

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>			
1. Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)	a. By end of Q1 , identify or develop a few short videos directed at primary care providers depicting behavioral health brief screening and referral, with a link to behavioral health service providers	<ul style="list-style-type: none"> • CT DMHAS/Public Information Diana Lejardi • CCPWR/Connecticut Clearinghouse Cathy Sisco • CHCACT Jennifer Saksa • CT Chapter of ACEP Alexis Cordiano • CT Chapter of ACP TBD - Invited • SBHC Jane Hylan, Lynne Weeks • St. Luke Community Services, Middletown Eric Rodko • CT American Academy of Pediatrics Jillian Wood 	
	b. Q1-Q4 Provide training for primary care providers on behavioral health integration and screening.	<ul style="list-style-type: none"> • DSS Erica Garcia • St. Luke Community Services, Middletown Eric Rodko 	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	<p>c. By end of Q2, disseminate videos to Community Health Centers that are not enhanced care clinics, School Based Health Centers, Emergency Department Physicians, Primary Care Physicians</p> <p>d. Conduct de-escalation training for school personnel</p> <p>e. Create unified behavioral health screen (CHDI screen)</p>	<ul style="list-style-type: none"> • CCPWR/Connecticut Clearinghouse Cathy Sisco • CHCACT Jennifer Saksa • CT DPH SBHC Meryl Tom • SIM Practice Transformation TF Nydia Rios Benitez • CT College of ACEP Alexis Cordiano • CT Chapter of ACP TBD – Invited • Commission on Women, Children, and Aging TBD • Youth Service Bureaus Steven Hernandez • FQHC • OBGYNs • Senior Centers/Assisted Living Facilities 	
<p>2. Support CT BHP Intensive Care Manager Program and Opening Doors-CT Hospital Initiative that will reduce behavioral health related emergency department visits</p>	<p>a. By end of Q1, obtain and compare data from community care teams and data from the office of health care access to improve data collection on co-occurring disorders in CT</p>	<ul style="list-style-type: none"> • CT DMHAS Alyse Chin through Beacon Health Options 	
<p>3. Increase mental health literacy of public safety officials</p>	<p>a. Q2, Contact Connecticut Police Chiefs Association and Department of Corrections to offer Mental Health First Aid training.</p>	<ul style="list-style-type: none"> • CCPWR/Connecticut Clearinghouse Cathy Sisco 	
	<p>b. Q2 to Q4, Conduct Mental Health First Aide training with police officers, parole officers, and other public safety officials twice.</p>	<ul style="list-style-type: none"> • CCPWR/Connecticut Clearinghouse Cathy Sisco 	

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>4. Support efforts to create safe and affordable behavioral health recovery homes</p>	<p>a. Q1 to Q4, publicize efforts to among partners b. Q1 to Q4, provide testimony as time and agency policies permit c. Q1 to Q4, provide letters of support</p>	<ul style="list-style-type: none"> • CT DMHAS Fred Morton • Office of the Chief State's Attorney Judy Dicine • Partnership for a Strong Community Christi Staples • CT Community for Addiction Recovery TBD 	
<p>5. Enhanced trauma awareness in all schools (i.e. colleges, independent, private, etc.);</p>	<p>a. Q1 Collect data on existing EB curricula and existing practices during teacher cert and in schools b. Q1 Review child behavior health plan re: available behavioral health screens) c. Q2-Q3 Disseminate and promote use of identified screen to schools and SBHC d. Q2-Q3 Create referral/resource info for school personnel beyond EMPS (increase on site staff) e. Q3-Q4 Train school & SBHC staff in identified program If available (or created) introduce a trauma class in to teacher cert or as an elective f. Q1 Identify existing data source to track use of new trauma skills, screen and student ED visits g. Q3 Explore skill development opportunities for students</p>	<ul style="list-style-type: none"> • TBD 	

Resources Needed:

- Schools (public & private)
- Trauma information training and delivery system (administration, teachers, students, parents/families)
- Community Based Organizations (B&G Club, YMCA)
- DCF – screening
- Plan for Children – connect
- School Based Health Centers
- CT Assoc. of Childhood & Adolescent Psychiatrist

Community Assets Available:

- CHDI
- DCF
- Law enforcement (Youth CiT program)
- SAMHSA (First episode – college)
- JJPOC – work plans
- CT Hospital Association
- CCMC
- Senior Centers (1b)
- Assisted Living Centers (1b)
- Youth & Social services (1a/1b)

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Public Act 16142 – Kids with Developmental Disabilities through age 21
- PA 13178 – Implementation sub-committees data analysis
- CT Hospital Association
- CCMC

ACRONYMS:

ACP: American College of Physicians

ACEP: American College of Emergency Physicians

CHCACT: Community Health Center Association of CT

CCPWR: CT Center for Prevention, Wellness, and Recovery/CT Clearinghouse/Wheeler Clinic

DCF: Department of Children and Families

DMHAS: Department of Mental Health and Addiction Services

MHFA: Mental Health First Aid

SBHC: School Based Health Centers

SIM: State Innovation Model to integrate medical and behavioral health care, build population health, and reform payment and insurance design

Feedback:

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)

Reduce accidental intoxication overdose deaths by 10%

Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	Actions and Timeframes	Partners Responsible	Progress
<i>Communications, Education and Training</i>			
1. Implement strategies recommended by the ADPC and CORE Initiative regarding the dissemination of Fact Sheets to educate and inform consumers regarding the risks of and alternatives to opioid pain relievers, using strategies appropriate to culture, language, and literacy skills	a. Q1 thru Q4 , develop and disseminate informational materials (e.g., public health alerts, information briefs) to public through Regional Action Councils (RACs)	<ul style="list-style-type: none"> • Regional Action Councils Allison Fulton • Central CT Area Agency on Aging Maureen McIntyre • ADPC Local Health Districts/CT Association of Health Directors 	
2. Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma	b. Q1 thru Q4 , collaborate with Substance Exposed Infant Initiative to develop and disseminate information to OBGYNs about MAT	<ul style="list-style-type: none"> • Regional Action Councils Allison Fulton • Police Departments • Local Social Services Departments • Hospitals/EDs • Methadone Clinics • DOC 	
3. Identify possible opiate misuse and diversion of opiates to reduce the amount of medication being dispensed for non-medical purposes.	c. Q4 CT DCP staff will have trained an expected number of pharmacists in how to use the new upgraded CPMRS system and new key features of the system to assist them in identifying opioid misuse, diversion, and doctor shopping	<ul style="list-style-type: none"> • CT DCP, CT DMHAS, CT DPH (via the SAMHSA-funded SPF Rx grant project) 	

Strategies	Actions and Timeframes	Partners Responsible	Progress
<p>4. Increase access to naloxone by understanding the distribution of pharmacies that carry naloxone and observing gaps geographically which are barriers to access.</p>	<p>a. Q4 Purchase and utilize mapping software that can be updated on a continual basis by state and local health agencies of pharmacies that carry naloxone. Provide a link to the maps on the DPH, local health department websites, and the drugfreect.org website.</p>	<ul style="list-style-type: none"> • CT DPH, Yale School of Medicine, and 6 high-risk area local health agencies (via the CDC-funded PDO: Prevention for States grant project) 	
<p>5. Expand overdose prevention education and training and Naloxone access and distribution in regions in Connecticut most impacted by opioid substance use and overdose deaths</p>	<p>a. Q4 Pilot and implement overdose education and naloxone distribution education kiosks by December 31, 2017:</p> <p>b. Q4 Collect and analyze kiosk analytics</p> <p>c. Q4 Social Marketing: Develop and disseminate overdose prevention messaging banners to participating prevention providers. Banners include OD prevention promotion and DrugfreeCT.org website.</p> <p>d. Q4 Collect and analyze banner webpage analytics</p>	<ul style="list-style-type: none"> • (Syringe Exchange Programs, local overdose prevention providers) • DPH and Overdose Prevention Education Naloxone (OPEN) Access CT Members • DPH • DPH • DPH 	
<p>6. Increase awareness of safe disposal of prescription opiates and other medications</p>	<p>a. Q4 Identify appropriate and effective safe medication disposal materials; such as brochures and videos.</p> <p>b. Q2-Q4 Upload these resources to local health agencies to ensure consistent safe medication disposal messaging and resources across state DPH and local health agency websites and social media sites.</p>	<ul style="list-style-type: none"> • CT DPH, Yale School of Medicine and six high risk area local health agencies (via the CDC-funded PDO: Prevention for States grant project) 	

Strategies	Actions and Timeframes	Partners Responsible	Progress
Surveillance			
<p>7. Identify prevention opportunities from the review of aggregate non-fatal and fatal drug overdose (OD) data compared to the number and strength of prescription opioid pain medication dispensed within a geographic area.</p>	<p>a. Q4 Compare prescriber level data to incidences of overdose and death related to opioid pain medication</p> <p>b. Q4 Track number and rate of non-fatal unintentional drug/opioid/heroin OD-related ED visits and hospitalizations (as of 12/31/15)</p>	<ul style="list-style-type: none"> • CT DCP CPMRS Program Michelle Seagull Jason Cohen Data sources: – CPMRS Prescription data • CT DPH, Office of Injury Prevention Data sources: – CHIME Hospitalization Discharge Dataset (Includes ED visits and hospitalizations) – Medical Examiner/Death Certificate data 	
<p>8. Identify targeted prevention opportunities by comparing aggregate opioid prescription with medical marijuana data</p>	<p>a. Q4 Track number of opioid pain medication prescriptions dispensed since implementation of medical marijuana law</p> <p>b. Q4 Track number and strength of opioid pain medication prescriptions and amount of medical marijuana dispensed since implementation of the medical marijuana law</p>	<ul style="list-style-type: none"> • CT DCP CPMRS and Medical Marijuana Programs Michelle Seagull Jason Cohen <p>Data source: – Prescription data, CPMRS Program – Medical marijuana data, Medical Marijuana Program</p>	
<p>9. Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting.</p>	<p>c. Q4 Develop statewide Uniform Data Collection mechanism for naloxone use and reversal reporting</p>	<ul style="list-style-type: none"> • DPH, DOC, DESSP, DMHAS, AIDS CT (ACT), and local first responders. 	
<p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Provide quarterly report outs • Review data from the CT School Health Survey and other local, state and nationally administered surveys. 			
<p>ACRONYMS: DCP: Department of Consumer Protection CPMRS: Connecticut Prescription Monitoring and Reporting System (CPMRS) MAT: Medication Assisted Treatment for substance use disorders</p>			

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: Number of trauma screenings conducted in publicly funded programs			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Planning & Development			
1. Determine current baseline level of trauma screening in CT for Medicaid funded programs.	a. Obtain data on trauma screening conducted by DMHAS and DCF	<ul style="list-style-type: none"> • CT DMHAS Julienne Giard Alyse Chin through BHO • CT DCF Tim Marshall Jason Lang 	
	b. Consider private practices for both Medicaid/dental and BH community based orgs with objective #8 Medicaid c. Examine Medicaid billable codes for BH screening services for both Medical and BH providers	<ul style="list-style-type: none"> • DSS Erica Garcia 	
2. Determine data points needed to consider base level of trauma screenings for commercial payors.	a. Identify data resources on trauma screening for Connecticut. (i.e. ACES survey or BRFSS)	<ul style="list-style-type: none"> • DOI • SIM • DPH 	
3. Implement the utilization of trauma screening tools(s) by primary care dental, medical and behavioral health providers.	a. Convene a workgroup of public behavioral health treatment agencies to establish a common brief screening tool	<ul style="list-style-type: none"> • CT DMHAS Julienne Giard Dan Brockett John Holland • SIM Practice Transformation TF Nydia Rios Benitez • CT DCF Tim Marshall Jason Lang 	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	b. Develop training mechanism to disseminate tool to all state funded treatment agencies	<ul style="list-style-type: none"> • CT DMHAS Julienne Giard • CT Womens Consortium Colette Anderson 	
	c. Provide and evaluate training	<ul style="list-style-type: none"> • CT Womens Consortium Colette Anderson 	
<p>Resources Needed:</p> <ul style="list-style-type: none"> • Data (useable, accurate, accessible, reliable) • Human Resources (data analysts) <p>Community Assets Available:</p> <ul style="list-style-type: none"> • State agencies • Dept. sub-contractors (i.e. medical, dental, BH ASOs) <p>Monitoring/Evaluation Approaches</p> <ul style="list-style-type: none"> • Provide quarterly report outs • Review data from the CT School Health Survey and other local, state and nationally administered surveys. 			