

STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Mental Health, Alcohol, and Substance Abuse										
Objectives 	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)								Total YES	Total NO
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Developmental, will we be able to get the data in year 1?	Are there evidence-based practices that are available?	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)?	Does it connect to strategies in current plans or initiatives (critical mass)?	Does it address issues of equity and disparities?	Is it feasible/realistic within three years (mid-course check)?	Can we demonstrate impact within three years (mid-course check)?	Does it have a prevention vs. management/treatment focus? *		
Mental Health and Mental Disorders										
OBJECTIVE MHSA-1 Decrease by 5% the rate of mental health emergency department visits.	YES	YES	YES	YES	YES	YES	YES	YES	8	0
Alcohol Abuse										
OBJECTIVE MHSA-2 Reduce by 5% the proportion of people (from grade 9 and older) who drink excessively across the lifespan.	YES	YES	YES	NO	NO	NO	YES	YES	6	0
OBJECTIVE MHSA-3 Reduce by 5% the proportion of drinking for youth in grades 9-12 (ages 14-18).	YES	YES	YES	YES	NO	YES	YES	YES	7	0
Substance Abuse										
OBJECTIVE MHSA-5 Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).	YES	YES	YES	YES	YES	YES	YES	YES	8	0
OBJECTIVE MHSA-6 Reduce by 5% the use of illicit drugs across the lifespan (ages 12 and older).	YES	NO	NO	YES	NO	NO	NO	YES	3	5

* h. This will not apply to all Focus Areas

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Autism Spectrum Disorders										
OBJECTIVE MHSA-7 Increase by 10% the number of children who are referred to Connecticut Birth to Three System following a failed Modified Checklist for Autism in Toddlers screening.	NO	NO	YES	YES	NO	NO	YES	NO	3	5
Exposure to Trauma										
OBJECTIVE MHSA-8 Increase by 5% trauma screening by primary care and behavioral health providers.	YES	YES	YES	YES	YES	YES	YES	YES	8	0

* h. This will not apply to all Focus Areas

Welcome & Introductions

Agenda

- Welcome & Introductions
- Providing Context of the State Health Improvement Plan
- What Are We Trying to Accomplish This Year?
- Action Agenda Overview
- Roles & Responsibilities
- SHIP Overview and Focus Area Overview
- Q&A



Healthy Connecticut 2020



2 State Health Improvement Plan



**CONNECTICUT
HEALTH IMPROVEMENT
PLANNING COALITION**

Healthy Connecticut 2020:

A Call to Action

Connecticut Department of Public Health
June 25, 2015

Mental Health and Substance Abuse Action
Team

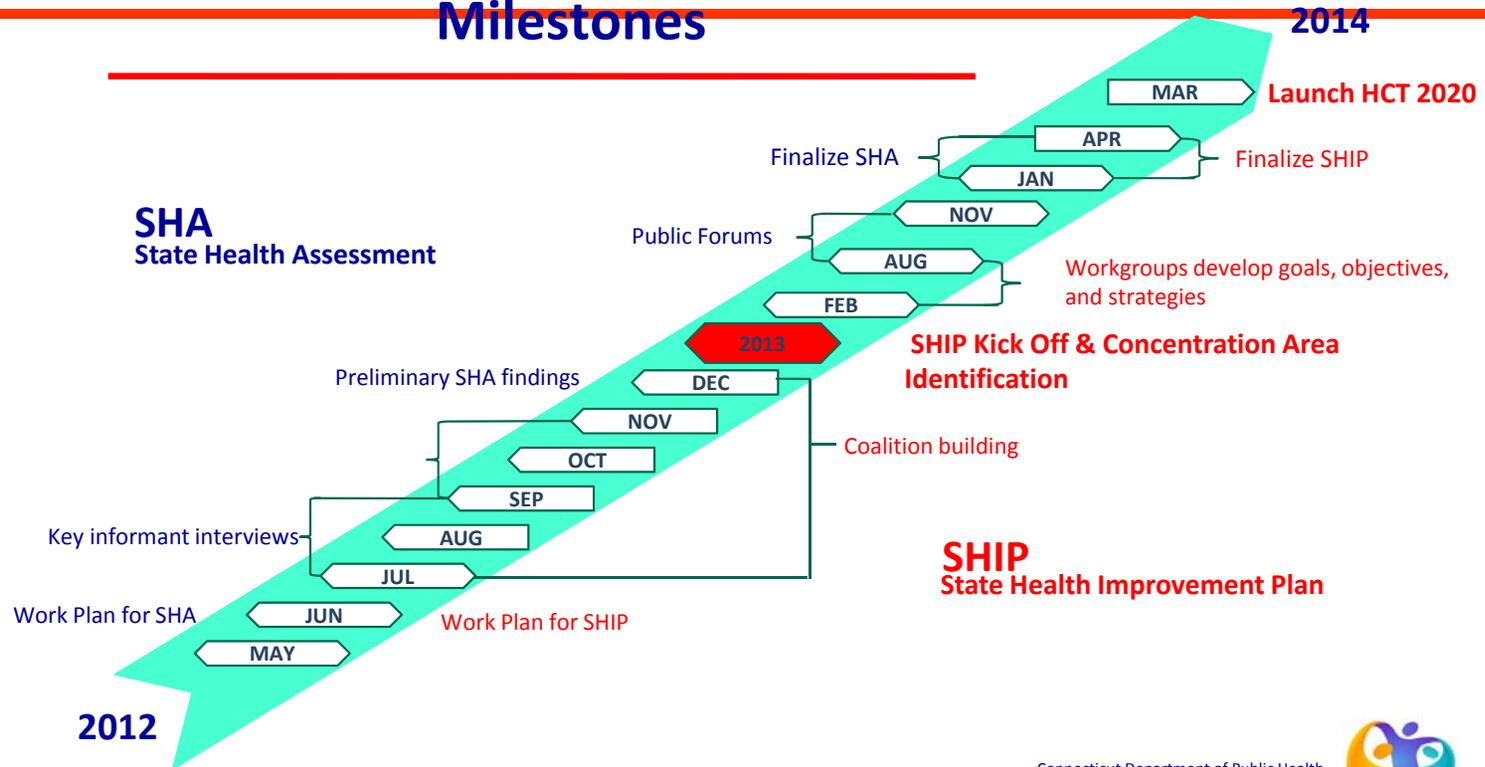


Vision for the Initiative

The Connecticut Department of Public Health, local health districts and departments, key health system partners, and other stakeholders integrate and focus efforts to achieve measurable improvements in health outcomes.



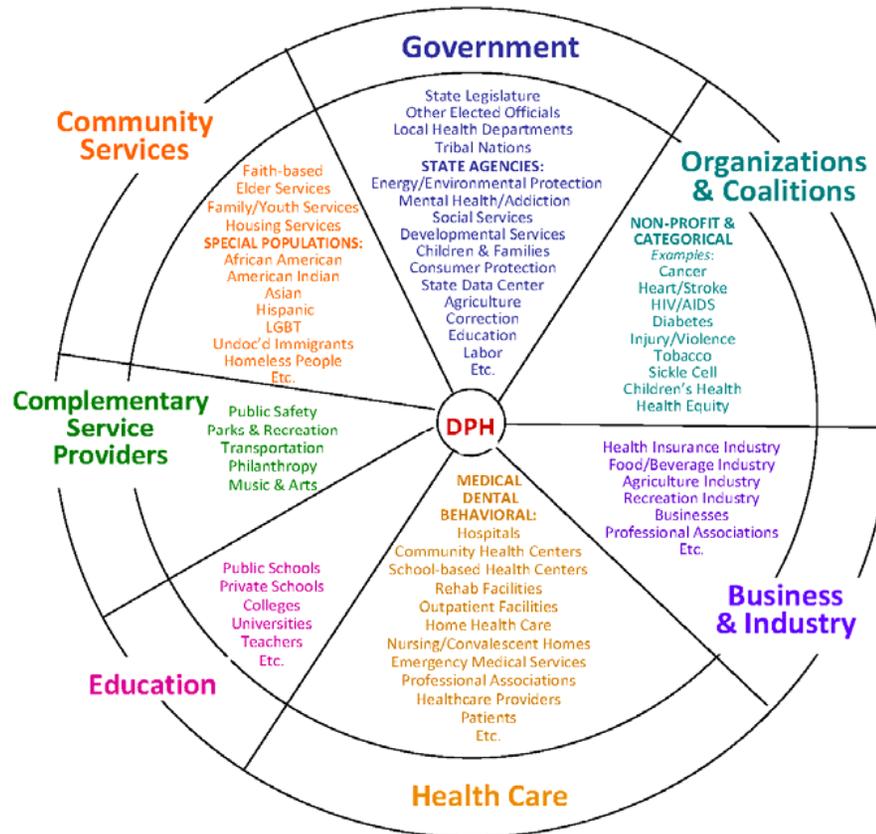
Healthy Connecticut 2020 Milestones



Connecticut Department of Public Health
www.ct.gov/dph/SHIPcoalition

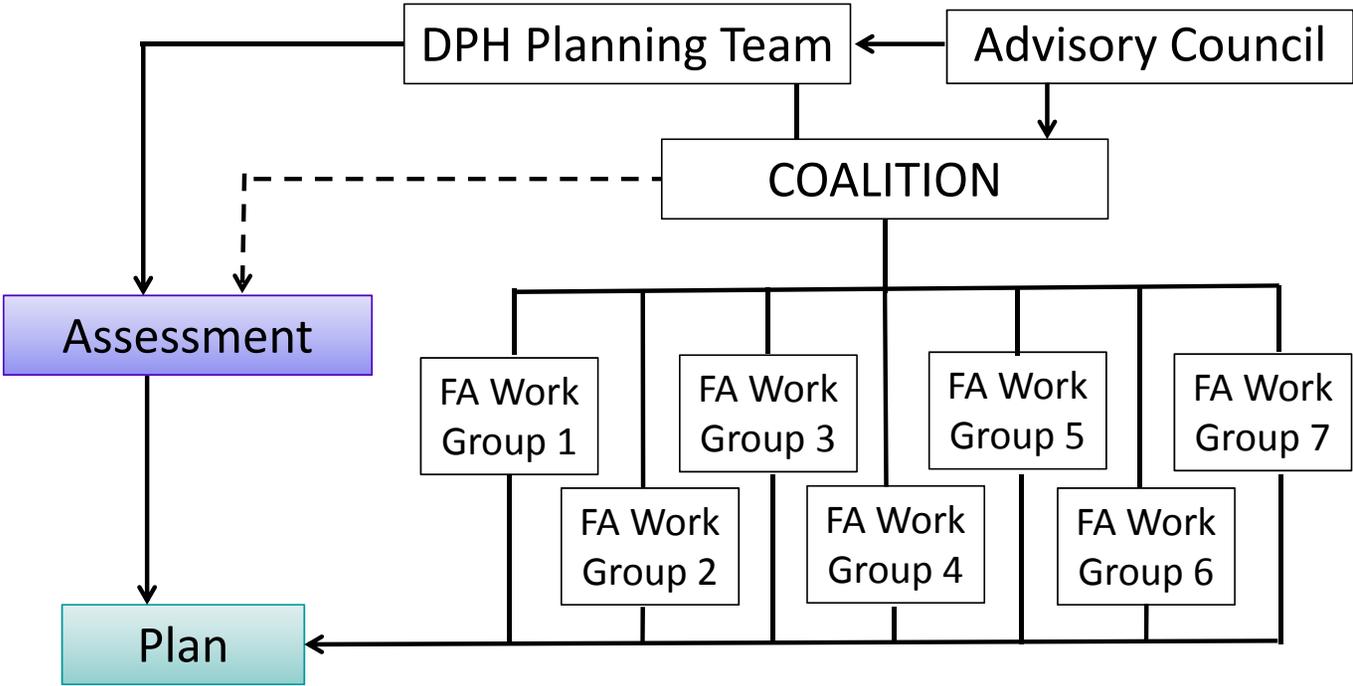


Planning Coalition



- 100+ partners led by DPH
- Traditional and non-traditional stakeholders

Connecticut Health Improvement Planning Coalition



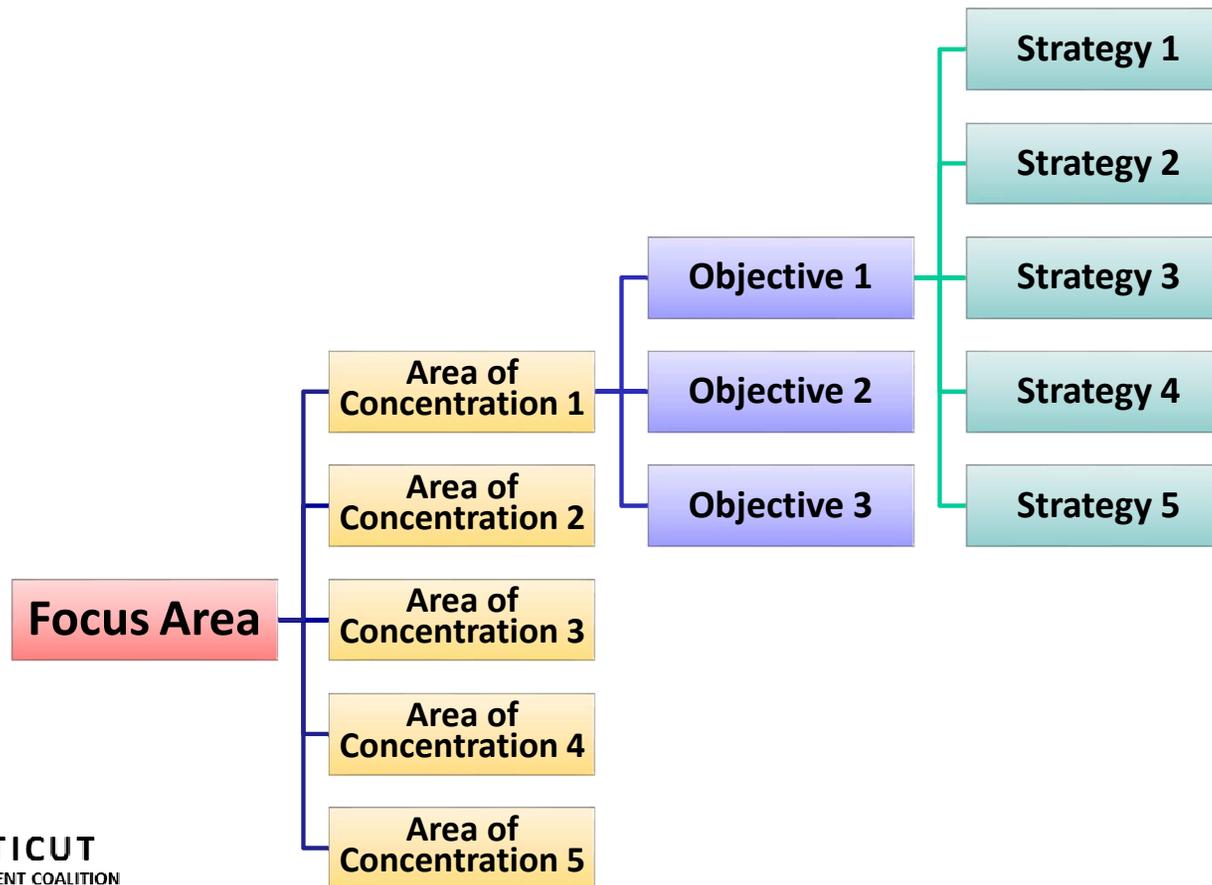
Guiding Principles

- Integrated approach/Collaboration
- Align with national frameworks and existing plans, initiatives
- Health improvement approach
 - Goals
 - Objectives (Measurable improvements in population health)
 - Strategies (Prevention and risk reduction)
- Data-driven objectives and evidence-based strategies
- Health equity
- Balance between scope and depth of focus
- Understandable and actionable

Focus Areas

- 1 Maternal, Infant, and Child Health
- 2 Environmental Risk Factors and Health
- 3 Chronic Disease Prevention and Control
- 4 Infectious Disease Prevention and Control
- 5 Injury and Violence Prevention
- 6 Mental Health, Alcohol, and Substance Abuse
- 7 Health Systems

Plan Layout



Mental Health, Alcohol and Substance Abuse

Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

- Areas of Concentration
 - Mental Health and Mental Disorders
 - Alcohol Abuse
 - Substance Abuse
 - Autism Spectrum Disorders
 - Exposure to Trauma
- Objective Topics for Phase 1 Implementation
 - Mental health emergency room visits
 - Excessive drinking by youth and adults
 - Non-medical use of pain relievers
 - Illicit drug use
 - Screening for autism
 - Screening for trauma

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Overarching Themes Health Equity

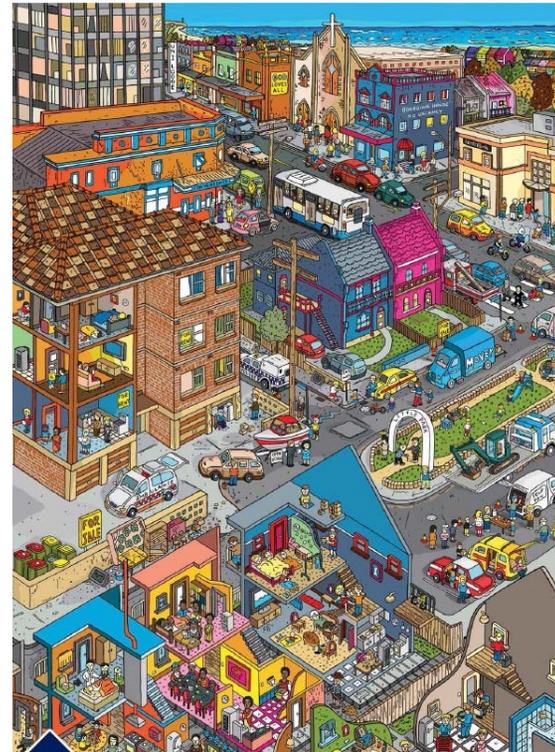


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- Life Course (Age):
 - Mothers & Infants
 - Children
 - Adolescents and Young People
 - Working-age Adults
 - Older Adults
 - Sex, Gender, and Sexual Orientation:
 - Male and Female
 - Sexual Minorities: Lesbian, Gay, Bisexual, and Transgender
 - Race and Ethnicity:
 - Race (non-Hispanic):
 - White
 - Black
 - Asian
 - American Indian
 - Hispanic ethnicity (all races)
 - Other Specific Populations:
 - Veterans
 - People with Disabilities
 - Homeless Persons
 - Incarcerated Persons
 - Rural Populations

Overarching Themes

Economic & Social Determinants of Health

- Economic:
 - Income
 - Poverty
 - Employment status
- Social
 - Educational attainment
 - Language and literacy
 - Geographic
 - Housing
 - Access to food
 - Recreation
 - Transportation
 - Public safety

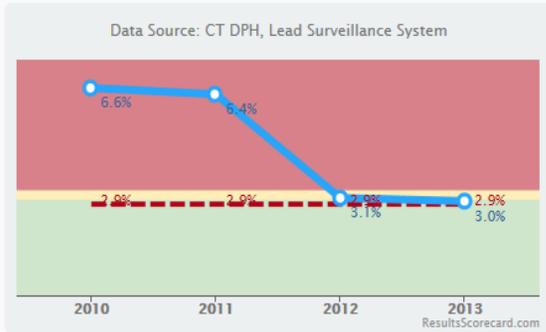




Lead Exposure

Lead exposure results and indicators are from the Healthy Connecticut 2020 State Health Improvement Plan Focus Area 2 - Environmental Health. This is a DPH priority area.

	R	Environment	All Connecticut Children are Lead-Free.	Time Period	Actual Value	Target Value	Current Trend	Baseline %Change
	I	Environment	Prevalence rate of children less than 6 years of age with confirmed blood lead levels at or above the CDC reference value (5 µg/dL). (HCT2020)	2013	3.0%	2.9%	↓ 3	-55% ↓
				2012	3.1%	2.9%	↓ 2	-53% ↓
				2011	6.4%	2.9%	↓ 1	-3% ↓
				2010	6.6%	2.9%	→ 0	0% →
	I	Environment	Incidence rate of children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2013	2.3%	2.9%	→ 1	0% →
	I	Environment	Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 µg/dL)	2012	2.4	1.9	↑ 1	0% →



Story Behind the Curve Partners What Works Strategy

All Data Showing...

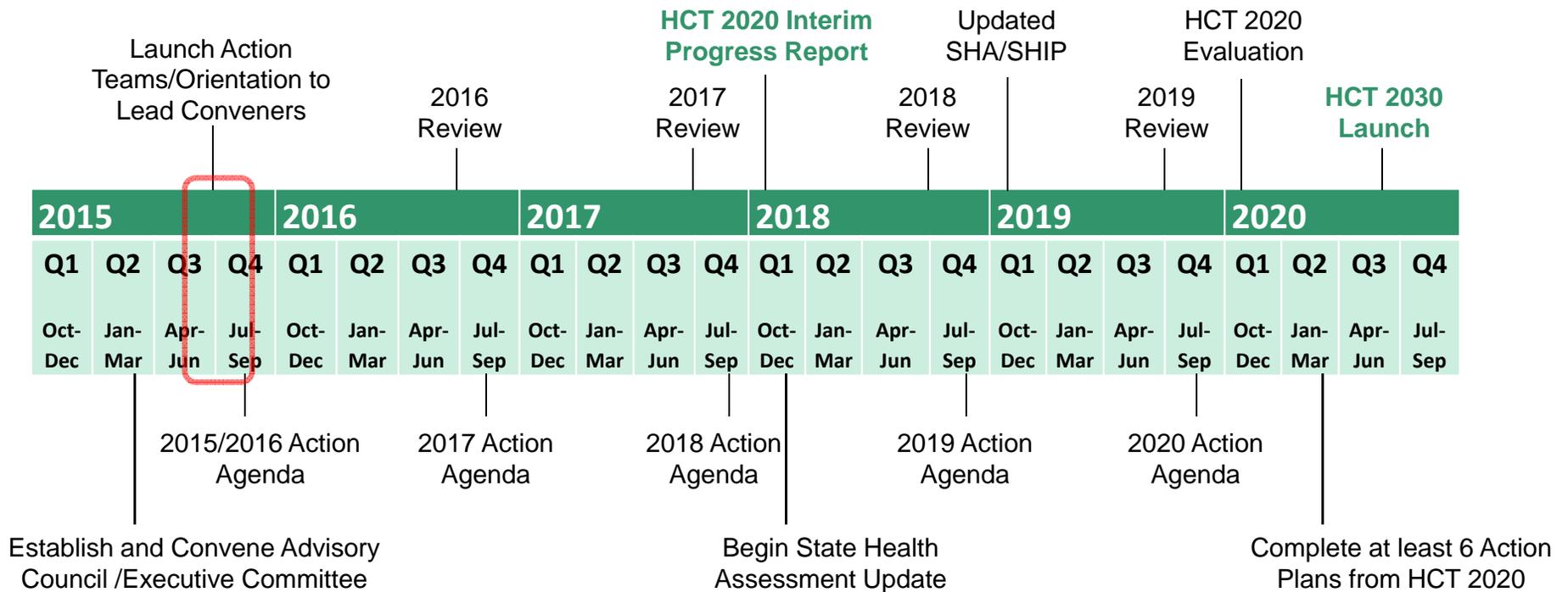


Statewide Priorities for DPH

- High blood pressure, heart disease, and stroke
- Obesity
- Vaccine-preventable infectious diseases
- Falls
- Preconception health and inter-conception care; premature/preterm births and low birthweight
- Poor housing conditions
- Unhealthy community design

What Are We Trying to Accomplish This Year?

HCT 2020 Implementation Timeline



Launching Action Teams & Developing the Action Agenda

Launch Action
Teams/Orientation to
Lead Conveners



2015/2016 Action
Agenda

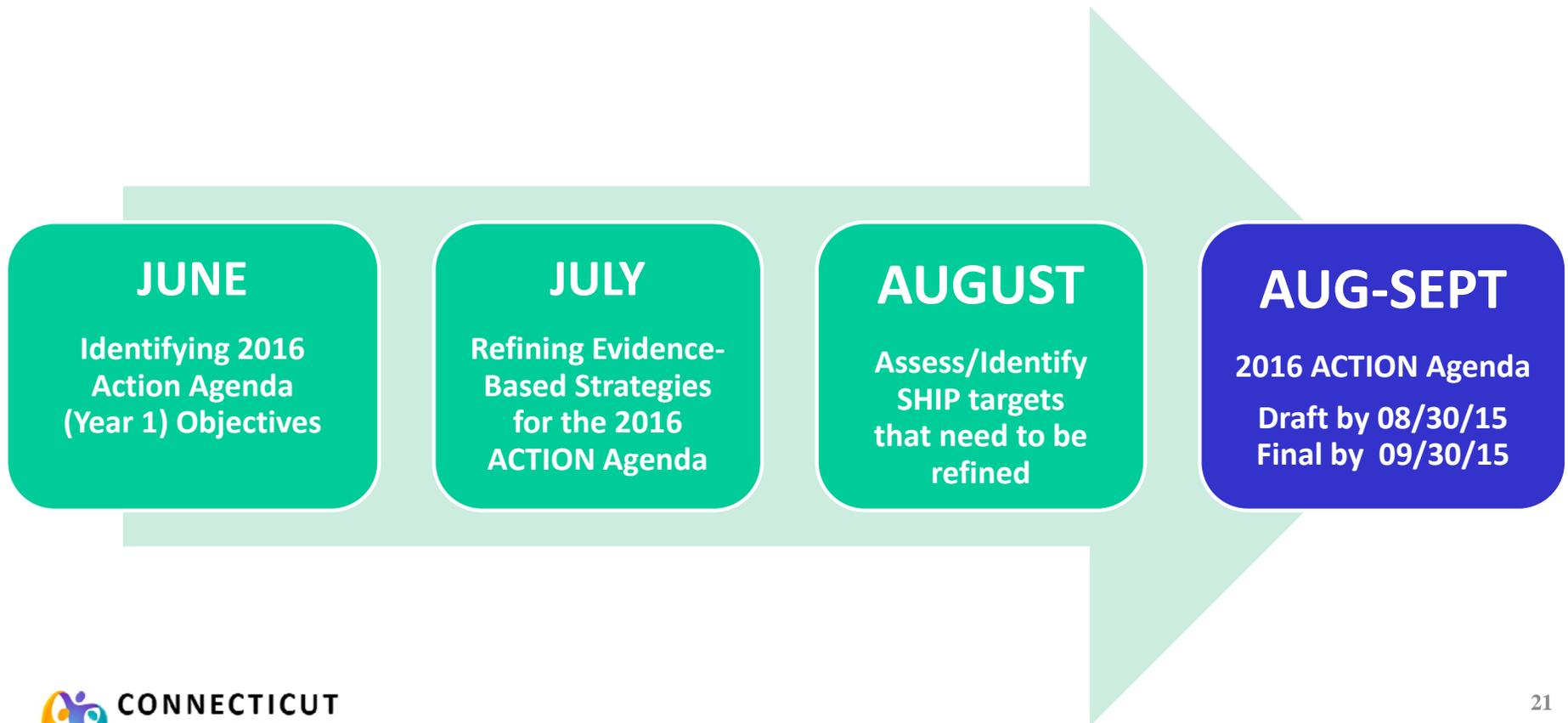
- April
 - DPH Outreach to suggested lead conveners
 - Nomination of lead conveners to the Executive Committee, and to Commissioners for confirmation and approval
- May
 - Outreach to populate Action Teams
 - Orientations
- Jun-Sept
 - Action Teams meet to develop the 2015/2016 Action Agenda

The Action Agenda

Action Team Role

- The Action Teams will be responsible for refining the SHIP and developing the Action Agenda for their specific area of responsibility.
 - Developing the Action Agenda
 - Refining the SHIP
 - The plan is a living document - refinements are needed as implementation evolves
 - Revisit the Phase 1 Objectives
 - Update the data and targets
 - More realistic
 - Objectives that are not measurable but may have good proxy measures
 - Data refinement: Injury and Violence Prevention
 - Confirm/revise strategies – based on best evidence and current initiatives underway

Timeline for Developing the Action Agenda



Identifying 2016 Action Agenda (Year 1) Objectives

June

What Phase 1 objectives under this focus area should be targeted for year one implementation?

Where is the critical mass of effort currently happening related to this focus area that provides a foundation to build upon?

What critical areas are important and not sufficiently addressed within the scope of this SHIP focus area? (Identify gaps)

Which of the identified priorities address health equity and reaching our most vulnerable populations?

Are there evidence based strategies available to improve health outcomes?

Refining Evidence-Based Strategies for the 2016 ACTION Agenda

July

Are we employing the best evidenced-based strategies?

What role will partners play at the local, regional, and statewide levels to implement these strategies?

Assess/Identify SHIP targets that need to be refined

Aug

Draft of 2016 ACTION Agenda by 08/30/15
Final by 09/30/15

Identifying 2016 Action Agenda (Year 1) Objectives

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Are We Employing Evidence-Based Strategies?

Strategies	Evidence-Based Sources							
	Guide to Clinical Preventive Services (CPS)	US Preventive Services Task Force (USPSTF)	CDC Community Health Improvement Navigator *	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
•								
•								
•								
•								
•								
•								

* www.cdc.gov/CHInav

What is the Action Agenda?

- The Action Agenda is the Implementation Plan for the Connecticut State Health Improvement Plan (HCT2020 SHIP)
- The 2016 Action Agenda contains those Objectives and Strategies that we will begin implementing in Year 1.
- It contains
 - Actions/Activities involved in executing each of the strategies for SHIP objectives.
 - Partners Responsible
 - An identified timeline for each action
 - Resources required for the strategies for each objective (human, partnerships, financial, infrastructure or other)
 - Monitoring/Evaluation approaches

Specific Roles and Responsibilities

Roles and Responsibilities

Commissioner

- Leader, decision-making authority

Executive Committee

- Thought leadership to advance strategic goals
- Build public health approach across sectors
- Time sensitive decision-making

Advisory Council

- Integrating
- Managing
- Advising & Approving

Lead Conveners/ Action Teams (7)

- Organizing Action Teams, scheduling meetings
- Completing Year 1 Action Agenda
- Prioritizing 2-3 strategies for the priority area that a critical mass of partners will address

Supports

HRiA

- Facilitation
- Group process
- Technical assistance

DPH

- Administrative coordination & support

Lead Conveners

Focus Area	Lead Convener(s)
Maternal, Infant and Child Health (MICH)	MCH Advisory Council DPH
Environmental Health (EH)	DPH Environmental Health CT Association of Directors of Health
Chronic Disease (CD)	DPH Chronic Disease Program CT Hospital Association
Infectious Disease (ID)	DPH Infectious Disease Program
Injury and Violence Prevention (IVP)	St. Francis Violence & Injury Program
Mental Health and Substance Abuse (MHSA)	DMHAS
Health Systems (HS)	<i>PENDING further discussion</i>

Lead Convener Role

- Attend orientation with DPH and other Lead Conveners
- Reach out to organizations already doing this work to form the Action Team – You may have an existing statewide network and/or invite other partners to the table (DPH has a potential list)
- Refine the SHIP and discuss and complete the Action Agenda with the Action Team
 - Identify and catalog major initiatives that do or could have state-wide relevance or applicability
 - Align to SHIP PHASE 1 priorities or recommend other priorities
 - Identify and prioritize strategies that a critical mass of partners will address
 - Report progress and make recommendations to the Advisory Council
- Attend 1-2 check in conference calls with DPH if needed to resolve any issues or check in on progress.
- Provide feedback to DPH and HRiA regarding status, +/- of process and best practices for facilitation.

Lead Convener Time Commitment

- Expecting approximately 8 hours/month from May through September, 2015 perhaps less, depending upon how quickly the Action Agenda is developed.
- Recommend starting with two, 2-hour meetings per month with the Action Team

Lead Convener Supports

- DPH and HRiA will provide:
 - Detailed orientation for the Lead Conveners and the Action Teams
 - Technical assistance to Lead Convener and Action Teams on the planning process
 - Templates for conducting and recording Action Team outputs, including agenda templates, prioritization tool, tool for assessing and refining the strategies and ensuring evidence-base, and templates for the Action Plan
 - Assistance with logistical support, if needed, including Action Team Distribution Lists for communications, identifying meeting space, and coordinating and scheduling partners (there may be members on Action Teams that can also help with logistics)
- Some of you are co-leading with another organization and will need to define a division of the roles and responsibilities .

Action Team Members' Role

- Develop the content of the Action Plan
- Look for synergies across organizations
- Cataloging what is already underway and mapping to SHIP objectives and strategies (major initiatives that do or could have state-wide relevance or applicability)
- Defining areas where they will be playing a convening or implementation role in their organizations.
- Returning to their own coalitions/organizations/programs to align/refine their work to the Action Agenda
- Making recommendations for changes to the monitoring and evaluation indicators used on the Dashboard (www.ct.gov/dph/dashboard)

2016 Action Agenda – Structure and Format

Focus Area 1:			
Goal 1:			
Area of Concentration			
SHIP Objective			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> • 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> • Provide quarterly report outs 			

Definitions of Action Agenda Components

Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected date of completion for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate and track progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

SHIP Overview by Focus Area

Healthy Connecticut 2020 By The Numbers

Focus Area	Areas of Concentration	Total and Phase 1 Objectives
1: Maternal, Infant, and Child Health	5	13/8
2: Environmental Risk Factors and Health	5	8/4
3: Chronic Disease Prevention and Control	9	30/13
4: Infectious Disease Prevention & Control	10	34/16
5: Injury and Violence Prevention	6	26/11
6: Mental Health, Alcohol and Substance Abuse	5	8/7
7: Health Systems	8	17/9
TOTAL:	48	136/68

Maternal, Infant and Child Health

Optimize the health and well-being of women, infants, children and families, with a focus on disparate populations.

- Areas of Concentration
 - Reproductive and Sexual Health
 - Preconception and Pregnancy Care
 - Birth Outcomes
 - Infant and Child Nutrition
 - Child Health and Well-being
- Objective Topics for Phase 1 Implementation
 - Unplanned pregnancies
 - Prenatal care
 - Birth outcomes
 - Breastfeeding
 - Oral health for children
 - Developmental screening

Environmental Risk Factors and Health

Enhance public health by decreasing environmental risk factors.

- Areas of Concentration
 - Lead
 - Drinking Water Quality
 - Outdoor Air Quality
 - Healthy Homes
 - Healthy Communities
- Objective Topics for Phase 1 Implementation
 - Childhood lead poisoning
 - Drinking water quality
 - Air quality

Chronic Disease Prevention and Control

Reduce the prevalence and burden of chronic disease through sustainable, evidence-based efforts at risk reduction and early intervention.

- **Areas of Concentration**
 - Heart Disease and Stroke
 - Cancer
 - Diabetes and Chronic Kidney Disease
 - Asthma and Chronic Respiratory Disease
 - Arthritis and Osteoporosis
 - Oral Health
 - Obesity
 - Nutrition and Physical Activity
 - Tobacco
- **Objective Topics for Phase 1 Implementation**
 - Heart disease and high blood pressure
 - Diabetes
 - Asthma
 - Oral health for children
 - Obesity
 - Smoking

Infectious Disease

Prevent, reduce and ultimately eliminate the infectious disease burden in Connecticut.

- Areas of Concentration
 - Vaccine-preventable Diseases
 - Sexually Transmitted Diseases
 - HIV
 - Tuberculosis
 - Hepatitis C
 - Vector-borne Diseases
 - Foodborne Illness and Infections
 - Waterborne Illness and Infections
 - Healthcare Associated Infections
 - Emergency Preparedness for Emerging Infectious Diseases
- Objective Topics for Phase 1 Implementation
 - Vaccinations for children, pregnant women, and childcare providers
 - Vaccinate adults against seasonal flu
 - Vaccinate adolescents for HPV
 - Chlamydia and gonorrhea
 - HIV/AIDS
 - Hepatitis C
 - Healthcare associated infections
 - Emerging infectious disease

Injury and Violence Prevention

Create an environment in which exposure to injuries is minimized or eliminated.

- Areas of Concentration
 - Unintentional Injury
 - Falls
 - Poisoning
 - Motor Vehicle Crashes
 - Intentional Injury
 - Suicide
 - Homicide and Community Violence
 - Traumatic Brain Injury
 - Child Maltreatment
 - Sports Injuries
 - Occupational Injuries
- Objective Topics for Phase 1 Implementation
 - Falls
 - Unintentional poisonings
 - Motor vehicle crashes
 - Seatbelt use
 - Motorcycle deaths
 - Suicide
 - Firearms
 - Sexual violence
 - Child maltreatment

Mental Health, Alcohol and Substance Abuse

Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

- Areas of Concentration
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 - Substance Abuse
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 - Non-medical use of pain relievers
 - Illicit drug use
 - Screening for autism
 - Screening for trauma

Health Systems

Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

- **Areas of Concentration**
 - Access to Health Services
 - Quality of Care and Patient Safety
 - Health Literacy, Cultural Competency and Language Services
 - Electronic Health Records
 - Public Health Infrastructure
 - Primary Care and Public Health Workforce
 - Financing Systems
 - Emergency Preparedness and Response
- **Objective Topics for Phase 1 Implementation**
 - Health insurance coverage
 - Community-based health services
 - Patient-centered medical homes
 - Transportation to access health services
 - Quality and patient safety standards for health systems
 - Adoption of national Culturally and Linguistically Appropriate Services (CLAS) standards by health and social service agencies
 - Professional health workforce shortages and diversity
 - Funding to align with prevention and population health priorities

Define Action Team Logistics and Operations

Define Action Team Logistics and Operations (Who? How?)

- Who's going to take notes?
- How notes will be distributed?
- Team member contact info, how shared?
- Reaching out to new members
- What is going well, what's not?
- Maintaining touch with DPH, Advisory Council, and HRiA
- May work as a whole or organize into subgroups to address specific areas

Thank You!