Project 4.a.i – Promote mental, emotional, and behavioral (MEB) well-being in communities

DSRIP Project Description

This project focuses on increasing the use of evidence-informed policies and evidence-based programs pertaining to the healthy development of children, youth, and adults.

- Increasing evidence indicates that promotion of positive aspects of mental health is an important approach to reducing Mental, Emotional, and Behavioral (MEB) disorders and related problems.
- The 2009 Institute of Medicine (IOM) report concluded that the promotion of mental health 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.
- 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.

This project will help to promote MEB well-being in communities.

The Prevention Agenda

This project relates to the *Promote Mental Health and Prevent Substance Abuse (MHSA) Action Plan* (Focus Area 1) within the Prevention Agenda.

MHSA Focus Area 1: Promote mental, emotional and behavioral (MEB) well-being in communities

The 2009 Institute of Medicine report concluded there is increasing evidence that 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]

Suggestions for implementation

- Invite community partners, Local Health Departments, and Local Governmental Units to take part in planning the effort and identify each organization's role in the effort.
- 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.
- Implement evidence-based practices for MEB health promotion intervention that support positive development and healthy lifestyles.
- Support the mental health and parenting skills of parents.
- Practice appropriate evidence-based preventive strategies for settings such as supporting positive parenting practices.
- Support integration of evidence-based prevention and treatment interventions.

These types of activities may already be occurring in your community or region.

When programs are already in place, the PPS can become a strong partner in addressing these projects due to the number and scope of partners in the PPS itself.

[2] From the Prevention Agenda website: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/

- Advocate addressing the common protective factors, such as parent engagement and social connectedness, and risk factors for MEB well-being and disorder prevention such as poverty and exposure to violence.

Suggested milestones

- Announcement to community partners on intention to take action on this project and invitation for collaboration.
- Identification of tools that can measure community well-being in your community.
- Measure and make available local and State data on MEB well-being and MEB disorder prevention to increase transparency and quality on practice.
- Identification of opportunities to integrate social determinants of health into existing and/or new projects.
- Percent of programs that promote resiliency among participants.
- Number of participants who utilize knowledge and/or skills from a specific training.
- Number of organizations that formally implement evidence-based practices identified by the project.

Possible data sources & references

- National Research Council and Institute of Medicine (2002). Community Programs to Promote Youth Development. J. Eccles &JA Gootman (Eds) Committee on Community-Level Programs for Youth, Board on Children, Youth and Families. Washington DC. National Academy Press.
- Shea P, Shern D. Primary Prevention in Behavioral Health: Investing in our Nation's Future. National Association of State Mental Health Program Directors[3] (NASMHPD), 2011.

[3] http://www.hhs.gov/ash/oah/news/assets/sts_primary_prevention_behavioral_health.pdf

Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health

DSRIP Project Description

Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS). Cigarette use alone results in an estimated 28,000 deaths in NYS. There are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. These include many forms of cancer (including lung and oral); heart disease; stroke; chronic obstructive pulmonary disease and other lung diseases.

The economic costs of tobacco use in NYS are staggering. Smoking-attributable healthcare costs are $10.4 billion annually, including $3.3 billion in annual Medicaid expenditures. In addition, smoking-related illnesses result in $6 billion in lost productivity. Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities have become more pronounced over the past decade. Smoking rates did not decline among low socioeconomic status (SES) adults and adults with poor mental health. This project targets decreasing the prevalence of cigarette smoking by adults 18 and older by health care provider adherence with U.S. Public Health Service (USPHS) clinical practice guidelines, including brief counseling, FDA-approved over-the-counter and prescription medications, and follow-up referral to cessation services such as the NYS Smokers' Quitline.

This project will promote tobacco use cessation, especially among low SES populations and those with poor mental health by focusing on health systems that serve these populations

The Prevention Agenda

This project relates to two Prevention Agenda Action Plans: the *Prevent Chronic Diseases (PCD) Action Plan* (Focus Area 2; Goal 2.2.2) and the *Promote Mental Health and Prevent Substance Abuse (MHSA) Action Plan* (Focus Area 2; Goal 2.4) within the Prevention Agenda.

PCD Focus Area 2, Goal 2.2: Promote tobacco use cessation, especially among low SES populations and those with poor mental health[14]

Objective 2.2.2: By December 31, 2017, decrease the prevalence of cigarette smoking by adults, ages 18 years and older, by 17% from 18.1% to 15.0%.

MHSA Focus Area 2, Goal 2.4: Reduce tobacco use among adults who report poor mental health[14]

Objective 2.4.1: By December 31, 2017, reduce the prevalence of cigarette smoking among adults who report poor mental health by 15% from 32.5% in 2011 to 27.6%.

- 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 percent among those with good mental health (19.2% to 15.2%) and remained unchanged among those who report their mental health was not good. Since 2011, smoking prevalence is reported from the Behavioral Risk Factor Surveillance System (BRFSS). Smoking prevalence for

[14] From the Prevention Agenda website: https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/goals_objectives.htm#2rationale

those who reported that their mental health was not good was twice that of those with good mental health (32.5% vs. 16.4%).

Suggestions for implementation

- Invite community partners to take part in planning the effort.
- Review and include community recommendations from the Community Health Needs Assessment in plans.
- Develop and adopt policies that support and enforce tobacco-free grounds throughout the PPS, including in community-based sites.
- Develop and implement a policy to ensure treatment of tobacco dependence that includes:
  - Implementation or adaptation of an existing EHR that captures and promotes screening and treatment at every encounter (outpatient and inpatient) and links to resources such as reference documents for drug interactions.
  - Implementation or adaptation of workflow to optimize delivery of tobacco use screening and treatment.
  - Instituting for all health care team members routine tobacco use treatment training that covers the 5As.
  - Provision of counseling and optimal pharmacotherapy (as appropriate) at every visit.
  - Referring patients to the NYS Smokers' Quitline (NYSSQL) as follow-up to on-site counseling and pharmacotherapy evaluation with bidirectional communication so providers receive feedback from referrals.
- Increase Medicaid cessation benefit utilization by:
  - Educating patients on their benefit.
  - Offering both counseling and pharmacotherapy during each encounter.
- Collaborate with participating health plans to identify value based methods for reimbursement for tobacco dependence treatment.
- Provide feedback reports using quality measures for screening and treatment (including CPT II codes) to providers/clinics using the EHR.

There are likely to already be activities ongoing in the community to address reduction in use of tobacco products including active medication intervention for current users. The PPS does not need to create a secondary group if such a group exists, but should consider participating in the already established group and bringing recommended activities into the clinical and community settings associated with the PPS.

Suggested milestones

These milestones will help measure the progress towards increasing provider adherence to the USPHS clinical practice guidelines.

- Announcement to community partners on intention to take action on this project and invitation for collaboration.
- Review and update a summary of current institutional policies regarding tobacco-free environment (one time).
- Incorporate provider training in tobacco dependence treatment into hospital privilege requirements and conduct biennial review of progress.
- A PPS-wide policy that ensures tobacco status is queried and documented and that decision-support for treatment is embedded in each encounter.
- Development and use of routine schedule performance measures for monitoring tobacco use screening and treatment.

Consider an annual PPS report summarizing:

- Environmental policies across all PPS members
- Review of trainings completed for providers, calendar of media campaigns, examples of consumer materials utilized
- Sample EHR template for documenting 5 A's
- Quality measure reporting template for monitoring screening, treatment (including referral to NYSSQL and feedback loop), and, if chosen, quit rates – may utilize a variety of data sources for this: PPS performance measurement system/quarterly tracking reports, EHR reports, QARR/HEDIS reports
- Quit Rates

- Dedicated staff who will provide tobacco dependence treatment as outlined by the USPHS Clinical Practice Guidelines[15] and assess the delivery of this treatment in staff performance evaluations.
- MOU with NYS DOH Bureau of Tobacco Control's[16] Health Systems for a Tobacco-Free NY contractors to receive technical assistance on system improvements related to tobacco use cessation. To find the health systems tobacco contractor in your area, contact Julie Wright at julie.wright@health.ny.gov or call the Bureau of Tobacco Control at (518) 474-1515.
- Development and dissemination of a communication strategy for patient and clinician education regarding availability of covered tobacco dependence treatment that encourages patients to use the services.
- Resources budgeted for related community service plan activities.

Possible data sources & references

- Public Health Service-sponsored Clinical Practice Guideline
- Office of Quality and Patient Safety
- NYS Smokers' Quitline

[15] http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html
[16] http://www.health.ny.gov/prevention/tobacco_control/program_components.htm