

Region 2

Assessment, Priorities, and Recommendations Report
Mental Health and Addiction Services and Supports
For DMHAS & Community Members
Planning Years 2016-2018



Report Submitted By:

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Introduction

The state fiscal crisis has negatively impacted all Human Services this past year and this includes mental health and substance use services. Our community needs assessment depicts the challenges facing all types of supports and services for people with mental health challenges. Because town/city budgets as well as state funded services and agencies have been affected there has been a reduction of many types of important resources for Connecticut residents.

While state officials and legislators may understand the value of providing mental health and addiction supports and services, the fiscal environment does not lend itself to supporting services amply. Offering choice is one of the most important components to a successful recovery journey. Individuals respond differently to services and supports, the concept of “meeting someone where they’re at”, where they are currently in their own journey is known as the most effective place to start. Most people have some desire or hope or dream no matter how much they are struggling and that is a key to helping someone move toward wellness. With appropriate community supports and services people with mental health conditions can thrive and lead active, meaningful, and productive lives.

As we have reported previously, there have been shrinking funds to support mental health and addictions over the last 10 years. Many people working in community mental health and addiction services have not received salary increases and agencies have been flat funded for many years. The Department of Mental Health and Addiction Services (DMHAS) has been able to offset/absorb the reductions as much as possible in previous years, this year was different. We recognize DMHAS’ fiscal astuteness and responsibility to the mental health and addictions services and supports through the years. These are definitely challenging times and this past budget process left DMHAS with \$50 million of reductions which has closed some services and reduced others. These are definitely challenging times and it is our hope that our analysis of the New Haven and Middlesex Counties lends support to preserve services and to review and fund less traditional, more cost effective and recovery focused services and support models in Connecticut.

We have seen a general increase in the number of people seeking DMHAS services over the past two years. There have also been some areas where the number of clients seen has been reduced. Both speak to the need for increased capacity and the possible reductions to capacity or shifting of resources.

In addition, there is an opioid/heroin epidemic with overdose deaths reported in all but 17 municipalities. There have been close to a hundred forums hosted by various stakeholders. It is causing tragedy after tragedy of people overdosing and the loss of lives to this powerful

addiction. There are a range of reasons as to the problem, however, the preservation of services and supporting newer peer interventions and services is essential. Community involvement is a lynch pin to successfully addressing this systemic issue as well. Education for physicians, the community and first responders on prescription medications and the use of NARCAN are also key to addressing the epidemic. The conversation on these issues has been propelled to the National level and funds are have been slightly increased from the Federal Government.

With the proper guidance and funding, improved access and individual recovery can lead people to fulfilling, successful lives in the community and society might not be so focused on illness but rather wellness.

The national health care law and policies have also put an emphasis of access to care for all Americans and a key factor in the model is the coordination of healthcare for individuals. Specifically, as it relates to mental health, the integration of medical care and psychiatric care is in the spotlight and there are many integration efforts underway at the state level.

Process/Data Sources

Every two years, the Department of Mental Health and Addiction Services (DMHAS) Quality Management Division is required to carry out a statewide needs assessment and priority planning process in order to capture needs and trends on the local, regional, and statewide basis. Regional Mental Health Boards (RMHBs) and Regional Substance Abuse Action Councils (RACs) assist in this process by gathering local and regional data and perspectives. Information gleaned from this process is used to inform the DMHAS Mental Health Block Grant and DMHAS biennial budgeting process as well as the planning and priority setting process for each RMHB and RAC.

Our findings and recommendations are presented to Commissioner Miriam Delphin-Rittmon and the DMHAS management team in a formal presentation in addition to this written report. We offer a comprehensive evaluation and recommendations for DMHAS to integrate into their 2016-2018 strategic planning and budget planning process.

After the initial meetings with Susan Wolfe, the DMHAS Director of EQMI, our regional team participated in the analysis of the provider survey data and began our outreach to the community. The survey was developed in collaboration with DMHAS and was the initial focal

point for this priority planning project. The survey was sent out to the provider community in Region II and we had 10 responses returned. These results were used as a comparative tool for our work, reviewing the provider's perspectives of the needs and barriers to service as well as their input on the overall system.

The Regional Board's Catchment Area Councils (CACs) discussed throughout the year their area of concerns in their individual meetings and gave input for the outreach to the community. The regional board and action councils gathered community input to engage referral agencies or persons, law enforcement, concerned citizens, citizen's organizations, and other members of our regional community in dialogues. There was a forum held in the Middletown area and other outreach was done in the six catchment areas within our region. There were individuals and groups/coalitions that informed our process, which include the Older Adult Workgroup, Keep the Promise Coalition, Connecticut Legal Rights Project (CLRP), town social service representatives, Coalition for a Better Wallingford, Focus on Recovery United (For-U), people with lived experience and their family and mutual supporters, Changing Mind Advocacy Group and multiple Opioid forums. The CAC membership includes consumers, concerned citizens, family members, and providers of mental health and addiction services. The 36 towns in our region are: Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Lyme, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven and Woodbridge. Throughout this project feedback was also collected by phone and personal interviews with individual members of the CACs, consumers, providers and town officials

The Regional Action Councils' continuously gather data which informs this planning process and report. This includes local prevention council meetings, school surveys, trainings conducted in the community settings, such as, Mental Health First Aid, Emerging Drugs, QPR & Connect trainings, forums, prevention and treatment committees, town hall meetings, and drug endangered children alliances. In addition, there were various collaboratives the RAC's are

involved in, such as, system of care, local implementation service teams, drug free community coalitions.

Overall, we find that the 2014 Priorities and Recommendations Report identified the status, concerns and recommendations for the areas key to improving the mental health and addictions service system, and that the report's findings and recommendations still stand as an appropriate priority planning guide. These include the concerns about access to services, appropriate housing, knowledge of the service system by providers and the public, emergency departments, insurance coverage, behavioral health in schools, the education of the general public, the Opioid Epidemic, and age specific challenges. There were successful models of care or practice that were highlighted as well such as MHFA trainings, Coordinated Care Teams (CCT), first responder education, Community Support Program (CSP) teams, and housing support models. . To the extent that progress has been made in their implementation, we encourage further actions to fully implement the recommendations. We include in this report the progress that has been made since 2014. Also, additional concerns, trends, new ideas for approaching challenges, and highlights of promising practices will be discussed as well. Areas of discussion in 2016 that generated recommendations are summarized below.

Overarching Issues / Barriers & Challenges:

Issue: The systems of care are overburdened and it leads people who are in need of mental health or addictions treatment to be underserved. Many people in the forums reiterated the lack of access to care after a discharge from the hospital, whether it was from an emergency department visit or a hospitalization. There was general frustration with the short amount of time a person is kept in the hospital when they have been brought in for either mental health or addiction visits. Participants said they did not feel if the person was discharged from the emergency room that a proper referral is being made for the patient. In addition, there is no mechanism in place for the hospital to know if the person has followed up for a visit on an outpatient basis. While it is understood that the hospital is not responsible for that type of follow up planning, it was brought forth as a big gap in the service system from the perspective of quality of care and better outcomes.

Recommendation: It is recommended that we place trained recovery support staff / coaches in the emergency rooms to assist the clients in compliance and follow through of discharge recommendations. We have heard from many of the forums that the time to act is critical when they are engaged in emergency services, crisis, or detoxing. This is a critical point for them to be engaged in the process until they can be placed in the next stage of treatment. Many times there is a gap from discharge into the appropriate level of care / treatment needed.

IT IS ALSO IMPORTANT TO NOTE THAT THE “YALE EMERGENCY DEPARTMENT-INITIATED BUPRENORPHINE/NALOXONE TREATMENT FOR OPIOID DEPENDENCE: A RANDOMIZED CLINICAL TRIAL” SHOULD BE IMPLEMENTED AS A MODEL PROGRAM. THE STUDY CAN BE FOUND HERE AT: [HTTPS://WWW.NCBI.NLM.NIH.GOV/PUBMED/25919527](https://www.ncbi.nlm.nih.gov/pubmed/25919527)

Another recommendation is to promote the hiring and use of the currently trained Recovery Support Coaches. These coaches promote recovery by serving as a guide and mentor for individuals with alcohol and other drug problems. This coach empowers the individual in their personal journey towards recovery by offering hope while providing advocacy, guidance, support, and knowledge. Recovery Support Coaches work with people in any stage of recovery - - persons with active behavioral health issues as well as persons in long-term recovery which includes medication assisted recovery. Currently, because these positions are not reimbursable these individuals are underutilized, yet a much more cost effective solution to bridging gaps, personalized services and connections to both the client and the services.

Issue: Young Adult Services:

According to NAMI the following statistics show the need for comprehensive mental health care and awareness in the young adult population.

Mental health issues are prevalent on college campuses.

- 75% of lifetime cases of mental health conditions begin by age 24.
- More than 80% of college students felt overwhelmed by all they had to do over the past year and 45% have felt things were hopeless.

- Almost 73% of students living with a mental health condition experienced a mental health crisis on campus.

Mental health issues are a leading impediment to academic success.

- 64% of young adults who are no longer attending college are not attending college because of a mental health related condition.
- 31% of college students have felt so depressed in the past year that it was difficult to function and more than 50% have felt overwhelming anxiety, making it hard to succeed academically.

College students are not seeking help.

- More than 45% of young adults who stopped attending college because of mental health reasons did not request accommodations.
- Overall, 40% of students with a diagnosable mental health conditions did not seek help.
- Concern of stigma is the number one reason students did not seek help.

These statistics were consistent with feedback received by the regional action council directors through their networks and interactions with community colleges, private colleges and state universities. The faculty and counseling center staff all reported that they have students presenting with more complicated issues than in previous years and they don't know what to do with them. In addition, they have students enrolled as part of their recovery plan but staff only becomes aware of this when a student is in crisis in the classroom. Additional concerns included the discussion of the school counseling centers varying in what they can offer and many times are not open or available in the evening, and parental notification and consent is another big issue. In addition, the community health centers are reporting the same issues.

Recommendations: Through the opioid forums held at local colleges and in the community, we have heard there is a need to develop more sober campus housing as well as sober social activities. In addition, it is recommended to support the Recovery High School model for high school students.

Increasing student supportive services is needed to provide services for addicted and recovering students and the dorms can help create a community in which these young people find support, safety and a sober environment. Resisting the urge to use when living among partying, drinking students is difficult if not impossible. Having a sober dorm is essential for the success of students in recovery.

Building a recovery high school in Connecticut is being proposed legislatively with the hope that this small but effective model can help adolescents in a supportive learning and recovery oriented environment.

Another recommendation is to work in partnership with community, State, and private colleges to develop Alternative Peer Group supports. The Alternative Peer Group (APG) model encompasses the necessary ingredients for successful treatment of adolescents struggling with substance abuse or drug addictions. This model was created in Houston, Texas about forty years ago. Alternative Peer Groups were created to address the emotional, psychological, spiritual and social needs of teens struggling with substance abuse.

The APG model integrates important peer connections with clinical practice through intervention, support, education, and parent involvement. The foundation of this model is the basic assumption that peer relationships, much like the ones that initiate and support drug and alcohol use, are necessary to facilitate recovery. The ultimate goal is to remove the adolescent from a negatively pressured environment and offer them a new group of friends that exert positive peer pressure and provide support for the necessary changes they need to make in order to recover. On college campuses this should be a peer run group that utilized several methods of recovery based principles.

Issue: Young Adults Housing

An issue discussed in key informant interviews, forums, trainings, and in meetings with seniors is the need to separate the mixed use housing. This issue is in regards to young adults living with seniors who each have very different social, medical and emotional needs. Young people report that it is not always a supportive environment with seniors who may be experiencing their own challenges with sobriety and mental health. Senior citizens report a wariness and suspicion of younger people.

Recommendation: Increased supportive housing for young adults in the community.

Supportive housing is a proven model shown to reduce hospital expenses, promote self-sufficiency and prevent homelessness. Besides housing units, adequate rental subsidies and support services are needed, including for individuals who are discharged from hospitals and released from correctional facilities, to provide stability and prevent re-institutionalization. It is

important to increase the number of units and services dedicated to young adults in the community. Collaborating with Partnership for Strong Communities is an effective way to understand proven solutions in this area.

Recommendation – Increased use of ASBIRT tool

Include consistent oversight of sober housing and licensing, training and supports.

Also include the following recommendation

Recommendation: Expansion of safe medication disposal. This needs to acknowledge the challenges senior citizens and the disabled to utilize the current system. Not all drop boxes are located at the police departments or are easily accessible for senior citizens/ disabled. We recommend the widespread dissemination of the medication disposal bags presented to us by DMHAS staff.

Police / Corrections

Issues: We are still experiencing relapse within the first 2 weeks of discharge as related to overdoses as well as suicide.

Recommendations: Expand the medication assisted therapies in the long term correctional facilities.

Highlight – In the past 2 years there has been increased in awareness and collaboration with law enforcement. There has been increased interest as well as increased training regarding mental health and substance abuse initiative.

Issue: In many discussions the issue of suicide and quick release from hospitals many times within four hours. In many communities tragedies have happened just hours or days after hospitalizations. First responders have echoed this same concern.

Recommendation: Also expand the zero suicide initiative throughout the state to more behavioral health settings.

Closure of CMHC in West Haven is concerning for over 250 were transferred to CMHC's New Haven site and people there are some people who are not being served because of the closure of the West Haven Campus adult site.

Higher intensity of medical and mental health issues have been reported in the Emergency Rooms in Middletown and New Haven.

Opioids – RAC directors and marijuana also

MAT – we recommend that legislation and curriculum is expedited to allow APRN's to prescribe Suboxen.

Additional:

Issue: Inpatient – not enough co-occurring beds. There is a struggle to get someone with a mental health issue into an inpatient bed because they can't manage the mental health issues. Long delays to get into services

Recommendation: Shift existing beds to be truly co-occurring beds.

Recommendation: Coordination – Community care team meetings to insure they are consistent across the state.