CT Department of Mental Health & Addiction Services
Prevention and Health Promotion Unit

Region 3 Priority Report
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Contributors

Michele Devine, MA: Executive Director
Angela Rae Duhaime, MA: Associate Director
Christine Miskell DVM, MPH

Community Needs Assessment Workgroup Members/Key Stakeholder Survey Respondents

Judith Allik	Barbara Lockhart
Hallie Axtell	Miranda Mahoney
Peggy Ayer	Kerensa Mansfield
Howard Beatman	Priscilla Melecio
Katie Bell	Christopher Mezzarone
Rayallen Bergman	Vicki Meyer
Romeo Blackmar	David Olsen
Paige Bogda	Holly Parker
Patricia Calvo	Angela Panzo
Adele Cyr	Michele Rawcliffe
Gina Gates	Peter Schultheis
Stephenie Guess	Laura Smith
Thomas Hope	Lynn Thompson
David Hume	Lisa Wasel
Mark Juhola	Deborah Walker
Brenda Kingsley	Carolyn Wilson
Maragaret Lancaster	Val Tebbets

Abbreviations

CBD	Cannabidiol
CDC	Centers for Disease Control
CNAW	Community Needs Assessment Workgroup
CT	Connecticut
CTSHS	Connecticut School Health Survey
CRS	Community Readiness Survey
DHHS	Department of Health and Human Services
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health
DPS	Department of Public Safety
DUI	Driving Under the Influence
ENDS	Electronic Nicotine Delivery System
HIV	Human Immunodeficiency Virus
LPC	Local Prevention Council
MVA	Motor Vehicle Accident
NHTSA	National Highway Transportation Safety Administration
NIDA	National Institute on Drug Abuse
NSDUH	National Survey of Drug Use and Health
PSA	Public Service Announcement

RBHAO	Regional Behavioral Health Action Organization
SAMHSA	Substance Abuse and Mental Health Service Administration
SDE	State Department of Education
SEOW	State Epidemiologic and Outcomes Workgroup
SPF	Strategic Prevention Framework
THC	Tetrahydrocannabinol
US	United States
YRBSS	Youth Risk Behavior Surveillance System

Executive Summary

The following report contains epidemiological profiles for nine issues outlined by the CT Department of Mental Health and Addiction Services (DMHAS) with data sourced from the national, state, and regional levels where available for CT DMHAS Region 3. 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 residents[1]. 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. While the median poverty rate for Region 3 is approximately 8% which is lower than the state rate of 10.4%, individual towns range from less than 1% to 28%. The veteran's population in the region is 8.10%. Across the 39 towns in the region 30% (range 19-41%) of individuals have less than a high school diploma. 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. In the spring of 2019, SERAC conducted several community needs assessment workgroups to review the available epidemiological profiles and rank the 9 priority issues for the eastern region of CT. Key stakeholders also participated in a survey on the adequacy and availability of services in the region. Respondents were also given the opportunity to provide feedback both in person and through confidential surveys on the areas for improvement across prevention, treatment, and recovery.

Priority Issues

Members of the CNAWs prioritized **mental health** issues as the top concern for the region. The conversation regarding mental health issues included topics such as depression and anxiety among youth and young adults as well as adults age 65 and older. Advocating for individuals and families with serious mental health issues was also discussed. Most members felt that risk factors related to mental health across all populations were also at the root of substance use disorders, problem gambling disorders, and suicide. The magnitude, impact, changeability, and the consequence of inaction all ranked very high. Efforts to build the capacity and readiness of the region to address mental health issues are needed.

The consequence of inaction regarding **suicide** was ranked as the top indicator for prioritization. Members also reported capacity and readiness as one of the highest factors in addressing suicide prevention. Among key stakeholders, suicide is seen as a preventable issue with opportunities for early intervention. It was also noted that the culmination of risk factors across mental health, substance abuse, and problem gambling place individuals at the highest levels of suicide risk.

Heroin is viewed as the issue with the highest impact on the region. It was also noted as having one of the highest areas for readiness and capacity. This is largely due to increases in heroin- and fentanyl-related deaths in the past few years. Local public health leaders have formed task forces to address heroin related deaths at the town level. Norwich, New London, Windham and Putnam have all developed local collaborations with police, hospitals, treatment providers, and social services to address barriers to accessing resources and distributing naloxone

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[1] CERC Town Profiles 2018 (CT Data Collaborative)

to prevent overdose deaths. As a result of the distribution of naloxone over the past couple years, local towns have recently begun to see a reduction in drug related deaths. The magnitude of the issue ranked fifth among all issues but showed one of the highest impacts, consequences, and readiness. It was acknowledged that the primary at-risk population is adults aged 18 and older.

Alcohol is ranked as the substance with the highest magnitude alongside marijuana use. For all other indicator's alcohol has moderate to high rankings from key stakeholders. Alcohol is still the most commonly misused legal substance among all populations. Prevention efforts are aimed at reducing underage drinking and youth access to alcohol. Less attention has been placed on the prevention and early intervention of youth ages 18-25 and binge drinking. Combined use of alcohol and prescription drugs among adults is a concern for drug related deaths.

The magnitude of **prescription drug use** was ranked lower than alcohol for the region. The highest concern was the consequences of inaction. CNAW members noted the progression from prescription drug use to heroin as a major concern. This is supported by the experimentation rates of prescription pain medications among youth across the region. However, the capacity to address prescription drugs has a slightly lower ranking in part due to the controlling agents of the supply at both the pharmaceutical and black-market production levels. Community members often report that this issue is challenging from a local and grassroots effort when combating risk factors such as Big Pharma and internet drug trafficking. Nonetheless, prescription drugs were ranked as the third substance of priority for the region falling above tobacco/nicotine, marijuana, and cocaine. More information and data are needed on the misuse of various types of prescription medications among subpopulations.

Tobacco had a much lower magnitude than the use of **ENDS**, however the readiness, capacity, and changeability is viewed as lower in the region. In fact, ENDS products ranked the second lowest in capacity and readiness among all priority issues. Local prevention councils and schools request training and informational sessions on "vaping" fairly regularly.

Marijuana was ranked the lowest for changeability and capacity/readiness of all priority issues. Members acknowledge that marijuana use has increased, and the perception of harm has decreased since the passage of decriminalization laws and the implementation of the state medical marijuana program. Marijuana use is also being consumed through ENDS and in edible forms making it more difficult to detect. Messaging regarding the harm associated with marijuana use is often challenged by youth and adult members of the public.

Problem gambling is viewed as the 2nd to lowest priority for the region. Members viewed problem gambling with a high consequence of inaction but the readiness/capacity for the region is low. Main challenges for problem gambling are the continued need to integrate problem gambling prevention into existing mental health and substance abuse prevention activities. Individuals primarily associate gambling behavior with the two casinos in the region. Awareness of other types of gambling that can also present risk factors for addiction are less well known, recognized or discussed. The low prioritization of problem gambling is likely related to low awareness of gambling behaviors as a whole. There is still denial and lack of acceptance of problem gambling as an addiction (often similar to the stigma associated with substance use and bad choices).

Cocaine was ranked as the lowest priority issue for the region. Members felt that cocaine use had one of the lowest magnitudes and impacts. It was also ranked as having the lowest consequence of inaction among the issues. Members seemed to be the least knowledgeable on the issue of cocaine use and its' social impacts. In May, Hartford convened a roundtable to discuss a cluster of overdoses that resulted from the combination of fentanyl and cocaine/crack

cocaine. Key leaders reported that they did not know of any local similar trends in the eastern region but recognize that poly substance use is a problem and drugs are often "laced" and mixed.

Emerging Issues

Over the past few years increasing concerns regarding the overlap of drug related deaths and suicide deaths has risen. In May 2019, DMHAS Commissioner presented on the issue at the SERAC Annual Prevention Conference and highlighted shared risk factors such as physical health problems, behavioral health, trauma/adverse childhood experiences, and social isolation. Demographics are also shared among the populations with regard to age, race, and gender (typical characteristics: white/Caucasian, middle age, and male). Another commonality among the populations is participation in a labor occupation. A common thread in reduction and prevention of negative behavioral health outcomes is through addressing traumatic and adverse childhood experiences. While cocaine use was ranked as the last priority issue for the region, anecdotal information suggests that cocaine use may be an emerging trend and a concern for the region. While marijuana and "vaping" did not rank among the top priority issues in Region 3 it is an emerging trend among adults and youth. Informal observations have confirmed that confiscated electronic nicotine delivery systems have tested positive for THC in multiple local school systems. The promotion and availability of cannabidiol (CBD) products in the state and region has presented some concerns regarding the distinction between pure CBD products and those that may also contain tetrahydrocannabinol (THC). Inconsistent information is available to the public and there are limited ways to ensure product efficacy. Mohegan Sun Casino and Foxwoods Casino are both located in the southern sub-region. While casino expansion remains a risk factor for problem gambling disorder, efforts to expand gambling through online venues such as iLottery present a unique risk to individual subpopulations such as youth, college students, and those without transportation. Sports betting continues to be an emerging trend among youth and college populations. The eastern region of CT has seven collegial institutions: University of CT, Connecticut College, Eastern CT State University, Coast Guard Academy, Three Rivers Community College, and Quinebaug Valley Community College, and Mitchell College.

Key Stakeholder Response Summary

In April 2019, SERAC initiated a survey of reached out to key community stakeholders to request their feedback about the state of the behavioral health system in DMHAS Region 3. The survey included questions about prevention, treatment and recovery services for substance use, mental health and problem gambling. A total of 16 responses to the survey were received. Respondents represented a wide range of sectors including mental health and substance use treatment providers, law enforcement, schools, youth-serving organizations, non-profit organizations, and prevention coalitions.

Available substance use prevention services and mental health promotion services were considered to be very appropriate or somewhat appropriate by the majority of respondents (69% and 67% respectively). Perceptions of the appropriateness of substance use and mental health treatment and recovery services tended to be more evenly distributed across the spectrum of very appropriate to very inappropriate. The largest percentages of respondents considered problem gambling prevention, treatment and recovery services to be appropriate.

Most programs, strategies or policies that respondents report most wanting to see with regard to substance use, mental health and problem gambling tend to fall in the following common categories:

1) Access to treatment: Early identification, more providers/facilities, school-based services)
2) Treatment options: Evidence based, greater variety, alternative therapies
3) Education to raise awareness
4) Policy and Advocacy: Impact of new laws in other states, reducing duplication of services, ensuring money is put toward prevention and treatment

Specific issues of concern include electronic cigarettes/vaping, suicide and prevention and video game-based gambling.

Respondents expressed concerns about the general lack of beds, providers and support groups in the area. Specifically, respondents reported a need for more detox beds, more follow-up care including supportive housing and treatment following discharge. They also expressed specific concern about lack of adequate substance use and mental health treatment services for children and youth. Respondents reported a need for community groups, peer support and drop in services for substance use, mental health and problem gambling. Respondents also emphasized a need to access to alternative therapeutic modalities as well as supportive services such as employment, housing and transportation. Respondents view the RBHAO structure including SERAC and Local Prevention Councils as a strength of the substance use, mental health and problem gambling service systems in the region. They also recognize the value of current campaigns aimed at reducing stigma related to these issues as a strength. The availability of peer support programs is also considered a strength of the current system.

Respondents were asked to identify particular sub-populations not being adequately served by the current system. The top identified groups for each system are listed below.

- Substance use system: youth ages 14-17(50%), young adults 18-25(31%) and adults 65+ (31%)
- Mental health system: youth ages 14-17 (50%), sexual orientation (44%), transgender individuals (44%)
- Problem gambling system: Adults 65+ (31%), Youth 14-17 (19%), military (19%), ESOL (19%)

Emerging issues and opportunities identified by respondents include vaping and electronic cigarettes, changing technology, alternative therapies, peer support programs and changing laws.

Recommendations

Substance Abuse/ Misuse
- Increase awareness and education to reduce access to and availability of alcohol, heroin, prescription drugs.
- Target ages 14-25, 65 and older as well as LBGTQ populations.
- Expand providers and availability of individual therapy.
- Increase availability for long-term inpatient and residential facilities.
- Increase recovery services for youth and young adults.

- Increase recovery supports beyond faith-based model of AA.
- Increase adequate housing supports.

Mental Health

- Local workforce training/education to build capacity.
- Target awareness and education for ages 14- 25 and LBGTQ populations.
- Increase capacity for co-occurring treatment across the region.
- Increase early screening in primary care, school, and community-based services.
- Increase capacity to implement trauma informed care and services.
- Increase mental health recovery support groups for all ages.

Problem Gambling

- Increase education and awareness of problem gambling for older adults.
- Create a targeted campaign for enlisted military and their families.
- Increase availability of problem gambling treatment services in the north sub region.
- Increase access to gambling recovery support groups region wide.

Systems/Other

- Integrate mental health, prevention, and the strategic prevention framework model.
- Increase collaboratives to address adult issues around behavioral health (currently limited to opioid treatment or overdose prevention).
- Increase support for culturally competent recovery models.