

**SOUTH CENTRAL
REGION**

**SERVICE PRIORITIES AND
RECOMMENDATIONS**

May 2008

Submitted by:

South Central Regional Mental Health Board

SUBSTANCE ABUSE TREATMENT

RANK # 1 ACCESS TO CARE / CASE MANAGEMENT

Recommendation:

Provide a statewide coordinated system of care with informed access points (case management) that assists clients in the navigation of the system. Navigating the system continues to be a barrier despite positive changes in the past few years.

Rationale for Recommendation:

This recommendation is based on information from focus groups, online surveys, discussions with counselors, educators and other professionals, and families in need of services who cannot find available services or encounter waiting lists. Clients, particularly those involved with the court system and/or DCF, report a need for more flexible treatment options that are coordinated with transportation availability.

Strategy 1:

Develop a network of services that can move the client through the continuum of care in a more efficient manner within the region.

Strategy 2:

Expand treatment services and access to those services for emerging populations, including seniors.

Strategy 3:

Expand culturally and linguistically appropriate services, particularly for the Hispanic population in the region.

System Changes Needed:

Access to all levels of care should be easily accessible to all clients in the region. Methadone services, in particular, are limited in the region.

Smoking cessation services are limited to all age populations.

Interagency Collaboration Required:

DMHAS, SDE, DCF, DOC, OPM, community providers

SUBSTANCE ABUSE TREATMENT

RANK # 2 SERVICES FOR YOUNG ADULTS AND YOUTH

Recommendation:

Provide access to consistent behavioral health services for young adults ages 16-25.

Rationale for Recommendation:

This recommendation is based on information from focus groups, on line surveys, discussions with counselors, educators and other professionals, and families who have members in need of services who cannot find available services point to the gaps in service for this population.

Information was received from young adults, not covered by parent's insurance, who needed easy access to services. Young adults, not covered by parents' insurance, tended to work in jobs that did not provide health benefits and/or whose income was not adequate to pay the required employee share of medical benefits. These individuals tend to not carry medical coverage and resort to emergency room visits when necessary. Behavioral health services tend to be overlooked/untreated at the earliest stages when care could be most beneficial.

Strategies:

Provide coordinated on-going assessment, early intervention, counseling and support groups, along with other basic skills in a variety of setting including schools, alternative education sites, and businesses.

Provide affordable/subsidized behavioral healthcare for targeted population through coordinated services of schools, small businesses and community providers.

Service Options:

Provide early identification and screening services for substance use in schools and universities.

Provide in-school suspensions for alcohol/drug abuse that focus on drug awareness, stress reduction, and anger management with services provided to the identified students.

System Changes Needed:

Insurance companies/healthcare systems need to provide behavioral health services to the young adult population that may be un/underinsured.

Interagency Collaboration Required:

Schools, treatment providers, insurance companies, state health systems, DMHAS, DCF, SDE, labor unions

SUBSTANCE ABUSE TREATMENT

RANK # 3 TRANSPORTATION

Recommendation:

Have a task force (persons in recovery, treatment site representatives, DOT, DMHAS) identify the specific needs in the region for transportation by day and hour and develop a comprehensive plan to address the issue. Expand the number and variety of transportation sources in the region.

Rationale for Recommendation:

This recommendation is based on focus groups, on line surveys, discussions with counselors, educators and other professionals, and families who have members in need of services who cannot find available services with ready access by public transportation. Public transportation schedules do not match the times needed to access recovery/treatment services. The current systems are not flexible or comprehensive.

Strategy 1:

Increase the funding to treatment centers to provide expanded transportation services to clients.

Strategy 2:

Expand consumer run transportation systems based on lessons learned by similar systems in CAC#10 and CAC #7.

Strategy 3:

Explore non-public sources of on-demand services with local organizations based on the experiences that groups

Service Options:

Work with the adult education programs to provide some of the above listed needs

Interagency Collaboration Required:

DMHAS, DOC, DCF, DOT, local transportation systems both private and public

SUBSTANCE ABUSE PREVENTION:

RANK #1 LACK OF ADEQUATE AND STABLE FUNDING FOR SA/MH PREVENTION

Recommendation:

A statewide coordinated focus on the need for prevention services at all levels needs to be a priority across several state departments and State government.

Rationale for Recommendation:

This recommendation is based on focus groups, on line surveys, discussions with counselors, educators, treatment and prevention professionals, community services and community funding sources. They indicate that prevention funding is often seen as “an extra” when dollars for social services are tight. Prevention professionals are spending and increasing amount of their time seeking funding to support services in the community.

Strategy 1:

Institute a statewide SA/behavior student school survey to provide coordinated data to inform decision making on funding and programming for prevention and treatment.

Strategy 2:

Proactive advocacy by local and statewide groups should be coordinated to inform the Legislature and Governor on the need for and fiscal benefits of providing prevention services across the lifespan.

System Changes Needed:

State departments and community providers need to work together to gather the data necessary to inform the Governor and Legislature of the need and value of investment in prevention services.

Interagency Collaboration Required:

DMHAS, DCF, ADPC, SDE, LPCs, RMHBs, RACs, GPP, community providers

SUBSTANCE ABUSE PREVENTION

RANK # 2 LACK OF COMMUNITY UNDERSTANDING OF PREVENTION ACROSS THE LIFESPAN

Recommendation:

An increase in the education and outreach to communities concerning prevention, particularly the efficacy of environmental strategies, needs to support at all levels in CT.

Rationale for Recommendation:

The recommendation is based on discussions with prevention and treatment professionals; online surveys; focus groups with school personnel, and the assessments conducted by the RACs. Although the RACs and LPCs, along with the Resource Links, continue to work with and for communities to educate and implement prevention strategies, more work is needed.

Strategy 1:

Provide information and education across the lifespan on prevention and intervention to reach the youngest children and parents as well as the growing number of senior citizens who influence not only their families, but are facing SA/MH issues themselves as they age.

Strategy 2:

Provide locally based culturally appropriate parenting support groups those link local resources that provide a wide variety of treatment and prevention services.

Interagency Collaboration Required:

RACs, DMHAS, SDE, DCF, LPC, local providers, local governments and school systems, senior centers and support services, Area Agency on Aging

SUBSTANCE ABUSE PREVENTION

RANK # 3 LACK OF CONSISTENT QUALITY PREVENTION PROGRAMMING

Recommendation:

Development of a curriculum on substance abuse and mental health that is implemented with consistency by qualified, trained professionals across the state.

Acceptance and resource commitment to long-term best-practice, evidence-based programming at CT department and legislative levels.

Rationale for Recommendation:

The recommendation is based on discussions with focus groups and various professionals from treatment, social service and prevention fields: online surveys.

There is a lack of consistency (message, curriculum, implementation, and quality) between school systems and age groups on the curriculum provided in schools.

Although science-based curriculum is promoted, local organizations and schools lack the training and resources to implement the curriculums on a consistent basis and often end the programs when funding becomes an issue.

Strategy 1:

Create a state task force of medical, treatment, and prevention professionals to research and study substances/prevention approaches and make recommendations to the Governor's office concerning appropriate actions to take to maintain the health of our state's residents.

Strategy 2:

Provide affordable access to and training on best practices and science-based curriculums to a wide variety of organizations with emphasis on how to sustain and integrate programming into ongoing offerings.

System Changes Needed:

Implementation of science-based curriculums is expensive and requires a longer-term commitment to be successful. State funded pilot programs need to be expanded and sustainability should be built into the design of the programs.

Interagency Collaboration Required:

Races, LPCs, DMHAS, SDE, DCF, OPM, CT Legislature, local governments and school systems, local youth-serving agencies

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE

RANK # 1 EARLY INTERVENTION, SCREEN AND COMMUNITY AWARENESS

Recommendation:

A statewide program to inform and educate medical professionals and medical personnel on screening all patients from SA/MH issues should be instituted. Brief intervention models should be provided and taught to persons in the medical and health professions.

Community awareness campaigns should focus on the needs of the population and combat the continued “stigma” associated with a behavioral health diagnosis.

Rationale for Recommendation:

The recommendation is based on focus groups, on line surveys, discussions with counselors, treatment and prevention professionals, community services and medical personnel.

Intake professionals need to assess for substance abuse, gambling addiction and mental health issues when admitting individuals to mental health facilities or substance abuse facilities to identify co-occurring disorders immediately.

Primary care and pediatric doctors and nurses need continuing education and support to include screening and brief intervention methods in their contact with patients.

Brief interventions by qualified medical personnel have been shown to be effective in changing smoking behavior.

Strategy 1:

Provide education to medical students and ongoing information to doctors on the benefits of including screening and intervention for SA/MH should be provided.

Strategy 2:

Train doctors and ER personnel on screening and brief intervention techniques with regular follow up to support their continued use and solicit feedback on the best ways to facilitate this.

Strategy 3:

Provide education to the larger medical field (LPN, nurses aides, etc.) on the value of using screening and intervention techniques followed by providing follow-up referrals when warranted.

Strategy 4:

Provide community awareness campaigns on the prevalence of co-occurring disorders with the intent to combat the stigma that is associated with substance use and mental illness.

Service Options:

Medical doctors and hospital personnel should be encouraged to refer individuals, who show signs of MH or SA issues, to treatment facilities

Systems Changes Needed:

All treatment and medical professionals need to be educated to the fact that few individuals suffer from either mental health or substance abuse exclusively.

Interagency Collaboration Required:

Doctors, hospitals and treatment facilities, DMHAS, DPH, OPM, AMA, CT Academy of Pediatrics, RACs, NAMI, RMHB, health care training programs

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE

RANK # 2 LACK OF INSURANCE COVERAGE/ACCESS TO SERVICES FOR SPECIFIC POPULATIONS

Recommendation:

Provide access to consistent behavioral health services for young adults ages 16-25.

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Strategies:

Provide coordinated on-going assessment, early intervention, counseling and support groups, along with other basic skills in a variety of setting including schools, alternative education sites, and businesses.

Provide affordable/subsidized behavioral healthcare for targeted population through coordinated services of schools and community providers.

System Changes Needed:

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Interagency Collaboration Required:

Schools, treatment providers, insurance companies, state health systems, DMHAS, DCF, SDE, labor unions