



WEBINAR:
Mental Health,
Alcohol, and
Substance Abuse
June 24, 2014



Healthy Connecticut 2020: *A Call to Action*

Today's Agenda

- Overview of State Health Improvement Plan and planning process
- Details about Mental Health, Alcohol, and Substance Abuse focus area of the Plan:
 - Areas of Concentration
 - Objectives identified for implementation in Phase 1 (first 3 years)
- Immediate next steps





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

Plan Overview



Focus Areas



1. Maternal, Infant, and Child Health



2. Environmental Risk Factors and Health



3. Chronic Disease Prevention and Control



4. Infectious Disease Prevention and Control



5. Injury and Violence Prevention



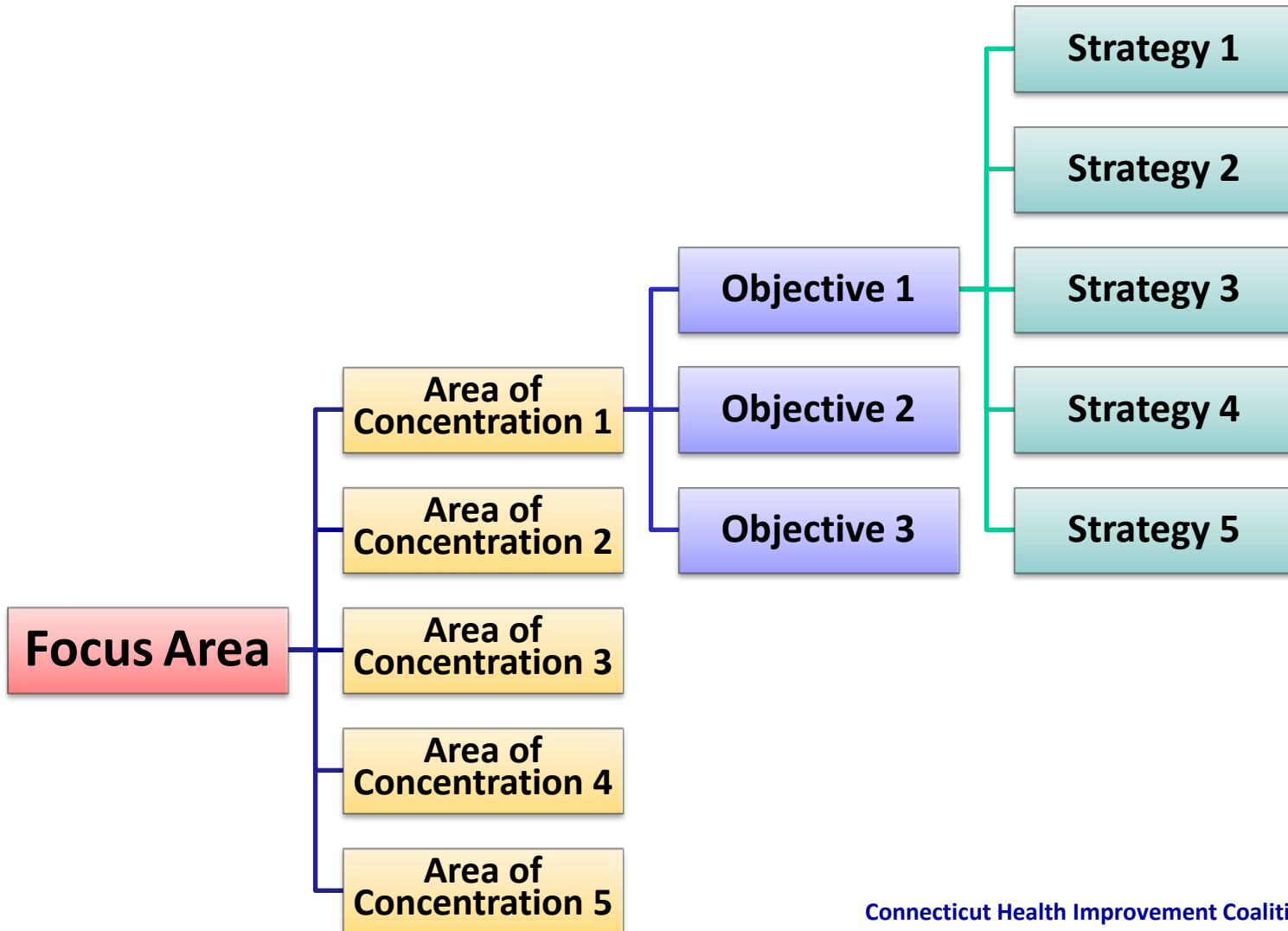
6. *Mental Health, Alcohol, and Substance Abuse*



7. Health Systems



Plan Layout



Who

(Plan Developers)

- Connecticut Health Improvement Planning Coalition
 - 100+ partners led by DPH
 - State and local health agencies
 - Traditional and non-traditional stakeholders
 - Advisory Council
 - *Vision: Integrated and focused efforts to improve health outcomes*
 - Focus Area Work Groups (7)



How

(Principles for Framing the Plan)

- Health improvement approach
- Evidence-based objectives and strategies
- Balance among scope, relevance, and depth of focus
- Align with national frameworks and standards
- Consistent with existing local and State plans and programs



How

(Principles for Framing the Plan)

- Overarching themes:
 - Health equity =
 - Social and economic determinants of health
- Inspirational and actionable-- *Call to Action*
- Implementation in 2 phases
 - Ph1 = Phase 1



Work Group Members

■ Co- Chairs

Barbara Geller, Connecticut
Department of Mental Health and
Addiction Services

Marcus M. McKinney, St. Francis
Hospital Center for Health Equity

Jennifer Bogin
Connecticut Department of Developmental Services

Bernadette D'Almeida
Community Health Network of Connecticut, Inc.

Nadine Fraser
Connecticut Hospital Association

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Alzheimer's Association, Connecticut Chapter

Tim Marshall
Connecticut Suicide Advisory Board

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Michelle Seagull
Connecticut Department of Consumer Protection

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Goal

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



Areas of Concentration (Objectives)

- Mental Health and Mental Disorders
- Alcohol Abuse
- Substance Abuse
- Autism Spectrum Disorders
- Exposure to Trauma



Mental Health and Mental Disorders

Phase 1 Objective:

Decrease the rate of mental health emergency department visits.

- **By the Numbers**
 - 2,680 per 100,000 (2011)
 - 95,945 visits
 - 4th highest ranking of ED visits
- **Implementation Strategies**
 - Affordable housing
 - Integration and coordination of services for homeless individuals, among homeless service agencies, health care and mental health services
 - Depression screening by primary care providers
 - Reciprocal referrals between mental health and primary care



Alcohol Abuse (3)

Phase 1 Objective: *Reduce the proportion of people who drink excessively across the lifespan*

■ By the Numbers

- 22.3% of students grades 9-12 binge drink (2011)
- 41.5 % are current drinkers (2011)
- 17.5 % of adults are binge drinkers (2011)
- 6.5% are heavy drinkers (2011)

■ Implementation Strategies

- Required continuing education for primary care and emergency room providers on screening, intervention, and referral
- Review existing policies relative to alcohol sales and regulations
- Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking
- Expand the use of evidence-based screening, tools, brief intervention, and referral to treatment in emergency departments.



Alcohol Abuse (3)

Phase 1 Objective: *Reduce the proportion of drinking for youth grades 9-12 (ages 14-18)*



- **By the Numbers**
 - 22.3% of students grades 9-12 binge drink (2011)
 - 41.5 % are current drinkers (2011)
- **Implementation Strategies**
 - Stronger penalties for driving under the influence for under age drivers.
 - Advocate for combined enforcement and policy strategies on college campuses such as nuisance party enforcement operations, checkpoints, and social host ordinances.
 - Educate the public relative to existing laws and regulations regarding underage drinking.
 - Promote collaboration between colleges and communities to work together to enforce relevant alcohol-related laws and establish consistent messages about responsible hospitality.
 - Strengthen enforcement relative to existing laws and regulations regarding underage drinking.



Alcohol Abuse (3)

Objective: *Reduce the rate of emergency department visits for people who are alcohol dependent across the lifespan*

■ By the Numbers

- 219 per 100,000 residents (2011)
- 7,843 ED visits (2011)

■ Implementation Strategies

- Identify and disseminate information about community coalitions that use evidence-based programs to address underage drinking.
- Partner with the Connecticut Hospital Association to expand the use of evidence-based screening, tools, brief intervention, and referral to treatment in emergency departments.
- Research and identify diverse recovery opportunities



Substance Abuse (2)

Phase 1 Objective: *Reduce the non-medical use of pain relievers across the lifespan (ages 12 and older)*

- **By the Numbers**

- 4.4 % overall (2010-2011)
- 10.7% 18-25 years

- **Implementation Strategies**

- Educate consumers regarding the risks and benefits of regulated products
- Educate health care professionals on proper opioid prescribing, brief screening, intervention referral and treatment, and effective use of prescription drug monitoring programs
- Educate prescribers on the benefits of the Connecticut Prescription Monitoring and Reporting System(CPMRS).
- Facilitate controlled drug disposal programs, including official prescription take-back events and local drop-boxes.



Substance Abuse (2)

Phase 1 Objective: *Reduce the use of illicit drugs across the lifespan (ages 12 and older)*

- **By the Numbers**

- 13.4% Marijuana (2010-2011)
- 1.9% Cocaine

- **Implementation Strategies**

- Promote and disseminate information about self-help recovery groups.
- Identify and implement evidence-based prevention and early intervention programs and strategies.
- Identify and implement techniques for increasing engagement and retention in recovery.



Autism Spectrum Disorders (1)

Phase 1 Objective: *Increase the number of children who are referred to Connecticut Birth to Three System following a failed Modified Checklist for Autism in Toddlers screening.*

■ By the Numbers

- 21 referrals in 2010
- 9 referrals in 2009
- Estimated 10,435 children in CT with autism, Asperger's Disorder, or pervasive developmental disorder



■ Implementation Strategies

- Promote and distribute educational materials that identify signs and symptoms for autism.
- Promote Modified Checklist for Autism in Toddlers screening for children prior to age 2 yrs.
- Educate primary care providers on appropriate referrals for children under 3 who fail Modified Checklist for Autism (M-CHAT) screening.
- Establish a baseline of the % of children receiving Modified Checklist for Autism in Toddlers screening prior to age 2 yrs.



Exposure to Trauma(1)

Objective: *Increase trauma screening by primary care and behavioral health providers.*

■ By the Numbers

- An estimated 200,000 residents experienced 5 adverse childhood events (2012)
- 25,085 screened positive for trauma.

■ Implementation Strategies

- Develop a directory of trauma-informed treatment providers.
- Establish and promote evidence-based trauma screening tool for children and adults.
- Conduct trauma screening for all referrals on an out-patient basis for children and adults.
- Establish mechanism to determine baseline for trauma screening.



What Next?

- **What you or your organization can do:**
 - Join or help grow the Coalition
 - Bring Speakers Bureau to your group
 - Identify goals & objectives for you & your organization, and *consider taking the lead*
 - Develop partnerships in your communities
 - Identify policies needed to improve health



What Next?

- **Methods of implementation:**

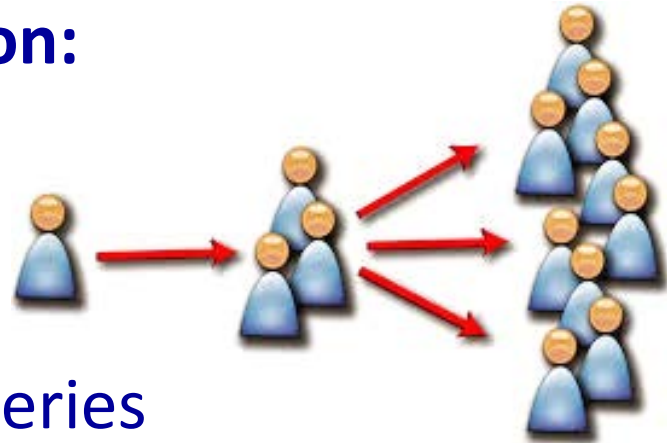
- Publicize the Plan

- Speakers Bureau

- Focus Area Webinar Series

- Implementation Advisory Council

- Coordinated communication system



Poll

- Are there objectives in this Focus Area that your organization will work on or is already working on?
- Are there objectives in this Focus Area on which your organization might consider taking the lead?



Thank You!



To share what you're working on or where you'd like to take the lead, or for help, please e-mail me:

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For general questions, additional comments, and information about Speakers Bureau, please e-mail:

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To request CEUs, please e-mail:

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www.ct.gov/dph/HCT2020



DPH Statewide Priorities

- High blood pressure, heart disease, stroke
- Obesity
- Vaccine-preventable infectious disease
- Falls
- Preconception health, interconception care/
premature/preterm births, and low birthweight
- Poor housing conditions
- Unhealthy community design

