

Prevention Agenda Action Plan Re-Fresh Chart

Priority Area: Promote Mental Health and Prevent Substance Abuse

December 2015

| Focus Area 1: Promote Mental, Emotional and Behavioral Well-Being | | | |
|--|---|---|---|
| Goals | Recommended Interventions for Local Action | Recommended Short-Term Process Measures | Resources |
| Promote mental, emotional, and behavioral well-being in communities. | <p>Five evidence-based actions can promote well-being and foster supportive environments:</p> <p>1) <i>Connect people through social inclusion and community cohesion.</i></p> <p>World Health Organization. Health Evidence Network. What is the evidence on effectiveness of empowerment to improve health? Explains that participation alone is insufficient if strategies do not also build capacity of community organizations and individuals in decision-making and advocacy. Describes strategies for effective empowerment.</p> <p>Evidence-based kernels are the smallest unit of proven behavioral influence. Two examples include using a timer to complete a task and identifying meaningful roles, among others.</p> <p>Early Childhood Home Visitation. Home visitors convey information, offer support, and provide training to families.</p> <p>Positive Parenting Program (Triple P). Designed to prevent—as well as to treat – behavioral and emotional problems in children and teenagers</p> <p>Parent Corps. Designed by the National Council for Behavioral Health to foster healthy development and school success among young children (ages 3-6) living in disadvantaged neighborhoods.</p> | <p>Well-being is a relative and dynamic state where one maximizes his or her physical, mental and social functioning in the context of supportive environments to live a full, satisfying and productive life. It is measured objectively and subjectively, either separately or integrated within other measurement systems.</p> <p>Examples of Objective Measures:</p> <ul style="list-style-type: none"> The American Human Development Index includes educational measures, life expectancy, and median earnings. The Opportunity Index includes measures related to the economy (e.g., poverty rate); education (e.g., percent on-time high school graduation); and community characteristics (e.g., percent young people not in school or at work). <p>Examples of Subjective Measures:</p> <ul style="list-style-type: none"> Subjective well-being measures satisfaction with life, quality of functioning, connections with the community, and engagement. The process is explained in New Economics Foundation's Measuring Well-Being. | <p>National Academy of Sciences. Preventing Mental, Emotional, and Behavioral (MEB) Disorders Among Young People: Progress and Possibilities is a seminal publication that makes a compelling case for MEB health promotion and disorder prevention.</p> <p>National Prevention Council. National Prevention Strategy. Mental and Emotional Well-being outlines the national strategy.</p> <p>Substance Abuse and Mental Health Services Administration. National Registry of Evidence-based Programs and Policies (NREPP) is a database of evidence-based practices.</p> <p>New Economics Foundation. Five ways to well-being: the evidence. Outlines a five-pronged strategy for promoting individual well-being using simple language.</p> <p>Kobau R, Seligman ME, Diner E, Zack MM, Chapman D, Thompson W. Mental health promotion in public health: perspectives and strategies from positive psychology. <i>Am J Public Health.</i> 2011 Aug;101(8):e1-9. doi: 10.2105/AJPH.2010.300083. Epub 2011 Jun 16. Outlines the benefits of positive psychology.</p> |

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| | <p>Mental Health First Aid is an evidence-based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may occur with substance abuse).</p> <p>2) <i>Promote physical activity that is both enjoyable and suitable to a person's level of mobility and fitness, as well as encourage healthy eating.</i></p> <p>Increasing Physical Activity and Healthy Eating for a Healthy Weight describe evidence-based approaches from the Community Guide.</p> <p>Create environments that promote and support healthy food and beverage choices and physical activity has links to policy interventions that promote healthy eating and physical activity.</p> <p>3) <i>Facilitate learning environments through the lifespan.</i></p> <p>The Growth Mindset Toolkit for teachers, educators and parents has resources to assess and strengthen a “growth mindset” that facilitates learning.</p> | <ul style="list-style-type: none"> Barile JP, Reeve BB, Smith AQ, Zack MM, Mitchell SA, Kobau R, Cella DF, Luncheon C, Thompson WW. Monitoring population health for Healthy People 2020: evaluation of the NIH PROMIS Global Health, CDC Healthy Days and satisfaction with life instruments. <i>Qual Life Res.</i> 2013 Aug;22(6):1201-11. Identifies nine questions that were tested for monitoring well-being. The Young Foundation. Taking the temperature of local communities: The Wellbeing and Resilience Measure (WARM). Tool combines familiar data such as jobs and health with new ways of thinking about how happy and resilient communities are. | <p>Kobau R, Sniezek J, Zack MM, Measuring subjective well-being: an opportunity for National Statistical Offices? ISQOLS Conference: Measures and goals for the progress of societies. Satellite Meeting. 2009. Has a consensus definition of well-being and identifies opportunities.</p> <p>O'Donnell G, Deaton A, Durand M, Halpern D, Layard R. Wellbeing and Policy. Legatum Institute. 2014. Explains how well-being can guide policy.</p> |

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| | <p>Good Behavior Game is a classroom-based behavior management strategy for elementary school that teachers can use along with a school's standard instructional curricula.</p> <p>The Penn Resilience Program is an evidence-based program from the University of Pennsylvania.</p> <p>Enabling Employee Wellness: What Do We Know About What Works? From the Altarum Institute, this resource describes cost-effective strategies</p> <p>Investing in worksite wellness: A case study of evidence-based approaches described in the Community Guide.</p> <p>4) <i>Integrate policies that promote consciously noticing and appreciating the present.</i></p> <p>A Preliminary Study by Kuyken W, Weare K, Ukoumunne OC, Vicary R, Motton N, Burnett R, Cullen C, Hennesly S, Huppert F. on the Effectiveness of the Mindfulness in Schools Programme: non-randomised controlled feasibility study. The British Journal of Psychiatry Aug 013, 203 (2) 126-131; . In this study, the authors conclude "This feasibility study is the first step towards evaluating the curriculum and provides preliminary evidence of acceptability and efficacy."</p> | | |

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| | <p>Mindfulness-Based Cognitive Therapy. Instructors help participants to strengthen their mindfulness meditation through practice and to develop cognitive skills that assist them in disengaging from habitual ("automatic") and dysfunctional cognitive routines.</p> <p>Mindfulness-Based Stress Reduction. Structured, 10-session, manual-driven program includes 31 hours of instruction by professionally-trained teachers, who deliver the sessions in a group setting over 8 weeks. The program teaches people to manage their stress by adjusting their cognitive perspective and increasing their coping skills to build self-confidence in handling external, stressful situations.</p> <p>5) <i>Facilitate policies that connect with community and greater good such as volunteerism, kindness, and advocacy.</i></p> <p>Potential Best Practice for Enhancing Civic Engagement Outcomes by the Alliance for Children and Families and United Neighborhood Centers of America (UNCA) articulates 20 best practices that relate to four strategic clusters: Board of directors, organizational infrastructure, empowerment of community residents and tactical strategies.</p> <p>Gratitude Interventions. Explains several interventions such as creating gratitude lists, contemplating gratitude and addressing behavioral characteristics that have evidence of promoting short-term or long-term benefits.</p> | | |

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Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

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| <p>Prevent underage drinking, non-medical use of prescription pain relievers by youth, and excessive alcohol consumption by adults</p> | <p>School-based programs: Life Skills Training, Too Good for Drugs, Project towards No Drug Abuse, and Project Success target social and psychological factors that promote the initiation of substance use, and build student resiliency by teaching social competency, autonomous problem-solving, developing self-control and communication skills, improving decision-making strategies, and acquiring resources to resist drug use.</p> <p>Screening Project ASSERT is a screening, brief 15-minute intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments.</p> <p>SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders</p> <p>Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement.</p> <p>Environmental Approaches Community Trials to Reduce High-Risk Drinking is a multi-component, community-based program designed to change alcohol use patterns of people of all ages. It has material related to alcohol access, responsible beverage services, risk of drinking and driving, underage alcohol access, and community mobilization.</p> | <p>Examples of short-term outcome measures:</p> <ul style="list-style-type: none"> • Change in local laws and ordinances to reduce alcohol availability such as passage of Social Host liability laws, restrictions on hours and days of alcohol sales, happy hour and drink promotions, outlet density and alcohol advertising restrictions, prohibitions or controls on alcohol use at community events or in public areas (parks, beaches). • Percent of youth below age 21 who report drinking alcohol in the last 30 days • Percent of provider participating in prescription drug monitoring program. • Reported non-medical use of prescription pain relievers, alcohol use and binge drinking among youth • Rate of binge, heavy drinking among adults • Incidence of opioid overdose • Percent of alcohol related consequences: DWI arrest rates, alcohol-related motor vehicle accidents, poisonings and injuries | <p>National Research Council and Institute of Medicine. Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities, 2009. Washington, DC: The National Academies Press. Seminal publication that makes a strong case for focusing on preventing mental, emotional and behavioral disorders among youth.</p> <p>Substance Abuse and Mental Health Services Administration. National Registry of Evidence-Based Programs and Practices is a database of evidence-based practices.</p> <p>University of Washington Alcohol & Drug Abuse Institute. Opioid Overdose Prevention Education has informative resources. http://www.stopoverdose.org/</p> <p>Substance Abuse and Mental Health Services Administration. Opioid Overdose Prevention Toolkit features a resource packet. http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742</p> <p>Responsible Opioid Prescribing: A Clinician's Guide has guidance for practitioners.</p> <p>OASAS Risk and Protective Factor Survey. Prevention Needs Assessment Survey has survey resources.</p> <p>Substance Abuse and Mental Health Services Administration. Center for the Application of Prevention Technologies. Heroin and Other Opioid-Related Outcomes: Key Indicators and National Sources has information on availability of state-specific data.</p> |

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| | <p>Overdose Prevention Project Lazarus is a public health model that asserts drug overdose deaths are preventable and communities are ultimately responsible for their own health. The model components include: 1) community activation and coalition building; 2) prescriber education and behavior; 3) supply reduction and diversion control; 4) pain patient services and drug safety; 5) drug treatment and demand reduction; 6) harm reduction including Naloxone training; 7) community-based prevention education; and 8) evaluation of project components.</p> <p>National Center for Addiction and Substance Abuse at Columbia University and OASAS. An SBIRT Implementation and Process Change Manual for Practitioners. Nov 2012 provides guidance on screening for substance abuse.</p> | <p>Examples of process measures:</p> <ul style="list-style-type: none"> • Percent and/or number of providers participating in prescription opiate availability program • Percent participation in safe prescription opiate disposal programs, take-back events, drop boxes, safe storage education, and law enforcement diversion efforts • Percent and/or number of professionals participating in Naloxone trainings • Number of enforcement activities/efforts: responsible beverage/alcohol trainings; compliance checks of bars, restaurants and stores; increased enforcement at events, party patrols; impaired driving checkpoints • Number of public awareness, outreach, and educational efforts to change attitudes, beliefs, and norms towards underage and excessive adult alcohol use, prescription opiates. • Number of new coalitions; coalition members or community partners • Participation in coalition meetings | <p>A Prevention Spectrum Approach to Opioid Use and Overdose Prevention Fact Sheet is a tip sheet that has the rationale, measures and practices.</p> <p>Substance Abuse and Mental Health Services Administration. Substance Abuse Prevention Media Campaign has examples of media campaigns developed by states, jurisdictions, and national organizations.</p> <p>New York State Office of Alcoholism and Substance Abuse Services. Talk2Prevent has communication toolkits for parents and for communicating with youth.</p> <p>New York State Office of Alcoholism and Substance Abuse Services. New York State Hopeline is a 24-hour hotline offering help, hope for alcoholism, drug abuse and problem gambling.</p> <p>New York State Office of Alcoholism and Substance Abuse Services. Combat Heroin and Prescription Drug Abuse has resources for parents, teachers, coaches, counselors, etc., for initiating conversations about heroin and opioid abuse. http://www.combatheroin.ny.gov/</p> <p>NYS Hopeline is https://www.oasas.ny.gov/accesshelp/</p> <p>OASAS Bed availability dashboard https://bi1.oasas.ny.gov/analytics/saw.dll?Dashboard</p> |

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| <p>Prevent, reduce and address adverse childhood experiences (ACES)</p> | <p>Governance and Leadership Assess prevalence of adverse childhood experiences (ACEs) among children and/or adults in the community and efforts to support trauma-informed and trauma-sensitive approaches.</p> <p>Communicate through the agency's mission and/or written policies and procedures a commitment to a trauma-sensitive approach.</p> <p>Ensure policies and structures are in place to meaningfully engage participants, consumers, patients, persons who have trauma histories and other non-traditional participants.</p> <p>Policy Advocate for guaranteed, paid job-leave to all employed new parents.</p> <p>Increase access to high-quality child care and early childhood education, particularly for low-income families.</p> <p>Start schools for adolescents later in the day to help them get enough sleep.</p> <p>Physical Environment Develop community capacity for respite care for caregivers of a child with mental illness.</p> <p>Assess aspects of the physical environment that promote a sense of safety and calming.</p> <p>Assess and address mechanisms to ensure gender-related physical and emotional safety concerns.</p> | <p>Examples of Short-term Outcome Measures</p> <ul style="list-style-type: none"> • Number and/or percent of adults and/or young people who have experienced caring relationships and have good mental health well-being. • Number and/or percentage of adults and/or young people impacted by policies that promote trauma-sensitive environments and resiliency. • Number and/or percent of adults and/or young people who experience increased opportunity to build resiliency. <p>Examples of Process Measures</p> <ul style="list-style-type: none"> • Number and/or percent of agencies that have communicated through the agency's mission and/or written policies and procedures a commitment to a trauma-sensitive approach and building resiliency. • Number and/or percent of agencies engaged in developing and/or promoting policies that promote trauma-sensitive environments and resiliency. • Number and/or percent of agencies that have assessed aspects of the physical environment that promotes a sense of safety and calming. | <p>Substance Abuse and Mental Health Services Administration. Trauma-Informed Approaches and Trauma-Specific Interventions. Explains six key principles of a trauma-informed approach and trauma-specific interventions that address trauma's consequences and facilitate healing.</p> <p>Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People. Child Trends and Robert Wood Johnson Foundation. Policy Brief. July 2014. Offers an inclusive framework for understanding MEB wellness; describes multiple opportunities for improving children's well-being, consistent with this model; and makes concrete recommendations to policymakers for improving the mental wellness of children and youth.</p> <p>Community Resilience Cookbook. Highlights the process used by five cities and four states to address ACEs research in their communities.</p> <p>Trauma-Informed Community Initiative of Western New York has resources for professionals on trauma-informed care.</p> |

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| | <p>Engagement and Involvement Use media campaigns, both universal and those targeted for specific audiences, to reduce stigma associated with mental illness and treatment.</p> <p>Identify and support key principles of safety, trust, transparency, support, collaboration and empowerment in program mission, policies and structures.</p> <p>Cross-sector Collaboration Identify, engage and clarify roles of partners across sectors in supporting a trauma-sensitive environment.</p> <p>Identify and communicate mechanisms in place to promote cross-sector training to support trauma-sensitive environments.</p> <p>Screening, Assessment and Treatment Services Identify and remove structural and financial barriers that discourage clinicians from providing preventive care and MEB health screening.</p> <p>Promote coordination of mental health practitioners with other care providers through DSRIP Program and Performing Provider Systems.</p> <p>Include mental health consultations in all Child Protective Services' investigations to identify youth and families in need of care and support.</p> | <ul style="list-style-type: none"> • Percent of agency screenings that incorporate questions related to trauma. • Percent of employees trained in trauma-informed approach. • Number of agencies that have assessed structural and financial barriers, and opportunities to integrate mental and physical health. <p>Long-Term Performance Measures</p> <ul style="list-style-type: none"> • Human Development Index • Opportunity Index • Well-Being Index • Prevalence of adverse childhood experiences (ACEs) among adults and/or youth in the community • Number of community members actively involved in decision-making, governance and advocacy on the promotion of well-being • Percent of adults and youth who report poor mental health | <p>Building Trauma-Informed, Trauma-Sensitive and Resilient Communities Factsheet summarizes relevant research, and identifies measures and best practices. It was compiled by the New York State Department of Health, Office of Alcoholism and Substance Abuse Services, Council on Children and Families with the New York Academy of Medicine.</p> |

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| | <p>Training and Workforce Development Support training for “warm and firm” parenting through comprehensive parenting programs or other outreach.</p> <p>Support the provision of basic mental health “first aid” training for youth and adults.</p> <p>Support the implementation of whole-school tiered approaches to promote positive school climates and the mental wellness of all students.</p> <p>Support gatekeeper training for adults who work with youth and expand the scope of such training beyond suicide prevention to encompass a broader focus on wellness.</p> <p>Support training for pediatricians and other primary care physicians to strengthen their competence and comfort in discussing and referring for MEB health concerns.</p> <p>Progress, Monitoring and Quality Assurance Link community environmental improvement efforts with child mental health and wellbeing.</p> <p>Financing Identify, advocate and secure resources in MEB health in areas that balance a wellness and prevention focus with treatment and maintenance.</p> | | |

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| <p>Prevent suicides among youth and adults.</p> | <p>Evaluation Identify structures and processes that allow perspectives of people who have experienced trauma to inform program implementation and policies.</p> <p>Conduct a trauma-sensitive organizational assessment or have measures that show the level of the trauma-sensitive approaches being implemented.</p> <p>Identify Individuals at Risk Share data on suicide, suicide attempts, and prevention efforts.</p> <p>Offer gatekeeper training.</p> <p>Screen for suicide risk in primary care or substance abuse programs.</p> <p>Include links/coordination with OMH Early Recognition and Screening (ERS).</p> <p>Reach out to groups that have a higher risk for suicide or suicide attempts than the general population including: men in midlife and older men; young American Indians and Alaska Natives; people bereaved by suicide; people in justice and child welfare settings; people who intentionally hurt themselves (non-suicidal self-injury); people who have previously attempted suicide; people with medical conditions; people with mental and/or substance use disorders; people who are lesbian, gay, bisexual, or transgender; and members of the military and veterans.</p> | <p>Examples of Intermediate Outcome Measures</p> <ul style="list-style-type: none"> • Percent of people screened for suicide risk or mental health and substance abuse problems • Percent of people reporting supportive relationships • Number and/or percent of community members who restrict means such as guns stored at a gun club • Number and/or percent of organizations that partner on policies to restrict people from committing suicide | <p>Suicide Prevention Resource Center. Suicide Prevention Basics. Describes components of a comprehensive approach to suicide prevention.</p> <p>Suicide Prevention Center of New York State http://www.preventsuicideny.org. Has educational and training resources.</p> <p>Rand Suicide Prevention Evaluation Toolkit. http://www.rand.org/pubs/tools/TL111.html Provides a comprehensive explanation for evaluating suicide prevention efforts.</p> <p>Implementing a Comprehensive Approach to Suicide Prevention Factsheet Summarizes research, and identifies measures and best practices. Compiled by the New York State Department of Health, Office of Alcoholism and Substance Abuse Services, and Council on Children and Families with the New York Academy of Medicine</p> |

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| | <p>Increase help-seeking behavior Promote National Suicide Prevention Lifeline, 1-800-273-8255, through safe and effective public messages, systems navigation and enhanced accessibility.</p> <p>Use mobile applications, such as my3app, to promote services among specific populations and peer referrals.</p> <p>Utilize tele-mental health, rural outreach initiatives.</p> <p>Connect Suicide Postvention Training. Developed by NAMI New Hampshire to increase the capacity of a community or organization to respond effectively to a suicide death in order to prevent additional suicides and promote healing for survivors of suicide loss.</p> | <p>Examples of Process Measures:</p> <p>Identifying Individuals at Risk</p> <ul style="list-style-type: none"> • Number and/or percent of agencies with which a data sharing agreement was established for individuals who have attempted suicide, died by suicide, or expressed suicidal ideation • Number and/or percent of specified individuals (school employees, community members, students, etc.) trained as gatekeepers using a specified program (e.g., ASIST, QPR, etc.) • Number and/or percent of specified professionals (primary care, substance use disorder treatment, social workers, school counselors trained in specific screening for suicide risk <p>Increasing Help-seeking behavior:</p> <ul style="list-style-type: none"> • Number and/or percent of calls/visits to the lifeline or other crisis service programs. • Number and/or percent of downloads of crisis service programs or information <p>Provide Effective Mental Health Services:</p> <ul style="list-style-type: none"> • Percent of screenings that result in a referral | <p>Is Your Home Suicide Proof? Includes an interactive graphic on making your home safer</p> <p>ZEROSuicide has resources for preventing suicides in health and behavioral health care systems.</p> |

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| | | <ul style="list-style-type: none"> • Percent of referrals that result in an appointment • Number and/or percent of specific providers trained to effectively treat a suicidal patient • Number of hospitals that install collapsible shower rails and reduce other points of ligature in psychiatric wards • Number of communities that introduce legislation to impact means restriction (e.g., guns, prescription drugs for non-medical use) <p>Follow Crisis Response Procedures:</p> <ul style="list-style-type: none"> • Number and/or percent of types of agencies that have a crisis response protocol • Number and/or percent of specified groups of individuals trained in crisis response protocols • Number and/or percent of deployments by crisis response teams | |

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| <p>Reduce tobacco use among adults who report poor mental health</p> | <p>Adopt tobacco-free regulations in all mental health facilities.</p> <p>Assess the feasibility of expanding the Medicaid benefit for smoking cessation services.</p> <p>Identify and support interventions to address disparities in smoking rates for those with poor mental health.</p> <p>Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers.</p> | <p>Examples of Short-Term Performance Measures</p> <ul style="list-style-type: none"> Tobacco use status after a period of time or at discharge <p>Examples of Process Measures</p> <ul style="list-style-type: none"> Number or percent of community members screened for tobacco use Number or percent of community members offered tobacco use treatment Number or percent of community members who accessed and/or completed treatment <p>Examples of Long-Term Performance Measures</p> <ul style="list-style-type: none"> Rate of tobacco use among people with poor mental health | <p>Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness. Developed by the University of Rochester School of Nursing for registered and advanced practice nurses to employ tobacco dependence interventions with their clients who smoke.</p> <p>Center for Disease Control and Prevention. Smoking Among Adults with Mental Illness has information and links to educational materials.</p> <p>Tobacco Free Toolkit: For Community Health Facilities, National Edition. Developed for public health care organizations and treatment facilities, particularly those serving people with mental illnesses and addictions.</p> <p>Tobacco Recovery Resource Exchange Implementation Toolkit. Resources for administrators and clinicians to facilitate integration of tobacco reduction education, treatment and policies in chemical dependence prevention and treatment.</p> |

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Focus Area 3: Strengthen Infrastructure

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| <p>Support integration of MEB health within chronic disease prevention strategies</p> | <p>Incorporate promotion of MEB health as part of efforts to prevent chronic disease by doing the following:</p> <ul style="list-style-type: none"> • Identify a shared purpose integrating chronic disease prevention and behavioral health goals and interventions • Engage key stakeholders • Identify and adapt evidence-based interventions • Identify and track process and intermediate outcome measures • Continuously test and implement conditions for improvement such as workforce training and cultural sensitivity | <p>Documentation of the inclusion of MEB health promotion in chronic disease interventions. Some relevant measures for this purpose are:</p> <p>Shared Purpose measure examples</p> <ul style="list-style-type: none"> • Written purpose • Purpose identifies baseline and target values, audiences and sub-populations, methods for disseminating how effective practices can be spread to a larger community, and sustainability strategies. <p>Engagement measure examples</p> <ul style="list-style-type: none"> • Number of organizations collaborating, coordinating, or sharing resources with other organizations • Number of organizations making changes to practices (e.g., physical and behavioral health are integrated at point-of-care) <p>Outcome-focused measure examples</p> <ul style="list-style-type: none"> • Number of organizations or communities that demonstrate improved readiness to change their systems | <p>Henry J. Kaiser Family Foundation. Integrating Physical and Behavioral Health Care: Promising Medicaid Models</p> <p>Centers for Disease Control and Prevention. Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease Prevention, 2011-2015. Action plan includes eight strategies, each with specific actions that can be taken to achieve these strategies.</p> <p>Canadian Mental Health Association. Ontario. What Is the Fit Between Mental Health, Mental Illness and Ontario's Approach to Chronic Disease Prevention and Management? Explores the relationship between chronic disease, mental illness and mental health.</p> <p>Kaiser Family Fdn link at the top: http://kff.org/report-section/integrating-physical-and-behavioral-health-care-promising-medicaid-models-issue-brief/ == Seems to include things that are going on now or have been discussed, incl co-location, SBRT, Navigators, Health Homes.</p> |

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| | | <ul style="list-style-type: none"> • Number of organizations that implemented evidence-based MEB health including substance abuse-related practices or activities <p>Evidence-based approach measure examples</p> <ul style="list-style-type: none"> • Number of individuals exposed to MEB health including substance abuse awareness messages • Number of individuals screened for MEB health including substance abuse or related interventions <p>Conditions for Improvement</p> <ul style="list-style-type: none"> • Number of organizations or communities implementing MEB health including substance abuse-related training programs • Number of individuals who have received training in prevention or MEB health promotion • Amount of pooled, blended, or braided funding used for MEB health including substance abuse-related practices that are consistent with the goals of the Prevention Agenda • Number of provider networks receiving assistance | |

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| Goals | Recommended Interventions for Local Action | Recommended Short-Term Process Measures | Resources |
|-------|--|---|--|
| | <p>Assist potential DSRIP performing provider networks to better understand the patterns of healthcare and health outcomes within each region of the state to assist with network formation.</p> <p>Initiate community conversations about the importance of promoting mental health and access to treatment and recovery services within local communities.</p> <p>Provide training and technical assistance related to MEB promotion and chronic disease interventions</p> | <p>Number of discussions held</p> <p>Number of participants</p> <p>Number of individuals who have received training in MEB prevention or health promotion</p> <p>Amount of pooled, blended, or braided funding used for MEB health including substance abuse-related practices/activities that are consistent with the goals of the Prevention Agenda</p> | <p>Delivery System Reform Incentive Payment (DSRIP) Program for Providers and Professionals. Explains DSRIP, the main mechanism by which New York State is implementing the Medicaid Redesign Team Waiver Amendment. It will fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.</p> <p>Substance Abuse and Mental Health Services Administration. Community Conversations about Mental Health. Provides information on holding a community dialogue that builds awareness and support around mental health issues.</p> <p>National Prevention Council. National Prevention Strategy. Mental and Emotional Well-being outlines the national strategy.</p> <p>Canadian Mental Health Association. Ontario. What Is the Fit Between Mental Health, Mental Illness and Ontario's Approach to Chronic Disease Prevention and Management? Discussion paper explores the relationship between chronic disease, mental illness and mental health.</p> |

Prevention Agenda Action Plan Re-Fresh Chart

Priority Area: Promote Mental Health and Prevent Substance Abuse

December 2015

Focus Area 3: Strengthen Infrastructure

| Goals | Recommended Interventions for Local Action | Recommended Short-Term Process Measures | Resources |
|--|---|--|---|
| <p>Strengthen infrastructure for MEB health promotion and MEB disorder prevention.</p> | <p>Build and invest in infrastructure entails Building a Culture of Health through shared purpose, community engagement, outcome focus, evidence-based approaches and conditions.</p> <p>Two examples of the framework that can guide the process are:</p> <ul style="list-style-type: none"> • Model for Improvement: Developed by Associates in Process Improvement to accelerate improvement • FSG Collective Impact: Provides a structure for cross-sector leaders to forge a common agenda for solving a specific social problem <p>Work with partners to achieve goals. National League of Cities Center for Research & Innovation. Getting Things Done Together: A Workbook for Achieving Regional Goals includes questions, discussions and tables for interventions.</p> <p>Assess and address disparities in interventions. Prevention Institute's THRIVE. Community Tool for Health & Resilience In Vulnerable Environments has a tool that can be used by communities for interventions to improve health and safety and promote health equity.</p> <p>Community Conversations about Mental Health from Substance Abuse and Mental Health Services Administration provides information on holding a community dialogue that builds awareness and support around mental health issues.</p> | <p>Examples of objective measures based on review of reports:</p> <ul style="list-style-type: none"> • Written purpose • Number of policy changes • Number of organizations collaborating on an initiative • Number of individuals screened • Number of providers trained <p>Subjective measures can include perceptions of coalition members about capacity related to each of the five components of infrastructure:</p> <ul style="list-style-type: none"> • Shared purpose • Engagement • Outcome focus • Evidence-based approaches • Conditions for improvement | <p>National Prevention Council. National Prevention Strategy. Mental and Emotional Well-being outlines the national strategy.</p> <p>Evidence for Action. A program of the Robert Wood Johnson Foundation. What is a Culture of Health? Has the Culture of Health Action Framework</p> <p>Beeferman L, Wain A. Infrastructure – Defining Matter. Harvard University. Offers a rationale and definition of infrastructure</p> <p>Charter Assessment Tool, used by the Institute of Healthcare Improvement, is a self-assessment tool for evaluating shared purpose.</p> <p>Prevention Institute Collaboration Multiplier is an interactive framework and tool for analyzing collaborative efforts across fields.</p> <p>Partnership Self-assessment tool by the National Collaborating Center for Methods and Tools can be used by coalition members to optimize collaborative efforts.</p> <p>Sample indicators for Measuring Progress on Thrive Factors. From Prevention Institute's THRIVE: Community Tool for Health & Resilience In Vulnerable Environments, which has a list of equity measures.</p> |