |
| 24 | Addiction issues in geriatric population | 2/18/2023 12:45 PM |

Q11 Optional: Please include your name and contact information if we can reach out to you to further discuss your responses.

Answered: 21 Skipped: 7

ANSWER CHOICES	RESPONSES	
Name	90.48%	19
Company	0.00%	0
Address	0.00%	0
Address 2	0.00%	0
City/Town	100.00%	21
State/Province	0.00%	0
ZIP/Postal Code	0.00%	0
Country	0.00%	0
Email Address	85.71%	18
Phone Number	0.00%	0

#	NAME	DATE
1	Emily Fiscella	4/18/2023 10:59 AM
2	Josh Noffsinger	4/18/2023 10:49 AM
3	Sher	4/18/2023 8:40 AM
4	Cathy Vellucci	4/17/2023 7:18 PM
5	Bill	4/17/2023 5:26 PM
6	Maria Coutant Skinner	3/20/2023 6:03 PM
7	Caitlin A Lewis	3/15/2023 10:08 AM
8	Jason Kersten	3/15/2023 10:01 AM
9	Indira Meza	3/9/2023 2:57 PM
10	Candice Bohr	3/9/2023 2:16 PM
11	Jules Calabro	3/9/2023 11:42 AM
12	Fernanda Carvalho	3/9/2023 9:44 AM
13	ANNE H DALTON	3/9/2023 9:37 AM
14	Gabriel Lomas	3/8/2023 5:10 PM
15	Matt	3/8/2023 4:50 PM
16	Jeff	3/2/2023 11:09 AM
17	Sagar Rana	2/22/2023 4:06 PM
18	Leonardo Ghio	2/20/2023 11:34 AM
19	Marie Ziello LCSW	2/18/2023 12:45 PM

Region 5 Priority Report Questions - Mental Health

#	COMPANY	DATE
	There are no responses.	
#	ADDRESS	DATE
	There are no responses.	
#	ADDRESS 2	DATE
	There are no responses.	
#	CITY/TOWN	DATE
1	Waterbury	4/18/2023 10:59 AM
2	Meriden, CT	4/18/2023 10:49 AM
3	Torrington	4/18/2023 8:40 AM
4	Danbury	4/18/2023 7:01 AM
5	Cheshire	4/17/2023 7:18 PM
6	Redding	4/17/2023 5:26 PM
7	Torrington and Waterbury	3/20/2023 6:03 PM
8	NEW MILFORD	3/15/2023 10:08 AM
9	Torrington	3/15/2023 10:01 AM
10	Newtown	3/13/2023 8:22 AM
11	DANBURY	3/9/2023 2:57 PM
12	Newtown	3/9/2023 2:16 PM
13	Rocky Hill	3/9/2023 11:42 AM
14	Danbury, CT	3/9/2023 9:44 AM
15	NEWTOWN	3/9/2023 9:37 AM
16	Danbury	3/8/2023 5:10 PM
17	Newtown	3/8/2023 4:50 PM
18	Woodbury and Bethlehem	3/2/2023 11:09 AM
19	Torrington	2/22/2023 4:06 PM
20	NEW MILFORD	2/20/2023 11:34 AM
21	Litchfield	2/18/2023 12:45 PM
#	STATE/PROVINCE	DATE
	There are no responses.	
#	ZIP/POSTAL CODE	DATE
	There are no responses.	
#	COUNTRY	DATE
	There are no responses.	
#	EMAIL ADDRESS	DATE
1	efiscella@ctcounseling.org	4/18/2023 10:59 AM
2	jnoffsinger@ctcounseling.org	4/18/2023 10:49 AM
3	eisenbergersharon@gmail.com	4/18/2023 8:40 AM
4	cavell722@aol.com	4/17/2023 7:18 PM

Region 5 Priority Report Questions - Mental Health

5	ipndwn@optonline.net	4/17/2023 5:26 PM
6	maria.skinner@mccallbhn.org	3/20/2023 6:03 PM
7	lewisc@danbury.k12.ct.us	3/15/2023 10:08 AM
8	jkersten!chwctorr.org	3/15/2023 10:01 AM
9	mezai@cifc.org	3/9/2023 2:57 PM
10	cbohr@newtownyouthandfamilyservices.org	3/9/2023 2:16 PM
11	julie.calabro@carelon.com	3/9/2023 11:42 AM
12	f.carvalho@danbury-ct.gov	3/9/2023 9:44 AM
13	DALTONA@NEWTOWN.K12.CT.US	3/9/2023 9:37 AM
14	lomasg@wcsu.edu	3/8/2023 5:10 PM
15	woodbury.bethlehem.asap@gmail.com	3/2/2023 11:09 AM
16	sagar.rana@hhchealth.org	2/22/2023 4:06 PM
17	LEO.GHIO90@GMAIL.COM	2/20/2023 11:34 AM
18	mariaziello@gmail.com	2/18/2023 12:45 PM
#	PHONE NUMBER	DATE

There are no responses.

Focus Groups

Key Informant Interviews

Western CT Coalition Drug Free Schools Committee
December 21, 2022, 8:00-9:15 a.m. on Zoom
Meeting Minutes- by Kathy Hanley

In attendance: Kathy Hanley, Allison Fulton, Sheila Levine (Chair), Maryanne Pieratti, Suzanne Tyler, Olivia Bucci, Mayte Robalino, Bianca Polello, Jessie Dillon-Van Wattum, Audrey Camino Jara

Introductions and Check-ins

Brookfield HS

- She has been helping students with “return to normal” struggles
- She is seeing an uptick in 504 referrals
- Vaping is an issue; anxiety is cited as the root cause
- They do not have crisis counselors or a school-based health center; it can be a struggle to find help

Newtown HS

- Still lots of vaping among students; sometimes it is THC
- Detectors constantly going off; they are having trouble keeping up with that
- She is seeing an uptick in special education/504 referrals
- Kids are struggling to manage themselves

Danbury HS

- They have had THC 37 referrals so far this school year: some for possession, others for being under the influence
- With the referral they are required to see a crisis counselor where they talk about underlying issues and help with healthy coping skills. Then there is a re-entry meeting with the student and their parents. They use the CRAFFT and SBIRT motivational interviewing models. They sometimes refer out to a counselor, but they are finding limited resource for teen substance use treatment. Most of these cases are complex.
- Allison asked how often DCF is involved in these cases. Caitlin said a low number.
- More freshman with THC referrals this year than last year

Newtown MS

- School avoidance has died down
- 8th graders are revealing through screenings that they have tried alcohol
- They are experiencing an uptick in ISS due to mean behavior and disrespect to teachers. Sometimes parents are called in for a meeting when an ISS occurs- but not always

Joel Barlow HS

- They will be getting a new substance abuse counselor on staff 6-10 hours/week

- They had a recent intervention with a student due to alcohol use; several of their peers came forward with concerns. An intervention has not taken place at their school is quite some time

Priority Setting Report

Western CT Coalition is preparing the bi-annual Priority Setting Report for DMHAS. We used the remainder of the meeting to review and discuss local youth data related to substance use and mental health (data is attached)

Discussion:

- The data reflects use among MS students to be higher than HS in some cases
- Prescription drug use (not prescribed to them) is up. It may indicate a need for education and awareness among students
- Attempted suicide number for 12th grade school B seems very high and surprising at 22%. Showing increases in all grades
- Could there be confusion among students whether self-harm could be considered suicide attempt?
- Students will admit to the counselors that they have considered or attempted suicide; when asked if they have shared this with a parent (or anyone), they usually say “no”. Students also shared other risky behaviors that could be considered suicide attempts.
- Culturally, for some in Danbury, parents don’t know how to ask the right questions with their children because they are afraid of the answers- hesitation. Ecuadorians and Brazilians (South American). Mental health is taboo. Stigma and lack of resources is an issue.
- We need to dig a little deeper into the “felt sad or hopeless” numbers to find out more.
- Males don’t report as much sadness or depression, but they are angry instead, and display anger and fight in school
- It could be that the pandemic is bringing on earlier onset of mental illness. 3 (2 female and 1 male) students last year were hospitalized with significant psychosis at one of our high schools
- SOS (Signs of Suicide) questionnaire- follow up with students who answer 3 or more to have a conversation, keep tabs on them, and connect to resources. It is a good way to open up conversations about mental health.
- Social media use contributes to poor mental health- this comes up in conversations with middle school students. Phones are not banned in class. It helps to lower the “drama” that can sometimes occur among students
- Schaghticoke and Bethel and Newtown MS do not allow phones. Even at Bethel HS they are not allowed but sometimes it is not enforced. They still have their chrome books so they have access there.
- Students may feel more comfortable talking about mental health since the pandemic because it is more acceptable now. We see commercials on TV acknowledging mental health struggles. Less stigma and it is normalized. Social Emotional Learning is more commonplace in schools now too which helps- a definite culture shift

- Screenings are an opportunity to bring out issues (with kids who no one suspected) but then resources are limited. Sometimes that initial meeting is enough to show the student you care. Follow ups can be challenging due to counselor's time restraints
- Sometimes students meet with therapists via telehealth during a free period (because they have such busy schedules)
- For some the telehealth is great. For younger students it can be more difficult because of attention span or privacy (with parents around)
- What about the national programs that are being advertised? Good for a set time frame.

Allison explained that we will be asking stakeholders to identify the scope/severity of the behavioral health problems within the region and our ability and readiness to address the problems. We do this by asking participants to complete a simple grid. She asked that they answer the grid based on the population they serve (students). We will include the data we shared today

Closing Discussion:

- Resources in other languages- Spanish/Portuguese
 - FCA is a good resource
 - CIFC does not currently have any clinicians who speak other languages (both recently left)
- WCTC will be holding another De-Escalation/Connection program. It is typically held at WCSU 9:00 a.m.-12:30 p.m. with lunch.
- Barlow has the HEAT program coming on 1/27 (2 sessions) from the DEA with "Chasing the Dragon" film with a panel discussion

Next meeting January 18, 8:00-9:15 a.m. on Zoom

Region 5 Gambling Awareness Team Meeting
February 1, 2023, 2:00 – 3:30 p.m. on Zoom
Minutes

Present

Kathy Hanley, Abby Wood, Sarah Lorenzini, Emma Hollis - Western CT Coalition
Kelly Leppard, Haley Brown, Jeremy Wampler – PGS
Carrigan Costello – Wolcott CASA
Diana Goode, Mallory Schultz - CCPG
Earle Sanford, Liz Genovese, Stephen Matos – MCCA
Eileen Russo – Region 5 resident, Gateway CC faculty
Gina Valerio, Sarah DeFlumeri – Naugatuck Youth Services/Step Up Naugy
Jamie Calvano – McCall Behavioral Health Network

Agency and Organization Updates

- Western CT Coalition
 - Regional Priority Setting Report for DMHAS, written every other year, about behavioral health trends and recommendations
 - Monthly trainings continue
 - All staff trained in Dialogue Education, hoping to use that in all future trainings and meetings including suicide postvention, opioid workgroups and Recovery Friendly Communities
- CCPG
 - Funded 9 different campuses in gambling mini-grants, Mallory is working on the college program
 - Flyer coming out for the 30 hour training
 - Powered Up Parent is moving along
 - Fox 61 is coming along, lots of responses
- PGS
 - Agenda for CADCA training will be coming out tomorrow
 - Have reviewed youth project scripts, looking forward to next steps
 - State legislature approved a statewide socioeconomic impact on gambling study and funding to support it; RFP process is completed and vendor is in contract (Gemini Research out of Mass), will probably be looking for help from the regional partners
- MCCA (Bettor Choice Provider in Region 5)
 - Hired 2 new Recovery Support Specialists and part time licensed professional gambling counselor, increased staff to address growing need
 - The van is coming, hopefully by early March! Like the Change the Script van with gambling messaging and resources. Eventually there will be a scheduling tool on the website (responsibleplayct.org/request-the-resource-van) to reserve the van.
 - New CCAR in Waterbury! Open house on February 10 at 12:00 and then the annual meeting at 2:00.
 - Stephen did a podcast interview with New Milford Youth on gambling.
- McCall Behavioral Health Network

- Jamie oversees the Dig In contract for Waterbury.
- Working with clinicians to become familiar with problem gambling, how to ask questions, use screeners, what to look for, etc.
- Shared the 30 hour training series with staff, hoping to get another staff member trained

Team Professional Development

- Certificate of Competency in Problem Gambling
 - No re-certification is required
- CADCA Problem Gambling Bootcamp update
- Suicide Prevention
 - Kathy reminded the group about QPR training in general, virtual training held by WCTC and the R5SAB
 - Haley shared a new resource about Suicidal Behaviors and Associated Factors Among Individuals with Gambling Disorders
 - https://www.researchgate.net/publication/367411081_Suicidal_Behaviors_and_Associated_Factors_Among_Individuals_with_Gambling_Disorders_A_Meta-Analysis

Workplan

- PGAM
 - Planning a webinar for persons affected, have some dates/times in mind, looking to finalize
 - A flyer will go out from PGS with the dates and links for all PGAM events statewide
 - PGS has a contract with the Women's Consortium to do some education during March
 - March 3 11:00-1:00 Kick-Off Event at Gaylord Hospital will be in a lecture hall to accommodate all who are interested
 - National toolkit has been released but no new social media tools, minimal change to the logo and removed the tagline
 - Ridgefield Prevention Council is doing a pizza sticker shock campaign with the helpline and putting up info at the senior center
 - Each LPC will get a banner from WCTC with Responsible Play the CT Way with helpline and logo to display during PGAM
- Quarterly Trainings/CAP
 - Powered Up Webinar
 - Hoping to do another Powered Up Webinar and/or CAP training in the spring
 - Jeremy recommends trying Parks and Rec
- Assessment:
 - Adult survey
 - Was sent out on the WCTC email list, will be re-shared
 - Youth focus groups
 - Always looking for youth data
 - Regional Priority Setting Process

- Kathy shared PG questions with the group and asked them to take some time to think about them and write down their responses.
- Comments:
 - Heavy promotion of gambling apps, would like to see those ads go the way of alcohol and tobacco ads, why do we need them during prime time (or at all really?) Ads can be triggers!
 - Access to telehealth and online help for individuals and groups is very helpful for people, helps to meet the needs; still offering in person for those who want it
 - Is there any legislature about the ads and infomercials re: gambling apps?
 - Provision of services that aren't being taken advantage of:
 - Technology- There is such a variety of already created apps that can be used for basic self-monitoring or cognitive training. They can never be a substitute for actual face to face provider/treatment interactions- but they can be used to promote a regulation of self, and an understanding of when there is a true need to see a provider.
 - Naugatuck (specifically) lacks lots of in-person resources. Strengths are in cities (which is where most people are). It's hard to tell what resources are being sought after without asking, so more things to ask in our community survey. Transportation and/or providers that are taking different insurance.
 - The mobile van is a new strategy for problem gambling, how can we take full advantage of this? It will increase exposure.
 - Awareness is increasing, the resources are helping those efforts, groupwork, focus groups, education and more are all promising practices; sharing the message that "help is out there"
 - Can we get the van wherever there are other food trucks? (fairs, concerts on the green, etc.)
 - "A strength is the people in this room" there seems to be unity in the way messaging is presented, little competition or silos
 - More college education, especially for athletes; elderly folks are a subpopulation at risk (lack of tech experience, providers for this group?)
 - A 3 year research project into gambling and the LGBTQ+ population
- Comprehensive Strategies- information dissemination/awareness
 - New R5 gambling awareness infographic
- Social Media/Quarterly Newsletter
 - Newsletter coming out this month

Youth

- Gambling Awareness Project Grantees in Region 5
 - Wolcott CASA

- Youth group working on PSA, already have rough draft, looking to clean it up a bit
- Collaborated with YSB for a middle school dance with gambling awareness activities
- Step Up Naugy
 - Youth group continuing to work on PSA project, meeting on Thursdays
 - Continued Narcan training in the community
 - Recent survey data, working on rolling that out to the Board and LPC, then the community – will share with the PGAT
- Powered Up
- Stacked Deck

College Campus Gambling Prevention Initiative

- PGS shared there will be a survey throughout a few universities and community colleges (different than those with the grant)

WOWG February 15 Meeting

Priority report questions posed to the group -

1. *What would you say is the greatest strength/asset of the substance use prevention, treatment and recovery services in your region?*

2. *What are the emerging prevention, treatment or recovery issues that you are seeing or hearing about substance use issues?*

- asset would be McCall in general; barriers include 1119 waiver
 - strength would be CMHA is a great collaborator with other local resources; issues with engagement and buy-in from consumers
 - asset would be relationships between CHD and the health department, overdose response techs, etc. in Waterbury; looking for education for different types of providers
 - strength would be multiple pathways to treatment and recovery; emerging issue of individuals staying involved with treatment services and housing
 - collaboration as a strength
 - individualized treatment and recovery needs; homelessness as a barrier to treatment with clinics not always on a bus line
 - strength is there are many helpful resources for education but sometimes it's hard to those resources out to the public
 - strengths include Wheeler Clinic site in Waterbury, follow up and continuity of care in Waterbury
 - collaboration as a strength
 - strengths include outpatient options; people trusting enough to come back and continue treatment with us, the recovery coach at Wellmore is awesome; challenges include housing insecurity, the access line has a really long list
 - collaboration as a strength, we address the barriers as they arise
 - a strength is the people that are doing the work; good people being innovative; recruitment and retainment of workforce as a challenge – burn out is real
- As an employee of a state agency, I speak to the things I see and hear about statewide. I think participating in broad statewide meetings like the Alcohol and Drug Policy Council Prevention subcommittee and also the Naloxone workgroup, and the Statewide Harm Reduction group, all help in sharing ideas, common problems, and new innovative approaches. I totally agree with this collaboration being a huge strength in CT. For current issues, naloxone saturation and reaching people using alone are what crosses my mind.

- a strength would be collaboration with Wheeler Clinic and their MAT, primary care, and pharmacy services; issues would be housing and transportation
- strengths would be collaboration with drop-in centers, center for renewal, CCAR, open access at Waterbury Hospital, the Health Department's saturation of naloxone, rapport with the community; issues include homelessness, transportation, services to help with the transition out of detox, especially someone in active withdrawal
- strengths are resources, issues are transportation
- intersection of justice, homelessness, mental health
- a strength would be the LCOTF and collaboration, issues include a lack of diverse recovery supports
- CCTs are crucial(!) and they save dollars, naloxone saturation project that hopes to "turn the tides"

WOWG March 15 Meeting

a. Who would you say are some at-risk populations for OUD in Region 5?

- Waterbury is at high risk – 5th largest city but 2nd most fatal ODs
- “Everybody is at risk”
- **Youth**
- Homeless and transient populations
- Long-time users
- Those struggling financially
- Those using stimulants and overdosing since they aren’t always falling under the resources and attention of “OUD”
- Those who are overdosing in residences
- Those lacking access (insurance, transportation, stigma, etc.)
- Those who have had previous negative experiences with the system, helping professionals, treatment
- **Those leaving incarceration**
- Those returning to use
- Those with low perception of risk like young people
- Those living with chronic pain who are at risk of losing or have lost insurance
- Elderly, especially people in congregate settings
- Who really is “at-risk” because stable people OD too
- Those in withdrawal management
- People who are using alone

b. Where is upstream? (aka what is the priority starting point for engaging those who are at highest risk of OUD and/or OD)

- Not much we can do about fentanyl supply, but we can continue to **work with PD** at a local level
- Using Opioid Settlement \$ to try new things, reach new populations and try thinking outside the box
- Recovery coaches as a first point of contact
- Pregnant and parenting people
- Looking at root causes, trauma, resilience
- “Make recovery normal!” – Melissa Thurmond
- Addressing Maslow’s Hierarchy of Needs – addressing food, housing, financial issues then focus on behavioral health and make it sustainable (like signing people up for SNAP, housing vouchers, etc.)
- Assessing **what resources are out there** and do people know about them?
- Get Narcan on school buses

- Having realistic conversations, especially with young people, about drugs
- “People can’t think we only care about them when they’re in recovery” – Cam Breen

c. How do we improve our outreach so that we are casting the broadest net over the shortest time frame? (i.e., quickest results with the largest group)

- Continued **education** and outreach at places like soup kitchens, shelters, drop-in centers, community events
- **Being repetitive/consistent**, planting the seed and letting people know we’re here and we’ll keep coming back and checking in, we can’t be “one and done” with clients or community partners
- Inviting each other into our programs, **sharing resources**, connecting
- Continue and strengthen our existing outreach programs in Waterbury
- Those ODing in residences might not be experiencing homelessness, other issues so they may not be in the typical outreach spots – so we can engage faith-based avenues, pharmacies, grocery stores, etc.
- Promoting **harm reduction** as an evidence-based practice
- **Advocating** for medication for OUD
- Use data, coordinated efforts using OD map, spike alerts
- Going to where people are getting out of incarceration/jail, having harm reduction tools at the ready for them
- PSAs, TikTok and Instagram for young people
- Use the “Girl Scout cookie” method of going door-to-door to educate
- Promote the “Never Use Alone” line

Key Informant Interview
Stand Together Make a Difference Danbury LPC
Danbury Resident, Clinician
3/1/23

We started off following the stakeholder questions, but the conversation flowed from there. We covered substance use, gambling, and mental health.

How appropriate are available resources to meet the needs:

- We lack professionals who are culturally responsive and who are meeting people where they are at culturally. Simply speaking another language is not enough. (regarding behavioral health treatment). Treatment professionals need to understand customs and cultural practices of different segments of the population
- Many in the Latino community distrust mental health professionals. Other qualities within the Latine/Latinx community are: they are very family oriented, focused on ethics, and respect boundaries. Through friendships and relationship building, they seek help
- Elke observes that treatment is “like a business”- sometimes lacking that personal connection. She also sees biases in the DSM and APA and how clinicians are being told to treat

Prevention:

- She does most of the work through outreach and her fellowship/relationship building within the community. Getting in front of a group of people with a presentation or printed materials does not work as well.
- There is a need to be authentic of how the Latino community works.
- Having a meal together “breaking bread”, having circles of conversation and open dialogue work best for sharing information. This goes for the Latino and Black communities.
- “Elders” are important stakeholders

Treatment:

- Therapy and even Detox is seen as a “healing process” which takes time; a diagnosis should come after many sessions.
- It’s important to incorporate family into a person’s care and understand family “systems”; i.e. Grandma is number one in Black, Indigenous, and Latino communities
- Ask permission and be respectful to clients
- Medicines and treatment have harmed Black and Brown people so there is skepticism and mistrust of doctors and clinicians
- It is important to get to the root cause of problems and dig deeper; many times providers are quick to diagnose and prescribe medication

She sees and observes positive conversations and education and awareness of behavioral health issues in the following places in Danbury:

- The Harambe Center (for youth)- they focus on prevention, education, building coping skills and supportive counseling. They are funded by the city of Danbury. Their focus is on youth from the “projects” or HUD
- The Dominican Cultural Center- they provide community supports, vaccines, alcohol awareness, overdose awareness (they have done an event with Brian Cody Foundation for Int’l OD Awareness Day). Folks will go to them even before calling a resource like 211.
- The Ecuadorian Center uses the same space as the Dominican Cultural Center- on West Street. Neither are funded
- LEAD- Latinos for Education, Advocacy and Diversity
- Elks Club (for the Black community)
- All of these organizations can and do connect people in a crisis; it is organic grass-roots help and referrals.
- There are “Elders and God Parents” who know how to help. These are the people folks go to for help

Mental Health

- There is shame around suicide
- They don’t talk about mental health
- Hispanic women are known to be tough. It is frowned upon to show vulnerability

Gambling

- Parents think gaming is harmless and better than being out in the streets
- Anger is sometimes observed among youth playing video games

Other comments:

- The school system provides helpful resources for all issues including SU, MH, intimate partner violence (IPV), sexually transmitted diseases. She sees a relationship between SU and IPV- because of the stress it causes (root cause)
- The youth referred to Family and Children’s Aid are mainly Hispanic
- We need to take care of people’s basic needs- affordable housing, food, healthcare
- Teachers and counselors need to be more culturally competent (not just about language)
- It’s important to get to the root cause of SU- learning disabilities, violence, trauma, ADHD all contribute. We need to take the time to discover these issues and what drives behavior especially in youth

Trends:

- Young adults accidental ODs with pills
- Hennessy + pills (Henny)
- Hookah bars among the 18+ age group

Key Informant Interview
Oxford (OASIS) NewLife Church in Derby) 3/9/23

Our conversation focused largely on substance misuse, and a little on mental health, as his knowledge is limited about problem gambling. The common theme of the conversation was the importance of making connections. Whether that be within prevention programs (connecting with youth) or treatment and recovery (spending time hearing about people's struggles).

1. *How appropriate are available resources to meet the needs:*

- He has noticed considerable improvement since his experience with his daughter (who overdosed and died in 2017)
- People are more educated and aware of the issues of substance misuse
- Mental health is more complicated and difficult to navigate

2. *What substance use prevention/mental health promotion practice or policy would you like to see implemented?*

- More youth focused education and awareness of both SU and MH issues is needed starting earlier (6th grade)
- The message to youth should be "its ok" to struggle, but help is available. Focus on hope and help and meet them where they are at.
- Coping strategies are needed for youth
- We need effective education in schools focused on mental health (like we do for physical health)
- Making connections with youth (and anyone who is struggling) is important
- Just this year, he started going in to middle school classrooms to talk about these issues, share his story, and the reception has been very positive

3. *What treatment or services do you feel are unavailable or inadequately provided?*

- He has seen great improvement within treatment services
- There are more conversations about it; people are more open about it
- He sees time restraints as a barrier within the current treatment model. He shared a personal story about his daughter's experience in a detox program at Griffin Hospital (outside our service area). She had overdosed twice and they admitted her to their psych ward. She connected with an intern who shared her story of 3 years of recovery; they had a similar experience. The intern was later reprimanded for spending too much time with Lauren (Vinny's daughter). That personal connection was important to Lauren but it didn't happen enough in her experience.
- Treatment is like a business so within that model, it is hard to take the time to talk with clients, get to the root cause and connect. He likened it to a similar experience with physical health whereby doctors don't have time to get to know their patients.

We skipped question 4

5. *What would you say is the greatest asset/strength in the region within prevention, treatment and recovery?*

- There are lots of services available. He never had trouble getting his daughter into a treatment program and even today he helps people find treatment and only one time was he unable to find someone a bed. A fair amount of people come to him for help (because of his experience and the fact that he is very open about it within his church)
- He does not see as much success within recovery. The strength of the drugs today (from cannabis to Fentanyl) take hold making recovery very difficult. He has seen too many people who succumb.
- He also shared that he knows many individuals who are using suboxone under a doctor's care (some for 5-10 years) who can't wean off of it, mainly because the withdrawals are painful like opioids or heroin. I asked does he know what they want to stop taking it and he does not know. He does support and favor MAT.

6. *Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the current service system?*

Other than what he mentions above about those in recovery, he said no.

7. *What are the emerging prevention, treatment or recovery issues, that you are seeing or hearing about?*

- He mentioned a program happening in Portugal- safe injections sites but with sanctioned drugs (real heroin instead of illicit Fentanyl)
- We need to create more safety nets for kids at risk (afterschool and church programs). He stressed again the importance of making connections

Required Stakeholder Questions for 2022-23 Regional Priority Reports

Naugatuck Key Informants

2/27/23

1. How **appropriate are available services to** meet the needs:

- **substance use – prevention, treatment and recovery?**
- **mental health promotion, treatment and recovery?**
- **problem gambling prevention, treatment and recovery?**

2. Transportation

3. Not enough services in Naugatuck

- No pediatrician in town, new office with only an APRN
- Have school counselors, but not clinical therapists having regular meetings with students
- Clinicians housed in the school but not easy to navigate

4. Tough to connect adults/families to treatment

5. Problem gambling – where to send people for treatment? (told them about MCCA)

2. What prevention program, strategy or policy would you like to most to see accomplished this year related to:

- **substance use?**
- **mental health?**
- **problem gambling?**

- Naugatuck is getting a Hope Squad!
- Accessing locations of overdoses – then using that list to target naloxone training and distribution
- Environmental scans around vape shops, targeting enforcement checks
- Opioid dollars – what are we doing with them?!
- Recovery coach and/or liaison to help with case management, connection to resources, continuity
- Implement “Handle with Care” system
- Recovery services in Naugatuck across the lifespan (encouraged them to meet with CCAR to learn more)
- SMART Recovery
- Pre-pandemic availability of prosocial activities

3. What treatment or services do you feel are unavailable or inadequately provided

- **related to substance use?**
- **related to mental health?**
- **related to problem gambling?**
- LGBTQ friendly services
- ESL services
- Interpretation services for parents of kids that need services
- Welcoming services for families from other towns and states

4. What adjunct services/support services/recovery supports are most needed to assist persons with:

- **substance use issues?**
- **mental health issues?**
- **problem gambling?**

- More helping professionals in the school, and then connection with NYS
- Consistency in response to issues, punishments, etc. (RAD vs JRB)
- Schools need better understanding around vaping, why students are vaping, best practices on cessation and support, etc. (just vape detectors are not the answer)
- Resources need to be consistently offered even when not being utilized at the highest level (consistency and sustainability) - NOT (Not on Tobacco) program as an example

5. What would you say is the greatest strength/asset of the:

- **substance use prevention, treatment and recovery services in your region?**
- **mental health promotion, treatment and recovery services in your region?**
- **problem gambling prevention, treatment and recovery services in your region?**

- Engagement of youth in prevention, improving their community, keeping conversations open, discussion among peers
- Mental health conversations among young people are mostly positive, more open discussion, less stigma, talk about self-care
- Schools are taking more initiative to be trauma-informed and SEL (lots of talk, waiting on the walk)
- People are more willing to talk about opioids, how it's everywhere, slightly less hidden
- Less judgmental and stereotypical conversations publicly
- More sober curious, open conversation about alcohol (youth and adults)
- Solid focus on gambling prevention (but ads are out of control)

6. Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the:

- **substance use services in your region?**
- **mental health services in your region?**
- **problem gambling services in your region?**

- Survey data shows black youth report higher use rates, Latinos and Asian and other report lower than white students
- Disordered eating increased in those numbers - who are the local service providers?

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?**

- Too much cannabis use at school

- Kratom – hearing less about it but still an issue
- Youth vaping cannabis, especially in school is becoming the new school to prison pipeline
- “It’s easier and cheaper to get weed than an appointment with a therapist” – Kristin
- Vape shops selling underage out the back (and front)

PROMPT: How/where are you seeing/hearing about these emerging issues, or what evidence is there of these (e.g. social media, TV news)?

8. What are the opportunities regarding provision of services that aren’t being taken advantage of (technology, integration, partnerships, etc.)?

9. Where are the areas that services can be improved? What can be done differently?

- Tough to get hospital-driven data with residents going to multiple different hospitals in the area
- Naugatuck falls into different regions/service areas (DMHAS, DCF, court system, etc.) which is challenging