

**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
1. Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)	a. TBD		
2. Increase mental health literacy of public safety officials	a. TBD		
3. Increase access to community-based mental health services that offer sliding fee scales and/or no cost services including school based health centers and community health centers	a. TBD		

**Resources Needed:**

- Schools (public & private)
- Trauma information training and delivery system (administration, teachers, students, parents/families)
- Community Based Organizations (B&G Club, YMCA)
- DCF – screening
- Plan for Children – connect
- School Based Health Centers
- CT Assoc. of Childhood & Adolescent Psychiatrist

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs
- Public Act 16142 – Kids with Developmental Disabilities through age 21
- PA 13178 – Implementation sub-committees data analysis
- CT Hospital Association
- CCMC

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<b>AREA OF CONCENTRATION: Behavioral Health</b>			
<b>SHIP OBJECTIVE MHSA-1</b>			
<b>Decrease by 5% the rate of mental health emergency department visits.</b>			
<b>Dashboard Indicator: <a href="#">Rate of mental health emergency department visits in Connecticut</a></b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
<b>Community Assets Available:</b>			
<ul style="list-style-type: none"> <li>• CHDI</li> <li>• DCF</li> <li>• Law enforcement (Youth CiT program )</li> <li>• SAMHSA (First episode – college)</li> <li>• JJPOC – work plans</li> </ul>		<ul style="list-style-type: none"> <li>• CT Hospital Association</li> <li>• CCMC</li> <li>• Senior Centers (1b)</li> <li>• Assisted Living Centers (1b)</li> <li>• Youth &amp; Social services (1a/1b)</li> </ul>	
<b>ACRONYMS:</b>			
ACEP: American College of Emergency Physicians		DMHAS: Department of Mental Health and Addiction Services	
CHCACT: Community Health Center Association of CT		MHFA: Mental Health First Aid	
CCPWR: CT Center for Prevention, Wellness, and Recovery/CT Clearinghouse/Wheeler Clinic		SBHC: School Based Health Centers	
DCF: Department of Children and Families		SIM: State Innovation Model to integrate medical and behavioral health care, build population health, and reform payment and insurance design	

**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: REVISED (05-02-2018): Reduce by 5% the use of opioids, including heroin 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
1. Implement strategies recommended by the ADPC and CORE Initiative to increase public education on overdose prevention, and the dangers of regular non-medical use of pain relievers and alternatives to opioid pain relievers, and strategies appropriate to culture, language, and literacy skills.	a. Increase awareness of safe disposal of prescription opiates and other medications b. Engage local health departments to build infrastructure for opioid prevention c. <b>TBD</b>		
2. Train Primary Care, OBGYNs, Dental professionals, etc. on alternatives to opiate use for pain management and reduction of stigma – measure: increased use of alternative medicines and practices in place of opiate prescription	a. <b>TBD</b>		
3. Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting	a. <b>TBD</b>		

**Monitoring/Evaluation Approaches**

- Provide quarterly report outs
- Review data from the CT School Health Survey and other local, state and nationally administered surveys.

**ACRONYMS:**  
 DCP: Department of Consumer Protection  
 CMPRS: Connecticut Prescription Monitoring and Reporting System (CPMRS)  
 MAT: Medication Assisted Treatment for substance use disorders

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<b>Area of Concentration: Exposure to Trauma</b>			
<b>SHIP OBJECTIVE MHSA-8</b>			
<b>Increase by 5% trauma screening by primary care and behavioral health providers.</b>			
<b>Dashboard Indicator: Number of trauma screenings conducted in publicly funded programs</b>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
1. Determine current baseline level of trauma screening in CT for Medicaid funded programs; Determine data points needed to consider base level of trauma screenings for commercial payers	a. <b>TBD</b>		
2. Increase provider trauma screening training opportunities (i.e. CBITS, other trauma screenings) for medical and behavioral health providers across all settings (private offices, FQHCs, SBHCs)	a. <b>TBD</b>		
3. Create a billing code for primary care providers to bill for trauma screening. There is currently no way to track trauma screening across either behavioral health or primary care statewide. Trauma screening is trackable in child welfare and juvenile	a. <b>TBD</b>		
<b>Resources Needed:</b>		<b>Monitoring/Evaluation Approaches</b>	
<ul style="list-style-type: none"> <li>• Data (useable, accurate, accessible, reliable)</li> <li>• Human Resources (data analysts)</li> </ul>		<ul style="list-style-type: none"> <li>• Provide quarterly report outs</li> <li>• Review data from the CT School Health Survey and other local, state and nationally administered surveys.</li> </ul>	
<b>Community Assets Available:</b>			
<ul style="list-style-type: none"> <li>• State agencies</li> <li>• Dept. sub-contractors (i.e. medical, dental, BH ASOs)</li> </ul>			