**2020 Update to Biannual Regional Behavioral Health Priorities, Southwestern CT
Submitted to DMHAS 6/30/20**

This document provides a one-year update on The Hub's 2019 biannual behavioral health priority report for Southwestern CT. As requested, we identify the *status of priority need areas; emerging trends; recommended changes to priorities; and other areas*. Information is based on our stakeholder work with LPCs, consumer advocates, providers, community care teams, hospital staff, and housing providers.

Overall this year, much of the substance misuse prevention and mental health promotion work in the region focused on the identified priorities. As the new RBHAO, The Hub advised and coordinated efforts throughout the region, including sharing recommendations, strategies and infographics to stakeholder groups, supporting consistent messaging, and providing lunch & learns and trainings of trainers to build capacity. Stakeholders viewed The Hub as a resource and sought out our services. Communities report that enhanced programs, new strategies, and sharing of ideas among local prevention councils have enhanced prevention and promotion efforts. We successfully launched the new Southwest Regional Suicide Advisory Board and are now creating subcommittees and training to build capacity around suicide postvention. Due to COVID-19, coordination and training have moved online, though some local community prevention work was canceled. Mental health concerns are now the primary concern. Problem gaming may be an issue since students are not in school.

In terms of treatment and recovery, Catchment Area Councils worked to bring resources to the region, including developing a partnership with hospitals to address peer supports and advocating on legislative issues. The Hub and partners supported recovery efforts by providing opioid education and Naloxone and supporting towns interested in becoming Recovery Friendly Communities.

I.   Status of 2019 Priority Areas

In 2019, stakeholders in Southwestern CT identified mental health, prescription drugs (opioids and benzos), and alcohol as the top three priorities in the region. Suicide, nicotine and illicit opioids tied for fourth place; marijuana came in next; and cocaine and problem gambling tied last. Below we report on the top three priorities in terms of *change in level of need, areas needing attention, environmental changes, and new resources*.

Mental health (#1 in 2019) remains the top priority in the region for prevention and treatment. Data from the first months of quarantine show that crisis calls actually decreased and inpatient beds in the region were below capacity as people focused on basic needs and safety. An increase is now starting, and needs are widely expected to soar in coming months. The major environmental change is the universal implementation of teletherapy, which has improved access and reduced no-shows. Outpatient and MAT clients report satisfaction with teletherapy, although some clients worry about privacy. For IOP clients, the intensity of programming is a challenge when done online.

Ongoing areas of need: Mental health promotion and supports for teens and young adults; inpatient admissions particularly for homeless people with severe mental illness; voluntary residential care to prevent a breakdown (not covered by insurance including HUSKY); respite care and peer support options (e.g., Community Bridgers, peer-run respite, on-call Recovery Support Specialists) to divert from hospitalization; lack of a First Episode Psychosis program; outreach workers calling mobile crisis for clients but being second-guessed.

New resources: New IOP/PHP program for middle school-aged children in Norwalk (High Focus Centers), new residential treatment houses for young adults in Fairfield (Newport Academy), and new SMART Recovery support groups for teens and young adults in Greenwich and Stamford (The Hub with Liberation Programs and Kids in Crisis). Local hospitals have created new peer support programs (PACT) and in-house hotlines for staff. SWCMHS created an internal behavioral health intervention team and expanded its Soundview Warmline hours.

Prescription drugs (#2 in 2019) are now of less concern than fentanyl and counterfeit drugs. There is already increased awareness and reduced access to prescription opioids. At the start of the quarantine, local communities reported a decrease in overdoses due to reduced access. SUD providers saw many clients using the opportunity to get sober or switching from opioids to marijuana, although there were also relapses. Many MAT clients are now successful on 14-day or 28-day bottles, reducing the number of visits. Many individuals in recovery are participating in online and phone meetings, although there is still a need for in-person support groups. There is a risk of increased overdose as society reopens since people may have decreased tolerance.

Ongoing areas of need: Prevention education for parents and youth, including elementary ages; awareness about the risks of benzos, especially with the possibility of more people being given anxiolytics due to COVID. New campaigns are needed on fentanyl and counterfeit drugs. The Local Prevention Councils yearn for best practices on how to conduct prevention work in a virtual world.

Alcohol (#3 in 2019) continues to be a priority. During the pandemic, liquor stores stayed open and restaurants are now allowed to sell up to 1.5 liters of beer, wine or spirits with takeout or delivery. As a result, access to alcohol is easier than access to drugs, and is also available to youth who are now at home 24/7. It is a likely coping strategy for many struggling with the stress of the quarantine (see recent [controversial SNL skit](#), protested by many prevention coalitions). Treatment providers have seen first-time clients who have been day-drinking to cope with isolation and changes in routine and need support for harm reduction. Although online and package store sales have increased, the decrease in restaurant and bar sales has led to an overall decrease in sales nationally and therefore changes in product and sales strategies, which may provide new opportunities for prevention work.[i]

Ongoing need: Grant beds for people with alcohol use disorder; access to treatment for undocumented; 2-3 alcohol compliance checks per year; messaging around harm reduction, sober curiosity.

II.   New Trends & Emerging Issues Influencing the BH Services System

Increase in mental health disorders: All stakeholder groups anticipate an increase in mental illness (anxiety, depression, PTSD, grief, suicide) during the coming two years due to recent life stressors. While all ages may be affected, the impact may be worse on teens and young adults, single-parent households, those with pre-existing behavioral health conditions, and LGBTQ. Healthcare workers and first responders (especially EMTs) are at risk for PTSD, and physician suicide is a concern. Suicide rates increase by about 1% for every 1% increase in unemployment,[ii] so the unemployed, particularly the undocumented who cannot access many safety-net resources, will be at higher risk. People of color will need special attention due to the health disparities of COVID, economic impacts, and racial violence. High copays may prevent many who are in need from seeking help. Services were already overloaded, so supply is unlikely to meet the new demand.

Recommendations:
- Provide ongoing awareness of outreach, virtual supports, natural supports, and hotlines and warmlines. The Hub produced graphics, digital flyers and newsletters, videos, and social media to

raise awareness throughout the pandemic; however, clients noted that DMHAS lacked capacity to disseminate such information to its clients and did not put client information on its website.

- Ensure social-emotional support and service opportunities for students during summer and back to school. Build supports into distance learning and provide teacher training on social-emotional learning. Local initiatives to connect with statewide learning collaborative coordinated by CWCSEO.
- Expand funding for crisis response services and for crisis alternatives such as peer respites.
- Identify effective practices for street outreach during quarantine.
- Consider ways to increase the workforce to meet new demand, including expanding the use of certified peer specialists in all programs and allowing different staff (LPCs, LADCs, LMFTs, peers) to serve on mobile crisis teams.
- Advocate for certified peer support to become a reimbursable service.
- Allocate state funding for mental health promotion at the community level.
- Provide Spanish-speaking outreach, campaigns, and programs for the undocumented.
- Target messaging and supports for people of color.
- Provide specialized grief training for counselors.
- Create special funds for the undocumented and unemployed to access services.
- Allocate funding for communities to do mental health promotion and suicide prevention.

Increased use of technology: Widespread use of technology for teletherapy, virtual support groups, and community education is a positive trend that should be maintained. Technology has improved access, outreach, and advertising and has led to new programs. Social media became a newer strategy for some agencies to reach the community at large. The adoption of technology may lead to larger system change: In a recent NCBH webinar, some providers noted that due to technology they are now starting to convert some therapy spaces for basic needs, while others are developing hybrid models (e.g., meeting staff in parking lots for some in-person contact and to be provided with a tablet for the virtual session).

Recommendations:
- Teletherapy should be maintained and reimbursed on a par with in-person therapy. Providers should ensure safety and confidentiality during virtual sessions (e.g., headset). Phone-only options allowed under certain circumstances (e.g., established elderly client).
- The expanded service package on state phones should be maintained, and programs should provide clients with videos and instructions to make full use of their phones, as well as WiFi.
- DMHAS could consider developing an opt-out or opt-in policy allowing staff to use email with clients for non-protected information, such as sharing resources to support recovery.
- Community meetings (e.g., LPCs, CACs, CHIPs, RBHAOs) should continue meeting online to preserve social distancing, maximize participation, minimize travel time, and allow recording.
- DMHAS could consider developing a policy allowing its staff to participate in videoconference meetings that are unrelated to client care, since there are a wide variety of state and regional meetings and trainings which staff are currently unable to join.

Prevention Challenges: Concerns due to the quarantine include: increase in use of alcohol, marijuana, or other substances at home; possible increase in technology addiction among youth; concerns about gambling in homes and with the reopening of the casinos. In terms of drug use, counterfeit drugs and meth are increasing in CT with little community recognition to date.

Recommendations:

- Identify and disseminate best practices for doing prevention work in a virtual world, including focusing on environmental strategies (e.g., compliance checks).
- Increase messaging around harm reduction and alcohol.
- Develop awareness campaigns to address counterfeit drugs and meth.
- Increase awareness and support for technology addiction.

Communications and policy issues: Changes occurred so rapidly during the pandemic that implementation and communications were not always smooth. In preparation for a possible second or third wave of quarantine, cracks in the state system that should be addressed include:

- Inability for DMHAS providers to share online supports with clients due to email policy. Lack of information on DMHAS website for clients and of communication from the state to communities.
- Difficulty in identifying and engaging people who need treatment during the pandemic.
- Turf issues in determining which mobile crisis team would serve shelter clients who were decompressed to a hotel in a different region.
- IOPs unwilling to take clients due to concerns about COVID.
- Lack of timely guidance to providers about issues such as: budget for COVID; decompression and social distancing policies for clients in congregate care; accepting clients into residential treatment following COVID exposure; reopening protocols; with providers requesting a plan for possible future reopenings and closings.
- Social services providers unaware of expansions on state phones, and clients unaware of how to use their phones for online options.
- Lack of Emergency Medical coverage for postacute care for the undocumented.

III.   Recommended Changes to Priorities

Stakeholders emphasize that *mental health and suicide prevention* are the top priorities for promotion, treatment, and recovery work, although there is no state funding to support community promotion/prevention. As far as substance use prevention, many feel *alcohol* may now be the second priority. In the context of the larger expected issues (trauma, depression, anxiety, all of which may lead to substance use), vaping (which was #4 last year) is not seen as a priority area. Some have recommended changing the 2021 LPC application from a focus on vaping to a broader prevention approach that focuses on healthier ways to cope and understanding the path to addiction. As the state re-opens, the region will see whether the identified concerns come to light.

IV.   Other Areas Requiring Attention

The economic impact of COVID is just beginning, with the PPP, stimulus checks, and 90 day waivers coming to an end. As a result, there will be a tremendous demand for basic needs programs, case management, integrating food and shelter into behavioral health programs, and increasing housing.

Domestic violence and child abuse have been areas of concern during the quarantine. DV programs report up to a 10% increase in calls. Child abuse is underreported since teachers do not have eyes on kids. Summertime may present increased risk since there will be no school or camp. An important challenge is how to make services available to those who cannot reach out.

---

[i] https://www.nielsen.com/us/en/insights/article/2020/rebalancing-the-covid-19-effect-on-alcohol-sales/
[ii] https://www.reuters.com/investigates/special-report/health-coronavirus-usa-cost/