



## Priority 3: Mental Health and Substance Use

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### Problem Statement

Unmet mental health and substance use needs frequently lead to preventable illness and death in individuals, families and communities.

### Goal 1

**Pennsylvania residents will have access to the best practices in screening, support, assessment, and treatment for mental health and substance use disorders in order to achieve and maintain optimal health outcomes.**

**Objective 1.1 Increase access to quality mental health and substance use services for all Pennsylvania residents by increasing the percent of adults 18 or older with any mental health illness who received treatment or counseling from 46.7 percent in 2009-2013<sup>16</sup> to 51 percent by December 2020.**

**Strategy 1.1.1** Develop appropriate partnerships to activate and leverage existing resources.

#### Suggested Activities

- Identify potential partners to implement strategies.
- Survey partners to assess needs and map assets.

## **Performance Measures**

- Number of partners

## **Assets**

- Existing mailing and distribution lists and networks

## **Lead Agency/Organization**

Geisinger Health System; DOH, Innovation Center

## **Potential Partners**

Department of Drug and Alcohol Programs (DDAP); DHS; Single County Authorities on Drugs and Alcohol (SCA); Drug and Alcohol Service Providers Organization of Pennsylvania (DASPOP); Pennsylvania Recovery Organizations Alliance (PRO-A); Pennsylvania Psychiatric Society (PaPS); Rehabilitation and Community Providers Association (RCPA); Pennsylvania Mental Health Consumers Association (PMHCA); Pennsylvania Mental Health Association (PMHA); Pennsylvania Psychiatric Leadership Council (PPLC); Pennsylvania Association of Community Health Centers (PACHC)

## **Strategy 1.1.2 Promote consumer and system health literacy.**

### **Suggested Activities**

- Identify audiences in both the consumer and service delivery system.
- Target outreach to consumer and service delivery system using newly emerging messaging strategy, promising practices and multi-modal methods for delivering messages.
- Promote cultural humility and linguistic competency across the treatment system.

### **Performance Measures**

- Number of providers receiving training
- Demographic characteristics of providers

### **Assets**

- Existing training by the Pennsylvania Health Literacy Coalition
- Culturally and Linguistically Appropriate Services (CLAS) standards
- American Community Survey of the U.S. Census Bureau
- Managed care organization (MCO) reports on ethnicity
- Health Resources and Services Administration (HRSA)

### **Lead Agency/Organization**

HCIF; Pennsylvania Health Literacy Coalition

### **Potential Partners**

DOH, Division of Health Risk Reduction; Health literacy coalition members and organizations; DDAP; DHS; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

**Strategy 1.1.3** Support adoption of meaningful payment reform to optimize access to quality services.

**Suggested Activities**

- Identify and advocate for sustainable models of payment reform on a federal and state level.
- Identify and advocate for meaningful, person-centered outcome measures to drive payment reform.
- Advocate for increased eligibility for reimbursement for appropriate practitioners and services through Medicaid.

**Performance Measures**

- Passage of regulations or legislation that promotes or supports payment reform
- Change of Medicaid provider contract

**Assets**

- Advocacy groups, professional associations and emerging partnerships between groups
- DOH, Innovation Center, who will be looking into integration of behavioral health and physical health.

**Lead Agency/Organization**

Hospital and Healthsystem Association of Pennsylvania (HAP)

**Partners and Potential Partners:**

DDAP; DOH, Division of Health Risk Reduction; Health Literacy Coalition members and organizations; professional guilds; DHS; payers; providers; advocacy groups; professional associations; DOH, Innovation Center; Patient Centered Medical Home Advisory Committee; SCAs; DASPOP; PRO-A; PaPS; RCPA; PMHCA; PMHA; PPLC

### **Objective 1.2 By December 2020:**

**Decrease adults who smoke every day from 16 percent in 2013<sup>17</sup> to 11.3 percent.**

**Decrease adults who smoke some days from 5.7 percent in 2012<sup>18</sup> to 4.4 percent.**

**Increase adults who are former smokers from 26 percent in 2013<sup>19</sup> to 31.8 percent.**

**Increase adults who have never smoked from 53 percent in 2013<sup>20</sup> to 57.6 percent.**

### **Strategy 1.2.1 Increase access to evidence-based smoking cessation programs.**

#### **Suggested Activities**

- Explore alternative payment methodologies that allow for reimbursement of evidence-based smoking cessation programs.
- Facilitate further collaboration among private and public agencies.

#### **Performance Measures**

- Number of calls to Pennsylvania Quit Line
- Adult prevalence in the Behavioral Risk Factor Surveillance System
- Youth prevalence in the Youth Risk Behavior Surveillance System
- Number of Medicaid claims for cessation services
- Quit rate provided by Pennsylvania Quit Line
- Referral rate from Pennsylvania Quit Line

#### **Assets**

- Affordable Care Act requirement to cover cessation treatment
- Pennsylvania Quit Line
- Medicaid coverage for cessation

#### **Lead Agency/Organization**

DOH, Division of Tobacco Prevention and Control

#### **Potential Partners**

HAP; DOH, Innovation Center; Pennsylvania Insurance Department; PDE; regional primary contractors; OMHSAS; DDAP; SCA; PRO-A; DASPOP; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

### **Objective 1.3 For Pennsylvania adults and adolescents, decrease rate of deaths due to substance use from 17.1 per 100,000 in 2012<sup>21</sup> to 15.4 per 100,000 by December 2020.**

**Strategy 1.3.1 Utilize screening, assessment, and placement tools to determine emergent care needs (e.g., detoxification, prenatal care, perinatal care, psychiatric care), level of care needs (e.g., residential rehabilitation, outpatient, intensive outpatient), and any other needs an individual may have that might affect placement decisions.**

### **Suggested Activities**

- Provide drug and alcohol screening and level of care assessment to adults and adolescents entering the drug and alcohol service delivery system.
- Utilize the most recent version of the Pennsylvania Client Placement Criteria (PCPC) or American Society of Addiction Medicine, 3<sup>rd</sup> edition (ASAM), while conducting level of care assessments and placement determinations.

### **Performance Measures**

- Frequency of application of the PCPC or ASAM criteria when conducting level of care assessments
- Frequency of PCPC or ASAM Summary Sheet being used to record and exchange client information necessary in making or validating placement determinations
- Frequency of contents of the PCPC or ASAM Summary Sheet complying with state and federal confidentiality regulations
- Number of alterations, modifications, or additions made to the PCPC or ASAM Summary Sheet

### **Assets**

- SCA
- Licensed drug and alcohol treatment facilities
- Pennsylvania recovery organizations (e.g., PRO-A, Pro-Act [Pennsylvania Recovery Organization- Achieving Community Together], message carriers)
- PCPC
- ASAM

### **Lead Agency/Organization**

DDAP

### **Potential Partners**

OMHSAS; DOH; SCAs; DASPOP; PRO-A; Pro-Act; PaPS; RCPA; PMHCA; PMHA; PPLC

**Strategy 1.3.2** Ensure the full continuum of care is available for individuals suffering from substance use disorder.

### **Suggested Activities**

- Develop a provider network that offers drug and alcohol clients the full continuum of care to include: early intervention, outpatient, intensive outpatient, partial hospitalization, halfway house, detoxification, residential rehabilitation, medication assisted treatment and recovery support services.

### **Performance Measures**

- Number of people receiving substance abuse services

- Medicaid claims

#### **Assets**

- SCAs
- DDAP grants to provide full continuum of care to SCA
- Mental health and substance use state agencies
- Licensed addiction treatment programs

#### **Lead Agency/Organization**

DDAP

#### **Potential Partners**

DOH; OMHSAS; SCAs; DASPOP; PaPS; RCPA; PMHCA; PMHA; PPLC

**Strategy 1.3.3** Promote public education and awareness for preventing prescription drug and opioid misuse, abuse and overdose.

#### **Suggested Activities**

- Develop overdose prevention resources for use in community, prevention and treatment settings.
- Maintain up-to-date fact sheet on prescription drug misuse/abuse/addiction and related consequences.
- Promote, disseminate and further develop the Commonwealth Prevention Alliance's Campaign (CPA) to Stop Opiate Abuse and related campaign website, [pastop.org](http://pastop.org).

#### **Performance Measures**

- Number of informational resources developed or updated
- Number of counties disseminating the CPA STOP Campaign materials
- Number of hits to [pastop.org](http://pastop.org) website

#### **Assets**

- Mental health and substance use state and local agencies

#### **Lead Agency/Organization**

DDAP

#### **Potential Partners**

Commonwealth Prevention Alliance; DOH, Division of Health Risk Reduction; OMHSAS; Emergency Department Physicians Association; DOH; Public and private health insurers; SCAs; DASPOP; PRO-A; Pennsylvania Commission on Crimes and Delinquency (PCCD); Health Literacy Council; PaPS; RCPA; PMHCA; PMHA; PPLC

### **Strategy 1.3.4 Reduce access to prescription drugs for misuse and abuse.**

#### **Suggested Activities**

- Develop and maintain prescribing guidelines for prescription opioids.
- Support the collaborative drug disposal efforts between the attorney general's office, the National Guard Counterdrug Joint Task Force, the Pennsylvania District Attorneys Association (PDAA), and local law enforcement.
- Encourage the ongoing placement of additional drug disposal drop boxes throughout the state.
- Implement a new prescription drug monitoring system that will expand reporting from Schedule II to Schedule II-V controlled substances.
- Provide educational training and materials to dispensers and prescribers, as well as targeted outreach to prescribers in counties with the highest burden of deaths and hospitalizations.
- Encourage prescribers to access and use the system to: a) increase the quality of patient care and b) evaluate the potential for abuse and make informed treatment decisions.

#### **Performance Measures**

- Number of prescribing guidelines developed
- Monitor drug disposal process and totals incinerated via the attorney general's office and PDAA.
- Number of active drug disposal drop boxes (via drop box location listing on the Get Help Now page of DDAP's website)
- Number of training materials developed
- Number of training sessions provided
- Number of dispensers and prescribers using the prescription drug monitoring system

#### **Assets**

- Drug disposal drop boxes
- Prescription drug monitoring program (DOH)
- Safe and Effective Prescribing Practices and Pain Management Task Force
- Funds from two grants to be awarded September 2015

#### **Lead Agency/Organization**

DDAP; DOH, Prescription Drug Monitoring Office

#### **Potential Partners**

Pennsylvania Office of the Attorney General; Pennsylvania National Guard Counterdrug Joint Task Force; PDAA; local law enforcement; Pennsylvania Medical Society (PAMED); Pennsylvania Pharmacists Association; State Board of Medicine; State Board of Nursing; State Board of Dentistry; Pennsylvania Department of State; Pennsylvania Department of Aging; DHS; Board of Pharmacy; HAP; PaPS; RCPA; PMHCA; PMHA; PPLC; PACHC

**Objective 1.4 Reduce the rate of suicides from 12.1 per 100,000 in 2012<sup>22</sup> to 10.9 per 100,000 in December 2020.**

**Strategy 1.4.1 Increase awareness of psychological distress symptoms and risk factors for suicide, among all Pennsylvania residents.**

### **Suggested Activities**

- Examine differences in suicide rate by county.
- Target counties with high rates first and explore areas with current successes to replicate in high risk areas.
- Utilize social media as a vehicle to educate about suicide prevention.
- Encourage suicide prevention education in schools (e.g., Project Launch).
- Explore expanding the Pennsylvania Youth Suicide Prevention Initiative Public Service Announcement contest to college students.
- Institute a State Board of Licensure Requirement for continuing education on suicide prevention and emergency response to suicidal ideation.
- Provide access to free suicide prevention and health literacy education with the following groups: community groups, faith-based groups/organizations, beauty shops/ barber shops.
- Host suicide prevention presentations at area agencies on aging/senior centers.

### **Performance Measures**

- [www.Preventsuicidepa.org](http://www.Preventsuicidepa.org) website visits and click-thru rates
- Change in suicide rate in each county
- Number of teachers trained
- Number of schools trained by county
- Number of students that participate
- Number of posters and CDs of public service announcement ads distributed
- Results of pre- and post-tests to assess knowledge of suicide prevention following awareness campaigns

### **Assets**

- Information from [www.Preventsuicidepa.org](http://www.Preventsuicidepa.org) for the general population as well as targeted professionals (e.g., educators, primary care, nurses, mental health).
- Social media
- Continuation of support for PDE in implementation of Act 71, which requires schools to implement suicide prevention policies and staff training
- Existing high school public service announcement contest
- Existing Continuing Medical Education and Continuing Educational Units state board requirements
- Hospital-based competencies on suicide prevention due to third party payor requirements
- Zero Suicide Academy
- Pennsylvania Health Literacy Council

## **Lead Agency/Organization**

OMHSAS

## **Potential Partners**

DOH, Division of Health Risk Reduction; PDE; Star-D (Sequenced Treatment Alternatives to Relieve Depression study); HAP; The Joint Commission (TJC); American Foundation for Suicide Prevention (AFSP); Pennsylvania Department of Aging; Area Agencies on Aging (AAAs); National Institute for Mental Health (NIMH); Pennsylvania Health Literacy Council; PaPS; RCPA; PMHCA; PMHA; PPLC

**Strategy 1.4.2** Increase access to educational programs about suicide risk for all residents.

## **Suggested Activities**

- Sponsor statewide suicide prevention conference.
- Increase use of anti-stigma media campaign: Drive Out Suicide.
- Utilize public service announcements more for the topic of suicide prevention.
- Increase education at events such as walks and runs, booths at professional sporting events and health fairs, encouraged through HAP.
- Use social media to educate. Use mobile apps to educate.

## **Performance Measures**

- Number of statewide suicide prevention conferences held per year
- Increased use from baseline of Drive Out Suicide
- Number of individuals who complete electronic education on suicide prevention

## **Assets**

- Facilitation of trainings such as “Question, Persuade, Refer” (QPR), ASIST, AMSR, and MHFA
- Support for PDE and schools in implementation of Act 71
- Drive Out Suicide
- Mythbusters
- Nonprofit community agencies – community benefit reporting
- Social media

## **Lead Agency/Organization**

OMHSAS

## **Potential Partners**

Nonprofit community providers; OMAP; payors; large insurers in Pennsylvania; state medical societies; NIMH; PaPS; RCPA; PMHCA; PMHA; PPLC

**Strategy 1.4.3** Increase the use of evidence-based tools to identify potential mental health and substance use concerns, as well as the influences of social determinants that affect the suicide rate.

#### **Suggested Activities**

- Encourage use of QPR.
- Encourage the use of early identification screening tools throughout the life span.
- Train CHWs in QPR methods for peer interventions.
- Train certified peer specialists (CPS) and certified older adult peer specialists in QPR.
- Increase use of publicly available depression screenings.

#### **Performance Measures**

- Number of QPR trained individuals in the state
- Number of depression screenings done

#### **Assets**

- Patient Centered Medical Home models – use as community recommendations
- Current CHW programs – Jefferson, Penn, Temple and others
- Current CPS programs – Department of Behavioral Health and Intellectual Disability Services (DBHIDS), Temple Episcopal

#### **Lead Agency/Organization**

OMHSAS

#### **Potential Partners**

Already implemented Patient Centered Medical Homes; National Committee for Quality Assurance (NCQA); Pa. MA payors; employers of CHWs and CPSs; Academic medical centers; AOASPC (Pennsylvania Adults/Older Adult Suicide Prevention Coalition)/PAYSPI (Pennsylvania Youth Suicide Prevention Initiative); Department of Behavioral Health and Intellectual Disability Services (DBHIDS); PaPS; RCPA; PMHCA; PMHA; PPLC

**Strategy 1.4.4** Increase access to available quality resources for those at risk for, or impacted by, suicide.

#### **Suggested Activities**

- Identify existing resources for access to care.
- Create an online up-to-date resource database for health care professionals and consumers.
- Identify and disseminate best practices for care and treatment of the suicidal patient.
- Hold focus groups with those CPS and others affected in past by suicidal ideation to identify barriers to access.
- Increase use of educated care managers for community level interventions.

- Continue to support local task forces across the state, which are often the first line resources for their community (e.g., support groups for survivors of suicide).
- Provide posters with suicide hotline number to area agencies on aging/senior centers.

### **Performance Measures**

- Number of interventions per case manager
- Number of people receiving mental health services
- Number of staff trained in evidenced-based practices
- Number of posters distributed
- Possible use of American Medical Association (AMA) rate from all levels of care to use as a proxy for patient satisfaction

### **Assets**

- Payors
- Providers
- Pay-for-performance plans increasing access already
- Local support task forces
- AAAs

### **Lead Agency/Organization**

OMHSAS

### **Potential Partners**

Local task forces which are often the first line resources for their community, (e.g., support groups for survivors of suicide); AAAs; Mental health care providers; DOH; Pennsylvania Department of Aging; PaPS; RCPA; PMHCA; PMHA; PPLC

**Objective 1.5 Increase the comfort level of Pennsylvania residents in discussing mental health and substance use problems with their health care providers, neighbors and community, as measured by an increase in the number of treatments for any mental illness from 46.7 percent in 2009-2013<sup>23</sup> to 54.7 by December 2020, plus an increase in enrollment in substance use treatment by 20 percent by December 2020, from 57,715 enrollees in 2013<sup>24</sup> to 69,260.**

**Strategy 1.5.1** Address stigma among human resource professionals through training on mental illness and substance use, including the need to successfully reintegrate individuals affected by these illnesses into the workforce during and after recovery.

### **Suggested Activities**

- Identify existing Mental Health First Aid (MHFA) trainers or other awareness raising trainings.
- Offer awareness raising presentations (e.g., Mental Health First Aid) to human resource professionals in at least 25 counties.

- Create interest within the Pennsylvania House and Senate, to support this effort and propose legislation to raise awareness about mental health and substance use in the employment arena.
- Promote National Academy of Science report on Stigma.

**Performance Measures**

- Number of human resource professionals who have attended trainings

**Assets**

- Current MHFA training assets or other similar training presenters have been increased significantly over the past five years and can be accessed through national databases.
- Advocacy agencies to address legislators.

**Lead Agency/Organization**

OMHSAS

**Potential Partners**

RCPA; DDAP; DHS; SCAs; DASPOP; PRO-A; SHRM; PaPS; RCPA; PMHCA; PMHA; PPLC