SOUTHWESTERN CT

THE HUB

CATCHMENT AREA COUNCIL

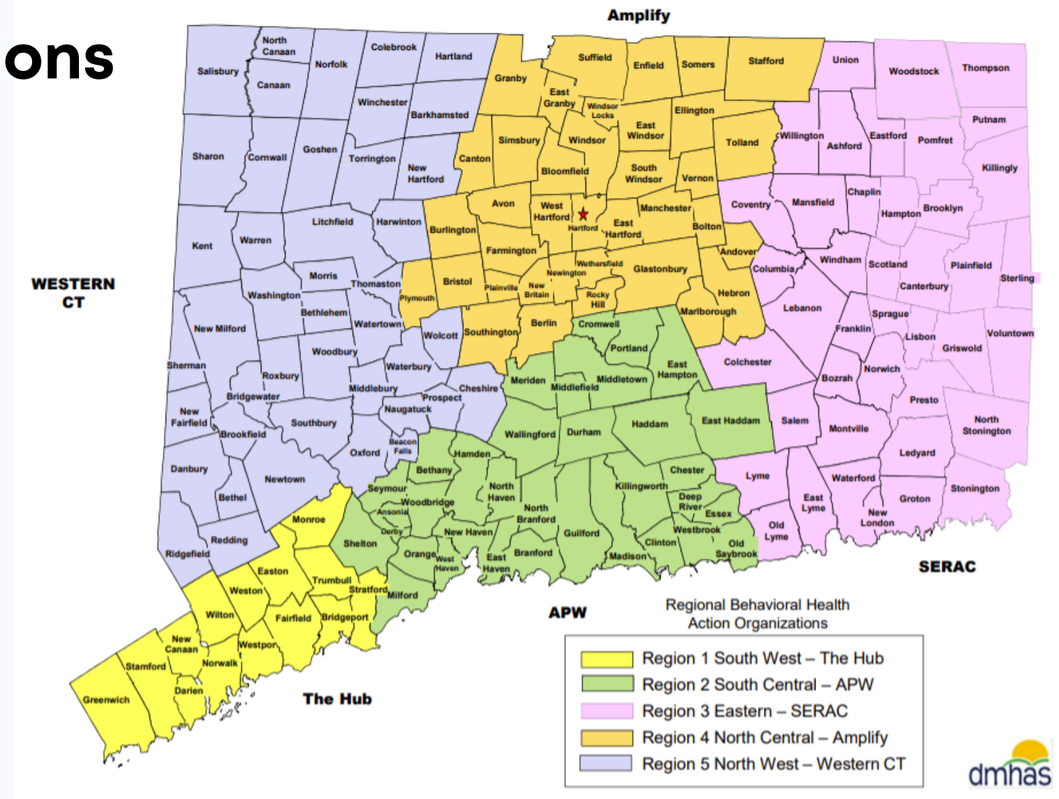
2024 REGIONAL LEGISLATIVE FORUM

WHAT IS AN RBHAO?

Regional Behavioral Health Action Organizations (RBHAOs)

RBHAOs serve as a strategic community partner and work across the behavioral healthcare continuum

RBHAOs are responsible for a range of planning, education, and advocacy of behavioral health needs and services for children and adults



THE HUB
YOUR REGIONAL RESOURCE!

The Hub is the state-designated RBHAO serving Southwestern Connecticut, the 14 towns from Greenwich to Stratford

We are a division of the Regional Youth Adult Social Action Partnership (RYASAP)

thehubct.org

info@thehubct.org

CATCHMENT AREA COUNCIL (CAC)

REGION 1 - SW CT

Monthly
Second Thursdays
2PM - 3:30PM

The CAC is an open community group.

Now in partnership with Network of Care!

Our goals:

- **Sharing resources & increasing education**
- **Raising awareness of systemic issues**
- **Identifying trends, gaps, and needs**
- **Advocating to improve the behavioral health treatment and recovery system.**

The CAC's ability to forge partnerships in the behavioral health system is key in influencing systems and contributing to healthy communities.

This is an opportunity to use your voice! Share your expertise & experience and listen to others.

REGIONAL LEGISLATIVE PRIORITIES

TREATMENT & RECOVERY

SUSTAINABILITY FOR URGENT CRISIS CENTERS

SUSTAINABILITY FOR PSYCHIATRIC BEDS & SUPPORT STAFF

SUSTAINABILITY FOR INTERMEDIATE AND HIGHER LEVEL OF CARE FOR ALL AGES

ADDITIONAL TOPICS: PREVENTION, PEER-RUN RESPITES

RECENT REGIONAL & STATE ADVOCACY

Margaret Watt, MPH, MA

Prevention Director, Positive Directions-
The Center for Prevention & Counseling

Public Policy Chair, NAMI CT

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PREVENTION NEEDS (1)

- Prevention is a public health program implemented by Local Prevention Coalitions (LPCs).
- CT communities receive between $2K - $15K per year for all prevention, specifically for vaping and opioids
- Funds do not support staffing.

Our Ask:

- Fund a FTE in each community to coordinate mental health promotion & substance misuse prevention work.

PREVENTION NEEDS (2)

- Multiple retailers statewide are selling nicotine to minors and/or selling illicit THC products. Many are unlicensed.
- Compliance checks pose significant costs to local law enforcement. LE is not responsible for enforcing advertising.
- Consequences to retailers should involve education and meaningful fines and damages.

Our Ask:

- Provide resources to police for compliance & enforcement.
- Address retailer education and consequences.
- Address licensing, advertising, and state agency oversight.

NAMI CT PRIORITIES

Improve care through:

- Comprehensive strategic plan for mental health
- Filling gaps in the continuum of care, esp. peer respite
- Ensuring access through parity law, telehealth

Intervene early:

- Support Urgent Care Centers & TCB Committee

Divert from justice involvement:

- Expand access to crisis services
- Require de-escalation best practices (e.g., Crisis Intervention Training, more disabilities training for police cadets, embedding social workers in police units)

URGENT CRISIS CENTERS

Kristin Pracitto, LCSW
Vice President of Child Services, Wellmore

kpracitto@wellmore.org

Our Ask:

- Sustain funding and support for the current Urgent Crisis Centers.
- Support to open another location in Southwestern CT.

PEER-RUN RESPITES

Jordan Fairchild
Executive Director, Keep the Promise Coalition

jordan@ktpcoalition.org

THE ASK:

8 peer run respites in Connecticut, including three affinity-specific respites for Black and Brown, Transgender, and Spanish speaking communities in order to best support mental health in a voluntary, person centered, and culturally informed manner.

PEER RUN RESPITES:

HARM REDUCTION IN MENTAL HEALTH

KEEP THE PROMISE COALITION

2024

RAISE YOUR HAND IF YOU'VE HEARD THIS:

"I didn't seek help because I was afraid of...

...being forced to take meds
...getting locked in a psych ward
...the police showing up at my door"

UNDERSTANDING POWER DYNAMICS

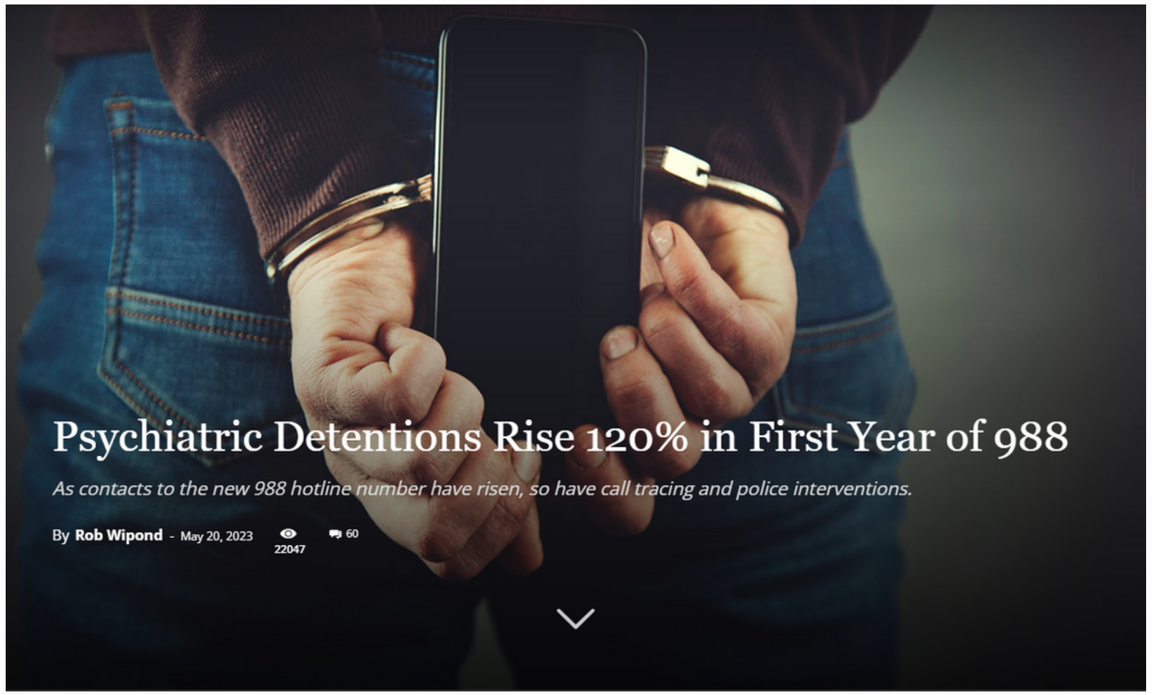
Client-provider relationships in the mental health system are riddled with uneven power dynamics.

- Non-Consensual Active Rescue/Emergency holds
- Court ordered treatment and institutionalization
- Forced treatment, including Electroconvulsive Therapy
- Social Isolation
- Making decisions about a person’s recovery that align with a set, predetermined path, rather than the person’s own goals.

STIGMA AND PERCEPTION OF RISK

The mental health system itself creates stigma.

- Liability, risk and reporting policies
- Involuntary Commitments and Forced Treatment
- Diagnostic labeling
- “Danger to self or others”



**Reporting by Rob Wipond, May 2023, based on responses from national 988 administrators*

HOW STIGMA BECOMES HARM

When the systemic response is to stigmatize and use force, this breeds distrust in services.

- “The mismatch between wants and needs of users and the expectations and requirements of a society and mental health care system based on a logic of “fixing” has contributed to distrust and stigma.” *(Redi Lago, Peter & Bógus, 2017)*
- Services which are not culturally relevant or responsive

Too often, people in distress or crisis, or with other psychiatric involvement are portrayed as violent.

- This has led to instances of violence committed against people with psychiatric disabilities or in crisis, including the killings of Jordan Neely, Andrew Vermiglio, and more.

WHAT HAPPENS WHEN PEOPLE DO ENGAGE IN SERVICES?

Losses of jobs, income, housing when in locked settings.

Removal of personal items, communications devices such as cell phones, etc. *(see CT statutory Patients' Bill of Rights)*

Increased risk of suicide upon discharge.

- People being discharged from Inpatient Psychiatric and Emergency Rooms leave the hospital about 100x more likely to die by suicide than global average. *(Chung, et al., 2017)*

INTESECTIONALITY: MENTAL HEALTH TREE

Just like the health of a tree, our mental health is dependent on the environment and conditions surrounding it.

Bad environment → **Unhealthy tree**

Social determinants → **Mental distress**

Justice Involvement

Freedom

Housing Stability

Gender & Sexuality

Disability

Health

Income

Social Support

Safety

Food Security

Environment

Race

Trauma

POWER AND CONTROL

System often witnesses mental health/crises in a vacuum.

- Bias toward crisis or distress that is being immediately presented over examining social determinants
- Overreliance on diagnostics
- Idea that solution to mental distress and nonconformity revolves around controlling or “fixing” attitude, thoughts, and behaviors.

  This creates yet another relationship of control in a person's life, and reinforces existing power imbalances, and ignores real oppression.

Therefore, recovery demands an end to systemic injustices, and support which does not recreate those injustices.

PEER RUN RESPITES: A VOLUNTARY ALTERNATIVE

A peer-run respite is a **voluntary,** short-term program that provides 24/7 **community-based, non-clinical crisis support.**

It is operated in a home-like environment by peer support specialists, who have lived expertise with mental health conditions.

Peer Support is recognized by the U.S. Center for Medicaid & Medicare Services (CMS) as an evidenced-based model of care.

(Above) Illustration of Afiya Peer Respite in Northampton, MA

(Above) Retreat @ The Plaza Peer Respite in Charlotte, NC

15

15 other states have **peer-run** respite programs, **Connecticut currently has none.**

PEER RESPITE VALUES

NO EMPHASIS ON DIAGNOSTICS

Peers will not ascribe a diagnostic label to people they are supporting. Instead, they connect to people and focus on their experiences, rather than any clinical or diagnostic labels they might have been assigned.

LIVED EXPERIENCE

Peers share aspects of lived experience with the people they are supporting, and respect aspects that they do not share. Peer relationships can also be within affinity groups such as trans and BIPOC communities, or individuals who share cultural identities.

NO LOCKED DOORS

People are free to come and go as they please, and the only locking doors are the doors to their private bedrooms, which can be locked from the inside, but not the outside. This means people can go to work during the day, maintain their jobs and income, see friends and family, take care of errands, etc.

SELF-DETERMINATION/SELF-DIRECTION

Peers will not decide what actions are best for the people they are supporting. It is for those individuals to self-direct their recovery or coping.

PEER RESPITE VALUES

HARM REDUCTION

Peers will not use force or call the cops or crisis services if someone reports thoughts or intentions of suicide or self-injury, or experiences voice hearing.

Instead, peers are trained to use approaches like Alternatives to Suicide to listen, exercise curiosity, and support people in moments of crisis.

Contrary to common belief, **creating space for open discussion of suicide and self injury has better results.** *(Dazzi et al., 2014)*

WHAT DOES THIS LOOK LIKE?

SUICIDAL THOUGHTS

- Validate persons experience, exercise curiosity, emphasize vulnerability and community
- Explore the person's reasons for wanting to die
- Support people to gain control over thoughts of suicide instead of seeking to erase those thoughts
- Understand social factors contributing to suicidality

SELF-INJURY

- Not seen as an emergency or crisis unless truly life threatening
- Explores resources for safe self-injury (clean up kits, sterilization, or switching to other methods)
- Explore whether or not person wants to stop

HEARING VOICES

- Doesn't seek to stop voice hearing
- Connecting about similar experiences
- Learning strategies for living with voices

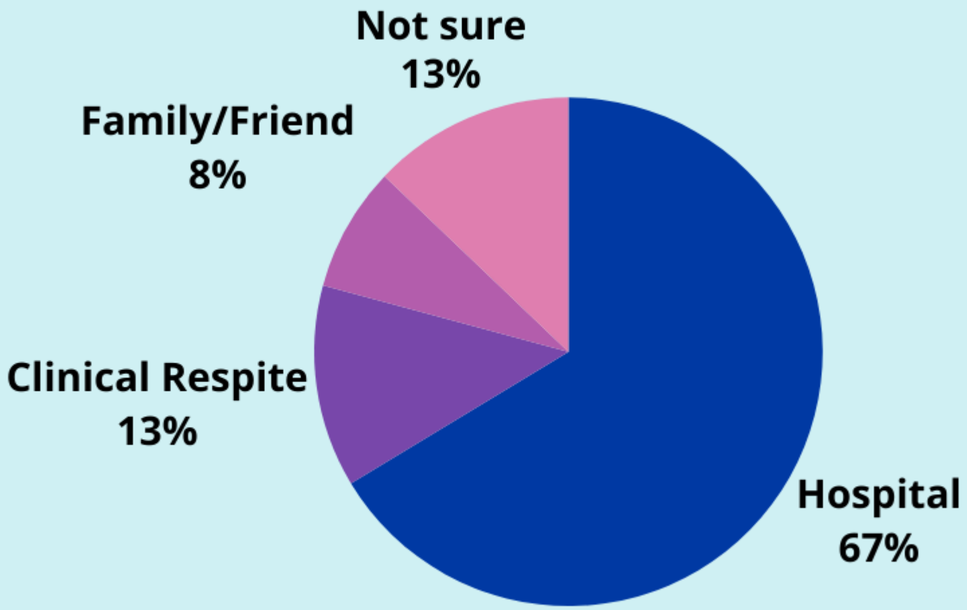
Thank you Sera Davidow from Wildflower Alliance for providing much of the information on this slide!

PEER RESPITES SUPPORT RECOVERY

6 months after their stay at a peer run respite,

- 92% of guests reported improvements to their emotional health,
- 62% reported better coping skills. *(Afiya Peer Respite FY17 Report)*

If a Peer Run Respite hadn't been available, guests say they would stay with:



In contrast, most peer run respite clients return to the community following their stay, resulting in fewer hospitalizations:

94% Return home or to a family or friend after staying at a peer run respite. *(Afiya FY21 Report)*

In one study, respite days were associated with fewer future hours spent in inpatient psych and emergency departments:

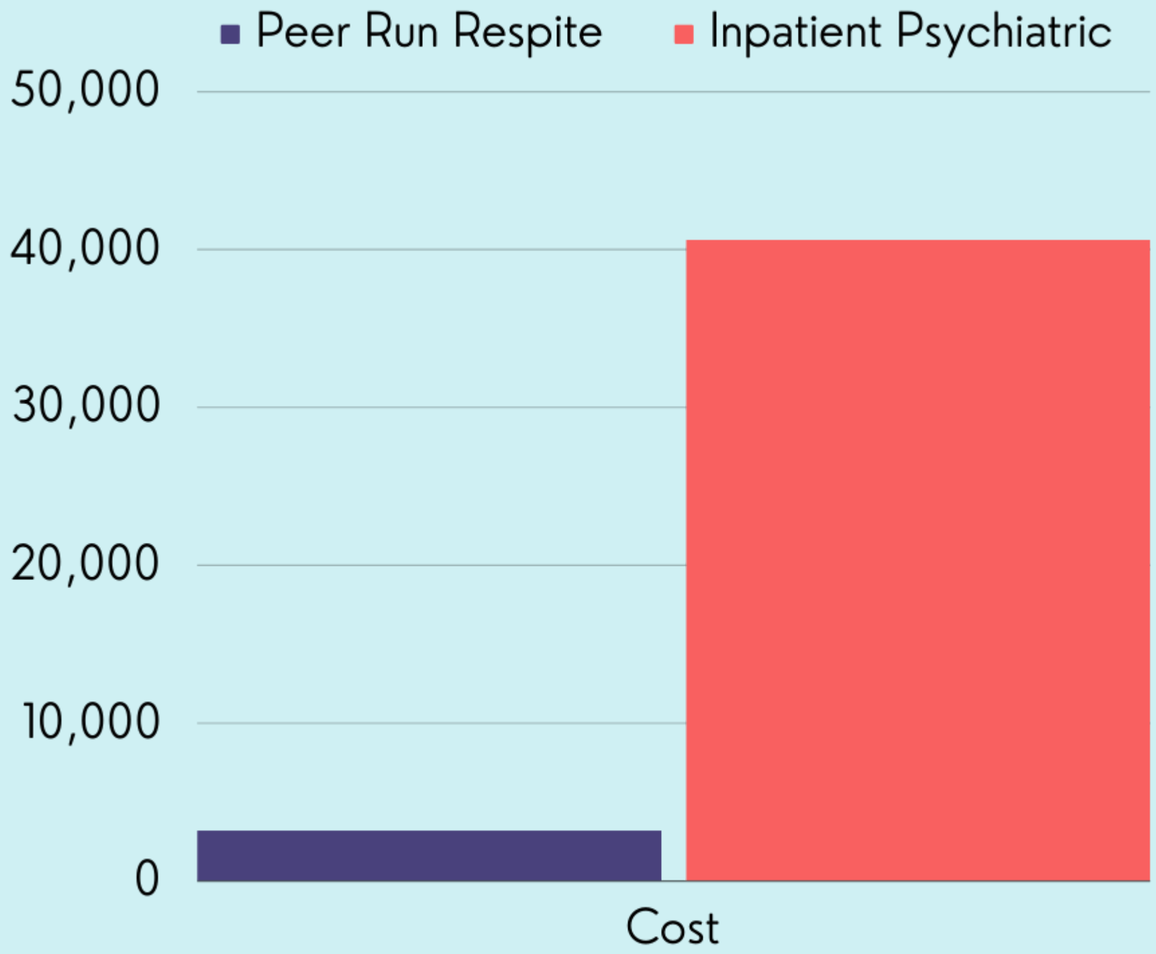
70% The odds of using any inpatient or emergency services were 70% lower following a respite stay. *(Croft & Isvan, 2015)*

THE COST OF CARE IN CONNECTICUT

Our current crisis services are overwhelmed and costly. Peer-run respites are less costly and often more effective than the alternatives.

The median inpatient psychiatric stay in the CT costs $40,611 and lasts 7 days. In comparison, the same length stay at Afiya, a respite in Massachusetts is $3,196.

(Data from CT DPH and Afiya Peer Respite)



ADVOCACY FOR PEER RESPITES IN CT

This year, we are expecting a bill in the state legislature to fund an establish peer respites in Connecticut. We are calling for:

5 PEER RESPITES

One per each DMHAS mental health region in the state.

3 ADDITIONAL “AFFINITY” PEER RESPITES

3 additional respites staffed specifically by peers who share identities with CT’s **transgender, Black and brown, and Spanish speaking communities,** who are disparately marginalized by the traditional mental health system.

PEER-LED TECHNICAL ASSISTANCE CENTER

And a peer-led technical assistance center to support peer program implementation, training, and best practices.

SOCIAL JUSTICE

CONTACT

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KEEP THE PROMISE COALITION
Advocacy and action for Connecticut's mental health

KTPCOALITION.ORG

PSYCHIATRIC BEDS & SUPPORT STAFF

Dr. Andrew Gerber, MD, PhD
President and Medical Director, Silver Hill Hospital

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Lisa Gregory
Peer Support Specialist

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Our Ask:

- Funding & sustainability for accessible psych beds & support staff to maintain services.
- Increase accountability on commercial insurance companies to comply with federal law on parity.

INTERMEDIATE LEVEL OF CARE

Sustainability for intermediate and higher level of care across all ages

- Workforce development
- Case coordination and management
- Insurance Reimbursement
- Wrap around care
    - Visit thehubct.org/advocacy

PLEASE FOLLOW UP WITH OUR MATERIALS

URGENT CRISIS CENTERS

PSYCHIATRIC BEDS & SUPPORT STAFF

HIGHER LEVEL OF CARE

ALSO: PREVENTION & PEER-RUN RESPITES

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The Hub - SW CT Catchment Area Council

Thank you!