



**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**

<b>Date:</b> 11-07-2018
<b>Time:</b> 1:00pm - 3:00pm
<b>Location:</b> Conference Room 1C, 1st Floor DPH, 410 Capitol Ave, Hartford
<b>Attendees (In Person):</b> Ramona Anderson, Susan Bouffard, Sandy Gill, Shawn Lang, Susan Logan, Amy Mirizzi, Nydia Rios-Benitez, Cathy Sisco, Janet Storey, Laurie Ann Wagner <b>Attendees (By Phone):</b> Erica Garcia

Agenda Items	Discussion	ACTION Items and person responsible
<b>Welcome/Introductions/ New/Gaps in members</b>	<ul style="list-style-type: none"> <li>Laurie Ann reported that Robin Gully, Chief Operating Officer of the North Central CT Area Agency on Aging would be joining the team to help us address opioid problems in the elderly.</li> </ul>	No action needed
	<ul style="list-style-type: none"> <li>Shawn suggested asking a prescriber to join the team. Laurie Ann suggested that if they cannot join we could ask them to serve as consultants from time to time as needed.</li> </ul>	Shawn will contact Dr. Haddad, Dr. Hock and Dr. Tobin
	<ul style="list-style-type: none"> <li>Ramona suggested asking Peter Canning, UCONN HEALTH EMS Coordinator. For the past four months, AMR crews have started calling Poison Control with detailed information about each opioid overdose they respond to, from what, where and how a patient used, to whether naloxone was first administered by a first responder or bystander.</li> <li>Ramona also works with Luis Arroyo, one of DCP's Prescription Monitoring Program Managers, and suggests asking him to join the team.</li> </ul>	Ramona will contact Mr. Canning and Mr. Arroyo
	<ul style="list-style-type: none"> <li>Janet suggested that we contact Jennifer Sussman, Project Coordinator and Data Manager for the DMHAS Center for Prevention Evaluation and Statistics (CPES) at UConn Health. They gather data on substance use and mental health disorders.</li> </ul>	Janet will contact Ms. Sussman
	<ul style="list-style-type: none"> <li>We also don't have active participation from DCF. Several people suggested Melissa Sienna.</li> </ul>	Janet will contact Ms. Sienna
	<b>Debrief SDOH Survey</b>	<ul style="list-style-type: none"> <li>Sandy and Laurie Ann presented the results of the Social Determinants of Health (SDOH) Survey that was sent to all ACTION Team members. SDOH impact several areas of concentration within the current SHIP. A SDOH framework would:               <ul style="list-style-type: none"> <li><i>Provide opportunities to engage non-health partners in a preventive health discussion/collective impact</i></li> <li><i>Increase common ground for action teams and create a framework in terms relevant to policy makers and constituents</i></li> </ul> </li> </ul>



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<b>Debrief SDoH Survey (cont.)</b>	<ul style="list-style-type: none"> <li>Janet distributed information about <a href="#">Ten Essential Public Health Services and How They Address Social Determinants of Health</a> and <a href="#">Sources of Data for SDoH</a> (see also <a href="#">Social Determinants of Health Healthy People 2020</a>). She also handed out a chart of the CT Opioid REsponse (CORE) Strategies.</li> <li>The top five SDoH as ranked by members of the MHSA ACTION Team are: 1. poverty; 2. access to healthcare; 3. environmental conditions; 4. health literacy; 5. housing instability.</li> <li>Laurie Ann asked whether we thought of trauma as a condition or an SDoH. Erica responded that DSS looks at it as a condition and is in the process of developing a billing code for trauma screening. It will include both screening and further assessment to ensure a correct diagnosis. This will provide a sense of the incidence and prevalence of trauma in children and adults, as well as a general population count of trauma screening. Ramona also commented that there is a difference between exposure to trauma and being traumatized.</li> <li>Nydia agreed that it is a condition, but practically universal. She and Amy updated us on the <a href="#">Multi System Trauma Informed Collaborative</a> (MSTIC). MSTIC's goal is to develop, coordinate, and enhance policies and practices among state systems that serve youth to improve outcomes for children exposed to violence and trauma. Workforce training is a component. The funding is coming to an end and the team is in the process of determining whether or not they will continue to meet after strategic plans are completed.</li> <li>Shawn commented that she was surprised housing was not first. There is a great deal of research showing that housing, as an upstream intervention, can prevent many other problems. There was a discussion of the need to work more closely with the <a href="#">Partnership for Strong Communities</a>.</li> </ul>	
<b>Policy Agenda and/or Priorities</b>	<ul style="list-style-type: none"> <li>Sandy updated us on bills related <a href="#">2018 SHIP Policy Agenda</a>, which includes raise the age to purchase tobacco &amp; ENDS products from 18 years of age to 21 years; seatbelt use for all seating positions in automobiles; motorcycle protective head gear; paid family and medical leave; tax parity for other tobacco products and Electronic Nicotine Delivery Systems (ENDS); and safe drinking water.</li> <li>Sandy reminded us that those of us who are state employees have to be careful about how we advocate for policy change - we cannot lobby, but we can provide information about issues.</li> <li>Shawn suggested providing information to agency legislative liaisons so that they can pass it on.</li> </ul>	
<b>Planning for 2019</b>	<ul style="list-style-type: none"> <li>Susan L. presented the Preliminary List of Health Indicators that will be used for the 2020 State Health Assessment 2.0 (SHA).</li> <li>Janet handed out Connecticut data on behavioral health from the <a href="#">National Survey on Drug Use and Health</a> (NSDUH) and the <a href="#">Behavioral Risk Factor Surveillance System</a> (BRFSS).</li> </ul>	The links will take you to the data.



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	<ul style="list-style-type: none"><li>Susan L. asked about data for behavioral health screening. Erica said that there is a Medicaid payment code for BH screening (CPT 96127; modifier U3 negative and U4 positive) and for Screening, Brief Intervention and Referral to Treatment (SBIRT; 99408 AND 99409 only paid when positive).</li><li>Janet mentioned that 16 FQHCs report data to the <a href="#">HRSA Health Center Program</a>.</li></ul>	The link will take you to the data.
<b>Action Team Agenda Updates with focus on 2018 accomplishments</b>	<ul style="list-style-type: none"><li>Here is where we ran out of time and Cathy took control of the situation by asking about subcommittee meetings.</li></ul>	A conference call will be scheduled to obtain updates?
<b>Next steps</b>	<ul style="list-style-type: none"><li>The next meeting is scheduled for February 6, 2019.</li></ul>	



Figure 1

# Social Determinants of Health

<b>Economic Stability</b>	<b>Neighborhood and Physical Environment</b>	<b>Education</b>	<b>Food</b>	<b>Community and Social Context</b>	<b>Health Care System</b>
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

### Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

