

Developing Prevention Integrated Systems

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Ashley's Story

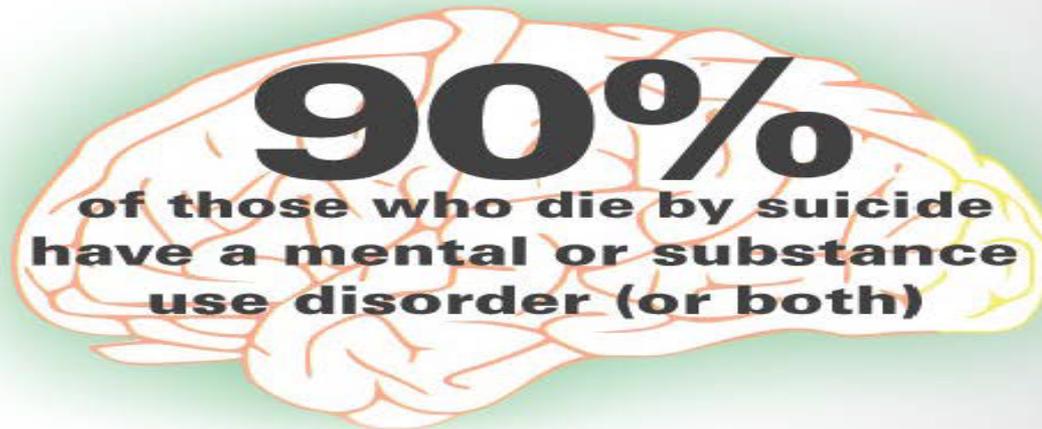
- What steps within your current system's structure would you take for Ashley?

First we must change our lens

Applying a behavioral health lens to our current systemic efforts helps us to see the connections between substance abuse and related problems and to take the necessary steps to address these problems in a comprehensive and collaborative way.

Consider These Connections

- **40%** of all patients seeking treatment for alcohol/substance use disorder report at least one suicide attempt at some point in their lives (Pomilli, 2008).
- Acute alcohol intoxication is present in about **30–40%** of suicide attempts and suicides.



- Studies conducted in substance abuse rehabilitation programs typically reported that **50–75%** of clients had some type of co-occurring mental disorder.
- Studies in mental health settings reported that between **20–50%** of their clients had a co-occurring substance use disorder (SAMHAS, 2010).

Consider These Connections

- While **95%** of individuals with a mental illness and/or substance use disorder will not die by suicide, **90%** of individuals who do die by suicide have either a mental or substance use disorder, or both (SAMHSA, 2008).
- Between **40–60%** of those who die by suicide are intoxicated at the time of death (NSSP, 2001).
- About **4.4%** of Canadians aged **15** and older met the criteria for a Substance Use Disorder in the past 12 months. The most common of these was Alcohol Use Disorder, at **3.2%** (Statistics Canada, 2012).
- For **4–12%** of the population in Canada and the United States, Alcohol and Substance Use Disorder can become a serious and life-threatening issue (Hasin, 830).



What is Behavioral Health

- A state of mental/emotional wellbeing
- Choices and actions that affect wellness
- Substance abuse and misuse
- Serious psychological distress
- Suicide
- Mental illness

Consider These Statistics

- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.
- The annual total estimated societal cost of substance abuse in the U.S. is \$510.8 billion
- An estimated 23.5 million Americans aged 12 and older need treatment annually for substance abuse

Consider These Statistics

- Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking
- More than 38,000 Americans die every year as a result of suicide, one every 15 minutes
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and 3/4s by age 24
- In 2008, an estimated 9.8 million adults had a serious mental illness

Overlapping Problems, Collaborative Solutions

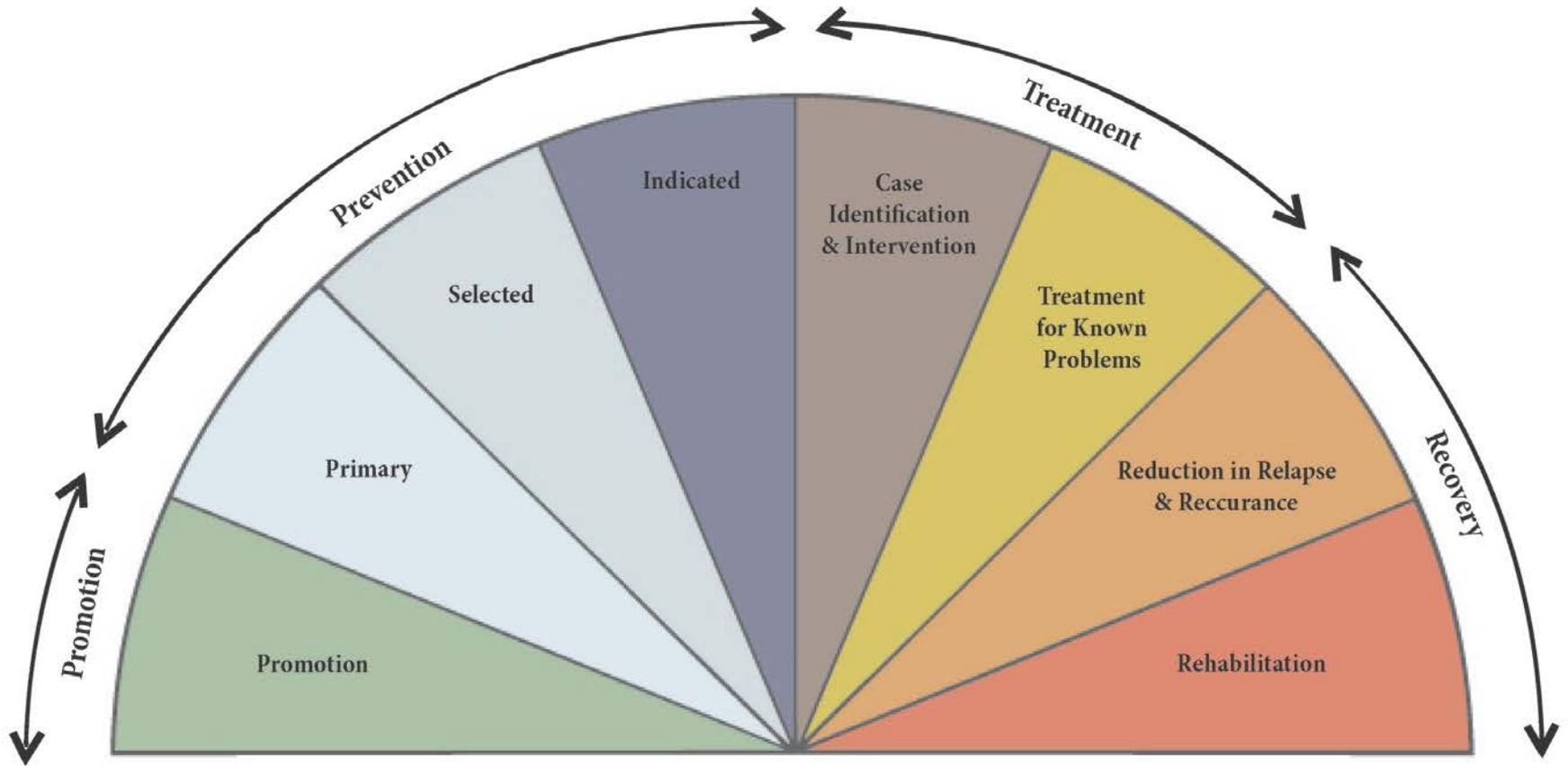
- In the past, SA prevention separate from the prevention of other behavioral health problems
- However, populations overlap significantly
- So do risk factors and protective factors
- Improvement in one area often affects the other. The opposite is also true

Overlapping Problems, Collaborative Solutions

- An estimated 37% of alcohol abusers and 53% of other drug users also have at least one serious mental illness.
- One in five individuals with a diagnosable mental health disorder also suffer from a substance abuse disorder.
- But which comes first, or which causes the other?

Overlapping Problems, Collaborative Solutions

- Mental and physical health are also connected.
- Drinking alcohol is a risk factor for primary liver, breast and colorectal cancer.
- Sleep, diet, activity and physical fitness can also strengthen mental health



Universal, Selective and Indicated

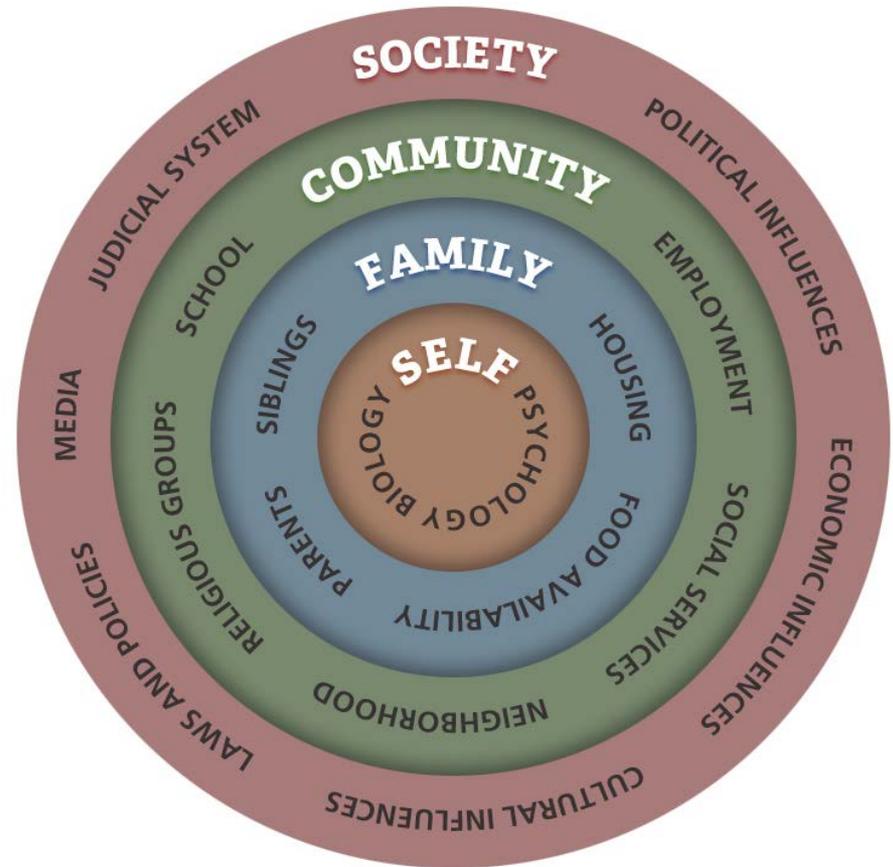
- Universal interventions take the broadest approach, targeting the general public or whole population.
- Selective interventions target subpopulations whose risk of developing issues – either mental health or substance abuse – is elevated
- Indicated intervention target high risk individuals who are identified as having minimal but detectable signs or symptoms of a disorder

Individual vs. Population

- What is Sandra's level of risk
- What are some of the protective factors in her life?
- Which of these are fixed and which are variable?

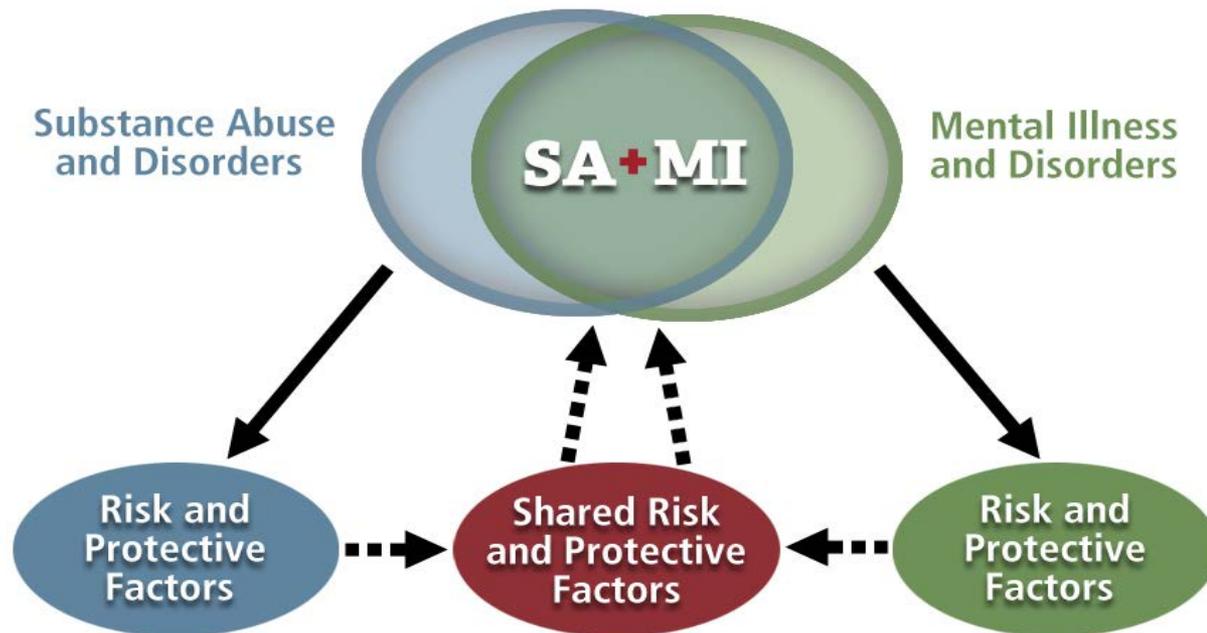
Risk and Protective Factors

- Exist in Multiple Contexts
- Are Correlated and Cumulative



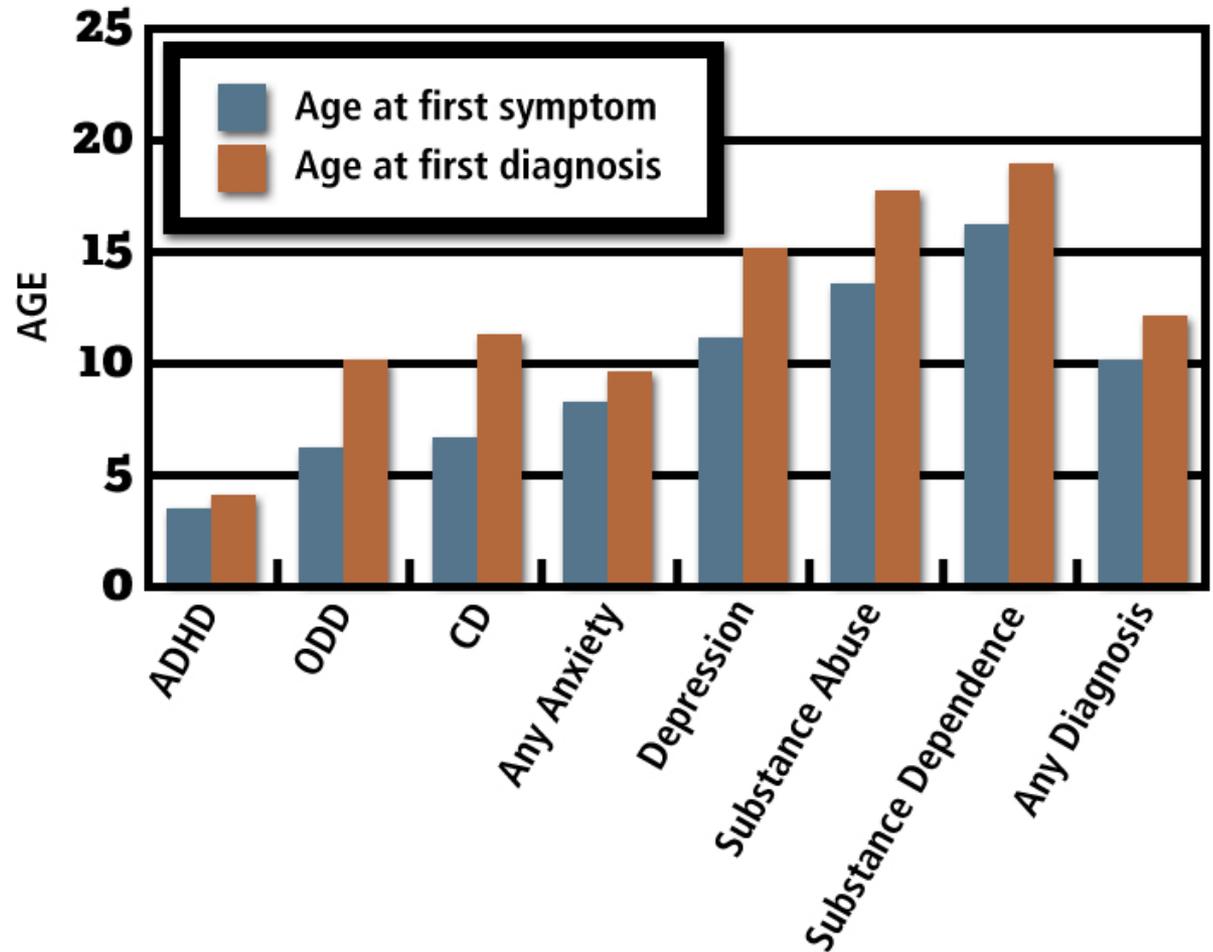
Risk and Protective Factors

- Can be associated with multiple problems
- Are influential over time



Risk and Protective Factors

When addressing risk and protective factors, timing is critical



So What is a Prevention Integrated System?

A Prevention Integrated System is a system equipped to use a comprehensive mix of data driven prevention strategies, interventions, and programs across multiple sectors to promote emotional health and reduce the likelihood of mental illness, substance abuse (including tobacco), and suicide.

Prevention Integrated Systems

“Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse . . . and suicide” (*SAMHSA*).



Prevention Integrated Systems

- Prevention services that use collaboration and strategic partnerships to prevent and mitigate consequences of drug use, suicide, and other health problems affecting the community
- Prevention services that draw on the strengths of the community to promote the health and well being of individuals and families in the community

Guiding Steps to Develop & Implement Prevention Integrated Systems at the Local Level

- Use the data driven Strategic Prevention Framework (SPF) process
 - *Epidemiological data drives/guides decision and action*
- Include key community entities and stakeholders
 - *Multiple stakeholders encourage discussion, sharing, buy-in*

Guiding Steps to Develop & Implement Prevention Integrated Systems at the Local Level (cont.)

- Coordinate substance abuse prevention initiatives with other gov't health promotion efforts *(To plan & deliver specialized cost effective prevention services that promote social and emotional well being and align with healthcare reform outcomes)*
- Use evidence-based services & interventions
- Meet cultural and linguistic needs of diverse populations *(Cultural/Linguistic Competency)*

Guiding Steps to Develop & Implement Prevention Integrated Systems at the Local Level (cont.)

- Ensure focus on communities facing behavioral and physical health disparities:
 - *racial and ethnic minorities*
 - *lesbian, gay, bi-sexual, and transgendered (LGBT) people*
 - *SMVF*
 - *people with disabilities*
 - *girls and transition-age youth*
 - *communities facing elevated levels of substance use disorders (SUDs) and higher suicide rates*

Suicide prevention efforts tend to focus on “at-risk” groups (rates greater than general population)

White Males 65+ 3-4x



Veterans/Military 2-4x



Alaskan Natives/
American Indians (AN/AI) 2-4x



Lesbian, Gay, Bisexual,
Transgender (LGBT) Youth 2-3x



We should focus intervention on those at highest risk



Individuals with Serious Mental Illness (SMI) 6-12x

White Males 65+

The American Association of Suicidology reports the 2006 suicide rate for elderly white males was 31 per 100,000, but 48 per 100,000 for those over 85. <http://bit.ly/men-s>

Veterans/Military

In 2010, *USA Today* reported the current U.S. Army suicide rate at 22 per 100,000 (<http://usat.ly/army-s>), but the Fort Hood rate was 47 per 100,000. <http://bit.ly/ft-s>

AN/AI

In the Suicide Prevention Resource Center (SPRC) library, Alaskan Native/American Indian males ages 15 to 24 had the highest rate at 28 per 100,000. *USA Today* reported in 2010 a suicide rate for those AN living in Alaska of 42 per 100,000. <http://usat.ly/an-ak>

LGBT Youth

The SPRC library says little can be said with certainty about death rates. However, other research suggests two to three times the national rate. <http://bit.ly/wik-lgbt>

Individuals with SMI

In 2008, a UK study by Osborn et al. found the hazard ratio for individuals with SMI, including schizophrenia, to be nearly 13 times the general population. In Dec. 2010, King’s Health Partners found the risk to be 12 times greater during the first year following diagnosis of a serious mental illness. <http://bit.ly/SMI-suicide-12x>

Note: The suicide rate in the general population was 11.5 per 100,000 in 2007.

Prevention Integrated Systems: Priority Areas & Deliverables

- a) Prevent/reduce consequences of underage drinking and adult problem drinking
- b) Reduce prescription (Rx) drug misuse and abuse
- c) Eliminate/reduce underage tobacco use

Prevention Integrated Systems: Priority Areas & Deliverables

- d) Prevent and delay use, and reduce consequences of substance use disorders
(emerging local trends)
- e) Promote behavioral & physical health
- f) Prevent suicides and attempted suicides

Prevention Integrated Systems: Operational & Conceptual Goals and Priorities

1. Prevent onset, mitigate consequences of substance use disorder & mental illness
2. Develop effective institutional collaboration of entities, individuals, & service functions that can provide and integrate services that address behavioral and health care needs

Prevention Integrated Systems: Operational & Conceptual Goals and Priorities (cont.)

3. Develop workforce capacity to provide integrated services and deliver specialized substance abuse prevention services that promote health and wellbeing

Page: Training, Skills & Support

1. I have received the TRAINING I need to engage and assist those with suicidal desire and/or intent.

Around 48% didn't know or disagreed that they had received the training they needed to engage and assist those with suicidal desire and/or intent.

answered question 2,672

skipped question 70

Response Response

Percent Count

Completely agree		11.8%	314
Agree		41.0%	1,095
Don't know		8.5%	228
Disagree		31.0%	829
Completely disagree		7.7%	206

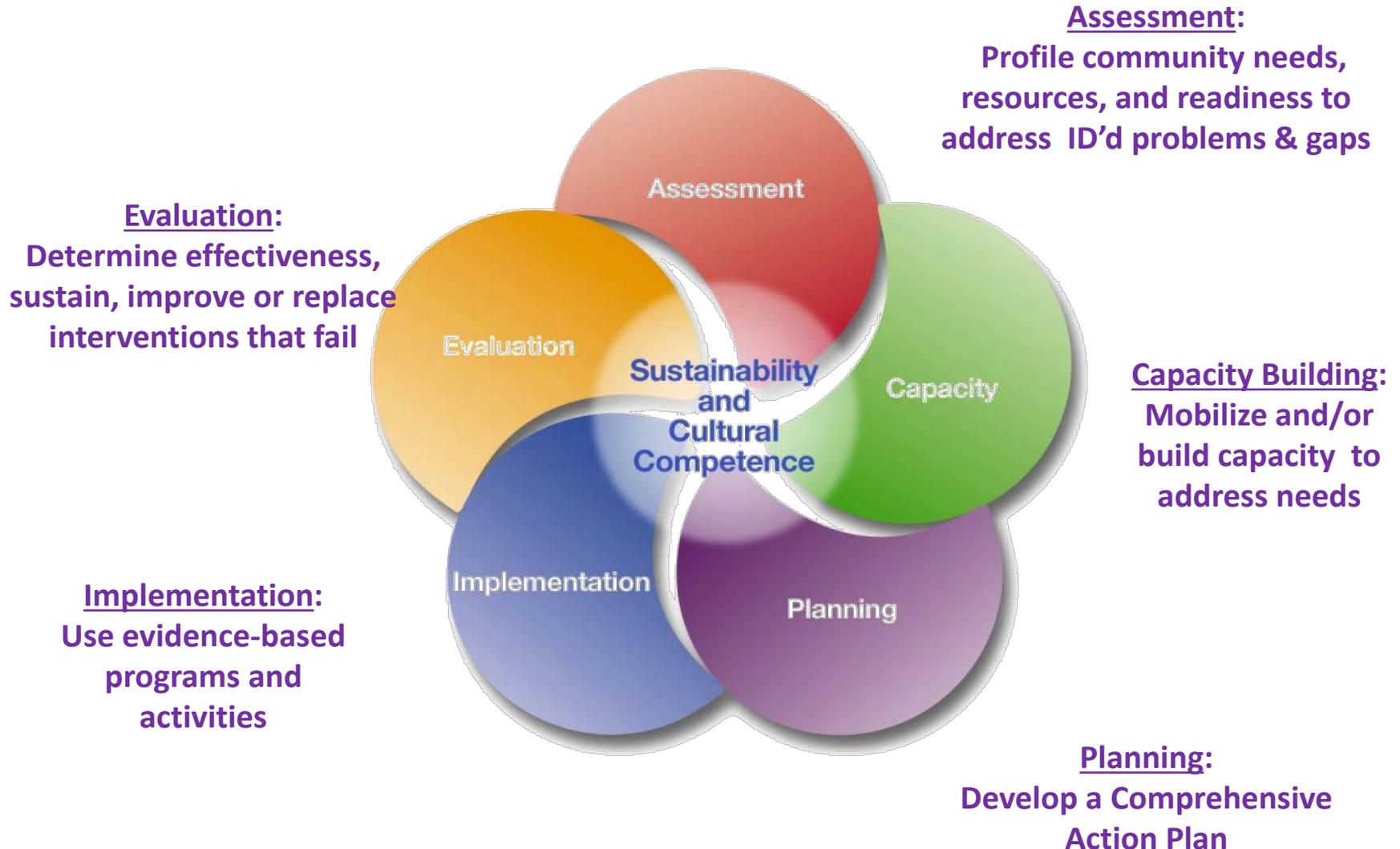
Prevention Integrated Systems: Operational & Conceptual Goals and Priorities (cont.)

4. Develop creative and powerful collaborative efforts to address conditions that contribute to drug use & other risk behaviors
5. Ensure focus on groups that have been disproportionately affected by the consequences of behavioral and physical health, and by disparities in access to services

Developing Prevention Integrated Systems using the Strategic Prevention Framework (SPF) Process

1. Assessment/Community Profile
2. Building Capacity
3. Planning
4. Implementation
5. Evaluation

Five Infrastructure Steps



Strategic Prevention Framework/ Prevention Integrated Systems

Preparing systems to ACT and to
achieve wellness through:

- Comprehensive collaboration
- Joint assessment and planning efforts to address identified community needs
- Integrated systems approach to services

Five Steps to Promote Integration

Purpose of partnership and collaboration:

- Sharing relevant data
- Identifying mutual needs and strengths
- Developing complementary organizational processes and plans
- Integrating and/or linking services
(improving access to each other's services)
- Assessing effectiveness of actions

Prevention Integrated Systems: A Call to Community Action

Lifting the System Through
Partnerships & Collaborative Projects



Guidance for Inclusion of Stakeholders & Community Partners

- Healthcare organizations (*health depts., hospitals, medical professionals, pharmacists, health promotion services*)
- Schools and education organizations
- Law enforcement, courts
- Multi-purpose collaborative
- Gov't service agencies
- Ethnic/tribal leaders
- Behavioral health providers
- Families, parents, parent groups
- Business



Guidance for Inclusion of Stakeholders & Community Partners (cont.)

- Media
- Youth, student groups, services for youth
- Faith-based, fraternity organizations
- Members of the recovering community
- Civic, volunteer groups
- Suicide prevention groups/services
- Other gov't agencies (*ex. DEA, FDA*)
- Organizations involved in reducing SA
- Older adult organizations

Don't Forget Readiness

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Assess Your System's Linkages

Five Levels of Collaboration

Levels	Purpose	Structure	Process
Networking	<ul style="list-style-type: none"> • Dialog and common understanding • Clearinghouse for information • Create base of support 	<ul style="list-style-type: none"> • Non-hierarchical • Loose/flexible link • Roles loosely defined • Community action is primary link among members 	<ul style="list-style-type: none"> • Low key leadership • Minimal decision making • Little conflict • Informal communication
Cooperation or Alliance	<ul style="list-style-type: none"> • Match needs and provide coordination • Limit duplication of services • Ensure tasks are done 	<ul style="list-style-type: none"> • Central body of people as communication hub • Semi-formal links • Roles some what defined • Links are advisory • <i>Group leverages/ raises money</i> 	<ul style="list-style-type: none"> • Facilitative leaders • Complex decision making • Some conflict • Formal communications within the central group
Coordination or Partnership	<ul style="list-style-type: none"> • Share resources to address common issues • Merge resource base to create something new 	<ul style="list-style-type: none"> • Central body of people consists of decision makers • Roles defined • Links formalized • Group develops new resources and joint budget 	<ul style="list-style-type: none"> • Autonomous leadership but focus in on issue • Group decision making in central and subgroups • Communication is frequent and clear
Coalition or Partnership	<ul style="list-style-type: none"> • Share ideas and be willing to pull resources from existing systems • Develop commitment for a minimum of three years 	<ul style="list-style-type: none"> • All members involved in decision making • Roles and time defined • Links formal with written agreement • Group develops new resources and joint budget 	<ul style="list-style-type: none"> • Shared leadership • Decision making formal with all members • Communication is common and prioritized
Collaboration	<ul style="list-style-type: none"> • Accomplish shared vision and impact benchmarks • Build interdependent system to address issues and opportunities 	<ul style="list-style-type: none"> • Consensus used in shared decision making • Roles, time and evaluation formalized • Links are formal and written in work assignments 	<ul style="list-style-type: none"> • Leadership high, trust level high, productivity high • Ideas and decisions equally shared • Highly developed communication

Source: Community Based Collaborations – Wellness Multiplied 1994, Teresa Hogue, Oregon Center for Community Leadership
<http://crs.uvm.edu/ncco/cd/subfra.htm>

Now Pull It All Together

- We use the SPF or something similar
- We include key stakeholders
- We coordinate substance abuse efforts
- We use evidence-based programs
- We prevent onset, mitigate consequences of SA disorders and mental illness
- We develop workforce capacity
- We address priority populations
- We are increasing effectiveness of efforts

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