Regional Legislative Forum Infobrief – 1/30/23
Catchment Area Council SW CT

Thank you for your attendance to our Regional Legislative Forum on January 30th, 2023. We appreciate your time, support and contribution to our conversation. We hope that you will address our legislative priorities in your policy work and keep our behavioral healthcare system in mind. Please know that we are here as a resource to you!

Forum Recording:
https://www.youtube.com/watch?v=JYw7sZfLZMI&ab_channel=TheHubCTInfo

View our Advocacy webpage to review our Connecticut Prevention Network (CPN) Public Policy Priorities and to review our Regional Legislative Forum Powerpoint slides:

https://www.thehubct.org/advocacy

Legislative Priority: Early Identification and Connection to Behavioral Health Resources for Youth and Young Adults

- 49% of youth in CT aged 12-17 who have depression did not receive any care in the last year, and of those that did, 70% received it in school
- The number of risk-assessments & 211 calls in local schools have increased exponentially in the last year.
- The COVID 19 pandemic has clearly contributed to the erosion of community and connectedness, with high turnover rates of school staff and increased absenteeism of students. With this high level of turnover and burnout, the capacity of available and willing staff to provide the level of support needed in the building is compromised.
- We recognize that a brain under stress is less available to learn, and that relationships are central to providing students with a sense of safety and willingness to take risks in learning. This is a factor not only for our students, but for our staff.
- Of note is that the use of exclusionary discipline (e.g., out of school suspension) has increased in the last year. While this may be merely due to lack of available staff, our most vulnerable students continue to feel a lack of engagement and/or belonging.
- Universal screening is essential to prevention; we need to cast a wider net, both in schools and through our medical providers (e.g., pediatricians).
- When we take our children to the pediatrician, we are asked questions about lead and/or guns in our homes. It is essential that we are also asked questions about risk factors for trauma, anxiety, and/or depression. It is essential that these questions are asked explicitly, and the responses listened to actively.
- The DESSA has been made available via a state level partnership between CSDE and Aperture since Fall 2021. The DESSA is a strengths-based universal screening tool, and aligned with the Collaborative for Academic & Social Emotional Learning. To date, just five districts in Fairfield County have opted to participate.
- Common myths and/or misconceptions that may prevent districts from considering universal screening include: cost, concerns about privacy, lacking necessary resources/staffing to support all students who are identified as at-risk.

- Universal screening leads to timely access to support and treatment, and minimizes the chance that individuals will struggle long-term with mental health.
- There are also resources available in the community, and many barriers to access. In our current climate, schools have been asked to be all things to all people. Universal screening can help us better understand the needs of our communities, and better advocate for ALL students from a preventative perspective.
- Prior legislation passed in July 2022 will require districts to report annual staffing ratios of mental health professionals to students. Even in places where staffing ratios are adequate, the level of need surpasses capacity.
- At the end of the day, many hands make light work, and you don't need to be a therapist to be therapeutic. We need all hands on deck.
- Even if we conduct universal screening 3X a year, as recommended, acute crises render our youth vulnerable. Thus, annual training efforts to increase suicide awareness are another layer of prevention. We need to continually reflect on how we provide ongoing support to individuals at risk, whether based on self-report, or in the aftermath of a loss to suicide in a community.

Our Asks:

- Support universal screening for mental health in schools AND medical offices for youth and adults.
- Annual suicide prevention training for school staff AND youth, with reporting accountability.
- Dedicated multidisciplinary team at the district or school level to support mental health promotion efforts in our districts, with participation in community-based organizations, collaboratives, etc.
- Established MHP:student staffing ratio recommendations for schools, with increased funding to support universal programming to support ALL students in the district.

Speakers:
Dana Bossio - Regional Trauma Coordinator & School Psychologist, C.E.S.
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Dan Smith - Vice President, Mountainside & President, CT Alliance of Recovery Residences
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Please review this segment in our recorded forum (22:00) or contact Dana Bossio and Dan Smith for more information.

Legislative Priority: <u>Case Management and Case Coordination Services</u>

- Importance of case managers: They are often the first point of contact; wrap-around care, decreases waitlists, assess youth with A-SBIRT (Screening, Brief intervention and referral to Treatment)that may include a toxicology screen to determine level and direction of care; warm handoffs to other resources, offers other resources (support

groups, pro-social activities, career guidance and job seeking skills, mobile crisis services), allows clinical staff to focus on clinical work, helps families navigate the system including getting them on insurance (bilingual/multilingual), job opportunities for next generation of workforce & gives experience needed. Case managers/recovery coaches often have "lived experience" and can better understand the youths' struggles. At a time when we are struggling to find clinicians due to the workforce crisis, the case manager,/recovery support specialist can maintain the flow of the episode of care. Many case managers can also provide multi-language services.

- Case managers make referrals and help "bridge cases" to higher levels of care. When HLOC's are not always available, the case manager's extra support is essential.
- At Child & Family's Guidance Center, a major focus is to promote health equity resources and treatment for all youth and their families, especially the underserved. Referrals have doubled since last year (@200). This is due to the impact of covid and increased prevalence of alcohol and substance abuse. SU has been compounded because of the rise in mental health issues among adolescents. Nationally, there were over 110,000 deaths from overdoses from drugs such as fentanyl. In addition, drug overdose and poisoning increased by 83.6% from 2019 to 2020 among children and adolescents, becoming the third leading cause of death in that age group. 1 out of 3 adolescent suicides involve alcohol. Prevention and treatment need to begin as soon as possible with youth. Ultimately, this will help to eliminate substance abuse issues down the road when they become adults.
- However, there are significant difficulties in maintaining funding & sustainability for case managers. It is often not a billable service. Additional costs, such as traveling expenses can also add up and take a lot of time. In one case, there are only 2 people covering a distance of 100 miles for 80 clients.
- The word "successful" is subjective when looking at someone through the lens of case management. Each case presents their own difficulties, their own symptoms, and ultimately their own path of treatment. The definition of success is going to look different from case to case, if case management is being done correctly. However, on a foundational level, a "successful case" looks like an individual who is receiving supports and services required for their own individual struggles whether that be individual therapy, psychiatry, intensive outpatient therapy, a structured daily schedule, resume building/job searching, academic supports, developing healthier daily habits, so on and so forth. A case manager looks to identify and provide their client with supports that will put them in the best position possible to be successful.
- At Turnbridge, clients who come to us are automatically paired with a therapist, family therapist, case manager, fellow housemates, exposure to support groups (NAMI, AA, NA, SMART Recovery etc), structured schedules (morning routine, Intensive Outpatient therapy, Health & Wellness activities, Recreational activities, Academic/Vocational services. Even with all of this provided, the case manager is constantly working to ensure that the client is engaging in these services, working with them to capitalize on the resources provided in order to progress towards whatever their definition of "success" is, and even that can be challenging. At the same time, the case manager is working with the

family weekly (sometimes multiple times per week) to educate them on their child's process, how they can engage in parallel "recovery" and take part in their own recovery journey. This component is absolutely crucial, as helping the family is ultimately going to benefit the client and their process exponentially.

- Case managers on an outpatient basis have their work cut out for them when beginning a new case which needs the aforementioned services above. In my experience, the more services the client is exposed to, the better their chances are of success. When considering the work that an individual like Donna has cut out for her, it is a tall mountain to climb with just two case managers. For example, in phase I of the Turnbridge program there are about 21 clients. There are THREE case managers for those 21 clients. Two case managers for 80 clients on an OUTPATIENT basis is beyond comprehension.
- Amount of people who are struggling has increased over COVID, more people are seeking services and we need the workforce to be able to respond to the community need

Our Asks:

- Sustainable funding for case managers, specifically in community-serving organizations?
- Provide support to meet the need of behavioral health services?

Speakers:

Donna Fletcher – Director of Co-Occurring Treatment Programs, Child & Family Guidance Center

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Will Testani – Admissions Coordinator, Turnbridge

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Please review this segment in our recorded forum (46:35) or contact Donna Fletcher and Will Testani for more information.

Legislative Priority: Sustainability for Psychiatric Beds and Support Staff

Please review Dr. Berlin's testimony in our recorded forum (1:08:10) or contact Dr. Berlin for further information.

Our Ask:

- Funding and sustainability for accessible psychiatric beds and support staff to maintain services

Speaker:

Dr. Raviv Berlin – Chair of Psychiatry, Stamford Health

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Legislative Priority: <u>Mental Health in Older Adults</u>

- The fastest growing segments of the senior population in the United States are those who are 60 + and 85+.

- Depression is the most prevalent mental health issue impacting seniors. In this country it is often undiagnosed/under-diagnosed and misdiagnosed, and often mistreated. Substance use and abuse is also prevalent in seniors, but is often in the form of both intentional and sometimes unintentional medication misuse. Pain associated with many aging maladies often cause medication and other substance (i.e.; alcohol) misuse to relieve both physical and emotional chronic and acute pain.

- 1 in 4 older adults exhibit signs of some sort of mental disorder, (i.e.: depression, anxiety, dementia, psychosis), plus delirium (which is often confused/misdiagnosed as dementia). Dementia does not appear overnight, delirium is an acute condition (at any age) that can come on quickly and mimic dementia traits, but is related to such things as infection, acute trauma, post anesthesia, medication reactions, and infections...and it is reversible. Dementia is not reversible. Many among us also have had chronic and persistent mental illness and they grow old with it, although the life expectancy of people with chronic and persistent mental illness is about 40 years shorter than those without serious mental health diagnoses.

- Many seniors were/are impacted by the effects of trauma including those associated with the current COVID-19 pandemic, loneliness, isolation, the ongoing impact of unresolved early childhood trauma, and substance use/misuse.

- People 85 + have the highest suicide rate among seniors, especially white-collar males; suicide attempts in seniors are often subtle, yet the rate of successful suicide among

older people is high. The rates of suicide vary among different cultural groups of seniors with White males at the top of the list and Black females at the bottom.

- The four major maladies of old age include (NCBI/NIMH/NIH):

    1. Physical/chronic health issues: These impact mental health and cognitive issues to a significantly higher degree in seniors than in younger age groups.

    2. Cognitive/processing issues: These can lead to poor physical care, poor nutrition, poor medication management. They can occur due to physical and cognitive-impairing illnesses such as strokes, various forms of the many dementing illnesses, poor nutrition, dehydration, and medication side effects, as well as physical, emotional and social trauma. This is why so many forms of health and social support programs are so important for seniors.

    3. Emotional problems (i.e: loneliness, grief/repetitive grief reactions, loss of status, jobs/roles, income, life-style, pets, family and friends) highly impact emotional health. Again, this is why so many forms of health and social support programs are so important for seniors.

    4. Social Problems: These are often impacted by normal physiological changes, acute and chronic illnesses, altered socio-economic conditions, transportation issues, as well as from events such as the COVID-19 pandemic that resulted in long-term social isolation and separation of many elderly from their families, friends and loved ones.

- Early Childhood Trauma can be an important factor to assess for when observed mental and behavioral health issues emerge in later life, perhaps especially so if dementia has become a factor. People with dementia retain memories and have recall of the earlier phases of their lives, but lose their more current memories. Trauma in early life must be assessed in seniors undergoing mental and behavioral health crises.

Our Asks:

- Increase medical, psychiatric and long-term care programs and funding for older adults in Connecticut
- Support the "asks" of case management advocates
- Support family/visitor programs and personal assistance in long-term care facilities
- Support "aging in place" options, with the social support programs that are needed to support this

Speaker:

Dr. Stephanie Paulmeno, DNP, MS, RN, NHA, CPH, CCM, CDP

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Please review this segment in our recorded forum (1:19:41) or contact Dr. Paulmeno for further information.

Additional Topics

Funding Considerations

Connecticut Prevention Network CPN – 2023 Public Policy Priorities

Please review Giovanna's informational segment in our recorded forum (1:46:12) or contact Giovanna for further information.

Speaker: Giovanna Mozzo, MSW – Director of The Hub, a division of RYASAP

gmozzo@ryasap.org

Harm Reduction and Trauma-Informed Care

Resources for education will be attached to the email.

Please review this segment in our recorded forum (14:48)

Contacts for Additional Information:

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