

March 9, 2015
Report to the Selectmen
Town of Redding

REDDING MENTAL HEALTH TASK FORCE – RECOMMENDATIONS

At its July 2014 meeting, the Redding Selectman created the Mental Health Task Force (the “Task Force” or “MHTF”) and charged it to “explore and recommend to the Board of Selectmen the implementation of an efficient and effective plan for providing improved mental health resources to the community of Redding.”

At its regularly scheduled meetings, the MHTF requested and reviewed information from a cross-section of local professionals, as well as the public, regarding their insights, expertise and recommendations.

To date, the following persons have presented at our Task Force Meetings:

- Redding Chief of Police, Douglas Fuchs.
- Superintendent of Schools, Bernie Josefsberg, together with Gina Pin, Assistant Vice Principal at JBHS, and Kristin Martin, School Social Worker at RES.
- Elizabeth Jorgensen, CADIC, Owner of Insight Counseling, ERCC, and nationally recognized authority on Substance Abuse.
- Selectman, Leon Karvelis - presentation about mental health expenditures in the town budget.
- Janine Sullivan-Wiley, Executive Director - Northwest Regional Mental Health Board (NWRMHB). (Redding is part the NWRMBH State catchment area.)
- Gail Schiron, Director, Town of Redding Social Services.
- Rosalind Kopfstein, DSW, LCSW specializing in Elder Counseling, Chair of Commission on Aging, and Adjunct Professor of Social Sciences at Western Connecticut State University.
- CT State Representative Dan Carter, and CT State Senator Toni Boucher.
- Public Input – Focus of February 11, 2015 meeting

In addition to the formal meetings, Leon Karvelis, Gail Schiron and Mary Dale Lancaster attended the Mental Health Legislative Forum held in Danbury on October 23rd, and Mary Dale Lancaster attended the Southwest Regional Legislative Forum on Mental Health in Norwalk on December 3rd. Further, Leon Karvelis completed the Mental Health First Aid Training held at the Mark Twain Library in November, and Gail Schiron regularly attends the monthly NWRHB meetings. Doug Fuchs reported back with relevant law enforcement materials he has gathered from law enforcement seminars, and Rosalind Kopfstein brought back valuable information from the Social Work domain, including information introduced at a seminar this fall.

Throughout its tenure, the Task Force has gathered relevant materials, including pamphlets, guidebooks, resource information and statistics (both on-line and hard copy) in order educate and

inform itself about Mental Health issues. All MHTF materials have been collected into a single binder, for reference and review.

Finally, Mary Dale Lancaster reviewed and shared information about the following:

- Report of the Task Force to Study the Provision of Behavioral Health Services for Young Adults) (“**Young Adult Task Force Report**”), established pursuant to CT Public Act 13-3 (Section 66).¹ See www.cga.ct.gov
- Children’s Mental Health Task Force Report and Recommendations – September 30, 2014 (“**Children’s Task Force Report**”) established pursuant to CT Public Act 13-178. See www.cga.ct.gov
- Report of the Office of the Child Advocate, Sandy Hook Shootings www.ct.oca.lib/oca/sandyhook11212014.pdf (“**OCA Sandy Hook Report**”)²

Background:

Connecticut suffered a horrific tragedy in December 2012 when 26 lives were senselessly taken at the Sandy Hook Elementary School in our neighboring town of Newtown.

Connecticut responded to Sandy Hook by, among other legislative means, authorizing Acts, including Public Act 13-178: An Act Concerning the Mental, Emotional and Behavioral Health of Youth, and **Public Act 13-3 (Section 66): An Act Concerning Violence, Prevention and Children’s Safety**. Further, the Connecticut Child Fatality Review Panel requested the Office of Child Advocate to draft a report that focusing on Adam Lanza’s life, with the goal of learning from missed opportunities. These reports are referenced above.

In response to the legislative actions, The Redding Chapter of the League of Women Voters elected to study certain provision PA Act 13-3 (Section 66): An Act Concerning Violence, Prevention and Children’s Safety. In November 2013, the LWV formed a Working Group to study the Mental Health provisions of this law. After 6 months of detailed research and review of Mental Health issues in CT, the Redding LWV presented its finding to the Board of Selectmen, with the recommendation that a Task Force be formed to further study this very important and quite complex matter. The MHTF was thus formed in July 2014.

¹ This report pulled much data directly from the Young Adult Task Force Report.

² The OCA reports about potential missed opportunities in Adam Lanza’s life, particularly in the public school setting. It is highly recommended reading for our public school administrators.

During the course of its work, the MHTF judiciously guided itself by the charge given: “to explore and recommend to the Board of Selectmen the implementation of an efficient and effective plan for providing improved mental health³ resources to the community of Redding.”

The MHTF relied, in part, upon the Task Force reports listed above. We listened carefully to the highly informative speakers at each of our meetings and carefully reviewed all submitted materials. We asked questions, grappled with answers, and reviewed extensive data and resources. While much of the information we reviewed highlighted the challenges of delivering mental health services in the state of CT as a whole, we distilled the data for use as it applies specifically to Redding.

Findings:

Mental Health issues, estimated to affect 20% of the population⁴, are prevalent in all walks of life, regardless of education, background or financial status. Thus even here in our own small town of Redding, 1 in 5 residents may need to avail themselves of mental health services. Statistics shared at our meetings bear out the **EYE-OPENING NUMBERS OF MENTAL HEALTH INCIDENTS** in Redding.

- See Redding Police Department Report – Call Volume by Type – 2011 thru October 2014 – 674 calls re: Family Disputes, Well-being Checks, Suicide or a Suicidal Ideation
 - As per Liz Jorgensen – 20 % of Young Adults are at high risk for a Major Depressive Disorder – See also Young Adult Task Force Report; Section II, Scope of Problem
 - As per Liz Jorgensen – 11 Deaths of Young Adults in Easton/Redding over last 4 years due to substance abuse and/or mental illness
 - 24 % of 18 – 24 year olds in CT have abused or are dependent on alcohol or illicit drugs – See Young Adult Task Force Report
- The pressing need for **REFERRAL** services has been amply demonstrated to our committee by universal health statistics, police activities (including domestic violence), and input by regional mental health professionals, school personnel, local community conversations, Redding’s own Social Services Department, as well as from public input.
 - See Executive Summary of Task Force to Study the Provision of Behavioral Health Services for Young Adults
 - See Briefing Notes: Mental Health Priorities – Access to Comprehensive Care – prepared by the SW Regional Legislative Forum on Mental Health

³ While we began this report researching “**Mental Health**”, it has come to our attention that the correct terminology is more likely “**Behavioral Health Issues**”, a term that is broader and encompasses substance abuse. However, for the purposes of this report, we are using the term “Mental Health”, as charged.

⁴ This is a low estimate – NAMI reports a 25% incidence.

- The Young Adult Task Force Report recommends that all school districts have **one (1) social worker per 250 students**⁵. Each of Redding’s two lower schools has 1 social worker per school (with populations @ 500 students); at Joel Barlow, 1 social worker serves the entire school population, @1000 students. **Using these statistics, the Task Force finds that the town government of Redding lacks the professional staffing resources necessary to provide non-educational mental health triage and referral services. It appears patently prudent that the town have at least one (1) licensed clinical social worker (“LCSW”) who can work with a broad segment of the population.**

- While the Redding Police Department does an admirable job in responding to crisis situations, and has provided data as to the number of its annual responses⁶, there is an urgent need for **FOLLOW-UP AFTER THE CRISIS SUBSIDES** (where does one go for help, whom should one contact, how does one do that, how does one pay for such services, what type of insurance is needed, is help available if there is no insurance, how does one move forward after the crisis, etc.)
 - Few local residents seek help after police are called in for a crisis – See Report by Director of Social Services, Redding.
 - Those who have sought police assistance may now believe that have no further options for assistance or for seeking out help.
 - See generally, Young Adult Task Force Report, Children’s Mental Health Task Force Report – people are at a loss and do not know where to begin seeking services.

- Similarly, while the schools generally provide a protective haven for students enrolled at and attending school, there are no town services available to guide **STUDENTS WHO ARE NO LONGER IN SCHOOL**, either because they have stopped attending, or have recently graduated. There is an urgent need to serve young adults who may not yet have established a network of help for themselves.
 - Comments made by ER9
 - Comments made by invited speakers
 - Comments at the Public Comment meeting

- Optimally, a school social worker would work cooperatively with the town **LCSW** on issues that **SPILL OUT OF SCHOOL BOUNDARIES AND CALL FOR A MORE COMPREHENSIVE LOCAL PLAN.**
 - Comments by local social workers, including JRMS social worker
 - ER9: More mental health services in town is a positive outcome
 - Some students and parents are not comfortable, for various reasons, with using school resources

⁵ Young Adult Task Force Report, Issue 8, Recommendation # 21.

⁶ See Redding Police Department Report – Call Volume 2011 thru current (October 2014)

- **A SILENT EPIDEMIC OF MIDDLE AGE AND ELDERLY SUICIDE IS PERMEATING OUR COMMUNITY.**
 - As per police statistics, three (3) middle aged person in Redding committed suicide in 2014.
 - As per Liz Jorgensen and Kim O’Rielly, at the public comment session: “epidemic” of suicides in this age group
 - As people feel loss of economic control (job loss/cut backs), and otherwise feel vulnerable, the per capita increase of overdoses and suicide attempts in this population has skyrocketed.
 - A LCSW could offer vital service to this frequently overlooked population.

- **SUBSTANCE ABUSE AND MENTAL HEALTH** issues are often highly correlated. Highlighting the relationship between these two concerns, and how one can affect the other, would provide invaluable insight to students, parents and all other age groups, and would serve the public interest.
 - Liz Jorgensen report
 - Young Adult Task Force Report

- **STIGMA** is frequently cited as a deterrent to seeking mental health services. Mental Health issues are often incorrectly thought to be “character” issues, and may cause intense shame and/or denial, thus dissuading some to seek services. The LCSW should work on educating the public about mental health services by organizing educational forums (i.e. at the library), print materials, and in general leading a conversation to **DE-STIGMATIZE** seeking out help and treatment.
 - Janine Sullivan-Wiley suggested this as a top priority.
 - See generally, Task Force Reports
 - Counter-intuitively, well-educated people are often the least likely to seek out services because mental health problems “do not happen to people like them”.

- **A COMPREHENSIVE PROVIDER RESOURCE GUIDE**, created and maintained with the help of an LCSW, would be a valuable resource for all of our town residents.
 - See generally, Task Force Reports
 - Help in determining which local providers are available, and what the terms and conditions of treatment and payment are.
 - Knowledge about insurance networks, and ability to help determine what local providers are affiliated in individual networks.

- Although there is a wealth of information from many different sources about Mental Health Resources in Connecticut, **IT IS NEARLY IMPOSSIBLE TO MAKE ONE’S WAY THROUGH THE PLETHORA OF MATERIALS TO FIND THE SERVICES ONE MAY NEED.**
 - MHTF reviewed vast numbers of online and print resources. Each resource may be helpful in pinpointing a distinct service or services, but it is very difficult to tell whether the service is appropriate for any given need, especially considering

insurance/costs/availability/distance/unique problem at hand/public vs. private/ etc. In short, the resources available are not necessarily user-friendly for those in need.

- **ELDERLY RESIDENTS** may face a number of problems in living, and may need more direct support in managing changes in their lives. A LCSW could coordinate home visits to assess mental health needs for the elderly, including those who may be at risk of neglect. Medicare may be highlighted as a potential source of mental health services.
 - Rosalind Kopfstein, DSW, LCSW specializing in Elder Counseling
- The LCSW should build a **REFERRAL NETWORK** with local hospitals, and other public and private mental health care professionals. This could be invaluable to guiding our residents through the very tricky task of seeking appropriate help.
 - See generally, all Task Force Reports
 - Having a relationship with local resource providers can be crucial in helping a person to get their foot in the door of a professional practice
 - A “go-to” resource would be tremendously helpful in negotiating a fragmented delivery system
- The LCSW should provide citizens with guidance in accessing **PUBLIC MENTAL HEALTH CARE** assistance.
 - For those who qualify, public mental health resources provide a significant tool.
 - Many people, especially young adults with limited salaries, would be well served by having a town resource which could direct them to the wealth of public health treatment options.
- **RECOVERY FROM MENTAL HEALTH ISSUES IS NOT ONLY POSSIBLE BUT LIKELY** with proper treatment and, importantly, support from the community.⁷
- Finally, **THE ECONOMIC AND PSYCHOLOGICAL COSTS OF NON-DIAGNOSED OR LATE-DIAGNOSED MENTAL HEALTH DISORDERS ARE STAGGERING.**
 - While the overall costs for are primarily born by individuals and their families, they are also shouldered by all residents in monies spent for health care, services of town agencies (i.e. Police, EMT), special education and juvenile justice⁸.
 - **Rough estimate of direct behavioral (mental) health costs for the 0 – 25 age group in CT for 2012 was \$526,000,000.**
 - **This does not include indirect costs to individuals and society such as lost productivity, lost developmental potential, morbidity and early mortality.**

⁷ 65% of people with Major Depressive Disorders and 85% with Bi-Polar Disorder will recover with proper medications and community support. As per Kim O’Rielly – public meeting.

⁸ See generally, Task Force Reports. As per the Young Adult Task Force Report, 70% of juvenile justice population in CT likely has behavioral health disorders. Average Cost of juvenile detainee at Middletown Jail is \$313,000 (as per Liz Jorgensen).

- Early diagnosis and treatment of mental health disorders frequently provide opportunities to reduce the overall costs and morbidity associated with mental health disorder.
- In short, addressing mental health needs earlier rather than later may ultimately mitigate the more costly and wrenching future expenses to town residents.⁹

Input from the Public:

- The MHTF held a meeting on February 11th specifically seeking input from the public about its proposals referenced above. Approximately 15 people attended. Not a single person objected to the proposal, and all spoke adamantly in favor of the MHTF recommendations. Residents voiced opinions that “We Need More Help”, “Why Whisper about Mental Health” and “We Don’t Know Where to Go”, and other thoughts along those lines. The minutes of the February meeting, along with letters submitted to the MHTF by the public, are attached this report.

Recommendations:

I. Hire a Licensed Clinical Social Worker (LCSW). We are recommending that the town hire a 25 hour-a-week LCSW with a suggested salary of \$45,000.

- Presently, our Director of Social Services, Gail Schiron, is focused on the senior center, as well as financial social work, such as assisting residents in times of need (food, shelter, heating). The Director is also charged with making referrals for substance abuse, domestic violence and sexual abuse, and certain insurance issues. Ms. Schiron is well regarded for her work in these areas. However, our Director is not licensed by any state authority, and therefore cannot and should not provide the services that only a LCSW can offer.
- A savvy, well-connected LCSW would put together a program that addresses the needs stated above:
 - Referrals to other Mental Health Professionals
 - Resource for residents both before and after a Mental Health Crisis
 - Resource to our vulnerable populations, including Young Adults and the Elderly
 - Robust Program Information about Substance Abuse and Mental Health Problems
 - Short-term triage counseling, with referral, as necessary. NB: The MHTD does not envision nor recommend in-depth, long term counseling.
- Hiring a LCSW follows the model of many of our neighboring towns, including Weston, Ridgefield and Wilton. Ridgefield and Wilton in particular have services that are used robustly by its residents.
- At present, the burden for addressing mental health needs in Redding, if at all, is addressed in a fragmented manner through various town agencies, i.e. Police, Social Services, Parks and Recreation, EMT, our Schools, etc. A LCSW should serve as a

⁹ Statistics from Young Adult Task Force Report

central source for streamlining and coordinating information and or services among our various town agencies as well our families.¹⁰

- Redding currently lacks the professional staffing resources necessary to provide non-educational mental health triage and referral services. Having at least one LCSW as a town employee would allow work and service with a broad segment of the town population.
- Having a resource to seek out help for mental health (and substance abuse) in a timely manner will likely greatly mitigate the more costly and wrenching future psychological, emotional and monetary costs to Redding and its families.
- The LCSW should maintain professional contact with those in similar positions in neighboring towns, and to strive to facilitate future effective and efficient service improvements both in town and at the state level.

II. Require Town Supervisory Personnel and those Personnel who deal with Mental Health and Substance Abuse issues to attend the Mental Health First Aid Training Course over period of time.

- The training is an 8-hour course, with a fixed cost of \$50 per person.
- \$500 in funding would allow 10 people to attend such a course.
- Support the Police Chief in his mission to train the majority of his staff in, "Crisis Intervention Training" (CIT) and response through CABLE [Connecticut Alliance to Benefit Law Enforcement]. This is training which is recognized as the industry standard and for which there is some grant funds available to backfill the overtime required to make this training possible.
- Institute a regular training protocol about mental health crisis interventions.
- Review EAP Resources for town employees to determine how these services are used and to ensure the confidentiality of the referral process.

The MHTF recommends that the town consider these suggestions, and decide whether one part-time LCSW can meet Redding's needs. In addition, as programs are implemented, and the needs of the community are further evaluated, the Selectmen are encouraged to decide whether more services are prudent.

Conclusion:

The MHTF hereby thanks the Redding Selectmen for giving us an opportunity to study this all-important topic, and allowing us to present our findings to you.

¹⁰ NB: HIPAA laws must be consulted. The Task Force Reports in general report about how grossly misunderstood HIPAA is throughout the state, and that it would behoove all entities affected by HIPAA to gain a full understanding this law. This may be a matter to bring up at the state and/or national level.

We are very proud that Redding is at the forefront of Connecticut towns that are actively seeking information about improvement in meeting mental health needs and services at the town level. Small towns throughout the state, as well as NWRMHB, our regional catchment area, are closely monitoring our efforts. We have an opportunity to set a model that makes a significant difference not only in Redding, but also throughout our state.

As Chair, I also want to extend a sincere thank you to the very capable and hardworking members of this Task Force who spent a lot of time, and expended a whole lot brain power and sweat equity before, during and after our meetings. This was a well-oiled group that worked hard and well together, and I do hope that Redding will benefit from its work.

Respectfully submitted,

Mary Dale Lancaster

Mary Dale Lancaster, Esq., Chair

Members: Rosalind Kopfstein, DSW, LCSW, Secretary; Gail Schiron, Director of Social Services; Douglas Fuchs, Chief of Police; Leon Karvelis, Selectman

NB: Leon Karvelis, Selectman, recused himself from the MHTF “Recommendations” set forth in this report.