



## Healthy Connecticut 2020 State Health Improvement Plan

### Mental Health and Substance Abuse ACTION Team Meeting AGENDA & NOTES

**Date:** 02-03-2016

**Time:** 1:00pm - 3:00pm

**Location or Conference Call Number:** Room F, 4<sup>th</sup> Floor DMHAS, 410 Capitol Ave, Hartford, CT

**Conference Call Access Code:** 877-916-8051 Passcode: 5399866

**Attendees (Please list all who participated):** Melanie Bonjour (CT Institute for Communities, Inc.); Judith Dicine (Office of the Chief State’s Attorney); Julienne Giard ( DMHAS); Jennifer Glick ( DMHAS); Cathy Sisco ( Wheeler Clinic); Janet Storey (DMHAS); Joan Ascheim (DPH); Sandy Gill (DPH);

Agenda Items	Discussion	ACTION Items and person responsible
<b>Welcome</b>	•	•
<b>SHIP Dashboard</b>	<ul style="list-style-type: none"> <li>• Joan provided an overview of the Mental Health and Substance Abuse Focus Area of the HCT2020 Performance Dashboard (<a href="http://www.ct.gov/dph/Dashboard">www.ct.gov/dph/Dashboard</a> ). The group viewed the Mental Health and Mental Disorders HCT2020 indicator for mental health emergency visits. Current data on the dashboard reflects all ages under one indicator. Team members suggested also showing this data broken out by age. Mental health data has been historically challenging to collect and compare – this is an important point to keep in the discussions moving forward.</li> <li>• Eventually, all HCT2020 indicators on the dashboard will be updated with the most current data and background information. Action Team progress will be updated quarterly in the Strategies section of the Dashboard indicator.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>JANET</b> will follow up on the suggestions from the team, as well as completing the sections related to the “Story Behind the Curve” and “What Works”.</li> </ul>
<b>Objective MHSA - 1</b>	<ul style="list-style-type: none"> <li>• Strategy 1 – Janet shared that a fact sheet has been developed by the SIM project. No other updates were shared for this objective.</li> </ul>	•

<p><b>Objective MHSA - 5</b></p>	<ul style="list-style-type: none"> <li>• Strategy 1 (educating consumers): <ul style="list-style-type: none"> <li>a) Allison was not available for updates on this action step.</li> <li>b) DCF Public Health Campaign has kicked off at Day Kimble</li> <li>c) This action item needs clarification: who is linking to what website and how will this be tracked. A suggestion was made to request that all SHIP partners link to the <a href="http://www.ct.gov/dropbox">www.ct.gov/dropbox</a> website and report back for tracking purposes when the link has been created. Some additional discussion is needed regarding coordination of this request.</li> <li>d) DCP will continue to update the drop box, treatment centers, and other resource information on their website; additional discussion is needed as to how Action Team partners can promote assist with directing consumers to the available information.</li> <li>e) This action item references promoting the consumer use of personal pharmacy lock boxes. DCP currently has an educational brochure template on their website which pharmacies can download for distribution. The group may want to talk more about promoting the availability of this brochure. Efforts for this action item should coordinate with (b) under Strategy 2.</li> <li>f) The group agreed that this action item needs to be more specific. Also suggested reaching out to AARP to collaborate on this topic. AARP in addition to the Area Agencies on Aging, have a significant reach to elder populations and their care givers.</li> <li>g) The group agreed that this action item needs to be more specific. AARP is very savvy about using social media to reach this audience. Area Agencies on Aging can disseminate information through home delivery programs.</li> <li>h) Jay (DCP) provided an update on the PSA being used in DMV waiting areas which promote the use of prescription drug drop boxes and how to find local locations.</li> <li>i) The group discussed that this action item to promote national drug take back days was redundant with c) above.</li> <li>j) Allison was not available for updates on this action step</li> </ul> </li> <li>• Strategy 2 (educating prescribers) <ul style="list-style-type: none"> <li>a) Group suggested adding “CDC Guidelines” to this strategy</li> <li>b) All agreed that the original b) action item could be deleted and “prescribers” could be added to e) under Strategy 1.</li> <li>c) The group would like to add an action item to “Explore ways to collaborate with entities that could impact prescribers”, such as CT Hospital Association.</li> </ul> </li> <li>• Strategy 3 (surveillance of aggregate data): <ul style="list-style-type: none"> <li>a) The group discussed the wealth of information about the PMP program available on the DCP website, including a report on the five most prescribed medications in the</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>JANET &amp; SANDY</b> will discuss request of SHIP partners</li> <li>• <b>MAUREEN</b> – agreed to reach out to Nora Dunkin from AARP to collaborate on this effort</li> <li>• <b>JANET</b> will contact Liz Beaudin at CHA for a representative to join the Action Team.</li> </ul>
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	<p>state. Currently the PMP program tracks the number of scripts filled. The team discussed the feasibility of tracking the number of scripts written – this was determined to be too challenging to collect.</p>	<ul style="list-style-type: none"> <li>• <b>JAY</b> will continue to be the contact for aggregate PMP data.</li> </ul>
Objective MHSA - 8	<ul style="list-style-type: none"> <li>• Strategy 1 (Surveillance of trauma screening) <ul style="list-style-type: none"> <li>a) There was discussion about the PCL (Post Traumatic Checklist) data as it relates to a baseline; however, it was unclear as to the repeatability to be able to obtain a re-measure.</li> <li>b) Contact has been made with colleagues in Massachusetts – this will be discussed further in Q2.</li> </ul> </li> <li>• Strategy 2 (Planning 7 Development of options for trauma screening) – need to define what we mean by “trauma screening”; DMHAS has a working definition for their agency. Need to consult other partners to see how this may be defined. Members expressed interest to include reference to children, grandparents raising grandchildren, older adults, including how it relates to elder abuse.</li> <li>• Group suggested identifying a representative from DCF and CHDI to join the Action Team</li> <li>• It was mentioned that this objective was cross cutting with the Environmental Health Action Team initiative to address Property Maintenance Codes (webinar scheduled for 02-18-2016)</li> <li>• Judy Dicine, (Office of Chief State’s Attorney) talked about including and/or collaborating with an existing initiative to address hoarding under this section of the action agenda. CCM currently has an anti-blight &amp; hoarding initiative underway and they could use some additional mental health resources. It was also shared that the Women’s Consortium offers trainings on hoarding from the perspective of how to help someone who hoards.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>JOLENE &amp; JANET</b> will contact Bethany Zorba from DCF and/or a representative from CHDI</li> <li>• <b>JUDY</b> will be a presenter on a webinar to address Property Maintenance Code Enforcement. Training is being coordinated through CTtrain.org.</li> </ul>
Next Steps	<ul style="list-style-type: none"> <li>• Next Meeting Date/Time: TBD</li> </ul>	

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

### Action Team Co-Leads

Janet Storey  
*Department of Mental Health and Substance Abuse*

Cathy Sisco  
*Wheeler Clinic*

### Action Team Members

Joan Ascheim  
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Meryl Tom  
*Department of Public Health*

Lynne Weeks  
*The Connecticut Association School Based Health Centers*

Jillian Wood  
*American Academy of Pediatrics, CT Chapter*

Victoria Veltri  
*Office of the Healthcare Advocate*

**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>			
<b>Increase knowledge and implementation of behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age</b>	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	Community Health Association of CT CT Department of Mental Health and Addiction Services (DMHAS) CT Department of Public Health (DPH) CT Office of the Healthcare Advocate (OHA) School Based Health Centers (SBHC)	A fact sheet has been created by SIM
	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)	Connecticut Clearing House Connecticut Healthy Campus Initiative Depression/Suicide Training providers DMHAS/Public Information FQHCs SBHCs	
	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	DMHAS CHA CT Department of Social Services (DSS) Medicaid DCF DPH Community Health Association of CT Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services UCONN Health Center	<a href="#">Through MOA with DMHAS, DCF has provided four sessions of TOT in Adolescent SBIRT to DCF staff, CPN, DCF contracted providers (home based service providers), pediatricians. Plans to expand A-SBIRT include purchasing license for web-based simulation training.</a>
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 Community Health Association of CT Primary Care Umbrella Groups (CSMS, IPA, PCCCT, CPA) SBHCs and expanded services UCONN Health Center	

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

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

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Strategies	Actions and Timeframes	Partners Responsible	Progress as of 02-03-2016
<b>Collaborate with 5 area hospital Emergency Departments (EDs) at Bristol, St. Francis, Hartford, William Backus and Yale to reduce behavioral health ED visits.</b>	a. Manage collaboration with <a href="#">Value-Beacon Health Options</a> (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"> <li>▪ Identify ED frequent visitors using Medicaid claims data, and share these lists with the 5 EDs. Q1 thru Q4</li> <li>▪ 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.</li> <li>▪ Monitor success of models for possible replication and/or adaptation (dependent upon resources) Q4</li> </ul>	DMHAS DSS Value Options Bristol Hospital Hartford Hospital St. Francis Hospital William Backus Hospital Yale New Haven Hospital Connecticut Hospital Association	<a href="#">Compiled rolling list of ED FV through Medicaid claims data and are sharing with ED Deployed Intensive Care Manager and Peer Teams to each of the 5 EDs to work with ED staff and frequent visitors Working to develop monitoring strategy</a>
	b. Work to strengthen existing Community Care Teams and provide ASO resources to help develop and implement CCTs as resources allow. Q1 thru Q4.	DMHAS	<a href="#">Beacon staff are supporting five Community Care Teams and providing ASO resources to help develop and manage work of CCTs</a>
<b>Support legislation to establish statewide property maintenance code</b>	a. Publicize legislation among partners	DMHAS Office of Chief States Attorney, Housing Matters	
	b. Provide testimony as time, policies allow	DMHAS Office of Chief States Attorney, Housing Matters	

**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 as of 02-03-2016
<i>Communications, Education and Training</i>			
<b>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).</b>	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 Poison Control Center 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)		DCF Public Health Campaign has kicked off at Day Kimble
	c. Action Team member organizations link to website ( <a href="http://www.ct.gov/dropbox">www.ct.gov/dropbox</a> ) with information on the locations and proper use of drop boxes for public medication disposal and report back when the link has been created.(Q1)		
	d. DCP will continue to update website with current information with drop box & treatment centers & other resources. (Q1)		Resource links on DCP page connect to DMHAS webpage. Reference “last edited” date on bottom of page.
	e. Work with CT Pharmacists Association <a href="#">and prescribers</a> to engage in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes (Q1)		DCP currently has an educational brochure template on their website which pharmacies can download for distribution. Additional discussion needed to coordinate promoting the availability of this brochure.
	f. Work with AARP and CT Legislative Commission on Aging to disseminate information to Increase awareness of prescription drug abuse and opioid overdose prevention among older adults		
	g. Work with AARP and CT Legislative Commission on Aging to disseminate information to Increase awareness of prescription drug abuse and opioid overdose prevention among caregivers of older adults		

**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 as of 02-03-2016
	h. Increase awareness of controlled drug disposal programs, including official prescription take-back events and local drop-boxes		Jason Cohen (DCP) provided an update on the PSA being used in DMV waiting areas which promote the use of prescription drug drop boxes and how to find local locations.
	i. Work with CT Prevention Network 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)		
<b>Promote adoption of opioid prescribing guidelines, such as SAMHSA’s in-person continuing education course, <i>Prescribing Opioids for Chronic Pain</i> and <i>CDC Opioid Prescribing Guidelines</i></b>	a. <del>Identify barriers to improved prescribing practices, such as patient education, reimbursement, and availability of non-opioid therapies for pain management</del> <u>Develop an educational briefing for prescribers about opioid addiction and treatment, including MAT.</u> (Q1)	ADPC (educate on prescriber guidelines) CHA Community Health Center Association of CT (CHCA) CT Department of Correction (DOC) DCP	<a href="#">Refinement of action step</a>
	b. <u>Develop an educational briefing about treatment options for chronic pain</u>	Connecticut Prevention Network	<a href="#">Refinement of action step</a>

**Surveillance**

<b>Identify prevention opportunities from the review of aggregate data from the CPMRS and other sources.</b>	a. Invite ADPC to present on their data	ADPC DCP DMHAS Opioid Prevention Workgroup	
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**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: 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
Surveillance			
<b>Determine current baseline level of trauma screening in primary care and behavioral health</b>	a. Review existing mechanisms for establishing baseline data <a href="#">by consulting</a> with Massachusetts <a href="#">Trauma Screening</a> researchers and others (Q1) <a href="#">(Q1)</a>	DHMAS	Completed
	b. Determine CT methods, <a href="#">including a common definition for "trauma screening"</a> (Q2)		
	c. Establish CT baseline (Q3)		
	d. Obtain consultation from Dr. Felitti about screening (Q2)		
	e. Collaborate with other SHIP groups/Advisory Council working on baseline screening data processes (Q2)		
Planning & Development			
<b>Explore options for trauma screening</b>	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)		
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
<ul style="list-style-type: none"> <li>In development</li> </ul>			
<b>Monitoring/Evaluation Approaches</b>			
<ul style="list-style-type: none"> <li>Provide quarterly report outs</li> <li>Review PD data from the CT School Health Survey and other local, state and nationally administered surveys.</li> </ul>			