Project 4.a.iii: Strengthen Mental Health and Substance Abuse Infrastructure Across Systems

Domain 4: Population-wide Projects

Problem Statement:
Programs and interventions targeted at preventing mental health and substance abuse disorders lack a developed evidence base and receive an inadequate distribution of healthcare dollars, despite disparities in Mental, Emotional and Behavioral (MEB) Health across the population.

Summary Statement:
Through activities defined under New York State’s Prevention Agenda, the PPS, in collaboration with MEB providers and community leaders, will strengthen the infrastructure for MEB health promotion and MEB disorder prevention, across systems.

Objective:
Develop/Improve the mental health and substance abuse infrastructure to facilitate the implementation of evidence-based practices and the collection of standardized data to assure the delivery of high value interventions that move overall program metrics.

Core Components and Deliverables:
- FLPPS will convene a Partnership focused on MEB health promotion and MEB disorder prevention. This Partnership will be responsible for developing a body of evidence to support the delivery of population-based interventions that promote MEB health and prevent MEB disorders, across the integrated delivery system.
- FLPPS will collect and analyze data on the MEB health of the population, stratified by race/ethnicity, age and geography, to establish a baseline and target appropriate high-risk populations. Examples of existing data gaps, to be addressed, include: individual and community-based sources of trauma, suicide rate by comorbidity, use of opiates and benzodiazepines across populations and care settings, and perceived quality of life.
- FLPPS will then work with providers and NOCNs to select and implement targeted, evidenced-based prevention and promotion programs, driven by analysis of newly established datasets. Interventions will focus on primary prevention, reducing stigma, recovery support and trauma. The PPS will monitor and collect outcome data from newly implemented programs and conduct cost-benefit analysis to determine programmatic value. As a result, the PPS will develop and share a compendium of high-value evidence-based interventions to facilitate wide-spread adoption. In addition, the PPS will have created a replicable strategy for identification and implementation of such programs, which can be redeployed as the needs of the target population change, over time. This asset will act as the centerpiece of future MEB health infrastructure improvement.
Concurrently, the PPS will train network providers to assess and address the behavioral health needs of patients in a culturally competent manner. In addition the PPS will define and disseminate best practice interventions in pain and anxiety management, including a compendium of local resources to use as an alternative to medication-based treatment, in an effort to minimize local sources of addiction. Training will be targeted at both the existing and future workforce. The Partnership, as described above, will lead and facilitate these activities for the organization.

**Target Population:**

High-risk families and those impacted by the criminal justice system, with a particular focus on:
1. Individuals, ages 10-24, who are identified as being at high-risk of developing an MEB disorder
2. Individuals currently living with an MEB disorder, diagnosed or otherwise, and those living on the precipice of illness. This target population requires interventions that assess risk and trauma to diagnose and manage potential or existing MEB disorders to prevent crisis and reduce further deterioration

**Challenges:**

- **Paradigm Shift:** A sustained focus on MEB health promotion and disorder prevention represents a substantial paradigm shift for the health system.
- **Stigma:** Behavioral health disorders are often associated with false stereotypes/prejudice, making it difficult to engage the wider population in MEB health promotion and prevention activities
- **Silos:** Tremendous silos still exist between physical health, mental health and substance abuse providers.
- **Financing and Sustainability:** Many of the Evidence-Based Interventions (EBI) are not currently reimbursed. Community-based providers must implement infrastructure improvements and demonstrate the value of those EBIs
- **Workforce:** There is a shortage of licensed behavioral health professionals across the PPS region
- **Regulations:** Waivers are needed to share data across provider types

**Project Milestones:**

- Establish MEB health Partnerships (DY1 Q1/Q2)
- Assess workforce training needs (DY1 Q3/Q4)
- Collect and analyze population-based data (through DY2 1/Q2)
- Establish “incubator fund” (DY2 Q1/Q2)
- Identify IT solutions to support program evaluation (DY2 Q1/Q2)
- Develop curriculums for MEB health competency (DY2 Q3/Q4)
- Begin roll-out of evidence-based programs (DY2 Q3/Q4)
- Begin workforce training initiatives (through DY3 Q3/Q4 and beyond)
- Begin cost-benefit analysis of evidence-based programs (DY4 Q1/Q2 and beyond)
- Develop compendium of best practices (DY5 Q1/Q2)
- Develop value-based payment methodology for MEB health prevention programs (DY5 Q3/Q4)

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