



The following report is an update to the 2019-2020 Priority Planning Report. Information gathered for this report was obtained through meetings with community stakeholders and an on-line survey distributed in April to community stakeholders who participated in the priority setting process last year. The Alliance for Prevention & Wellness services the Department of Mental Health & Addiction Services uniform Region 2.

Prevention, Treatment, and Recovery: Substance Use, Mental Health, and Gambling

Overall during this past year, we are pleased to report that substance abuse prevention and mental health promotion has improved throughout Region 2. Our stakeholders reported that substance abuse prevention efforts improved due to coordinated efforts among communities, consistent messaging, and the availability of good prevention training. Communities also reported that increases in programs, enhanced or new strategies, and the sharing of innovative ideas between coalitions and local prevention councils has enhanced substance abuse prevention / mental health promotion efforts. In terms of mental health promotion, community stakeholders reported that they have seen an increase in services, community readiness and demand, additional funding and increased education and awareness. This can be attributed to the significant increase with the wealth of new resources brought into the communities and coordinated efforts and education working to remove stigma. There has also been an increase in participation within the System of Care Collaboratives (DCF child services) and increase in prevention through school systems especially during the COVID-19 pandemic. This prevention efforts and communication has been very helpful to stay ahead of pandemic related mental health concerns. Gambling efforts have remained the same.

Treatment for both mental health and addictions throughout the region has generally improved with a few noting it has stayed the same. Improvements noted include:

- Increase in MAT services & providers
- Ability to identify resources through the real time bed availability
- Increase in advertising of services / program
- Improved outreach and education
- Improved due to open access models
- Integrated care models have improved access
- Increased partnerships with agencies and departments (including treatment, prevention, towns, schools, and professional groups)
- Increased screenings and client centered care models
- Shift to tele-health
- Additional resources for prevention, treatment, and recovery
- It was consistently mentioned that access to Narcan has increased among first responders and community members and the access and education is beneficial to the communities. Some communities felt that through Narcan trainings the increase in awareness and services has helped reduce stigma and increase prevention.

Regarding gambling treatment most responded it has remained the same. Additional comments included it is not a priority with more pressing behavioral health conditions to be addressed.

Recovery efforts in Region 2 continue to vary depending on the area of the region one resides. Many recovery efforts have improved throughout the region while some have stayed the same. The improvements include:

- Advertising of services
- Return of ACRA
- Expansion of ROOT Recovery Center
- Virtual Support
- Increased recovery coaching
- Communities beginning to discuss Recovery Friendly Communities Model

It is noted that in some areas of Region 2 treatment and recovery has stayed the same based on transportation issues and lack of recovery supports for the person in their own community, especially in the more rural areas.

New Trends / Emerging Issues

Two emerging issues are prevalent throughout Region 2. The number one concern throughout the region is related to the COVID-19 pandemic. The following are the emerging concerns regarding the pandemic:

- Impact of COVID -19 is still to be determined
- Harder to identify and engage people who need treatment currently during the pandemic
- Intakes have decreased since the start of the pandemic
- More life stressors because of the pandemic
- Access to services has been greatly disrupted due to COVID-19
- Isolation caused by the pandemic will negatively impact those with pre-existing conditions
- Concerns about increase in gambling due to the casino shutdowns
- Concerns that we may see an increase /spike in fatal overdoses
- Concerns about increase in technology addiction as youth and adults turn to on-line entertainment and distraction
- Daily numbers, keno, scratch tickets and on-line games are increasing
- Services are not reaching households that are maintain obligations but struggling with mental health.
- Concerned about increase in alcohol use in homes
- Concerned about increase in marijuana and other substance use in homes
- Concerned about increase in domestic violence
- Limits of each system prevents the deep dive into root causes of a disorders
- COVID is having a major effect on mental health / substance abuse treatment and connecting those in need with care.
- Limited financial resources and supports for the after care of COVID-19
- Anticipation of increase in PTSD, technology addiction, and anxiety among youth after the pandemic
- Anticipation of how the system will be able to accommodate the increase in mental health services after the pandemic including the aftereffects of first responders and front-line workers (especially trauma and PTSD) and the uncertainty of tele-health continuing.

The second emerging issue that has been identified is the lack of treatment for adolescents and young adults vaping. Vaping continues to be a concern across the region as progress was being

made and halted due to the pandemic. In conversations with our community partners we have learned that many households have just learned about the frequent use of vaping by their adolescent / addiction to vaping by their adolescent due to being quarantined. Youth continue to also be concerned about vaping.

The last emerging issue worth noting but not DMHAS related. This emerging issue includes services for school aged youth. It was reported that schools have limited resources to adequately refer to outside support / agencies and DCF has limitations during the pandemic. On a positive note schools are trying to identify people in need and connect them to services remotely. Lastly, it was reported that inadequate funding for prevention, early intervention, and school/community-based interventions is a real concern when schools re-open.

While the prior year's prioritization does not need to be changed drastically, it may need to be adjusted due to the unanticipated pandemic. Many of the priorities in the region mesh with the COVID-19 concerns. We will need to wait and see if the concerns identified continue upon re-opening of the State and the pandemic begins to wane.

Respectfully Submitted,
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Director