



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

**Healthy Connecticut 2020**

***State Health Improvement Plan***

**Mental Health and Substance Abuse ACTION Team**

**Meeting NOTES**

<b>Date:</b> 02-07-2018
<b>Time:</b> 1:00pm - 3:00pm
<b>Location:</b> Conference Room 1C, 1st Floor DPH, 410 Capitol Ave, Hartford CT
<b>Attendees :</b> Janet Storey, Cathy Sisco, Judith Dicine, Nydia Rio-Benitez, Shawn Lang, Susan Logan, Ray Kennard, Ramona Anderson, Orlando Velazco, Doriana Vicedomini, Melanie Bonjour, Sandy Gill, Laurie Ann Wagner

<b>Agenda Items</b>	<b>Discussion</b>	<b>ACTION Items and person responsible</b>
<b>Welcome</b>	Many participants elected to participate telephonically. Introductions were made of all in attendance.	No action needed
<b>SHIP 101</b> <i>Brief overview for new members</i> <ul style="list-style-type: none"> <li>• <i>Where we have been</i></li> <li>• <i>Where we are now</i></li> <li>• <i>Where we are going</i></li> </ul>	Sandy Gill provided a brief overview for new members reviewing the timeline of HCT2020 then (re)oriented members to the HCT2020 dashboards. She shared the status of the 2017 annual SHIP report and the policy agenda for 2018. In conclusion she shared a crosswalk between priorities set by the SHIP and the various CHIP across the state. Of note- this crosswalk reflected the subjective interpretation of the CHIP.	No action needed
<b>2017 SHIP Annual Report Action Team Highlights</b> <i>Success story and highlights reported for 2017</i>	Janet Storey reviewed the draft MHSA pages in the 2017 annual report. The following reflects the highlights from the discussion on this topic: <ul style="list-style-type: none"> <li>• Improved data sharing that is occurring around opioid deaths is reflected in the MHSA success story for the report. Of note, there is a plan to create a formal agreement between DMHAS and DPH to share Rx. Data that would be useful in conjunction with this morbidity data. This is expected to be implemented in 2018.</li> <li>• Data tracked in the MHSA Objective 5 related to the non-medical use of pain relievers across the lifespan is no longer available from SAMSHA.</li> <li>• The number of trauma screenings conducted by primary care and behavioral health providers is not readily available. <ul style="list-style-type: none"> <li>○ Additional potential data sources were discussed including DCF, SBHC and APCD</li> </ul> </li> </ul>	



	<ul style="list-style-type: none"> <li>○ DSS has offered considerable data reflecting effort around strategies employed with Medicaid providers but question was raised as to what (if any) billing code is used to reflect screening for trauma.</li> <li>● Team affirmed interest in retaining a discrete objective for trauma screening despite the strategy under objective 1 echoing trauma screening.</li> </ul>	
<p><b>Going Forward in 2018</b></p> <ul style="list-style-type: none"> <li>● <i>Strategic focus moving forward</i></li> <li>● <i>Benchmarking progress</i></li> </ul>	<p>Cathy Sisco refocused the group on the</p> <ul style="list-style-type: none"> <li>● inherent challenges of having so many strategies,</li> <li>● need for indicators for each of the strategies</li> <li>● importance of aligning the strategies with the objectives</li> <li>● need for consistent data sources</li> </ul>	<p>The action team was asked to consider if the strategies listed for the three objectives currently prioritized for attention by the action team (#1, 5, &amp; 8)</p> <ul style="list-style-type: none"> <li>● are the most appropriate,</li> <li>● have data/indicators to measure success and</li> <li>● if there were any that could/should be eliminated or added</li> </ul>
<p><b>Objective MHTA – 5 Discussion</b></p> <p><i>Discuss combining MHTA-2,5 and 6 into a new objective</i></p>	<p>Cathy Sisco and team members discussed the significance of alcohol and marijuana use and abuse in CT and the absence from the priorities set by the team for 2017</p> <ul style="list-style-type: none"> <li>● alcohol is the most pervasively misused/abused substance in the state</li> <li>● while alcohol induced morbidity is not as high as opioid related deaths, it has a high functional impact</li> </ul> <p>As both alcohol and marijuana use are among the broader action team objectives Cathy proposed that objective 5 be rewritten as, “To reduce by 5% the misuse of substances, including alcohol, prescription and illicit drugs”</p>	<p>The action team was asked to consider whether they liked this idea.</p>
<p><b>Partner Engagement</b></p> <p><i>Identification and outreach to strategic partners further the reach of the action team in 2018</i></p>	<p>Due to time constraints we were not able to have any real discussion about this but it was proposed that this would be put before the team electronically</p>	<p>The action team is asked to consider if there are any new members and/or additional resources that help the MHTA Action team achieve its goals.</p>
<p><b>Next steps</b></p> <p><i>Next meeting: Wednesday, 5/2/18, 410 Capitol Ave, Hartford, CT</i></p>	<p>Questions reflected in the action item column will be put in front of all MHTA team members via Survey Monkey due on March 30, 2018. Co-leads (Janet and Cathy) will assemble responses and revise action agenda as appropriate and send out to membership for final review and adoption before next meeting.</p>	