

New York State Prevention Agenda

Promote Mental Health and Prevent Substance Abuse Action Plan

Defining the Problem

Mental and emotional well being is essential to overall health.¹ At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. About three-fourths of all MEB disorders are diagnosed between the ages of 14-24 years.²

The best opportunities to improve the public's mental health are interventions delivered before a disorder manifests itself, to prevent its development. Risk factors for MEB disorders are well-established, effective preventive interventions are available, and the first symptoms typically precede a disorder by two to four years. These interventions can be integrated with routine health care and wellness promotion in health care settings, as well as in schools and community settings.²

Many MEB disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at \$247 billion annually. Beyond the financial costs, MEB disorders interfere with people's ability to accomplish developmental tasks, such as establishing healthy interpersonal relationships, succeeding in school, making their way into the workforce and staying optimally functional once there. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health.²

Intervention Spectrum for Mental Emotional Behavioral Health

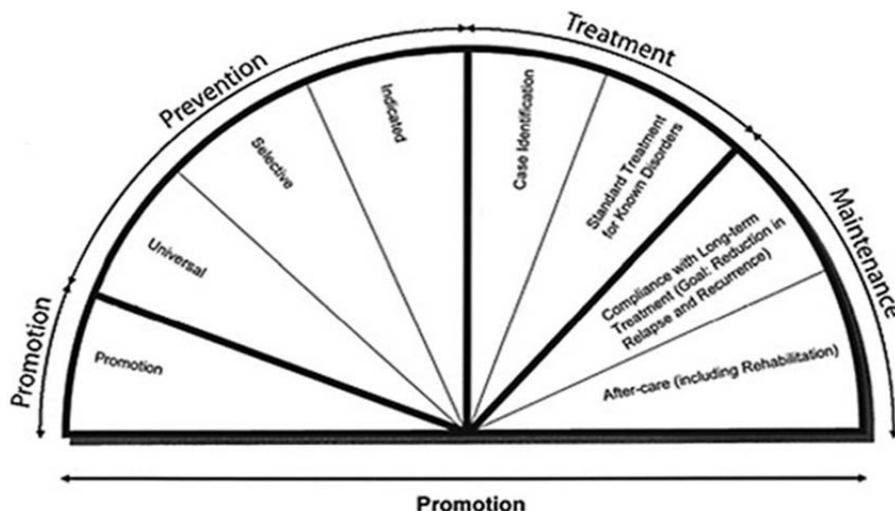


Figure 1: Mental Health Intervention Spectrum, Institute of Medicine, 2009

The 2009 National Research Council and Institute of Medicine (IOM) report, *Preventing Mental, Emotional and Behavioral Disorders among Young People: Progress and Possibilities*² endorsed the mental health intervention spectrum. In the report, the IOM committee explained that in the last 15-20 years, randomized control studies have shown that MEB disorders can be prevented. In addition, there is strong evidence that MEB health promotion can be applied to populations across the spectrum with positive results.

Hence the IOM committee recommended focusing on MEB health promotion and MEB disorder prevention, as distinct from, though integrated with treatment and maintenance of recovery services. The spectrum illustrates that MEB disorder prevention should be addressed for three sub-groups categorized by level of risk:

- (1) Universal populations targeted without regard to risk level (e.g., all middle school students or all adults in a community center);
- (2) Selected populations that are members of subgroups with elevated levels of risk factors (e.g., children of substance abusers, or people who have experience trauma); and
- (3) Indicated populations who demonstrate elevated risk levels and initial symptoms of the disorder, though they are not currently diagnosable for the disorder (e.g., children with early problem behavior, or adults who exhibit depressive symptoms).

A Developmental Perspective

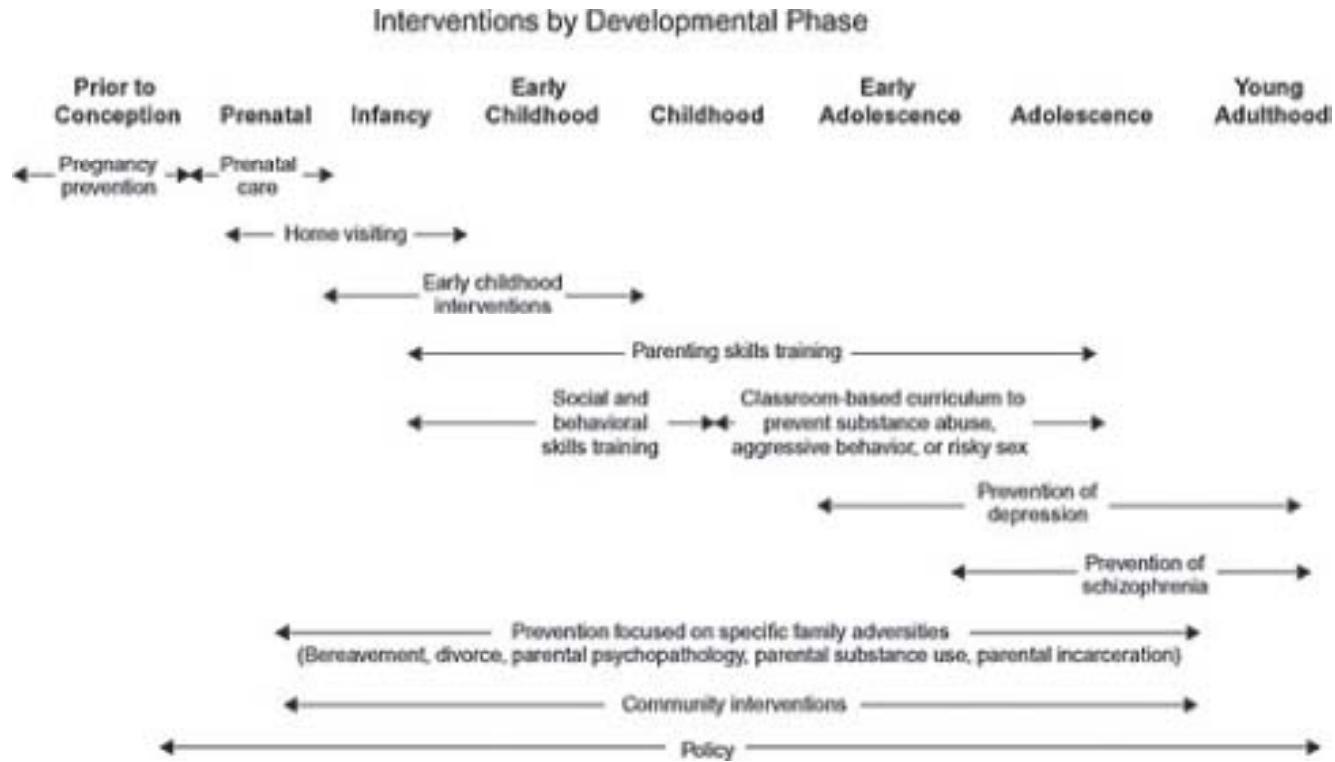
Mental, emotional and behavioral disorders are developmental; they change over the lifespan. The National Association of State Mental Health Program Directors has outlined areas of emphasis for preventing behavioral health problems and promoting positive mental health at different life stages:³

- Prenatal and infancy: Proper nutrition during pregnancy and avoidance of toxic substances that negatively impact fetal growth, screening and support for postpartum depression, promotion of secure caregiver attachment, information for caregivers on child development, healthy parenting practices, and connection with needed social services and supports.
- Early childhood: Foster positive caregiver-child interactions and the development of emotional and social communication skills.
- Childhood: Practices to promote self-awareness, social awareness, self-management, relationship skills and responsible decision-making; supports for positive strengths-based parenting, improving self-esteem and competency development, and improved teacher training to detect and respond to problems.
- Adolescence: Bullying-prevention efforts, opportunities for skills development and meaningful engagement in pro-social activities and with positive peer groups, and enhancing open caregiver/youth communication, monitoring of youth activities and reducing household conflict.
- Young adults: Support for managing stressors due to enhanced responsibilities associated with entering college or the workforce, as well as pressures connected to becoming financially independent and starting families.
- Adulthood: Socioeconomic empowerment of vulnerable groups, access to sound employment, workplace stress reduction initiatives, relationship enhancement programs for couples, psycho-educational support for low-income adults at risk for depression, opportunities for meaningful engagement in one's community, and physician prevention messages on stress reduction, physical activity and nutrition.
- Older adults: Support for stressors associated with declining health, impaired mobility, death of partners and friends, social isolation, change in social roles, and preparing for end of life; primary care

screening for risks for substance abuse and depression; befriending initiatives; community and day centers; and social supports.

Prevention practices include evidence-informed policies, evidence-based programs; approaches based on the “active ingredients” and core principles of such programs and policies.

The IOM report identified interventions by development phases for children and young adults.



Source: 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. Available online: http://www.nap.edu/catalog.php?record_id=12480²

New York State Prevention Agenda 2013-2017 Action Plan

MEB health promotion is an emerging field that uses a strengths-based developmental approach. MEB disorder prevention includes mental illness prevention and substance abuse prevention. Substance abuse prevention has more than two decades of etiological and program outcome research, and evidence is emerging to show that mental illness can be prevented.

However, baseline data at a county level is not yet available in New York State for MEB health promotion and disorder prevention, including youth substance abuse prevention. Race, ethnic and socioeconomic MEB indicator data for youth are unavailable, as are asset-based indicators for MEB health.

Because studies of effective interventions that synthesize MEB promotion and MEB disorder prevention are just being published, the first year of the infrastructure goals will involve getting a better understanding of how to integrate policies that support effective interventions. These interventions will require a multi-sector, developmental approach that includes an assessment of New York State’s infrastructure for implementation along with strengthening indicator data.

In New York State, there is a critical need for quality mental, emotional and behavioral health promotion and prevention services. Promoting MEB health and preventing MEB disorders, while supporting their integration with quality treatment options, is a cost-effective approach.²

Focus Areas

Three focus areas are identified based on the “Intervention Spectrum for Mental Emotional Behavioral Health:”

1. Promote Mental, Emotional and Behavioral Well-Being in Communities

The 2009 Institute of Medicine report concluded that there is increasing evidence promotion of positive aspects of mental health is an important approach to reducing MEB disorders and related problems. It will serve as a foundation for both prevention and treatment of MEB disorders.

2. Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Substance abuse, depression and other MEB disorders hurt the health, public safety, welfare, education, and functioning of New York State residents. In addition to evidence that substance abuse and other MEB disorders can be prevented, there is confirmation that early identification and adequate societal support can prevent and alleviate serious consequences such as death, poor functioning and chronic illness.

3. Strengthen Infrastructure Across Systems

MEB health promotion and disorders prevention is a relatively new field, requiring a paradigm shift in approach and perspective. Meaningful data and information at the local level, training on quality improvement, evaluation and evidence-based approaches, and cross-disciplinary collaborations need to be strengthened.

Focus Area 1: Promote Mental, Emotional and Behavioral Well-Being in Communities

Goal 1.1: Promote mental, emotional and behavioral (MEB) well-being in communities

Objectives

Objective: 1.1.1

Increase the use of evidence-informed policies and evidence-based programs that are grounded on healthy development of children, youth and adults.

Rationale

- Increasing evidence indicates that promotion of positive aspects of mental health is an important approach to reducing MEB disorders and related problems.⁴
- The 2009 IOM report concluded that mental health promotion should be recognized as an important component of the mental health spectrum, rather than be merged with prevention.
- MEB health serves as a foundation for prevention and treatment of MEB disorders.⁵
- A developmental, interdisciplinary approach to MEB health promotion will affect homes, schools, workplaces and communities.
- Child and youth development research should be synthesized from a state MEB health well-being perspective, and assessed to identify opportunities for action.
- Research indicates that focusing on positive child and youth development policies has the potential for the greatest return on investment.

Action Plan Summary

- Use the current evidence-based on effective programs and strategies that enhance the social-emotional development of children and youth to identify and deliver curricula and support policies that enhance social skills, emotional competence, conflict resolution and coping skills.
- Collaborate with researchers, practitioners and policymakers to identify/develop a directory of evidence-based practices and programs related to positive child and youth development.⁶
- Prioritize and strengthen current policies and programs that foster positive development and promote healthy lifestyles.
- Continue to promote evidence-based interventions that relate to:
 - Prevention of child maltreatment through family wellness and quality early childhood programs.^{5,7}
 - Academic achievement through school-based social and emotional learning programs.²
 - Violence prevention through school-based programs that reduce aggressive behaviors.
- Examples of intervention that foster positive development include:
 - Home-visiting programs that teach new parents to interact warmly with infants.⁷
 - Approaches such as the Good Behavior Game⁸ that help teachers reinforce desirable behaviors.
 - Programs, such as Positive Parenting Program (Triple P)⁹ and Parent Corps,¹⁰ that provide strategies that create a stable and supportive family and improve child behavior problems.
 - Use of evidence-based kernels (i.e., fundamental units of behavioral influence) that appear to underlie effective prevention and treatment for children, adults and families.¹¹ Examples include: asking students to complete a specific task to “beat the timer” to facilitate positive discipline or eating diets rich in “omega-3” fatty acids found in fish, grass-fed livestock, some nuts, some green leafy vegetables to reduce aggression.¹¹
 - Preventing poverty.¹² Implement strategies in communities that target poverty as a risk factor for MEB health disorders. Such strategies include, school-based interventions targeting social-emotional

learning processes and delivered by teachers in elementary, middle, and high schools clearly document their positive impact on low-income children's social-behavioral problems and psychological distress; approaches to poverty reduction such as tax policy- based earning supplements have shown some promising evidence of success in affecting certain domains of MEB health, such as reduced antisocial behavior

- Interventions that support healthy lifestyles for children, youth and adults focus on sleep, diet, activity and physical fitness, sunshine and light, and limited television viewing.
- Invest in prevention and promotion, including setting aside resources for adapting evidence-based prevention, and their ongoing evaluation in MEB services and programs and investment in proven prevention approaches.

Interventions for Action

Goal 1.1: Promote mental, emotional and behavioral (MEB) well-being in communities	
Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention and other MEB disorder prevention.	
Levels of Health Impact Pyramid ¹³	Interventions
Counseling and Education	<ul style="list-style-type: none">• Support identifying and building nurturing environments.• Build community supports and services that facilitate social connectedness including integration and access to quality preventive and treatment services.
Clinical Interventions	<ul style="list-style-type: none">• Implement evidence-based practices for Mental Emotional Behavioral (MEB) health promotion intervention that support positive development and healthy lifestyles.• Support the mental health and parenting skills of parents.
Long-Lasting Protective Interventions	<ul style="list-style-type: none">• Practice appropriate evidence-based preventive strategies for settings such as supporting positive parenting practices.• Support integration of evidence-based prevention and treatment interventions.
Changing the Context to Make Individuals' Decisions Healthy	<ul style="list-style-type: none">• Advocate addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder prevention such as poverty and exposure to violence.• Work with other sectors to support quality education and affordable quality housing.
Socioeconomic Factors	<ul style="list-style-type: none">• Measure and make available local and state data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.• Support integration of prevention and treatment across the life-span.

Distribution of Interventions by Sector for Focus Area 1: Promote Mental, Emotional and Behavioral Well-Being in Communities

Healthcare Delivery System

- Identify and implement evidence- based practices and environmental strategies that promote MEB health.
- Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.

Employers, Businesses, and Unions

- Promote workplace and employee wellness efforts.
- Educate employees about importance of MEB health for overall wellness.
- Support evidence-informed policies to promote employee wellness (e.g., flextime).

The Media

- Develop and support social marketing campaigns to promote activities that enhance MEB health.
- Educate communities about the return on investment of MEB health promotion.

Academia

- Work with communities to implement and evaluate evidence-informed policies and evidence-based practices related to MEB health promotion.

Community-Based Health and Human Service Organizations

- Use evidence based practices that promote MEB health.
- Educate lawmakers and advocate for funding of evidence-informed policies and practices that promote MEB health.
- Identify and deliver curricula for children and youth to enhance their social skills, emotional competence, conflict resolution and coping skills.

Other Governmental Agencies

- Identify evidence-informed policies and evidence-based practices that promote MEB health.
- Educate professionals and policymakers on these policies and practices.

Governmental Public Health

- Identify evidence-informed policies and evidence-based practices that promote MEB health.
- Educate professionals and policymakers on these policies and practices.
- Expand efforts with DOH Tobacco Control Program and OMH Personalized Recovery Oriented Services Program (PROS).

Non-Governmental Public Health

- Use evidence based practices that promote MEB health.
- Educate lawmakers and advocate for funding of evidence-informed policies and practices that promote MEB health.
- Identify and deliver curricula for children and adults to enhance their social skills, emotional competence, conflict resolution and coping skills.

Policymakers and Elected Officials

- Identify evidence-informed policies and evidence-based practices that promote MEB health.

Communities

- Advocate and support direct evidence-based practice educational services.

Philanthropy

- Support social marketing campaigns that support MEB health promotion.

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

Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults.

Objectives

Objective 2.1.1

By December 31, 2017, reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days to no more than 34.4%. (Baseline: 38.4 per 100, 2011 YRBS) – Tracking Indicator

Objective 2.1.2

By December 31, 2017, reduce the percentage of youth ages 12-17 years reporting the use of non-medical use of painkillers (Baseline: 5.26% 2009-2010, NSDUH, Target: 4.7 percent) – Tracking Indicator

Objective 2.1.3

By December 31, 2017, reduce the percentage of adults (age 18 and older) reporting binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month to no more than 17.6%. (Baseline: 19.6 percent, 2011 BRFSS) – Tracking Indicator

Rationale

- Substance abuse and addiction negatively impact the health, public safety, welfare and education of NYS residents.
- Early alcohol use is an important risk factor for many chronic diseases, involvement in violent behaviors, suicide attempts among youth, and other emotional/behavioral problems, including bulimia, borderline personality disorder, obsessive-compulsive disorder and anxiety disorders.
- Substance-using youth are more likely to have academic problems in middle and high school.
- One longitudinal study found that early alcohol users had significantly higher absenteeism and poorer grades. In seventh grade, 39% drinkers vs. 24% non-drinkers had poor academic grades. As high school seniors, 32% of drinkers vs. 21% of non-drinkers had poor academic grades.¹⁴

Action Plan Summary

- Increase the application of the current science of alcohol and substance abuse prevention.
- Support and facilitate quality improvement of existing underage drinking and substance abuse programs.
- Strengthen provider and patient education approaches to address prescription drug misuse and reduce accidental overdose.
- Increase evidence-based programs that prevent underage drinking and reduce substance use, such as:
 - Evidence-based prevention programs such as Life Skills Training¹⁵, Too Good for Drugs¹⁶, Project towards No Drug Abuse¹⁷ and Project Success.¹⁸
 - Evidence-based alcohol abuse early intervention programs like SBIRT¹⁹, Teen Intervene²⁰ and Project ASSERT¹⁸.
- Increase evidence-based environmental strategies that prevent and reduce underage drinking, such as:
 - Increase taxation on alcohol sales.
 - Decrease alcohol outlet density.
 - Increase motor vehicle sobriety checkpoints.
 - Alcohol outlet compliance checks; alcohol outlet server/seller training.

- On-premise alcohol outlet and community event regulations (e.g., restricting hours that alcohol can be served).
- Promote substance use laws and policies that reduce the availability of underage alcohol and prescription drugs of abuse.
- Strengthen and maintain enforcement of existing substance use laws and policies.
- Strengthen social norms that reduce substance use.

Interventions for Action

Goal #2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults

Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention and other MEB disorder prevention.

Levels of Health Impact Pyramid²¹	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">• Implement evidence-based programs in all high risk and underperforming schools to increase positive social development and healthy lifestyles.• Reduce stigma regarding substance use disorder and addiction.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">• Promote screening and early intervention such as SBIRT¹⁷ and Teen Intervene¹⁸ which improves the likelihood that the person will receive evaluation and treatment.• Educate health care providers about the warning signs of substance abuse.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">▪ Establish reporting and advertising policies that do not glamorize alcohol and substance abuse or stigmatize MEB disorders.• Resources to offer social support, resiliency training, problem-solving skills to individuals and their networks.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">• Change the context by implementing proven environmental strategies designed to reduce the availability of alcohol to minors.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">• Advocate for addressing the common protective factors, such as poverty and exposure to violence and protective factors, such as parent engagement and social connectedness.

Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.

Objectives

Objective 2.2.1

By December 31, 2017, reduce the percentage of adult New Yorkers reporting 14 or more days with poor mental health in the last month by 10% to no more than 10.1%. (Baseline: 11.1%, 2011 BRFSS) – Tracking Indicator

Objective 2.2.2

By December 31, 2017, reduce the number of youth grades 9-12 who felt sad or hopeless by 10% to no more than 22.4%. (Baseline: 24.9 %, 2011 YRBS) – Tracking Indicator

Rationale

- Poor mental health is associated with lower life expectancy, decrease work productivity, and serious mental health disorders such as depression, and substance abuse disorders.
- Mental, emotional and behavioral disorders are developmental and their severity is likely to worsen without treatment.
- A developmental perspective is key to successful prevention.

Action Plan Summary

- Promote practice of evidence-based interventions that relate to:²
 - Prevention of child maltreatment by promoting family wellness, home visiting and comprehensive early childhood programs.^{5,7}
 - Academic achievement by incorporating school-based social and emotional learning programs.²
 - Violence prevention by incorporating school-based programs that reduce aggressive behaviors.
 - Use evidence-based programs to encourage good conduct:
 - **Good Behavior Game** (Elem.): social competency, antisocial personality disorder, classroom management⁶
 - **Linking Interests of Families and Teachers (LIFT)**: reduces of aggression behavior²²
 - Depression
 - Meta-analyses have found that interventions to prevent depression both reduce the incidence of depression in adolescents and reduce symptoms among children and youth²³
 - For children at heightened risk, one of the promising interventions is cognitive-behavioral therapy (CBT), an approach that significantly reduced major depressive episodes.²⁴
 - Substance Abuse
 - Promote approaches in school settings such as:
 - **Sources of Strength**, designed to build socio-ecological protective influences among youth to reduce the likelihood that vulnerable high school students will become suicidal.²⁵
 - **Life Skills Training** (Elem. and MS): social competency, coping skills¹⁴.
 - **Good Behavior Game** (Elem.): social competency, antisocial personality disorder, classroom management⁶
 - **Too Good for Drugs** (ages 6-17): personal and social skills, engagement in prosocial behaviors, and decreased antisocial behaviors¹⁵.
 - Multiple Disorders

- The Seattle Social Development project, a quasi-experimental combined parent-teacher training intervention, significantly reduced multiple diagnosable mental health disorders (major depression, generalized anxiety disorder, post traumatic stress disorder, social phobia)²⁶
- Anxiety
 - Two interventions, one selective²⁷ and one indicated,²⁸ have shown promising results in reducing anxiety among young children.
- Reduce the health impact of violence and trauma by integrating trauma-informed care throughout health, behavioral health and related systems,²⁹
- Support access to screening for MEB disorders.³⁰

Interventions for Action

Goal #2.2: Prevent and reduce occurrence of mental emotional and behavioral disorders among youth and adults

Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention as well as other MEB disorder prevention.

Levels of Health Impact Pyramid³¹	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">Understand evidence-based practices for MEB health promotion and MEB disorder prevention. Look for opportunities when these might apply.Promote evidence-based curriculums in school settings.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">Practice appropriate evidence-based preventive strategies for settings in such as home visiting programs.Implement trauma-informed policies and practices to ensure that the person is treated with respect and in a way that promote healing and recovery.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">Support early childhood development policies.Build community supports and services that facilitate social connectedness, including integration and access to quality preventive and treatment services.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">Measure and make available local and state data on MEB well-being and MEB disorder prevention to increase transparency and quality of practice.Support integration of prevention and treatment across the lifespan.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">Advocate for addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder prevention, such as poverty and exposure to violence.Work with other sectors to support quality education and affordable quality housing.

Goal 2.3: Prevent suicides among youth and adults.

Objectives

Objective 2.3.1

By December 31, 2017, reduce suicide attempts by New York adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year by 10% to no more than 6.4%.

(Baseline: 7.1 suicide attempts per 100, 2011 YRBS) – Tracking Indicator

Objective 2.3.2

By December 31, 2017, reduce the age-adjusted suicide mortality rate by 10% to 5.9 per 100,000.

(Baseline: 6.6 per 100,000, Bureau of Biometrics 2007-2009) - Tracking Indicator

Rationale

- Every suicide is preventable.
- Suicide and suicide attempts are associated with depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, and alcohol and/or drug use disorders.^{32,33,34,35} The New York City Office of the Chief Medical Examiner data from 2007-2008 found that 64% had a documented history of depression, 8% history of schizophrenia, and 5% history of anxiety.³⁶
- Serious MEB disorders and substance abuse elevates suicide risk by 6 – 12 times over the general population.
- Youth with suicidal risk behaviors and substance abuse disorders are more likely to have experienced trauma, an event more overwhelming than a person ordinarily would be expected to encounter, such as sexual abuse, witnessing a murder, or a natural disaster such as a hurricane.
- A systemic approach to suicide prevention can comprehensively address suicide risk, suicide attempts and hospital visits
- Need for systems and a culture to understand that suicide prevention is everyone's responsibility.³⁷
- Standardized screening, assessment, risk stratification and interventions are needed.

Action Plan Summary

- Collaborate with state and local government agencies, health care insurers, clinicians, businesses and educational institutions to integrate, implement and coordinate suicide prevention initiatives.
- Advocate for increasing MEB disorder screening of in primary care settings of adolescents and adults at risk.
- Collaborate to increase knowledge among the general public, health care providers and school personnel of the warning signs for suicide and how to connect individuals to assistance and care.
- Promote policies that reduce access to lethal means of suicide among individuals with identified suicide risk.

Interventions for Action

Goal #2.3: Prevent suicides among youth and adults

Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse and other MEB disorder prevention.

Levels of Health Impact Pyramid ³⁸	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">• Reduce stigma regarding mental health and substance abuse issues and suicide.• Participate in training to identify populations at risk, increase education, linkages to interventions and engagement in care.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">• Adopt mission/vision of zero suicide in health care.• Orient/train workforce for suicide prevention intervention and care.• Implement proven suicide prevention practices including screening for risk, pathways to care, interventions that are effective against suicide and follow-up after acute treatment.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">▪ Establish reporting and advertising policies that do not stigmatize MEB disorders.• Resources to offer social support, resiliency training and problem-solving skills to individuals and their networks.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">• Reduce access to lethal means to make it less likely that a person will engage in suicidal behaviors.• Reduce stigma regarding mental health issues and suicide.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">• Advocate for addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder prevention, such as poverty and exposure to violence.

Goal 2.4: Reduce tobacco use among adults who report poor mental health.

Objectives

Objective 2.4.1

By December 31, 2017, reduce the prevalence of cigarette smoking among adults who report poor mental health by 15% from 29.2% in 2011 to 24.8% (Baseline: 29.2%, 2011 Data source: NY Adult Tobacco Survey) – Tracking Indicator

Rationale

- Smoking is higher among individuals reporting poor mental health than those reporting good mental health.
- Based on the Adult Tobacco Survey, from 2003-2004 to 2009-2010, smoking prevalence declined by 21% among those with good mental health (19.2% to 15.2%) and remained unchanged among those who report their mental health was not good. Smoking prevalence for those who reported that their mental health was not good was twice that of those with good mental health (30.9% vs. 15.2%).

Action Plan Summary

- Adopt tobacco-free regulations in all mental health facilities, as substance-abuse facilities have done.
- Assess the feasibility of expanding the Medicaid benefit for smoking cessation services such as medication for four 90-day courses of treatment a year for individuals with MEB disorders. Individuals with MEB disorders likely benefit from a longer duration of treatment.
- Identify and support interventions to address disparities in smoking rates for those with poor mental health.
- Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers as is already implemented by substance abuse providers.
- Expand efforts with DOH Tobacco Control Program and OMH Personalized Recovery Oriented Services Program (PROS) throughout New York State.

Interventions for Action

Goal #2.4: Reduce tobacco use among adults who report poor mental health and promote tobacco-free workplace

Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention, and will be referred to as MEB prevention.

Levels of Health Impact Pyramid³⁹	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">Understand evidence-based practices for smoking cessation among individuals with mental illness and/or substance abuse disorder. Look for opportunities when these might apply.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">Strengthen licensing requirements to include improved screening and treatment of tobacco dependence by providers.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">Adopt tobacco-free regulations for all mental health facilities.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">Assess the feasibility expand the Medicaid benefit for smoking cessation services such as medication for four 90-day courses of treatment annually for individuals with behavioral health disorders.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">Advocate for addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder prevention, such as poverty and exposure to violence.

Distribution of Interventions by Sector for Focus Area 2: Prevent Substance Abuse and Other Mental Emotional Behavioral Disorders

Health Care Delivery System

- Identify and implement evidence-based practices and environmental strategies to prevent underage drinking, substance abuse and other MEB disorders.
- Support and facilitate quality improvement of evidence-based practices and environmental strategies that prevent underage drinking, substance abuse and other MEB disorders.
- Increase understanding of evidence-based practices for smoking cessation among individuals with mental illness and/or substance abuse disorder.

Employers, Businesses, and Unions

- Support MEB disorder screening of individuals at risk through collaborative care partnerships.
- Educate employees about risk factors and warning signs of MEB disorders and ways to access support services through employee health insurance.
- Support campaigns and policies to decrease the stigma against individuals with MEB disorders.
- Provide alcohol servers/seller training and ensure enforcement of laws.
- Support counseling and smoking cessation programs and policies for employees.
- Support campaigns and policies that prevent tobacco sales to minors.
- Strengthen licensing requirements to include improved screening and treatment of tobacco dependence by providers.

The Media

- Raise awareness of policies that prevent underage drinking.
- Develop and support social marketing campaigns that counter social norm misperceptions about alcohol use; reduce stigma of MEB disorders; inform public about risk factors associated with substance abuse and other MEB disorders.
- Increase awareness of tobacco addiction.
- Promote education on the problem of youth smoking and its impact on other substance use.

Academia

- Work with communities to implement and evaluate evidence-informed policies and evidence-based practices related to MEB disorder prevention.

Community-Based Health and Human Service Organizations

- Use evidence-based practices that prevent MEB disorders.
- Educate lawmakers and advocate for funding of evidence-informed policies and practices that prevent substance abuse and other MEB disorders.

Other Governmental Agencies

- Educate professionals and policymakers on evidence-informed policies and evidence-based practices that prevent MEB disorders.
- Support and promote substance use laws and policies that reduce the availability of alcohol to underage youth and prescription drugs of abuse.
- Regularly conduct motor vehicle sobriety checkpoints.
- Decrease alcohol outlet density.
- Conduct surveillance of adult purchases of alcohol for minors.
- Advocate for MEB disorder screening of individuals at risk in primary care settings.
- Expand efforts to implement collaborative care in primary care settings throughout the state.
- Support interventions that address disparities in smoking rates for those with poor mental health.
- Expand efforts with DOH Tobacco Control Program and OMH Personalized Recovery Oriented Services Program (PROS).

Governmental Public Health

- Educate professionals and policymakers on evidence-informed policies and evidence-based practices that prevent MEB disorders.
- Support substance use laws and policies that reduce the availability of alcohol to underage youth and prescription drugs of abuse.
- Support use of motor vehicle sobriety checkpoints.
- Support a decrease in alcohol outlet density.
- Support surveillance of adult purchases of alcohol for minors.
- Advocate for MEB disorder screening of individuals at risk in primary care settings.
- Expand efforts to implement collaborative care in primary care settings throughout the state.
- Support interventions that address disparities in smoking rates for those with poor mental health.
- Assess the feasibility expand the Medicaid benefit for smoking cessation services such as medication for four 90-day courses of treatment annually for individuals with behavioral health disorders.

Non-Governmental Public Health

- Use evidence-based practices that prevent MEB disorders.
- Educate lawmakers and advocate for funding of evidence-informed policies and practices that prevent substance abuse and other MEB disorders.

Policymakers and Elected Officials

- Develop and advocate for policies that address common risk factors for poor mental health.
- Increase taxes on alcohol.
- Promote regulations to restrict hours that alcohol can be served at on-premise alcohol outlets and community events.
- Strengthen and maintain enforcement of substance use laws and policies.
- Advocate for MEB disorder screening of at-risk individuals through Collaborative Care.

Communities

- Advocate and support social norms that reduce substance abuse and stigma associated with MEB disorders.
- Advocate for decreased alcohol outlet density.

Philanthropy

- Support MEB disorder prevention, including substance abuse and suicide prevention.
- Support social marketing campaigns that promote MEB health.

Focus Area 3: Strengthen Infrastructure across Systems

Goal 3.1: *Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.*

Objectives

Objective 3.1.1

Identify and strengthen opportunities for sharing data on access to care, identifying service gaps, studying cost-effectiveness strategies for integration and coordination, and the impact of interventions.

Objective 3.1.2

Identify and strengthen opportunities for implementing MEB health promotion and MEB disorder prevention with individuals.

Objective 3.1.3

Collaborate with the chronic disease community to identify opportunities to share and disseminate scientific information, implement evidence-based interventions, and provide cross-systems training and quality improvement.

Objective 3.1.4

Support efforts to integrate MEB disorder screening and treatment into primary care

Rationale

- The field of prevention in MEB health is relatively new and requires a paradigm shift in mental health care.
- Prevention interventions can be integrated with routine health care and wellness promotion in health care settings, as well as in schools and community settings.
- The CDC report “Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease”⁴⁰ outlines the rationale and plan for integration.

Action Plan Summary

- Identify key leaders among state agencies, municipalities and community organization to form an interdisciplinary implementation team whose responsibilities are to prioritize needs related to data, training, technical assistance, and evidence-based practices that are necessary to promote MEB health and prevent MEB disorders.
- IMPACT--Collaborative Care for MEB Disorders in Primary Care --a team approach that integrates depression treatment into primary care and other medical settings. This model of care was tested in a randomized control trial in 8 health care systems across five states. Results from the study show that Collaborative Care is more than twice as effective as usual care for depression. It also improves physical and social functioning and patients' quality of life while reducing overall health care costs over a four-year follow-up.⁴¹
- Educate communities about the 911 Good Samaritan is New York's Fatal Overdose Prevention Law that encourages people to call for help during a drug or alcohol overdose without fear of criminal prosecution.⁴²
- Identify model prevention interventions and lessons in integrating prevention and treatment.

Interventions for Action

Goal #3.1: Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery

Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention and other MEB disorder prevention.

Levels of Health Impact Pyramid⁴³	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">• Learn about and implement evidence-based MEB promotion and prevention resources.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">• Integrate evidence-based “kernels of evidence” - “fundamental units of behavior influence” that are basis of number of evidence-based practice such as giving verbal praise to acknowledge and reinforce desirable behavior, with treatment.¹• Offer training on ways to integrate prevention and treatment.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">• Develop written plans on the integration of MEB health promotion, MEB disorder prevention, treatment and recovery.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">• Measure and make available local and state data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.• Support the integration of prevention and treatment across the lifespan.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">• Advocate for addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder prevention, such as poverty and exposure to violence.

Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.

Objectives

Objective 3.2.1

By December 31, 2017, identify indicator data and establish baseline targets for data required to plan and monitor county-level, strengths-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

Objective 3.2.2

Identify specific roles different sectors (e.g., governmental and nongovernmental) and key initiatives (e.g., Health Reform) have in contributing toward MEB health promotion and MEB disorder prevention in New York State.

Objective 3.2.3

Collaborate with researchers and practitioners to develop and disseminate a compendium of evidence-based interventions and policies that promote MEB health and prevent MEB disorders.

Objective 3.2.4

Strengthen training and technical assistance of primary care physicians, MEB health workforce and community leaders in evidence-based, including cultural sensitivity training, approaches to MEB disorder prevention and mental health promotion.

Rationale

- The Affordable Care Act ensures that mental health and substance use services provided to newly covered individuals are provided at parity, consistent with the 2008 Mental Health Parity and Addiction Equity Act.
- Under the Affordable Care Act, Medicaid will play an increasing role in the financing and delivery of mental health and substance use services, including screening for depression and alcohol. This presents opportunities to integrate prevention, screening, treatment and recovery.
- The Affordable Care Act seeks to enhance the availability of primary care services, especially for low-income individuals who have complex health needs.

Action Plan Summary

- Convene an Implementation Team to advance the promotion of health prevention of MEB disorders.
- Identify a delegate from the Health Reform initiative to serve on the Implementation Team.
- Expand efforts with DOH and OMH to implement 'Collaborative Care' in primary care settings throughout NYS.
- Members of the Team will:
 - Identify model prevention interventions and lessons in integrating prevention and treatment.
 - Identify opportunities to collect state and local data on the impact of mental health and substance abuse issues, including but not limited to racial, ethnic, gender and socioeconomic health equity.
 - Identify opportunities to collaborate on cost-benefit studies.
 - Identify impact of existing policies and programs on vulnerable populations.

Interventions for Action

<u>Goal #3.2: Facilitate and strengthen MEB health promotion and MEB disorder prevention</u>	
Note: Mental Emotional Behavioral (MEB) disorder prevention includes substance abuse prevention.	
Levels of Health Impact Pyramid⁴⁴	Interventions
<i>Counseling and Education</i>	<ul style="list-style-type: none">Identify evidence-based MEB health promotion and disorder prevention that can be applied in the setting.
<i>Clinical Interventions</i>	<ul style="list-style-type: none">Integrate treatment with MEB health promotion and MEB disorder prevention.
<i>Long-Lasting Protective Interventions</i>	<ul style="list-style-type: none">Identify opportunities to support training in integration of MEB promotion, MEB disorder prevention and treatment services.Train primary care providers and other professionals in MEB health promotion and MEB disorder prevention, including access to screening.
<i>Changing the Context to Make Individuals' Decisions Healthy</i>	<ul style="list-style-type: none">Measure and make available local and state data on MEB well-being and MEB disorder prevention to increase transparency and quality of practice.Support integration of prevention and treatment across the lifespan.
<i>Socioeconomic Factors</i>	<ul style="list-style-type: none">Advocate for addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for mental, emotional and behavioral well-being and disorder, prevention such as poverty and exposure to violence.

Distribution of Interventions by Sector for Focus Area 3: Strengthen Infrastructure across Systems

Health Care Delivery System

- Participate in MEB health promotion and MEB disorder prevention partnerships.
- Provide cultural and linguistic training on MEB health promotion, prevention and treatment.
- Share data and information on MEB health promotion and MEB disorder prevention and treatment.

Employers, Businesses and Unions

- Participate in MEB health promotion and MEB disorder prevention partnerships.
- Participate in cultural and linguistic competence training related to MEB health promotion and MEB disorder prevention.
- Support understanding of cost-effective MEB health promotion and MEB disorder prevention approaches.

The Media

- Establish reporting and advertising policies that do not glamorize alcohol and substance abuse or stigmatize MEB disorders.

Academia

- Conduct robust studies on cost-effectiveness, strategy coordination and cultural challenges.
- Share evidence-informed findings with policymakers, advocacy groups, professionals, employers and media to enable them to incorporate research findings in policies, practices and messaging.

Community-Based Health and Human Service Organizations

- Participate in MEB health promotion and MEB disorder prevention partnerships.

Other Governmental Agencies

- Participate in MEB health promotion and MEB disorder prevention partnerships.
- Identify key representatives from state agencies and municipalities to serve on an interdisciplinary implementation team that will prioritize needs related to evidence-informed MEB health and MEB disorder prevention policies, practices, training, data collection and technical assistance.
- Identify opportunities to collect data on the impact of mental health and substance abuse at local and state levels and to measure health equity.
- Identify and establish baseline targets of indicator data required for planning and monitoring county-level MEB health promotion and MEB disorder prevention.

Governmental Public Health

- Participate in MEB health promotion and MEB disorder prevention partnerships.

- Identify key representatives from state agencies and municipalities to serve on an interdisciplinary implementation team that will prioritize needs related to evidence-informed MEB health and MEB disorder prevention policies, practices, training, data collection and technical assistance.
- Identify opportunities to collect data on the impact of mental health and substance abuse at local and state levels and to measure health equity.
- Identify and establish baseline targets of indicator data required for planning and monitoring county-level MEB health promotion and MEB disorder prevention.
- Educate professionals and policymakers on evidence-informed policies and practices that promote MEB health and prevent MEB disorders.

Non-Governmental Public Health

- Participate in MEB health promotion and MEB disorder prevention partnerships.

Policymakers and Elected Officials

- Participate in MEB health promotion and MEB disorder prevention partnerships.

Communities

- Participate in partnerships to implement suicide prevention initiatives.

Philanthropy

- Support research that informs knowledge about culturally sensitive approaches that increase MEB health promotion and MED disorder prevention.

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