Priority Goal: Mental Health

__Goal 2:__ Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

__Process Snapshot:__

In the Community Themes and Strengths survey, residents identified mental health as the second most troubling health issue in South Heartland communities. The health status assessment data supported this concern. For example, 28% of 9th-12th grade students in South Heartland indicated they were depressed in the past 12 months, 18.7% considered suicide and 13.2% attempted suicide. The Nebraska suicide rate for 10-24 year olds exceeds the national rates. Among South Heartland adults with mental illness, only 47% report receiving treatment and only 43% of adolescents reporting depression received treatment. Strategies, objectives and key performance indicators were developed to address this priority, utilizing broad strategic approaches that focus efforts on the health system, community-based prevention, resources, and policy/environmental changes. The specific strategies are applying evidence-based primary and secondary prevention in the provider and community settings, addressing mental health services through advocacy and policy efforts, expanding and promoting evidenced-based technology that supports access to quality mental health services, and by connecting people and organizations to resources and information.

Line of Sight Performance Measures and Targets

Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.
Source- *BRFSS, 2016* (adults, >18 years) */ YRBSS (Grades 9-12) SHDHD-2016, State-2017*

Youth
- Reduce the proportion of youth reporting feeling sad or hopeless almost every day for two weeks or more in a row causing abandonment of usual activities.
  Baseline: 27.9% (State 27.0%)
  Target: 26.2%
- Reduce reported suicide attempts by high school students during the past year.
  Baseline: 13.2% (State 8.0%)
  Target: 12.4%

Adults
- Reduce the proportion of adults who reported ever being diagnosed with depression
  Baseline: 20.5% (State 17.8%)
  Target: 19.3%
- Reduce the proportion of adults reporting frequent mental distress in the last 30 days
  Baseline: 9.2% (State 9.5%)
  Target: 8.7%

Priority Area: Mental Health and Substance Misuse (MH/SM)			
Strategy 2a: Primary and secondary prevention in the provider and community settings			
6 Year objective: Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral			
What will be measured: • The number of individuals that are served by a system that utilizes EB practices for screening/assessment • The percent of individuals served by a system that are screened/assessed	**Baseline/Target:** TBD	**Data Source:** • TBD (provider survey)	**Timeframe:** by 2024
Continuum of Care: • Primary Prevention • Secondary Prevention / Treatment	**Population:** • 0-K • K-18 • Adult / Pregnant • Older Adults	**Setting:** • Community (including schools) • Providers	**Lead Organizations:** • Hastings Public Schools (AWARE project) • Rural Network Partners
Evidence Based: USPSTF - screening depression/ suicide; HP2020 – screen 12 & over (MHMD 4.1, 11.2 & 2); CHRR – MH primary care integration		**Accountability:** Mental Health and Substance Misuse Steering Committees	

Short Term Key Performance Indicators (KPIs): • Environmental scan to identify screening practices (ages, frequency); tools in use; focus of tools; barriers to implementing screening/assessments; referral processes; referral resources. • Conduct gap analysis – populations not reached, orgs not screening that could, types of assessments that are/are not being utilized.	**Intermediate Term KPIs:** • Plan for increasing the number of organizations in all four counties that utilize evidence-based screening and/or assessment for facilitating referral (Plan includes recommendations for referral processes and resources needed to facilitate assessment/screening follow up).	**Long Term KPIs:** • Number of (plan) actions implemented/completed. • Percent of stakeholders satisfied that appropriate referral resources are available to them.

EB screening/assessment Tools: Ask the Question, ASQ-SE, ACEs, SBIRT, TPOT, PHQ-2, PHQ-9, SAEBRS, Gallup Hope and Engagement, Sixpence Child Care Partnership Program (CCP), Drug Testing, CES-D
Focus areas: depression/anxiety, social emotional, ATOD, tobacco/vaping, chemical dependency

Referral resources: smoking cessation, Love and Logic curriculum, Multi-Tier System of Support (MTSS), recovery programs (AA 12 Step, Smart Recovery), Medication Assisted Therapy, individual/group counseling services, PEARLS, Horizon Recovery, Striving Towards Attendance Realizing Success (STARS), Girls on the Run, Teammates, Mentoring Works, medical detox (and/or a peer intervention in lieu of med detox), treatment facility, emergency room, law enforcement, addiction clinics, Prime for Life
Considerations: Federally-qualified Health Center, detox facilities
Environmental scan targets - schools, colleges, MH and PC providers, and appropriate community-based organizations, emergency departments.

Priority Area: Mental Health and Substance Misuse (MH/SM)

Strategy 2b: Primary and secondary prevention in the provider and community settings

6 Year objective: Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education

What will be measured:	Baseline/Target: N/A	Data Source:	Timeframe:
• Number of individuals completing education/training		• Training sign in sheets	by 2024

Continuum of Care:	Population:	Setting:	Lead Organizations:
• Primary	• Professional Workforce • Lay/Community	• Provider • Community	• ASAAP • SHDHD • ML MH

Evidence Based: USPSTF, Community Guide What Works – collaborative care management, case mgrs. CHRR – patient navigators, CHW	Accountability: Mental Health and Substance Misuse Steering Committee

Short Term Key Performance Indicators (KPIs):	Intermediate Term KPIs:	Long Term KPIs:
• Completed MH/SM Training and Awareness Education Plan.	• MH/SM Training and Awareness Education Plan initiated.	• Number of individuals completing training. • Number and types of training available.

EB Training: Mental Health First Aid (MHFA), Question-Persuade-Refer (QPR) suicide prevention, Trauma-Informed Care/Adverse Childhood Experiences (ACES)/40 Developmental Assets, SBIRT, Medication-Assisted Treatment (MAT)
Awareness Education: substance use disorders, signs and consequences of substance misuse and how to confront/intervene, military cultural competency, Drugs/Addiction 101 (ASAAP)
Resources: VetSET/Making Connections funding to SHDHD, Hastings Public Schools AWARE Grant, Region 3 Behavioral Services, BHECN, Six Pence Grant, United Way
Target Audience Considerations: parents, students, families/home, schools, community at large, EMS, worksites, caregivers, faith-based, healthcare settings (providers, intake staff, nurses, ER staff), veterans and military families, probation officers, judges
Other Considerations: Coordination with training plan in Access to Care Strategy 1g (Access to Care through addressing disparities)

Priority Area: Mental Health and Substance Misuse

Strategy 2c: Mental health and substance use services through advocacy and policy

6 Year objective: Improve MH/SM services through advocacy initiatives and policy change

What will be measured:	Baseline/Target:	Data Source: N/A	Timeframe:
• Local coordinated behavioral health advocacy process	• No process / 1 process		by 2024

Continuum of Care: N/A Level of Action: Policy/Systems	Population: N/A	Setting: • System • Community	Lead Organizations: • MLH • SCBS

Evidence Based: CHRR/USPSTF/Healthy People 2020 – MH benefits legislation, collaborative care	Accountability: Mental Health and Substance Misuse Steering Committees

Short Term Key Performance Indicators (KPIs):	Intermediate Term KPIs:	Long Term KPIs:
• Organize a volunteer Behavioral Health Advocacy Group for the South Heartland District, SH-BHAG. • Determine guidelines for setting policy priorities, and ground rules for advocacy, including relationships with professional organizations and their lobbyists. • Create a list-serve for the Advocacy Group.	• SH-BHAG determines an annual "platform" of identified priorities for advocacy that support behavioral health – friendly policies and legislation. • Hold meetings at least annually with area state senators and other policymakers to discuss and promote behavioral health priorities. • Provide talking points for consistent messages around priorities.	• Functional and sustainable advocacy process.

Topic Considerations: Funding, reimbursement, insurance, insurance premium incentives (worksites), e-cig/ tobacco policies, school/worksite wellness policies, training requirements (hours required for license), gun access
Future expansion: tracking policy interventions or advocacy initiatives
Partners/Resources: Nebraska Association of Behavioral Health Organizations (NABHO), Region 3, NACO, Nebraska Hospital Association (NHA), local BH professionals, local government, local law enforcement

Priority Area: Mental Health

Strategy 2d: Mental Health services through evidenced based technology

6 Year objective: Expand mental health services through adoption of evidence-based technology

What will be measured:	Baseline/Target: TBD	Data Source:	Timeframe:
• Adoption of evidence-based technology for mental health services		• Initial survey • Follow up Survey Report	by 2024

Continuum of Care:	Population:	Setting:	Lead Organizations:
• Access **Level of Action**: System	• Rural population • Patients – all ages	• Healthcare • Community-based	• ML Clinics • Brodstone/Superior Family Medical Center • Webster County Clinic

Evidence Based: USPSTF, Community Guide What Works, CHRR – telemedicine, text services, apps, mobile health for MH medical homes, collaborative care	Accountability: Mental Health Steering Committee

Short Term Key Performance Indicators (KPIs):	Intermediate Term KPIs:	Long Term KPIs:

• Establish workgroup for Mental Health Technology Expansion.
• Completed survey of providers (health and mental health) to determine:
  o Preference/need for expanded telehealth for mental health services.
  o Barriers to telehealth for mental health services.
  o Barriers to patient portal use for communication between provider and patient regarding patient health information and sharing mental health educational resources.
	• Report with recommendations based upon the survey regarding expansion of evidence-based technology for mental health services.	• Number of recommendations implemented to expand evidence-based technology for mental health services.
		• Number of organizations utilizing telehealth and/or patient portals for mental health services.

Considerations: Telehealth: mental health solutions for schools, ERs, community-based organizations; staff needed on site, secure/HIPAA connections, address privacy/stigma, Patient Portals: patient and provider education on use and benefits, relationship of low health literacy to portal barriers and use

Priority Area: Mental Health			
Strategy 2e: Connecting people/organizations through access to resources.			
6 Year objective: **Expand and improve the Resource Guide to integrate and promote local resources for accessing health care/services**			
What will be measured: • Percent of users satisfied with the Resource Guide**.**	**Baseline/Target:** N/A	**Data Source:** • Survey	**Timeframe:** by 2024
Continuum of Care: N/A **Level of Action:** Systems	**Population:** General population; referral organizations	**Setting:** N/A	**Lead Organizations:** • Hastings Public Library
Evidence Based: CHRR – promotion of shared decision making in patient centered care & medical homes		**Lead workgroup:** Access to Care Steering Committees	
Short Term Key Performance Indicators (KPIs): • Identify work group to implement strategy (to include at least one member from each Steering Committee). • Resource gaps are identified and filled. • A platform is determined to support interactive/accessible resource and referral guide.	**Intermediate Term KPIs:** • Promotion/education on the improved Resource Guide.		**Long Term KPIs:** • Resource Guide that is more interactive and accessible (i.e., websites, Apps) to people and partners. • Resource Guide Evaluation/Satisfaction Survey Report.
Potential considerations: 211 system, Network of Care, Library system, SHDHD and Partner websites, App, Task Force (MCC, Social Workers, Catholic Social Services, Salvation Army, WIC, Churches, cities/counties, etc.), include application of Culturally and Linguistically Appropriate Services (CLAS) and health literacy practices, no wrong door! MyLNK app – use as example resource **Potential resources to include in the Guide:** providers (Medicaid, holistic and alternative medicine), insurance education (expanded Medicaid, Medicaid/Medicare, Commercial Insurance), services in rural areas, provider – led resources, CHW/Navigators, Chambers of Commerce			