



Healthy Connecticut 2020 State Health Improvement Plan

Mental Health and Substance Abuse Action Team Meeting
November 2, 2015
9:00 – 11:00 AM
Room K, 4th Floor Department of Mental Health and Addiction Services
410 Capitol Avenue Hartford, CT

Agenda

9:00 - Welcome and Introductions – Janet Storey and Michael Michaud, Lead Conveners Department of Mental Health and Addiction Services

9:10-9:30 - Brief background on the SHIP and SHIP Processes – Joan Ascheim, CT Department of Public Health

Reminder of Systems, Policy and Environmental Approaches and the Health Impact Pyramid – Joan Ascheim

9:30 – 9:50 - Brief summary of Action Team work to date – Steps 1 and 2 – Janet Storey and Michael Michaud Department of Mental Health and Addiction Services

9:50 – 10:50 - Review of draft work plan – Janet and Michael

Consider the following:

- Are items evidenced-based or promising practices?
- Who would be lead partners to implement actions?
- Are items missing?
- Is this feasible for one year?
- Are time frames delineated?
- Do the actions represent systems, policy and environmental change and have a prevention focus?

10:50 – 11:00 – Next steps and future meeting dates

MEETING NOTES:

Next meeting of the full group is set for **Monday November 30th from 1-3:30** – in the same location unless otherwise notified – 410 Capitol Avenue 4th floor Room K. Please mark your calendar. Reminders and invitations to follow.

Several subgroups will meet to flush out the actions, timeframes and partners **prior to the November meeting** (see instructions below). Those groups are as follows:



Objective MHSA 1 – Decrease by 5% the rate of mental health emergency department visits

The group will review all the strategies, actions steps and partners except those related to housing

Work group members are:

Alison Fulton, HVCASA, CT Prevention Network
Jane Hylan, CHC Inc.
Kathy Sisco, Wheeler Clinic
Lynne Weeks, CASBHC

Looking at Housings related issues

Janet Storey DMHAS
Judith Dicine – Division of Criminal Justice

Objective MHSA 5 – Reduce by 5% the non-medical use of pain relievers across the lifespan (12 and older)

Work group members are:

Alison Fulton, HVCASA, CT Prevention Network
Michelle Seagull – Department of Consumer Protection
Carol Meredith- DMHAS

Objective MHSA 8 Increase by 5% trauma screening by primary care and behavioral partners

Work group members are:

Jane Storey DMHAS
Julienne Giard, DMHAS

Please have someone in the group organize and convene the members so that you can have a revised draft of your section of the action agenda prior to the November 30 meeting. **Please forward it to me by November 25th** so I can get it out to people prior to our next full meeting.

Instructions for moving forward

Convene your groups asap (feel free to bring in additional partners as long as it doesn't delay completion of the action agenda)

- 1) Review the current strategies for your objective and determine if it is feasible to address all in the first year or if any rise the top for this year
- 2) Once you have settled on your strategies, review the activities in the draft plan using the following questions?
 - Are the items evidence-based or promising practices to get to the evidenced based strategies and move towards the objective?
 - Do the actions represent systemic, policy and environmental change and have a prevention focus? (Review slides from presentation for definitions)
 - Who will be the lead and participating partners who commit to implementing the actions?
 - What are the time frames or completion dates?



- Are the actions feasible for one year?
- Are there actions that are missing?

3) Make revisions as needed to the action agenda and return to Joan by November 25, 2015

Thoughts to keep in mind –

- The action agenda is about moving forward with partners with activities that will move us towards the objectives.
- Try when possible to align to existing efforts.
- Everything doesn't have to be addressed in year 1. We would rather see forward movement on a few key items that are identified than try to do it all in the first year and be spread too thin.
- Remember the systemic, policy and environmental change and prevention focus.

STEP 2: Are We Employing Evidence-Based Strategies?

Mental Health, Alcohol, and Substance Abuse

Objectives 	Evidence-Based Sources							Other (write in source)
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	
Mental Health and Mental Disorders								
OBJECTIVE MHSA-1  Decrease by 5% the rate of mental health emergency department visits.								HI MHSA Data
<i>Advocacy and Policy</i>								H2 Being developed
<ul style="list-style-type: none"> Advocate for affordable housing. 		X Rental assistance		X				Cross-over with EH – housing code
<i>Communications, Education and Training</i>								
<ul style="list-style-type: none"> Promote depression screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age through: 	X	X		X			X	H3 National Depression Screening Day 10- 8-15
<ul style="list-style-type: none"> – Identification and implementation of standardized health and behavioral health screening tools during patient assessments and; 								H4 SAMHSA HRSA Screening Tools http://www.integration.samhsa.gov/clinical-practice/screening-tools
<ul style="list-style-type: none"> – Development of policies to address training, continuing education, and workforce needs of providers and entities participating in integrated health care practices. 								H5 State Innovation Model

STEP 2: Are We Employing Evidence-Based Strategies?

Mental Health, Alcohol, and Substance Abuse

Objectives Ph1	Evidence-Based Sources							
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
<i>Partnership and Collaboration</i>								
<ul style="list-style-type: none"> Promote reciprocal referrals between mental health and primary care providers by identifying and implementing methods for collaboration and integration. 		X Collaborative care models		X			X	H6 Behavioral Health Homes H7 Statewide Health Care Facilities and Services Plan H8 Hospital Community Needs Assessments
<ul style="list-style-type: none"> Identify and implement strategies to encourage integration in both public and the private sector programs to connect homeless individuals and families with mental health problems to mental health services. 							X	H9 Being developed
<ul style="list-style-type: none"> Encourage coordination between healthcare and permanent supportive housing and homeless service agencies. 							X	H10 Being developed

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Mental Health, Alcohol, and Substance Abuse

Objectives Ph1	Evidence-Based Sources							Other (write in source)
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	
Substance Abuse								
OBJECTIVE MHSA-5 Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).								H11 Non-Medical Use of Pain Relievers Data
<i>Communications, Education and Training</i>								
<ul style="list-style-type: none"> Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use). 				X				H12 Strategies to Reduce Misuse of Prescription Drugs
<ul style="list-style-type: none"> Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs. 				X				H12 Strategies to Reduce Misuse of Prescription Drugs
<i>Partnership and Collaboration</i>								
<ul style="list-style-type: none"> Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes. 				X				H13 DCP_ Local Drug Collection Boxes
<ul style="list-style-type: none"> Educate prescribers on the benefits of the Connecticut Prescription Monitoring and Reporting System (CPMRS). 					X			H14 DCP_ Prescriber Information

STEP 2: Are We Employing Evidence-Based Strategies?

Mental Health, Alcohol, and Substance Abuse								
Objectives Ph1	Evidence-Based Sources							Other (write in source)
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	
<i>Surveillance</i>								
<ul style="list-style-type: none"> Explore opportunities to review aggregate data from the Connecticut Prescription Monitoring and Reporting System (CPMRS) to identify prevention opportunities. 					X			H15 DCP_ Prescription Monitoring Program ASTHO prevention strategies
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.								
<i>Communications</i>								
<ul style="list-style-type: none"> Promote Modified Checklist for Autism in Toddlers screening for children prior to age 2 yrs. 								
<ul style="list-style-type: none"> Promote and distribute educational materials that identify signs and symptoms for autism. 								
<i>Education and Training</i>								
<ul style="list-style-type: none"> Educate primary care providers on appropriate referrals for children under 3 who fail Modified Checklist for Autism (M-CHAT) screening. 								

STEP 2: Are We Employing Evidence-Based Strategies?

Mental Health, Alcohol, and Substance Abuse								
Objectives Ph1	Evidence-Based Sources							Other (write in source)
	US Preventive Services Task Force (USPSTF)	CDC's Guide to Community Preventive Services	CDC Community Health Improvement Navigator	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	
<i>Surveillance</i>								
<ul style="list-style-type: none"> Establish a baseline of the % of children receiving Modified Checklist for Autism in Toddlers screening prior to age 2 yrs. 								
Exposure to Trauma								
OBJECTIVE MHSA-8 Increase by 5% trauma screening by primary care and behavioral health providers.								
<i>Communications</i>								
<ul style="list-style-type: none"> Develop a directory of trauma-informed treatment providers. 								H16 Trauma Directory - The Connecticut Women's Consortium
<i>Planning & Development</i>								
<ul style="list-style-type: none"> Establish and promote evidence-based trauma screening tool for children and adults. 				X Broadly speaks to identification of needs				H17 Trauma Screening or Assessment - Kids Mental Health Info H18 Trauma Screening and Assessment Adults
<ul style="list-style-type: none"> Conduct trauma screening for all referrals on an out-patient basis for children and adults. 								
<i>Surveillance</i>								
<ul style="list-style-type: none"> Establish mechanism to determine baseline <u>data</u>- for trauma screening. 								

STEP 3: HCT2020 Action Agenda

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 Mental Health and Mental Disorders			
SHIP OBJECTIVE MHSA-1 Decrease by 5% the rate of mental health emergency department visits.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Communications, Education and Training			
Promote mental <u>behavioral</u> health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age	Work with the Connecticut Hospital Association to use existing data and information on mental health emergency department visits to profile capacity, needs and readiness to reduce mental health ER visits	<ul style="list-style-type: none"> State of CT DMHAS OOC Community Health Network of Connecticut, Inc. State of CT Office of the Healthcare Advocate 	
	Use National Depression Screening day to educate the public about mental health screening, decrease the stigma associated with mental illness, and promote screening in primary care settings	<ul style="list-style-type: none"> State of CT DMHAS OOC Bristol Hospital Community Health Center, Inc. St. Mary's Hospital St. Frances Hospital Yale New Haven Hospital 	<u>Discussed using awareness activities to lead to systemic change. Also discussed work being done relative to this on college campuses and involving them as partners.</u>
		<ul style="list-style-type: none"> _____ 	<u>Discussion about adding activities related to SBIRT work being done (Screening, Brief Intervention and Referral to Treatment with CHCs, SBHCs. Also discussed potential activities to work with systems that work with other primary care providers to encourage screening (ie.training medical students).</u>

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Area of Concentration Mental Health and Mental Disorders			
SHIP OBJECTIVE MHSA-1 Decrease by 5% the rate of mental health emergency department visits.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Identify and implement standardized health and behavioral health screening tools during patient assessments	Evaluate the following tools: <ul style="list-style-type: none"> • The Providence Center Mental Health Screening Form • Patient Health Questionnaire (PHQ-9) English and Spanish) • Patient Health Questionnaire (PHQ-9) modified for adolescents • The MacArthur Foundation Depression Tool Kit • The Medicare Learning Network "Screening for Depression" Booklet 	<ul style="list-style-type: none"> • State of CT DMHAS OOC • Bristol Hospital • Community Health Center, Inc. • St. Mary's Hospital • St. Frances Hospital • Yale New Haven Hospital 	
Develop policies to address training, continuing education, and workforce needs of providers and entities participating in integrated health care practices.	<ul style="list-style-type: none"> • Use CT <i>State Innovation Model</i> for integrating mental health screening into primary care • Work with groups such as the Connecticut Hospital Association and Primary Care Coalition of Connecticut to profile capacity, needs and readiness for integrated health care practices • Work with EDs to promote understanding of recovery supports and how they related to the overall care for behavioral health clients across all age groups 	<ul style="list-style-type: none"> • State of CT DMHAS OOC • Community Health Network of Connecticut, Inc. • State of CT Office of the Healthcare Advocate 	

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Area of Concentration Mental Health and Mental Disorders			
SHIP OBJECTIVE MHSA-1 Decrease by 5% the rate of mental health emergency department visits.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Partnership and Collaboration			
Promote reciprocal referrals between mental health and primary care providers by identifying and implementing methods for collaboration and integration.	<p>Evaluate the practicability of adapting methods developed in the following models:</p> <ul style="list-style-type: none"> • Improving Mood – Promoting Access to Collaborative Treatment (IMPACT) model for depression screening in primary care • Medicaid Health Homes Collaborative Care Model • Collaborate with EDs on coordination, interrelation, provision or co-location of mental health and primary care health services within the various settings and how such interrelationship will benefit the behavioral health patient population • Ensure DMHAS clients and programs are using mobile crisis services instead of the ED when at all possible • Work to strengthen existing community care teams (CCTs) and add CCTs as resources allow 	<ul style="list-style-type: none"> • State of CT DMHAS OOC • Community Health Network of Connecticut, Inc. • State of CT Office of the Healthcare Advocate 	
Identify and implement strategies to encourage integration in both public and the private sector programs to connect homeless individuals and families with mental health problems to mental health services.	<i>In progress</i>	<ul style="list-style-type: none"> • State of DMHAS Housing Services • State of CT State's Attorney – Housing Matters 	

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Area of Concentration Mental Health and Mental Disorders			
SHIP OBJECTIVE MHSA-1 Decrease by 5% the rate of mental health emergency department visits.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Encourage coordination between healthcare and permanent supportive housing and homeless service agencies.	<i>In progress</i>	<ul style="list-style-type: none"> State of DMHAS Housing Services State of CT State's Attorney – Housing Matters 	
Advocacy and Policy			
<ul style="list-style-type: none"> Advocate for affordable housing. 	<i>In progress</i>		
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> <i>In development</i> 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs 			

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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)			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Communications, Education and Training			
Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).	<ul style="list-style-type: none"> • Work with Regional Action Councils to educate the public on prescription drug-related consequences • Partner with the DPH Public Health Campaign to produce a prescription drug misuse public health alert for consumers • Link to website with information on the locations and proper use of drop boxes for public medication disposal 	<ul style="list-style-type: none"> • State of CT DMHAS Opioid Prevention Workgroup • State of CT DCP 	
Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs.	<ul style="list-style-type: none"> • Identify barriers to improved prescribing practices, such as patient education, reimbursement, and availability of non-opioid therapies for pain management • Promote adoption of opioid prescribing guidelines, such as SAMHSA's in-person continuing education course, <i>Prescribing Opioids for Chronic Pain</i> • Work with UCONN Health to offer CT SBIRT training • Work with Connecticut Pharmacists Association to engage pharmacies and prescribers in promoting proper medication storage to customers/patients when dispensing opioids, including the sale and use of personal medication lock boxes 	<ul style="list-style-type: none"> • Bristol Hospital • Connecticut Institute For Communities • State of CT Department of Consumer Protection • State of CT Department of Correction • State of CT DMHAS Office of Multicultural Healthcare Equality • UCONN Health 	

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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)			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Partnership and Collaboration			
Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.	<ul style="list-style-type: none"> Support DCP efforts to increase the number of prescription drug drop boxes for public medication disposal Work with pharmacy chains to make drop boxes more widely available under new DEA regulations that remove barriers to disposal of unwanted prescription medications Increase state level efforts to publicize National Drug Take Back Days sponsored by the DEA Work with local partners to publicize drop box and take back activities in a systemic way (need to define what that is) 	<ul style="list-style-type: none"> State of CT DMHAS Opioid Prevention Workgroup State of CT DCP Police Chiefs 	
Surveillance			
Explore opportunities to review aggregate data from the CPMRS to identify prevention opportunities.	<p>Work with DCP to develop and implement a plan to:</p> <ul style="list-style-type: none"> Promote data sharing efforts to improve evaluation of statewide efforts to reduce non-medical use of pain relievers Share record level, de-identified data from the CPMRS and other payer sources for public health research purposes Explore opportunities to review aggregate data from the CPMRS to identify other opportunities for prevention efforts 	<ul style="list-style-type: none"> State of CT DMHAS Opioid Prevention Workgroup State of CT DCP 	

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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)

Dashboard Indicator:

Strategies	Actions and Timeframes	Partners Responsible	Progress
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"><i>In development</i>			
Monitoring/Evaluation Approaches <ul style="list-style-type: none">Provide quarterly report outs			

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STEP 3: HCT2020 Action Agenda

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 Autism Spectrum Disorders			
SHIP OBJECTIVE MHSA-7 Increase by 10% the number of children who are referred to CT Birth to Three System following a failed Modified Checklist for Autism in Toddlers screening.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Communications			
Promote Modified Checklist for Autism in Toddlers screening for children prior to age 2 yrs.	<i>In development</i>	<ul style="list-style-type: none"> State of CT Department of Developmental Services Connecticut Autism Action Coalition 	
Promote and distribute educational materials that identify signs and symptoms for autism.	<i>In development</i>	<ul style="list-style-type: none"> State of CT Department of Developmental Services Connecticut Autism Action Coalition 	
Education and Training			
Educate primary care providers on appropriate referrals for children under 3 who fail Modified Checklist for Autism (M-CHAT) screening.	<i>In development</i>	<ul style="list-style-type: none"> State of CT Department of Developmental Services Connecticut Autism Action Coalition 	
Surveillance			
Establish a baseline of the % of children receiving Modified Checklist for Autism in Toddlers screening prior to age 2 yrs.	<i>In development</i>	<ul style="list-style-type: none"> State of CT Department of Developmental Services Connecticut Autism Action Coalition 	
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> <i>In development</i> 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs 			

STEP 3: HCT2020 Action Agenda

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:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Surveillance			
Establish mechanism to determine baseline data for trauma screening.	Consult with Massachusetts researchers who conducted a survey of members of the MA Academy of Family Physicians eliciting information about screening practices <ul style="list-style-type: none"> Less than 1/3 of providers reported usually or always screening for childhood trauma 25% of providers reported that they rarely or never screen patients 	<ul style="list-style-type: none"> 	
Communications			
Develop a directory of trauma-informed treatment providers.	Expand on DMHAS' and DCF's directories of funded providers to include other primary care, community health center, and behavioral health providers using such practices as: <ul style="list-style-type: none"> Trauma-specific care protocols Best practice screening tools screening Referral protocols 	<ul style="list-style-type: none"> State of CT DMHAS OOC 	
Planning & Development			
Establish and promote evidence-based trauma screening tool for children and adults.	Examples of trauma screening instruments for adults include: <ul style="list-style-type: none"> PTSD Checklist for DSM-5 (PCL-5) Primary Care PTSD Screen (PC-PTSD) Short Post-Traumatic Stress Disorder Rating Interview (SPRINT) Trauma Screening Questionnaire (TSQ) 	<ul style="list-style-type: none"> State of CT DMHAS OOC Connecticut Chapter, American Academy of Pediatrics Connecticut Council of Child and Adolescent Psychiatry State of CT DCF 	

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Area of Concentration Exposure to Trauma			
SHIP OBJECTIVE MHSA-8 Increase by 5% trauma screening by primary care and behavioral health providers.			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Conduct trauma screening for all referrals on an out-patient basis for children and adults.	Promote trauma screening by primary care providers <ul style="list-style-type: none"> American Academy of Pediatrics (AAP) tool kit for pediatricians looking to develop a trauma-informed practice American Medical Association recommendations that physicians routinely inquire about physical, sexual, and psychological abuse as part of the medical history and be familiar with local community resources 	<ul style="list-style-type: none"> Connecticut Association of School Based Health Centers Connecticut Health Care At Home Connecticut Office of Rural Health State of CT Department of Veterans Affairs UCONN HEALTH 	
Resources Required (human, partnerships, financial, infrastructure or other) <ul style="list-style-type: none"> <i>In development</i> 			
Monitoring/Evaluation Approaches <ul style="list-style-type: none"> Provide quarterly report outs 			

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Action Agenda Definitions

Term	Definition/Description
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 dates (start-end) 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 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)