



**LEAGUE OF WOMEN VOTERS<sup>®</sup> OF CANTON**

**P. O. Box 1021 Canton, CT**

**06019**

**[www.canton.lwvconnecticut.org](http://www.canton.lwvconnecticut.org)**

**THE LEAGUE OF WOMEN VOTERS OF CANTON, CONNECTICUT  
LWV STUDY PROCESS AND PRELIMINARY REPORT  
MENTAL HEALTH ISSUES IN THE FARMINGTON VALLEY  
OCTOBER 13, 2013**

***Program and Process:***

***Selection of an Issue: Mental Health Issues in the Farmington Valley.***

The League of Women Voters of Canton began a study in January 2013 to assess the mental health service needs in the Farmington Valley area when it became evident that there was a clear need to address this issue. We were prompted not only by high-profile incidents such as the Newtown shootings that took place in our state, but also by being alerted by local town officials that there were young people in our community who were seeking housing because they suffered from behavioral issues and there was a lack of services in place to serve them. We had also held an educational forum led by our own LWV member, Marilyn Ricci, last year, that highlighted the need for improving access and education about behavioral health issues in the valley.

A Study committee was convened in January and was comprised of the following League members: Mary Hess, Evelyn Kubas, Gina Magennis, Edith Offenhartz,, Sally Reiger, Marilyn Ricci, Susan Saidel, and Julie Rush. The study committee set out to survey the service needs for all psychiatric problems including alcohol and both legal/prescription and illegal substance abuse by interviewing key members of the community regarding the issues that affect our residents. We then collected their input for the study.

The following questions were used to inquire about the availability of services and supports for Farmington Valley residents and their families, who have mental health /behavioral health issues .

1)What kinds of services are currently available?

What kinds of (emergency, urgent, routine) services are most needed?

Who can currently access services? (adults, older, young adults, youth, children?)

Who is being left out?

How accessible are the services?

What are the most significant barriers to obtaining services? Cost, insurance coverage, location/transportation, etc.)

Do residents of Canton seek services if they need them? If not ,why not?

2) How can local, state, and/or federal government act to improve mental health care?

3) What is your biggest concern in addressing the mental health issues in our community (Farmington Valley)? This can include funding issues, location of service areas, hours of operation, access by public transportation, etc. among any other concerns.

***Studying the issue:***

We went forth and interviewed multiple authorities on the topic of Mental Health in the Farmington Valley, including town social services directors, police, school officials, school psychologists, parents, consumer advocates, and clergy. At this point, we realized that the scope of the study was very broad. yet soon it became clear that there were many common threads and we proceeded to identify them by consensus within study committee as follows:

- Stigma exists for consumers and families
- Medical Equity is an issue. Mental health not treated like other illnesses.
- Early detection /intervention is inadequate
- Lack of Insurance coverage, (Impact of Affordable Care Act in 2014)
- Low number of professionals to diagnose and treat in the Farmington Valley
- Access to Information and Services is sometimes confusing and inadequate
- Housing and long-term solutions are lacking
- Transportation is a problem because many services are outside of towns.

***Review of the LWV CT position 2011-2013 LWV US as follows(adopted from previous years):*** Mental Health (2003) Support: comprehensive community-based mental health systems for children and adults to include early detection, intervention and a range of services, and a public health initiative on mental illness.

LWV US (April 1993) Position on Health Care as announced by the National Board:GOALS: The LWV of the United States believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents. Other U.S. health care policy goals should include the equitable distribution of services, efficient and economic delivery of care, advancement of medical research and technology, and a reasonable total national expenditure for health care.

BASIC LEVEL OF CARE: Every U.S. resident should have access to a basic level of care that includes the prevention of diseases, health promotion and education, primary care (including prenatal and reproductive health), acute care, long-term care and ***mental health care***. Dental, vision and hearing care also are important but lower in priority. The League believes that under any system of health care reform, consumers/patients should be permitted to purchase services or insurance coverage beyond the basic level.

***Study Questions: We developed the following three study questions:***

- 1) What behavioral health services are available to residents of the Farmington Valley?***
- 2) What stands in the way of individuals receiving the services they need for behavioral health difficulties?***
- 3) What can state and local governments and other entities do to improve the state of behavioral health for residents of Canton and the Farmington Valley?***

**LWV STUDY PROCESS AND PRELIMINARY REPORT**

**MENTAL HEALTH ISSUES IN THE FARMINGTON VALLEY**

**SUMMARY OF QUESTION #1: *What behavioral health services are available to residents of the Farmington Valley?***

## MENTAL HEALTH/SUBSTANCE ABUSE SERVICES AVAILABLE TO RESIDENTS OF THE FARMINGTON VALLEY

The Department of Children and Families (DCF) funds a continuum of mental health services for children, contracting with private providers to serve residents of the Hartford area, including the Farmington Valley (FV). The Department of Mental Health and Addiction Services (DMHAS) funds a full continuum of mental health and substance abuse services for adult residents of the Farmington Valley. There are many DCF and DMHAS-funded providers serving FV residents, but the providers' offices are not located in the Farmington Valley, and residents must travel to Hartford or other towns for outpatient services.

For adult psychiatric emergencies, the Capitol Region Mental Health Center Mobile Crisis Team makes visits in the Farmington Valley towns of Avon, Canton, Farmington and Simsbury. Wheeler Clinic's DCF-funded Emergency Mobile Psychiatric Services (EMPS) staff will come to home and community settings such as schools in Avon, Canton, Farmington and Simsbury for crises involving children. Community Health Resources adult crisis services and child EMPS staff serve residents of Granby. Each Farmington Valley town has a Youth Service bureau that offers information, referral and counseling assistance for youth and families.

Additionally,

See attachment #1 : Mental Health Services in the Farmington Valley

See attachment #2 : Mental Health Services Chart

See attachment #3 : Directory of Services North Central Region Mental Health Board(NCRMHB)

See attachment #4 : National Alliance of Mental Health (NAMI) Directory

### SUMMARY OF QUESTION #2:

***What stands in the way of individual receiving the services they need for behavioral health difficulties?***

1. Unlike other illnesses, many times, the best services may be found in the public sector. Private insurance often only pays for short-term care. For example, a stay at the Institute of Living in the Schizophrenia Rehab program can be for up to two years. Private insurance may pay for only 3 weeks. A sliding scale is desirable for both private and public mental health consumers to access treatments.
2. Medical parity is often lacking even for those with insurance. The American Psychiatric Association has filed a complaint to Anthem Health Plans, Inc. for "violation of the federal Mental Health Parity and Addiction Equity Act (MHPAE) and CT's insurance parity law". (I have a short article with more detail)
3. Education about mental illness is lacking. Many young people go untreated because parents and schools do not know what symptoms of illness are. This prompted us to hold an educational forum on October 15<sup>th</sup>.

4. Teachers and other school staff are often untrained to support and to manage mental health needs of students without resorting to suspension, expulsion or arrest (from a report by the Child Health and Development Institute August, 2013).
5. Stigma keeps families from asking for help. The culture around mental health is very negative. Stigma causes denial of a problem and/or understanding what the problem might be.
6. There are not enough psychiatrists whose practice includes serious mental illness, particularly in children. According to our resources, there are only four Board Certified psychiatrists in the Valley.
7. There is little supportive housing - very few Section 8 or subsidized housing units in the Valley. For ex. in Farmington the wait list for such housing is 5-6 years. There is no transitional supportive housing for teens/young adults. Zoning may be a deterrent to having adequate amounts of affordable housing.
8. The Capitol Region Mental Health Center, the adult DMHAS-lead mental health agency serving Hartford and the Farmington Valley, does dispatch its mobile crisis team to all the FV towns except Granby. And Wheeler Clinic's emergency mobile psychiatric services (EMPS) come into all of the FV towns except Granby. (For both adult and child crisis services, Granby is served by Community Health Resources). It has been reported that it may take up to 2 hours for the adult crisis team to come to the scene of a crisis.
9. Only a few police having CIT (Crisis Intervention Team) training. (Avon had no police trained in CIT). No police department in the Valley has a CIT policy which outlines such things "as dispatcher will send a CIT trained officer if one is on duty".
10. School resource officers (SROs) are not trained in CIT. There is a CIT for Youth which equips SROs with skills to recognize mental health concerns, safely de-escalate a crisis and work with schools, parents and children's mental health providers to link students with mental health care.
11. There is a lack of transportation to services that are mostly located in Hartford.
12. Hospital stays are often shortchanged and do not allow for adequate time for patients to get well. There is a shortage of beds and a lack of options when leaving the hospital. There does not seem to be a coordination of care when leaving hospital. This problem is definitely worse for those who are not on Medicaid/Medicare.
13. According to our data, there are no case managers in the Valley.
14. Our religious leaders expressed the desire for more in-service/training regarding mental health, accessing services, etc.
15. There are no ACT (Assertive Community Treatment) Teams in the Valley.

16. There is no easy access to information regarding mental illness and how and where to get services. What there is, is often confusing.
17. There is no assisted outpatient treatment in CT. (This is controversial)
18. There is a need for early detection and intervention.
19. There is not enough supportive education and supportive employment.
20. There is a lack of integrated services for those with co-occurring substance abuse.
21. There is a lack of integrated services for those with co-occurring substance abuse.

SUMMARY OF QUESTION #3:

***3) What can state and local governments and other entities do to improve the state of behavioral health care for residents of Canton and the Farmington Valley?***

In the process of interviewing many mental health professionals in Farmington Valley towns, the CLWV Mental Health Services Survey committee gathered a wide variety of ideas for improving mental health care. At state, local and private levels, the improvement ideas can be categorized as follows:

1. Access to Care/Government Policy
2. Housing
3. Transportation
4. Training/Education/Outreach
5. Knowing Where to Start
6. Erasing Stigma

**AT THE STATE LEVEL:**

**Access to Care/Government Policy**

1. Streamline state assistance forms. Need shorter forms that need less frequent filing.
2. Make the Charter Oak plan more affordable.
3. Change Medicaid income limits so that more people are eligible. Do not include parents' incomes on young adult eligibility assessments.
4. Legislation: consider legally requiring patients to take meds. As one mental health professional stated, "right now our hands are tied if the patient refuses medication and spirals downward---we can do nothing until they break the law."
5. Re-examine the "24-Hour Hold" rule on committing a town resident to a psychiatric facility. As one interviewee said, "This amount of time is too short to help solve any of the person's problems; the patient is discharged, no better, just angrier."
6. At both the state and local governmental level, an "intermediate level" mobile crisis resource is needed, with its own set of criteria for eligibility. In the words of one professional, "this would provide a less 'dramatic' way of intervening in the in-between cases that are not quite to 'crisis' point but still need action. Currently, if we need to call Mobile Crisis, a police cruiser often comes too and it is quite obvious and dramatic. In some cases, an intermediate-level crisis resource could be less traumatic for client, family and community."

**Housing:**

1. Support information that follows is provided by NAMI of Connecticut (National Alliance on Mental Illness). According to the NAMI CT website, the Connecticut agency responsible for supportive housing and clinical services is DMHAS (Department of Mental Health and Addiction Services). This is the agency through which possible housing improvements can be pursued.
2. Also according to NAMI CT, Connecticut has created a new state Department of Housing (DOH) to centralize leadership in the housing area. There are currently about 100 new subsidized housing units slated for 2013 (this is across CT).
3. In general, we found that each of our Farmington Valley towns needed more subsidized housing/Section 8 housing across all areas of need: elderly, low-income and people living with a mental illness. In one of our larger towns, the wait list for subsidized housing is 5 to 6 years long!
4. There is a great need for different **types** of subsidized housing as well. Group homes are needed; in this type of home 5 or 6 adults live in a home with supervision. Individual housing units are needed for those who make good enough choices to succeed living on their own with regular case-management services. This type of person does not benefit from a group-home setting.
5. The different populations that need housing assistance should not be housed together. A good example is putting the elderly in the same subsidized-housing building as people living with a mental illness. This is doomed from the start because of the significantly different lifestyles of these two populations. Separate housing areas are needed.

#### **Transportation:**

1. Better transportation is needed across all towns. A major problem is that most of the facilities for mental health treatment and most of the mental health specialists are concentrated in Hartford. For those patients residing in the Farmington Valley and surrounding towns, getting to and from an appointment can take the entire day if they are relying on town-supported transportation.
2. More satellite clinics in the Valley and surrounding towns would simplify and improve access to care. Specifically, one interviewee hoped for more outreach into the Farmington Valley by two entities: CRMHC (Captiol Region Mental Health Center) and Chrysalis (provider of adult mental health services).
3. Towns should work together regionally to share transportation services. Some towns are too small to be able to provide their own transportation logistics.
4. Note: One interviewee said that the US-DOT has recently provided some grant funding to expand Dial-A-Ride services. This may be an avenue to pursue further expansion of transportation services.

#### **Training/Education/Outreach:**

1. In general, the state can help a great deal in educating the public about mental health for all ages through using ALL COMMUNICATION CHANNELS to spread the word about “seeing something and saying something”. Using public service announcements, all media---newspapers, online media, television, billboards---all of those can help to educate the public. With education, of course, it is hoped that “fear of the unknown” will dissipate and increase acceptance of those who live with a mental illness.

### **Knowing Where to Start:**

1. One resource that should be made easily accessible to all mental health professionals, facilities, schools, churches, etc. is a concise brochure of providers/numbers to call. In the towns of Avon, Canton, Farmington, Simsbury and West Hartford, that brochure is the “State Funded and Mental Health and Addiction Services for Adults” provided by CRMHC. For Granby, Burlington, Barkhamsted and other surrounding towns, we are still awaiting information from the NCRMHB as to who would provide such a brochure to these towns. (NCRMHB stands for North Central Regional Mental Health Board).

### **Erasing Stigma:**

1. As mentioned above in “Training/Education/Outreach”, all communication channels should be used to bring the issues of mental health front and center to the public. Though this effort should be happening at all levels of state and local government, please also see the section below for ideas that those at the Local/Town level can enact.

### **AT THE LOCAL LEVEL:**

As a general note, those who are looking to improve behavioral health care should also refer to the State recommendations above for information and inspiration. Many of the State recommendations could also be approached in a local setting.

### **Access to Care/Government Policy:**

1. Much of the eligibility for care is addressed at the state level, but town government can help by introducing policies to provide for the following: increased CIT (Crisis Intervention Team) training for town police and town social services/mental health professionals. There is also an ACT (Assertive Community Treatment) team concept that brings together professionals from multiple mental health disciplines to bring mental health care to communities. The ACT website ([www.actassociation.org](http://www.actassociation.org)) is a good place to begin research on developing a local or regional ACT team.
2. Town governments can work cooperatively with local business to create job opportunities for people living with a mental illness that are not too stressful, but would increase independence and self-reliance on the part of the person involved, and decrease stigma in the community.
3. As mentioned in State listings, an “intermediate” level of mobile crisis resource can be created within communities for cases that are not quite a “crisis” but still need quick action. This resource would not necessarily need to involve a police cruiser and such at the house, which can be more traumatic for client, family and community especially when it is not really needed.
3. Several ideas with regard to local Board of Education and school policies can be found in the category below, “Training/Education/Outreach.”

### **Housing:**

1. As mentioned above in the State “Housing” listings, all towns need to increase their percentage of both group homes and individual housing units for mental health clients who are able to succeed individually. According to a representative of the regional housing commissioner’s office, there are NO group homes in the Farmington Valley area. Additional interviewing of a social-service director at the town level revealed that, due to

HIPAA regulations, etc., it is often difficult to know whether “disabled housing” is provided for physical disabilities OR mental disabilities, and this can make it unclear just how much housing is designated for residents with mental-health needs.

**Transportation:**

1. Towns should work with mental health facilities based in Hartford to open satellite offices in their towns.
2. As mentioned above in State listings, coordinating with adjacent towns to provide transportation into Hartford would benefit all nearby town residents.

**Training/Education/Outreach:**

1. Town personnel, police personnel, schools, church/clergy, and parents should pursue training in “Mental Health First Aid” (there is a training program by that name) or CIT (Crisis Intervention Team) training. The “Mental Health First Aid” program may be more appropriate for the layperson, and is worth investigating.
2. Parents: one interviewee cited the need for a parental advocacy coalition (which this person referred to as “Parents Helping Parents”) to “identify a target and aim”, meaning to identify specific areas for mental health service improvement, educate legislators on these needs, and seek resolution to these problems. NAMI CT provides just such a program called “Family to Family”, and NAMI also has advocacy groups to meet this need.

The following ideas are largely geared toward local school districts, and addressed several approaches to improving mental health of our young people. Most of these ideas were presented by a retired high school psychologist who was part of the survey.

1. More mental health resources are needed within the schools. This professional saw a slight bias, encouraged by non-psychologically-oriented school administrators, toward behavioral interventionists instead of psychologists. The interventionists treat the symptoms/manifestation of the student’s problem, not the root cause. A psychologist would get at the root cause.
2. School administrators should move away from the current shift to “data-driven” decision making with regard to choosing which mental health services to provide within their district. Working with students who need mental health services is not a “cut and dry” situation, and the plusses and minuses of treatments and services do not always “print out neatly on a spreadsheet.” Thus, this mode of thinking can prevent schools from getting the best mental health services for their students.
3. Similarly, due to these data-driven approaches, schools currently have to wait until a student presents evidence of being a threat---i.e. breaking a law, hurting someone or himself, before they can act. A less data-driven approach would take into account the observations of the teachers and administrators that really know the students.
4. At least twice a year, school districts should present (and heavily advertise) a program for families about internet addiction and violent video game addiction. This is a true epidemic among our youth, and intervention by parents needs to occur at younger ages to be effective, often by the 5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> grades. By the time these kids are teenagers, the parents may lose control, because the kids are old enough and big enough to possibly present a physical threat to their parents. Important to note here is that even if attendance

“data” does not show a high turnout of parents for a school program, the school administration should NOT see it as a failure. Even if only 10 parents show up, those are 10 people who really needed the training and got it.

5. Teachings of mindfulness and yoga should be incorporated in the health curriculum of all schools. Teachers should be trained in these methods too. One of the very good programs available is held every August at the Garrison Institute, Garrison, NY.

### **Knowing Where to Start:**

1. Towns can make sure that all of their police, fire, social services, schools, and all religious institutions in town have the appropriate brochure for their region (see above under “State” listings, “Knowing Where to Start”). This is a concise, quick reference for all who work with town residents to use when services are needed.
2. Town governments can use their websites to prominently display contact numbers for their social services office, etc., for residents to use for questions about services.
3. Since the topics of bullying and mental-health may often be related, school programs and discussions could focus on these topics in relation to each other. As parents are trained as to what to look for in bullying situations, they could also be informed as to what to look for regarding possible mental health issues. The process of resolving bullying conflicts could reveal mental-health issues with either the bully, the victim, or both, which could increase the likelihood of getting to the root of their problems.

### **Erasing Stigma:**

1. Across all interviewees, EDUCATION TO REDUCE STIGMA was emphasized. Because mental-health issues reach across all ages and income levels, every possible communication channel should be used to reach all residents regardless of internet connectivity (or lack thereof). All professionals—town administrators, police, fire, school, and church administrators---should be talking about it in their respective venues, online, and in print media.
2. Recently in local papers, a group was formed at Simsbury High School called “Best Buddies.” This group is dedicated to forming buddy-systems for mentally impaired students to work with neurotypical kids. Attention Magazine recently published an article describing the “LETS” organization, which stands for “Let’s Erase the Stigma.” This program is empowering students at middle and high schools, and colleges and university campuses too. Professionals or anyone interested in this organization can check the website for more information ([www.lets.org](http://www.lets.org)).

### **Appendix:**

ACT - Assertive Community Treatment

CIT- Crisis Intervention Team

DCF- The Department of Children and Families

DMHAS -Department of Mental Health and Addiction Services

EMPS- Emergency Mobile Psychiatric Services

MHPAE-Mental Health Parity and Addiction Equity Act

NAMI of Connecticut - National Alliance on Mental Illness

NCRMHB- North Central Regional Mental Health Board

SRO -School Resource Officers