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HCT2020 Year 1: 2016 Action Agenda Mental Health, Alcohol, and Substance Abuse

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Focus Area 1: Mental Health, Alcohol, and Substance Abuse

Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Area of Concentration: Behavioral Health

SHIP OBJECTIVE MHSA-1: Decrease by 5% the rate of mental health emergency department visits.

Dashboard Indicator: [Rate of mental health emergency department visits in Connecticut](#)

Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Communications, Education and Training</i>			
<p>Increase knowledge and implementation of behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age</p>	<p>a. Create and disseminate an educational one-page behavioral health data fact sheet including a link to SAMHSA’s list of screening tools, to promote behavioral health screening among primary care providers by Q1</p>	<p>Community Health Network of CT (CHN) Connecticut Hospital Association (CHA) CT Department of Children and Families (DCF) CT Department of Mental Health and Addiction Services (DMHAS) CT Department of Public Health (DPH) CT Office of the Healthcare Advocate (OHA) Federally Qualified Health Centers (FQHC) School Based Health Centers (SBHC)</p>	
	<p>b. Identify and use avenues for dissemination of fact sheet and other informational materials. (e.g., existing listservs, National Depression Screening Day, etc) (Q2-Q4)</p>	<p>Connecticut Clearing House Connecticut Healthy Campus Initiative Depression/Suicide Training providers DMHAS/Public Information FQHCs SBHCs</p>	
	<p>c. Promote and increase screening, brief intervention and referral to treatment (SBIRT) among primary care providers such as Person Centered Medical Homes, FQHCs, and School-based clinics; Q3-Q4</p>	<p>CHA CT Department of Education (SDE) CT Department of Social Services (DSS) Medicaid DCF DPH FQHCs and other Community Health Centers Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services UCONN Health Center</p>	

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Strategies	Actions and Timeframes	Partners Responsible	Progress
	d. Identify and embed SBIRT components into the Health Professional Training Programs' curricula at UCONN Health Center's medical, nursing and dental schools by Q4	CHA DCF DPH DSS/Medicaid FQHCs and other Community Health Center Agencies Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services SDE UCONN Health Center	

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Collaborate with 5 area hospital Emergency Departments (EDs) at Bristol, St. Francis, Hartford, William Backus and Yale to reduce behavioral health ED visits.	a. Manage collaboration with Value Options (Medicaid Administrative Services Organization or ASO), and 5 area hospital Emergency Departments (EDs) which have the highest volume of behavioral health visits to: <ul style="list-style-type: none"> ▪ Identify ED frequent visitors using Medicaid claims data, and share these lists with the 5 EDs. Q1 thru Q4 ▪ Deploy Intensive Care Manager and Peer Teams to each of the 5 EDs to work with ED staff and frequent visitors to enhance connect to care and care coordination post ED visit, and decrease ED readmissions. Q1 thru Q4. ▪ Monitor success of models for possible replication and/or adaptation (dependent upon resources) Q4 	Bristol Hospital Connecticut Hospital Association DMHAS DSS Hartford Hospital St. Francis Hospital Value Options William Backus Hospital Yale New Haven Hospital	
	b. Work to strengthen existing Community Care Teams and provide ASO resources to help develop and implement CCTs as resources allow. Q1 thru Q4.		
Support legislation to establish statewide property maintenance code	a. Publicize legislation among partners	MHSA Action Team	
	b. Provide testimony as time, policies allow	MHSA Action Team	

Resources Required (human, partnerships, financial, infrastructure or other)

- In development

Monitoring/Evaluation Approaches

- Provide quarterly report outs

Focus Area 1: Mental Health, Alcohol, and Substance Abuse

Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

Area of Concentration: Substance Abuse

SHIP OBJECTIVE MHSA-5: Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)

Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Communications, Education and Training</i>			
Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).	a. Work with Regional Action Councils (RACs) to educate the public on prescription drug-related consequences – ongoing	CT Department of Consumer Protection (DCP) – source of information CT Department of Energy and Environmental Protection (DEEP) CT Department of Administrative Services (DAS) CT Poison Control Center DCF Public Health Campaign DPH Office of Injury Prevention - currently has a PSA DMHAS Opioid Prevention Workgroup Governor’s Alcohol and Drug Policy Council (ADPC) Police Chiefs Area Agency on Aging CT Department on Aging	
	b. Partner with the DCF Public Health Campaign to produce a prescription drug misuse public health alert for consumers (Q1)		
	c. Link to website with information on the locations and proper use of drop boxes for public medication disposal (Q1)		
	d. Continue to update website with current information with drop box & treatment centers & other resources. (Q1)		
	e. Work with CT Pharmacists Association to engage in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes (Q1)		
	f. Increase awareness of prescription drug abuse and opioid overdose prevention among older adults		
	g. Increase awareness of prescription drug abuse and opioid overdose prevention among caregivers of older adults		
	h. Increase awareness of controlled drug disposal programs, including official prescription take-back events and local drop-boxes		
	i. Increase state level efforts to publicize National Drug Take Back Days sponsored by DEA (Q1)		
	j. Work with RAC’s to develop and disseminate Point of sale/distribution signage for pharmacies in all RAC regions across the state to promote drop boxes and awareness of opioid poisoning prevention. (Q1) (collaborate with IVP ACTION Team)		

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Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Communications, Education and Training</i>			
Promote adoption of opioid prescribing guidelines, such as SAMHSA’s in-person continuing education course, <i>Prescribing Opioids for Chronic Pain</i>	a. Identify barriers to improved prescribing practices, such as patient education, reimbursement, and availability of non-opioid therapies for pain management (Q1)	ADPC (educate on prescriber guidelines) CHA Community Health Center Association of CT (CHCA) CT Department of Correction (DOC)	
	b. Work with prescribers in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes (Q1)	CT Medical Society??? DCP DMHAS Office of Multicultural Healthcare Equality RACs	
<i>Surveillance</i>			
Identify prevention opportunities from the review of aggregate data from the CPMRS and other sources.	a. Invite ADPC to present on their data	ADPC DCP DMHAS Opioid Prevention Workgroup	
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"> In development 			
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> Provide quarterly report outs 			

Focus Area 1: Mental Health, Alcohol, and Substance Abuse			
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Area of Concentration: Exposure to Trauma			
SHIP OBJECTIVE MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Surveillance</i>			
Determine current baseline level of trauma screening in primary care and behavioral health	a. Review existing mechanisms for establishing baseline data (Q1)	DHMAS	
	b. Consult with Massachusetts researchers and others (Q1)		
	c. Determine CT methods (Q2)		
	d. Establish CT baseline (Q3)		
	e. Obtain consultation from Dr. Felitti about screening (Q2)		
	f. Collaborate with other SHIP groups/Advisory Council working on baseline screening data processes (Q2)		
<i>Planning & Development</i>			
Explore options for trauma screening	a. Review results of baseline assessment (Q3-4)	Connecticut Chapter, American Academy of Pediatrics Connecticut Council of Child and Adolescent Psychiatry Connecticut Women’s Consortium DCF DMHAS MHSA Action Team	
	b. Review tools with trauma screening embedded and trauma specific screens (Q2-4)		
	c. Review alternative methods and locations for trauma screening (Q3-4)		
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> In development 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs Review PD data from the CT School Health Survey and other local, state and nationally administered surveys. 			