



Healthy Connecticut 2020
State Health Improvement Plan

Mental Health and Substance Abuse ACTION Team

Meeting AGENDA & NOTES

Date: 05-03-2017

Time: 1:00pm - 3:00pm

Location: Conference Room B, 4th Floor DMHAS, 410 Capitol Ave, Hartford CT

Conference Call Information: 877-916-8051 Passcode: 5399866

Attendees: Allison Fulton, Allyn DeMaida, Jason Cohen, Janet Storey, Marianne Buchelli, Scott Newgass, Nydia Rios-Benitez, Cathy Sisco, Melissa Touma, Chantelle Archer

Agenda Items	Discussion	ACTION Items and person responsible
Welcome and Purpose	Review and report progress on 2017 ACTION Agenda	
<p>Objective MHSA - 1 Decrease by 5% the rate of mental health emergency department visits</p>	<p>Strategy 1: Increase knowledge and implementation of behavioral health screening by primary care providers for early identification of possible disorders and guidance for referral to treatment, for youth (age 12-17) and adults (age 18 and older).</p> <ul style="list-style-type: none"> Janet and Cathy have identified a seven minute YouTube video that demonstrates behavioral health screening in primary care. It depicts a nurse conducting a brief screening and a doctor conducting a referral for further evaluation by a behavioral health specialist. The video was developed by Dr. Rodger Kessler in association with UVM College of Medicine and Fletcher Allen Health Care. (Action a) Allison reported the schools in the Housatonic Valley Region have been trained in and are conducting ASBIRT - Adolescent Screening, Brief Intervention and Referral to Treatment (Action c) Erica sent an email with copies of two DSS person-centered Medicare webinars on the integration of Physical and Behavioral Health. A third webinar was held in March 2017. (Action c) Scott reported that technical high schools in Middletown and New Britain schools have Safe Schools Healthy Students. (Action c) 	<p>Cathy and Janet will meet to discuss a plan for disseminating the video</p> <p>Allison will obtain and report the numbers of people trained in ASBIRT</p> <p>Erica was unable to attend and is asked to give a report by email before the next meeting on how many providers participated in the third webinar</p> <p>Scott will obtain and report the number of people trained</p>

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	<ul style="list-style-type: none"> • Scott also reported that the Stamford School District is collaborating with CHDI to develop a comprehensive, trauma-informed system of mental health care that will result in improved outcomes for students. (Action c) • Cathy reported that through the Project AWARE Grant which improves behavioral health awareness among school-age youth and their communities, 600-700 youth have been trained on the mental health first aid curriculum. (Action c) <p>Action d: Conduct de-escalation training for school personnel. This is provided by CHDI as a part of the Connecticut School-Based Diversion Initiative.</p>	<p>Janet will follow up with Jason Lang</p> <p>Jason Lang was unable to attend and is asked to give a report by email before the next meeting</p>
	<p>Strategy 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>Strategy 3: Increase mental health literacy of public safety officials.</p> <ul style="list-style-type: none"> • Cathy contacted the Connecticut Police Chiefs Association, and was informed that there is someone in the association who is trained in mental health first aid. (Action a) • No trainings have been scheduled yet but there will be further discussions on training more officers. It was mentioned that Valerie Lamont from the Office of Policy and Management (OPM) has an officer’s training once a year. (Action a) 	<p>Alyse Chin was unable to attend and is asked to give a report by email before the next meeting</p> <p>Cathy will follow-up with the CT Police Chiefs Association about doing trainings</p>
	<p>Strategy 4: Support efforts to create safe and affordable behavioral health recovery homes</p>	<p>Fred Morton was unable to attend and is asked to give a report by email before the next meeting</p>



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<p>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%</p>	<p>Strategy 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</p> <ul style="list-style-type: none"> Develop and disseminate informational materials (e.g., public health alerts, information briefs) to public through Regional Action Councils (Action a) 	<p>Allison is asked to report by email on the number of informational pieces produced and disseminated</p>
	<p>Strategy 2: Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma.</p> <ul style="list-style-type: none"> Connecticut is in the process of developing a policy for substance exposed infants; the goal is to address the health and substance use disorder treatment needs of the newborn and family or caregiver. (Action a) 	
	<p>Strategy 3: Identify possible opiate misuse and diversion of opiates to reduce the amount of medication being dispensed for non-medical purposes.</p> <ul style="list-style-type: none"> Number of pharmacists trained in use the new upgraded CPMRS system to assist them in identifying opioid misuse, diversion, and doctor shopping. (Action c) 	<p>Janet will look into participating in the DPH Prescription Drug Abuse Prevention Workgroup</p>
	<p>Strategy 4: Increase access to naloxone by understanding the distribution of pharmacies that carry naloxone and observing gaps geographically which are barriers to access.</p> <ul style="list-style-type: none"> Marianne reported that through the Standing Order Program, DMP is able to give naloxone kits to anyone who is part of the grant. This reaches a small population but has a big outcome. She noted that individual pharmacists are certified to prescribe and dispense Naloxone, not whole pharmacies. One barrier is that not all pharmacies are user friendly. 	

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	<p>Strategy 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>Action a:</p> <ul style="list-style-type: none"> • Trainings through DPH’s Open Access program are continuing to occur. The program uses existing staff to do trainings on naloxone etc. Over 4,000 kits have been distributed. • In terms of data collection, a team has been designated to better track the system on naloxone (i.e. number of kits distributed, number of overdoses reversed). • A major issue for the program is not having enough money to sustain it. • I♥Radio in partnership with drugfreect.org has begun to broadcast Narcan public service announcements (Action c) 	<p>Marianne will provide these numbers before the next meeting</p>
<p>Objective MHSa - 8 Increase by 5% trauma screening by primary care and behavioral health providers.</p>	<p>Strategy 1: Determine current baseline level of trauma screening in CT for Medicaid funded programs.</p> <p>Action a: Obtain data on trauma screening conducted by DMHAS and DCF</p> <hr/> <p>Strategy 4: Enhance trauma awareness in all schools (i.e. colleges, independent, private, etc.)</p> <p>Nydia reported the following:</p> <ul style="list-style-type: none"> • DMHAS Specialized CIT for Young Adults (SCYA) program is designed to enhance the capacity of its Crisis Intervention Teams (CITs) to respond to the needs of young adults aged 18-25 (YAs) with mental health and co-occurring disorders. (Action c) 	<p>Alyse, Tim Marshall and Jason Lang unable to attend and are asked to give a report by email before the next meeting</p> <hr/> <p>Janet will contact the Executive Director of CASBHC, Jesse White-Fresé, possible participation in the MHSa ACTION Team</p>



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

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	<ul style="list-style-type: none">• The Early Childhood Trauma Collaborative will train at least 500 early childhood staff about trauma and how to identify and refer children to trauma-specific services; provide at least 1,100 young children with evidence-based trauma-focused treatment; and train at least 147 clinicians at 12 community agencies to provide evidence-based treatment. (Action c)• The Connecticut Association of School-Based Health Centers held its annual statewide conference on Friday, May 5, 2017 including workshops on Trauma and adverse childhood experiences (ACES) and the CT School-Based Diversion Initiative. (Action c)	
Next Steps	<ul style="list-style-type: none">• Report accomplishments to group via email	
Next Meeting:	<ul style="list-style-type: none">• Wednesday - August 5 - 1:00 PM - DMHAS Conference Room K	