DMHAS REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATION (RBHAO) REGIONAL PRIORITY REPORTS: PROCESS AND RESULTS

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The DMHAS Regional Priority Report Process

Background:

SAMHSA Substance Abuse Prevention and Treatment Block Grant and Mental Health 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**.

Purpose of the DMHAS Regional Priority Report

The **RBHAO Regional Priority Report** is designed to:

- provide a thorough description of substance use, problem gambling, and mental health problems, including suicide, among the various populations (overall and subpopulations) in a region;
- describe the current status of instances of the substance use problems, problem gambling, and mental health issues, including suicide, in the region and examine trends over time where possible;
- identify characteristics of the general population and of populations who are living with, or at high risk for, substance use and mental health problems, suicide, and problem gambling in the regions and who need primary and secondary prevention or health promotion services;
- provide information required to conduct prevention needs assessments and gap analyses for substance use and mental health problems, suicide, and problem gambling;
- Define regional priorities, resources, assets and subpopulations at increased risk for behavioral health issues, and make recommendations on addressing regional gaps and needs, as well as health disparities.

How Regional Priority Reports are Used

- To set priorities among populations who need behavioral health prevention, treatment and recovery services;
- To provide a basis for determining emerging needs, projecting future needs, and identifying health disparities;
- To inform a comprehensive strategic plan;
- To increase general community awareness of substance use and other behavioral health problems;
- To support leveraging of funding;
- To respond to public data needs (e.g., providers, educators, funding agencies, media, policymakers);
- To enhance membership of planning or advisory groups to be more demographically representative and/or more responsive to priority needs of the region.

The Process

1. Identify regional behavioral health priority setting workgroup (RBHPSW) 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 RBHPSW and select priorities;
9. Prepare comprehensive report, utilizing specified report template;
10. Submit and disseminate report. Submission deadline: June 30, 2019.

Step 5. Preparing Epidemiological Profiles by Problem/Substance: The Process

- ❑ **Focus on magnitude and impact;**
- ❑ **Use local and comparative data;**
- ❑ **Include data on risk factors, Mental Health and Substance Abuse Block Grant target and priority populations, and other subpopulations at increased risk;**
- ❑ **Identify data gaps and additional data needs;**
- ❑ **Address community/regional capacity/strengths/assets;**
- ❑ **Consult data resources provided by CPES, and seek technical assistance from CPES as needed.**

State and Local Data Used in the Priority Setting Process

- YRBSS/CT School Health Survey (DPH)
- CT Youth Tobacco Survey (DPH)
- Behavioral Risk Factor Survey (DPH)
- Crash Repository data (DOT)
- State Census Data/American Community Survey (CTData)
- EDSight data (SDE)
- Arrest/UCR data (DESPP)
- Overdose death data (OCME)
- Treatment data (DMHAS, local sources)
- Community Wellbeing Survey (DataHaven)
- CPMRS data (DCP)
- Open Data Portal data (OPM)
- Community survey data (SERAC)
- Mortality data (DPH)
- NSDUH (SAMHSA)
- Tobacco retailer compliance (DPH, DMHAS)
- Community Readiness Survey (CPES/DMHAS)
- Hospital and ED data (CHA, DPH)
- Gambling Helpline calls (DMHAS PGS)
- Suicides (DPH)

Title

Problem Statement

Supporting Data: Magnitude

Data Representation

Data Source

Supporting Data: Populations At Risk

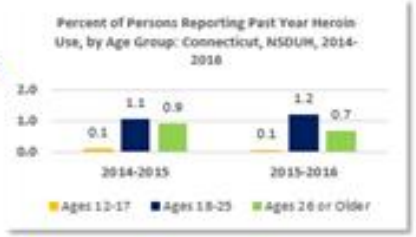
Supporting Data: Burden

Heroin

Heroin, an opioid drug made from morphine, is either injected, snorted, or smoked. Opioids are drugs that activate opioid receptors, including opiates, heroin, and synthetic opioids. Heroin is a highly addictive drug and its abuse has multiple medical and social consequences.

Magnitude
According to the 2015-2016 National Survey on Drug Use and Health (NSDUH), less than one percent (0.71%) of Connecticut residents 12 or older have used heroin in the past year which, while seemingly low, is almost three times the national average (0.33%). The rate is also higher than the Northeast average (0.46%). The highest prevalence is among young adults aged 18-25 years old (1.21%), followed by adults aged 26 or older (0.70%), and then adolescents (0.07%).

Figure 1. Heroin use by age group



Source: SAMHSA's National Survey on Drug Use and Health (NSDUH) 2014-2016.

Risk Factors and Subpopulations at-Risk
People who are addicted to other substances are more likely to meet criteria for heroin use disorder; people who are dependent on alcohol are two times, marijuana three times, cocaine 15 times and prescription drugs 40 times more likely to become addicted to heroin compared to non-users. According to youth reports, males and Hispanics are at higher risk for using heroin at least once in their lifetime.

Burden
In 2016, heroin was involved in 494 overdose deaths, the highest number since 2012. Multi-drug use is prevalent among Heroin users. 55% of all Heroin-involved deaths involved Fentanyl as well. A small number of heroin users are controlled prescription drug (CPD) users. It is estimated that about 23% of individuals who use heroin become dependent. According to the 2015-2016 NSDUH, 8.47% of CT residents, 12 or older, reported needing but not receiving treatment at a specialty facility for Substance Use in the past year. Of all Connecticut Substance Abuse treatment admissions in 2016, 36.7% were for heroin as the primary substance.

People who inject drugs are at risk for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infection through the sharing of needles and drug-preparation equipment. Other social consequences of Heroin use include property crime, unemployment, disruptions in family environments, and homelessness.

Figure 2. Heroin-involved Death by CT Towns

Source: CT Office of Chief Medical Examiner (OCME), 2016.

Supporting Data: Local level

Capacity and Service System Strengths
There are currently 24 publicly funded methadone treatment centers in Connecticut, across the five regions. (DMHAS 2017), as well as MAT providers across the state. MAT has proven to be very effective as part of a holistic, evidence based treatment program that includes behavioral, cognitive and other recovery-oriented interventions, treatment agreements, urine toxicology screens and checking of PDMP (Beacon Health (2015).

Supporting Data: Capacity/Strengths

Figure 3. Map of Publicly funded MAT Treatment in CT

Source: CT Behavioral Health Partnership

Prioritization: The Process

6. Identify strengths, services and resources, gaps, and needs

- ❑ Assess Regional Capacity, Strengths, and Limitations
- ❑ Focus on regional resources and gaps
- ❑ Utilize these elements in your prioritization process

7. Understand and utilize criteria for selecting priorities

- ❑ Consider Magnitude, Impact and Changeability, and Readiness
- ❑ Also Consider Community Strengths, Resources, Gaps, and Needs
- ❑ Utilize a Priority Ranking Matrix Based on Established Criteria
- ❑ Make Sure RBHPSW Members Understand and are On Board with Prioritization Criteria and Process

8. Convene RBHPSW and select priorities

- ❑ Review Prioritization Process and Criteria with the Workgroup
- ❑ Present Data in User-Friendly Formats
- ❑ Engage the Workgroup in Discussion of Data Limitations, Gaps, Contextual Factors, and Other Questions the Data Raise
- ❑ Establish Plans to Fill Data Gaps and Answer Questions Raised by the Workgroup
- ❑ Conduct Ranking and Prioritization According to Established Criteria
- ❑ Allow Enough Time to Complete the Process

RBHPSW (Workgroup) Priority Ranking Matrix

PROBLEM	MAGNITUDE	IMPACT	CHANGEABILITY	CAPACITY/ READINESS	CONSEQUENCE OF INACTION	TOTAL	Mean Ranking Score:
Alcohol							
Tobacco							
Electronic Nicotine Delivery Systems (ENDS), vaping, juuling							
Marijuana							
Prescription Drug Misuse							
Heroin							
Cocaine							
Problem Gambling							
Mental Health Issues (specify as applicable)							
Suicide							

SCALE:
1=Lowest
2=Low
3=Medium
4=High
5=Highest

The Regional Priority Report: Core Questions

To be useful, the regional priority report should answer several core epidemiological questions:

1. What are the sociodemographic characteristics of the general population in the region?
2. What is the scope - magnitude and impact - of substance use, mental health issues, suicide, problem gambling, and related problems in the region?
3. What are the relevant risk factors associated with these problems in the region?
4. What subpopulations are at greater risk of substance use and mental health problems, suicide, problem gambling, and related problems in the area?

It should also answer questions specific to planning needs, such as:

- What services are available for affected persons in the area, and what services are being done well, meeting a priority need, or showing positive results?
- What evidence-based services, system changes, or collaboration might increase the region's capacity to address the problem?

Intents and Purpose of Provider Surveys and Focus Groups

Provider Surveys:

- Assess service substance use and mental health system:
  - Needs
  - Emerging issues
  - Challenges
  - Impacts to the system
  - Strengths, assets, capacity
- Inform recommendations for improvement of the service system

Focus Groups:

- Collect perspectives on:
  - Service accessibility
  - Quality
  - Needs
  - Service system strengths
  - Barriers to service provision, access
- Inform suggestions for improvement, and to strengthen prevention efforts

Regional Stakeholder Questions

How appropriate are available services to meet the needs of:

- substance use prevention, treatment and recovery?
- mental health promotion, treatment and recovery?
- problem gambling prevention, treatment and recovery?

What prevention program, strategy or policy would you like to most see accomplished related to:

- substance use? mental health? problem gambling?

What treatment levels of care do you feel are unavailable or inadequately provided:

- related to substance use? mental health? problem gambling?

What adjunct services/support services/recovery supports are most needed to assist persons with:

- substance use issues? mental health issues? problem gambling?

What would you say is the greatest strength/asset of the:

- substance use prevention, treatment and recovery service system?
- mental health promotion, treatment and recovery service system?
- problem gambling prevention, treatment and recovery service system?

Are there particular subpopulations (for example, veterans, LGBTQ, Latinos, etc.) that aren't being adequately served by the:

- substance use service system?
- mental health service system?
- problem gambling service system?

What are the emerging prevention, treatment or recovery issues that you are seeing or hearing about:

- substance use issues? mental health issues? problem gambling?

Are there opportunities for the DMHAS service system that aren't being taken advantage of (technology, integration, partnerships, etc.)?

Regional Priority Reports: Results

Priority Substances

Priority	Region 1	Region 2	Region 3	Region 4	Region 5
1	Mental Health	Mental Health	Mental Health	Alcohol	Mental Health
2	Prescription Drugs	Suicide	Suicide	Anxiety	Alcohol
3	Alcohol	Prescription Drugs	Heroin	Depression	Heroin
4	Vaping/Tobacco &	Alcohol	Alcohol	Trauma	Prescription Drugs
5	Heroin &	Heroin	Prescription Drugs	Prescription Drugs	ENDS &
6	Suicide	ENDS	Tobacco/ENDS	Heroin	Suicide

Priorities in Top 3

Mental Health (5 regions)

Alcohol (3 regions)

Suicide (2 regions)

Prescription Drugs (2 regions)

Heroin (2 regions)

Regional Priority Reports: Emerging Issues

	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5
Substance Misuse	• **Vaping *in teens/young adults* (nicotine and cannabis)** • **Low perception harm** for marijuana, other substances • Increased use of **PCP** and **cocaine**	• **Vaping (nicotine and cannabis)** • **low perception of harm** • Increased use of **cocaine**, **PCP**, **benzodiazepines** • **Legalization of recreational marijuana**	• Rise in drug related deaths • **Vaping (nicotine and cannabis)** • Increased use of **cocaine** • **availability of CBD and lack of THC regulation**	• Increase in fentanyl deaths • **Vaping** • **Low perception harm** for ENDs	• **Vaping (nicotine and cannabis)** • **Low perception harm** • Increased use of **benzodiazepines** • Increased use of other illicit drugs (LSD)
Mental Health/ Suicide	• Increase in **suicides** • Mental health disorders increasingly dramatic in ***teens/young adults*** • Increased use of psychiatric meds, benzodiazepines/ antidepressants	• **Suicidal ideation *early ages*** • **Trauma** induced behavioral health & substance misuse issues in family systems • Severe emotional disturbance/ psychiatric disorders @ ***early ages*** • Social media and MH concerns (increases in **anxiety**, depression)	• Increase in **suicides**	• Increase in ***youth anxiety***	• Increase in **suicides**
Problem Gambling		• **Gaming** and gambling among ***college population***	• Casino expansion • Increase in **sports betting**	• Increase in **sports betting** and **gaming** • Internet and phone addiction	• Internet **gaming**

Regional Priority Reports: Recommendations

Substance Misuse

Prevention

- Adapt, share locally developed campaigns to address common priorities
- Support development of youth trained to conduct compliance checks
- Provide education on marijuana use to address potential legalization
- Support community-level prevention around ATOD
- Expand DRE officers training
- Educate around ENDs, develop consistent school policies
- Raise awareness among families - social hosting, availability of alcohol and Rx drugs.
- Continue efforts to reduce opioid overdose

Treatment

- Work with key stakeholders (CHIPs, Comm. Care Teams, housing providers) to problem solve around alcohol abuse, esp. among those not ready for treatment
- Educate physicians and community members around the value of MAT and other evidence based practices
- Encourage providers to expand to treat children/teens.
- Raise awareness about use and risks associated with prescription medications (including benzodiazepines)
- Increase access to individual therapy
- Increase number of local long-term facilities
- Continue to provide Naloxone trainings

Recovery

- Encourage sober houses to meet national standards, be listed on CT Addiction Services website
- Expand access to supports including SMART Recovery and Recovery Coaches
- Increase recovery services for youth and young adults
- Increase housing supports

Regional Priority Reports: Recommendations

Mental Health

MH Promotion/Suicide Prevention

- Coordinate and expand regional suicide network of care
- Explore Alternatives to Suicide support group
- Expand training and training capacity- QPR, Mental Health First Aid, etc.
- Expand screening for MH, suicide, trauma
- Advocate for social emotional education initiatives
- Publicize Crisis Text Line
- Adjust surveys to address anxiety

Treatment

- Increase access to treatment and medication (explore: mobile + tele-health)
- Improve discharge planning: educate inpatient providers about community resources for treatment, support services, case management etc.
- Support education for providers (and shelter/housing providers) to better understand and serve mental health and trauma
- Explore options to create First Episode Psychosis program in each region
- Increase co-occurring capability
- Increase suicide bed availability and treatment services for youth

Recovery

- Create sustainable source of facilitators and training for support groups to increase # support groups
- Create postpartum depression supports
- Expand recovery support specialists and recovery coaches

Regional Priority Reports: Recommendations

Problem Gambling

Prevention

- Build capacity to prevent problem gambling and provide training
- Improve awareness and outreach, target risk subpopulations
- Provide education about gaming addiction and sports betting
- Expand screenings to incorporate gambling

Treatment

- Promote awareness of services and Problem Gambling Hotline
- Educate providers about gambling and gaming
- Expand treatment services in regions where problem gambling is increasing

Recovery

- Expand gambling support groups
- Expand recovery coaches

General recommendations:

- Have a better coordinated system of all behavioral health issues in all schools
- More targeting to specific subpopulations at risk- youth, LGBTQ

Regional Priority Reports: Process Outcomes and Lessons Learned

- Regions took differing approaches to the prioritization and report development process and organization;
- Stand-alone executive summaries would be beneficial for dissemination;
- **Development of the epidemiological profiles took a lot of the time/effort;**
- **Data capacity differs across regions;**
- **Limited data availability at the town/regional level was a challenge;**
- **There is a need for more and better mental health data at the state and local level;**
- **Mental health is too broad an epidemiological profile category;**
- Shared risk factors across substances/issues should be highlighted.

Regional Priority Reports: Next Steps

- Feedback to and from the RBHAOs;
- Re-vamp the guidance document based on feedback and lessons learned;
- **Develop a set of epidemiological profiles that regions can customize;**
- **Conduct outreach to bolster town/regional level data;**
- **Explore and expand mental health data offerings;**
- **Create Regional Data Stories as a basis for data capacity building;**
- **Develop a regional data dashboard to support RBHAO and DMHAS planning.**