

PHSSR Research-In-Progress Series:

**Bridging Health and Health Care
Thursday, January 22, 2015 1:00-2:00pm ET**

**Using an Evidence-Based Framework to Identify Improvement
Measures for the New York Prevention Agenda’s “Promote
Mental Health and Prevent Substance Abuse” Priority**

Conference Phone: 877-394-0659

Conference Code: 775 483 8037#

Please remember to mute your phone and computer speakers during the presentation.

PHSSR NATIONAL COORDINATING CENTER AT THE UNIVERSITY OF KENTUCKY COLLEGE OF PUBLIC HEALTH

Agenda

Welcome: Angie Carman, DrPH, National Coordinating Center

Presenters:

Using an Evidence-Based Framework to Identify Improvement Measures for New York Prevention Agenda's "Promote Mental Health and Prevent Substance Abuse" Priority

Christopher Maylahn, MPH, and Priti Irani, MS, Office of Public Health Practice, New York State Department of Health

Commentary:

David Shern, PhD, Mental Health America

Mary McHugh, LCSW-R, NYS Office of Mental Health

Questions and Discussion

Future Webinars

Presenters



Christopher Maylahn, MPH

Epidemiologist, Office of Public Health
Practice

New York State Department of Health



Priti Irani, MS

Research Scientist, Office of Public
Health Practice

New York State Department of Health



**Department
of Health**

Using an Evidence-Based Framework to Identify Improvement Measures

January 22, 2015

New York Prevention Agenda

Promote Mental Health and Prevent Substance Abuse

Special Thanks . . .

University of Kentucky/Robert
Wood Johnson Foundation
Quick Strike Grant

- Caroline Bolarinwa, Project Assistant, NYSDOH
- Sean Haley, PhD, Associate Professor, Brooklyn College, CUNY
- David Shern, Senior Advisor, Mental Health America, Project Consultant
- Office of Alcohol and Substance Abuse Services
- Office of Mental Health
- New York Office of County Health Officials
- New York Conference of Mental Hygiene Directors
- LHDs
- Hospitals

Outline

- What is the *Prevention Agenda* and why “Promote Mental Health and Prevent Substance Abuse”?
- How is the evidence-based framework used for identifying improvement measures?
- What are we learning from interventions and measures in the local health improvement plans?
- What are the next steps?

Why “Promote Mental Health and Prevent Substance Abuse”?

- Topic is one of five priorities selected by LHDs, hospitals and community stakeholders
- Substantial disparities exist in both risk factors and outcomes.
- Evidence-based interventions are available to address priority.



Prevention Agenda 2013-2017

- Goal is **improved health status** of New Yorkers and **reduction in health disparities** through increased **emphasis on prevention**.
- Call to action to broad range of stakeholders to collaborate at the community level to **assess** local health status and needs; **identify** local health priorities; and **plan, implement and evaluate** strategies for local health improvement.
- Prevention Agenda is integral part of state health reform including Delivery System Reform Incentive Payment Program (DSRIP) and the State Innovation Plan (SIM).

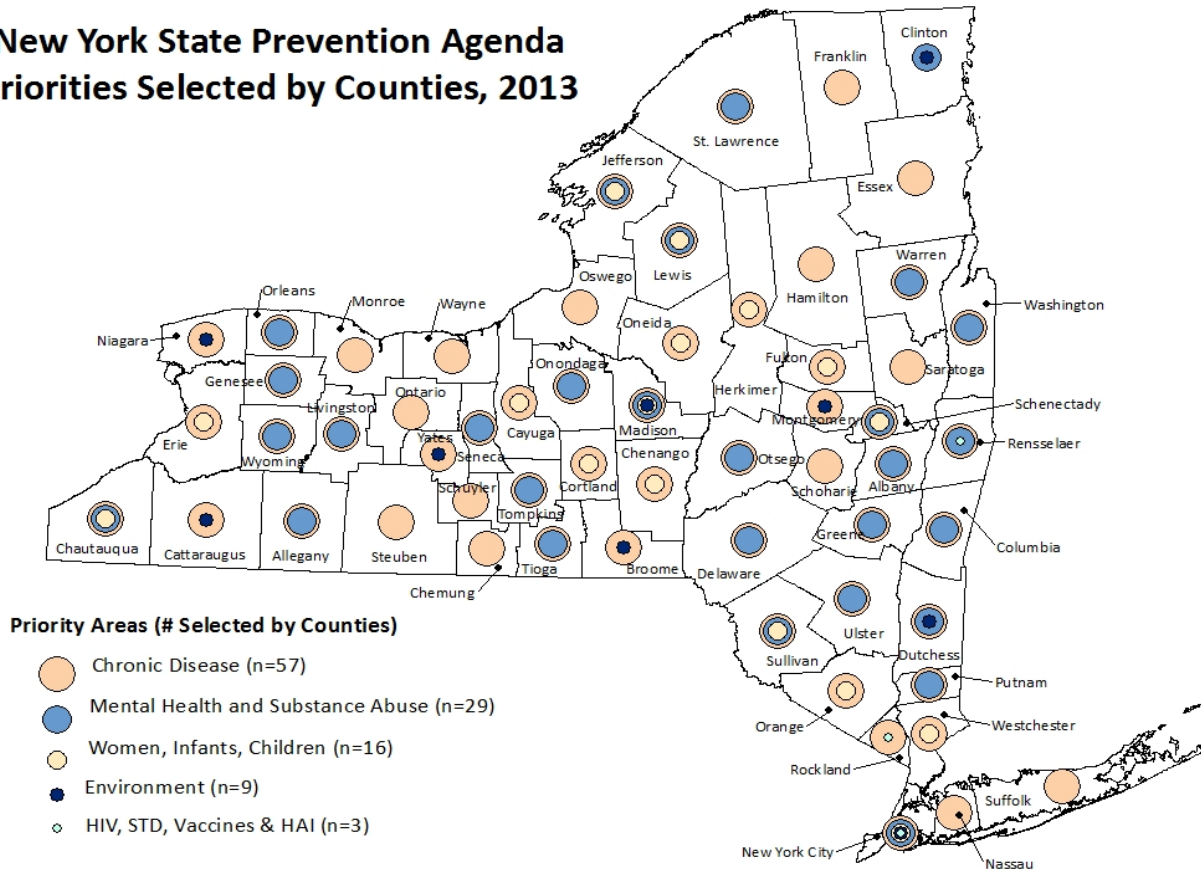
Prevention Agenda 2013-2017: Steered by Ad Hoc Leadership Group

Collaborative effort led by Ad Hoc Committee appointed by Public Health and Health Planning Council, including leaders from healthcare, business, academia, CBOs, local health departments, and other State Agencies including OMH and OASAS.

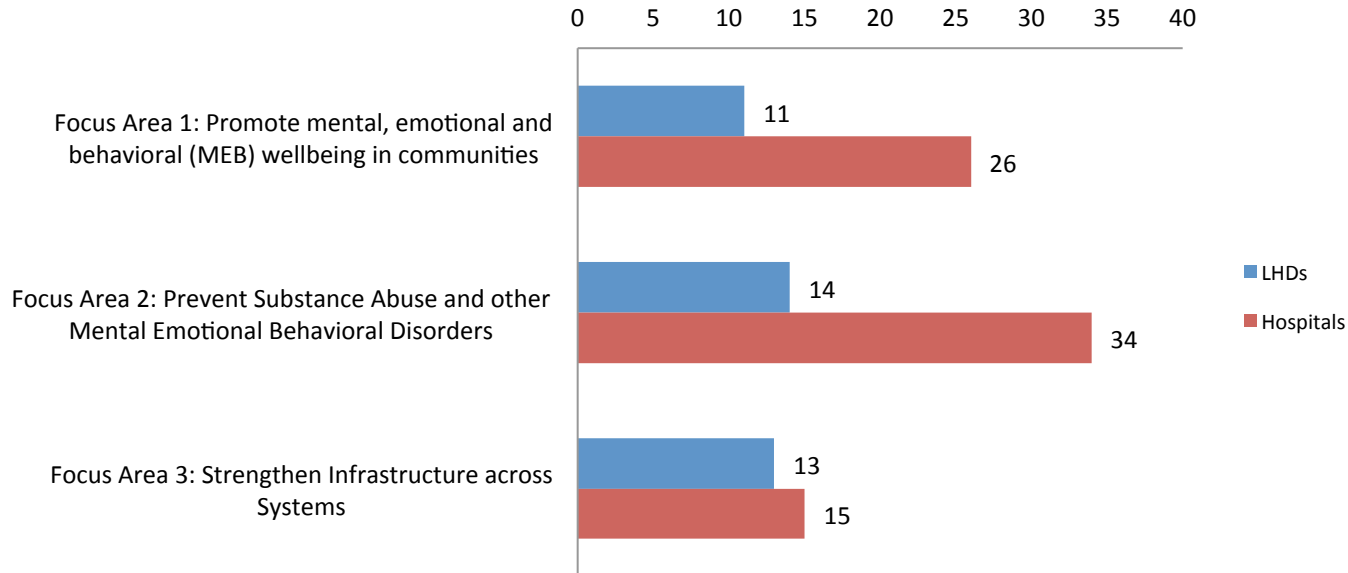
Final priorities based on active participation from members of committee and stakeholder feedback.



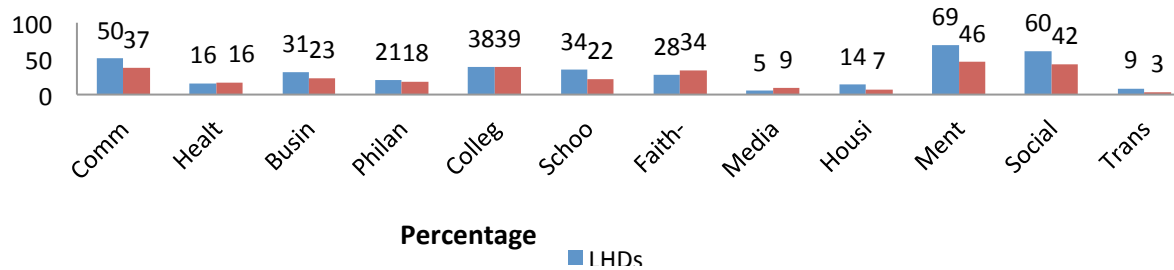
New York State Prevention Agenda Priorities Selected by Counties, 2013



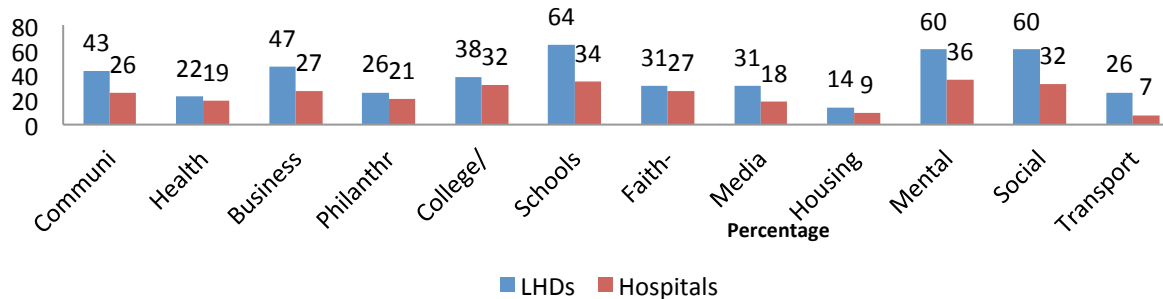
Number of LHDs and Hospitals Selecting Promote Mental Health and Prevent Substance Abuse Focus Areas, 2013



Percentage of Partners Collaborating during Planning, 2013

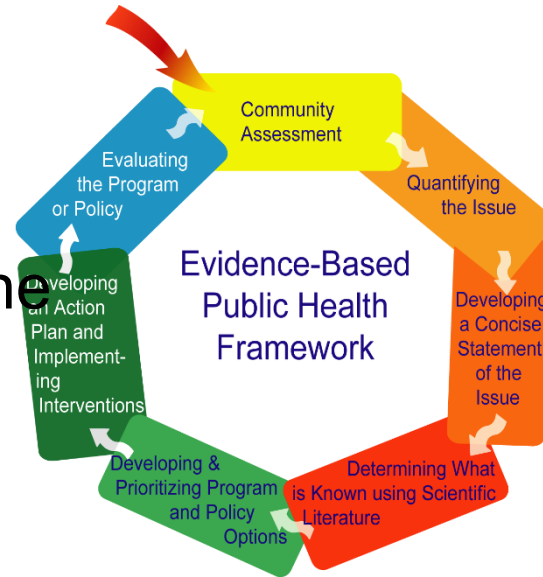


Percent Partners Collaborating during Implementation, 2013



Purpose

- Gain a stronger understanding of types of measures and interventions used at the local level
- Facilitate use of evidence-based approach



Presentation Focus

- Assessment of measures and interventions reported

Part II

- Literature review and measures suggested as we are working on getting consensus

Hypothesis

Focus Area 2 - Prevent Substance Abuse and Behavioral Disorders

- Measures would be specific
- Measures would be a mix of Process, Output and Outcome

Focus Areas 1 – Mental Health Promotion

Focus Area 3 – Infrastructure/Collaboration

- Measures would be less specific
- More emphasis on process measures

Promote Mental Health and Prevention Substance Abuse		
Focus Area	Goal	Objective - By December 31, 2017
Promote Mental, Emotional and Behavioral Health (MEB)	<ul style="list-style-type: none"> Promote mental, emotional and behavioral well-being in communities 	TBD
Prevent Substance Abuse and Other MEB Disorders	<ul style="list-style-type: none"> Prevent underage drinking, nonmedical use of prescription drugs by youth, and excessive use of alcohol consumption by adults 	Reduce the percentage of adolescents (youth in grades 9 - 12) reporting use of alcohol on at least one day for the past 30 days by 10% from 38.4% to no more than 34.6% (Baseline: 38.4%; Year: 2011; Data Source: Youth Risk Behavior Survey; Data Availability: state)
		Reduce the percentage of adolescents (youth ages 12 to 17 years) reporting the use of non-medical use of painkillers by 10% to no more than 4.73% (Baseline: 5.26%; Year: 2009-2010; Data Source: National Survey on Drug Use and Health (NSDUH), Data Availability: state)
		Reduce the percentage of adolescents (youth ages 12 to 17 years) reporting the use of alcohol (1 or more drinks for men on one occasion, and 4 or more drinks for women on one occasion) during the past month by 10% to no more than 18.4%. (Baseline: 20.4%; Year: 2011; Data Source: Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS; Data Availability: state, county), HP 2020 (SA-14.3) target: 24.4%
	<ul style="list-style-type: none"> Prevent and reduce occurrences of mental emotional and behavioral disorders among youth and adults 	Reduce the age-adjusted percentage of adults with poor mental health (14 or more days) in the last month by 10% to no more than 10.1%. (Baseline: 11.2%; Year: 2011; Data Source: Behavioral Risk Factor Surveillance System (BRFSS) and Expanded BRFSS; Data Availability: state, county)
		Reduce the percentage of adolescents (youth grades 9 to 12) who felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the past 12 months) by 10% to no more than 22.4%. (Baseline: 24.9%; Year: 2011; Data Source: Youth Risk Behavior Survey; Data Availability: state)
<ul style="list-style-type: none"> Prevent suicides among youth and adults 	Reduce the percentage of adolescents (youth grades 9 - 12) who attempted suicide one or more times in the past year by 10% to no more than 6.4% (Baseline: 7.1%; Year: 2011; Data Source: Youth Risk Behavior Survey; Data Availability: state), HP 2020 (MHMD-2) target: 1.7%	
<ul style="list-style-type: none"> Reduce tobacco use among adults who report poor mental health 	Reduce the age-adjusted suicide rate by 10% to 5.9 per 100,000 (Baseline: 6.6 per 100,000, Year: 2007-2009; Data Source: Bureau of Biometrics; Data Availability: state, county), HP 2020 (MHMD-1) target: 10.2/100,000	
Strengthen Infrastructure Across Systems	<ul style="list-style-type: none"> Support collaboration among professionals working in fields of mental, emotional, behavioral health promotion and chronic disease prevention, treatment and recovery 	TBD
	<ul style="list-style-type: none"> Strengthen infrastructure for mental emotional behavioral health promotion, and mental emotional behavioral disorder prevention 	TBD

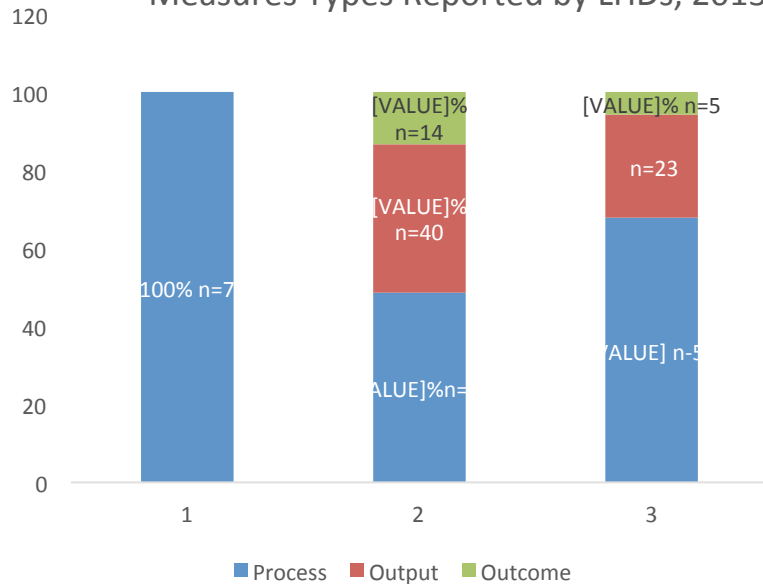
Research Questions

1. What are the process and outcome measures currently being used at the local level?
2. What are the interventions currently being implemented at the local level to promote mental health and prevent substance abuse?
3. What evidence-based or best-practice measures related to this priority area have been described in published studies?
4. How do the measures used at the local level compare with the best-practice measures?
5. What factors enable local collaborations to use the best practice

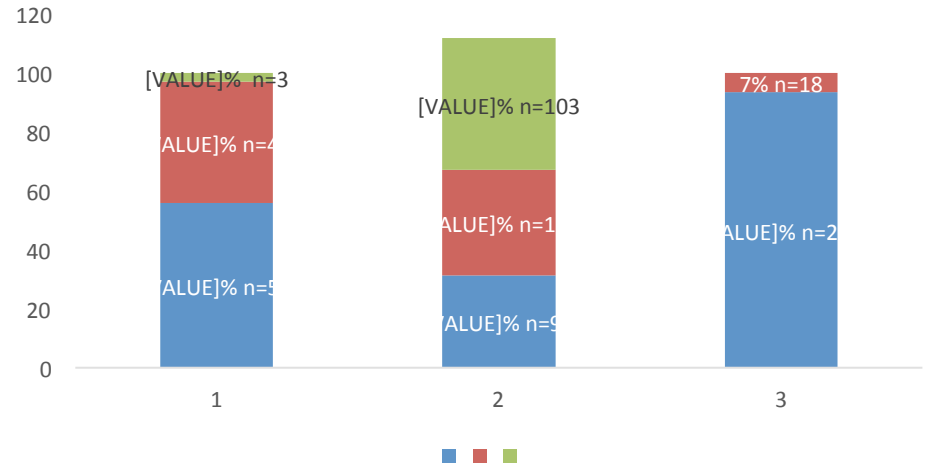


Preliminary Review of Measure Types in “Promote Mental Health and Prevent Substance Abuse” as reported by LHDs and Hospitals

Measures Types Reported by LHDs, 2013



Measure Types Reported by non-profit hospitals, 2013



Measure Review: What we learned

1. Concepts of mental health promotion and disorder prevention are not understood; substance abuse prevention is better understood. e.g. “poor mental health” was identified as mental health promotion, and increasing service utilization as preventing disorders; substance abuse prevention: change in attitudes and perceptions on acceptance of drinking.
2. Outcomes are more clear when specific issues, such as suicide prevention, substance abuse, tobacco use, are identified.
3. Outcomes identified are often long-term, difficult to change or dependent on an external agency, and hence challenging as a local-level improvement measure.e.g., suicide rate, prescription drug use (YRBS)

Measure Review: What we learned...contd.

5. Outcomes are not clear for “Mental Health Promotion”
“Strengthening Infrastructure/Collaboration”

e.g., reports referred to meetings, discussions with no reference to outcome

6. While behavioral health may be addressed through programs and policies, the activities or impact on Prevention Agenda “Promote Mental Health and Prevent Substance Abuse” is not easily visible.

e.g. Parenting programs, family visitation programs exist but not identified in most reports

MHSA Interventions Reported by LHDs and Hospitals

- Almost all interventions reported were population-based
- Many interventions related to screening for disorders and increasing service utilization
- Some actions were not explained in context of any specific action e.g. meetings and discussion, collaborations

Examples of Interventions Reported by LHDs and Hospitals

Focus Area 1 – Mental Health Promotion

None reported

Focus Area 2 – Behavioral Disorder Prevention

Promote SBIRT and other screening tools

Adopt tobacco-free policies in mental health facilities

Focus Area 3 – Infrastructure/Collaboration

Promote cross-system collaboration to optimize utilization and capacity of addiction services.

Identify key leaders to form an Advisory Team, whose responsibilities are to prioritize needs related to data, training, and evidence based practices that are necessary to promote MEB health and prevent MEB disorders.

Report reviews: What they tell us

- Half of New York State counties are very interested in “Promoting Mental Health and Prevent Substance Abuse.”
- Evidence-based framework helps to understand current status and will help us develop a tangible vision.
- Most interventions described in the reports by LHDs and hospitals use a population approach.
- Technical support is needed in identifying:
 - Actionable process, output and outcome measures in two focus areas: Mental health promotion and Infrastructure/Collaboration
 - Outcome measures in behavioral disorder prevention
 - Measures within the context of interventions and policies in all focus areas
 - Evidence-based interventions and evidence-based policy approaches in multiple settings

Next Steps - Focusing on Identifying Measures

We have:

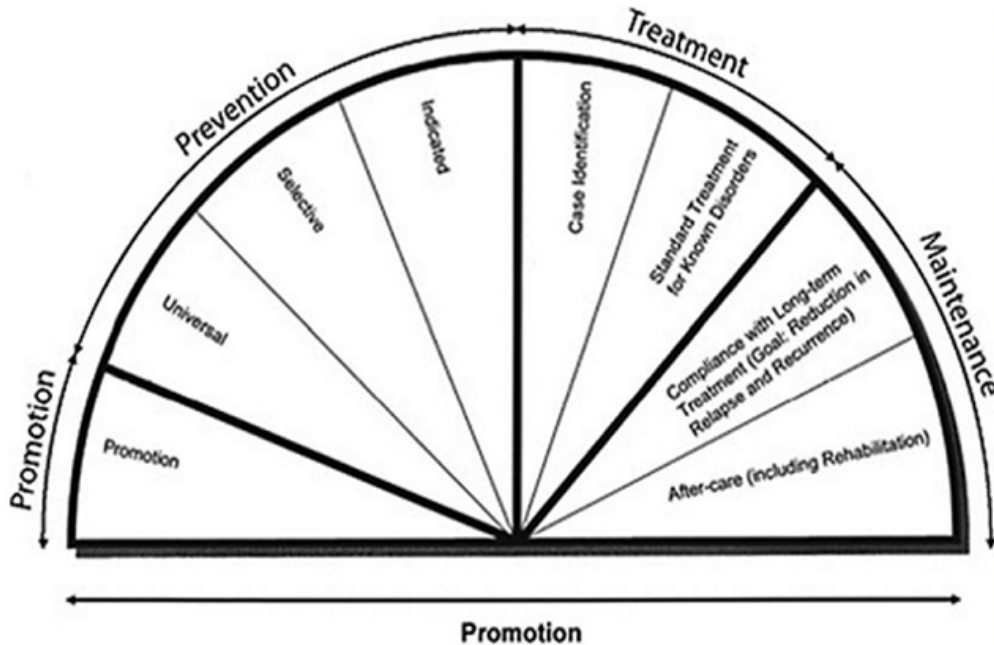
- Identified areas and scope of Infrastructure/Collaboration with help of local practitioners
- Identified criteria, framework for measures

We are working on:

- Clarifying mental health promotion and behavioral disorder prevention
- Reaching consensus on improvement measures
- Getting feedback on measures in the context of evidence-based interventions and policies from experts
- Incorporating feedback



Starting Point



IOM Intervention Spectrum, 2009

- Identify a set of process and outcome measures within the context of evidence-based interventions and evidence-informed policies
- Crosswalk language used across sectors
- Increase understanding of Intervention Spectrum
- Align Prevention Agenda with Treatment and Recovery measures e.g., DSRIP, IOM's EHR Measures Report

Commentary

David Shern, PhD, Senior Public Health Advisor
National Association of State Mental Health Program

Directors, and

Senior Science Advisor, and former President and CEO,
Mental Health America

Mary McHugh, LCSW-R, Director of Strategic Clinical Solutions
Division of Children and Family Services, NYS Office of Mental
Health

Questions and Discussion

Upcoming PHSSR Research in Progress Webinars

Wednesday, February 4 (12-1pm ET)

Immunizations Reminders: A Comparative Effectiveness Pragmatic Trial

Allison Kempe, MD, MPH, Children's Outcomes Research Program, University of Colorado School of Medicine

Wednesday, February 11 (12-1pm ET)

Cross-Jurisdictional Shared Service Arrangements in Local Public Health

Susan Zahner, MPH, DrPH, University of Wisconsin-Madison

Thursday, February 19 (1-2pm ET)

Identifying & Learning from Positive Deviant Local Public Health Departments in Maternal and Child Health

Tamar A. Klaiman, PhD, MPH, University of the Sciences, Philadelphia

Upcoming PHSSR Research in Progress Webinars

Wednesday, March 4 (12-1pm ET)

Leveraging Electronic Health Records for Public Health:

From Automated Disease Reporting to Developing Population Health Indicators

Brian Dixon, PhD, Indiana University

Wednesday, March 11 (12-1pm ET)

Evaluating the Quality, Usability, and Fitness of Open Data for Public Health Research

Erika G. Martin, PhD, MPH, State University of New York- Albany

Thursday, March 19 (1-2pm ET)

Cross-sector Collaboration Between Local Public Health and Health Care for Obesity Prevention

Eduardo J. Simoes, MD, University of Missouri and

Katherine A. Stamatakis, PhD, MPH, Washington University in St. Louis

Upcoming PHSSR Research in Progress Webinars

Wednesday, April 1 (12-1pm ET)

*Restructuring a State Nutrition Education and Obesity Prevention Program:
Implications of a Local Health Department Model*

Helen W. Wu, PhD, U. California Davis

Wednesday, April 8 (12-1pm ET)

*Public Health Services Cost Studies: Tobacco Prevention, Mandated Public Health
Services*

Pauline Thomas, MD, New Jersey Medical School and
Nancy Winterbauer, PhD, East Carolina University

Tuesday and Wednesday, April 21-22

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