



## **Healthy Connecticut 2020 State Health Improvement Plan**

Mental Health and Substance Abuse Action Team Meeting

November 30, 2015

1:00 – 3:30 PM

Room K, 4<sup>th</sup> Floor Department of Mental Health and Addiction Services  
410 Capitol Avenue Hartford, CT

### **Agenda**

**1: 00 - Welcome and charge for the day – Amanda Ayers –HRiA**

#### **Review of draft work plans – Subgroups**

The groups will review all the strategies, actions steps and partners. The full group will consider the questions below as the plans are reviewed.

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

**1: 15**

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

**1:45**

**Housings related issues for the above objective**

**2:15**

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

**2:45**

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

**3:15**

**Closing and next steps - Next meeting date – December 15 9-11:30 DMHAS Room L**



**ACCESS**  
**Mental Health CT**



One-third of children nationwide are receiving mental health treatment solely from their primary care provider. Integrating mental health services into a primary care setting increases the chances of ensuring that children have access to appropriate behavioral health treatment. However, PCPs often lack the training and the time to fully address the wide range of psychosocial issues presented by their patients resulting in missed opportunities for early identification and treatment.

ACCESS Mental Health provides real-time psychiatric consultation and individualized, case-based education to PCPs over the phone supporting diagnostic clarification, psychopharmacology recommendations, counseling recommendations and care coordination; helping the child and their family connect to community resources.

In the first year, 380 (79%) of pediatric and family care practices with over 1,400 PCPs enrolled in the program across the state. Prior to enrollment, only 15% of PCPs surveyed said they could meet the needs of children with behavioral health problems, 81% said they weren't able to receive a psychiatric consultation timely and 89% said there wasn't enough access to child psychiatry in CT.

With ACCESS Mental Health "now there's somebody there for me whenever I need it" said Dr. Robert Adamenko, a pediatrician in Glastonbury who uses the program a few times a month- *CT Mirror* (2015) *Post-Newtown program helps children get mental health care.*

**Restore full funding to DCF SID 12570: Regional Behavioral Health Consultation so ACCESS Mental Health can continue to help youth and their families connect to the right treatment at the right time.**

**Launched June  
2014**

**5,133 Consults  
Provided**

**1,234 Youth and  
Families Served**

**181 Enrolled  
Practices Used the  
Program at least  
once; 78% Called  
for 2 or More Youth**

**Statewide PCP  
Satisfaction Rate is  
4.9 out of 5**

[ACCESS MH CT FIRST ANNUAL REPORT](#)

[CT MIRROR: Post Newtown Program Helps Children Get Mental Health Care](#)

[CT- AAP and CCCAP Letter to the Governor](#)

**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 For all partners identify leads and those who are definitely at the table	Progress
<b>Communications, Education and Training</b>			
1) Increase behavioral health screening by primary care providers for adults over 18 and for youth 12-17 yrs. of age	Create and disseminate an educational one-page behavioral health data fact sheet to promote behavioral health screening among primary care providers by xxxxxx	<ul style="list-style-type: none"> <li>• State of CT DMHAS OOC</li> <li>• Community Health Network of Connecticut, Inc.</li> <li>• State of CT Office of the Healthcare Advocate</li> <li>• SBHC</li> <li>• Connecticut Hospital Association</li> <li>• DPH</li> </ul>	
	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. <b>Need to define the action here – PSAs, press releases, newsletters, dissemination of fact sheet and menu of screening tools? By xxxxx</b>  National Alcohol Screening Day 4/7/16 National Depression Screening Day 10/13/16	<ul style="list-style-type: none"> <li>• Connecticut Healthy Campus Initiative</li> <li>• SBHC</li> <li>• Depression/Suicide Training providers</li> <li>• Media?</li> <li>• DMHAS Prevention</li> <li>• Colleges and Universities</li> </ul>	
	Create a menu of standardized/validated behavioral health tools for primary care providers by xxxxx	<ul style="list-style-type: none"> <li>• DCF</li> <li>• CHA</li> <li>• DSS/Medicaid</li> </ul>	

Commented [P1]: What is the timeframe for Year 1?

### STEP 3: HCT2020 Action Agenda

	<ul style="list-style-type: none"> <li>• <a href="#">The Providence Center Mental Health Screening Form</a></li> <li>• <a href="#">Patient Health Questionnaire (PHQ-9)</a> English and Spanish)</li> <li>• <a href="#">Patient Health Questionnaire (PHQ-9) modified for adolescents</a></li> <li>• The MacArthur Foundation <a href="#">Depression Tool Kit</a></li> </ul> <p>The Medicare Learning Network <a href="#">“Screening for Depression” Booklet</a></p>	<ul style="list-style-type: none"> <li>• FQHCs and other Community Health Center Agencies</li> <li>• DPH</li> <li>• SBHCs and expanded services</li> <li>• DOE</li> <li>• Primary Care Umbrella Groups(CSMS, IPA, PCCCT.CPA)</li> <li>• Hospital Association</li> <li>• EMPS?</li> <li>• Medical Home providers</li> </ul>	
	<p>Promote behavioral health screening, brief intervention and referrals to treatment among primary care providers(Who are these? private providers? Health systems? FQHCs, SBHCs by what action? Training, exploring payment, training medical assistants or nurses...using same strategies as SBIRT? .by xxx</p>	<ul style="list-style-type: none"> <li>• DCF</li> <li>• CHA</li> <li>• DSS/Medicaid</li> <li>• FQHCs and other Community Health Center Agencies</li> <li>• DPH</li> <li>• SBHCs and expanded services</li> <li>• DOE</li> <li>• Primary Care Umbrella Groups(CSMS, IPA, PCCCT.CPA)</li> </ul>	
<p>2) Promote reciprocal referrals between behavioral health and primary care providers by identifying and implementing methods for collaboration and integration. <b>This may still be a strategy</b></p>	<p>Evaluate the practicality of adapting existing best practices models <b>by xxxxx</b>:</p> <ul style="list-style-type: none"> <li>• <a href="#">Improving Mood – Promoting Access to Collaborative Treatment (IMPACT)</a> model for depression screening in primary care</li> <li>• <a href="#">Medicaid Behavioral Health Homes Collaborative Care Model</a></li> <li>• Collaborate with EDs on coordination, interrelation, provision or co-location of behavioral health and primary care health services within the various settings and how such interrelationship will benefit the behavioral health patient population</li> <li>• Ensure DMHAS clients and programs are using mobile crisis services instead of the ED when at all possible</li> </ul>	<p>?</p>	

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	<ul style="list-style-type: none"> <li>Work to strengthen existing community care teams (CCTs) and add CCTs as resources allow</li> </ul>		
3) Support legislation to establish statewide property maintenance code			
<b>Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.</b>			
<b>Area of Concentration Substance Abuse</b>			
<b>SHIP OBJECTIVE MHSA-5</b>			
Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)			
Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible For all partners identify leads and those who are definitely at the table</b>	<b>Progress</b>
<b><i>Communications, Education and Training</i></b>			
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"> <li>Work with Regional Action Councils to educate the public on prescription drug-related consequences</li> <li>Partner with the <a href="#">DPH Public Health Campaign</a> to produce a prescription drug misuse public health alert for consumers</li> <li>Link to website with information on the locations and proper use of drop boxes for public medication disposal</li> </ul>	<ul style="list-style-type: none"> <li>State of CT DMHAS Opioid Prevention Workgroup</li> <li>State of CT DCP</li> <li><i>Alcohol and Drug Prevention Council (ADPC)(have mandate from gov. to educate and get prevention messages out; currently have a PSA)</i></li> </ul>	

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<p><b>Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.</b></p>			
<p><b>Area of Concentration</b> <b>Substance Abuse</b></p>			
<p><b>SHIP OBJECTIVE MHSA-5</b> Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)</p>			
<p>Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut</p>			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible For all partners identify leads and those who are definitely at the table</b>	<b>Progress</b>
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"> <li>Identify barriers to improved prescribing practices, such as patient education, reimbursement, and availability of non-opioid therapies for pain management</li> <li>Promote adoption of opioid prescribing guidelines, such as SAMHSA's in-person continuing education course, <i>Prescribing Opioids for Chronic Pain</i></li> <li>Work with UCONN Health to offer CT SBIRT training</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Bristol Hospital</li> <li>Connecticut Institute For Communities</li> <li>State of CT Department of Consumer Protection</li> <li>State of CT Department of Correction</li> <li>State of CT DMHAS Office of Multicultural Healthcare Equality</li> <li>UConn Health</li> <li>ADPC (<i>educate on prescriber guidelines</i>)</li> </ul>	

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<b>Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.</b>			
<b>Area of Concentration Substance Abuse</b>			
<b>SHIP OBJECTIVE MHSA-5</b> Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)			
Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible For all partners identify leads and those who are definitely at the table</b>	<b>Progress</b>
<b>Partnership and Collaboration</b>			
Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.	<ul style="list-style-type: none"> <li>• Support DCP efforts to increase the number of prescription drug drop boxes for public medication disposal             <ul style="list-style-type: none"> <li>◦ Update mapping of existing drop boxes</li> </ul> </li> <li>• Increase state level efforts to publicize National Drug Take Back Days sponsored by the DEA</li> <li>• Work with RAC's to develop and disseminate Point of sale/distribution signage for doctor's offices and pharmacies in all RAC regions across the state.             <ul style="list-style-type: none"> <li>◦ Signage will promote awareness of drop boxes for unused prescription drugs along with education messaging related to opioid poisoning prevention (<i>collaborate with IVP ACTION Team</i>)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• State of CT DMHAS Opioid Prevention Workgroup</li> <li>• State of CT DCP</li> <li>• Police Chiefs</li> <li>• ADPC</li> <li>• RACs</li> <li>• CT Poison Control Center</li> </ul>	

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<b>Goal 1: Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.</b>			
<b>Area of Concentration Substance Abuse</b>			
<b>SHIP OBJECTIVE MHSA-5</b> Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)			
Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b> <b>For all partners identify leads and those who are definitely at the table</b>	<b>Progress</b>
<b>Surveillance</b>			
Explore opportunities to review aggregate data from the CPMRS and other sources to identify prevention opportunities.	Work with DCP to develop and implement a plan to: <ul style="list-style-type: none"> <li>Promote data sharing efforts to improve evaluation of statewide efforts to reduce non-medical use of pain relievers</li> <li>Share record level, de-identified data from the CPMRS and other payer sources for public health research purposes</li> <li>Explore opportunities to review aggregate data from the CPMRS to identify other opportunities for prevention efforts</li> </ul>	<ul style="list-style-type: none"> <li>State of CT DMHAS Opioid Prevention Workgroup – <i>need to engage before ACTION Agenda finalized</i></li> <li>State of CT DCP</li> </ul>	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b> <ul style="list-style-type: none"> <li><i>In development</i></li> </ul>			
<b>Monitoring/Evaluation Approaches</b> <ul style="list-style-type: none"> <li>Provide quarterly report outs</li> </ul>			

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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 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
<b>Surveillance</b>			
Determine current baseline level of trauma screening	<p>Review existing mechanisms for establishing baseline data</p> <ul style="list-style-type: none"> <li>Consult with Massachusetts researchers who conducted a survey of members of the MA Academy of Family Physicians eliciting information about screening practices <b>by xxxxx</b></li> </ul> <p>Collaborate with other SHIP groups working on baseline screening data processes <b>by xxxxx</b></p>	<ul style="list-style-type: none"> <li>DHMAS</li> </ul>	
<b>Planning &amp; Development</b>			
Establish and promote evidence-based menu of tools for trauma screening for children and adults.	<p><b>By xxxx</b> review trauma screening instruments for adults and children to include in menu of tools:</p> <ul style="list-style-type: none"> <li>PTSD Checklist for DSM-5 (PCL-5)</li> <li>Primary Care PTSD Screen (PC-PTSD)</li> <li>Short Post-Traumatic Stress Disorder Rating Interview (SPRINT)</li> <li>Trauma Screening Questionnaire (TSQ)</li> <li>ACES</li> </ul> <p>Educate primary care providers on best practices for screening implementation <b>(look at other education activity above.)</b></p>	<ul style="list-style-type: none"> <li>State of CT DMHAS OOC</li> <li>Connecticut Chapter, American Academy of Pediatrics</li> <li>Connecticut Council of Child and Adolescent Psychiatry</li> <li>State of CT DCF</li> <li>Women's CT Consortium</li> </ul>	

**Commented [AJ2]:** Develop a comprehensive list of screenings that will be expected of physicians

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<b>Area of Concentration</b> Exposure to Trauma			
<b>SHIP OBJECTIVE MHSA-8</b> Increase by 5% trauma screening by primary care and behavioral health providers.			
Dashboard Indicator:			
<b>Strategies</b>	<b>Actions and Timeframes</b>	<b>Partners Responsible</b>	<b>Progress</b>
		•	
<b>Resources Required (human, partnerships, financial, infrastructure or other)</b>			
• <i>In development</i>			

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