



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

Date: 08-01-2018
Time: 1:00pm - 3:00pm
Location: Conference Room 1C, 1st Floor DPH, 410 Capitol Ave, Hartford CT
Conference Line: 1-877-916-8051; Access Code: 5399866
Attendees (In Person): Janet Storey, Cathy Sisco, Nydia Rio-Benitez, Ramona Anderson, Allyn DeMaida, Shobha Thangada, Laurie Ann Wagner, Chantelle Archer, Attendees (By Phone): Melanie Bonjour, Erica Garcia, Jason Lang

Agenda Items	Discussion	ACTION Items and person responsible
Welcome/Introductions		No action needed
Brief re-cap of May meeting	Cathy summarized the voting results and discussion (confirmed focus on MHSA 1, 5 and 8 with no change to objectives language) and reported on the status of subcommittees.	No action needed
Meeting Organization	Moving forward, meetings will begin with a discussion of each Action Team objective, the corresponding strategies and actions taken. Only after all strategies are addressed/updated will members be asked to share any other activity/opportunity for collaboration. This will allow for closely tracking progress and identifying need for plan adjustment. It will also facilitate the team’s ability to efficiently provide an accurate report at the end of the calendar year.	Members were in agreement.
Action Team Agenda Updates	In the review of the three prioritized objectives, the team spent considerable time discussing what has been done, what data exists to concretely reflect this activity and the impact the activities (strategies) have had on the objectives. While data is available this is the greatest challenge of the group to ensure that we are “measuring what matters”.	
	<p>SHIP Objective MHSA-1: Decrease by 5% the rate of mental health emergency department visits <i>Strategy 1: Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)</i></p> <ul style="list-style-type: none"> Janet explained that the purpose of this strategy is early identification of possible disorders and guidance for referral to behavioral health treatment to prevent ED visits. 	



Agenda Items	Discussion	ACTION Items and person responsible
	<p>SHIP Objective MHSA-5: Reduce by 5% the use of opioids, including heroin across the lifespan (ages 12 and older)</p> <p><i>Strategy 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</i></p> <ul style="list-style-type: none"> A table was provided from SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016. The table provided data on selected Drug Use, Perceptions of Great Risk, Past Year Substance Use Disorder and Treatment, and Past Year Mental Health Measures in Connecticut, by Age Group: Percentages, Annual Averages Based on 2015-2016 NSDUHs. <i>Change the Script</i> is a statewide public awareness campaign to help communities deal with the prescription drug and opioids misuse crisis. It connects town leaders, healthcare professionals, treatment professionals and everyday people with the resources they need to face prescription opioid misuse - and write a new story about what we can accomplish when we all work toward a shared goal. <p><i>Strategy 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</i></p> <ul style="list-style-type: none"> Need to identify who is offering training and the types of training offered, including MAT, Waiver training <p><i>Strategy 3: Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting</i></p> <ul style="list-style-type: none"> The CT Poison Control Center, which is part of UConn Health’s Emergency Medicine Department, hopes to improve its response to the opioid epidemic. Instead of reporting data on opioid overdoses each month or year, specialists will be studying it every day to look for trends they can share with health and safety officials and community leaders. The Hartford Courant recently featured a story about this effort. Click here to see the full story. http://www.courant.com/health/hc-news-hartford-opioid-tracking-20180725-story.html 	<p>Allyn will ask Rod Marriott (DCP) to provide data on the number of scripts ordered; analytics for ad campaign are being compiled</p> <p>Ramona and Shobha will follow up on this item</p> <p>Janet will follow up with Shawn Lang</p>



Agenda Items	Discussion	ACTION Items and person responsible
	<p>SHIP Objective MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers</p> <p><i>Strategy 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.</i></p> <p>.</p>	<p>There is no data available for this strategy; will be put on hold for now</p>
	<p><i>Strategy 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)</i></p> <ul style="list-style-type: none"> Both DCF (through CHDI) and DMHAS have provided trauma screening trainings. Numbers need to be obtained. Some children in CT are being screened through the statewide CBITS initiative, which CHDI coordinates. CBITS is a school-based intervention for children who are suffering from exposure to trauma. It is delivered by school-employed and community-based clinicians out posted in schools. Children are screened in schools that are implementing CBITS in order to determine eligibility. CHID does have counts on the number of children screened through the CBITS Initiative though it represents a very small number of children receiving behavioral health treatment in CT. <p><i>Strategy 3: Create a billing code for primary care providers to bill for trauma screening.</i></p> <ul style="list-style-type: none"> There is currently no way to track trauma screenings across either behavioral health or primary care statewide. Trauma screening is trackable in child welfare and juvenile. 	<p>Janet will get # of providers trained by DMHAS; Jason will get # of providers trained by CHDI</p> <p>_____ will establish a discussion email or conference call</p>
<p>Other MHSA Partner Activity and/or needs</p>	<ul style="list-style-type: none"> On September 21, 2018, the CT Women’s Consortium, in partnership with DMHAS, SAMHSA, and DCF will be hosting a conference on opioid use titled “Opioid Use Disorders: Prevention, Treatment & Recovery Conference” at the Doubletree by Hilton in Bristol, CT; 9am-4:15pm. Individuals who are interested in attending can register at www.womensconsortium.org Behavioral Health Integration Conference – The third annual behavioral health integration conference hosted by both the Community Health Network of CT and Beacon Health Options will be held on September 15th at the Hilton Garden Inn, Wallingford, CT. The training is titled “Essentials of Behavioral Health in Primary Care 2018”. The number of conference attendees has been tracked since 2016 (97 participants in 2016 and 25 participants in 2017). Click here for more information on the conference. http://www.huskyhealthct.org/husky_conference/index.html 	



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Agenda Items	Discussion	ACTION Items and person responsible
	<ul style="list-style-type: none"> • Healthy Lives CT – www.Healthylivesct.org provides information and tools for maintaining or regaining wellness in the areas of emotional wellness, physical wellness, holistic wellness, financial wellness, and recovery from addiction issues. 	
Next steps	<p>Subcommittees:</p> <ul style="list-style-type: none"> • Members identified which of the three subcommittees s/he will participate on, and leaders were identified for each committee. <ul style="list-style-type: none"> – <i>Trauma Screening –Nydia (leader), Jason, Amy Erica</i> – <i>Opioids – Ramona (leader), Shobha</i> – <i>Mental Health – Cathy, Janet</i> • Each subcommittee will have monthly calls between now and the next Action Team meeting in November. At the November Action Team meeting each subcommittee is expected to have the following information available. <ul style="list-style-type: none"> – <i>Baseline data for each strategy</i> – <i>A second data point for this year, when it will be available, and where it is available</i> • In support of this, a data table was developed to assist in identifying the team’s data needs 	
Next meeting	Wednesday, 11/7/18, Conference Room 1C, 410 Capitol Ave, Hartford, CT, 1:00 pm – 3:00 pm	