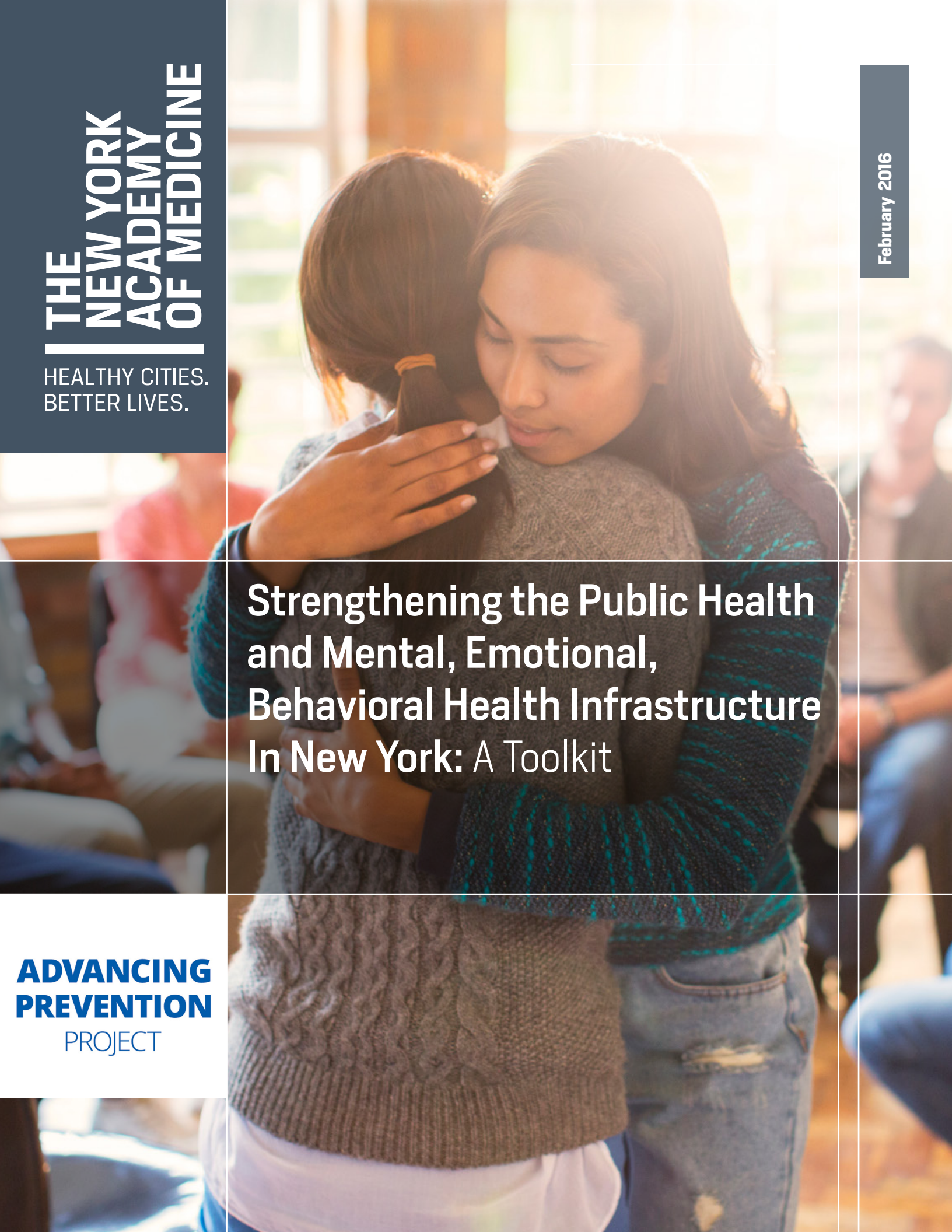


**THE  
NEW YORK  
ACADEMY  
OF MEDICINE**

HEALTHY CITIES.  
BETTER LIVES.

February 2016

A photograph of a woman with long dark hair, wearing a blue and black patterned sweater, hugging a young child with dark hair from behind. The child is wearing a grey cable-knit sweater. They are in a room with other people blurred in the background, suggesting a community or public health setting. The lighting is warm and natural, coming from a window.

**Strengthening the Public Health  
and Mental, Emotional,  
Behavioral Health Infrastructure  
In New York: A Toolkit**

**ADVANCING  
PREVENTION**  
PROJECT

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# ***INTRODUCTION***

The Advancing Prevention Project (APP) at The New York Academy of Medicine provides technical assistance, tools and resources to local health departments (LHDs) and their partners in the chronic disease and mental health and substance abuse priority areas of the NYS Prevention Agenda, in consultation with the New York State Department of Health (DOH), the NYS Office of Mental (OMH), the Suicide Prevention Center of NY, and the NYS Office of Alcoholism and Substance Abuse Services (OASAS).

This toolkit is designed to help LHDs, hospitals, and their community-based partners strengthen infrastructure to support mental, emotional, and behavioral (MEB) well-being promotion and disorders prevention, as identified in Focus Area 3, “Strengthen Infrastructure” of the New York State Prevention Agenda (NYSPA) Mental Health/ Substance Abuse (MH/SA) Priority Area.

The resources and tools included in this guide are organized at three levels (clinical, community/ county, and region), using five components of infrastructure defined in Table 1.

## **What Does “Strengthen Infrastructure” Mean?**

The National Association of County and City Health Officials (NACCHO) defines infrastructure as, “local public health infrastructure includes the systems, competencies, frameworks, relationships, and resources that enable public health agencies to perform their core functions and essential services. Infrastructure categories encompass human, organizational, informational, legal, policy, and fiscal resources.”<sup>1</sup> Infrastructure is often described as the road or bridge to building a project. Strengthening infrastructure means building from the current “roads and bridges” to create effective systems for change. Throughout the tools and resources in this guide, there are five components of infrastructure that should be addressed to advance a public health approach to MEB well-being. These components include: a shared purpose, evidence-based interventions, conditions for continuous improvement, engaged partners, and a focus on outcomes. For definitions of each of these components, see Table 1.

**TABLE 1. COMPONENTS OF INFRASTRUCTURE**

<b>INFRASTRUCTURE COMPONENTS</b>	<b>DEFINITIONS</b>
<b>SHARED PURPOSE/ALIGNMENT AMONG PARTNERS</b>	A shared purpose and alignment requires all stakeholders to agree upon a shared, common agenda for change, including an agreed upon definition of the problem, with a concrete, actionable, and collective approach to solutions.
<b>EVIDENCE-BASED INTERVENTIONS, POLICIES &amp; APPROACHES ARE UTILIZED</b>	All activities must be based on results driven improvements that have been previously measured, and mutually reinforce existing effective activities.
<b>CONDITIONS FOR IMPROVEMENT ARE INCLUDED</b>	Continuous communication and backbone support with resources, expertise, and strong partnerships will create the capacity for ongoing reflection, assessment, and improvements.
<b>ENGAGED AND COLLABORATIVE PARTNERS</b>	A collaborative partnership with ongoing communication, discussion and input from multiple stakeholders.
<b>INFRASTRUCTURE IS OUTCOME FOCUSED</b>	Progress is monitored, data-driven, and evaluated for continuous quality improvement, and focused on producing change.

Whether you are working in a grassroots community coalition, a formal taskforce, a network of providers, or with a Delivery System Reform Incentive Payment (DSRIP) Performing Provider System (PPS), you can begin to measure and improve the success of that infrastructure by focusing on these components.

### **Infrastructure And Collaboration Needs In The “Promote Mental Health And Prevent Substance Abuse” Focus Area**

Based on a review of community health improvement plans (CHIPs) conducted by the NYS DOH, specific needs related to strengthening the infrastructure in mental health promotion and substance abuse prevention were identified, including: “[1] developing a common purpose and vision; [2] understanding concepts of mental health promotion, prevention of disorders; [3] clarifying roles in MEB prevention; [4] measuring progress with process and impact of their efforts in the short term i.e. from month to month; [5] translating their understanding of equity into the action plan; [6] developing a common language in MEB health across sectors.”<sup>2</sup> Articulating and confronting these challenges and needs from the outset can be particularly helpful in this new area of work. Many of the tools and resources described in this toolkit are presented to help address these particular needs and can be adapted for use in MEB specific topic areas.

## What Does “Promote Mental Health And Prevent Substance Abuse” Mean?

Many terms and definitions are used interchangeably by different sectors to refer to mental health and substance use or abuse. Some refer to these behaviors, diagnoses and experiences as mental, emotional, behavioral health or disorders (MEB), while others use the term behavioral health. As outlined in the MEB Language Crosswalk,<sup>3</sup> there is a great need for common language and understanding in this field.

One way to understand these challenges is through the construct of wellness or well-being. Wellness describes the “entirety of one’s physical, emotional, and social health; this includes all aspects of functioning in the world (physiological, intellectual, social, and spiritual), as well as subjective feelings of well-being.”<sup>4</sup> It also acknowledges the impracticality of separating physical and mental health, and recognizes that mental health and all forms of health are universally important to all individuals and communities, not just to those with existing illness or challenges.

### **Well-being defined by the CDC:**

**“There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following:**

- **Physical well-being**
- **Economic well-being**
- **Social well-being**
- **Development and activity**
- **Emotional well-being**
- **Psychological well-being**
- **Life satisfaction**
- **Domain specific satisfaction**
- **Engaging activities and work”<sup>5</sup>**

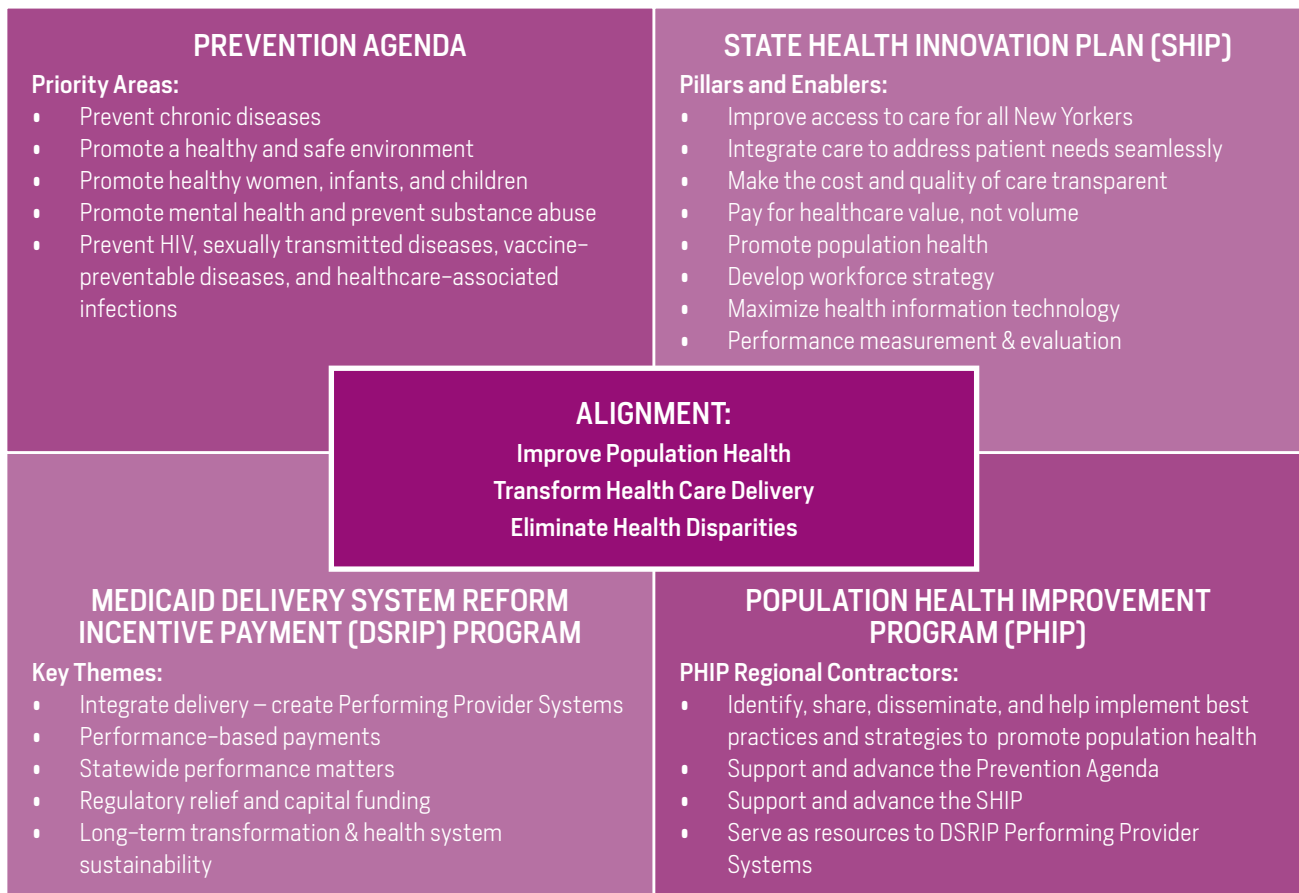
## **Background: Strengthening Infrastructure In New York State**

The 2013–2018 New York State Prevention Agenda (NYSPA) is a comprehensive plan to improve the health of all New Yorkers. The NYSPA addresses New York’s pressing health concerns by setting achievable goals to address priority health concerns. One of the priority concerns most frequently selected by NYS communities is promotion of mental health and prevention of substance abuse. MEB promotion and MEB disorder prevention are emerging fields, bolstered by evidence that the best opportunity to improve population mental and emotional health are interventions that prevent the development of disorders and promote overall wellness.<sup>6</sup> Preventing MEB disorders is also essential to prevent other chronic diseases. The NYSPA is guided by the Institute of Medicine recommendation that MEB Promotion and MEB disorder prevention should be treated as distinct, yet integrated with treatment and maintenance of recovery services. As such, one of the NYSPA goals is to strengthen infrastructure for MEB health promotion and MEB disorder prevention (Goal 3.2).

New York State’s movement towards integrating mental health into existing health systems is not occurring in a vacuum. Nationwide, our health care system is transforming to meet the Triple Aim: better care for individuals, better health for populations, and lower per capita costs of health care.

Most of the activity in mental health integration to date has focused on clinical system transformation through the integration of MEB health services into Primary Care. In New York, the primary vehicle for such transformation is the NYS DSRIP Program, a Medicaid system transformation program that seeks to reduce avoidable hospital use by 25 percent over five years through clinical, systems, and population health projects and incentive payments. Though many DSRIP projects are aligned with the NYSPA, the projects most directly aligned with Goal 3.2 are Clinical Project 3.a.i (Integration of Primary Care and Behavioral Health Services) and Population Project 4.a.iii (Strengthen Mental Health and Substance Abuse Infrastructure across Systems). Additionally, all primary care providers in PPS networks are expected to transform their practices to meet standards of the State Health Innovation Plan’s (SHIP) forthcoming Advanced Primary Care Model (APC), which includes many standards related to behavioral health integration.

**FIGURE 17**

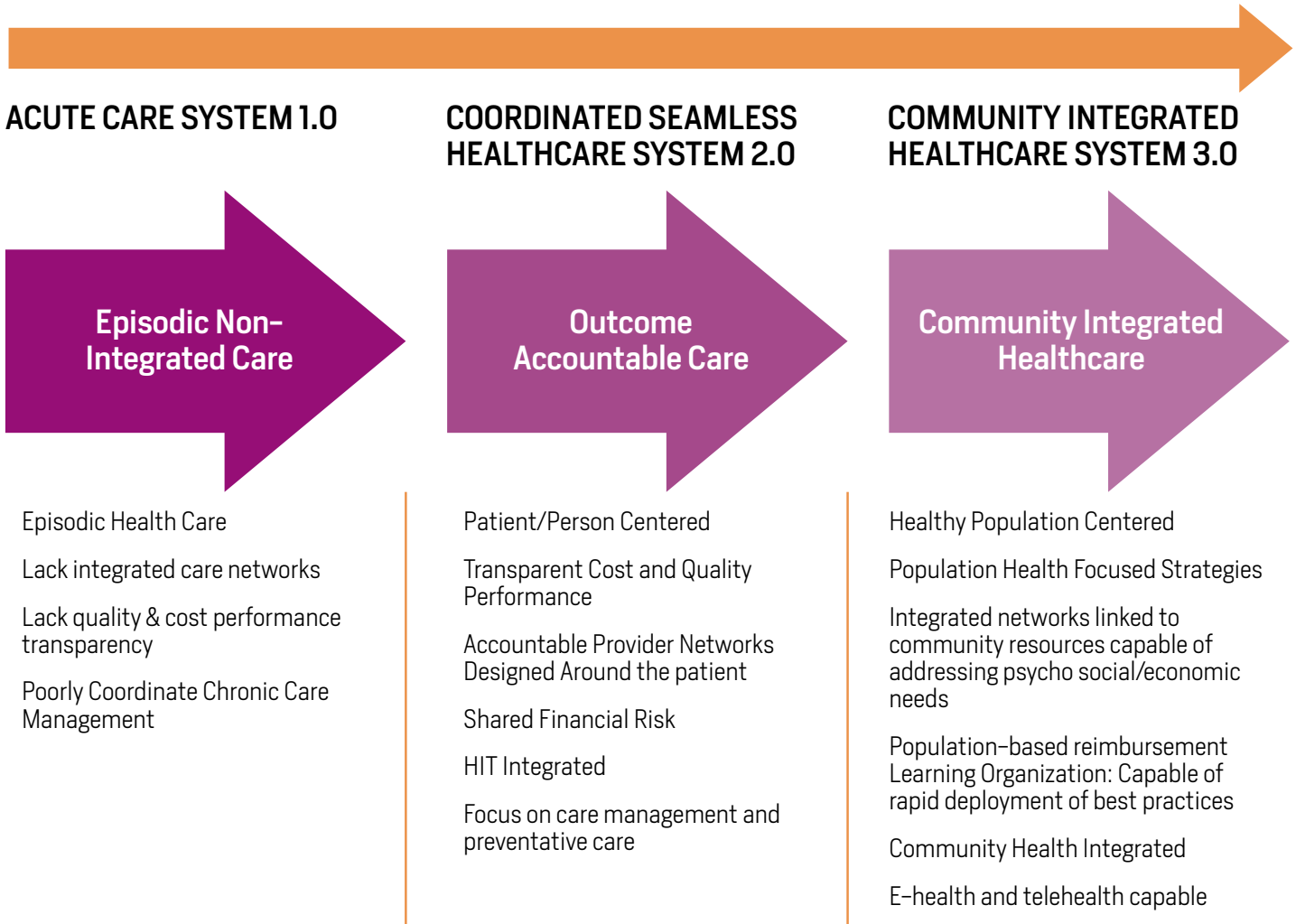


## Conceptual Framework

Moving beyond the clinic to the community to address the social determinants of mental health and implementing a primary prevention strategy for MEB disorders is a relatively new area of work in public health. Still, many see this as the natural evolution of comprehensive healthcare reform. Experts at the Centers for Disease Control and Prevention have promoted Neal Halfon's 3.0 Health Care Transformation Framework to envision new innovations in health care delivery.<sup>8</sup> A 3.0 community integrated health care system (see Figure 2 below) integrates and coordinates services that use population-centered strategies. Strengthening this infrastructure will include implementing interventions from Goal 3.2 of the NYSPA, such as convening an implementation team, examining existing policies, and collecting data.<sup>9</sup> These interventions will enable NYS communities to move “beyond health care system 2.0” towards a community integrated health care system. In order to select reasonable and achievable measures and interventions toward a strengthened infrastructure, it may be helpful to identify where your health delivery system lies on the “health system transformation critical path” depicted below.

FIGURE 2<sup>10</sup>

# Health Delivery System Transformation Critical Path





# HOW TO USE THIS TOOLKIT

- Part 1:** Part 1 of the toolkit contains curated lists of tools and resources organized by the level of infrastructure targeted for improvement. It has three sections, beginning with the smallest unit, clinical or agency infrastructure development, where you can find resources related to physical health and behavioral health integration models including co-location and coordinated care, as well as common challenges to integrating care. Resources to assist with community or county—level infrastructure development, through local government or community-based partnerships are in the second section. This is followed by a section pertaining to regional infrastructure development, with materials related to DSRIP infrastructure and cross-jurisdictional planning and sharing.
- Part 2:** Part 2 of the toolkit provides a list of measures to track infrastructure development which align with the NYSPA Re-Fresh<sup>11</sup> recommended measures recently put forth by the NYS Department of Health for Focus Area 3: Strengthen Infrastructure across Systems under the Mental Health/ Substance Abuse Priority Area.
- Part 3:** Part 3 provides examples of interventions with a strong evidence-base organized by level of infrastructure development aligned with the NYSPA Re-fresh recommended interventions.
- Part 4:** Part 4 presents several case studies of local efforts in New York to strengthen the MEB infrastructure.
- Part 5:** Part 5 has Logic Model examples, which you can adopt and adapt to your local work. Finally Appendix A provides a glossary of commonly used terms with definitions.

## RESOURCES BY COMPONENTS

INFRASTRUCTURE COMPONENTS	RESOURCES, BY PAGE NUMBER
<p><b>ALL COMPONENTS</b></p>	<ul style="list-style-type: none"> <li>• A Public Health Approach to Children’s Mental Health: A Conceptual Framework, pg. 19</li> <li>• Collective Impact, pg. 20</li> <li>• Collaboration Multiplier, pg. 21</li> <li>• PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships), pg. 21</li> <li>• Prevention/Early Intervention Mental Health Training, pg. 23</li> <li>• Prevention Agenda Updated Evidence–Based Interventions, pg. 28</li> </ul>
<p><b>SHARED PURPOSE/ALIGNMENT</b></p>	<ul style="list-style-type: none"> <li>• Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration, pg. 14</li> <li>• IMPACT Model, pg. 15</li> <li>• Getting Things Done Together: A Workbook for Achieving Regional Goals, pg. 25</li> <li>• PPS Project Selection resource, pg. 27</li> <li>• Agreement Between Polk County Public Health and Norman–Mahnomen Public Health as Part of The Polk–Norman–Mahnomen Community Health Board for Shared Staffing to Provide Public Health Services, pg. 26</li> <li>• Standard Framework for Levels of Integrated Healthcare, pg. 17</li> <li>• Quick Start Guide to Behavioral Health Integration, pg. 17</li> <li>• Integrated Practice Assessment Tool, pg. 17</li> <li>• Enhancing the Continuum of Care, pg. 17</li> <li>• Integration of Harm Reduction and Healthcare Reform, pg. 18</li> <li>• THRIVE, pg. 20</li> <li>• Developing Effective Coalitions: An Eight Step Guide, pg. 23</li> <li>• Getting Things Done Together: A Workbook for Achieving Regional Goals, pg. 25</li> </ul>

<b>INFRASTRUCTURE COMPONENTS</b>	<b>RESOURCES, BY PAGE NUMBER</b>
	<ul style="list-style-type: none"> <li>• A Comprehensive Systems Approach for Adolescent Health &amp; Well-Being, pg. 26</li> <li>• PPS Project Selection Performing Provider Projects: Tackling the Health Needs of Communities, pg. 27</li> <li>• New York State Public Health and Health Planning Council Ad Hoc Committee, pg. 27</li> </ul>
<p><b>EVIDENCE-BASED INTERVENTIONS, POLICIES &amp; APPROACH</b></p>	<ul style="list-style-type: none"> <li>• Integration of Mental Health in the Public Health System, A Healthcare Reform Issue Brief, pg. 19</li> <li>• Prevention Institute. Collaboration Multiplier, pg. 21</li> <li>• SBIRT, pg. 33</li> <li>• Project ECHO, pg. 33</li> <li>• Mental Health Promotion and Mental Illness Prevention: Public Health Strategies for Integration with Chronic Disease Prevention, pg. 20</li> <li>• A Primary Prevention Framework for Substance Abuse and Mental Health, pg. 20</li> <li>• Early Childhood Home Visitation Programs, pg. 34</li> <li>• Interventions to increase physical activity and healthy eating for a healthy weight, pg. 34</li> <li>• Good Behavior Game, pg. 35</li> <li>• Interventions to support mindfulness, pg. 35</li> <li>• Interventions to support civic engagement, pg. 35</li> <li>• Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, pg. 35</li> </ul>

<b>INFRASTRUCTURE COMPONENTS</b>	<b>RESOURCES, BY PAGE NUMBER</b>
<b>CREATING CONDITIONS FOR IMPROVEMENT</b>	<ul style="list-style-type: none"> <li>• CHCANYS Policy Brief on PPS Regulatory Relief, pg. 15</li> <li>• Project TEACH, pg. 15</li> <li>• A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives, pg. 25</li> <li>• Collaboration Multiplier, pg. 21</li> <li>• PPS Regulatory Flexibility Guidance, pg. 15</li> <li>• Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health, pg. 15</li> <li>• IMPACT Model, pg. 15</li> <li>• DSRIP Program: A Reference Guide for BH Projects Implementation Planning, pg. 16</li> <li>• Project ECHO, pg. 16</li> <li>• Standard Framework for Levels of Integrated Healthcare, pg. 17</li> <li>• Integration of Harm Reduction and Healthcare Reform, pg. 18</li> <li>• A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives, pg. 25</li> </ul>
<b>ENGAGEMENT &amp; COLLABORATION</b>	<ul style="list-style-type: none"> <li>• Integrated Licensing Project, pg. 14</li> <li>• A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives, pg. 25</li> <li>• Collaboration Multiplier, pg. 21</li> <li>• Intergovernmental Cooperation Agreements – New York Survey of State Law, pg. 26</li> <li>• Health IT Organizational Infrastructure, pg. 26</li> <li>• A Primary Prevention Framework for Substance Abuse and Mental Health, pg. 20</li> <li>• THRIVE, pg. 20</li> <li>• Community Conversations about Mental Health, pg. 22</li> <li>• Developing Effective Coalitions: An Eight Step Guide, pg. 23</li> <li>• A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives, pg. 25</li> </ul>

<b>INFRASTRUCTURE COMPONENTS</b>	<b>RESOURCES, BY PAGE NUMBER</b>
<b>OUTCOME FOCUSED</b>	<ul style="list-style-type: none"> <li>• Collaboration Multiplier, pg. 21</li> <li>• National Prevention Strategy Mental and Emotional Well-being, pg. 22</li> <li>• PPS Project Selection resource, pg. 27</li> <li>• The Business Case for Integration of Behavioral Health and Primary Care, pg. 16</li> <li>• Mental Health Promotion and Mental Illness Prevention: Public Health Strategies for Integration with Chronic Disease Prevention, pg. 20</li> <li>• THRIVE, pg. 20</li> <li>• Health IT Organizational Infrastructure, pg. 26</li> </ul>

# PART 1: TOOLS AND RESOURCES

## CLINICAL INFRASTRUCTURE DEVELOPMENT

One of the major thrusts of health care reform in NYS and across the country, is a focus on the integration of primary care and behavioral health. Performing provider systems across the state are planning interventions related to various permutations of MEB and primary care integration, including integrating primary care into MEB settings, integrating MEB health care and screening into physical health settings, or through less intensive service integration models. These clinical-level infrastructure development resources and tools are outlined below.

### Primary Care & Behavioral Health Integration

In their project plans and quarterly reports, PPSs around the state have expressed some common challenges in regard to integration, including: new behavioral health work flows and procedures; difficulty leveraging partnerships; identifying strategies to deal with cultural differences between behavioral health and physical health providers; regulatory barriers; and mental, emotional and behavioral health workforce shortages.<sup>12,13</sup> Local health departments and their community partners may be in a unique position to help them overcome these challenges. As such, existing resources and tools, by topic, are listed below.

#### Provider's Cultural Differences

**Resource: Integrated Behavioral Health Project, CalMHSA. Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration | [Link to website](#)**

This extensive toolkit offers tools and resources to mental health, primary care, and substance abuse agencies working on collaborating to offer integrated patient care. On page 26, the toolkit lists in detail the differences between specialty mental health treatment and primary care behavioral care to achieve the mutual goal of improved mental health and functioning. Part of creating a **shared purpose/alignment** is mindfulness of these differences.

#### Regulatory Barriers

**Resource: NYS Office of Mental Health. Integrated Licensing Project | [Link to website](#)**

Facilities with integrated services are able to submit a single application and review process to deliver physical and behavioral interventions in a single setting. A joint initiative by the NYS Department of Health, NYS Office of Mental Health, and Office of

Alcoholism and Substance Abuse Services, the Integrated Licensing Project encourages **engagement and collaboration** by streamlining services like care coordination.

**Resource: NYS Department of Health. PPS Regulatory Flexibility Guidance | [Link to website](#)**

This document offers regulatory guidance to Performing Provider Systems as they seek to implement their DSRIP project plans. OMH, DOH, OASAS, and the Office for People with Developmental Disabilities can provide project specific waivers from certain regulations to facilitate the integration of primary care and behavioral health. Such guidance can help institutions **create conditions for improvement** by offering some regulatory relief.

**Resource: NYS Department of Health. Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health (Mental Health and/or Substance Use Disorder) Services under Project 3.a.i. | [Link to website](#)**

This guidance from the New York State Department of Health describes the Licensure Thresholds for providers participating in the DSRIP Project 3.a.i. These Thresholds are intended to facilitate integration of primary care and behavioral health services, and **create conditions for improvement**.

**Resource: CHCANYS Policy Brief on PPS Regulatory Relief | [Link to website](#)**

The Community Health Care Association of New York State regulatory brief offers guidance on the type of policy and regulatory relief that can be requested, depending on the type of DSRIP project. Such guidance can help institutions **create conditions for improvement** by offering some regulatory relief.

## Workforce Shortages

**Resource: New York State Office of Mental Health. Project TEACH | [Link to website](#)**

Project TEACH is a training and education project designed to strengthen and support the ability of primary care provider to provide mental health services to children, adolescents and their families. They provide rapid consultation, education & training, as well as referral and linkage services, which help **create conditions for improvement**.

**Resource: IMPACT Model | [Link to website](#)**

The IMPACT Model is one of three options under DSRIP Project 3.a.i, Integrate primary

care and behavioral health services, which was selected by all NYS PPSs. The IMPACT Model integrates depression treatment into primary care with five key components including collaborative care, a depression care manager, consults to a designated psychiatrist, outcome measurement and stepped care. Because the IMPACT Model can be implemented without physical co-location, it can help address workforce shortages, particularly in rural regions. The IMPACT Model's website provides many tools, resources, and training products to help you create the **conditions for improvement** needed for primary care and behavioral health integration.

**Resource: IMPACT Model. New York State Department of Health. Delivery System Reform Incentive Payment (DSRIP) Program: A Reference Guide for BH Projects Implementation Planning | [Link to website](#)**

This reference guide was created to help guide PPSs as they implement their behavioral health projects. It contains items for consideration across different components such as financing and regulation, with specific support for PPS's and their partners implementing the IMPACT model. As you seek to implement the IMPACT model, this guide can help create **shared purpose/alignment**.

**Resource: Project ECHO | [Link to website](#)**

Encouraged under DSRIP Project 2.c.ii,<sup>14</sup> expand use of telemedicine in underserved areas to provide access to otherwise scarce services, Project Echo can also be helpful to address workforce shortages in behavioral health. Through the use of telecommunications technology, Project Echo connects primary care physicians with expert specialist teams at an academic hub to receive mentoring and consultation in needed specialty care. This model has been used in many specialties, including addiction and mental health treatment. The University of New Mexico's website on Project Echo has many useful resources, including information on how to start an ECHO, which can help create **conditions for improvement** through use of an **evidence-based intervention**.

## **Models of Integrated Practices: Coordinated, Co-located & Integrated Care**

**Resource: The Business Case for the Integration of Behavioral Health and Primary Care | [Link to website](#)**

SAMHSA's monograph addresses the business case for integrating behavioral health and primary care. It also provides guidance on how an individual health center can evaluate its reimbursements and costs to bolster the business case for integration. This monograph can help make sure progress is **outcome focused** as you seek to integrate care.



**Resource: Substance Abuse and Mental Health Services Administration (SAMHSA). Standard Framework for Levels of Integrated Healthcare | [Link to website](#)**

This infographic communicates the six levels of collaboration/integration in integrated health care. The infographic includes descriptions of where health care providers work, the business model, and advantages and weaknesses. The infographic can help create **shared purpose/alignment** among partners and **conditions for improvement**, by picking the correct framework for your goals.

**Resource: SAMHSA–HRSA Center for Integrated Health Solutions. The Quick Start Guide to Behavioral Health Integration | [Link to website](#)**

This presentation is a quick start guide to behavioral health integration for safety-net primary care providers. It provides a decision chart to help health care providers implement specific aspects of integrated care, such as decisions about workforce. Using this presentation to inform your decisions can help create a **shared purpose/alignment** among partners.

**Tool: Waxmonsky, J. Auxier, A., Romero, P.W., Heath, B. Integrated Practice Assessment Tool | [Link to website](#)**

The Integrated Practice Assessment Tool helps providers determine which level they are on based on the levels described in Standard Framework for Levels of Integrated Health Care. The infographic determining your level can help create a **shared purpose/alignment** among partners.

**Resource: Cambridge Health Alliance Model of Team-Based Care Implementation Guide and Toolkit | [Link to website](#)**

This guide and toolkit walks providers through the steps needed to implement a team-based model of care. With special attention to providing effective population health to underserved populations, the guide can help you adopt team-based care, an **evidence-based approach**.

**Resource: Substance Abuse and Mental Health Services Administration (SAMHSA). Enhancing the Continuum of Care: Integrating Behavioral Health and Primary Care through Affiliations with FQHCs | [Link to website](#)**

This toolkit is an implementation guide for a team-based model of care to provide effective population health to underserved populations. The toolkit includes definitions of a team-based model of care, how to get started on the model of care, how to form

a team, purchase service arrangements, form referral arrangements, and more. Using this toolkit can help you develop **shared purpose and alignment** through various integration arrangements.

**Resource: Schafer, P. & Calvo, M. The New York Academy of Medicine.  
The Integration of Harm Reduction and Healthcare Reform: Implications and  
Lessons for Healthcare Reform | [Link to website](#)**

This report describes the challenges and opportunities for New York community based harm reduction providers in integrating health care given the changing landscape of health care reform. The lessons drawn from harm reduction providers can be particularly useful for health care providers looking for person-centered, innovative solutions for hard-to-engage and high risk populations. In addition, the report is useful for other community based organizations looking to develop or strengthen partnerships with health care providers. The case study on pg. 26 of the report on the co-located primary care, behavioral health care, pharmacy, basic needs, and harm reduction services at BOOM!Health is particularly insightful for those interested in co-location. There is much to be learned from the **shared purpose and alignment** and **conditions for improvement** these partnerships leveraged.

# COMMUNITY & COUNTY-LEVEL INFRASTRUCTURE DEVELOPMENT

At the next level of infrastructure, we arrive at community & county-level infrastructure development. The tools and resources below can help you strengthen local government and community-based partnership, collaboration, and alignment.

## Local Government Interagency Collaboration, Alignment

Increasingly, government agencies at all levels are recognizing that collaboration and cross-agency activities are critical to fulfill their individual objectives and goals. With a growing understanding that much of health is determined by factors outside of health care such as the built environment or conditions of poverty, and that physical and MEB health cannot be treated in isolation, interagency collaboration is particularly crucial in public health and MEB health. Although this is a new area of work for many local governments across the country, there are several frameworks, guides and tools to help achieve more effective collaboration and alignment across governmental health agencies.

### Comprehensive Frameworks & Guides

**Resource: Bazelon Center for Mental Health Law. Integration of Mental Health in the Public Health System, A Healthcare Reform Issue Brief |**

[Link to website](#)

This issue brief outlines essential functions local health departments can perform in preventing mental illness and promoting mental health, with the example of suicide prevention. The brief offers **evidence-based interventions, policies & approaches** by highlighting opportunities to incorporate behavioral health into successful public health approaches.

**Resource: Integrated Behavioral Health Project, CalMHSA. Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration |**

[Link to website](#)

See description above in **Primary Care and Behavioral Health Integration, pg 14.**

**Resource: Georgetown University Center for Child and Human Development. A Public Health Approach to Children's Mental Health: A Conceptual Framework |**

[Link to website](#)

Chapter 6, titled "Moving Forward: What can Leaders Do?" provides a wealth of information on data gathering, data sources, interventions, sustainability, evaluation,

building a coalition and strong leadership, and building overall infrastructure in promoting a public health approach to child mental health. This resource can help you strengthen infrastructure across **all components**.

**Resource: Centers for Disease Control & Prevention. Mental Health (MH) Promotion and Mental Illness (MI) Prevention: Public Health Strategies for Integration with Chronic Disease Prevention | [Link to website](#)**

This action plan includes eight public health strategies for integrating mental health promotion and mental illness prevention with chronic disease prevention. Strategies and their associated actions and performance measures include surveillance, communications, and systems. These strategies can help you ensure your infrastructure efforts are **outcome-focused** and **evidence-based**.

**Resource: Prevention Institute. San Mateo County Health System: Behavioral Health & Recovery Services. A Primary Prevention Framework for Substance Abuse and Mental Health | [Link to website](#)**

With the support of the Prevention Institute, San Mateo County government adopted a primary prevention framework for promoting behavioral health wellness, resilience and recovery. The framework includes four prevention strategies to achieving effective primary prevention, including enhancing place, connecting people, fostering prosperity and expanding partnerships. The final strategy, beginning on page 12 of the document outlines ways of engaging the government sector, community members and the business community. This framework addresses **engaging and collaborating with partners** and **evidence-based approaches** to preventing MEB disorders.

## **Tools to Support County Government Planning and Collaboration**

**Tool: FSG. Collective Impact | [Link to website](#)**

Collective Impact is a concept that describes collaborative efforts with the ability to achieve substantial impact on a large social scale problem. The conditions needed to achieve collective impact include a common agenda and backbone support. Learning about collective impact can help you measure impact on infrastructure across **all the framework components**.

**Tool: Prevention Institute. THRIVE (Community Tool for Health & Resilience In Vulnerable Environments) | [Link to website](#)**

As described on their website, “THRIVE was created to answer the question, what can

communities do to improve health and safety and promote health equity? THRIVE is a framework for understanding how structural drivers play out at the community level to impact the social-cultural, physical/built, and economic/ educational environments— i.e. the community determinants of health—and consequently, health and safety outcomes, and inequities in outcomes. THRIVE is also a tool for engaging community members and practitioners in assessing the status of community determinants, prioritizing them, and taking action to change them to improve health, safety, and health equity. As a framework, THRIVE has wide applicability to local, state, and national initiatives to inform policy and program direction. As a tool, THRIVE can be used in a variety of planning and implementation processes, from neighborhood level planning to community health needs assessments (CHNA) and community health improvement planning (CHIP) processes.” THRIVE has five steps with associated tools and resources (such as a community assessment worksheet) for communities to enact these changes, as follows: 1) engage and partner; 2) foster shared understanding and commitment; 3) assess; 4) plan and act; 5) measure progress. As such, it incorporates **engaging and collaborating with partners**, taking an **outcome focus**, and creating **shared purpose/alignment among partners**.

**Tool: Prevention Institute. Collaboration Multiplier | [Link to website](#)**

The collaboration multiplier is a tool designed to strengthen collaborative efforts across multiple and diverse fields. It guides you through compiling information about your multiple partners to think strategically about what partners have to contribute. The collaboration multiplier can help you measure impact on infrastructure across **all the infrastructure framework components**.

**Tool: PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) | [Link to website](#)**

PARTNER is a social analysis tool designed to measure and monitor collaboration among people and organizations. The tool can show how members are leveraged, the level of trust, and link outcomes to the process of collaboration, amongst other functions. PARTNER can help you measure impact on infrastructure across **all the framework components**. For more information on the use of PARTNER in public health practice, you can see pg. 4 of NACCHO Volume 11, Issue 1 Winter 2012 Evidence-Based Practice in Public Health, available [here](#).

## Community Partnerships, Collaboration, Alignment

Collaboration and infrastructure building at the community level through coalition or taskforce formations have become very popular in recent years. New York State in particular has a very rich network of community-based partnerships in promoting mental health and prevention substance abuse. For example, NYS OASAS has registered over 100 Substance Abuse Prevention Coalitions and there are over 40 known suicide prevention coalitions throughout the state. These emerging structures vary greatly in structure and capacity, but regardless are an asset to the communities in which they operate, to be leveraged and strengthened in order to support effective mental, emotional and behavioral infrastructure from the ground up. These resources will help you build, strengthen and sustain community-level partnerships to achieve this goal.

### Comprehensive Guides for Planning & Collaboration

**Resource: Substance Abuse and Mental Health Services Administration (SAMHSA). Community Conversations about Mental Health: Planning Guide | [Link to website](#)**

SAMSHA's Community Conversations toolkits provides a variety of resources to help facilitators foster community dialogue around mental health issues. It includes discussion and planning guides that offer a framework for creating positive community dialogue, in addition to, data that can be provided to community members about mental health in the United States. This toolkit can help create **engaged and collaborative partners**.

**Resource: National Prevention Council. National Prevention Strategy Mental and Emotional Well-being | [Link to website](#)**

This concise document from the National Prevention Council summarizes the National Prevention Strategy recommendations and national action steps; and lists actions local partners can take, including health systems, faith based organizations, businesses, schools and local governments. State, Tribal, Local, and Territorial Governments can:

- “Enhance data collection systems to better identify and address mental and emotional health needs.
- Include safe shared spaces for people to interact (e.g., parks, community centers) in community development plans, which can foster healthy relationships and positive mental health among community residents.
- Ensure that those in need, especially potentially vulnerable groups, are identified and referred to mental health services.

- Pilot and evaluate models of integrated mental and physical health in primary care, with particular attention to underserved populations and areas, such as rural communities.”

The National Prevention Council document can help you and your partners as you seek **outcome focused** progress. For the full report, see: [Link to website](#).

## Resources And Tools For Coalitions

**Resource: Prevention Coalition. Developing Effective Coalitions: An Eight Step Guide | [Link to website](#)**

This Eight Step Guide was designed to help coalitions as they begin and seek to sustain their momentum. The framework offers concrete steps for advocates and practitioners seeking to collaborate to address a community issue. This resources can help create **shared purpose/alignment** among partners, and **engaged and collaborative partners**.

**Resource: Prevention Coalition. Prevention/Early Intervention Mental Health Training | [Link to website](#)**

For Prevention/Early Intervention SAMHSA grantees, “The Prevention Institute will provide trainings on three tools: Spectrum of Prevention, Eight Steps to Effective Coalition Building, and Collaboration Math. These tools promote program effectiveness and sustainability by enabling organizations to identify and prioritize key efforts that are most promising for ongoing effectiveness and sustainability and by helping communities identify and focus on the kinds of changes—in the organizations, policies, and partnerships—which can be institutionalized. The tools will support your program efforts and enable you to enhance your implementation and sustainability plans.” This training can help you across **all framework components**.

**Tools: National Child Welfare Workforce Institute. Organizational/Partnership Functioning & Change Readiness: 24 Assessment Tools | [Link to website](#)**

In 2011, the National Child Welfare Workforce Institute released a list of collaboration/partnership assessment and organizational change readiness tools. Some of these tools are specifically designed for coalitions or other community partnerships; individual organizations; mental health, substance abuse, health, and child welfare agencies; and regional partnerships. These tools can help you measure and improve upon the **engagement and collaboration among partners**.

**Tools: National Assembly on School-Based Healthcare (NASBHC).**

**Assessment Tool for School Mental Health Capacity Building | [Link to website](#)**

Similarly to the list of tools developed by the National Child Welfare Workforce, NASBHC, under the School Mental Health Capacity Building Partnership (SMH-CBP) put together a list of assessment tools that measure and improve upon five areas including planning, collaboration and stakeholder involvement, cultural competence, quality improvement and surveillance. For each tool, they include a description, purpose, target group/sample and method, and contact information. While many of the tools' target groups are schools, most tools also target other groups such as parents or students; health care, mental health, and other treatment providers; youth serving organizations; juvenile justice; and community stakeholders. These tools can help you measure and improve upon the **engagement and collaboration** among partners.



# REGIONAL/CROSS-JURISDICTIONAL COLLABORATION, ALIGNMENT

Many collaborative arrangements span geographic boundaries, such as through a cross-county task forces, coalitions, or networks of providers; an agreement to share data, services, or resources across jurisdictions; or through participation in a PPS that spans multiple counties. The following tools address common needs and challenges in working across boundaries to build regional infrastructure. You will also find several New York-specific resources for those working within the DSRIP infrastructure and other health care reforms in New York.

## Comprehensive Guides For Regional Planning And Sharing

**Resource: National League of Cities Center for Research & Innovation. Getting Things Done Together: A Workbook for Achieving Regional Goals | [Link to website](#)**

This comprehensive document uses a framework of five components to assess regional governance capacity: agenda (vision, goals, priorities); internal capacity (resources, leadership, who needs to be at the table, commitment); external capacity (connectedness inside and outside the region, state and federal influences); and implementation experience. Working through this document is a way to create **shared purpose/alignment** with your partners.

**Resource: Robert Wood Johnson Foundation's Center for Public Health Sharing. A Roadmap to Develop Cross-Jurisdictional Sharing Initiatives | [Link to website](#)**

Cross-jurisdictional sharing is “the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services”<sup>15</sup>. This document outlines the phases of Cross-Jurisdictional Sharing (CJS) initiatives and related issues to consider. These are especially important when considering collaborative arrangements for issues that span geographic boundaries. Many of the principles and strategies may also be applied more broadly to the sharing of public health resources, whether across geographic or agency boundaries. Cross-jurisdictional sharing initiatives help **create conditions for improvement** and **facilitate engagement and collaboration**.

**Resource: Association of Maternal & Child Health Program (AMCHP) White Paper. Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being | [Link to website](#)**

This paper addresses the need for a comprehensive systems approach for adolescent health & well-being. It can help raise awareness and stimulate a consensus building dialogue. Making this case can be useful for agreeing upon a **shared purpose/alignment**.

## **Resources About Sharing Of Services, Data And Information**

**Resource: Agreement Between Polk County Public Health and Norman-Mahnomen Public Health as Part of The Polk-Norman-Mahnomen Community Health Board for Shared Staffing to Provide Public Health Services | [Link to website](#)**

This resource is an example of an agreement between two public health departments on shared staffing. The agreement covers data sharing and liability, as well as other legal considerations necessary for cross-sharing to help create a **shared purpose/alignment**.

**Resource: Intergovernmental Cooperation Agreements – New York Survey of State Law | [Link to website](#)**

This document reviews how organizations can use state inter-local agreement acts. These acts permit localities to enter into agreements with other entities to provide health and other services, and govern the terms of those agreements. Many permit the creation of new entities to accomplish public health goals. The document provides examples in New York State and corresponds with the **engaged and collaborative partners component**.

**Resource: NYS DOH. Health IT Organizational Infrastructure | [Link to website](#)**

New York State has regional health information organizations (RHIO), which are health information exchange organizations (HIO) that connect health care providers in the region and govern health information exchange among them. NY RHIOs operate under the New York eHealth Collaborative, a public-private partnership which leads the development of statewide policy guidance through a consensus-based decision making process to improve health IT for New Yorkers. Community Health Information Technology Adoption Collaboratives (CHITA) are formal collaborations of providers in a defined care coordination region funded to support adoption of EHRs in 9 regions. This resource corresponds with the **engagement and collaboration framework** and **outcome focused components**.

## New York-Specific Resources

**Resource: United Hospital Fund. PPS Project Selection Performing Provider**

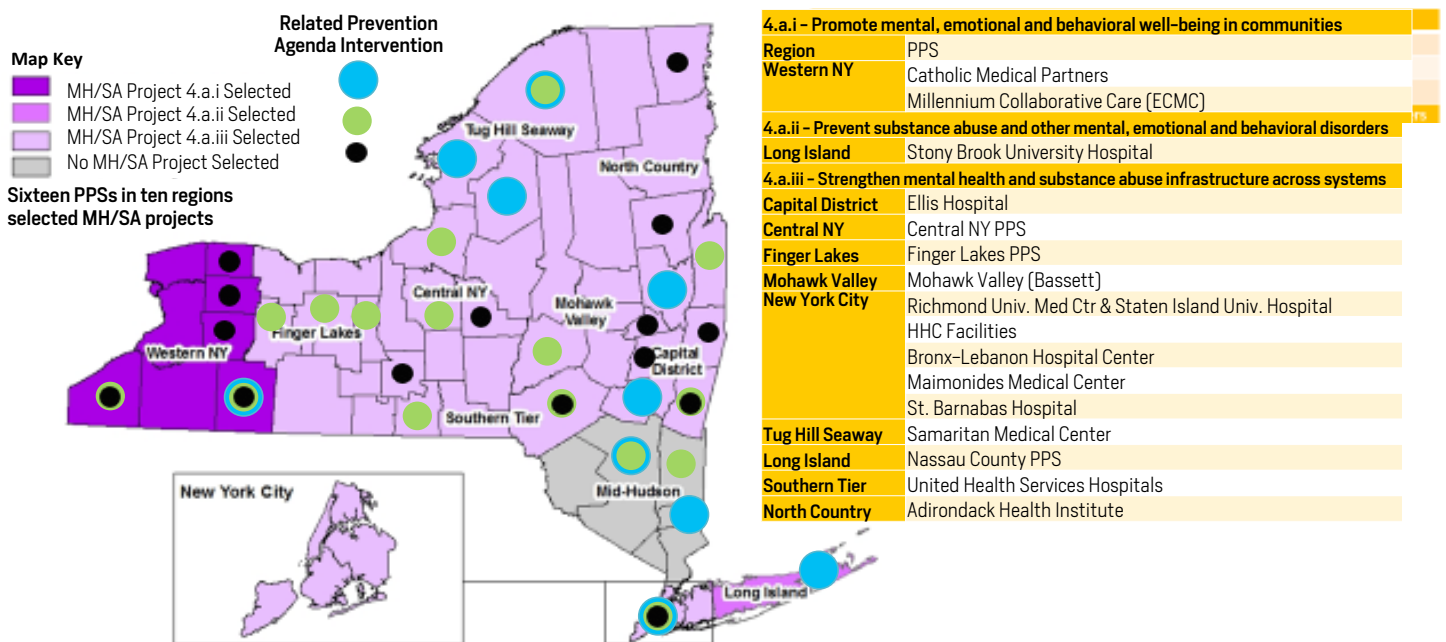
**System Projects: Tackling the Health Needs of Communities | [Link to website](#)**

This issue brief describes the project selection process to help achieve the goal of reduced avoidable hospitalizations. The final page of this brief report contains a chart with all NYS PPS's and the projects they chose. Twelve PPS's selected Project 4.a.iii Strengthen MH/SA Infrastructure. In addition, one PPS chose 4.a.ii, Prevent MH/SA and three PPS's selected Promote MEB Well-being in communities, which could also indirectly work towards strengthening infrastructure. Learning about population level efforts to promote mental health and prevent substance abuse in the health care system can help you **align** your outcomes at a regional level.

**Resource: New York State Public Health and Health Planning Council Ad Hoc Committee to lead the Prevention Agenda. September 24, 2015 meeting Ad Hoc Committee Power Point Presentations | [Link to website](#)**

**Hoc Committee to lead the Prevention Agenda. September 24, 2015 meeting Ad Hoc Committee Power Point Presentations | [Link to website](#)**

## Projects 4.a.i,ii,iii: Mental Health and Substance Abuse



*This map from the NYS DOH shows the **alignment** between regional Prevention Agenda interventions in MH/SA and PPS project selections.*

**Resource: New York State Department of Health. NYSDOH Prevention Agenda Updated Evidence Based Interventions | [Link to website](#)**

Reports from DSRIP PPS's implementing Domain 4 projects in mental health and substance abuse indicated some common challenges, including: a lack of behavioral health literacy amongst the patient population; curriculum delivery for identified initiatives (i.e. trauma-informed care); and targeting adolescents for MHSA services often developed for adults. The NYS Prevention Agenda's Priority Area of Prevent Substance Abuse and Promote Mental Health has undergone some refreshing, with a new goal to address trauma and resiliency, and new recommended interventions and measures for other goals. This document provides many relevant measures, interventions and resources for each focus area or domain 4 project to address the above challenges. This resource can help you across **all** components.

# PART 2: EXAMPLES OF MEASURES

The following measures, developed by the NYS DOH, are organized around the five components of infrastructure, and provide examples of process measures you can adopt to measure progress in Focus Area 3 “Strengthen Infrastructure” of the NYSPA.

## 1 - PURPOSE/ALIGNMENT (PA)

- PA1. Written Purpose
- PA2. Purpose identifies specific audience
- PA3. Purpose includes baseline
- PA4. Purpose includes quantitative target
- PA5. Purpose identifies vulnerable population
- PA5. Purpose explain scale up
- PA6. Purpose explains sustainability

## 2 - OUTCOME-FOCUSED

### POLICY DEVELOPMENT (PD)

- PD1. The number of policy changes completed.
- PD2. The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement MEB health including substance abuse-related practices that are consistent with the goals of the Prevention Agenda.

### TYPES/TARGETS OF PRACTICES (T)

- T1. The number of programs/organizations/communities that implemented specific based MEB health including substance abuse related practices/activities that are consistent with the goals of the Prevention Agenda.
- T2. The number of programs/organizations/communities that implemented evidence-based MEB health including substance abuse-related practices/activities.
- T3. The number of people receiving evidence-based based MEB health including substance abuse-related services.
- T4. The number of programs/organizations/communities that implemented adaptations of EBPs to incorporate the special needs of unique populations or settings.

## **ORGANIZATIONAL CHANGE (OC)**

OC1. The number of organizational changes made to support improvement of MEB health including substance abuse-related practices/activities that are consistent with the goals of the Prevention Agenda.

## **3 – ENGAGEMENT/COLLABORATION**

### **PARTNERSHIP/COLLABORATIONS (PC)**

PC1. The number of organizations that entered into formal written inter/intra-organizational agreements (e.g., MOUs/MOAs) to improve MEB health including substance abuse related practices/activities that are consistent with the goals of the Prevention Agenda.

PC2. The number of organizations collaborating/coordinating/sharing resources with other organizations.

PC3. Type of organizations who completed survey (code: lhds, hosp, lgu, etc)

PC4. Type of organizations who participated though did not reach the nominal participation level of 3.

PC5. Clear roles for partners identified in community health improvement plans (code: planning, implementation, evaluation, data-sharing, staff, logistics etc)

### **ACCOUNTABILITY (A)**

A1. The number of organizations making changes to accountability mechanisms in order to improve MEB health including substance abuse-related practices/activities that are consistent with the goals of the Prevention Agenda.

A2. The number of organizations that regularly obtain, analyze, and use MEB health including substance abuse-health related data.

A3. The number of communities that establish management information/information technology system links across multiple agencies in order to share service population and service delivery data.

A4. The number and percentage of work group/advisory group/council members who are consumers/family/participant members.

A5. The number of consumers/family members/participants representing consumer/family organizations who are involved in ongoing MEB health including substance abuse-related planning and advocacy activities as a result of the grant.

A6. The number of consumers/family members/participants who are involved in ongoing mental health-related evaluation oversight, data collection, and/or analysis activities.

## 4 – EVIDENCE-BASED APPROACH

### **AWARENESS (AW)**

AW1. The number of individuals exposed to MEB health including substance abuse awareness messages.

### **KNOWLEDGE/ATTITUDES/BELIEFS (NAB)**

NAB1. The number and percentage of individuals who have demonstrated improvement in knowledge/attitudes/beliefs related to prevention and/or MEB health promotion.

### **SCREENING (S)**

S1. The number of individuals screened for MEB health including substance abuse or related interventions.

### **OUTREACH (O)**

O1. The number of individuals contacted through program outreach efforts.  
O2. The total number of contacts made through program outreach efforts.

### **REFERRAL (R)**

R1. The number of individuals referred to MEB health including substance abuse or related services.

### **ACCESS (AC)**

AC1. The number and percentage of individuals receiving MEB health including substance abuse or related services after referral.

## 5 – CONDITIONS FOR IMPROVEMENT

### **WORKFORCE DEVELOPMENT (WD)**

WD1. The number of organizations or communities implementing MEB health including substance abuse –related training programs.

WD2. The number of people in the mental health and related workforce trained in MEB health including substance abuse –related practices/activities that are consistent with the goals of the Prevention Agenda.

WD3. The number of people newly credentialed/certified to provide MEB health including substance abuse –related practices/activities that are consistent with the goals of the Prevention Agenda.

WD4. The number of changes made to credentialing and licensing policies

in order to incorporate expertise needed to improve MEB health including substance abuse –related practices/activities.

WD5. The number of consumers/family members who provide MEB health including substance abuse –related services as a result of the Prevention Agenda.

### **TRAINING (TR)**

TR1. The number of individuals who have received training in prevention or MEB health promotion.

### **FINANCING (F)**

F1. The amount of additional funding obtained for specific MEB health including substance abuse–related practices/activities that are consistent with the goals of the Prevention Agenda.

F2. The number of financing policy changes completed as a result of the grant.

F3. The 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.<sup>16</sup>



# PART 3: EXAMPLES OF INTERVENTIONS

The interventions below have been selected based on the high degree of evidence supporting their effectiveness, and many of these interventions have been promoted by NYS DOH, NYS OMH, or NYS OASAS.

## INTERVENTIONS TO SUPPORT CLINICAL INTEGRATION

### **Project TEACH**

See description above under **Primary Care & Behavioral Health Integration, pg 14.**

### **IMPACT Model | [Link to website](#)**

See description above under **Primary Care & Behavioral Health Integration, pg 14.**

### **SBIRT | [Link to website](#)**

This screening, brief intervention, and referral to treatment (SBIRT) model is designed for use in health clinics or emergency departments. Using this model during routine medical and dental visits can provide early opportunities for intervention with at-risk substance users. Using this evidence-based intervention will give you results driven improvements.

### **Project ECHO | [Link to website](#)**

Project ECHO is a guided practice model that links specialist teams at an academic hub with primary care clinicians in local communities, where specialist care is not easily accessible. With the use of telecommunications technology, primary care physicians become part of a learning community that increases capacity to provide best-practice specialty care and reduce health disparities.

## INTERVENTIONS TO SUPPORT COMMUNITY & COUNTY-LEVEL INTEGRATION

### **FSG. Collective Impact | [Link to website](#)**

See description above under **Local Government Interagency Collaboration, Alignment, pg 19.**

### **Prevention Institute. Collaboration Multiplier | [Link to website](#)**

See description above under **Local Government Interagency Collaboration, Alignment, pg 19.**

**PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) | [Link to website](#)**

See description above under **Local Government Interagency Collaboration, Alignment, pg 19.**

**Cross-Jurisdictional Sharing Initiatives | [Link to website](#)**

See description above under **Local Government Interagency Collaboration, Alignment, pg 19.**

**Substance Abuse and Mental Health Services Administration. Community Conversations about Mental Health | [Link to website](#)**

See description above under **Community Partnerships, Collaboration, Alignment, pg 22.**

## **INTERVENTIONS TO PROMOTE MENTAL HEALTH & PREVENT SUBSTANCE ABUSE**

The NYSPA Updated Evidence-Based Interventions<sup>17</sup> includes a five-pronged approach to implementing interventions, as follows. These five actions are listed below, with examples of interventions with a strong evidence base under each action area.

**1. Connect people through social inclusion and community cohesion**

**Early Childhood Home Visitation Programs | [Link to website](#)**

Home visitors convey information, offer support, and provide training to families.

**2. Promote physical activity that is both enjoyable and suitable to a person's level of mobility and fitness, and healthy eating.**

**Interventions to increase physical activity and healthy eating for a healthy weight | [Link to website](#)**

While healthy eating and physical activity area often implemented to decrease or prevent obesity and related chronic disease outcomes, they have also been linked to MEB health improvements. The link above provides systematic reviews of many interventions, from behavioral approaches to educational campaigns to increase physical activity and promote healthy eating.

### 3. Facilitate learning environments through the lifespan

#### **Good Behavior Game | [Link to website](#)**

The Good Behavior Game is a first-grade intervention that combines an enhanced academic curriculum with a classroom management strategy for decreasing disruptive behavior.

#### **Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children | [Link to website](#)**

Another example of an evidence-based intervention, policy or approach to facilitate learning environments is the Pyramid Model, a conceptual framework of evidence-based practices designed for early care and education systems. These easy-to-use guides, created especially for teachers/caregivers and parents, provide hands-on ways to embed social emotional skill building activities into everyday routines. The Pyramid Model book nooks are comprised of ideas and activities designed around popular children's books such as Big Al, Hands are Not for Hitting, On Monday When it Rained and My Many Colored Days. Examples of suggested activities include using rhymes to talk about being friends, making emotion masks to help children identify and talk about different feelings, playing games around what to do with hands instead of hitting, and fun music and movement activities to express emotions.

### 4. Integrate policies and practices that promote consciously noticing and appreciating the present

#### **Interventions to support mindfulness. American Mindfulness Research Association. Reviews/Meta-Analysis. | [Link to website](#)**

This page lists many reviews related to mindfulness interventions, including ones targeting children and adolescents, substance use disorders, and preventing depression.

### 5. Facilitate policies that connect with community and greater good such as volunteerism, kindness, advocacy

#### **Interventions to support civic engagement. Indiana University Lilly Family School of Philanthropy. Evidence-Based Engagement: Benchmarks and Best-Practices in Promoting Urban Service | [Link to website](#)**

This paper presents an analysis of benchmarks, best-practices, and opportunities for promoting urban services.

# PART 4: CASE STUDIES

## Chautauqua County: Raising Awareness And Support, Embracing Hope And Resiliency

Four years ago, local professionals from the mental health and other health care fields saw a great need in the community for supports and education around suicide prevention. These community members and others answered the call for action and started The Community Alliance for Suicide Prevention. As recognized in their mission that “suicide is a community wide problem,” the Alliance is dedicated to protecting and promoting life by fostering shared responsibility through raising awareness and community supports while embracing hopefulness and resiliency in the Chautauqua region. Since the founding in 2011, The Community Alliance for Suicide Prevention has collaborated with a number of local organizations to educate community members on the warning signs of depression as well as provide resources for individuals, providers and families to get help. The Alliance continues to respond to local needs through monthly meetings open to the public, trainings and educational and fundraising events. Some of their successes include:

- Establishing a non-endowed fund at the Chautauqua Region Community Foundation to serve as a depository for local donations to support local programs for individuals and families in need;
- With partner agencies, training over 1,000 local community members in suicide prevention and awareness; and
- Establishing a local Postvention response plan, in the event of a tragic death in Chautauqua County

To learn more about the events they host and for more information, visit their Facebook at: [www.facebook.com/TheCommunityAllianceForSuicidePrevention/](https://www.facebook.com/TheCommunityAllianceForSuicidePrevention/)

## Essex County: Comprehensive Suicide Prevention with Diverse Partners

The Coalition began to coalesce in 2012 as a result of the County Mental Health Department participation in the OMH NYSSPI GLS Grant Project. The Public Health Department has been a vital partner since very early on: mental, emotional and behavioral health were identified in Essex County's 2013 Community Health Assessment as a focus area of need to support collaboration across disciplines to strengthen community infrastructure.

Their work can be summarized by the following five components of infrastructure:

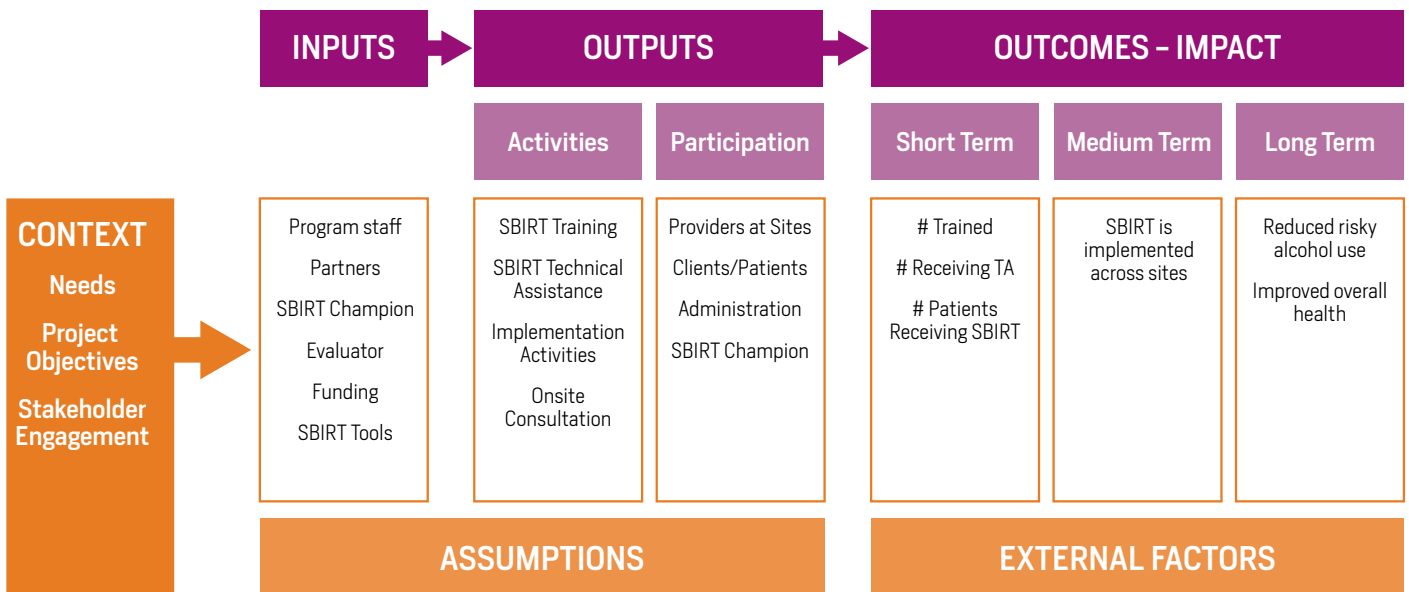
- **Shared Purpose/Alignment** is reflected in a collaborative effort to establish shared Mission and Vision Statements. The mission is to work together as a community to increase suicide awareness and prevention. The Vision is that Essex County will have the necessary information and tools to raise awareness, promote education, and increase action to reduce suicides.
- **Evidence-based Interventions, Policies and Approaches** are utilized, with a strong focus on promoting and providing gatekeeper and community education/awareness events such as: Lifelines School-Based Trainings, SafeTALK, QPR, and Mental Health First Aid (and Youth MHFA) and NYS OMH sponsored clinical training for screening, assessment and safety planning.
- Stakeholders have created **Conditions for Improvement** by leveraging various resources including: NYAPRS mini-grant, NYSSPI/GLS Grant and regional member-item awards, in addition to in-kind donations by partner agencies and other stakeholders.
- **Partners are engaged and collaborate** through monthly coalition meetings with strong participation from a core group of stakeholders representing a variety of agencies and organizations including Public Health, County Mental Health Department, schools, law enforcement, substance abuse prevention agencies, substance abuse treatment provider, peer agencies, Office for Aging, and the American Foundation for Suicide Prevention. Information is shared between meetings via the Basecamp website, where all members share discussions, documents and announcements.
- Infrastructure is **Outcome Focused** by members consistently reporting on and giving feedback on all project activities in monthly coalition meetings. That said, the coalition is working on becoming more formal in setting measurable goals and following a CQI (continuous quality improvement) process.

# PART 5: LOGIC MODEL EXAMPLES

Example logic models are provided below under each infrastructure level. They can be consulted and adapted to envision all steps and intended outcomes in the process of strengthening MEB and public health infrastructure.

## 1. Clinical interventions<sup>18</sup>

### SBIRT Logic Model



## 2. Community/County Level Infrastructure<sup>19</sup>

	<b>ACTIVITIES</b>	<b>IMPACTS</b>	<b>OUTCOMES</b>
<b>SHARED PURPOSE &amp; ALIGNMENT</b>	<ul style="list-style-type: none"> <li>Developing shared vision through a               <ul style="list-style-type: none"> <li>Shared work plan</li> <li>Shared mission statement</li> <li>Strategic plan</li> </ul> </li> <li>Shared standards               <ul style="list-style-type: none"> <li>Shared goals</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Recognition of system need</li> <li>Leadership</li> <li>Shared goals identified &amp; adopted</li> <li>Expected improvement to a process, program, service or sub-system identified</li> <li>Specific, numerable objectives identified</li> </ul>	<ul style="list-style-type: none"> <li>Improved collaboration across health prevention</li> <li>Shared vision Alignment of purpose</li> </ul>
<b>EVIDENCE-BASED APPROACHES</b>	<ul style="list-style-type: none"> <li>Consulting the evidence</li> <li>Specific program or policy interventions to be adapted are identified</li> <li>Identifying timelines to accomplish objectives               <ul style="list-style-type: none"> <li>Expanding high-quality programs</li> </ul> </li> <li>Developing new &amp; effective programs or services</li> <li>Expanding eligibility</li> <li>Increasing access and availability</li> </ul>	<ul style="list-style-type: none"> <li>New system programs or services</li> <li>Expanded program reach or coverage</li> <li>Improved program quality</li> <li>Increased operational efficiency</li> <li>Beneficiary outcomes that precede impacts</li> </ul>	<ul style="list-style-type: none"> <li>Better impacts for beneficiaries related to specific programs or practices</li> </ul>
<b>CONDITIONS FOR IMPROVEMENT</b>	<ul style="list-style-type: none"> <li>Identifying skills and knowledge gaps</li> <li>Identifying financial or other resources needed to monitor improvement</li> <li>Developing new governance proposals</li> <li>Improving quality (quality rating systems, standards)</li> <li>Improving county-local connections</li> <li>Developing better two-way communications</li> <li>Monitoring the system</li> </ul>	<ul style="list-style-type: none"> <li>Cross-system governance</li> <li>Less categorical and more flexible funding</li> <li>Leveraged use of funding</li> <li>Mechanisms for two-way communication</li> <li>System-wide use of data</li> <li>Practitioner supports</li> </ul>	<ul style="list-style-type: none"> <li>Improved accountability across organizations</li> </ul>
<b>COLLABORATIVE PARTNERS</b>	<ul style="list-style-type: none"> <li>Creating forums for cross-sector planning</li> <li>Smoothing developmental transitions</li> <li>Connecting data systems</li> <li>Promoting collaboration and referrals               <ul style="list-style-type: none"> <li>Assessing whether partners know their role in the collaboration</li> <li>Engaging diverse stakeholders</li> <li>All stakeholders needed to understand &amp; impact the shared purpose are at the table</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>MOUs across systems</li> <li>Cross-system training</li> <li>Shared competencies or skills standards</li> <li>Shared data systems</li> <li>Seamless services               <ul style="list-style-type: none"> <li>All members of collaboration engaged in decision-making</li> <li>Partners are clear on their specific role in the collaboration</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Better impacts for affected population where or when connections are made compared to when they are not</li> </ul>
<b>OUTCOME FOCUSED</b>	<p>Measures of participant, program, system, or service impact identified</p> <p>Identifying data sources for measures</p> <ul style="list-style-type: none"> <li>Ensuring a comprehensive system is available to as many people as possible so it produces broad and inclusive results for system beneficiaries</li> </ul>	<p>Measures are tracked for improvement and data is collected</p> <ul style="list-style-type: none"> <li>System spread</li> <li>System depth</li> <li>System sustainability</li> <li>Shifts in system ownership</li> <li>Beneficiary outcomes that precede impacts</li> <li>Policy changes</li> </ul>	<ul style="list-style-type: none"> <li>Better impacts for affected population across a broad spectrum of domains and on a system-wide population level</li> </ul>

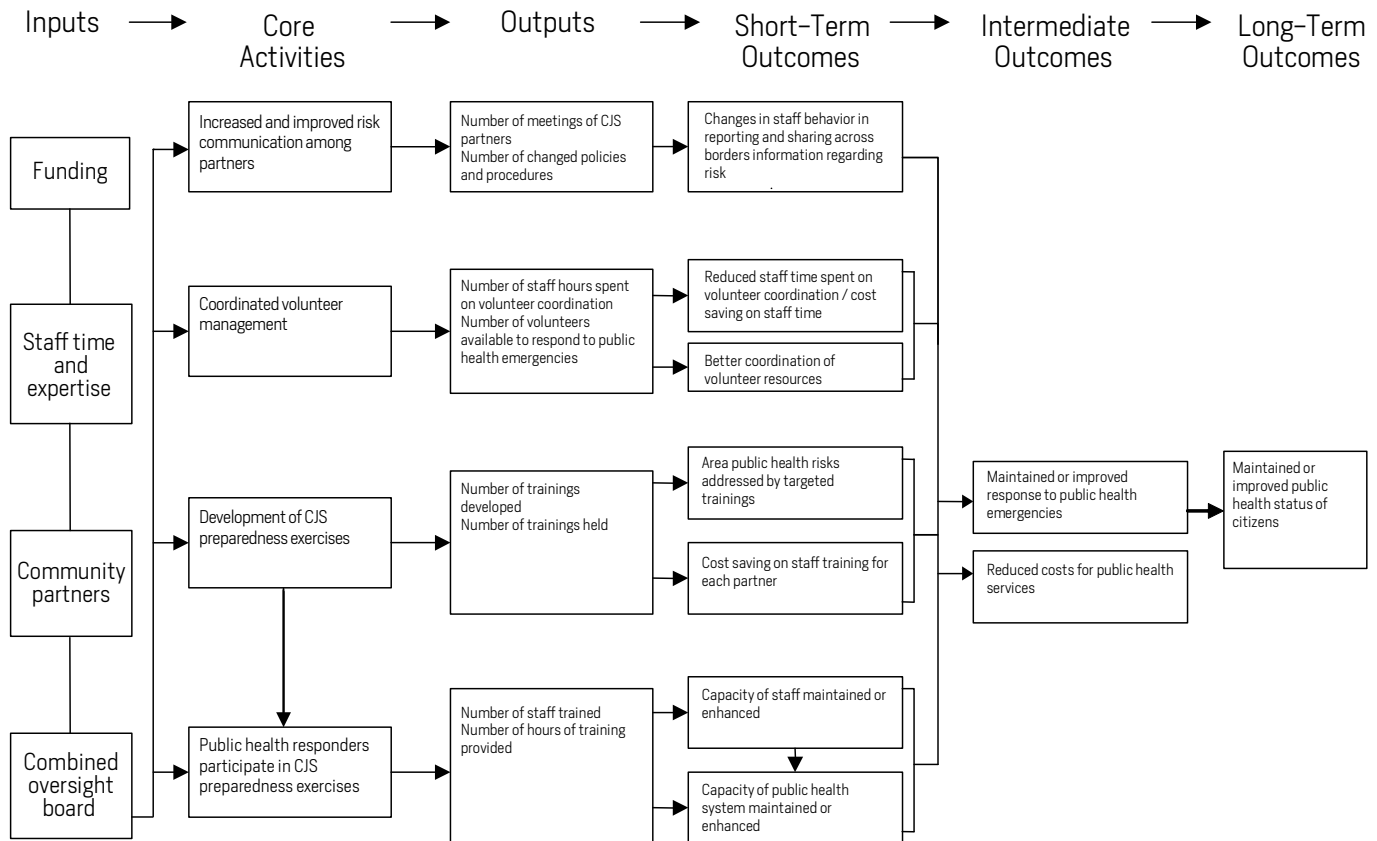
### 3. Regional Infrastructure Development: Cross-jurisdictional sharing structure<sup>20</sup>



Fall 2014  
Matthew Shepherd

## Exhibit E

### An Example of a Logic Model for a CJS Public Health Preparedness Initiative



*This logic model was created by The Center for Sharing Public Health Services.*



# GLOSSARY OF KEY TERMS

<b>ACRONYM</b>	<b>TERM</b>	<b>DEFINITION</b>
<b>APC</b>	Advanced Primary Care Model	According to NYS DOH APC is “an augmented patient-centered medical home (PCMH) that provides patients with timely, well-organized and integrated care, and enhanced access to teams of providers—is the foundation for a high performing health system.” <sup>21</sup>
<b>CSJ</b>	Cross-Jurisdictional Sharing Agreements	“The deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.” <sup>22</sup>
<b>DSRIP</b>	Delivery System Reform Incentive Payment Program	A Medicaid system transformation program that seeks to reduce avoidable hospital use by 25 percent over five years through clinical, systems, and population health projects and incentive payments.
<b>LGU</b>	Local Government Unit	The Local Governmental Unit (LGU) is the unit of local government (the counties and New York City) given authority under NYS Mental Hygiene Law to oversee the local mental hygiene service system, including mental health, substance abuse, and developmental disabilities.
<b>LHD</b>	Local Health Department	
<b>MEB</b>	Mental, Emotional, Behavioral health, problems, and disorders	MEB health includes emotional, psychological, and social well-being. MEB problems are difficulties may be early signs or symptoms of mental disorders but are not frequent or severe enough to meet the criteria for a diagnosis. MEB disorders are a diagnosable mental or substance use condition based on a formal assessment by a qualified provider.
<b>NYS DOH</b>	New York State Department of Health	
<b>NYSPA</b>	New York State Prevention Agenda	The 2013–2017 New York State Prevention Agenda (NYSPA) is a comprehensive plan to improve the health of all New Yorkers. The NYSPA addresses

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		<p>New York’s pressing health concerns by setting achievable goals to address priority health concerns, and is organized around five priority areas, as follows: prevent chronic diseases; promote a healthy and safe environment; promote healthy women, infants, and children; promote mental health and prevent substance abuse; and prevent HIV, STDs, vaccine-preventable diseases, and HA infections.</p>
<b>PPS</b>	Performing Provider System	<p>According to NYS DOH, PPS’s are “entities that are responsible for performing a DSRIP project. DSRIP eligible providers, which include both major public general hospitals and safety net providers, collaborating together, with a designated lead provider for the group.”(New York State Department of Health 2014h)</p>
<b>SHIP</b>	State Health Innovation Plan	<p>The SHIP was funded \$99.9 million by the Centers for Medicare and Medicaid Innovation (CMMI) to test a state innovation model and is described by NYS DOH as the roadmap to implementing the triple aim of better health, health care and lower costs. The SHIP’s primary action is designing and implementing an advanced primary care model that includes integrated primary care with behavioral health and a value-based payment system.</p>

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## References

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