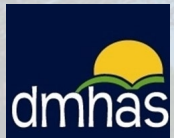# DMHAS Regional Prioritization and Reports: 2022-23 Process and Selected Results

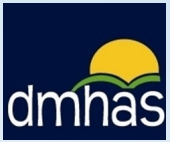**Tobacco and Health Trust Fund Meeting**

January 24, 2024

Jennifer Sussman, Coordinator

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

dmhas

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HEALTH

CPES
Center for Prevention
Evaluation and Statistics

The DMHAS Regional Priority Report Process

SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS) and Mental Health (MH) Block Grant funding requires that states annually:
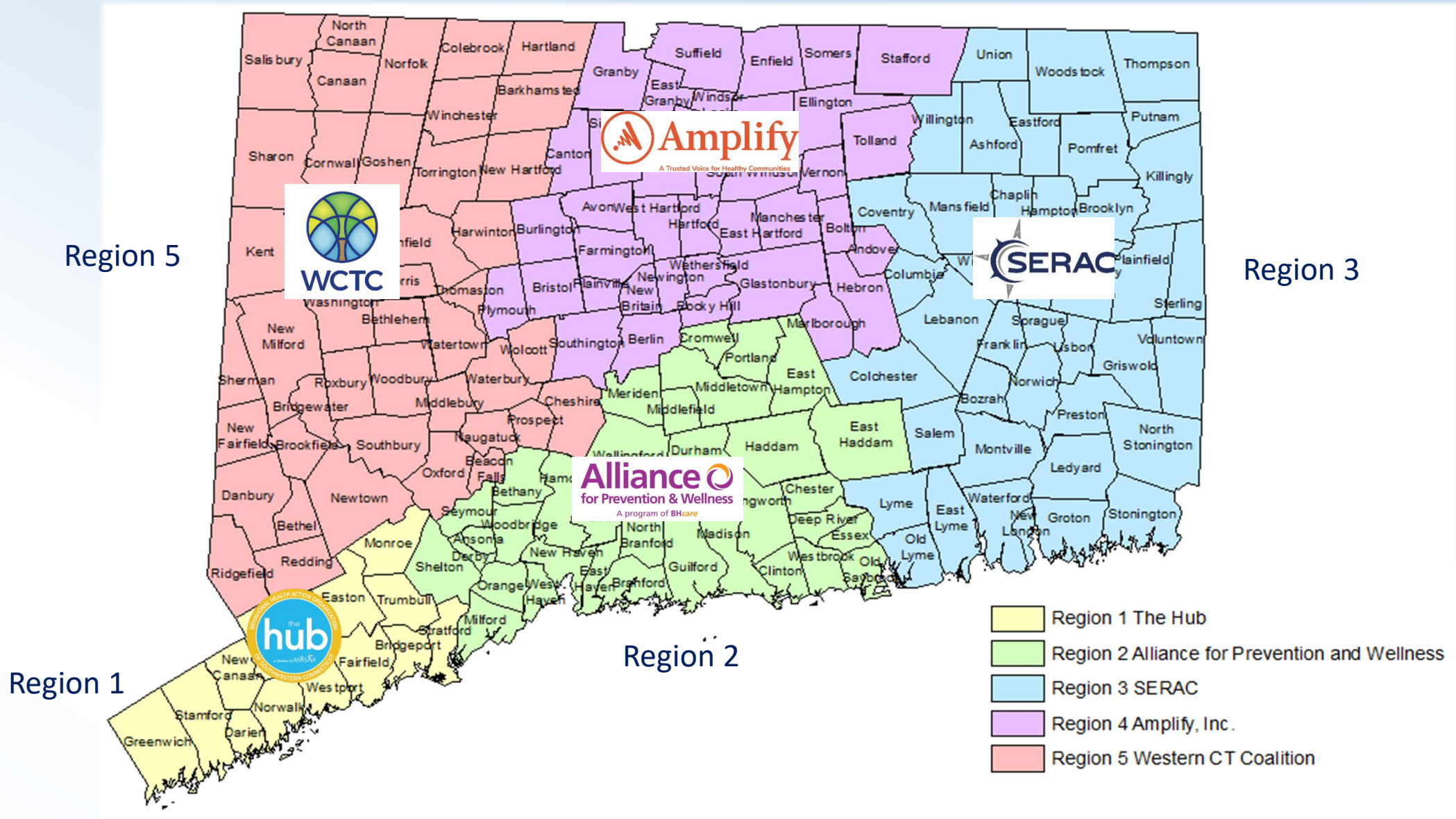
- Assess **needs, strengths** and **critical gaps** in their service delivery systems;
- Identify **target populations**, and **priorities** for those populations.

As strategic community partners, Regional Behavioral Health Action Organizations (RBHAOs) assist with this charge by:
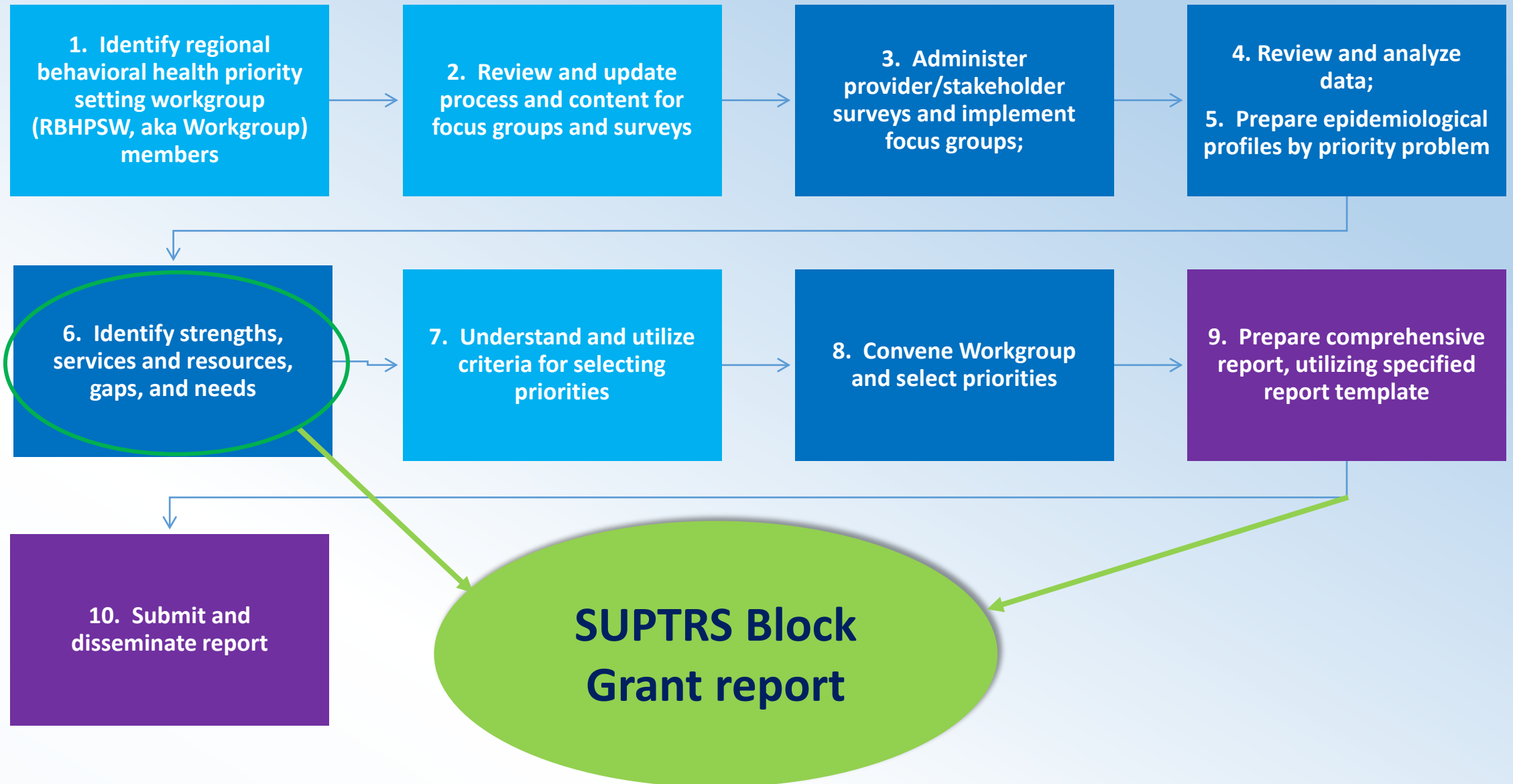
- **assessing the needs** for children, adolescents and adults across the regions and
- **developing Regional Strategic Plans** to include **epidemiological profiles** and **priority recommendations** for **prevention**, **treatment**, and **recovery services**.

DMHAS Regional Behavioral Health Action Organizations (RBHAOs)

The Regional Process

1. Identify regional behavioral health priority setting workgroup (RBHPSW, aka Workgroup) 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 Workgroup and select priorities

9. Prepare comprehensive report, utilizing specified report template

10. Submit and disseminate report

SUPTRS Block Grant report

A Data-Informed Process: Epidemiological Data

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

A Data-Informed Process: Local Qualitative Data

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

Tobacco and Health Trust Fund Priorities

State and community interventions

Communication methods to disseminate information to a wide audience

Cessation interventions

Surveillance and evaluation

Infrastructure, administration and management

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
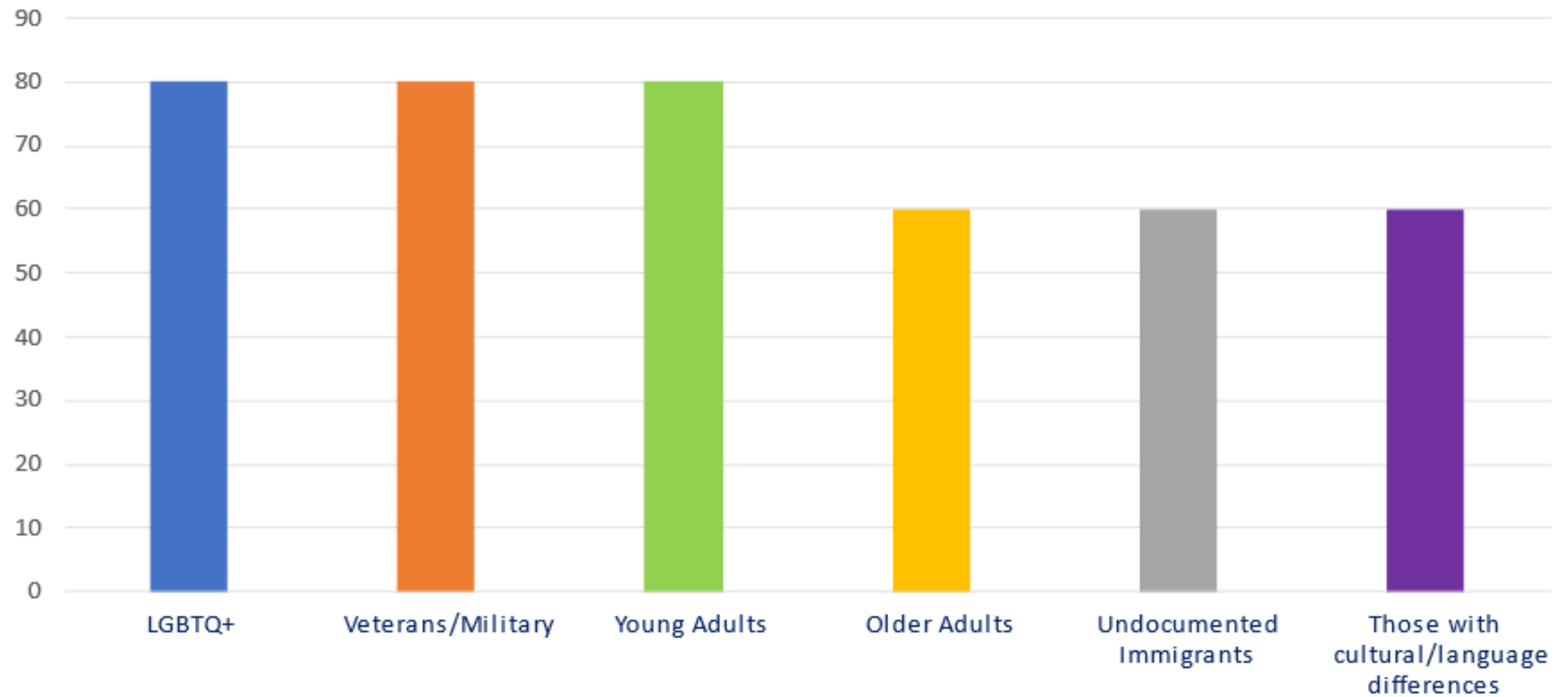
Resource Gaps and Needs

- 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;
- **Tobacco (vaping) cessation programs for youth/YA;**
- **Education and awareness resources (schools, community)**;
- In-home and family-based treatment options;
- Expanded crisis response services;
- Recovery support services (RFW, housing, etc.).

Tobacco Recommendations

Prevention: Routine retail compliance checks to prevent sales to minors; social marketing/education; ban of flavored vape products.

Treatment: Virtual cessation programs; youth/YA cessation; culturally informed treatment for BIPOC and LGBTQI+ and women.

Recovery: Cessation support for youth/YA; promotion/education to promote understanding of tobacco/vaping recovery support.

ATOD 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).

ATOD treatment recommendations focused on:

- **increases in specific treatment resources** (e.g., cessation, 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.

Conclusions and Next Steps

- While tobacco use via smoking ranks low among regional priorities, ENDS/vaping is a **high priority** across regions;

- DMHAS Regional Priority reports contain content relevant to THTF priorities, including:
  - Treatment, prevention and recovery recommendations (ATOD, tobacco/ENDS, systems);
  - Stakeholder perspectives;
  - Emerging issues and at-risk populations;
  - Needs, gaps, and resources;
  - Regional epidemiological profiles.

- Possible next steps include:
  - A deeper dive into regional content through the lens of THTF priorities, to inform recommendations and advocacy;
  - Monitoring regional priority report findings over time.

DMHAS Regional Priority Reports can be found [here](#)