



Healthy Connecticut 2020 The Connecticut State Health Improvement Plan

Agenda

Focus Area: Mental Health, Alcohol and Substance Abuse

Meeting 5: Strategies, Phasing, and Partners

Date: June 19, 2013

Time: 3:00 p.m. – 4:00 p.m.

Location: Conference Call: 1-877-916-8051

Meeting Notes

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.

Phase: 1

- Strategy 1: Identify and implement standardized health and behavioral health screening tools during patient assessments.
- Strategy 2: Develop policies to address training, continuing education, and workforce needs of providers and entities participating in integrated health care practices.

Partners: DMHAS, DCF, DSS, DPH, CHC, FHC, Hospitals, PCP, Pediatricians, OBGYN, Home visiting providers, religious organizations, SBHC, Youth-serving organizations, University & College health centers, private behavioral health therapists, National Alliance for the Mentally Ill (NAMI), Office of the Healthcare Advocate (OHA), people in recovery and advocacy groups

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

Phase: 1

- Strategy 1: Identify and implement methods to improve collaboration and coordination between healthcare systems and providers.
- Strategy 2: Identify and implement strategies to encourage integration in both public and the private sector programs.

Partners: DMHAS, DCF, DSS, DPH, CHC, FHC, Hospitals, PCP, Pediatricians, OBGYN, Home visiting providers, religious organizations, SBHC, Youth-serving organizations, University & College health centers, private behavioral health therapists, National Alliance for the Mentally Ill (NAMI), OHA, people in recovery and advocacy groups.

Objective 3: Decrease the proportion of homeless individuals and families with mental health problems who are not connected to mental health services.

Phase: 1

- Strategy 1: Identify and implement strategies to encourage integration in both public and the private sector programs.
- Strategy 2: Encourage coordination between healthcare and permanent supportive housing and homeless service agencies.
- Strategy 3: Promote affordable housing.

Partners: : DMHAS, DCF, DSS, DPH, CHC, FHC, Hospitals, PCP, Pediatricians, OBGYN, Home visiting providers, religious organizations, SBHC, Youth-serving organizations, University & College health centers, private behavioral health therapists, National Alliance for the Mentally Ill (NAMI), homeless providers, housing providers, people who have lived experience, Advocacy agencies, OHA.

Substance Abuse

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

Phase: 1

- Strategy 1: Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.
- Strategy 2: Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).

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

Phase: 1

- Strategy 1: Educate health care professionals on proper opioid prescribing, SBIRT, and effective use of prescription drug monitoring programs.
- Strategy 2: Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).

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

Phase: 1

- Strategy 1: Identify and implement evidence-based prevention and early intervention programs and strategies.
- Strategy 2: Identify and implement techniques for increasing engagement and retention in recovery.
- Strategy 3: Promote self-help recovery groups.

Partners: DMHAS, DCF, ASTHO, Consumer Protection, Attorney General, Community Physicians, Trade Associations, National Initiative to Address Prescription Drug Abuse, Connecticut Community for Addiction Recovery, OHA, People in recovery and Advocacy groups

Attended Meeting					Last Name	First Name	Organization	Email
5/13/13	5/31/13	6/10/13	6/17/13	6/19/13				
x	x	x	x	x	Ascheim	Joan	DPH	Joan.ascheim@ct.gov
			x		Bogin	Jennifer	DDS	Jennifer.bogin@ct.gov
x	x	x		x	Fraser	Nadine	CT Hospital Assoc.	fraser@chime.org
			x		Kovel	Christy	Alzheimers Assoc.	ckovel@alz.org
				x	Levy	Sarah	UConn, MPH	Salevy@mph.uchc.edu
		x	x	x	Marshall	Tim	DCF	Tim.Marshall@ct.gov
	x			x	Merz	Steve	Yale-New Haven Hospital	Stephen.Merz@ynhh.org
x	x	x	x	x	Minervino	Alice	DMHAS	Alice.minervino@ct.gov
	x				Ohrenberger	Karen		Karen.ohrenberger@ct.gov
	x	x	x	x	Seagull	Michelle	CT Dpt. Consumer Protection	Michelle.seagull@ct.gov
	x	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	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	x	Ayers	Amanda	HRiA	aayers@hria.org