



2019 Community Health Improvement Plan Implementation Strategies

Priority Area 3: Behavioral Health		
Indicator: Q 37_1. How often do you get the social and emotional support you need? [DHWS, 2018 Baseline: 66% Always/Usually]		
Indicator: Q 20. Overall, how satisfied are you with your life nowadays? [DHWS, 2018 Baseline: 36% Not all to somewhat satisfied]		
Indicator: Q 37_3. Over the past two weeks, how often how you been bothered by any of the following problems – feeling down, depressed or hopeless? [DHWS, 2018 Baseline: 65% Not all]		
Goal: By February 2022, the Primary Care Action Group’s (PCAG) efforts will result in a 2% increase in social and emotional support for adults in the Greater Bridgeport area.		
Strategy	Action Steps	Outcomes
Increase access to mobile and community-based services and supports for behavioral health in the Greater Bridgeport area	<ul style="list-style-type: none"> • Align resources and build collaboration between organizations to increase access and awareness to community health workers and peer support specialists • Participate in funding opportunities such as BUILD Health • Develop strategies to link clinical and non-clinical services • Establish or expand mobile or community based resource in the greater Bridgeport area 	# of initiatives to increase access/awareness for community health workers and peer support specialists # of funding opportunities with participation of members # of strategies to link clinical and non-clinical services # of initiatives to establish or expand mobile or community based resources
Strategy	Action Steps	Outcomes
Develop targeted messaging around behavioral health in the Greater Bridgeport area to increase awareness of available resources	<ul style="list-style-type: none"> • Educate providers on resources (physicians, hospitals, others) • Develop strategy to educate the general community on available resources for non-crisis services • Develop strategy to educate the general community on available resources for crisis services • Develop strategies to reach selected communities (youth, young adult, elderly, etc) 	# provider education initiatives # educational strategies for non-crisis services # educational strategies for crisis services # strategies to reach selected communities



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Improve the coordination of care for frequent users of ED in local hospitals	<ul style="list-style-type: none"> • Refine Bridgeport Care Coordination Team (CCT) • Improve attendance at meetings and involvement of organizations • Establish a dedicated patient navigator for CCT • Improve information sharing across organizations • Track outcomes and share results on a quarterly basis • Evaluate state and local best practices for improvement of CCT including re-establishing participation in Health and Housing stability work group 	# organizations actively involved from current to end of CHIP Establishment of patient navigator Tracking/results sharing improvement
Partner Organizations		
Operation Hope, CCAR, Supportive Housing Works, Town of Monroe, St. Vincent’s Medical Center, DMHAS SWCMHS, City of Fairfield, Bridgeport Hospital, YNHHS, Town of Trumbull, Optimus, RNP, SWCHC, Beacon Health Options, Town of Stratford, The Hub, Town of Easton, SWAHEC		