



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan

Mental Health and Substance Abuse ACTION Team

Meeting NOTES

Date: 05-02-2018
Time: 1:00pm - 3:00pm
Location: Conference Room 1C, 1st Floor DPH, 410 Capitol Ave, Hartford CT
GotoWebinar registration link: https://attendee.gotowebinar.com/register/1895388011835493891
Attendees (In Person): Janet Storey, Cathy Sisco, Nydia Rio-Benitez, Ramona Anderson, Allyn DeMaida, Sandy Gill, Chantelle Archer, Melissa Touma Attendees (By Phone): Melanie Bonjour, Erica Garcia, Jason Lang

Agenda Items	Discussion	ACTION Items and person responsible
Welcome		No action needed
Brief re-cap of February meeting results	At the February meeting the team reviewed the draft MHSA pages of the 2017 SHIP Annual Report, which included some highlights regarding improved data sharing around opioid deaths and data tracking. To finalize the 2018 Action Agenda participants reviewed the objectives that were included in the 2017 Action Agenda, and based on this discussion the team decided they would continue with objectives 1, 5, and 8. It was decided that a survey would be sent out to the team to solicit recommendations about the strategies and recommendations of indicators or datasets to measure change toward the objective. Following the meeting, a survey was distributed to members; however, due to the low response rate results could not be considered conclusive.	
Strategy Selection/Voting	Meeting participants voted on the top three strategies they wanted to work on this year for each objective indicated in the 2018 MHSA Action Agenda. The results for each objective are provided below. SHIP Objective MHSA-1: Decrease by 5% the rate of mental health ED visits <ul style="list-style-type: none"> • Strategies 1, 3, and 6 received the most number of votes (33%, 21%, and 25%). <ul style="list-style-type: none"> ○ #1: Increase knowledge and implementation of behavioral health screening by primary care providers for youth (age 12-17) and adults (age 18 and older) ○ #3: Increase mental health literacy of public safety officials ○ #6: Increase access to community-based mental health services that offer sliding fee scales and/or no cost services including school based health centers and community health centers. 	



	<p>SHIP Objective MHSA-5 (Revised): To reduce by 5% the use of opioids, including heroin across the lifespan (ages 12 and older)</p> <ul style="list-style-type: none"> • The original objective was <u>to reduce by 5% the non-medical use of pain relievers across the lifespan (ages 12 and older); reduce accidental intoxication overdose deaths by 10%.</u> • Before the vote occurred participants agreed to rephrase the first part of the objective and eliminate the second part. • Strategies 1, 2, and 5 received the most number of votes (25%, 30%, and 25%). <ul style="list-style-type: none"> ○ #1: Implement strategies recommended by the ADPC and CORE Initiative to increase public education on the dangers of regular non-medical use of pain relievers and alternatives to opioid pain relievers, using strategies appropriate to culture, language, and literacy skills ○ #2: Train Primary Care, OBGYNs, Dental professionals, etc. on alternatives to opiate use for pain management and reduction of stigma – measure: increased use of alternative medicines and practices in place of opiate prescription ○ #5: Implement Statewide Uniform Data Collection mechanism to streamline naloxone use and reversal outcome reporting <p>SHIP Objective MHSA-8: Increase by 5% trauma screening by primary care and behavioral health providers</p> <ul style="list-style-type: none"> • Strategies 1, 3, and 4 received the most number of votes (35%, 30%, and 26%). <ul style="list-style-type: none"> • #1: Determine current baseline level of trauma screening in CT for Medicaid funded programs; Determine data points needed to consider base level of trauma screenings for commercial payers • #3: Increase provider trauma screening training opportunities (i.e. CBITS, other trauma screenings) for medical and behavioral health providers across all settings (private offices, FQHCs, SBHCs) • #4: Create a billing code for primary care providers to bill for trauma screening. There is currently no way to track trauma screening across either behavioral health or primary care statewide. Trauma screening is trackable in child welfare and juvenile 	
<p>Subcommittees</p>	<p>Participants volunteered to be involved with objective subcommittees that would work on moving forward the selected strategies. The subcommittees will provide reports on a monthly basis.</p> <p>Volunteers by Objective:</p> <ul style="list-style-type: none"> • <i>Mental Health ED Visits</i> – Janet • <i>Opioids</i> – Ramona • <i>Trauma Screening</i> – Nydia, Jason 	<p>Every MHSA Action Team member should identify which of the three Subcommittees s/he will participate in via e-mail to HCT2020@ct.gov by COB Monday, July 30, 2018.</p>



<p>Action items for the next three months</p>	<p>Subcommittee on Mental Health ED Visits (MHSA-1):</p> <ul style="list-style-type: none"> The subcommittee will convene and discuss what measures to use. Strategy #3 will be expanded to include community members that will better reflect MHFA aid effort. <p>Subcommittee on Opioids (MHSA-5):</p> <ul style="list-style-type: none"> The subcommittee will review the recommended ADPC and Core strategies and choose strategies that are relevant to this objective. <p>Subcommittee on Trauma Screening (MHSA-8):</p> <ul style="list-style-type: none"> The subcommittee will have a discussion on refining selected strategies. They will also look for data being collected on any type of trauma screening. <p>Other Action Items:</p> <ul style="list-style-type: none"> Once convened the subcommittees will explore available data sources. 	<p>MHSA-1</p> <ul style="list-style-type: none"> -Check with OHS for CHIME and hospital data. -Obtain data on mental health first aid. -Check with DSS about Strategy 1 data -Check with OHS/SBHC about access to Insurer data for sliding fee scales and access to SBHC <p>MHSA-5</p> <ul style="list-style-type: none"> -Share data on National Drug Survey. <p>MHSA 8:</p> <ul style="list-style-type: none"> - DSS will review data on the mental health billing codes as a possible measure. - Share data sent from the community health center database.
<p>Next steps</p>	<p><i>Next meeting: Wednesday, 8/2/18, Conference Room 1C, 410 Capitol Ave, Hartford, CT, 1:00 pm – 3:00 pm</i></p>	