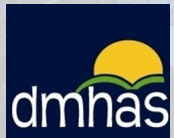


DMHAS Regional Prioritization and Reports: 2022-23 Process and Selected Results

**A presentation to the
Alcohol and Drug Policy Council
October 17, 2023**

Jennifer Sussman, Coordinator

**DMHAS Center for Prevention Evaluation and Statistics (CPES)
at UConn Health**





The DMHAS Regional Priority Report Process



SAMHSA Substance Abuse Prevention, Treatment, and Recovery Services (SUPTRS) and Mental Health (MH) Block Grant funding requires that states annually:

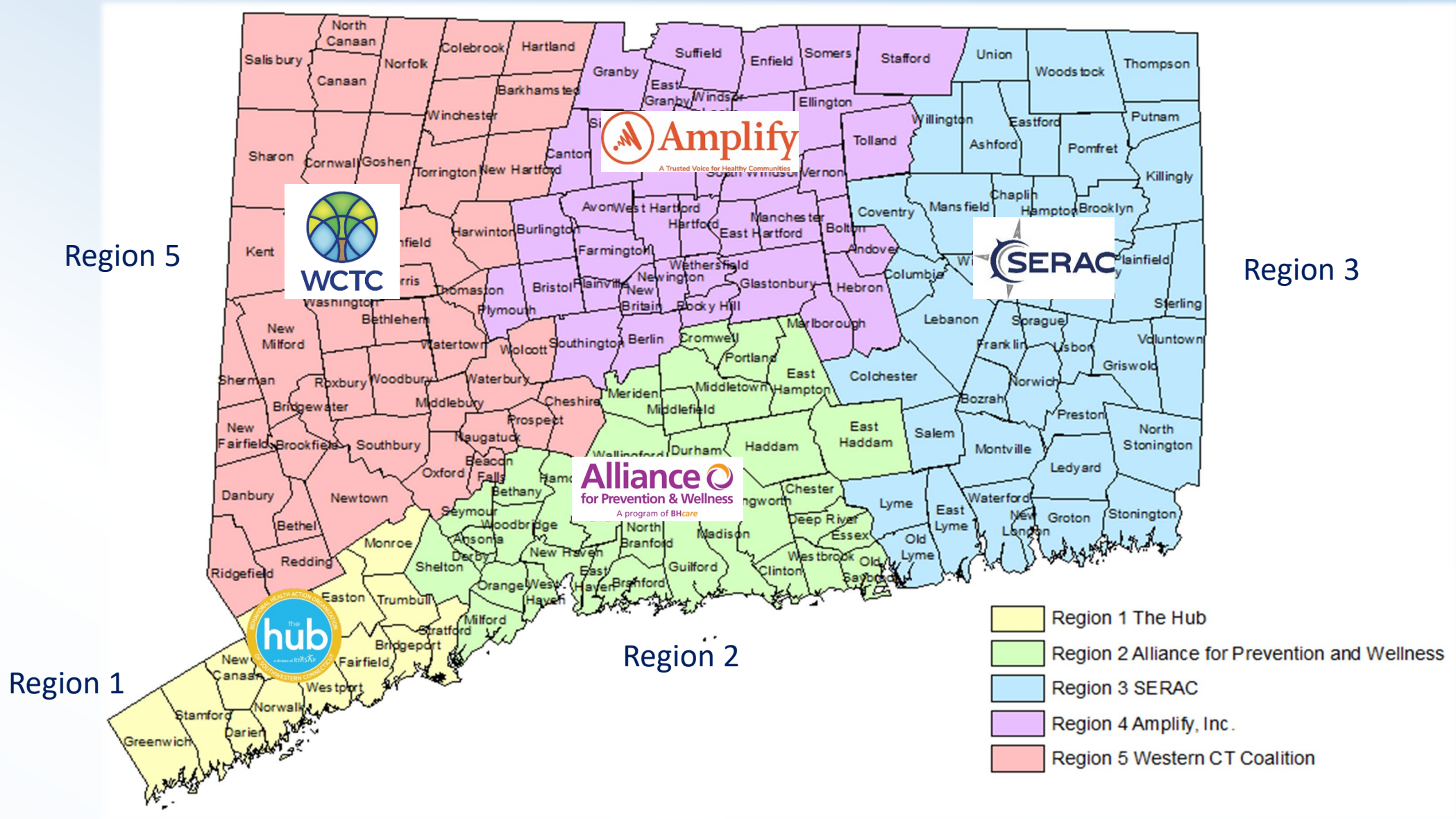
- Assess **needs, strengths** and **critical gaps** in their service delivery systems;
- Identify **target populations**, and **priorities** for those populations.

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

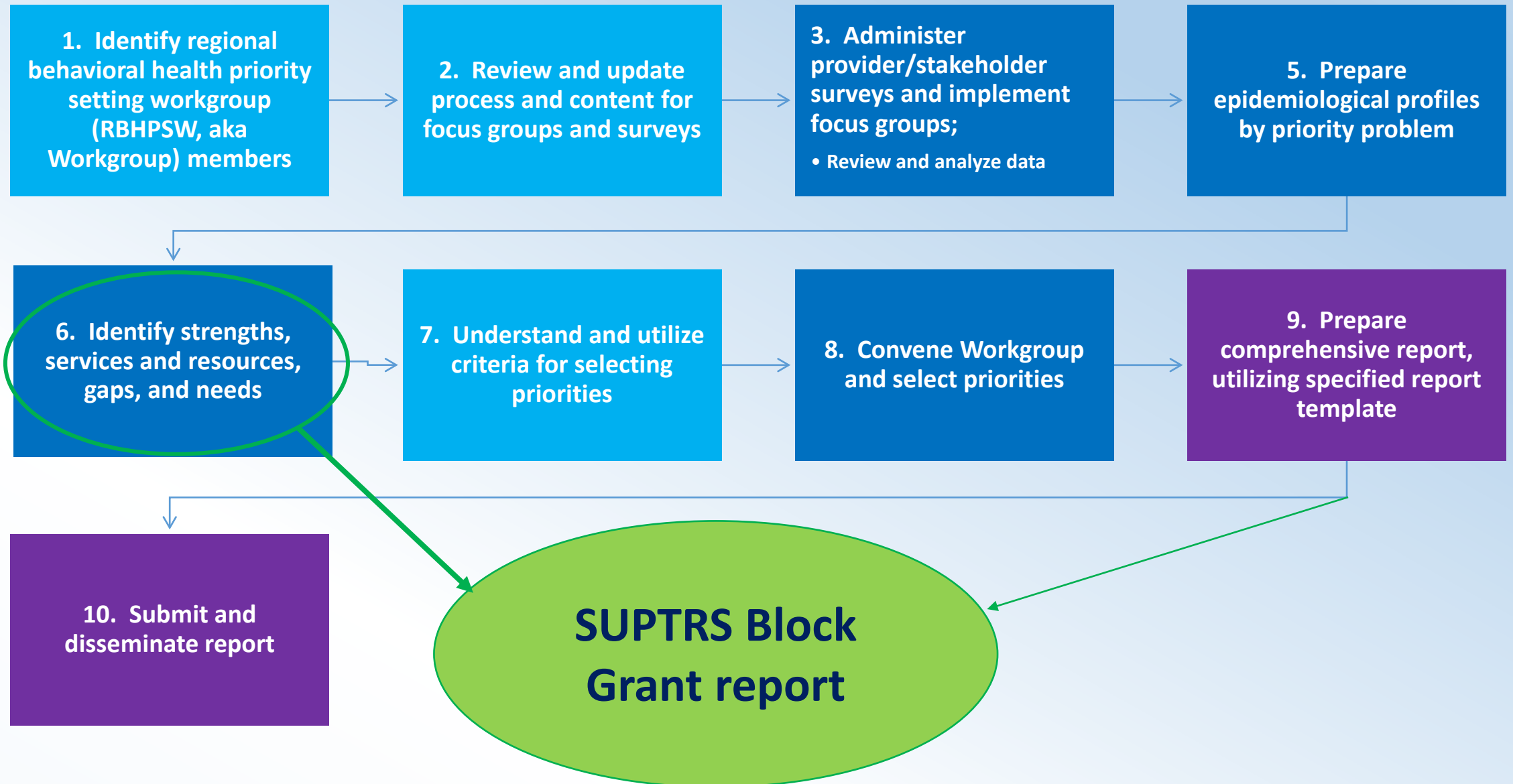
- **assessing the needs** for children, adolescents and adults across the regions and
- **developing Regional Strategic Plans** to include **epidemiological profiles** and **priority recommendations** for **prevention, treatment, and recovery services**.

DMHAS Regional Behavioral Health Action Organizations (RBHAOs)

Region 4



The Regional Process



State

- CT School Health Survey (CT's YRBSS)
- Behavioral Risk Factor Surveillance System Survey (BRFSS)
- State Census/American Community Survey
- Accidental Drug Related Deaths
- CPMRS/prescription monitoring data
- National Survey of Drug Use and Health (NSDUH)
- 2-1-1 Calls
- Drug seizure data – High Intensity Drug Trafficking Area (HIDTA)
- State Unintentional Drug Overdose Reporting System (SUDORS)

Regional/Town

- Treatment admissions data
- Community Readiness Survey (CRS) regional reports
- Retail registrations/license for alcohol, tobacco/ENDS sales
- Regional youth and community surveys
- Treatment admissions data
- DataHaven Community Wellbeing Survey and Town Equity Profiles
- Hospital and ED/syndromic surveillance data
- DUI motor vehicle crashes
Overdose

Local

- EMS calls/Statewide Opioid Response (SWORD) and ODMAP data
- Drug seizure data
- Local youth and community surveys
- Stakeholder surveys
- Community Health Needs Assessments

Focus groups with:
Catchment Area Councils (CACs)
Regional Suicide Advisory Boards
(RSABs) and Gambling Awareness Teams,
Local Prevention Councils (LPCs),
Community Care Teams, the recovery
community, youth-serving providers,
families, referral organizations, school
representatives, and others

Key Informant Interviews with:
behavioral health consumers and
providers; DMHAS Tobacco
Enforcement and Problem Gambling
Services, public health analysts, faith
leadership, family members, loss
survivors, community members,
partner agencies, community
leaders, and others

**Group discussions at
LPC meetings,
subregional and
coalition meetings**





Substance Misuse Priorities, 2022-23

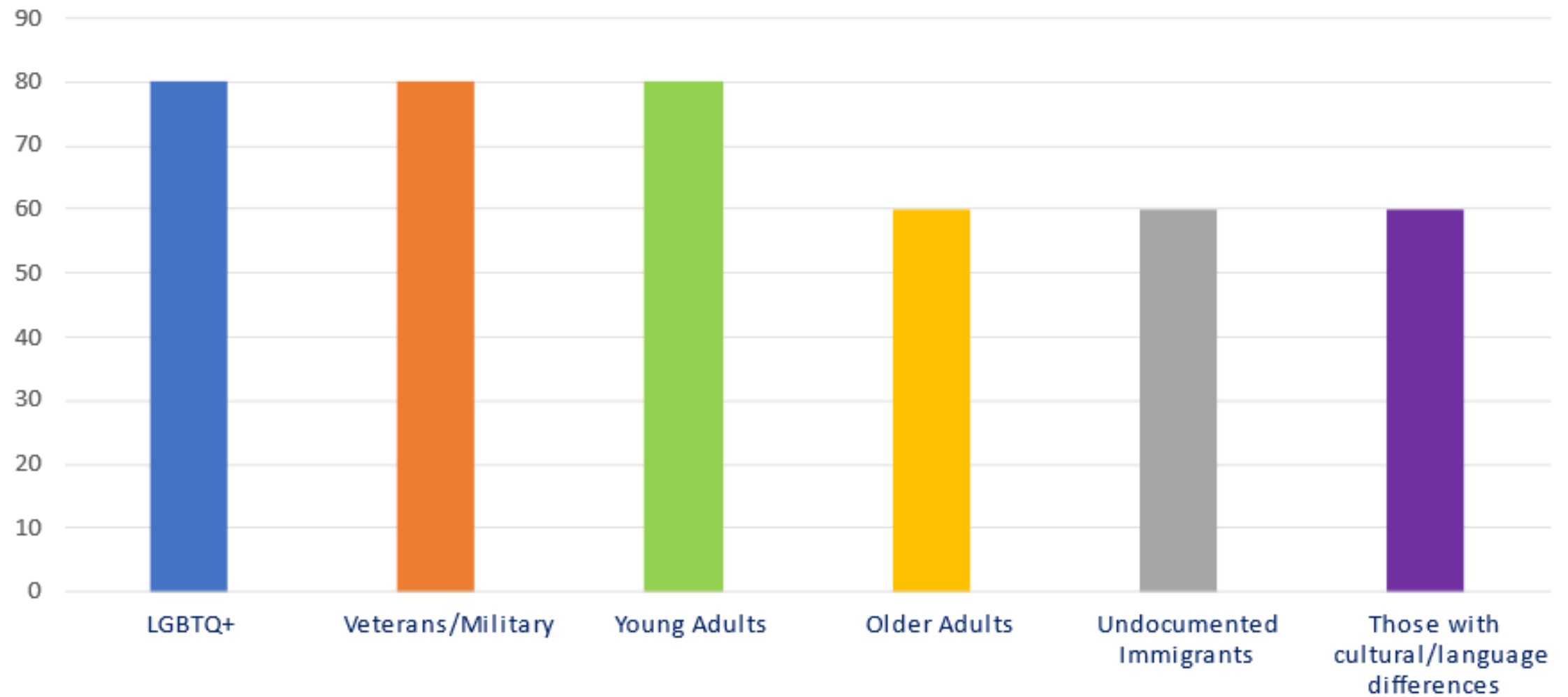


Priority	Region 1	Region 2	Region 3	Region 4	Region 5
1	ENDS	Heroin/ Fentanyl	Heroin/ Fentanyl	Heroin/ Fentanyl	Alcohol
2	Heroin/ Fentanyl	Prescription Drug Misuse	Alcohol	Alcohol	ENDS
3	Alcohol	ENDS	Prescription Drug Misuse	ENDS	Heroin/Fentanyl
4	Tobacco	Marijuana	ENDS	Marijuana	Marijuana
5	Marijuana	Alcohol	Marijuana	Prescription Drug Misuse	Prescription Drug Misuse
6	Prescription Drug Misuse	Cocaine	Cocaine	Cocaine	Tobacco
7	Cocaine	Tobacco	Tobacco	Tobacco	Cocaine

Emerging Issues

Substance	Region(s)	Emerging Populations/Issues of Concern
Xylazine (increasing prevalence)	All	Youth, young adults (R2) use with stimulants (R3)
“Zyn” (oral nicotine pouches)	1, 2	Youth, young adults (R1,2) caffeine pouches (R2)
Cannabis	All	Youth, young adults Decreased perception of harm (legalization) With ENDS/vaping, aka “dabbing” (R1, 5) Tinctures, edibles, Delta 8 THC (R2) Cannabis use psychosis (R1) Accidental ingestion of edibles by children (R5)
ENDS/Vaping	All	Youth, young adults Rise post-COVID (R1) Devices modified to increase nicotine, THC (R5)
Counterfeit pills	2, 3, 4	College students (R2) Pills contain illicit fentanyl, bath salts, meth, etc. (R3,4)
Alcohol	5	Women, teen girls, Latinx (R5)

Underserved Populations



Resource Gaps and Needs



- Funding, resources (human, staff, financial);
- Resources to address language, cultural barriers, and stigma, and increase access to treatment for underserved populations;
- Transportation, childcare, other basic tx/prevention supports;
- Behavioral health treatment for youth, adolescents, and young adults;
- Interdisciplinary approaches, including integration of prevention/treatment across substances, co-occurring issues;
- Education and awareness resources (schools, community);
- In-home and family-based treatment options;
- Expanded crisis response services;
- Recovery support services (RFW, housing, etc.).

Prevention recommendations focused on:

- **increases in funding support** to specific prevention partners (e.g., Local Prevention Councils);
- **education and awareness building** (social marketing campaigns, educational resources for stakeholder groups, such as parents and youth);
- enhanced focus on **co-occurring disorders, underlying causes** (e.g., risk factors) and **contextual factors** (e.g., social determinants of health, health disparities, and systems conditions).

Treatment recommendations focused on:

- **increases in specific treatment resources** (e.g., harm reduction and crisis/sobering centers);
- **increasing ease of access** to needed services, through community connections, warm handoffs, and linkages from emergency services and emergency departments to treatment;
- **expansion of culturally-informed and sensitive treatment** through workforce development and community outreach.

Recovery recommendations also focused on **expansion of resources and improvement of access** across populations.

Recommendations included:

- **improvement** of recovery support resources;
- **non-faith-based, science driven** support groups;
- **increased cultural inclusivity** in existing faith-based support groups;
- Expansion of **recovery centers**;
- improvement of **post-treatment follow up**;
- increased use of **recovery coaches** and **family recovery coaches**;
- expansion of **pro-social recovery activities** in the community.

Workforce Development

- Review statewide CCB certification program requirements for mental health, addiction, and suicide prevention to expedite the process, expand the workforce;
- Provide increased funding, systematic cultural competence training, and burnout prevention resources for behavioral health providers, especially in underserved areas;
- Identify and implement innovative strategies that will grow and sustain a pipeline of prevention professionals to meet the future needs of the state;
- Facilitate second language learning for providers to address client language barrier;
- Provide incentives to build the clinical workforce from the ground up (HS job shadowing, tuition reimbursement, student debt forgiveness).



Awareness/Education

- Educate policy leaders and treatment providers on harm reduction models;
- Develop a statewide education plan for youth, parents, and businesses (seller/servers) to address UAD and DUI;
- Develop statewide awareness plans/campaigns:
 - Nicotine use vs. ENDS as a delivery system;
 - educating primary care networks about RBHAO/vaping resources;
 - Recovery Friendly Workplace initiative;
- Increase training and education to providers on trauma/PTSD and its relation to other behavioral health issues.



Cultural Competence/Inclusion

- Increase state funding for culturally-specific behavioral health centers;
- Address housing disparities and transportation barriers to improve access to/engagement with resources;
- Increase participation of people with lived experience in local coalitions and state-level decision-making;
 - include “persons affected” in recovery planning/ supports.
- Increase cultural-competence training of behavioral health providers;
- Build capacity and readiness among underserved populations of youth, young adults and older adults 65+;
- Apply non-stigmatizing language to all public facing content.



Policy/Advocacy

- Legislation/policies that restrict ads targeting youth; hold social media accountable for targeting youth;
- Review policies and eligibility requirements for in-home treatment to facilitate access, especially for parents with substance use issues;
- Develop policy to sustain coverage of telehealth long-term;
- Advocate for comprehensive standardized field sobriety test for cannabis;
- Promote/implement recommendations of the ADPC Prevention Subcommittee Cannabis Workgroup.





**UConn
HEALTH**



Thank you!

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