CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan

- Mental Health Substance Abuse ACTION Team Meeting NOTES
- **Date:** Wednesday, August 2, 2017
- **Time:** 1:00 p.m. to 2:30 p.m.
- **Location:** Conference Room K, 4th Floor DMHAS, 410 Capitol Ave, Hartford CT
- **Conference Call Information:** 877-916-8051 Passcode: 5399866
- **Attendees:** Janet Storey, Melissa Touma, Sandy Gill, Chantelle Archer, Allyn De Maida, Erica Garcia, Judith Dicine, Paloma Bayona (Phone), Susan Wolfe, Scott Newgass

Agenda Items	Discussion	ACTION Items and Person Responsible
2017 SHIP Policy Agenda	• This was a good first year bringing partners together and identifying action items for constituents next year. • The Community Health Worker bill (SB 126; Public Act 17-74) passed and was signed on June 30, 2017 by the governor. The bill defines the role of CHWs. • There was a large effort to pass a Property Maintenance Code (PMC) which did not get out of committee but there is still a push to pass a code this year if even no legislation is passed. CCM views it as a new, unfunded mandate, but it is an improved replacement for the existing codes. • Other bills on the policy agenda did not move forward. • Sandy mentioned that one lesson learned is for Action Teams to include advocacy and education in their Action Agendas if they plan to introduce policy to make legislators understand and care.	
Timeline & Future SHIP Direction	**HCT 2020 Implementation Timeline** ***Next 3-6 months*** • The 2018 Action Agenda is due on September 1, 2017 • The next Advisory Council meeting is on September 26, 2017. During this meeting members will evaluate the success of the policy agenda, review progress in meeting health improvement targets/disparity dashboards, and discuss priorities. o October to December 2017: Coalition calls and/or webinars will continue to occur. During the CPHA conference in October we will be doing a presentation on the State Health Improvement Plan (i.e. background, impact etc.).	

Agenda Items	Discussion	ACTION Items and Person Responsible
	Next 6-12 months • The HCT 2020 Interim Progress Report is due in **January 2018.** This report will quantify the successes of the Action Teams. • The State Health Assessment (SHA) update will begin in **January 2018.**	•
Review Dashboards	• Disparity Dashboard: There are only two indicators on the dashboard; there is data from 2014 and 2015 (needs to be updated).	•
2018 Action Agenda	**Strategies** ***Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older)*** • Title IV, Part A under the Every Student Act (ESA) will distribute money to school districts ($2.5 million in total). Geared towards elementary and secondary students. Will focus on family engagement and emotional behavior. Education, safety, and digital technology expansion will be main focuses. • Paloma will look into opportunities for continued or new policy agendas. • The 13-178 Children's Behavioral Health Program was mentioned. • Erica is going to look into whether or not a policy transmittal regarding behavioral health screening was recently disseminated. ***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*** • No progress is being made through Husky; the State Targeted Response grant was mentioned. • Erica will look into this strategy. ***Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma*** • In progress; training is being provided to physicians, nurse practitioners, and physician assistants • DMHAS applied for a grant which focuses on pregnant postpartum women for substance abuse treatment disorder. One goal is to reduce the stigma. ***Surveillance Strategies*** • There was discussion on possibly of not continuing with the three surveillance strategies; there has been difficulty getting information. • Discussed possibly added a question related to the Youth Risk Behavior Survey. • Could possibly meet with the new Injury and Violence Prevention supervisory (Amy Mirizzi) to discuss data sharing. *See the Worksheet for the 2018 Action Agenda for information on all of the strategies.*	•

Agenda Items	Discussion	ACTION Items and Person Responsible
Next Steps	**Next Meeting Dates:** • August 30th 2017, 1:30 pm-2:30 pm (GoToWebinar Call); purpose of call is to complete 2018 Action Agenda Worksheet o November 1, 2017; 1:00 pm-3:00 pm	•

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	**a.** Was strategy completed in Y2? (if no, current status)	**b.** Do we intend to continue work on this into Y3?	**c.** Are there opportunities for continued or new **policy agendas**?	**d.** Are there opportunities for **collaboration with other Action Teams** on objectives, strategies, or policy agendas?
Communications, Education and Training				
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)	In Progress	Yes	Paloma will look into 13-178-Children's Behavioral Health Program (since 2013)	Injury & Violence Prevention Action Team SHAPE Grant-funding from SAMSHA is dispersed to University of MA School of Mental Health; technical assistance provided to Safe Schools Healthy Students grant.
2. Support CT BHP Intensive Care Manager Program and Opening Doors-CT Hospital Initiative that will reduce behavioral health related emergency department visits	In Progress	Janet will get an update		
3. Increase mental health literacy of public safety officials	Yes	Janet will get an update		
4. Support efforts to create safe and affordable behavioral health recovery homes	No, Healthy Housing Coalition of the Environmental Health Action Team is meeting 08/10/17	Yes	Yes, but still early; new opportunities are available (i.e. 13-178- Children's Behavioral Health Program)	Environmental Health Action Team
5. Enhanced trauma awareness in all schools (i.e. colleges, independent, private, etc.);	Yes	Yes		Injury and Violence Prevention Action Team
6.				

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)
Reduce accidental intoxication overdose deaths by 10%

Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	**a.** Was strategy completed in Y2? (if no, current status)	**b.** Do we intend to continue work on this into Y3?	**c.** Are there opportunities for continued or new **policy agendas**?	**d.** Are there opportunities for **collaboration with other Action Teams** on objectives, strategies, or policy agendas?
Communications, Education and Training				
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	No, progress being made through Husky The State Targeted Response grant mentioned Erick will look into this	Yes	Possibly	Injury and Violence Prevention Action Team
2. Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma	In Progress Training being provided to physicians, nurse practitioners, and PAs; a data waiver will allow them to prescribe MAT	Yes	DEMHAS applied for a grant that focuses on pregnant postpartum women for substance abuse treatment disorder; goal is to reduce the stigma	
3. Identify possible opiate misuse and diversion of opiates to reduce the amount of medication being dispensed for non-medical purposes.	In Progress			Injury and Violence Prevention Action Team
4. Increase access to naloxone by understanding the distribution of pharmacies that carry naloxone and observing gaps geographically which are barriers to access.	In Progress	Janet will get an update from Shawn Lang		Injury and Violence Prevention Action Team

Strategies	**a.** Was strategy completed in Y2? (if no, current status)	**b.** Do we intend to continue work on this into Y3?	**c.** Are there opportunities for continued or new **policy agendas**?	**d.** Are there opportunities for **collaboration with other Action Teams** on objectives, strategies, or policy agendas?
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	In Progress	Susan will provide numbers		
6. Increase awareness of safe disposal of prescription opiates and other medications	In Progress	RACS are addressing		
Surveillance (Not sure about continuing with these strategies; having trouble getting information)				
7. Identify prevention opportunities from the review of aggregate non-fatal and fatal drug overdose (OD) data compared to the number and strength of prescription opioid pain medication dispensed within a geographic area.	No Progress Youth Risk Behavior Survey-possibly add a question here What specific data is needed?			Injury and Violence Prevention Action Team – possible meeting with new DPH Injury supervisor to discuss data sharing
8. Identify targeted prevention opportunities by comparing aggregate opioid prescription with medical marijuana data				
9. Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting.	No Progress		Yes, data sharing	
10.				
11.				

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: Number of trauma screenings conducted in publicly funded programs

Strategies	**a.** Was strategy completed in Y2? (if no, current status)	**b.** Do we intend to continue work on this into Y3?	**c.** Are there opportunities for continued or new **policy agendas**?	**d.** Are there opportunities for **collaboration with other Action Teams** on objectives, strategies, or policy agendas?
Planning & Development				
1. Determine current baseline level of trauma screening in CT for Medicaid funded programs.				
2. Determine data points needed to consider base level of trauma screenings for commercial payors.				
3. Implement the utilization of trauma screening tools(s) by primary care dental, medical and behavioral health providers.				
4.				
5.				

e. Review the full list of objectives. Out of the ones not part of Y1 & Y2 implementation, are there any emerging issues that would suggest that we act on any of these in Y3?

Phase 1 Objectives	Phase 2 Objectives
Mental Health, Alcohol, and Substance Abuse	
OBJECTIVE MHSA-1 Ph1 = **Decrease by 5% the rate of mental health emergency department visits.**	**OBJECTIVE MHSA-4** **Reduce by 5% the rate of emergency department visits for people who are alcohol dependent across the lifespan.**
OBJECTIVE MHSA-2 Ph1 **Reduce by 5% the proportion of people (from grade 9 and older) who drink excessively across the lifespan.**	
OBJECTIVE MHSA-3 Ph1 **Reduce by 5% the proportion of drinking for youth in grades 9-12 (ages 14-18).**	
OBJECTIVE MHSA-5 Ph1 **Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older).**	
OBJECTIVE MHSA-6 Ph1 **Reduce by 5% the use of illicit drugs across the lifespan (ages 12 and older).**	
OBJECTIVE MHSA-7 Ph1 **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.**	
OBJECTIVE MHSA-8 Ph1 **Increase by 5% trauma screening by primary care and behavioral health providers.**	

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	Progress
Communications, Education and Training			
1. Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older) ***Evidence-Based Sources:*** • http://www.integration.samhsa.gov/clinical-practice/screening-tools • **The Guide to Clinical Preventive Services (2012)** C:\Users\ArcherCh\Downloads\guide-clinical-preventive-services (1).pdf	a. **By end of Q1,** identify or develop a few short videos directed at primary care providers depicting behavioral health brief screening and referral, with a link to behavioral health service providers	• **CT DMHAS/Public Information** Diana Lejardi • **CCPWR/Connecticut Clearinghouse** Cathy Sisco • **CHCACT** Jennifer Saksa • **CT Chapter of ACEP** Alexis Cordiano • **CT Chapter of ACP** TBD - Invited • **SBHC** Jane Hylan, Lynne Weeks • **St. Luke Community Services, Middletown** Eric Rodko • **CT American Academy of Pediatrics** Jillian Wood	**05-01-2017** The team 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. **08-01-2017** Title IV, Part A under the Every Student Act (ESA) will distribute money to school districts ($2.5 million in total). Geared towards elementary and secondary students. Will focus on family engagement and emotional behavior. Education, safety, and digital technology expansion will be main focuses.

Strategies	Actions and Timeframes	Partners Responsible	Progress
	b. **Q1-Q4** Provide training for primary care providers on behavioral health integration and screening.	• **DSS** Erica Garcia • **St. Luke Community Services, Middletown** Eric Rodko	**05-01-2017** Behavioral health education and the dissemination of health information: • Person Centered Medical Homes (PCMH): serve over 700,000 people, focuses on dedicated primary care providers. • Community Health Networks (CHNs) are exploring ways to reach providers with education. • In December 2016, CHN held a 2-day conference for providers; experts were brought in (i.e. psychiatrists). • DSS will be conducting a third webinar on the integration of behavioral health into primary care setting.

Strategies	Actions and Timeframes	Partners Responsible	Progress
	c. **By end of Q2,** disseminate videos to Community Health Centers that are not enhanced care clinics, School Based Health Centers, Emergency Department Physicians, Primary Care Physicians d. Conduct de-escalation training for school personnel e. Create unified behavioral health screen (CHDI screen)	• **CCPWR/Connecticut Clearinghouse** Cathy Sisco • **CHCACT** Jennifer Saksa • **CT DPH SBHC** Meryl Tom • **SIM Practice Transformation TF** Nydia Rios Benitez • **CT College of ACEP** Alexis Cordiano • **CT Chapter of ACP** TBD – Invited • **Commission on Women, Children, and Aging** TBD • **Youth Service Bureaus** Steven Hernandez • **FQHC** • **OBGYNs** • **Senior Centers/Assisted Living Facilities**	**05-01-2017** Action C Schools in the Housatonic Valley Region have been trained in and are conducting ASBIRT - Adolescent Screening, Brief Intervention and Referral to Treatment. Technical high schools in Middletown and New Britain schools have Safe Schools Healthy Students. 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. 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 D De-escalation trainings for school personnel will be conducted. These trainings are provided by CHDI as part of the Connecticut –School-Based Diversion Innitiative.

Strategies	Actions and Timeframes	Partners Responsible	Progress
2. Support CT BHP Intensive Care Manager Program and Opening Doors-CT Hospital Initiative that will reduce behavioral health related emergency department visits	a. **By end of Q1,** obtain and compare data from community care teams and data from the office of health care access to improve data collection on co-occurring disorders in CT	• **CT DMHAS** Alyse Chin through Beacon Health Options	
3. Increase mental health literacy of public safety officials **Evidence-Based Sources:**	a. **Q2,** Contact Connecticut Police Chiefs Association and Department of Corrections to offer Mental Health First Aid training.	• **CCPWR/Connecticut Clearinghouse** Cathy Sisco	**05-01-2017** The Connecticut Police Chiefs Association has someone trained in mental health first aid. No trainings have been scheduled yet but there will be further discussions on training more officers.
	b. **Q2 to Q4,** Conduct Mental Health First Aide training with police officers, parole officers, and other public safety officials twice.	• **CCPWR/Connecticut Clearinghouse** Cathy Sisco	
4. Support efforts to create safe and affordable behavioral health recovery homes **Evidence-Based Sources:** • Behavioral Health Homes 101 presentation	a. **Q1 to Q4,** publicize efforts to among partners b. **Q1 to Q4,** provide testimony as time and agency policies permit c. **Q1 to Q4,** provide letters of support	• **CT DMHAS** Fred Morton • **Office of the Chief State's Attorney** Judy Dicine • **Partnership for a Strong Community** Christi Staples • **CT Community for Addiction Recovery** TBD	**08-01-2017** There are still efforts to affect sober housing standards in New London where there is an initiative to avert injury. A number of municipalities are working on resolving issues in their communities.

Strategies	Actions and Timeframes	Partners Responsible	Progress
5. Enhanced trauma awareness in all schools (i.e. colleges, independent, private, etc.); **Evidence-Based Sources:**	a. **Q1** Collect data on existing EB curricula and existing practices during teacher cert and in schools b. **Q1** Review child behavior health plan re: available behavioral health screens) c. **Q2-Q3** Disseminate and promote use of identified screen to schools and SBHC d. **Q2-Q3** Create referral/resource info for school personnel beyond EMPS (increase on site staff) e. **Q3-Q4** Train school & SBHC staff in identified program If available (or created) introduce a trauma class in to teacher cert or as an elective f. **Q1** Identify existing data source to track use of new trauma skills, screen and student ED visits g. **Q3** Explore skill development opportunities for students	• **TBD**	**05-01-2017** 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.

Resources Needed:

- Schools (public & private)
- Trauma information training and delivery system (administration, teachers, students, parents/families)
- Community Based Organizations (B&G Club, YMCA)
- DCF – screening
- Plan for Children – connect
- School Based Health Centers
- CT Assoc. of Childhood & Adolescent Psychiatrist

Community Assets Available:

- CHDI
- DCF
- Law enforcement (Youth CiT program)
- SAMHSA (First episode – college)
- JJPOC – work plans
- CT Hospital Association
- CCMC
- Senior Centers (1b)
- Assisted Living Centers (1b)
- Youth & Social services (1a/1b)

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Public Act 16142 – Kids with Developmental Disabilities through age 21
- PA 13178 – Implementation sub-committees data analysis
- CT Hospital Association
- CCMC

ACRONYMS:

ACP: American College of Physicians
ACEP: American College of Emergency Physicians
CHCACT: Community Health Center Association of CT
CCPWR: CT Center for Prevention, Wellness, and Recovery/CT Clearinghouse/Wheeler Clinic
DCF: Department of Children and Families
DMHAS: Department of Mental Health and Addiction Services
MHFA: Mental Health First Aid
SBHC: School Based Health Centers
SIM: State Innovation Model to integrate medical and behavioral health care, build population health, and reform payment and insurance design
Feedback:

Focus Area 1: Mental Health, Alcohol, and Substance Abuse

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Reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older)
Reduce accidental intoxication overdose deaths by 10%

Dashboard Indicator: Non-medical use of pain relievers ages 12 and older in Connecticut

Strategies	Actions and Timeframes	Partners Responsible	Progress
Communications, Education and Training			
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 **Evidence-Based Sources:** • Prescription Drug Abuse Prevention Strategies and Interventions	a. **Q1 thru Q4**, develop and disseminate informational materials (e.g., public health alerts, information briefs) to public through Regional Action Councils (RACs)	• **Regional Action Councils** Allison Fulton • **Central CT Area Agency on Aging** Maureen McIntyre • **ADPC** Local Health Districts/CT Association of Health Directors	**08-01-2017** No progress is being made through HUSKY.

Strategies	Actions and Timeframes	Partners Responsible	Progress
2. Increase understanding of Medication Assisted Treatment among Primary Care, OBGYNs, etc. including reduction of stigma **Evidence-Based Sources:** Prescriber Information (Dept. of Consumer Protection)	b. **Q1 thru Q4**, collaborate with Substance Exposed Infant Initiative to develop and disseminate information to OBGYNs about MAT	• **Regional Action Councils** Allison Fulton • **Police Departments** • **Local Social Services Departments** • **Hospitals/EDs** • **Methadone Clinics** • **DOC**	**05-01-2017** 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. **08-01-2017** • Training is being provided to physicians, nurse practitioners, and PA's • The ECHO program which addresses opioid abuse disorder is being launched in September. Six providers in behavioral health have signed on to implement this program.
3. Identify possible opiate misuse and diversion of opiates to reduce the amount of medication being dispensed for non-medical purposes.	c. **Q4** CT DCP staff will have trained an expected number of pharmacists in how to use the new upgraded CPMRS system and new key features of the system to assist them in identifying opioid misuse, diversion, and doctor shopping	• **CT DCP, CT DMHAS, CT DPH (via the SAMHSA-funded SPF Rx grant project)**	**05-01-2017** The number of pharmacists trained use the new upgraded CPMRS system to assist them in identifying opioid misuse, diversion, and doctor shopping. **08-01-2017** Yale is working with the Department of Consumer Protection (DCP) and the Department of Mental Health & Addiction Services (DMHAS) on how to quantify the amount of mediation being dispensed for non-medical purposes.

Strategies	Actions and Timeframes	Partners Responsible	Progress
4. Increase access to naloxone by understanding the distribution of pharmacies that carry naloxone and observing gaps geographically which are barriers to access.	a. **Q4** Purchase and utilize mapping software that can be updated on a continual basis by state and local health agencies of pharmacies that carry naloxone. Provide a link to the maps on the DPH, local health department websites, and the drugfreect.org website.	• **CT DPH, Yale School of Medicine, and 6 high-risk area local health agencies (via the CDC-funded PDO: Prevention for States grant project)**	**05-01-2017** 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. Individual pharmacists are certified to prescribe and dispense Naloxone, not whole pharmacies.
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	a. **Q4** Pilot and implement overdose education and naloxone distribution education kiosks by December 31, 2017:	• **(Syringe Exchange Programs, local overdose prevention providers)** • **DPH and Overdose Prevention Education Naloxone (OPEN) Access CT Members**	**05-01-2017** 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).
	b. **Q4** Collect and analyze kiosk analytics	• **DPH**	
	c. **Q4** Social Marketing: Develop and disseminate overdose prevention messaging banners to participating prevention providers. Banners include OD prevention promotion and DrugfreeCT.org website.	• **DPH**	
	d. **Q4** Collect and analyze banner webpage analytics	• **DPH**	

Strategies	Actions and Timeframes	Partners Responsible	Progress
6. Increase awareness of safe disposal of prescription opiates and other medications	a. **Q4** Identify appropriate and effective safe medication disposal materials; such as brochures and videos. b. **Q2-Q4** Upload these resources to local health agencies to ensure consistent safe medication disposal messaging and resources across state DPH and local health agency websites and social media sites.	• **CT DPH, Yale School of Medicine and six high risk area local health agencies (via the CDC-funded PDO: Prevention for States grant project)**	
Surveillance			
7. Identify prevention opportunities from the review of aggregate non-fatal and fatal drug overdose (OD) data compared to the number and strength of prescription opioid pain medication dispensed within a geographic area.	a. **Q4** Compare prescriber level data to incidences of overdose and death related to opioid pain medication b. **Q4** Track number and rate of non-fatal unintentional drug/opioid/heroin OD-related ED visits and hospitalizations (as of 12/31/15)	• **CT DCP CPMRS Program** Michelle Seagull Jason Cohen Data sources: – CPMRS Prescription data • **CT DPH, Office of Injury Prevention** Data sources: – CHIME Hospitalization Discharge Dataset (Includes ED visits and hospitalizations) – Medical Examiner/Death Certificate data	
8. Identify targeted prevention opportunities by comparing aggregate opioid prescription with medical marijuana data	a. **Q4** Track number of opioid pain medication prescriptions dispensed since implementation of medical marijuana law b. **Q4** Track number and strength of opioid pain medication prescriptions and amount of medical marijuana dispensed since implementation of the medical marijuana law	• **CT DCP CPMRS and Medical Marijuana Programs** Michelle Seagull Jason Cohen Data source: – Prescription data, CPMRS Program – Medical marijuana data, Medical Marijuana Program	

Strategies	Actions and Timeframes	Partners Responsible	Progress
9. Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting.	c. **Q4** Develop statewide Uniform Data Collection mechanism for naloxone use and reversal reporting	• **DPH, DOC, DESSP, DMHAS, AIDS CT (ACT), and local first responders.**	

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Review data from the CT School Health Survey and other local, state and nationally administered surveys.

ACRONYMS:
DCP: Department of Consumer Protection
CMPRS: Connecticut Prescription Monitoring and Reporting System (CPMRS)
MAT: Medication Assisted Treatment for substance use disorders

Focus Area 1: Mental Health, Alcohol, and Substance Abuse

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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: Number of trauma screenings conducted in publicly funded programs

Strategies	Actions and Timeframes	Partners Responsible	Progress
Planning & Development			
1. Determine current baseline level of trauma screening in CT for Medicaid funded programs.	a. Obtain data on trauma screening conducted by DMHAS and DCF	• **CT DMHAS** Julienne Giard Alyse Chin through BHO • **CT DCF** Tim Marshall Jason Lang	
	b. Consider private practices for both Medicaid/dental and BH community based orgs with objective #8 Medicaid c. Examine Medicaid billable codes for BH screening services for both Medical and BH providers	• **DSS** Erica Garcia	
2. Determine data points needed to consider base level of trauma screenings for commercial payors.	a. Identify data resources on trauma screening for Connecticut. (i.e. ACES survey or BRFSS)	• **DOI** • **SIM** • **DPH**	
3. Implement the utilization of trauma screening tools(s) by primary care dental, medical and behavioral health providers.	a. Convene a workgroup of public behavioral health treatment agencies to establish a common brief screening tool	• **CT DMHAS** Julienne Giard Dan Brockett John Holland • **SIM Practice Transformation TF** Nydia Rios Benitez • **CT DCF** Tim Marshall Jason Lang	

Strategies	Actions and Timeframes	Partners Responsible	Progress
	b. Develop training mechanism to disseminate tool to all state funded treatment agencies	• **CT DMHAS** Julienne Giard • **CT Womens Consortium** Colette Anderson	
	c. Provide and evaluate training	• **CT Womens Consortium** Colette Anderson	

Resources Needed:

- Data (useable, accurate, accessible, reliable)
- Human Resources (data analysts)

Community Assets Available:

- State agencies
- Dept. sub-contractors (i.e. medical, dental, BH ASOs)

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Review data from the CT School Health Survey and other local, state and nationally administered surveys.