



Domain 4 Projects

4.a.i Promote mental, emotional, and behavioral (MEB) well-being in communities (Focus Area 1)

Project Objective: This project will help to promote mental, emotional, and behavioral (MEB) well-being in communities.

Project Description: The best opportunity to improve the public's mental health and prevent its development from manifesting is the delivery of preemptive interventions. 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 MEB disorders and related problems.
- The 2009 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

Project Requirements: The project must clearly demonstrate the following project requirements. In addition, please be sure to reference the document, **Domain 1 DSRIP Project Requirements Milestones and Metrics**, which will be used to evaluate whether the PPS has successfully achieved the project requirements.

1. Identify and implement evidence-based practices and environmental strategies that promote MEB health. A menu of interventions is found on the Prevention Agenda website accessible via the following:
 - Website: (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/interventions.htm)



- Section: Promote Mental Health and Prevent Substance Abuse Action Plan, Interventions for Goal 1: To promote mental, emotional and behavioral (MEB) well-being in communities
- 2. Support and facilitate quality improvement of evidence-based practices and environmental strategies that promote MEB health.

Partnering with Entities Outside of the PPS for this Project

Please provide the name of any partners included for this project outside of the PPS providers. This may include an entity or organization with a proven track record in addressing the goals of this project.

Entity Name

Project Response & Evaluation (Total Possible Points – 100):

1. Project Justification, Assets, Challenges, and Needed Resources (Total Possible Points – 100)

- a. Utilizing data obtained from the Community Needs Assessment (CNA), please address the identified gaps this project will fill in order to meet the needs of the community. Please link the findings from the Community Needs Assessment with the project design. For example, identify how the project will develop new resources or programs to fulfill the needs of the community.

The CNA identified gaps in MEB services related to binge drinking, depression, marijuana use, obesity, and suicide. WNY ranked in the bottom third of NYS regions promoting mental health and reducing substance abuse. WNY had a higher rate of suicide deaths (11.4%); almost double the NYS goal (5.9%). 40% of Medicaid patients indicated that mental/physical health affected the ability to perform daily activities. Erie (24.1%), Niagara (22.4%), and Cattaraugus (24.5%) have high rates of adult binge drinking compared to the NYS objective (13.4%). WNY adults reported the highest past 30-day binge drinking rates in NYS (22%). Buffalo Public School (BPS) data shows the number of students who tried marijuana is higher than the NYS average (9.7% reporting use before age 13 compared to NYS average of 7.6%). 22.8% reported using in the last thirty days compared to NYS (20.5%). Women residing in Buffalo have a higher percent of low birth weight babies (10.5%) compared to the NYS average (8.2%). OMH data shows WNY suicide rates as 5.84/10,000. Other reports indicate 6.7% of US adults have depression and 11% of adolescents have a depressive disorder by age 18 (NIMH). Factors contributing to this include poor mental health/substance abuse and other physical health and environmental factors. Early age of onset and alcohol use patterns are risk factors predicting future binge drinking. Two school districts indicate high rates of early initiation of alcohol use. BPS (14.9% before age 13) and Lancaster (48% by grade 12). Students reported high 30-day usage rates (BPS; 25.7% and Lancaster; 48%). Research shows that decreases in perception of harm and social disapproval of marijuana correlate with increases in use. 67.3% of high school students referred in Erie County interventions reported “no” or “slight risk” associated with marijuana. Erie (29), Niagara (28) and Cattaraugus (27) Counties have high rates of obesity compared to NYS rate of 23/10,000. Physical inactivity will be addressed as a risk factor to impact obesity in WNY. Physical inactivity is apparent



in BPS. Studies show 42% of students watch television for 3 or more hours a day (30.6% NYS level). 20% of students did not participate in physical activity for 60 minutes for the past 7 days (NYS; 13%). Binge drinking will be targeted to impact low birth weight babies. Alcohol has known teratogenic effects on developing fetus, causing Fetal Alcohol Syndrome (FAS)/ disorders such as low birth weight in babies of women who drink alcohol while pregnant. FAS rates in Buffalo are 3.75/1000 births, three times the national average. 24.5% of sexually active BPS students reported drinking alcohol/using drugs before their last sexual intercourse. Sexually active BPS students who do not use a condom has risen 15% in three years. Risk factors targeted to combat the rates of suicide/depression include low self-esteem, poor coping skills and lack of emotional support in youth. Stigma associated with mental health/lack of education need to be addressed due to higher than average WNY suicide rates. Depression is known to be one major risk factor for suicide. Substance abuse/mental health stigma is a national issue. Studies show only 25% of adults 18-24 believe someone with a MEB disorder can recover; 42% believe they can be as successful at work as others; and 54% believe that treatment can help those with a MEB disorder. Only 26% agree that people are sympathetic toward those with these conditions. Associated risk factors will be targeted through evidence-based practices to address MEB gaps specified. Project partners have relationships in all 8 county school districts/communities. CPWNY partners currently deliver evidence based programs to address each of the identified risk factors such as binge drinking, depression, inactivity, etc. The plan is to expand existing programs to other high risk areas identified in the CNA.

- b. Please define the patient population expected to be engaged through the implementation of this project. The definition of patient population *must be specific and could be based on geography, disease type, demographics, social need or other criteria.*

The target population was selected based on geography, demographics, and high-risk conditions that have the greatest potential for successful intervention, behavior change and cost avoidance/cost reduction. It includes individuals with the risk factors identified in the CNA: substance abuse, binge drinking, obesity and child and adolescent depression, adolescent/adult substance abuse, adult depression, and adolescent/adult suicide risk as identified in the CNA, school and community data sources. The targeted population resides in all eight WNY counties, and specifically in urban, first ring suburban and rural areas, and addresses the changing demographic mix in our region and includes specific Spanish and Arabic language groups.

- c. Please provide a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project. In addition, identify any needed community resources to be developed or repurposed.

The CPWNY PPS partners have engaged the Mental Health Association (MHA) of Erie County and the Erie County Council for the Prevention of Alcohol and Substance Abuse (ECCPASA) to take the lead as the partners on this project to promote MEB across the eight-county WNY region. The team of collaborators are well-positioned to deliver high-quality programming in WNY due to their current partnerships in the WNY schools and communities. Collaborators include mental health and substance abuse providers, and MHAs and Substance Abuse Councils in all eight WNY counties. The MHA and its vendors have established programs that are SAMHSA-approved, including Mental Health First Aid, Too Good for Violence, Ripple Effects, Compeer, and Wellness Recovery Action Plan. These programs are currently being utilized in the WNY area and have a



proven track record to reduce the suicide and depression risk factors identified in the CNA. ECCPASA and its partners have experience administering many evidence-based, SAMHSA-approved programs which address the risk factors of binge drinking, substance use, obesity and low birth weight babies identified in the CNA. These programs include Too Good For Violence/Drugs, An Apple A Day, Building Skills and Project Northland, Teen Intervene, and Project CHOICES. Other evidence-based programming includes parent awareness forums, student assistance prevention counseling, media campaigns, Fetal Alcohol and Drug Effects, and Environmental strategies. Newly proposed SAMHSA approved programs include Wellness Outreach at Work, and an evidence-based practice (Switch What You Do, View, and Chew).

- d. Describe anticipated project challenges or anticipated issues the PPS will encounter while implementing this project and describe how these challenges will be addressed. Examples include issues with patient barriers to care, provider availability, coordination challenges, language and cultural challenges, etc. Please include plans to individually address each challenge identified.

We anticipate many challenges with this initiative. A primary challenge is to effectively overcome the stigma mentioned in the CNA associated with substance abuse, addiction and mental illness. In order to do so, we will engage a professional PR and media consultant to develop a region-wide campaign to raise awareness, address stigma, and generate positive change. Another challenge is gaining access in various school systems with demanding State Education requirements related to the Common Core Standards and student benchmarks. In order to ensure engagement with the schools and mitigate this problem, the partners will align program initiatives with the State Education Department requirements and work with school administration to ensure proper program implementation time. In addition, some WNY community leaders and organizations fail to fully appreciate the magnitude of MEB problems and to see their role in effectively solving them. We will face this challenge by actively engaging these leaders to give them a better understanding of their responsibility for bringing knowledge and evidence-based prevention to their communities to promote positive outcomes such as healthy decision-making and positive behavior changes. The final barrier identified in our CNA includes cultural and language barriers associated with the changing demographic mix in the WNY area as a result of immigration. Our partner agencies have developed relationships with community experts to overcome this obstacle as evidenced by their demonstrated success with the targeted populations.

- e. Please outline how the PPS plans to coordinate on the DSRIP project with other PPSs that serve an overlapping service area. If there are no other PPS within the same service area, then no response is required.

Community Partners WNY and Millennium, the two PPSs serving WNY, have been working in partnership along with a comprehensive group of approximately thirty agencies located throughout the eight-county region. It is expected that this level of collaboration will continue and expand.

- f. Please identify and describe the important project milestones relative to the implementation of this project. In describing each of the project milestones relative to implementation, please also provide the anticipated timeline for achieving the milestone.

1. 1/15/15 - Identify roles and responsibilities and accountability of each partner. 2. 2/1/15 - Prioritize the delivery of programs based on need/community impact and accessibility. 3. 2/1/15



- Identify outcome metrics and report requirements. 4. 3/1/15 - Identify how the DSRIP initiatives will increase the number of people receiving services.

2. Project Resource Needs and Other Initiatives (Not Scored)

a. Will this project require Capital Budget funding? *(Please mark the appropriate box below)*

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: Please describe why capital funding is necessary for the Project to be successful.

b. Are any of the providers within the PPS and included in the Project Plan PPS currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to this project's objective?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes: Please identify the current or expected initiatives in which the provider is (or may be) participating within the table below, which are funded by the U.S. Department of Health and Human Services, as well as other relevant delivery system reform initiative(s) currently in place.

Please note: if you require more rows in order to list all relevant initiatives, please make a note of this in your response to question (c.) immediately below and attach a separate document with these projects listed.

Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives
Mental Health Association of Erie County	Medicaid	12/1/2015		To provide peer support services through the Child and Family Support Program
Compeer	Medicaid	12/1/2015		To initiate: Empowerment Services & Peer Supports, Psychosocial Rehabilitation and Family Support Training
WNY Independent Living Mental Health Peer Connection	Medicaid	current		Provide relapse prevention programming utilizing the Wellness Recovery Program



Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives
EC Council for the Prevention of Alcohol & Substance Abuse	Population Health Initiative Program	2015	2017	TO address population health & health disparities in WNY

- c. Please describe how this proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified above. A PPS may pursue a DSRIP project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.

MHA & Compeer do not currently offer any billable services through Medicaid, however as noted above MHA has initiated the application process to provide Medicaid billable services. Therefore, the DSRIP project will assist in expansion of current services in alignment with its project goals.

3. Domain 1 DSRIP Project Requirements Milestones & Metrics:

Progress towards achieving the project goals and project requirements specified above will be assessed by specific milestones for each project. Domain 1 Project Milestones & Metrics are based largely on investments in technology, provider capacity and training, and human resources that will strengthen the ability of the PPS to serve its populations and successfully meet DSRIP project goals.

PPS project reporting will be conducted in two phases: A detailed Implementation Plan due by March 1, 2015 and ongoing Quarterly Reports throughout the entire DSRIP period. Both the initial Implementation Plan and Quarterly Reports shall demonstrate achievement towards completion of project requirements.

- a. Detailed Implementation Plan:** By March 1, 2015, PPS will submit a detailed Implementation Plan to the State for approval. The format and content of the Implementation Plan will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.
- b. Quarterly Reports:** PPS will submit quarterly reports on progress towards achievement of project requirements as defined in the application. Quarterly reports to the Independent Assessor will include project status and challenges as well as implementation progress. The format and content of the quarterly reports will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.