

OVERVIEW OF THE PLAN: *WHAT CAN WE ENHANCE?*

FRAMEWORK FOR BUILDING PLAN

Use a public health model to guide how agencies work together to develop a useful prevention infrastructure to prevent suicide and attempted suicide, to prevent and reduce the *consequences* of underage and adult problem drinking, reduce prescription drug misuse/abuse, and build emotional health.

Assumption: Health problems and consequences overlap and can interact; factors that contribute also overlap. Effective prevention addresses these connections.

Definition of Behavioral Health refers to a state of emotional/mental being and/or choices and actions that affect health and wellness (Source: SAPST Training, 2012).

Behavioral health also refers to the service systems promoting mental health and prevention of mental and substance abuse use disorders.

Overall goal of plan : ENHANCE Behavioral Health using environmental strategies to reduce the risk factors (we can influence) and promote the protective factors (we can influence) that are associated with healthy behavior. **Do we also target individuals?**

Our responsibility: ENHANCE ...

Prevention/reduction of the *consequences* of underage drinking

Prevention/reduction of the *consequences* of adult problem drinking – **how are we defining adult problem drinking?**

Prevention of suicides and attempted suicides

Reduction of Prescription drug misuse/abuse

Our Risk behaviors in order of priority based on EPI data:

1. Suicide and attempted suicide American Indians; High school/teens; adults; young adults/university age; Military families, LGBTQ
2. Underage drinking Young adults/university students; high school/teens
3. Adult problem drinking Young adults/university students; Adults
4. Prescription drug misuse/abuse Across all ages

Caveat: Prescription drug misuse and abuse data maybe misleading and incomplete; seen as an emerging issue. Lack of indicators for suicide and attempted suicide specifically for university student/young adults. Access to data on Military families and LGVTQ also challenging. NEED AGREEMENT ON HOW TO PROCEED GIVEN THESE CAVEATS.

Developing the plan:

Need to define Leadership for implementing plan & roles of respective players

(Roles can change over time as needed)

- Evidenced Based Workgroup (composition)
- SPE Consortium
- Interagency Coordinating Council (ICC)
- Respective state level agencies

How can your agency connect to:

- Preventing suicide and attempted suicide?
- Preventing reducing consequences of underage drinking?
- Preventing reducing consequences of adult problem
- Reducing prescription drug misuse/abuse?

What ways can your agency ENHANCE prevention efforts?

- Coordination of efforts/services?
- Training/Technical Assistance?
- Policy development, implementation?
- Data collection? (program data; outcome data)
- Data sharing?
- Supporting the work of the Evidenced Based Workgroup?
- Educate/raise awareness?
- Other ways?

Assumptions about building the plan:

- **Target prevention efforts to the *higher risk* communities only?**
- Enhance capacity to implement the plan – WHO, HOW, WHAT, WHEN
- Identify the risk factors within targeted communities that are associated with poor behavioral health.
- Identify the protective factors within targeted communities that are associated with positive behavioral health.
- Recommendations from the Evidenced Based Workgroup will guide the use of strategies/practices/policies to address the risks and enhance the protective factors. **What groups already exist to guide prevention efforts? How to work with these groups? How do agencies select practices to use?**
- Enhance/expand prevention efforts already in place that address the identified risks and are worth supporting.
- Raise awareness about prevention efforts ... WITH WHOM, HOW, WHAT, WHEN
- Identify prevention efforts to address risks/protective factors not already targeted.
- **Agencies are ready and able to collaborate where and when appropriate.**
- **Leadership for implementing and monitoring efforts** – content experts? EBW? ICC? WHO?
- **What other assumptions?**

Proposed Framework for the Plan:

Years 1 to 5 (2013 – 2017)

Each year:

- Overall goal for each Year; Goal for each risk behavior and for EBW.
- Objectives for reaching the goals.
- Resources needed to carry out objectives: Data needed, training and TA assistance, Coordination across specific agencies, braiding finances
- Define outcomes for each year and methods to collect outcome data.
- Define how data will be shared across agencies and with others.
- Identify what worked and how it can be sustained.
- **What else?**

Parts that need to be integrated into the Plan

DATA NEEDED TO GUIDE DECISIONS
WHAT, WHEN, WHO, WHY, HOW, RESOURCES

TRAINING AND TECHNICAL ASSISTANCE
WHAT, WHEN, WHO, WHY, HOW, RESOURCES

COORDINATING SERVICES
WHAT, WHEN, WHO, WHY, HOW, RESOURCES

WORKFORCE DEVELOPMENT
WHAT, WHEN, WHO, WHY, HOW, RESOURCES

**DATA COLLECTION, REPORTING, SHARING
(INFORM PROCESS AND OUTCOME)**

SUSTAINABILITY
WHAT, WHEN, WHO, HOW, RESOURCES

Evidence Based Workgroup (EBW)
Who & purpose; Actions; Timeline

SHORT TERM OUTCOMES: YEARS 1 TO 5
Define outcomes and how will use the data

EVALUATION PROCESS/REVIEW/UPDATES
WHAT, WHEN, WHO, WHY, HOW, RESOURCES

ENHANCE EVALUATION INFRASTRUCTURE
WHAT, WHEN, WHO, WHY, HOW, RESOURCES
Process & outcome measures integration into program development and grant management; access to those data through a single state authority.

Elements to consider when planning

State level and local, policy development, capacity building, enhancement

Political context influences

ENHANCING SUICIDE PREVENTION
Military families, LGBTQ populations, American Indians