



4.a.ii Prevent Substance Abuse and Other Mental Emotional Disorders (Focus Area 2)

Project Objective: This project will help to prevent substance abuse and other mental emotional disorders.

Project Description: Implement strategies to prevent underage drinking, non-medical use of prescription medications, excessive alcohol consumption by adults, and reduce tobacco use among adults who report poor mental health. Substance abuse, depression, and other MEB disorders hurt the health, public safety, welfare, education, and functioning of New York State residents. In addition to evidence that substance abuse and other MEB disorders can be prevented, there is confirmation that early identification and adequate societal support can prevent and alleviate serious consequences such as death, poor functioning, and chronic illness.

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. The PPS must show implementation of two of the three sector projects in their project plan. The implementation must address a specific need identified in the community assessment and address the full service area population. For each sector project, there is a list of potential interventions that the PPS can use to develop its project. These interventions are found on the Prevention Agenda website under “Interventions to Promote Mental Health and Prevent Substance Abuse” (http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/interventions.htm).

1. Identify and implement evidence-based practices and environmental strategies to prevent underage drinking, substance abuse, and other MEB disorders.
2. Consider evidence based strategies to reduce underage drinking such as those promulgated by the U.S. Surgeon General and the Centers for Disease Control and Prevention.
3. Increase understanding of evidence-based practices for smoking cessation among individuals with mental illness and/or substance abuse disorder.

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
Nassau/Suffolk County Hospital Council

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.

This project addresses all three sector projects to Prevent Substance Abuse and other MEB Disorders.

PROJECT ASSERT/SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT):

Medicaid data indicate that mental health (MH) and substance use disorders (SUD) are the highest drivers of Suffolk emergency department (ED) visits. SPARCS data indicate that all behavioral health (BH) conditions combined are the primary hospital admission driver. CNA data shows that Suffolk binge (20.7%) and chronic drinking (7.4%) are higher than state (binge/18.1%) and national rates (chronic/5.2%). Suicide rates are above the state level and rose by 45% between 2009-2012. Hospitals report 40-50% of ED patients or admissions to medicine units have a BH disorder. 60% of key informants reported SUDs are a major problem in Suffolk, yet only one hospital of 11 uses SBIRT in the ED and only one uses it for admitted patients. Training individuals working in the EDs on the use of ASSERT/SBIRT will expand each hospital ED's expertise. Inpatient discharge planners will be trained in Project ASSERT/SBIRT for admitted patients. Geographic linkages between hospitals and Office of Alcoholism and Substance Abuse Services (OASAS)/Office of Mental Health (OMH) providers will improve collaboration and patient engagement, while reducing appointment wait-times.

PREVENT/REDUCE UNDERAGE DRINKING: OASAS 2010-2011 Youth Development Survey Suffolk results indicate that 56.7% of 12th graders reported alcohol use in the past 30 days (national average: 41.2%). Nearly 35% of 11th/12th graders reported heavy alcohol use, and the average age where alcohol use became routine was 14.7. Alcohol is the gateway "drug" to the use of other substances. The Suffolk Criminal Justice Coordinating Council, jail study draft results indicate 838 youth, 16-19 years old, entered jail during a 12-month period with 23% seen for SUD or MH reasons. Of those, 59% were identified with a SUD, with 69% identifying marijuana as their primary drug, 13% heroin and 9% other opiates. In 2011, a school-based survey of drug use and perception of risk in the Bellport/South Country School District indicated 8th, 10th & 12th graders demonstrate above national norms for past 30 day use of any substance, lifetime use of alcohol, marijuana or inhalants, and binge drinking. The survey showed a decreasing age of 'first use' of any substance, to 7th grade. OASAS and Suffolk DOH fund the Prevention Resource Center (PRC) at South Oaks. The PRC will expand and partner with the Bellport Boys and Girls Club to address underage drinking and drug use. The PRC's mission involves creating community-wide involvement through coalition development to make safer and healthier places to live and work.

SMOKING CESSATION IN OMH PROGRAMS: Nearly half of all those between age 18-64 enrolled in OMH programs report tobacco use. Key informants reported that, although some MH and SUD inpatient facilities have adopted and enforce smoke free policies, many ambulatory and residential programs have not. These disparities will be addressed through provider education, establishment of policies and support for smoke-free initiatives in OMH licensed programs. We will leverage OMH and OASAS providers in the PPS with expertise in this area.

- 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.

PROJECT ASSERT/SBIRT: Includes all Suffolk County residents over age 10 utilizing hospital EDs including those who are admitted.

PREVENT/REDUCE UNDERAGE DRINKING: Includes All Suffolk County residents under the age of 21 who live in the greater Bellport region which includes Bellport, North Bellport, parts of East Patchogue, Medford and Yaphank, along with Native Americans from the Shinnecock Nation. The area is known to the Suffolk Youth Bureau as 'high need'; with the highest numbers of reported cases of Child Abuse/Maltreatment, juvenile offenses, juvenile delinquents and Persons In Need of Supervision on Probation. The PPS will resource and support the expansion of PRC effort throughout the county as the project progresses.

TOBACCO CESSATION: Includes all Suffolk County residents who utilize the participating OMH programs where policies and cessation intervention options will be established. These include approximately: 27 OMH licensed clinics, 15 Personalized Recovery Oriented Services (PROS) programs, 1 children's MH day treatment program, 2 psychiatric partial hospitalization programs, 4 Article 31 hospitals and 7 Article 28 hospitals (with a psychiatric unit) where policy reinforcement and cessation options will be expanded, 7 Assertive Community Treatment teams and mobile crisis teams that will encourage quitting, 1 Comprehensive Psychiatric Emergency Program where cessation support/options will be offered. In addition to identifying those with at-risk levels of substance use, we will work with the sub-population coming to the ED as a result of substance use. We will ensure the County DOH is informed of Narcan overdose reversals in PPS hospital EDs so follow-up phone calls can be made by the County to connect this sub-population to services. The County is already completing these calls when a Narcan reversal is done by a police officer outside of a medical setting and is committed to expand their efforts as a stop-gap measure to help those in need.

- 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.

PROJECT ASSERT/SBIRT: Southside Hospital implemented Project ASSERT/SBIRT in the ED and Stony Brook has implemented it targeting alcoholism for admitted patients. Both will provide technical assistance to other hospitals as they begin implementation. The Quality Consortium (QC), a coalition of OASAS providers, has worked with hospitals/primary care providers to promote Project ASSERT/SBIRT and will continue to do so. Seaford Center, Bridge Back to Life and Horizons have Project ASSERT/SBIRT expertise and will be deployed to provide support. Geographic collaboratives between hospitals and OASAS/OMH providers will be developed to capture patients who are identified as needing services and to close referral gaps. The Suicide Prevention Coalition of LI will be leveraged to provide training to Hospital/OASAS providers about how to intervene. The Long Island Recovery Association, National Alliance for the Mentally Ill and Hands Across LI all have strong local chapters and trained Peers Specialists will be engaged to develop methods to partner Peers with PPS organizations.

PREVENT/REDUCE UNDERAGE DRINKING: The PRC has five years' experience collaborating



with/educating community-based providers to form strong coalitions, and functions as a clearinghouse of resources. They utilize the national Strategic Prevention Planning Framework to reduce risk factors/promote protective factors and will be expanded. The PRC coordinates a county-wide collaborative among prevention providers and will be mobilized to provide further education to schools.

TOBACCO CESSATION: Significant experience exists among PPS partners with tobacco cessation, including specific expertise in serving those with mental illness; however, further training of OMH providers will need to be completed. The Suffolk DOH and Association for Mental Health and Wellness have previously partnered to train staff and pilot smoke-free policies in OMH programs, and will be deployed to assist. The NYS Quitline “Opt-to-Quit” program will be leveraged to provide support to those seeking to quit, and will be implemented across multiple providers. The NYS-funded smoking cessation center operating out of NSLIJ will provide training/resources. Stony Brook’s web-based self-management platform will be developed to include smoking cessation components. OASAS providers who have implemented policies will be asked to share experience/expertise with OMH providers.

ACROSS ALL THREE COMPONENTS: Long Island Health Collaborative (LIHC); an initiative coordinated by the Nassau/Suffolk Hospital Council, focuses on reducing the burden of chronic diseases based on the NYS prevention agenda specific needs identified in Suffolk and will be leveraged to guide efforts among subgroups. LIHC has already instituted some chronic disease management/prevention programs, disease surveillance, data collection, and public outreach/education. Significant IT/informatics/data analysis capabilities will be further expanded to serve the PPS.

- 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.

INFRASTRUCTURE CHALLENGES: 1) Recruiting staff to meet demand and staff’s adjustment to Project ASSERT/SBIRT will take time. To be addressed through existing/future workforce training, ongoing mentoring/technical assistance, engagement of Peers and establishment of web-based platform for disease self-management/tele-health. 2) Workflow issues in ED settings where time is a significant factor in throughput. IT can be leveraged to help. 3) The project will need to consider the role of parents/ caregivers/coalitions /teachers/lawmakers/ pastors/youth /peers, etc. The following actions can be taken: a) Work with schools to promote prevention activities/referral relationships. b) Leverage existing health educators to raise awareness of available resources. c) Leverage existing community health workers to address health literacy. d) Leverage community coalitions/prevention providers to support environmental strategies and the building of protective factors while reducing risk factors. e) Leverage a nationally competitive Drug Free Communities grants to promote sustainability.

PROVIDER CHALLENGES: 1) ED/Hospital physicians will need re-training about documentation of SUD/MEB so screening/intervention processes are on claims. Integration/coding/billing experts



will be engaged. 2)Engagement of teens in treatment for SUDs. Contingency Management/Harm Reduction approaches will be used as possible solutions/motivators. 3)Overcoming myths/attitudes about smoking cessation among those with mental illness and will be overcome through education. 4)Psychiatrists/Psychiatric Nurse Practitioners will need education about smoking cessation medications/prescriptions. 5)Providers will be encouraged and supported to participate through financial incentives, e.g. pay for performance.

PATIENT CHALLENGES: 1) Encouraging people to accept help and/or education (i.e. risk drinking/signs of depression needing to be addressed). 2)Language, health literacy, cultural competency barriers need to be overcome. Provide access to Spanish speaking providers, translated patient materials and materials at a 5th grade reading level. Provide staff training on cultural competency. 3)Transportation to/from appointments in order to engage in care. Capacity to conduct offsite/home visits will be developed by treatment providers.

- 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.

- 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.

Facilitate collaboration, communication, sustainability between PPS partners through contracts, affiliations in DYs 1-2. Project ASSERT/SBIRT planning, hiring, training, implementation in DYs 1-2. IT connectivity for greater communication in DY2. Expansion of PRC efforts in target communities in DY2. Development of smoking cessation policies and training in DY1, roll out in OMH programs by DY2. Disease self-management apps/modules introduced through the PPS patient portal by DY2. Create incentive programs for high-quality care while reducing out-of-pocket costs for clinical,community preventive services by DYs 3- 4. Community-based prevention programs enhanced, supported,expanded to ensure access to all populations DYs1-5.

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 checked="" type="checkbox"/>	<input type="checkbox"/>

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

It is anticipated that approximately 5 iPads/tablets per PPS hospital will need to be used in the ED to ensure efficiency with the Project ASSERT/SBIRT protocol. Minor equipment/supplies to support the expansion of the PRC will be needed. Smoking Cessation training materials and initial patient supplies will be needed.
 Care Management – The major capital resources for care management (tele-health, space,



technology, equipment etc.) are included in the IDS project but will be allocated to this project on a proportional basis.

- 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
Town of Smithtown Horizons Counseling and Education Center	Federal BLOCK grant preceded Medicaid redesign; also participating in "Reconnecting Youth" Program			Reduce smoking among patients with MEB disorders



New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
Project Plan Application

Name of Entity	Medicaid/ Other Initiative	Proj ect Start Date	Proj ect End Date	Description of Initiatives
Town of Babylon Division of Drug and Alcohol Services: Beacon Family Wellness Center				Prevent SA in town of Babylon residents through education and treatment services and partnership in community coalitions. Reduce/prevent mental illness symptoms in patients in SA programs. Provide smoking cessation education/resources to town of Babylon residents and patients in SA program



New York Department of Health
 Delivery System Reform Incentive Payment (DSRIP) Program
 Project Plan Application

Name of Entity	Medicaid/ Other Initiative	Proj ect Start Date	Proj ect End Date	Description of Initiatives
Central Nassau Guidance & Counseling Service				3-year grant for on-site primary care; also received OMH funding for short-term crisis respite - hospital division - 2 years
Long Island Association for AIDS Care				Case management / care coordination
Association for Mental health and Wellness				Roll-out of smoking cessation as a PROS service
Outreach Development Corp.				Outpatient Day Rehab adult and adolescent outpatient program in Bellport (OASAS)



individual patients that they may have been touched. However, in no case do these programs specifically duplicate what the PPS intends to accomplish with this project to be able to meet the specific project requirements. All staffing and resources that need to be applied to make this project successful do not duplicate the resources used by these existing community programs, they are complimentary. In particular all PPS efforts will be highly aligned with the local Medicaid Health Homes, which are taken into account as an existing form of care support that will not be duplicated in this project.

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.