DMHAS Regional Prioritization and Reports: Process and Selected Results

DMHAS Resource Links Meeting

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DMHAS Regional Behavioral Health Action Organizations (RBHAOs)

and

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Background:

SAMHSA Substance Abuse Prevention and Treatment Block Grant and Mental Health Block Grant funding requires that states annually:

- Assess needs, strengths and critical gaps in their service delivery systems;
- Identify target populations and priorities for those populations.

As strategic community partners, Regional Behavioral Health Action Organizations (RBHAOs) assist with this charge by:

- **assessing the needs** for children, adolescents and adults across the regions and
- **developing Regional Strategic Plans** to include **epidemiological profiles** and **priority recommendations** for **prevention**, **treatment**, and **recovery services**.

Purpose of the Regional Priority Reports

- provide a **thorough description** of **substance use, problem gambling, and mental health problems, including suicide**, among the various populations (overall and subpopulations) in a region;

- describe the **current status** of instances of the substance use problems, problem gambling, and mental health issues, including suicide, in the region and examine trends over time where possible;

- identify **characteristics** of the **general population** and of **populations who are living with, or at high risk** for, substance use and mental health problems, suicide, and problem gambling in the regions and who need primary and secondary prevention or health promotion services;

- provide information required to conduct **prevention needs assessments and gap analyses** for substance use and mental health problems, suicide, and problem gambling;

- Define **regional priorities**, **resources, assets** and **subpopulations at increased risk** for behavioral health issues, and make recommendations on addressing regional gaps and needs, as well as health disparities.

How Regional Priority Reports are Used

- To set priorities among populations who need behavioral health prevention, treatment and recovery services;

- To provide a basis for determining emerging needs, projecting future needs, and identifying health disparities;

- To inform a comprehensive strategic plan;

- To increase general community awareness of substance use and other behavioral health problems;

- To support leveraging of funding;

- To respond to public data needs (e.g., providers, educators, funding agencies, media, policymakers);

- To enhance membership of planning or advisory groups to be more demographically representative and/or more responsive to priority needs of the region.

The Process

1. Identify regional behavioral health priority setting workgroup (RBHPSW) members;

2. Review and update process and content for focus groups and surveys;

3. Administer provider/stakeholder surveys and implement focus groups;

4. Review and analyze data;

5. Prepare epidemiological profiles by priority problem;

6. Identify strengths, services and resources, gaps, and needs;

7. Understand and utilize criteria for selecting priorities;

8. Convene RBHPSW and select priorities;

9. Prepare comprehensive report, utilizing specified report template;

10. Submit and disseminate report.

CPES Support of the Regional Priority Planning Process

- Development of Regional Prioritization and Report Development Guidance Document (GD);
- Training and TA based on the GD;
- Individualized TA with RBHAOs as needed;
- Provision of State, regional and standardized town level data to support prioritization;
- Epidemiological Profile template pre-populated with state data and comparative regional data;
- Review and feedback on draft regional epidemiological profiles and reports;

- Formatting standardization of report elements across regions;
- Review and distillation of report elements and themes across RBHAOs;
- Debrief and unpacking of results with RBHAOs;
- Data on regional gaps, needs, and insights IDed through process and reports will be used for CPES needs assessment and strategic planning;
- Feedback will be incorporated into next priority process and materials.

CPES

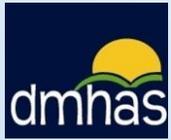Center for Prevention
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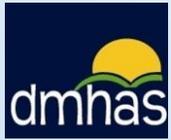
State and Local Data Used in the Regional Priority Setting Process

- YRBSS/CT School Health Survey (DPH)
- Behavioral Risk Factor Survey (DPH)
- Community level student, college, parent, and community survey data (local sources)
- State Census Data/American Community Survey (CTData)
- Overdose death data (OCME)
- Treatment data (DMHAS, local sources)
- Community Wellbeing Survey (DataHaven)
- CPMRS data (DCP)
- NSDUH (SAMHSA)
- Community Readiness Survey (CPES/DMHAS)
- Hospital and ED data (CHA, DPH)
- Gambling Helpline calls (CCPG)
- Gambling Treatment Data (DMHAS PGS)

- Retail registrations- tobacco/vaping (DCP)
- Calls to the CT Quitline (DPH)
- Suicides (VDRS/DPH)
- Alcohol-impaired driving fatalities (NHTSA)
- Focus group data (PFS FG initiative and local FG)
- 2-1-1 Calls data (United Way)
- Crisis Text Line data (CrisisTextLine.org)
- Mobile Crisis data (211, United Way, CHDI)
- Young Adults Statewide Survey (CPES/DMHAS)
- Suspected fatal overdoses (SWORD)
- Drug seizure data (HIDTA, local law enforcement)

DMHAS Regional Behavioral Health Action Organizations (RBHAOs)

NOTE:
Lyme and Old Lyme are considered part of the Region 3 catchment area for practical purposes

Legend:
- Region 1 The Hub
- Region 2 Alliance for Prevention and Wellness
- Region 3 SERAC
- Region 4 Amplify, Inc.
- Region 5 Western CT Coalition

Substance Misuse/Addiction Priorities

Priority	Region 1	Region 2	Region 3	Region 4	Region 5
1	Alcohol	Heroin/Fentanyl	Alcohol	Alcohol	Alcohol
2	Marijuana	Prescription Drugs	Heroin/Fentanyl	Heroin/Fentanyl	Heroin/Fentanyl
3	Tobacco/ENDS	ENDS	Prescription Drugs	Marijuana	ENDS
4	Prescription Drugs	Alcohol	ENDS	Prescription Drugs	Marijuana
5	Heroin	Marijuana	Marijuana	ENDS	Prescription Drugs
6	Problem Gambling	Tobacco	Tobacco	Tobacco	Tobacco
7	Cocaine	Cocaine	Problem Gambling	Cocaine	Cocaine
8		Problem Gambling	Cocaine	Problem Gambling	Problem Gambling
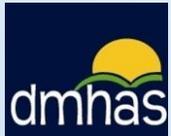
Mental Health Priorities

Priority	Region 1	Region 2	Region 3	Region 4	Region 5
1	Suicide	Anxiety	Suicide	Depression	Suicide
2	Anxiety	Depression	Depression	Anxiety	Anxiety
3	Depression	Early SMI	Anxiety	Suicide	Depression
4	SMI	Suicide	Trauma	SED (youth)	Early SMI
5	Trauma	SED	PTSD	Trauma	Trauma
6	SED	SMI	SMI	PTSD	PTSD
7	PTSD	PTSD	Early SMI	Early SMI	SED
8	Early SMI	Trauma	SED	SMI	SMI

SMI= Serious Mental Illness, SED= Serious Emotional Disturbance

Emerging Issues: Substance Misuse

	Region 1	Region 2	Region 3	Region 4	Region 5
Substance Misuse	• **Vaping increase** *(subpopulations)* • **Vaping marijuana** • Decrease in **perception of harm** of **marijuana**, other substances • Increase in use of **rx drugs: Adderall, counterfeit pills** *(youth, young adults)* • **Illicit drugs: xylazine, Flualprazolem, eutylone** • **Polysubstance use**	• **Tobacco** and **marijuana** common in treatment & recovery, not addressed by providers • **Alcohol delivery services a concern, increased access due to COVID-19** • **Methamphetamine** and PCP more available *(New Haven)* • **Perception of risk** for heroin/fentanyl use declining **due to Narcan use** • **Increase in larceny** connected to illicit substance use • **Marijuana-related ED visits** have increased due to dependence, misuse, and **co-morbidity with psychotic disorder.** • **Vaping CBD** *(adolescents)*	• **Marijuana legalization concerns** • **Cocaine use, cocaine-involved deaths** • **Increase in stimulant, methamphetamine use** • **Vaping** *(youth, young adults)* • **Vaping THC** • **Substance use increase due to COVID-19** • **Technology barriers, telehealth issues due to COVID-19** (Need access to services)	• **Increase in overdose death rates: fentanyl**, and **stimulants, methamphetamine** • **Marijuana legalization concerns** • **Alcohol use increase due to COVID-19**	• **Marijuana legalization, perception of risk declining** • **Vaping marijuana** • **Kratom** • **Benzodiazepine misuse** • **Xylazine, methampethamine** • **Polysubstance use** • **Alcohol use increase due to COVID-19** *(adults)*

Top Emerging Issues: Substance Use

Marijuana
(legalization, declining perception of risk/harm, ED visits, vaping)
Vaping (Vaping CBD, THC)
Stimulants (cocaine, methamphetamine) New Haven
COVID-19 effects (alcohol use, substance use, telehealth barriers)

Emerging Issues: Mental Health, Suicide and Problem Gambling

	Region 1	Region 2	Region 3	Region 4	Region 5
Mental Health & Suicide	• Increase in MH disorders, **suicides** *(teens, young adults)* • **Increased use of psychiatric medications**, concern of **benzodiazepine** dependence • **Mental health effects of COVID-19** *(youth)*	• First Responders seeing more **suicidal ideation** and **hoarding** *(elderly)*	• **Anxiety due to COVID** • Concerns of MH, **suicide** *(youth transitioning to college)* • **Sleeping issues** *(youth, young adults)* • **Effects of social media (COVID-19 related)** • **Access to services, staff, funding (barriers in virtual treatment)**	• **Mental health effects of COVID-19**	• Increased stress, **anxiety**, **depression**, **suicide** • Isolation *(youth, elderly)*
Problem Gambling	• Concern that i**ncreased access due to legalization of online gambling and sports betting** will result in increased number of individuals with unsafe gambling practices • **Gaming continues to grow in popularity, increasing the need for gaming disorder education**.	• **Lack of skilled workforce** in outpatient treatment • Clinical / social work staff **are unaware of problem gambling certification** • increased access on electronic devices for gaming, connection (COVID-19) *(adolescents, young adults)*	• **Expansion of online gambling** *(youth, college students)* • **Sports betting** *(youth, college students)*	• **Expansion of online gambling** • **lack of awareness** about problem gambling	• **Expansion of online gambling** *(youth)*

Top Emerging Issues: Mental Health and Gambling

Suicide (teens, young adults, youth transitioning to college, elderly)
Mental health effects of COVID-19 (youth, access to tx, staff, funding)
Expansion of online gambling (youth, college students)
Gaming and gaming disorder (COVID-19 increase)
Lack of awareness of problem gambling, gaming disorder

Resource Gaps and Needs

Region 1	Region 2	Region 3	Region 4	Region 5

Main Themes:
- Funding, resources (human, staff, financial)
- Resources to address stigma, cultural barriers
- Education and awareness resources, in schools and community
- Mental health screening for youth
- Local data (behavioral health)

Underserved Populations

Region 1	Region 2	Region 3	Region 4	Region 5
• **Undocumented immigrants** • **Those with cultural/language differences** • **Middle-class individuals (families face cost barriers in accessing services)** • **Individuals with autism or other disabilities overlooked in BH system** • **EMS and other first responders** • **Essential workers reporting elevated MH challenges**	• **Senior citizens/ elderly pop. due to financial barriers** • **POC, women, LGBTQ+ in need of culturally responsive treatment**	• **Senior citizens/elderly (SU, MH, gambling)** • **Spanish-only speakers (SU, MH, gambling)** • **LGBTQI (SU, MH, gambling)** • **Low income individuals (SU, MH, gambling)** • **Minorities and POC (SU, gambling)** • **Veterans (SU, gambling)** • **Very young (SU)** • **Caregivers of elderly (MH)** • **Children of substance using parents (MH)** • **Asian population (gambling)**	• **Young adults (SU, MH, gambling, suicide)** • **Youth (SU, suicide)** • **African American/ Black pop. (SU, MH, gambling)** • **Veterans (MH, gambling, suicide)** • **LGBTQ (suicide)**	• **Undocumented immigrants** • **Homeless individuals with BH needs** • **People for whom English is not their spoken language** • **Veterans** • **Young adults not enrolled in school or employed** • **Senior citizens/elderly** • **People coming out of incarceration** • **People coming out of inpatient treatment** • **Caregivers, providers** • **Individuals discharged from ED post suicide attempt**

Underserved Populations/Groups

:People of color, minority groups
:Children/youth/young adults
:LGBTQ(+ I)
:Caregivers/providers/first responders

:Veterans
:Non-English speakers
:Senior citizens/elderly
:Undocumented immigrants

Recommendations

Substance Misuse

Prevention

- Adapt and share local campaigns (Let's #MentionPrevention), target vaping, counterfeit medication, cannabis
- Target decreased perception of harm (cannabis), increase awareness about impact on youth
- Continue to encourage use of drop boxes
- Increase financial resources to support sustainable prevention funding
- Expand behavioral health screening among providers

Treatment

- Increase number of providers for underserved populations (Bilingual, multilingual, LGBTQ+, BIPOC, women)
- Increase access to treatment for teens including inpatient
- Increase MAT – ie. raise awareness, expand suboxone access, prescribe at discharge
- Expand services and resources for crisis (24/7 behavioral health crisis center, mobile crisis lines)

Recovery

- Support Recovery Friendly Communities and Recovery Friendly Workplaces
- Improve support after discharge- provide plans, tools, resources
- Expand access to recovery coaches

Mental Health

Mental Health Promotion/Suicide Prevention

- Coordinate and promote MHFA, QPR, etc., in community settings and for school personnel, youth grades 10-12

- Increase availability of trainings and other mental health promotion strategies in other languages

Mental Health Treatment

- Increase number of providers for underserved populations (Bilingual, multilingual, LGBTQ+, BIPOC, women)

- Expand services and resources for crisis (24/7 behavioral health crisis center, mobile crisis lines)

- Improve discharge planning and solidify community connections

- Increase inpatient mental health services for youth and children

Recommendations

Problem Gambling

Prevention

- Efforts need to be more inclusive of youth and young adults
- Educate parents and youth on gaming, include gaming in trainings
- Increase awareness of online gambling, increase age verification for online gambling
- Support and expand trainings (including AAPI Ambassadors)
- Improve outreach to high risk groups

Treatment

- Educate providers about gambling, gaming, and increase screening.
- Expand treatment access to youth, including gaming disorders
- Increase workforce capacity, ie. certified staff to treat gaming disorder, ensure providers have capacity to address subpopulations (veterans, teens)

Recovery

- Expand gambling support groups
- Increase peer support, promote inclusion of problem gambling/gaming in recovery coach and RSS training
- Increase recovery resources across the lifespan

System Recommendation: Increase awareness of problem gambling and gaming certificate training, as a means to increase workforce.

Regional Behavioral Health Action Organization (RBHAO)
website links and contacts can be found here:
https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAOs

For more information on the
Regional Priority Setting Process or results, contact:

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