Connecticut
STATE HEALTH ASSESSMENT
STATE HEALTH IMPROVEMENT PLAN

Healthy Connecticut 2020
The Connecticut State Health Improvement Plan

Agenda

Focus Area: Mental Health, Alcohol and Substance Abuse
         Meeting: 1: Work Group Orientation and Data Analysis
              Date: May 13, 2013
              Time: 1:00 p.m. – 3:00 p.m.
         Location: St. Francis Center for Health Equity

Time	Agenda Item	*min.*	Notes
1:00 – 1:15	**Activity 1: Work Group Orientation** • Welcome & Introductions • Review Today's Agenda & Objectives • Answer Questions	*15*	
1:15 – 2:45	**Activity 2: Review Data Elements & Finalize Areas of Concentration** • Introduce key strategic elements • Review & discuss areas of concentration	*90*	Slide 82 – MHSA data
2:45 – 3:00	**Activity 3: Work Group Housekeeping** • Evaluate Meeting • Review Next Steps • Meeting Prep • Next Meeting Date/Time	*15*	Deadline: end of June

Questions:

1. Suicide and self harm are also under the injury and violence prevention group. Are they taking that on?

Activity 1: Work Group Orientation
- Welcome & Introductions
- Review Today's Agenda & Objectives
  - Look at data
  - Review areas of concentration
  - Possible prioritization
- Answer Questions
  - Joan going to do a brief orientation of SHIP ppt:
    - Where do we fit as a work group in this SHIP? Following our January kick-off meeting, we are now looking at the focus area of MHSA. We are part of the SHIP, but report to the Advisory Council. The Advisory Council is very invested in work group recommendations; they look at work groups as experts in each area.
    - Values and operating principles:
      - Health equity
      - Evidence-based
      - Build on what is already happening
      - Monitoring component
    - Process and timeline:
      - Focused and definitive timeline of the end of June to have a draft document.
    - Purpose: 2020 plan to improve the health of CT residents
      - Data-informed and data-driven
      - Systems
    - Review of focus areas:
      - There may be overlap
      - LARGE gap in services: people with mental health illness; those who are diagnosed with mental health are unable to access appropriate health services (preventive and primary)
      - % of people diagnosed and getting meds are primarily in primary care. How do we integrate or change a system that is only servicing a small portion of the population?
      - Overlap with Health Systems
    - Cross-cutting themes to consider as we move forward:
      - Health equity
      - Social determinants
    - Drop box – need to accept link. Amanda can e-mail files as attachments as well.
    - Meetings – 5-6 meeting to be held
    - Selection criteria – review after we look at the data
      - Feasibility should be considered, but not the most important criteria

Activity 2: Review Data Elements & Finalize Areas of Concentration
- Introduce key strategic elements
- Review & discuss areas of concentration

Review ppt slides of MHSA data:
  o 12-17 yrs.:
    o Shifting in State for who provides care for people with major depressive episodes.
      ▪ Emergency room
      ▪ Primary care providers (prescriptions)
      ▪ Additional work group member from the Department of Children and Families?
  o % of students who attempted suicide in the past year (2005-2011)
    o Is this statistically significant?
  o % of Medicare beneficiaries with depression. Large, steady increase from 2007 to 2011.
    o Ethnic breakdown of this data Slide 85. Large racial divide. Cultural issues
    o Nadine has hospital utilization data.
  o Mental health only (not addiction) (86 – look at slide)
    o BRFSS – slide 88; new methodology for collection
    o Question if binge drinking rates would apply more to the under 18 population?
    o Slide 89 – decreases. A lot of prevention work is going on in grades 9-12 and middle school.
      ▪ Look at national strategies.
    o YRBS – other story is the rate of illegal drinking occurring in CT.
  o Slide 90 - possibly get more data (age and possibly from people in recovery). What is the other story here? More information is needed to understand the whole picture. (addiction, alcohol use and the elderly)
  o Possibly adding data or doing further exploration as it relates to the elderly?
  o Slide 91 – majority is marijuana. Are people who buy prescription drugs on the street considering that an illicit drug? How it is defined may impact the data.
  o Slide 92 – right care, right time, right place. Substance use dependence should not be treated in an emergency room setting.
    o MOA between ED, Ambulance Co, Detox center (Police call detox center first) system changes; cost savings, and patients aren't getting the services that they need.
    o Need insight from primary care, ED doc.
    o Housing turns out to be a large issue for ED frequent flyers.
    o Need to look a wrap-around services
  o Slide 97 – suicide #'s
    o Statistic: individual is at the highest risk for suicide within the first seven days from being discharged from hospital for suicide attempts. Look at discharge procedures to make a difference in those rates.
  o No data on autism spectrum disorders or trauma; ask HRiA about data.
    o Could look at screening data as it relates to autism; lot of national data.
    o Hospital for Special Care in CT has a special unit for autism and is providing treatment.
    o Waiver written for children under 18; move from DCF to DMH
    o No diagnostic support to allow reimbursement for autism.
    o Implementation strategy could be advocacy.

Activity 3: Work Group Housekeeping

- Evaluate Meeting
    - o Additional work group participants:
    - o Barbara will try to get someone from DCF and DMHAS prevention
    - o Dept. of Ed has no jurisdiction over local schools
    - o Special education person as well
    - o Someone to represent elder services
    - o Dietician
    - o Go back to look at areas of concentration to see what areas are lacking in data

- Review Next Steps
    - o Elicit additional data from group that relates to area of concentration

- Next Meeting Date/Time
    - o How do future meetings:
        - o Half day meeting and then have conference lines available:
        - o May 31st: 9-12 at St. Francis = next meeting. Woodland Street,
        - o June 10th: 12-3 at St. Francis = subsequent meeting Woodland Street, Hartford
    - o Ask:
        - o Additional data
        - o Agenda
        - o Meeting minutes
        - o Supplemental materials distributed for aoc ranking: selection criteria, additional data.

Attended Meeting									
5/13/13						**Last Name**	**First Name**	**Organization**	**Email**
X						Ascheim	Joan	DPH	Joan.ascheim@ct.gov
X						Fraser	Nadine	CT Hospital Assoc.	fraser@chime.org
X						Minervino	Alice	DMHAS	Alice.minervino@ct.gov
						Co-Chairs		**Organization**	**Email**
X						McKinney	Marcus	St. Francis Hospital Center for Health Equity	MMcKinne@stfranciscare.org
X						Geller	Barbara	CT Dept. of Mental Health and Addiction Services	Barbara.geller@po.state.ct.us
						HRiA Support		**Organization**	**Email**
X						Ayers	Amanda	HRiA	aayers@hria.org