

**WESTERN CT COALITION
REGIONAL PRIORITY SERVICES
2020 UPDATE**

Status of 2019 Priority Report

a. Assess the status of priority service needs identified in the 2019 regional and statewide priority reports. Include any resources or environmental changes that may have had an impact upon identified priority service needs that has made the situation better or worse. Generally, state whether identified need(s) stayed the same, improved or worsened and why.

The 2019 Region 5 Priority Report included recommendations about prevention, treatment and recovery resources related to Substance Abuse/Misuse, Mental Health and Problem Gambling.

The key recommendations from the 2019 report, and any progress made, follows:

- **Substance Abuse/Misuse Prevention-We need stable, adequate funding to support education, training and capacity building.**

No Change.

Substance Abuse/Misuse Prevention will always require stable funding.

The capacity of our Local Prevention Councils has improved. With the addition of a new Behavioral Health Director at the RBHAO, the implementation of LPC Leadership meetings every 2 (two) months, and some increased opportunities to implement the SPF, overall delivery of primary prevention has improved. Several of the Region 5 LPCs received DFC grants from SAMHSA, which has created positive changes, as well.

- **Substance Abuse/Misuse Treatment-Increase access to transitional levels of care.**
Some Improvement.

There is still a need for a smoother process of transitional care. People still have difficulty finding in-patient services when they are ready. We still have young people “hanging out” in the EDs for multiple days, waiting for an adolescent bed in CT or neighboring New York State. The improvements in this area are related to expanded services. APEX opened locations in Torrington and Waterbury, “the Rover”, which is prominent in Torrington, links people with OUD /SUD to a variety of services they require. “Warm hand-offs” have increased with the continued expansion of CCTs in Danbury and Waterbury. The burgeoning interest of local police departments in adopting some of the PAARI methodology has also helped. Torrington, New Milford and Naugatuck PDs have begun to integrate these practices. They need funding for more officer training and time on the job to really have an impact. For instance, days after the reversal of an overdose, law enforcement engage with the patient and their family members to provide resources, information and connections to treatment, etc. Mandatory MHFA training has improved capacity and decreased stigma which also lead to increased access to transitional care.

- **Substance Abuse/Misuse Recovery-Decrease stigma, increase recovery supports, more and easier access to legitimate sober housing.**

Some improvement.

According to the surveys we sent out in preparation for this interim report, stigma is decreasing. It seems that way to those of us who do the work every day, but it was reassuring to get that feedback from survey participants. Recovery supports are improved in Region 5. Waterbury launched their Community Care Team and providers are expanding recovery-oriented services. CCAR has a presence at many of our hospitals. Sober housing is still challenging, but Austin and Michael Gold opened up another house for men in New Milford this year. The City of Danbury is supposed to be hiring a “High-need Navigator” specifically for youth this year. Connections to behavioral health services for young people and their families will be positively impacted by this hire. (the sooner, the better.)

- **Mental Health Promotion-We need stable and adequate funding for education, training and capacity building. Activate a Regional Suicide Advisory Board.**

Some improvement.

Mental Health Promotion will always require stable and adequate funding. As indicated in our minutes, all committees of the RBHAO are involved in mental health promotion. Schools in our area offer Professional Development for staff, YMHFA training, Botvin Life Skills and an array of other mental health promotion resources to community members. LPCs and Catchment Area Councils provide education and trainings. Strategic community partners continue to provide resiliency skill-building programs for both youth and adults. Education and awareness resources are plentiful and widely disseminated. For example, CAC 21 held a training on the “Children’s Behavioral Health Service System in Western CT”. The formation of a new non-profit The Green TEAR, in the Greater Torrington area has increased capacity around mental health promotion in that area of Region 5. This is a very dynamic group of providers, people with lived experience and local organizations, they have visibility- their efforts are supported by the Mayor of Torrington. One of our recommendations in the Priority Setting Report was convene a Region 5 Suicide Advisory Board. This was accomplished and the group meets quarterly, posts minutes and reports to the statewide Network of Care. This group continues to grow and is working on a post-COVID plan to assist all 43 (forty-three) communities in the region. We are closely aligned with the Regional Crisis Team that meets once a month at WCSU.

- **Mental Health Treatment- Early identification/expanded access to screenings, better access to placement *especially for youth. Provide information about parity.**

Suicide risk-bed availability and psychiatric care for children/adolescents.

No Change. With the exception of improved implementation of certain types of “screenings”, none of these three recommendations have made much the desired degree of progress thus far. The RBHAO continues to encourage schools and PCPs to get trained and have staff available to conduct universal screenings as part of the normal regime.

- **Mental Health Recovery- Recovery Coaches linked to Emergency Departments, similar to those for addiction disorders. Increase access to and raise awareness about Peer Recovery Support Programs.**

No Change. CAC21 hosted a presentation by Dr. Rebecca Miller, Assistant Professor at Yale School of Medicine, Dept. of Psychiatry, Director of Peer Support at CT Mental

Health Center in New Haven. She provided material and information to help people locate peer and family support programs. This effort is still in the early stages. We need to broaden our reach with this information.

- **Problem Gambling-Raise awareness about risks and prevention and treatment services in general and among at-risk populations.**

Some Improvement. Based on the responses to the survey we used to inform this interim report, people are still not widely familiar with problem gambling prevention, treatment and recovery. The Region 5 Problem Gambling Awareness Team has been meeting and holding trainings. We have more people with their 25 hour certification, but a big learning curve remains with the general public in Region 5.

b. Summarize new trends and emerging issues - What do you see in the coming year as having the most significant influence on the mental health and addiction services system? This can, for example, be across systems (integrated care), populations (criminal justice, young adults, the elderly) or coordinating agencies.

COVID19 restrictions will impact the service systems. Will more individuals and families seek help because of financial and employment stressors, health and housing concerns? Will treatment providers become fatigued? There are all too many unknowns at this time.

The most significant emerging trend is the broad availability of Telehealth services throughout the region. If there was one good thing that COVID19 did, it was to necessitate a faster transition to Telehealth and Telemedicine services. With online appointments, some providers are reporting better compliance rates among both youth and adults who receive on-going treatment for mental health and addiction disorders. However, some providers report that the lack of in-person treatment has been a setback for some clients.

c. Given changes in regional resources, needs and emerging issues, is there a need to change prioritization of needs from 2019?

The highest priority service needs identified in the most recent Region 5 report were prevention, treatment and/or recovery services related to Mental Health (3.95), Alcohol (3.76), Heroin (3.66) and Prescription Drug misuse (3.63). These were followed closely by Vaping and Suicide (both 3.55) on the priority ranking matrix. Before the onset of the COVID19 pandemic, and the social distancing restrictions that were imposed, these continued to be the top priority substances and issues for the Western CT Coalition and our partners who serve on various committees and the workgroups we facilitate.

Although we report “No Change/Some Improvement” around the key mental health prevention, treatment and recovery recommendations, there has been substantial effort devoted to mental health among all our partners in Region 5. We need to keep this priority where it is and continue to work on the 2019 recommendations.

As we phase back into school and social settings, and people are recovering from the effects of the pandemic, these priorities may shift, but it is with some confidence, based on virtual meetings and local data, that we sense that they will remain the same.

Additional Comments – Quotes from our interim update survey conducted on Survey Monkey follow:

Substance Abuse Treatment-

Improved. More understanding, less stigma. More options, more choices, more wraparound supports, including recovery coaches!

Maybe a little bit better. stayed about the same. Need more resources.

In my opinion WORSENER after talking with friends who have tried to get help.

As a preventionist, I'm not sure about local treatment trends specifically. I know awareness of resources has increased.

Mental Health Treatment-

Treatment itself has improved based on more available providers and collaboration between them. There is always room for increased funding for case management (sp) wrap around services

Improved somewhat, but a long way to go.

Before Covid: Improved. During Covid: Setback

Mental Health has become front and center and I believe treatment and access has improved

Mental Health Promotion-

There's been more online promotion, which is good. Support groups, webinars, conferences, etc. are being held online and via video conference. My organization isn't able to do much right now, but I am promoting others' events on social media. These are helpful in making such resources more widely accessible, at least for people who have internet access. For those who don't, or those who need in-person interaction to learn and experience things, this might be seen as a detriment to mental health and wellness promotion. I am fairly introverted, so I've been excited to find so many resources online, yet even I am missing the more personal connection of meeting with my therapist. In conclusion, mental health and wellness promotion has improved online, but worsened regarding personal connections.

Comments from recent QPR (Suicide Gatekeeper) trainings:

This training was incredibly informative! Simple and accessible, highly recommended to all of my peers!

I thought this was a great training. The factual information and practical strategies were very helpful and confidence-building. I liked the variety in the presentation, including videos and opportunities to participate.

After having several unexpected experiences with suicide on my campus this year, this training helped me to understand what may have been going on as well as ways to prevent situations in the future.

This training was very informative. The roll (sp) play at the end gave a better insight as to how to react to someone in a suicidal state. I work in a middle school - School Based Health Center and feel that this training has given me the tools to look for the signs and to react accordingly. I only wish I had this training 10 years ago, as I lost a nephew at age 23 to suicide.