

Healthy Connecticut 2020

State Health Improvement Plan

Mental Health and Addiction Services ACTION Team Meeting AGENDA & NOTES

Date: August 12, 2016 Time: 1:00 – 3:00 p.m.

Location or Conference Call Number: DPH Conference Room 2F

Attendees: Cathy Sisco, Wheeler Clinic Connecticut Clearinghouse Prevention, Wellness and Recovery; Janet Storey, DMHAS; Jason Cohen, DCP; Judith Dicine, Office of Chief State's Attorney; Julienne Giard, DMHAS; Paloma Bayona, National Alliance for Mental Illness; Sandra Gill,

DPH; Susan Wolfe, DMHAS

Agenda Items	Discussion	ACTION Items and person responsible
Welcome, purpose, and introductions	Prepare for the SHIP Action Summit by discussing gaps and	JANET will add glossary for acronyms
	challenges, and how to improve in Year 2.	being used in the Action Agenda at the
	Discuss Priorities for Year 2 Action Agenda.	end of the document
	Focus on fewer things that can realistically be accomplished	
	 Address disparities 	
	Aim for system change	
	Explicate measures	
Review Meeting 1 Outcomes	See 07-26-2016 notes	
Discuss Priorities for Year 2 Action Agenda	MHSA 1: Decrease by 5% the rate of mental health emergency	
What is feasible for us to do?	department visits.	
Who else needs to be on the team?	Strategy 1: Increase knowledge and implementation of behavioral	
What key state initiatives can we connect	health screening by primary care providers	
with to gain support/momentum?	What is feasible for us to do?	
	 It is feasible to continue to work toward the implemental of 	
	behavioral health screening	

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 Priorities for Year 2 Action Agenda What is feasible for us to do? Who else needs to be on the team? What key state initiatives can we connect with to gain support/momentum? 	 SBIRT – need to find out who is gathering data from multiple entities Explore the possibility of producing and disseminating a short YouTube Video for primary care providers showing them what SBIRT looks like - UCONN may be developing something like this called Simmersion It may not be feasible to conduct public health detailing – this may be too pricey an option Who else needs to be on the team? UCONN 	JASON L & ALYSE will be asked to find out how many staff have been trained CATHY & JANET will continue to explore this JANET will contact drug companies to pay for video
	 What key state initiatives can we connect with to gain support/momentum? SIM Practice Transformation Taskforce who are developing standards for behavioral health screening in Advanced Medical Home practices Strategy 2: Collaborate with Beacon Health Options ICM-PEER 	JANET will find out how many practices are advanced medical homes
	Hospital ED Initiative to reduce behavioral health ED visits at Bristol, St. Francis, Hartford, Backus, and Yale New Haven • What is feasible for us to do? • It is feasible to continue this collaboration • Expand to include The Opening Doors-CT Hospital ED Initiative	PALOMA will connect us with them
	 Consider adding substance abuse related ED visits - most clients have both mental health and substance use disorders - need to find out how MH vs. SA coding is done There was a discussion about the inclusion of peers on the community care teams 	ALYSE will be asked to have Beacon compare CCT patient MH/SA ED data with CHIME MH/SA ED data ALYSE will be asked to tell us what Beacon is doing with peers
	 Who else needs to be on the team? The DMHAS Peer Bridger program to connect them with other ED initiatives Connecticut Alliance to Benefit Law Enforcement (CABLE) Partnership for Strong Communities 	JANET will talk to DMHAS Manager of Peer Bridger Program

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Priorities for Year 2 Action Agenda • What is feasible for us to do?	What key state initiatives can we connect with to gain support/momentum?		
 What is feasible for us to do? Who else needs to be on the team? What key state initiatives can we connect with to gain support/momentum? 	 Crisis Intervention Team Training (CIT) for police (40-hour advanced officer training that fosters functional partnerships and provides an opportunity for diversion into treatment for distressed individuals) Mental Health First Aid (MHFA) for Public Safety (eight-hour training that provides officers with a general awareness of mental health issues and skills to support someone in a mental health crisis or who is developing a mental health problem 	PALOMA will connect us with Louise Pyres at CT Alliance to Benefit Law Enforcement (CABLE) who provides law enforcement CIT training CATHY will conduct MHFA training to police through the Police Officer Standards and Training Council on Nov 28-29 2016	
	 Strategy 3. Support legislation to establish statewide property maintenance code What is feasible for us to do? There was a discussion about a pilot project in New London focusing on supportive housing where the Connecticut Community for Addictions Recovery (CCAR) is certifying recovery homes. Ken Aligata and Deb Dettor from CCAR gave a presentation on the CCAR certification process of recovery homes in CT. There is no state or federal oversight of recovery 	JUDY will be the group's main contact for housing homeless	
	 houses in the state of CT. A suggestion was made to look at sober houses and possibly partner with IVP Action Team Janet discovered that the Connecticut Conference of Municipalities (CCM) has just published a public-policy toolkit for local and state leaders on how to combat drug abuse. Continue to support the establishment of a statewide property maintenance code - develop action steps and measures Support Partnership for Strong Communities - develop action steps and measures Who else needs to be on the team? 	JANET will re-engage housing specialist Fred Morton	
	◆ Connecticut Community for Addictions Recovery (CCAR)		

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Priorities for Year 2 Action Agenda • What is feasible for us to do? • Who else needs to be on the team? • What key state initiatives can we connect with to gain support/momentum?	 What key state initiatives can we connect with to gain support/momentum? Recovery home certification MHSA-5: Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older) Strategy 1: Educate and inform consumers regarding the risks and benefits of opioid pain relievers Strategy 2: Promote adoption of safe opioid prescribing guidelines Strategy 3: Identify prevention opportunities from the review of aggregate data from the CPMRS and other sources What is feasible for us to do? The Connecticut Alcohol and Drug Policy Council (ADPC) is charged with developing recommendations to address Connecticut's opioid crisis. The MHSA Action Team will wait until their work is complete to develop an action agenda for this objective. There was a discussion about developing an information piece about non-pharmaceutical approaches to pain management and whether or not these methods were covered by health insurance. There was also a discussion about the possible use of public health detailing to change prescribing practices, based on a recent study that was published. It is different than the academic detailing practiced in Educating Practices In the Community (EPIC), which provides CME. The intervention used prescriber-level data and local overdose and death data to illustrate the connection to providers. However, this may be 	JANET was asked to contact Demian Fontanella, Office of the Healthcare Advocate, who handles issues related to healthcare coverage JAY will see what reports DCP have on PMP

Agenda Items	Discussion	ACTION Items and person responsible
Priorities for Year 2 Action Agenda	MHSA-8: Increase by 5% trauma screening by primary care and	
 What is feasible for us to do? 	behavioral health providers.	
Who else needs to be on the team?	 Strategy 1: Determine current baseline level of trauma screening 	
What key state initiatives can we connect with	in primary care and behavioral health	
to gain support/momentum?	 Strategy 2: Explore options for trauma screening 	
	What is feasible for us to do?	
	 Work with DCF and DMHAS Young Adult Services to select 	JULIENNE will request 2015-16 data on
	similar trauma screening instruments	trauma screening conducted at
	◆ Gather DMHAS and DCF screening data	DMHAS
	 Use data to promote trauma screening in primary care 	JASON L will request 2015-16 data on
		trauma screening conducted at DCF
	Who else needs to be on the team?	
	 SIM Practice Transformation Taskforce who are developing 	
	standards for behavioral health screening in Advanced Medical	
	Home practices	
	◆ Representation from AMH practices	
	 What key state initiatives can we connect with to gain 	
	support/momentum?	
	CT SIM Advanced Medical Home	

Agenda Items	Discussion	ACTION Items and person responsible
Discuss Policy Agenda priorities	Statewide property maintenance code	
	 Universal behavioral health screening in primary care 	
	Certification of Recovery Residences	
	Hoarding Task Force	
	 Expansion of Community Care Teams 	
Summarize Outcomes	Members will need to focus on defined and measurable action steps	
	at the September 8 th Action Summit. Think about what can be	
	measured and tracked in 2017 to demonstrate that we are making	
	progress as a state. This measurement is different than the overall	
	objective indicator.	
Adjourn	Next meeting:	
	SHIP ACTION SUMMIT	
	Full Coalition Membership	
	In-Person Meeting	
	September 8, 2016	
	8:30am - 4:00pm	
	Chrysalis Center	
	Hartford	