



Healthy Connecticut 2020 State Health Improvement Plan

Mental Health and Substance Abuse ACTION Team Meeting AGENDA & NOTES

Date: May 4, 2016

Time: 1:00pm – 3:00pm

Location or Conference Call Number: Room K, 4th Floor DMHAS, 410 Capitol Avenue, Hartford, CT

Conference Call Access Code: [Click here to enter text.](#)

Attendees (Please list all who participated): Joan Ascheim (DPH), Sandy Gill (DPH), Alexis Cordiano (CCEP), Allison Fulton (HVCASA), Alyse Chin (DMHAS), Cathy Sisco (Wheeler Clinic, Connecticut Clearinghouse), Jane Hylan (Community Health Center, Inc.), Janet Storey (DMHAS), Jason Lang (Child Health and Development Institute) Jason Cohen (DCP), Judy Dicine (Office of Chief State’s Attorney), Julienne Giard (DMHAS), Melanie Bonjour (Connecticut Institute for Communities, Inc.), Susan Wolfe (DMHAS), Tim Marshall (DCF), Belinda Jivapong (DPH)

| Agenda Items | Discussion | ACTION Items and person responsible |
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| Welcome | • | • |
| Introduction of New Members | <ul style="list-style-type: none"> • Alexis Cordiano, MD – CT College of Emergency Physicians (CCEP) • Jason Lang, Ph.D. – Child Health and Development Institute (CHDI) | • |
| Objective MHA-1: Decrease by 5% the rate of mental health emergency department visits. | <ul style="list-style-type: none"> • Sandy: tell the story about what the collaboration is accomplishing in visual mapping using data that is available • Alyse described the 5 ED case manager/peer teams working to keep people out of EDs • Tim described the crisis mobile unit at schools which works to keep children out of EDs. Numbers are track by school. | <ul style="list-style-type: none"> • Allison will send more information about Norwalk CCT links/Danbury ED reductions to the group |

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| | <ul style="list-style-type: none"> • SBIRT training is taking place so people can identify kids with substance use at the mobile crisis vans. Next year the training will focus on domestic violence. • Access Health Connecticut – 3 hubs helping at PCP offices; keep children with low to moderate behavioral health issues in primary care to get their psych medications; Beacon, Yale and Wheeler have this contract; 89% of the pediatric PCP enrolled; have robust data on who is using and not using it; people like it and want to see more of it; reasons for who haven't enrolled are that they are uninterested and are already comfortable with the methods they are using • Can we get access to this data? Yes – if you want what's already produced; reports of what has been done, have been posted; will be difficult to get ad hoc requests • Could invite someone from Beacon from their data analysis group to determine which reports would give the data we are looking for • There are so many data requests that it may be some time to get what we want if it's not already within the scope of the work they're already doing • Norwalk CCT links to housing and social/psych home visits; expanded to Danbury and has seen a 32% reduction in ED visits • Judy: Housing Initiatives in New Haven • Sober houses – include wellbeing of people living in them, conditions are currently substandard; may be viewed as single family homes and are not inspected; don't know about conditions until someone calls in a complaint; there's clearly a standard that we can enforce for minimum health and safety of people living there – could be affecting rates ED and opioid use • Right of person to go home is a legal question; working on this in New London to see if they can come up with some sort of solutions, roundtable discussion May 13, 2016 • Hoarding: subject of taskforce bill that has passed both House and Senate; currently awaiting Governor's signature; some hoarding behaviors are mental health related • Property Maintenance Code is still on the table and will be worked on | <ul style="list-style-type: none"> • Joan: SHIP Coalition Meeting on September 8, 2016; if there are policy issues that need to go forward, this would be a good time to identify those issues |
| <p>Objective MHSA-5: Reduce by 5% the non-</p> | <ul style="list-style-type: none"> • Susan : Statewide opioid prevention workgroup; meet monthly with representative from every state agency with some community members; | <ul style="list-style-type: none"> • Consider the provision of education to prescribers on |

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| <p>medical use of pain relievers across the lifespan (ages 12 and older)</p> | <p>networking to get people involved in different projects; medication drop boxes (Drug Take Back Day) 12,000 pounds to 23,000 pounds in 2015; work on proposing legislation; work on education and training (police, communities, etc.). Several bills were passed in the session including increase access to Naloxone and education.</p> <ul style="list-style-type: none"> • A bill limiting prescriptions of opioids to 7 days passed. • Janet & Allison: Hospital survey about NAS and found that one of the doctors didn't know what medication assisted treatment (MAT); legislation that just passed yesterday (May 3, 2016) • There is resistance to CDC recs about prescribing opiates by pharmacists • PCP's need to be at the table, not just ED physicians • Barriers need to be identified | <p>the CDC prescribing recommendations. Perhaps Wheeler can help and CMEs could be provided.</p> |
| <p>Objective MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers.</p> | <ul style="list-style-type: none"> • Jason Long - CHDI: responsible for dissemination of evidence –based practices for children developmental and trauma screening. Work with DCF, and network of community data health providers. • Education practices in the Community (EPIC): free for providers; quick one hour training with education credits; trauma screening; teen driving safety; autism screening; infant mental health, etc. It works like academic detailing (drug reps meeting with providers). • Challenge has been translating knowledge into practice in a standard way • In process of putting together small study about pediatric providers and their screening methods for trauma • DCF screens all children in their care for trauma • Developing their own short screening through work with DCF; has collected data on it and is looking good; 10 questions, called Connecticut Trauma Screen; 4 questions about exposure and 6 questions about traumatic experiences • General concerns about different systems with trauma • What if the kid endures something for the first time • Time – paid for development screening, but not trauma screening | <ul style="list-style-type: none"> • MA doing trauma screening in schools? Check to confirm. • Read up on study in MA about reluctance with screening – take a look at it to inform decisions moving forward |

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| | <ul style="list-style-type: none"> • Putting together study to look at feasibility of 10 question screen (CT Trauma Screen) • Joan: asked if DCF could share their data to use on the dashboard show there is an increase in trauma screening in the state; in addition to DMHAS data | |
| SHIP Dashboard | <ul style="list-style-type: none"> • Closer to developing performance measures and narratives for three priorities for action teams • Story behind the curve • What works – evidence-based practices • Partners • Actions/Strategies • Can look at any public health issue in the state and get a sense of what is going on and who's working on it • Raw data that is on the Dashboard, also on Data Portal? (No) • Governor's requirement? | <ul style="list-style-type: none"> • Janet will send out the link that Allison mentioned during the meeting • Janet will meet with Alyse, Susan and Julienne to come up with short narratives |
| Next Steps | <ul style="list-style-type: none"> • Next Meeting Date/Time: August 3, 2016, 1:00-3:00p, DMHAS Room K | |