New York State Prevention Agenda
Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan

Updated: April 27, 2021

Define the Priority:

Mental and emotional well-being is essential to overall health. At any given time, almost one in five young people nationally are affected by mental, emotional and behavioral (MEB) disorders, including conduct disorders, depression and substance abuse. Adverse Childhood Experiences and many MEB disorders, such as substance abuse and depression, have lifelong effects that include high psychosocial and economic costs for people, their families, schools and communities. The financial costs nationally in terms of treatment services and lost productivity are estimated at $467 billion in 2012, and $442 billion for misuse of prescription drugs, illicit drugs and alcohol. Mental and physical health problems are interwoven. Improvements in mental health help improve individuals and populations' physical health. The best opportunities to improve the public's mental health are interventions delivered before a disorder manifests itself, to prevent its development. These interventions can be integrated with routine health care and wellness promotion in health care settings, as well as in schools and community settings.

Additional information about the burden of mental health and substance use disorders, underlying risk factors, associated disparities, and social determinants of health can be found at: https://www.health.ny.gov/prevention/prevention_agenda/2019-2024/docs/sha/contributing_causes_of_health_challenges.pdf#page=96

The Promote Well-Being and Prevent Mental and Substance Use Disorders has two focus areas with multiple goals:

Focus Area 1: Promote Well-Being

- **Goal 1.1:** Strengthen opportunities to build well-being and resilience across the lifespan
- **Goal 1.2:** Facilitate supportive environments that promote respect and dignity for people of all ages

Focus Area 2: Prevent Mental and Substance Use Disorders

- **Goal 2.1:** Prevent underage drinking and excessive alcohol consumption by adults
- **Goal 2.2:** Prevent opioid and other substance misuse and deaths
- **Goal 2.3:** Prevent and address adverse childhood experiences (ACEs)
- **Goal 2.4:** Reduce the prevalence of major depressive disorders
- **Goal 2.5:** Prevent suicides
- **Goal 2.6:** Reduce the mortality gap between those living with serious mental illness and the general population

Focus Area 1: Promote Well-Being

Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan.

Well-being is a relative and dynamic state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life. Well-being is based on the relationship between social determinants of health and person's experiences with quality of life. A person's experience may be influenced by social capital, belief in one's capacity, inclusion, opportunities to engage in meaningful learning, and engagement in actions that influence our lives. Resilience is the capacity to cope with stress, overcome adversity, and thrive despite challenges in life. There is a wealth of evidence illustrating promoting well-being and resilience improves and sustains physical, mental, emotional and behavioral health, academic outcomes, and social capital.

Objective 1.1.1 By December 31, 2024 increase New York State's Opportunity Index Score by 5% to 59.2 / 100.

Baseline: Opportunity Score 56.4 / 100 in 2017, NYS Opportunity Index ranked 17th
Source: Opportunity Index, Child Trends and Opportunity Nation
Objective Geography level: County

Objective 1.1.2 By December 31, 2024, reduce the percentage of adult New Yorkers that report frequent mental distress during the past month by 10% to no more than 10.7%. Baseline: 11.9%.

Objective 1.1.2.1 By December 31, 2024, reduce the percentage of adult New Yorkers ages 65 and over that report frequent mental distress during the past month to 13.0%. Baseline: 14.4%.
Objective 1.1.2.2 By December 31, 2024, reduce the percentage of adult New Yorkers with incomes less than $15,000 that report frequent mental distress during the past month to 9.9%. Baseline: 11%.
Objective 1.1.2.3 By December 31, 2024, reduce the percentage of adult New Yorkers with incomes between $15,000 and $74,000 that report frequent mental distress during the past month to 21.8%. Baseline: 24.2% (average).
Source: 2017 BRFSS
Objective Geography level: County

Objective 1.1.3 By December 31, 2024, reduce the percentage of youth grades 9-12 who felt sad or hopeless to 27.4% Baseline: 30.4%.

Source: 2017 YRBS
Objective Geography level: State

Intervention: Build community wealth.

Approaches include creating and supporting inclusive, healthy public spaces, using the power of anchor institutions such as hospitals to revitalize neighborhoods, supporting democratically operated worker cooperatives, reemployment and supported employment.

Evidence base:

- Robert Wood Johnson Foundation. Wealth Matters for Health Equity
- American Journal of Preventive Medicine. Should health studies measure wealth? A systematic review
- Asset Funders Network. The Health and Wealth Connection. Opportunities for Investments Across the Life Course

Resources:

- Democracy Collaborative. Anchor Institutions
- Center for Community Change. Understanding Work-Owned Cooperatives
- Illinois State University. Stevenson Center for Community and Economic Development? Worker Cooperatives as an Innovation Strategy to Address Income Equality?
- Tufts University. Development Without Displacement: The Case for Community Land Trusts
- Annie E. Casey Foundation. The Anchor Dashboard. Aligning Institutional Practice to Meet Low-Income Community Needs

Age range(s): All Ages – adults, indirect benefits to children
Social Determinant(s) of Health addressed: Economic Stability, Housing, Health Care, Education, Transportation, Natural Environment, Food Security, Community Cohesion, Built Environment, Social Capital, ACES.
Sectors Placing Lead Role: Governmental Public Health Agencies, Employers, Business and Unions, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Aging/gerontological Agencies, Policy Makers and Elected Officials, Housing, Economic Development, Natural Environmental and Urban Planning Agencies.
Sectors Playing Contributing Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Media, Transportation Agencies.
Intermediate-level measures:

- Documented community wealth-building assets (e.g., land trusts, public spaces for people to meaningful engage, worker cooperatives) in the community
- Dollars invested in creating community wealth (e.g., inclusive health spaces, community-owned businesses, community development financial institutions)
- Jobs and businesses created in the community and retained (1 year, 5 years)

Intervention: Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care.

Evidence base:

- Health Affairs. Housing and Health: An Overview of the Literature
- Robert Wood Johnson Foundation. Where We Live Matters for Our Health: The Links Between Housing and Health

Resources:

- Community-Wealth.org. Community Land Trusts
- Enterprise and Annie E. Casey Foundation. Food at Home: Affordable Housing as a Platform to Overcome Nutritional Challenges
- CMS may allow hospitals to pay for housing through Medicaid

Age range(s): Adults and older adults, indirect benefits to children
Social Determinant(s) of Health Addressed: Economic Stability, Housing, Natural Environment, Food Security, Community Cohesion and Built Environment.
Sectors Placing Lead Role: Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Housing, and Urban Planning Agencies.
Sectors Playing Contributing Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Media, Colleges and Universities, Schools, Economic Development Agencies, Natural Environmental Agencies, and Transportation Agencies.
Intermediate-level measures:

- Level of community cohesion
- Affordability: cost and resale cost of Community Land Trust homes compared to median home prices in surrounding homes
- Stability of housing: delinquency and foreclosing rates

Intervention: Create and sustain inclusive, healthy public spaces.

Ensure space for physical activity, food access, sleep; civic and community engagement across the lifespan.

Evidence base:

- Oxford Brookes University. William K and Green S. Literature Review of Public Space and Local Environments for the Cross-Cutting Review

Resources:

- Gehl Institute. Inclusive Healthy Places. A Guide to Inclusion and Health in Public Space: Learning Globally to Transform Locally

Age range(s): All age groups
Social Determinant(s) of Health addressed: Economic Stability, Housing, Health Care, Education, Transportation, Natural Environment, Food Security, Community Cohesion, Built Environment.
Sectors Playing Leading Roles: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Media, Colleges and Universities, Schools, Community and Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials,

Housing, Economic Development, Natural Environmental, Urban Planning and Transportation Agencies.

Sectors Playing Contributing Roles: Insurers.

Intermediate-level measures:

- Level of participation (e.g., informative, advisory, transactional, decision-making)
- Rate of volunteerism
- Opportunities for impromptu conversations in commons

Intervention: Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.

Evidence base:

- Healthy People. Mental Health
- Mental Health Commission of New South Wales. Physical health and mental well-being. Evidence Guide
- Canadian Mental Health Association. The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions
- Community Schools: An Evidence—Based Strategy for Equitable School Improvement

Resources:

- New York State Education Department. Social Emotional Learning: Essential for Learning, Essential for Life, Essential for New York
- New York State Education Department. Mental Health
- School Mental Health Resource Training Center
- Community Schools Playbook – A Practical Gide to Advancing Community Schools Strategies
- The Community Guide. Violence: Early Childhood Home Visitation to Prevent – Child Maltreatment
- Center for Addiction and Mental Health. Best practice guidelines for mental health promotion programs: Older adults 55+
- AARP. Framework of Isolation in Adults over 50

Age range(s): All age groups

Social Determinant(s) of Health addressed: Economic Stability, Housing, Health Care, Education, Transportation, Natural Environment, Food Security, Community Cohesion, Built Environment.

Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, Policy Makers and Elected Officials, Transportation, Housing, Economic Development, Natural Environmental and Urban Planning Agencies.

Sectors Playing Contributing Role: CBOs and Human Service Agencies.
Intermediate-level measures:

- Percentage of adults 55+ who report that they are satisfied with the relationships they have with professionals, family and friends
- Percentage of adults 55+ reporting good or excellent well-being

Intervention: Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.

Evidence base:

- Glasgow Center for Population Health. Resilience for public health: Supporting transformation in people and communities
- British Medical Journal. Road to resilience: a systematic review and meta-analysis of resilience training programmes and intervention
- Mental Health Commission of New South Wales. Building Community Resilience and Wellbeing Report
- Cogent Psychology. Resilience in chronic diseases: A systematic review

Age range(s): All age groups
Social Determinant(s) of Health addressed: Economic Stability, Housing, Health Care, Education, Transportation, Natural Environment, Food Security, Community Cohesion, Built Environment.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Housing, Economic Development, Natural Environmental and Urban Planning Agencies.
Sectors Playing Contributing Role: Media.
Intermediate-level measures:

- Self-sufficiency as linked with education, employment, or similar services

Intervention: Implement evidence-based home visiting programs**.**

These programs provide structured visits by trained professionals and paraprofessionals to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

Evidence base:

- The Community Guide. Violence: Early Childhood Home Visitation to Prevent – Child Maltreatment

Age range(s): Children, teens, adults and older adults
Social Determinant(s) of Health Addressed: Education, Community Cohesion.

Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Natural Environmental Agencies.
Sectors Playing Contributing Role: Media, Policy Makers and Elected Officials, Transportation Agencies, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Knowledge of mental illnesses and their treatments
- Knowledge of appropriate mental health first aid strategies, i.e. steps to take to get support

Goal 1.2: Facilitate supportive environments that promote respect and dignity for people of all ages.

Among the most important of human needs is the desire for respect and dignity across the lifespan. This is especially important to consider among vulnerable groups in our communities such children, people with mental, emotional and behavioral disorders, lower socioeconomic groups, people of color, immigrants, those incarcerated, LGBTQ, youth, older adults among others. Policies and program interventions that promote inclusion, integration and competence along with education are strategies that can help.

Objective 1.2.1 By December 31, 2024 increase New York State's Economy Scores by 7% to 52.3%. Baseline Economy Score 48.9%
Objective 1.2.2 By December 31, 2024 increase New York State's Community Scores by 7% to 61.3%. Baseline Community Score 57.3%
Objective 1.2.3 By December 31, 2024 increase New York State's Education Scores by 7% to 59.9%. Baseline Education Score 56.0%
Objective 1.2.4 By December 31, 2024 increase New York State's Health Scores by 7% to 68.1%. Baseline Health Score 63.6%
Source: Opportunity Index, Child Trends and Opportunity Nation
Objective Geography level: County

Intervention: Implement Mental Health First Aid.

Mental Health first aid is an evidence- based public education program that teaches people how to respond to individuals who are experiencing one or more acute mental health crises (such as suicidal thoughts or behavior, an acute stress reaction, panic attacks or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (such as depressive, anxiety or psychotic disorders, which may co-occur with substance abuse).

Evidence base:

- Mental Health First Aid Efficacy: A Compilation of Research Efforts

Resources

- Mental Health First Aid
- Youth Mental Health First Aid

Age range(s): Children, teens, adults and older adults
Social Determinant(s) of Health Addressed: Education, Community Cohesion.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Natural Environmental Agencies.
Sectors Playing Contributing Role: Media, Policy Makers and Elected Officials, Transportation, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Knowledge of mental illnesses and their treatments
- Knowledge of appropriate mental health first aid strategies, i.e. steps to take to get support

Intervention: Implement policy and program interventions that promote inclusion, integration and competence.

Evidence base:

- Pescosolido BA, Medina TR, Martin JK, Long SJ. The "Backbone" of stigma: Identifying the Global Core of Public Prejudice Associated with Mental Illness. Am J Public Health. 2013;103:853–860. doi:10.2105/AJPH.2012.301147
- Stuart H, Arboleda-Florez J, Sartorius N. 2012. Paradigms Lost: Fighting Stigma and the Lessons Learned. New York: Oxford University Press
- National Academy of Sciences. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Approaches to reducing stigma

Age range(s): All age groups
Social Determinant(s) of Health Addressed: Economic Stability, Housing, Community Cohesion.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental, Emotional, and Behavioral Health, Employers, Businesses, and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Percent of people with lived experience engaged in development and decision-making roles in programs
- Percent of people with lived experience engaged in implementation roles in programs

Intervention: Use thoughtful messaging on mental illness and substance use.

Expert opinion in messaging about Mental, Emotional, and Behavioral Health humanize the experiences and struggles of person living with disorders; highlight structural barriers; avoid blaming people for the disorder or associate disorders with violence.

Evidence base:

- Pescosolido BA, Medina TR, Martin JK, Long SJ. The ""Backbone"" of stigma: Identifying the Global Core of Public Prejudice Associated with Mental Illness. Am J Public Health. 2013;103:853–860. doi:10.2105/AJPH.2012.301147
- Stuart H, Arboleda-Florez J, Sartorius N. 2012. Paradigms Lost: Fighting Stigma and the Lessons Learned. New York: Oxford University Press
- National Academy of Sciences. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Approaches to reducing stigma
- Yang LH, Link BG. Measurement of Attitudes, Beliefs and Behaviors of Mental Health and Mental Illness, October 2015

Age range(s): All ages

Social Determinant(s) of Health Addressed: Economic Stability, Housing, Health Care, Education, Transportation, Natural Environment, Food Security, Community Cohesion, Built Environment.

Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies

Intermediate-level measures:

- Attitudes to mental illness by community members, health care providers, police officers
- Rejection Experiences based on validated questionnaire
- Stigma Scale based on validated questions

Focus Area 2: Mental and Substance Use Disorders Prevention

Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

According to the National Institute on Drug Abuse, nearly 90% of addictions begin before age 18. Alcohol is the most-often identified gateway drug by people who misuse other substances such as heroin and prescription drugs. Preventing adolescents from using alcohol and other substances and supporting conditions or attributes that mitigate the risk factors associated with substance use are key strategies that can be used to prevent alcohol misuse.

Objective 2.1.1 By December 31, 2024 reduce the percentage of youth in grades 9-12 reporting the use of alcohol on at least one day for the past 30 days by 10% from 27.1% in 2017 to 24.4%. Source: 2017 YRBS.

Objective 2.1.2 By December 31, 2024, reduce the age-adjusted percentage of adults (age 18 and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% from 18.2% to no more than 16.4%. Source: 2017 Expanded BRFSS.

Objective 2.1.3 By December 31, 2024, reduce the age-adjusted percentage of adult (age 55+ and older) binge drinking (5 drinks or more for men during one occasion, and 4 or more drinks for women during one occasion) during the past month by 10% from 21.7% in 2017 to 19.5%. Source: 2017 Expanded BRFSS.
Geographic level: State

Intervention: Implement environmental approaches, including implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access.

Evidence base:
- The Community Guide. Excessive Alcohol Consumption

Age range(s): Youth, adults, older adults
Social Determinant(s) of Health Addressed: Health Care, Community Cohesion, Built Environment.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, CBOs and Human Service Agencies, Policy Makers and Elected Officials.
Sectors playing Contributing Role: Media, Schools, Community or Neighborhood Residents, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:
- Change in local laws and ordinances to reduce alcohol availability such as passage of Social Host liability laws, restrictions on hours and days of alcohol sales, happy hour

and drink promotions, outlet density and alcohol advertising restrictions, prohibitions or controls on alcohol use at community events or in public areas (parks, beaches)
- Impact of enforcement of law 6-months to a year after law is enacted; e.g., violations, underage drinking in the last 30 days

Intervention: Implement/Expand School-Based Prevention and School-Based Prevention Services.

Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting major social and psychological factors that promote the initiation of substance use and other risky behaviors. Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive-behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.

Evidence base:
- LifeSkills Training. Evaluation Studies
- New York State Office of Alcoholism and Substance Abuse Services

Age range(s): Youth
Social Determinant(s) of Health Addressed: Education.
Sectors Playing Leading Role: Schools, CBOs and Human Service Agencies.
Sectors playing Contributing Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Community or Neighborhood Residents, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies
Intermediate-level measures:
- Participation and completion of sessions
- Follow up in 1 month and six months regarding alcohol use days, alcohol binge days, and use of other substances

Intervention: Implement routine screening and brief behavioral counseling in primary care settings to reduce unhealthy alcohol use for adults 18 years or older, including pregnant women.

Evidence base:
- JAMA. Screening and behavioral counseling interventions to reduce unhealthy alcohol use in adolescents and adults

Age range(s): Adults 18 years and older
Social Determinant(s) of Health Addressed: Health Care.

Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers.
Sectors playing Contributing Role: Governmental Public Health Agencies, Employers Businesses and Unions, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Percentage of persons offered screening and counselling
- Percent followed up with treatment

Intervention: Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI.

Evidence base:

- SAMHSA-HRSA Center for Integrated Health Solutions. SBIRT

Age range(s): All ages
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers.
Sectors playing Contributing Role: Governmental Public Health Agencies, Employers Businesses and Unions, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Percentage of persons offered SBIRT, completed prescreen and full screen
- Percent positive, and percent followed up with treatment

Intervention: Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration.

Resources:

- Implementing a Trauma-Informed Approach for Youth across Service Sector
- Case Western Reserve University. Center for Evidence-based Practices. Motivational Interviewing

Age range(s): All ages, with focus on children and youth
Social Determinant(s) of Health Addressed: Education, Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Colleges and Universities, Schools, Policy Makers and Elected Officials.

Sectors playing Contributing Role: Employers Businesses and Unions, Media, Community or Neighborhood Residents, CBOs and Human Service Agencies, Transportation, Natural Environmental. Housing, Economic Development, and Urban Planning Agencies.

Intermediate-level measures:

- Completion of training
- Change in policies and/or implementation of policies

Goal 2.2: Prevent opioid overdose deaths

New York, like many states, is experiencing an opioid epidemic. Prescription opioid use is a predictor of heroin use for many people. There is strong correlation between self-harm behaviors and traumatic experiences, particularly adverse childhood experiences, which in turn are linked to nearly all health and social conditions. A coordinated multi-pronged approach that includes policies and programs that support training, education, treatment, strengthening community supports, and data-sharing can prevent opioid and other substance misuse and deaths. The New York State Department of Health's initiatives to address opioids are multi-pronged and encompass prevention and treatment.

Objective 2.2.1 By December 31, 2024, reduce the age-adjusted rate of overdose deaths involving any opioids by 7% to 14.3 per 100,000 population. Baseline: 15.4 per 100,000 population.

Source: NYS Vital Records
Geographic level: County

Objective 2.2.2 By December 31, 2024, increase the age-adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per 100,000 population. Baseline**:** 346.3 per 100,000 population. Baseline year: 2017.

Source: PMP Registry
Geographic level: County

Objective 2.2.3 By December 31, 2024, reduce the opioid analgesics prescription for pain, age-adjusted rate, by 5% to 350.0 per 1,000 population Baseline: 368.3 per 1,000. Baseline year: 2017.

Source: PMP Registry
Geographic level: County

Objective 2.2.4 By December 31, 2024, reduce all emergency department visits (including outpatients and admitted patients) involving any opioid overdose, age-adjusted rate by 5% to 53.3 per 100,000 population. Baseline: 56.1 per 100,000 population.

Source: SPARCS

Geographic level: County

Intervention: Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine.

Evidence base:

- Larochelle, M. R., et al. (2018). "Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study." Ann Intern Med, 169(3): 137-145.
- Sordo, L., et al. (2017). "Mortality Risk During and After Opioid Substitution Treatment: Systematic Review and Meta-analysis of Cohort Studies." BMJ; 357: j1550.
- FDA Drug Safety Communication: FDA Urges Caution about Withholding Opioid Addiction Medications from Patients Taking Benzodiazepines or CNS Depressants: Careful Medication Management Can Reduce Risks

Resources:

- SAMHSA TIP 63: Medications for Opioid Use Disorder
- Facing Addiction in America: The Surgeon General's Spotlight on Opioids
- Increasing Access to Medication-Assisted Treatment of Opioid Abuse in Rural Primary Care Practices. Content last reviewed July 2018. Agency for Healthcare Research and Quality, Rockville, MD.
- New York State. You Don't Have to be Alone in Addiction
- NYSDOH. Buprenorphine
- OASAS. Addiction Medications

Age range(s): Adults, older adults, youth

Social Determinant(s) of Health Addressed: Health Care.

Sectors Placing Lead Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Policy Makers and Elected Officials.

Sectors Playing Contributing Role: Governmental Public Health Agencies, Employers Business and Unions, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, Housing, Transportation, Economic Development, Natural Environmental and Urban Planning Agencies.

Intermediate-level measures:

- Percent initiation of pharmacotherapy upon new episode of opioid use disorder
- Percent staff trained in trauma informed approach
- Methadone Treatment measure; Naltrexone treatment measure, Buprenorphine treatment measure – to be determined

Intervention: Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.

Evidence base:

- Oregon Health and Science University. Best Practices in Naloxone Treatment Programs for Opioid Overdose

Resources:
- New York State's Opioid Overdose Prevention Program
- NYSDOH. How to Become a Registered Opioid Overdose Program
- NYSDOH. Availability of Naloxone in Pharmacies
- Prescribe to Prevent

Age range(s): Teens, adults, older adults
Social Determinant(s) of Health Addressed: Health Care.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, CBOs and Human Service Agencies.
Sectors Playing Contributing Role: Employers, Business and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, Policy Makers and Elected Officials, Housing, Transportation, Economic Development, Natural Environmental and Urban Planning Agencies.
Intermediate-level measures:
- Percent staff who completed naloxone administration training
- Percent staff trained in trauma informed approach

Intervention: Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.

Evidence base:
- Kattan, J. A., et al. (2016). "Public Health Detailing-A Successful Strategy to Promote Judicious Opioid Analgesic Prescribing." Am J Public Health 106(8); 1430-1438.

Resources
- CDC Guideline for Prescribing Opioids for Chronic Pain, MMWR Recommendations and Reports / March 18, 2016 / 65(1): 1-49; Erratum, March 25, 2016 / 65(11)
- NYSDOH. Opioids Regulation and Legislation
- NYSDOH. Opioids: Healthcare Provider Information

Age range(s): Teens, adults, older adults
Social Determinant(s) of Health Addressed: Health Care.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health.
Sectors Playing Contributing Role: Employers Business and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies Policy Makers and Elected Officials, Housing, Transportation, Economic Development, Natural Environmental, and Urban Planning Agencies.
Intermediate-level measures:
- High dose prescribing rates
- Prescribing rate for opioid prescriptions with more than 7-day supply

Intervention: Build support systems to care for opioid users or those at risk of an overdose

Evidence base:

- SAMHSA. Recovery and Recovery Support

Resources:

- OASAS. Building a Foundation of Recovery in New York State
- Drug User Health Hubs: A Model Public Health Response in New York

Age range(s): Youth, adults, older adults

Social Determinant(s) of Health Addressed: Health Care.

Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, CBOs and Human Service Agencies, Policy Makers and Elected Officials.

Sectors Playing Contributing Role: Employers Business and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, Housing, Transportation, Economic Development, Natural Environmental, and Urban Planning Agencies.

Intermediate-level measures:

- Opioid patients referred; served; and admitted for treatment within a defined time-period
- Number of patients referred to Drug User Health Hubs within a defined time-period

Intervention: Establish additional permanent safe disposal sites for prescription drugs and organized take-back days.

Evidence base:

- FDA. Safe Disposal of Medicines

Resources:

- NYSDOH. Medication Drop Boxes by County

Age range(s): Adults, older adults

Social Determinant(s) of Health Addressed: Health Care.

Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, CBOs and Human Service Agencies.

Sectors Playing Contributing Role: Employers Business and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, Policy Makers and Elected Officials, Housing, Transportation, Economic Development, Natural Environmental, and Urban Planning Agencies.

Intermediate-level measures:

- Proportion of controlled prescription drug units collected within a defined time-period
- Proportion of controlled prescription drug units dispensed within a defined time-period

Intervention: Integrate trauma informed approaches in training staff and implementing program and policy.

Evidence base:

- Trauma Informed Practice & the Opioid Crisis. A Discussion Guide for Health Care and Social Service Providers.

Resources:

- Implementing a Trauma-Informed Approach for Youth across Service Sector
- Case Western Reserve University. Center for Evidence-based Practices. Motivational Interviewing

Age range(s): All ages
Social Determinant(s) of Health Addressed: Community Cohesion, Health Care.
Sectors Placing Lead Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers, Business and Unions.
Sectors Playing Contributing Role: Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Housing, Transportation, Economic Development, Natural Environmental and Urban Planning Agencies.
Intermediate-level measures:

- Completion of training
- Change in policies and/or implementation of policies

Goal 2.3: Prevent and address adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse and mental disorders. Preventing ACEs, engaging in early identification of people who have experienced them, and helping adults heal from ACEs could have a significant impact on a range of critical health problems.

Objective 2.3.1 Reduce the percentage of adults experiencing two or more adverse childhood experiences (ACEs) by 5% to no more than 33.8%.
ACEs Data: 35.6% two or more ACEs
Source: 2016 Expanded BRFSS
Geographic level: County

Objective 2.3.2 By December 31, 2024, reduce indicated reports of abuse/maltreatment rate per 1,000 children and youth ages 0-17 years by 9% to 15.6 per 1,000 children and youth 0-17 years. Baseline: 17.1 per 1,000 children and youth.

Source: 2017 NYS Office of Children and Family Services – National Child Abuse and Neglect Data System (NCANDS)

Geographic level: County

Objective 2.3.3 By December 31, 2024, increase communities reached by opportunities to build resilience by at least 10 percent. Baseline to be established in 2019.

Source: DOH/OASAS/OMH

Geographic level: County

Intervention: Integrate principles of trauma-informed approaches in governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation.

Evidence base:

- Community Resilience Cookbook
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Age range(s): All Ages

Social Determinant(s) of Health Addressed: Economic Stability, Health Care, Community Cohesion.

Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies.

Intermediate-level measures:

- Mapping of resilience building assets/sites
- Change in policies and/or implementation of policies

Intervention: Address Adverse Childhood Experiences and other types of trauma in the primary care setting.

Evidence base:

- American Academy of Pediatrics. Addressing Childhood Experiences and Other Types of Trauma in the Primary Care Setting

Age range(s): All ages with focus on children

Social Determinant(s) of Health Addressed: Health Care, Community Cohesion.

Sectors Playing Leading Role: Governmental Public Health Agencies.

Sectors Playing Contributing Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development, and Urban Planning Agencies.
Intermediate-level measures:

- Percent of primary care settings that screen for ACEs
- Percent of referrals to services following through in six months of being screened for ACEs

Intervention: Grow resilient communities through education, engagement, activation/mobilization and celebration.

Resources:

- International Journal of Mental Health Addiction. A Whole Community Approach toward Child and Youth Resilience Promotion: A Review of Resilience Literature
- ACEs Connection. Growing Resilient Communities 2.0

Age range(s): All ages
Social Determinant(s) of Health Addressed: Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Natural Environmental, Housing, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Level of trust, motivation, self-efficacy, belief that change is possible
- Social cohesion

Intervention: Implement evidence-based home visiting programs.

These programs provide structured visits by trained professionals and paraprofessionals to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.

Evidence base:

- The Community Guide. Violence: Early Childhood Home Visitation To Prevent – Child Maltreatment

Age range(s): Children, teens, adults and older adults
Social Determinant(s) of Health Addressed: Education, Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, Schools, Community or Neighborhood

Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Natural Environmental Agencies.
Sectors Playing Supporting Role: Media, Policy Makers and Elected Officials, Transportation, Housing, Economic Development, and Urban Planning Agencies.
Intermediate-level measures:

- Knowledge of mental illnesses and their treatments
- Knowledge of appropriate mental health first aid strategies, i.e. steps to take to get support

Goal 2.4: Reduce the prevalence of major depressive disorders

Major depression is a common and serious mood disorder. It is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. Meta-analyses suggest that 22-38% of major depressive episodes can be prevented[47] and the results of randomized controlled trials have shown that the incidence of major depressive episodes can be significantly reduced.

Objective 2.4.1 By December 31, 2024, reduce the past-year prevalence of major depressive episodes among adults aged 18 or older to 6.2%.
Baseline: 6.5%
Source: 2016-2017 NSDUH

Objective 2.4.2 By December 31, 2024, reduce the past-year prevalence of major depressive episodes among adolescents aged 12-17 years to 10.4%
Baseline: 11.5%
Source: 2016-2017 NSDUH

Intervention: Strengthen resources for families and caregivers

Evidence base:

- Guide to Community Preventive Services. The Community Guide. Evidence-Based Strategies to Manage Depressive Disorders

Resources:

- CDC Promotes Public Health Approach To Address Depression Among Older Adults

Age range(s): Adults
Social Determinant(s) of Health Addressed: Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Schools, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Housing, and Economic Development Agencies.
Sectors Playing Supporting Role: Media, Colleges and Universities, Community or Neighborhood Residents, Transportation, Natural Environmental, and Urban Planning Agencies.

Intermediate-level measures:
- Change in social connections
- Resilience scores as measured by validated surveys

Intervention: Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention.

Evidence base:
- Effect of a Web-based Guided Self-help Intervention for Prevention of Major Depression in Adults with Subthreshold Depression: A Randomized Trial
- Major Depression Can Be Prevented

Age range(s): Adults
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health.
Sectors Playing Supporting Role: Governmental Public Health Agencies, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Housing, Natural Environmental, Economic Development, and Urban Planning Agencies.
Intermediate-level measures:
- Participation rates in therapy
- Participants perceived level of improvement and therapist satisfaction level

Intervention: Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC_CBT).

This is a short-term (16-20 sessions), strength-based therapy program for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies. These families can include those who have been substantiated for physical abuse, those who have had multiple unsubstantiated referrals, and those who fear they may lose control with their child.

Evidence base:
- The California Evidence-Based Clearinghouse for Child Welfare. Combined Parent-Child Cognitive-Behavioral Therapy

Age range(s): Children between 3-17 years old and their parents/caregivers.
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Community or Neighborhood Residents, CBOs and Human Service Agencies.

Sectors Playing Supporting Role: Governmental Public Health Agencies, Employers Businesses and Unions, Media, Colleges and Universities, Schools, Policy Makers and Elected Officials, Transportation, Housing, Natural Environmental, Economic Development, and Urban Planning Agencies.
Intermediate-level measures:

- Reduced children's posttraumatic stress disorder symptoms (PTSD), depression, other internalizing symptoms and behavior problems
- Parent/caregiver use of effective non-coercive parenting strategies

Goal 2.5: Prevent suicides

Suicide can be prevented. A recent CDC study showed that range of factors contribute to suicide among those with and without known mental health conditions. These include relationship problems, life stressors and recent or impending crises. Communities can use a comprehensive evidence-based public health approach to prevent suicide risk before it occurs, identify and support persons at risk, prevent reattempts, and help friends and family members in the aftermath of a suicide.

Objective 2.5.1 By December 31, 2024, reduce suicide attempts by New York adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year by 10% to no more than 9.1%. Baseline: 10.1%.
Source: 2017 YRBS

Objective 2.5.2 By December 31, 2024, reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000. Baseline: 7.8 per 100,000.
Source: 2015 Bureau of Biometrics

Intervention: Strengthen economic supports: strengthen household financial security, and policies that stabilize housing.

Evidence base:

- National Center for Injury Prevention and Control. Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Age range(s): All age groups
Social Determinant(s) of Health Addressed: Housing.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Housing, Economic Development, and Urban Planning Agencies.
Sectors Playing Supporting Role: Governmental Public Health Agencies, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Transportation, Natural Environmental Agencies.
Intermediate-level measures:

- Dollars in strengthening economic and housing supports
- Stability of housing: delinquency and foreclosure rates

Intervention: Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems).

Evidence base:

- Zero Suicide

Age range(s): Children, teens, adults and older adults
Social Determinant(s) of Health Addressed: Health Care, Built Environment.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Housing, Economic Development and Urban Planning Agencies.
Sectors Playing Supporting Role: Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Housing, Natural Environmental, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Percent of patients who were screened for suicide during reporting period [Could also consider % of behavioral health, primary care, crisis, and ER providers who received suicide prevention specific training]
- Percent of clients who screened and assessed positive for suicide risk and received and evidence-based intervention (same day as screening) during the reporting period (e.g., Stanley Brown Safety Plan Intervention)

Intervention: Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use.

Evidence base:

- Harvard T.H. CHAN School of Public Health. Means Matter

Age range(s): All age groups
Social Determinant(s) of Health Addressed: Community Cohesion, Built Environment.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Community or Neighborhood Residents, CBOs and Human Service Agencies, Housing, and Urban Planning Agencies.
Sectors Playing Supporting Role: Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Policy Makers and Elected Officials, Transportation, Natural Environmental, and Economic Development Agencies.
Intermediate-level measures:

- Percent of providers who completed Counseling on Access to Lethal Means (CALM) training
- Percent of family and community members who complete lethal means counselling, and follow through on recommendations

Intervention: Identify and support people at risk – Gatekeeper Training, crisis intervention, treatment for people at risk of suicide, treatment to prevent re-attempts, postvention, safe reporting and messaging about suicide.

Evidence base:

- Suicide Prevention Resource Center. Choosing a Suicide Prevention Gatekeeper Training Program – A Comparison Table
- RAND Suicide Prevention Program Evaluation Toolkit
- QPR Gatekeeper Training

Age range(s): All age groups
Social Determinant(s) of Health Addressed: Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials.
Sectors Playing Supporting Role: Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Transportation, Natural Environmental, Economic Development, Housing, and Urban Planning Agencies.
Intermediate-level measures:

- The number of individuals who received crisis intervention services (e.g., County Crisis Services, Lifeline Calls, Crisis Text Line messages)
- Percent of individuals with a suicide attempt during the reporting period who received an evidence-based intervention shown to reduce reattempts

Intervention: Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program

Evidence base:

- National Center for Injury Prevention and Control. Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Age range(s): All age groups
Social Determinant(s) of Health Addressed: Community Cohesion.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health, Employers Businesses and Unions, Insurers, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Housing, Natural Environmental, Economic Development, and Urban Planning Agencies.
Sectors Playing Supporting Role: Media, Transportation.
Intermediate-level measures:

- Extent to which individuals have engaged in help-seeking behaviors in the past three months (e.g., In the past three months, have they received treatment from a mental health professional)
- Proportion who had positive expectancies about living, engaged in civic life

Goal 2.6: Reduce the mortality gap between those living with serious mental illnesses and the general population

People with severe mental disorders on average tend to have a 10-24 year shorter life expectancy than the general populations. Most of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes, hypertension and suicide. Interventions exist to promote the mental and physical health of individuals with severe mental disorders. They include increasing access to quality care for patients with severe mental disorders, improve the diagnosis and treatment of coexisting physical conditions, and integration of mental and physical health care.

Objective 2.6.1 By December 31, 2024, decrease by 20% the prevalence of cigarette smoking among adults who are diagnosed with serious mental illness to 27.4%

Baseline: 34.3%.
Source: 2015-2016 NSDUH.

Intervention: Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.

Evidence base:

- World Psychiatry. Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas

Age range(s): Adults and older adults
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Governmental Public Health Agencies, Healthcare Delivery System, Mental Emotional and Behavioral Health.
Sectors Playing Supporting Role: Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Housing, Natural Environmental, Economic Development, and Urban Planning Agencies.
Intermediate-level measures:

- Evidence of a written plan that has components of components of individual, health systems, community and policy level interventions
- Evidence of implementation and evaluation of the plan

Intervention: Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction.

Concurrent therapy for mental illness and nicotine addiction have the best outcomes. Smokers who receive mental health treatment have higher quit rates than those who do not. For example, people with schizophrenia showed better quit rates with the medication bupropion, compared with placebo, and showed no worsening of psychiatric symptoms. A combination of the medication varenicline and behavioral support has shown promise for helping people with bipolar and major depressive disorders quit, with no worsening of psychiatric symptoms. A clinical trial found that a combination of varenicline and cognitive behavioral therapy (CBT) was more effective than CBT alone for helping people with serious mental illness stop smoking for a prolonged period—after 1 year of treatment and at 6 months after treatment ended.

Evidence base:

- National Institute on Drug Abuse. Do people with mental illness and substance use disorders use tobacco more often?

Age range(s): Adults and older adults
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health.
Sectors Playing Supporting Role: Governmental Public Health Agencies, Employers Businesses and Unions, Insurers, Media, Colleges and Universities, Schools, Community or Neighborhood Residents, CBOs and Human Service Agencies, Policy Makers and Elected Officials, Transportation, Housing, Natural Environmental, Economic Development and Urban Planning Agencies.
Intermediate-level measures:

- Proportion of patients follow treatment regime recommended by mental health providers
- Extent to which an individual is adhering to prescribed psychotropic medications

Intervention: Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers.

Evidence base

- Promoting Health Systems Improvement for a Tobacco-Free New York. Supporting Evidence-based Tobacco Dependence, Screening and Treatment. Behavioral Health Settings Training Toolkit

Age range(s): All ages
Social Determinant(s) of Health Addressed: Health Care.
Sectors Playing Leading Role: Healthcare Delivery System, Mental Emotional and Behavioral Health, Insurers, Colleges and Universities.
Sectors Playing Supporting Role: Governmental Public Health Agencies, Employers Businesses and Unions, Media, CBOs and Human Service Agencies, Policy Makers and Elected Officials.
Intermediate-level measure: Proportion of mental health providers licensed to screen and treat for tobacco dependence

References

[47] Muñoz RF, Beardslee WR, Leykin Y. Major depression can be prevented. American Psychology. 2012: May-Jun;67(4):285-95. doi: 10.1037/a0027666. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4533896/