

Region 3 Priority Report Update 2020



Introduction

The following report contains an update on the Region 3 priority issues related to mental health, substance abuse, suicide prevention, and problem gambling. Twenty-three key leaders responded via a web-based anonymous survey in June 2020 to provide feedback on the structure and services across prevention, treatment, and recovery. The region consists of 39 towns in Eastern Connecticut with 19 located in New London County, 15 in Windham County, and 5 in Tolland County. According to CT Economic Resource Center Town Data Profiles (2018) the total population in the 39 towns in eastern CT served by SERAC is approximately 429,936 residents¹. About 78.8% percent of the population is White/Caucasian, 4.5% Black/African American, 3.6% Asian, 0.5% Native American, 7.2% identify as other and almost 10% report Hispanic. The veteran's population in the region is 8.10%. The median household income is approximately \$75,500 for the region with a range of \$35,357 to \$104,732. The average unemployment rate is 2.6%. The eastern region of CT consists of both suburban cities and small rural towns. According to the CT Office of Rural Health (2014) 25 towns out of 39 are considered rural.

- 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.**

Across the priority areas in the region, mental health promotion, treatment, and recovery services are still a top concern for key representatives in region 3. Approximately 43-47% of respondents reported that all aspects of mental health support and services had “gotten worse” in the region during the past year. This includes prevention, early identification, intervention, treatment, and recovery resources. While it was noted that there several mental health promotion campaigns in the recent year, the overall impact from quarantine and social distancing has increased the risk of social isolation and at the same reduced access to services. Efforts to increase universal brief screening for co-occurring disorders was a goal for the region and has lost some ground due to the COVID-19 pandemic. With regard to treatment services, there is feedback that some telehealth models are being well received and increasing retention rates. Telehealth was a recommendation prior to the COVID-19 population to help address transportation barriers particularly in rural areas. While there was some readiness and interest in exploring telehealth services for the region, not all providers were equipped with the needed infrastructure and capacity to transition. Some of the lack of infrastructure has made accessing services difficult for the general population while some providers have been able to thrive in providing telehealth. Funding support for increasing local infrastructure to implement telehealth (screening,

¹ CERC Town Profiles 2018 (CT Data Collaborative)

treatment, and recovery) is a top concern for local leaders. There is still inconsistent funding support for services between the north and south sub regions, making disparities in access quite vast. Respondents feel as though treatment services for all behavioral health areas have been impacted the deepest from the pandemic and 77% participants responded that there are not adequate resources for crisis response in their community. There seems to be a decrease in recovery support groups for addiction recovery online.

One area of noted improvement in the region is suicide prevention activities. Participants responded that there was an increase in QPR trainers and training across the region. Campaigns and electronic information about suicide has been available and was utilized more during the quarantine through social media platforms. Suicide prevention training also transitioned to online formats as well as recovery and support services for individuals who have experienced a loss due to suicide.

The majority of respondents felt that treatment services for substance abuse had either stayed the same (50%) or improved (32%). Approximately 65% of the respondents that felt substance abuse prevention had either stayed the same or improved. Some of the key activities that were mentioned as examples include but are not limited to the following:

- Local Opioid Prevention Grants available(SOR)
- Development of Local Opioid Taskforces still functioning virtually
- Local Prevention Grants dollars
- Recovery Navigators and increased peer support specialists

There is concern about a possible increase in opioid overdoses due to the impact of the pandemic and barriers to accessing services. The pandemic also increases the risk of social isolation which may present unique barriers to being able to administer naloxone in the appropriate timeframe. The pandemic as also had an effect on the implementation of some activities such as:

- Community outreach and awareness events
- Cancellation of training
- Implementation of school surveys
- Youth leadership programs
- Regional, state, and national conference participation
- Methadone clinics availability or access

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, elderly) or coordinating agencies.

The most significant impact in the coming year will be addressing the impact of the pandemic on both individuals and families. All sectors have been impacted by the quarantine and many risk factors for mental health, substance abuse, suicide, and problem gambling are increasing and will continue through the rest of the year. Special populations such as youth, young adults, and age 65+ will be at a higher risk for behavioral health challenges. We anticipate some of the following trends and issues to be on the rise in the next year:

- Increased need in trauma-based interventions and practices (across integrated services).
- Increased awareness of historical and generational trauma impacts pertaining to systemic racism, discrimination, and violence.
- Addressing specific risk factors related to the pandemic such as
 - Social isolation (increases in anxiety, depression, PTSD)
 - Family conflict
 - Family management
 - Socio-economic deprivation
 - Decreases in school and community bonding
 - Unemployment
 - Housing issues
- Higher risk for transitional age youth (middle/high school and high school/college/work).
- Health disparities for racial minorities and access to culturally responsive services.
- Innovative strategic planning to address current needs through virtual and hybrid models of delivery prevention, treatment, recovery services.

C. Given changes in regional resources, needs, and emerging issues, is there a need to change prioritization of needs from 2019? Taking into consideration any major changes (e.g. new resources, emerging issues, new legislation, etc.) since the 2019 priority process in your region, do you see a need to adjust those priorities?

Region 3 priority issues were ranked as follows:

Priority Issue	Rank
Mental Health	1
Suicide	2
Heroin	3
Alcohol	4
Prescription Drug Misuse	5
Tobacco/ENDS	6
Marijuana	7
Problem Gambling	8
Cocaine	9

We do not anticipate major shifts in priority areas, however anecdotal information suggests that there may be a higher prioritization on alcohol use, prescription drug misuse, and problem gambling in region 3 due to access and availability. It has been anecdotally stated that there is an increase in alcohol dependency and seeking for treatment. It is expected that all areas in the priority ranking will have an increase in magnitude, severity, and impact however, the changeability and readiness to address these issues may see a decrease due to competing needs in the community. It is expected that the RBHAO functions related to increasing capacity and serving as a strategic partner for alignment will be a primary activity in the upcoming year.

D. Additional comments-are there other areas needing attention that DMHAS should be aware of?

Respondents from the survey to gather information on changes in June 2020, were also offered the opportunity for other comments and concerns. Some of the top concerns are listed below:

- Parity in funding across the region (addressing the disparity between north and south subregions).
- Support for innovation in service delivery and prevention activities.
- Support for services and agencies that have delivered positive outcomes.
- Educational groups for youth specifically related to the pandemic.
- Clients that can't get to services or access via virtual