



Healthy Connecticut 2020

The Connecticut State Health Improvement Plan

Agenda

Focus Area: Mental Health, Alcohol and Substance Abuse

Meeting 4: Develop Draft Objectives

Date: June 17, 2013

Time: 12:00 p.m. – 4:00 p.m.

Location: Saint Francis Center for Health Equity, 140 Woodland Street, Hartford, CT

Time	Agenda Item	min.	Notes
12:00 p.m. – 12:15 p.m.	Activity 1: Opening the Session <ul style="list-style-type: none"> • Welcome and introductions • Review agenda, schedule and logistics • Review last meeting's outcomes • Review today's objectives 	15	
12:15 p.m. – 1:15 p.m.	Activity 2: Cont. Developing Draft Objectives <ul style="list-style-type: none"> • Develop DRAFT objectives (at least one per area) for the next 5 years for dementia, Alzheimer's and autism. • Prioritize objectives for phase implementation using selection criteria 	60	2 areas of concentration; 30 min per area
1:15 p.m. – 2:15 p.m.	Activity 3: Draft Strategies Develop DRAFT strategies (at least one per area) for the next 5 years.	60	
2:15 p.m. – 2:30 p.m.	BREAK	15	
2:30 p.m. – 3:00 p.m.	Activity 4: Draft Strategies cont.	30	
3:00 p.m. – 3:50 p.m.	Activity 5: Identify Partners/Resources <ul style="list-style-type: none"> • Brainstorm potential partners/resources for each objective 	50	
3:50 p.m. – 4:00 p.m.	Activity 6: Action Steps <ul style="list-style-type: none"> • Evaluate the meeting • Review next steps 	10	

Meeting Notes

- **Activity 1: Opening the Session**

- Introductions

Attendees:

- Review agenda & last meeting
- Areas of Concentration:
 1. Mental Health and Mental Disorders
 2. Dementias, including Alzheimer's Disease (hold until 17th when we have an expert attending meeting)
 3. Alcohol Abuse
 4. Substance Abuse
 5. Autism Spectrum Disorders
 6. Suicide/Self Harm
 7. Exposure to Trauma * adding back in as an area of concentration

New Final Goal:

Improve overall health through the lifespan, through access to quality behavioral health services that include screening, early intervention, prevention and treatment.

- **Activities 2-5: Objectives, Strategies, Partners & Resources**

Overview of Autism data/issues:

- Autism Division is fairly new to DDS.
 - Build around population who are not getting DDS services
 - 60% approx. of population have an MR or other disability
 - Federal waiver; through Medicaid
 - Keep track of waiver (including kids from DCF)
 - Dual diagnosis; mental illness and on the spectrum
- CDC developed the ADAM network (Autism and Developmental
 - 1 in 88 eight-yr. olds and 1 in 54 boys
 - Genetic predisposition, triggered by the environment
 - More prevalent in boys than girls (present differently girls than boys and socially different expectations between boys and girls)
 - Not MMR vaccine
 - 9,143 youth in CT with ASD (18 yrs. old or younger)
 - **Similar demographics between CT and MD**
 - No standing definition; no standard testing or tool
 - ADOS (Autism Diagnostic Observation Schedule), which takes 5-7 hrs.
 - ADI (Autism Diagnostic Interview) is another tool, that when used in conjunction with ADOS, increases the validity of the diagnosis
 - Modified Checklist for Autism in Infants and Toddlers (MCAT)
 - Are pediatricians doing this testing?
 - What happens when/if the child does not pass the test?

OVERALL CONNECTION to Structures that are developed under the Affordable Care Act for all Inequities for insured vs. uninsured as it pertains to services for both MH & SA

Autism Spectrum Disorders

Objective 1: Establish a baseline of the % of children receiving M-CHAT screening prior to age 2 yrs.

Objective 2: Increase the % of children receiving M-CHAT screening prior to age 2 yrs.

- Strategy 1: Promote and distribute educational materials that identify signs and symptoms for autism.

Objective 3: Increase the % of children who are referred to Birth to 3 following a failed M-CHAT screening.

- Strategy 1: Educate primary care providers on appropriate referrals for children under 3 who fail M-CHAT screening.

Phase:

Objective 1 – phase1

Objective 2 – phase 1

Objective 3 – phase 1

Partners/Resources:

- Papanikou Center @ UConn = partner
- DDS Autism division
- American Academy of Pediatrics
- CT Autism Action Coalition
 - ASRC – Autism Services and Resources Connecticut
 - Autism Speaks
- DSS
- DCF
- DMHAS
- DPH (Autism Systems Grant)
- State Department of Education (SDE)
- Office of Early Childhood

Dementias, including Alzheimer's

Overview of Alzheimer's data/issues:

www.alz.org/ct

CT fact sheet on the front page

- Part of National Alzheimer's Association; serves the whole State for dementia including Alzheimer's
 - Information and Referral
 - Advocacy State and Federal
 - Education & Training
 - 24 hr. help line
 - Research funding
 - 100 Support groups
 - Can diagnose with 90% accuracy
 - Facts and figures report (national and State)
 - Under reported
 - Estimated that 70K people in CT have dementia
 - 1 out of 2 people over the 85
 - Do not recommend genetic testing
 - 7th Oldest State in the Country

Objective 1: Develop a statewide Alzheimer's plan by 2016 (including all dementias)

- Strategy 1: Establish a statewide task force to develop the Alzheimer's plan.

Objective 2: Implement statewide Alzheimer's plan.

- Strategy 1: Coordinate Alzheimer's plan with CT Long-term Care Plan
- Strategy 2: Clearly define roles of State Departments and stakeholders in the implementation of the plans.

Phase:

Objective 1 – phase 1

Objective 2 – phase 1

Partners/Resources:

- Commission on Aging
- Department on Aging
- OPM Office on Policy and Management
- DHMAS
- AARP
- Area Agencies on Aging
- CT Association Health Care Facilities
- Leading Age Connecticut
- CT Assisted Living Association
- CT Association of Adult Day Centers
- CT Association of Homecare and Hospice
- CT Hospital Association

Suicide/Self-harm

Objective 1: Decrease the total number of deaths by suicide and suicide attempts across the lifespan.

- Strategy 1: Clearly define roles of State Departments/Stakeholders to implement the plan.

Phase: 1

Partners/Resources:

- DCF
- DMHAS
- DPH
- DDS
- DSS
- SDE
- Commission on Aging
- State Department of Aging
- Long-term Care Commission
- Local Education Authorities
- CT Healthy Campus Coalition
- State Suicide Prevention Foundation
- Suicide Prevention Resource Center
- American Association of Suicideology
- Provider Associations:
- CT Association for Not for profits
- CT Association for Human Services
- CT Local Education Authority
- Association of Public Health Departments
- School based health clinics
- CT Community for Addiction Recovery (CCAR)
- Advocacy Unlimited
- Focus on Recovery
- Family Advocacy Network (FAVOR)
- CCPA – Connecticut Community Provider Association

Alcohol Abuse

Objective 1: Reduce alcohol abuse across the lifespan from X to X.

- Strategy 1: Increase the use of evidence-based strategies for screening, brief intervention, and referral to treatment.
- Strategy 2: Support the continuation of evidence-based community coalitions.

Objective 2: Reduce drinking for youth under age 21 from X to X.

- Strategy 1: Pricing and taxation policies.
- Strategy 2: Regulating physical availability of alcohol.
- Strategy 3: Drinking and driving counter-measures.
- Strategy 4: Enforcement of existing laws, regulations and policies.
- Strategy 5: Increase the use of evidence-based strategies for screening, brief intervention, and referral to treatment.
- Strategy 6: Support the continuation of evidence-based community coalitions.

Objective 3: Reduce alcohol dependence across the lifespan from X to X.

- Strategy 1: Identify and research diverse recovery opportunities.
- Strategy 2: Increase the use of evidence-based strategies for screening, brief intervention, and referral to treatment.
- Strategy 3: Support the continuation of evidence-based community coalitions.

Phase:

Objective 1: 1

Objective 2: 1

Objective 3: 2

Partners:

- DMHAS
- DCF
- DPH
- CSSD
- Healthy campus coalition
- Governors preventionpartnership
- Regional action councils
- DFC
- SDE
- CCAR
- CT Turning to Youth and Families
- CT Hospital Association
- Statewide University system (public & private)

Exposure to Trauma

Objective 1: Increase trauma screening by primary care and behavioral health providers from X to X.

- Strategy 1: Conduct trauma screening for all referrals on an out-patient basis for children and adults.
- Strategy 2: Establish and promote evidence-based trauma screening tool for children and adults.
- Strategy 3: Develop a directory of trauma-informed treatment providers.

Phase: 1

Partners:

- DCF
- DMHAS
- Provider Networks
- Primary Care providers

Mental health and Mental Disorders (serious psychological distress, major depressive episodes)

Objective 1: Increase depression screening by primary care providers from x to x. For adults over 18 and for youth 12-17 yrs. of age.

Add: using best practices and validated tools

- Establish a baseline for depression screening by primary care providers.
- Marcus will connect with Brenda Shipley – connect with to characterization of all-payer data base in reference to this objective.
- Identify depression screening tools that can be easily used
- Survey primary care providers to establish a baseline

Objective 2: Increase the proportion of reciprocal referrals between mental health and primary care providers.

- Primary care facilities are required to have this service

Objective 3: Increase the proportion of homeless individuals with mental health problems who receive mental health services.

- housing

Substance Abuse

Objective 1: Reduce non-medical use of pain relievers across the lifespan from X to X.

- Strategy 1: Promote prescription take-back events and local drop-boxes.

Strategy 2:

Objective 2: Reduce prescription pain reliever misuse across the lifespan from X to X.

Objective 3: Reduce the use of illicit drugs across the lifespan from X to X.

- Strategy 1: Identify and implement techniques for increasing engagement and retention.

- **Activity 6: Action Steps**

Next Steps:

- Finish:
 - Strategies
 - Phasing
 - Resources/Partners

Next Meeting: Conference Call on Wednesday, June 19th! Look for details via e-mail

Attended Meeting					Last Name	First Name	Organization	Email
5/13/13	5/31/13	6/10/13	6/17/13					
X	X	X	X		Ascheim	Joan	DPH	Joan.ascheim@ct.gov
			X		Bogin	Jennifer	DDS	Jennifer.bogin@ct.gov
X	X	X			Fraser	Nadine	CT Hospital Assoc.	fraser@chime.org
			X		Kovel	Christy	Alzheimers Assoc.	ckovel@alz.org
		X	X		Marshall	Tim	DCF	Tim.Marshall@ct.gov
	X				Merz	Steve	Yale-New Haven Hospital	Stephen.Merz@ynhh.org
X	X	X	X		Minervino	Alice	DMHAS	Alice.minervino@ct.gov
	X				Ohrenberger	Karen		Karen.ohrenberger@ct.gov
	X	X	X		Seagull	Michelle	CT Dpt. Consumer Protection	Michelle.seagull@ct.gov
	X	X	X		Storey	Janet	DMHAS	Janet.storey@ct.gov
			X		Vicedomini	Dorlana	CT Autism Action Coalition	
					Co-Chairs		Organization	Email
X	X	X	X		McKinney	Marcus	St. Francis Hospital Center for Health Equity	MMcKinne@stfranciscare.org
X	X	X	X		Geller	Barbara	CT Dept. of Mental Health and Addiction Services	Barbara.geller@po.state.ct.us
					HRiA Support		Organization	Email
X	X	X	X		Ayers	Amanda	HRiA	aayers@hria.org