

Comprehensive Prevention Plan:

Erie County Department of

Mental Health

2018-2022

(Final Draft 2/13/18)



Acknowledgement

This plan is dedicated to its original principal author Dr. William F. Wiczorek, Director of the SUNY Buffalo State Center for Health and Social Research and Mr. William Fremgen of the Erie County Department of Mental Health, whose leadership and guidance were critical to the realization of this plan.

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1. Executive Summary

The Buffalo State Center for Health and Social Research (CHSR) was designated by the Erie County Department of Mental Health (ECDMH) to implement a collaborative process to develop a multi-year, comprehensive prevention plan. The development of the plan was a deliberately methodical approach that was collaboratively inclusive of chemical dependency and mental illness prevention agencies in Erie County, CHSR, ECDMH, and the Western Field Office of the New York State Office of Alcoholism and Substance Abuse Services (OASAS).

The prevention system in Erie County has historically been a complex one, with numerous, differentiated providers servicing a very diverse population and environments. These challenges reinforce the need for collaborative data-driven strategies in order to optimize system-level impacts. This document represents the codification of the shared values, goals and strategies of the group of Erie County providers who have been working together for nearly a decade.

The initial planning process required more than a year of interactive meetings to identify the goals and guiding principles on which to implement prevention programming and to ensure the continuing evolution of a vibrant, evidence-based prevention system responsive to the public health needs of Erie County. The update to the plan utilized the same overall approach and was accomplished as part of ongoing coordination and collaboration by all the prevention providers as an outcome of the initial plan (See Section 8).

The comprehensive prevention plan is divided into separate sections that include the planning process, system goals, prevention implementation, system impact assessment, system coordination, system development, and career enrichment. Also included are appendices that identify the participants in the development of the plan and supporting data and documents used in the planning process.

Section 2 describes the process of developing and updating the plan. The process was driven by collaborative meetings to identify the values of the prevention system, identify challenges to the system and their potential solutions, interpret and discuss data on prevention needs and gaps in prevention services, to develop prevention priorities and guiding principles, and to provide feedback and guidance for each section of the plan and for the entire final written plan.

Section 3 of the plan explains the nature of the Px21 group and how they relate to this plan. This group, originally known as Px20, was a direct outcome of the year-long comprehensive planning process initiated by the Erie County Department of Mental Health (ECDMH), described in Section 2. The group was charged with developing a multi-year comprehensive prevention plan incorporating data-driven decision making and evidence-based practices into a local framework. While the ECDMH-funded programs meet as an established group within Px21, membership groups allow prevention agencies and interested individuals from throughout WNY, whether funded by ECDMH or not, to be considered for membership to Px21.

The group is collectively focused on providing services that meet the following definitions, based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report:

- Promotion—Approaches designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. These reinforce the entire continuum of behavioral health services.
- Prevention—Approaches implemented prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

Section 4 of the plan presents the mission of the entire prevention system; all subsequent sections of the plan are explicitly related to the overall mission: building healthier individuals, families, and communities in Erie County and WNY utilizing prevention science. The broader mission statement includes goals in three areas: system goal, target populations, and strategic priorities. The system goal focuses on providing broad preventive services across the prevention portion of the continuum of care. The target population goals are to provide prevention coverage to the entire population of Erie County and to implement targeted (selective, indicated) programs for higher-risk populations. The strategic priorities are focused on ensuring long-term sustainability for the system through an enhanced credibility for data-driven prevention programming, expanded resources for the prevention system and enhanced professional development for individuals and agencies in the prevention field.

Sections 5 and 6 present the guiding principles for implementing prevention programs and services in Erie County. Section 5 focuses on the overall provision of prevention services by identifying ECDMH as providing oversight for services

and coordination with OASAS, while using the principles to guide the operation and evolution of the prevention system. Individual agencies are responsible for using the guidelines to develop yearly prevention work plans. The guiding principles are the concepts that drive decisions regarding the nature of the prevention programming in Erie County, including where and to whom services are targeted, the type of program and its evidence base, and data utilization for needs assessment and program quality assurance. One of the basic principles is to provide prevention services to the entire population, while also providing more intensive services to those populations at highest risk. Another key principle is to increase the utilization of evidence-based practices across a spectrum of prevention modalities that are responsive to the full array of risk and protective factors. Another main principle is to drive program decisions and the continual improvement of the prevention system through the utilization of various data sources, such as archival indicators (e.g., Risk Indicator Data Base), program evaluation, and other data sources (e.g. surveys, key informants, focus groups, prevention gaps analysis).

Section 6 identifies the guiding principles for implementing an environmental prevention and community education strategy for Erie County. The implementation of environmental prevention in Erie County, including the nature of environmental prevention approaches (i.e., based on changing social norms, enforcement of current laws/regulations, and improving/developing policies to discourage unhealthy behaviors, all of which are based on collaborations), requires a large amount of coordination. An environmental planning committee oversees the implementation of coordinated environmental prevention and community education services, such as media campaigns. The guiding principles for environmental prevention include identifying all environmental and community education programs, coordinating these programs across agencies to enhance impact, identifying specific goals that are aligned with valid outcome measures.

Section 7 focuses on the plan for implementing a coordinated approach to measuring the impact of the prevention system. The basic principles of this plan are to utilize a consultant agency's expertise, in collaboration with ECMH and prevention providers, to develop a yearly dash-board style report of measures that align with the SAMHSA national outcome measures. The main purpose of the impact and outcome assessment system is to provide information on whether the prevention system as an entire entity is having discernable effects on the health and well-being of Erie County, especially persons under age 21. The County is divided into five subareas to facilitate the analysis of trends for key outcomes. Survey data on CD-specific measures will be used to supplement the archival data, as will

comparisons to other similar counties in New York State to identify whether Erie County and the subcounty areas are showing improving, declining, or stable trends.

Section 8 identifies the procedures for improving coordination and collaboration across the prevention system. A coordinating committee consisting of decision-making representative of the prevention providers and others identified by ECDMH will implement this portion of the comprehensive plan. A key principle for enhancing coordination is the development and maintenance of a central information repository that facilitates the sharing of descriptive information on each prevention agency, its programs, and capabilities. Other collaboration principles include regular networking sessions, coordination of media utilization, and specific coordination on such issues as strategies to enhance school-district access and the sharing of staff and the co-location of services. Collaborative opportunities will be assessed on a yearly basis to identify the number and quality of collaborations, as well as to identify ways to improve collaborative coordination.

Section 9 presents the guiding principles required to support system development. The system development goals will be implemented by a work group which may be a subset of the coordinating committee for section 7. This work group will identify the yearly priorities pertaining to system development. The key goals for the system development focus on three issues: resources, marketing, and outreach. The guiding principles are to maintain and enhance resources for prevention, to implement marketing of the prevention system to increase recognition and funding, and to enhance community outreach, especially efforts to eliminate the stigma associated with mental health and chemical dependency.

Section 10 focuses on issues associated with mental health/chemical dependency career enrichment. A career enrichment workgroup will coordinate the activities assorted with this section of the comprehensive plan. The membership of this workgroup will be jointly determined by ECDMH and prevention providers. The goal of this aspect of the plan is to support the overall mission of the prevention system by ensuring that a well-trained and experienced staff of prevention professionals is in place to deliver prevention services. The guiding principles are to focus on identifying career path opportunities, support for training, recognition of those in the field, and creating recognition of the opportunities in the field for those students and others that are currently students in higher education. Career enrichment activities will focus on making prevention a career of choice, identifying resources to support professional development, to strengthen career-

track infrastructure, and to coordinate with OASAS and other training opportunities.

2. Initial Plan Development and Update Process

The Buffalo State Center for Health and Social Research (CHSR) was designated by the Erie County Department of Mental Health to implement a collaborative process to develop a multi-year, comprehensive prevention plan. The initial planning process is described in this section, including a schematic diagram of the process and its timeline. Additionally, this section describes the process of ongoing updates to the plan conducted every 3-5 years. The overall process was designed to be a collaborative activity, driven by data and scientific information, including relevant program implementation, assessment, and outcome objectives of the New York State Office of Alcoholism and Substance Abuse Services and the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration. The plan is inclusive of both chemical dependency and mental illness prevention issues. The initial process to develop the plan took over a year of intensive work by CHSR, the prevention providers in Erie County, and the Erie County Department of Mental Health with the process directed by Dr. William Wiczorek of CHSR, with oversight from Mr. William Fremgen of the ECDMH.

Anticipated Outcomes of the Initiative:

- Define Erie County prevention priorities for next 3-5 years
- Develop integrated approach for environmental prevention approaches and school/community programming
- Develop strategies for specific geographic areas and/or populations
- Link prevention outcomes to an impact assessment system
- Focus: Achieving excellence for our prevention system
- A plan (i.e., a document that describes goals and implementation strategy) to achieve the system mission/goals, while overcoming the challenges/barriers

Initial Planning Process:

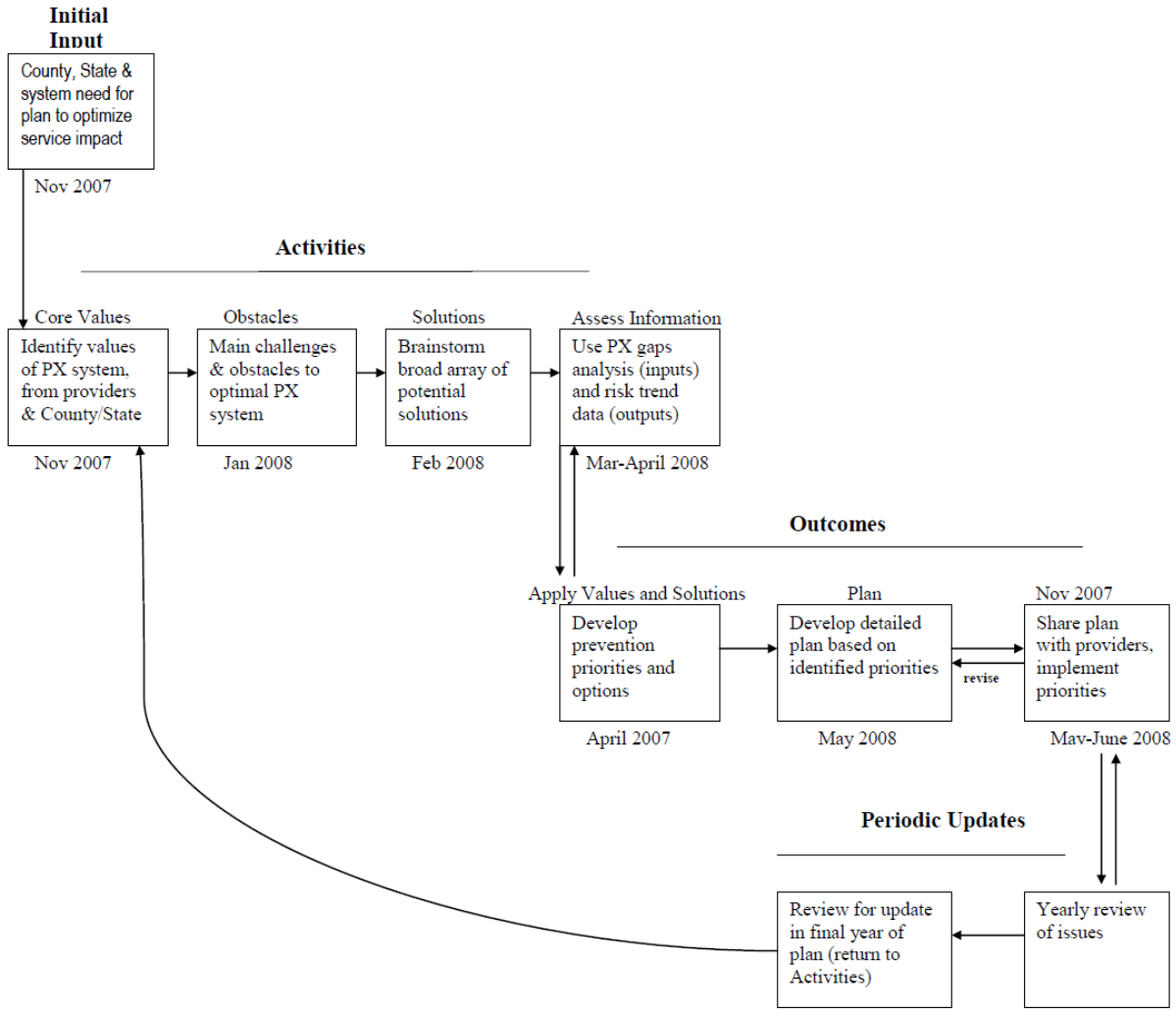
- Identify values of the prevention system (providers and government funders)
[Nov 28, 2007 collaborative workshop]

- Review the proposed planning process and identify challenges and barriers with an aim toward developing and implementing a prevention system of excellence; and to identify solutions to those challenges [Jan/Feb, 2008]
- Utilize the Risk Indicator Data Base (RIDB), prevention gaps analysis, and subcounty region chemical dependency (CD) impact assessment findings to develop strategies to improve the prevention system and its impact in Erie County (2-3 workshops, March/May 2008); (See Appendix II for examples of data examined by the planning group.)
- Develop specific recommendations on how to achieve the goals identified for the prevention system (1-2 meetings, May/June 2008)
- Transform these recommendations into an outline for a comprehensive plan and receive feedback on outline (August/September 2008)
- Develop specific components of the strategic plan (e.g., providing prevention services strategy and environmental prevention strategy), obtain feedback on these core areas before developing complete written plan (September-October 2008)
- Share complete plan and receive written comments (November –December 2008)
- Develop and revise final written plan based on feedback of sections and complete draft (January-March 2009)
- Future revisions made on three-year basis

Update Process:

- Similar procedures to the original planning process, conducted every 3-5 years (usually implemented in the last year of the plan)
- Use of all available data to develop and refine strategies (including RIDB, Prevention Info Center, Dashboard, any PCMS or relevant survey data, etc.)

Comprehensive Prevention Planning Concept Model



3. Px21 Background and Organization

Px21 is a group of prevention and health promotion providers united by a shared goal to promote healthy behaviors, to delay use and/or prevent abuse of alcohol, tobacco, and other drugs (ATOD), and to prevent the onset of mental illness and unhealthy behaviors (including, but not limited to gambling, violence, and other anti-social behaviors). In addition, Px21 strives to develop projects to advance their strategic priorities. “Px” is shorthand for “prevention”, while “21” places the group’s focus in the 21st century.

The group, originally known as Px20, was a direct outcome of the year-long comprehensive planning process initiated by the Erie County Department of Mental Health (ECDMH), described in Section 2. The group was charged with developing a multi-year comprehensive prevention plan incorporating data-driven decision making and evidence-based practices into a local framework. While the ECDMH-funded programs meet as an established group within Px21, membership groups allow prevention agencies and interested individuals from throughout WNY, whether funded by ECDMH or not, to be considered for membership to Px21.

The group is collectively focused on providing services that meet the following definitions, based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report:

- Promotion—Approaches designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. These reinforce the entire continuum of behavioral health services.
- Prevention—Approaches implemented prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

Organization and Membership

Px21 invites all interested organizations and individuals from the WNY region to request membership in Px21 to participate in advancing Px21’s goal and strategic priorities. Individuals or agencies that are suggested to be members or are requesting membership must be voted in to Px21 by the Coordinating Council for a specific membership type. Any agency or individual members may be removed

from any membership group for cause by majority vote of the Coordinating Council.

Within Px21 there are organizations and agencies who receive prevention and administrative funding from Erie County's Department of Mental Health. This group meets separately from Px21 as a whole to discuss strategies, projects, and requirements related to their distinct funding. A representative from Erie County's Department of Mental Health (ECDMH) participates in these meetings. This subgroup will continue so long as there is ongoing support for the prevention programs through ECDMH and is desired by ECDMH.

At the time of the adoption of this charter, the following agencies and organizations are the founding members and represent the Coordinating Council:

- ECCPASA – Erie County Council for the Prevention of Alcohol and Substance Abuse
- EPIC – Every Person Influences Children
- Erie County Sheriff's Office Public Awareness is Prevention
- Mental Health Association of Erie County
- Native American Community Services of Erie and Niagara Counties
- Preventionfocus
- Center for Health and Social Research (CHSR) at SUNY Buffalo State
- WNY United Against Drug and Alcohol Abuse
- West Side Community Services

The following are the membership types and descriptions for Px21:

Coordinating Council – The Coordinating Council serves as the management team for Px21. The organization's Executive Director (or comparable title) or his or her designee represents his or her organization and attends the Coordinating Council meetings.

ECDMH Funded Membership – As a recipient of dollars from the Erie County Department of Mental Health, this group meets separately from the full Px21 membership in order to advance joint initiatives and respond to the requirements of their distinct funding. These members may or may not be members of other Membership groups, such as the Coordinating Council or Associate Members. This group will continue so long as ECDMH funding supports a significant number of Erie County prevention agencies and is desired by the ECDMH. This group may establish Ad Hoc Committees if needed to advance ECDMH-only work.

Associate Membership – Agencies not part of the Coordinating Council from any Western New York county may join Px21 if they have an interest in collaboration with the Coordinating Council agencies and/or would benefit from up-to- date information on prevention science and trends in the field.

Project Membership – An agency who is involved in a project connected to Px21 becomes a Project Member at the start of the project, and it concludes at the end of the project. These members may or may not have voting power on the project they are connected to (funding and project dependent).

Individual Membership – Individuals who have an interest in the work of Px21 but are not representing an organization may become an Individual Member.

4. Mission Statement Summary

The mission, system goal, target populations, strategic priorities and prevention resources identified below are reflective of those of the Coordinating Council. These were adopted formally by Px21 on December 7, 2015.

Each component of the comprehensive plan is tied to the mission statement, goal and strategic priorities. Each part of the mission statement is given a code, for example (SG1, TP1). At the beginning of each section is a statement linking that section to the mission.

Mission Statement:

Building healthier individuals, families, and communities in Erie County and WNY utilizing prevention science.

1) System Goal:

- To promote healthy behaviors, to delay use and/or prevent abuse of alcohol, tobacco, and other drugs (ATOD), and to prevent the onset of mental illness and unhealthy problem behaviors (including, but not limited to gambling, violence, and other anti-social behaviors). (SG1)

2) Target Populations:

- Implement programs that cover the entire population of Erie County, New York (TP1)
- Implement programs for targeted (selective, indicated), higher-risk populations (TP2).

3) Strategic Priorities:

- Build Organizational Capacity (SP1)
- Enhance Prevention Credibility (SP2)
- Promote Science-based Prevention (SP3)
- Increase Resources Available for Prevention (SP4)

The following themes will be woven into the work that is designed around each of the Strategic Priorities:

- Overcoming Stigma Education In All We Do

- Systems Engagement

4) Prevention Resources:

- Sustained investment in professional development (e.g., training, implementation of evidence-based programs, retention, support for producing data to show program accountability, assessment of system capacity, enhancement of organizational capacity, etc.) for the entire prevention field including individuals and organizations. (PR1)
- Invest in cost-effective programs (cost per person served) while recognizing that higher-risk populations require commensurate resources. (PR2)

5. Providing Prevention Services: Goals and Guiding Strategy

Relation to System Mission

The provision of services designed to optimize population health by addressing risk and protective factors related to chemical dependency and mental health is the core activity of the prevention system.

- **Goals:** The prevention system is designed to provide a continuum of services, including universal, selective, and indicated approaches. This range of services is essential to delaying the onset of alcohol, tobacco, and drug use, preventing chemical dependence, delaying unhealthy problem behaviors, and promoting a healthy population (SG1).
- **Target Populations:** Prevention services are essential to the entire population because all persons are at-risk for substance abuse and mental health problems (TP1). Specific populations are at substantially elevated risk for substance abuse and mental health problems (TP2).
- **Resources:** Resources are required to support program planning, program accountability and system capacity (PR1, SP4). Cost-effectiveness (in terms of cost per person served) is relevant for providing universal coverage, while higher-cost per person served is more appropriate for higher-risk populations (PR2, SP1, SP3).

Oversight of Prevention Services

Oversight of the overall prevention system is the responsibility of the Erie County Department of Mental Health (ECDMH). ECDMH will coordinate the implementation of prevention services with the Office of Substance Abuse Services (OASAS). The concept is for ECDMH to utilize this plan and its specific principles to guide the operation and evolution of the prevention system. Individual prevention agencies are responsible for using these guiding principles in the development of yearly work plans. Changes in the types of services and locations or populations served are expected to be an evolutionary process that occurs over a period of time, such as the length (2018-2022) of this comprehensive plan.

Guiding Principles for Implementing Prevention Services

The purpose of these guiding principles is to specifically state the concepts that drive decisions regarding the nature of the prevention programming in Erie County, including where and to whom services are targeted, the type of program

and its evidence base, and data utilization. The availability of funds and requirements imposed by higher levels of government may influence the mixture of program types and specific populations served by prevention services. Thus, there is some flexibility as to the emphasis placed on specific guiding principles during the implementation of the plan.

These principles are designed to complement the New York State Office of Alcoholism and Substance Abuse Services Prevention Framework, most recently updated in 2014¹, which “defines prevention as a pro-active, research-based, data-driven process utilizing proven-effective strategies and programs to reduce or prevent alcohol and other drug abuse in individuals, families, and communities.” The OASAS strategy utilizes the research-based risk and protective model approach; reducing risk factors and enhancing protective factors (including factors that increase individual resilience) results in positive outcomes, i.e. the reduction or prevention of alcohol, tobacco and other drug use, abuse, and consequences. The selection of risk/protective factors must be based on local needs assessments, ideally in cooperation with other providers. This approach is congruent with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Strategic Prevention Framework (SPF). It is further stressed that evidence-based programs and strategies (EBPS) are best delivered in multiple domains, working with multiple systems with a consistent, cohesive message. The following prevention strategies have been identified by NYS OASAS to effect positive change:

- Education
- Environmental prevention strategies
- Community capacity building
- Information awareness
- Positive alternatives
- Prevention counseling
- Early intervention

Funded prevention programs must also comply with the following:

- Prevention Activities and Institute of Medicine (IOM) Population Categories²
 - Universal, Selective, Indicated
- Evidence-based Programs and Strategies (EBPS)³

¹ Available at: <https://www.oasas.ny.gov/prevention/documents/2014PreventionGuidelines.pdf>

² Available at: <https://www.ncbi.nlm.nih.gov/books/NBK32789/>

³ Available at: <https://www.oasas.ny.gov/prevention/evidence/evidence.cfm>

- OASAS Registry of Evidence-based Programs & Strategies (REPS) and EBPS Review Panel⁴

A primary issue is to what areas and to whom services should be provided. Although one goal is to provide some prevention services to the entire population, this goal must be balanced by a companion goal and ongoing focus to provide services to those populations at especially high risk.

- Reach the entire population of Erie County with some prevention services, which will require the coordination of environmental prevention approaches and direct delivery prevention programming.
- Align the most intensive prevention services (i.e., multi-session, ongoing programs usually delivered in schools) with the geographic areas or populations at highest risk of developing substance abuse and mental health problems, as defined by the risk and protective factor approach.
- Adjustments or modifications of a provider's target population as the result of issues such as a lack of access should be supported by needs assessment data.
 - Utilize data sources on risk and protective factors (e.g., archival, Risk Indicator Data Base [RIDB, a source on subareas of Erie County for archival data aligned with the risk and protective factor model⁵], key informants, focus groups, Performance and Contract Management System (PCMS) measures, Youth Risk Behavior Survey (YRBS) and other surveys) to justify changes in target population.
 - In situations that are a crisis (e.g., closing of a building or change in access to a target population due to a sudden event), notify ECDMH at the first reasonable opportunity for assistance in coordinating agencies and system response.

Increase the utilization of evidence-based practices by service providers in Erie County. Programs on NREPP are examples of evidence-based programs, although any program that is based in theory and has undergone scientific evaluation demonstrating its effectiveness is evidence-based.

- Work toward all prevention services utilizing evidence-based practices.
 - Yearly goals for evidence-based practices as total percentage of all programs or as a percent increase in evidence-based programs per year (which may be set by ECDMH, and/or OASAS or other overseeing entity).

⁴ Available at: <https://www.oasas.ny.gov/prevention/evidence/evidence.cfm>

⁵ Available at: <http://www.erieridb.org>

- Ensure that there is a broad spectrum of evidence-based prevention modalities that are responsive to the full array of risk and protective factors (e.g., parent, skill based, school-based, community focused, age/developmental levels, etc.).
- Each agency should understand and be able to demonstrate and if necessary reconcile their programs' fidelity to the evidence-based aspects of each program, including programs presently listed on the national repository (SAMHSA's NREPP, as of January 2018 funding for this is frozen at the federal level and it may be discontinued with no clearly identified successor at this time).
- Strive to deliver evidence-based programs to a target population over a sustained period of time to optimize impacts.
- Identify opportunities for utilization of new/innovative/more effective evidence-based practices by service providers.

Improve the utilization of data to drive the prevention system and its continual improvement. Work towards the incorporation of improved assessment and evaluation strategies across the entire spectrum of prevention services.

- ECDMH provides guidance as to expectations for using data to improve program delivery and optimize program impacts (e.g. PCMS).
 - Utilize methods for data collection as specified in the PCMS Deliverables Handbook
 - Ensure that agencies are actively using the feedback provided by their evaluations to assess program quality (e.g., curriculum, program delivery etc.) as well as program impact.
 - Ensure that agencies are responsive to their evaluation data (e.g., articulate how prior year's data has been used to improve the current work plan/programming).
- Use information on risk and protective factors (e.g., prevention gap data, RIDB, informant data, outcome and system impact data, and other relevant data sources) to guide program location and relocation over a period of time.⁶
- Strive toward providing services to high-risk areas and populations with notable gaps in prevention services.

⁶ Available at: <http://www.erieridb.org>

6. Environmental Prevention and Community Education Strategy

Relation to System Mission

Environmental strategies are designed to ensure universal coverage of the population, while optimizing resources.

- **Goals:** Environmental approaches are critical to providing a full continuum of prevention services designed to prevent the onset of unhealthy behaviors and to promote a healthy population (SG1).
- **Target Populations:** There are two target populations for environmental prevention. Providing prevention to the entire population (TP1) is the first target. The second target is populations that are geographically isolated (e.g., low population density, non-urban areas); this would extend prevention programming coverage to these types of areas in Erie County that may be at higher risk (TP2). The potential for environmental prevention to cover the entire population is also an important additional support to prevention programs targeting higher risk populations and areas.
- **Resources:** Utilization of cost-effective programming, in terms of unit cost per person served (PR2, SP3, SP4).

Organization and Coordination of the Environmental Plan

A committee to plan and coordinate implementation of environmental prevention (e.g. Environmental Prevention Committee (EPC)) will be overseen by the Px21 Coordinating Council. In coordination with representatives from ECDMH this committee will implement and coordinate environmental prevention services. This committee can include representatives from agencies actively involved in providing environmental prevention services as well as other parties deemed relevant to implementing the plan by Px21 and ECDMH. The committee will:

- Ensure that specific environmental prevention services are allocated to cover the entire population for all areas of Erie County.
- Coordinate environmental prevention activities/services.
- Develop a yearly schedule/calendar of environmental prevention activities.
- Meet on a regular basis to guide the yearly environmental plan/schedule.
- Make recommendations to ECDMH on how to improve environmental prevention services in Erie County, in advance of the yearly contracting process (date to be set by ECDMH)

- Coordinate environmental plan across years. Changes should be made with the view toward achieving a consistent environmental prevention program.

Guiding Principles for Environmental Prevention and Community Education

This section is designed to guide the development of a coordinated approach to environmental prevention and community education in Erie County. The term “environmental prevention” as used in this section is inclusive of all activities, including community education activities, which are aligned with the three main approaches of environmental prevention as presented below. Community education is included because most of these activities, either alone or combined with other programs, meet the widely accepted definition of environmental prevention. However, community education activities may not align with environmental prevention as reported in the OASAS WITNYS system; instead these activities may be defined in WITNYS as single session activities, however this system may be in the process of being revised to better measure these systems. For the purposes of this comprehensive plan, the combination of environmental approaches and substantive community education activities are included in the coordinated strategy for environmental prevention. This section is relatively detailed because the effort to enhance and coordinate environmental prevention activities requires substantial collaboration. Therefore, environmental prevention requires a large amount of coordination to guide its development.

These guiding principles are designed to provide a framework for the environmental prevention planning committee and for prevention agencies that provide environmental prevention services. The committee is expected to utilize these principles to shape their activities and their agencies’ approaches each year, although there is not a requirement to fully implement each principle every year. The goal is to optimize the impact of environmental approaches by emphasizing those principles that will best achieve optimal prevention services and impact.

There are three main approaches to environmental prevention. These approaches revolve around changing social norms, enforcement of current laws and regulations/ improving/developing policies designed to discourage unhealthy/dangerous behaviors, minimizing access to alcohol, drugs, and other unhealthy substances. Aspects of the most successful environmental prevention programs include:

- Utilizing more than one of the three environmental approaches, especially in targeted communities. Using any single approach should be viewed as a starting point for an environmental prevention program.
- Collaboration between different aspects of the community (e.g., the CADCA twelve community sectors: youth, parents, business community, media, schools, youth-serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, healthcare professionals, state and local and/or tribal government agencies with expertise in the field of substance abuse, and other organizations involved in reducing substance abuse) is needed to maximize program impact.

Implementation of the environmental plan requires following a number of basic principles, including but not limited to:

- Identifying specific environmental programs that are providing prevention services covering those areas or populations of Erie County not covered by other on-going (e.g., school-based) prevention services.
- Some environmental prevention will be institutionally-based (small-scale environmental, e.g. within a school) while others will be community-based (large-scale environmental, e.g. within a neighborhood or municipality) [see Appendix III for more details].
- Specifying the number and type of environmental approaches used for these areas/populations, and what agency, agencies, and community partners are involved in delivering these services.
- Identifying specific goals that relate to norms, enforcement, regulations for each of the specific environmental prevention programs. (e.g., What specifically is a coalition attempting to accomplish over the next year, what are the specific norms that are being impacted by one-time outreach programs, what policies [at a school, in a community, at a workplace, within a community organization] are being changed/initiated, what is the purpose of a newsletter?)
- Linking each environmental prevention approach to a theory of change/logic model and relevant outcomes measures, such as perceived risk/harm of use and perceptions of disapproval so as to impact on ultimate behavioral outcomes (e.g., juvenile arrests) [see Appendix III for more details].
- Enhancing collaboration and utilization of multi-pronged environmental prevention activities, especially in areas with high prevention gaps or populations at especially high risk.

- Ensure that the type, number, and range of environmental programs are a coordinated effort.
- Providing feedback to specific agencies designed to facilitate collaboration or to improve program impact. ECDMH or other group may support specific agency staff to achieve this.
- Increasing the utilization of media coverage of these activities by developing relationships with media outlets and providing them with stories/information.
- Coordinating coalition-related environmental approaches with the Regional Prevention Resource Center.

Utilize environmental prevention to facilitate other aspects of the comprehensive prevention plan:

- Combine with efforts to reduce the stigma associated with mental health and CD issues. Integrate messages that enhance the view of the CD/mental health field.
- Ensure that the entire CD/MH prevention system is aware of the environmental goals each year. Provide the system with specific messages that coordinate with the environmental programming.
- All outreach efforts should be viewed as opportunities to impact social norms and reduce stigma. Share a coordinated message.
- Share and coordinate media messages across organizations.
- Focus on multi-agency coordination of special events tied to environmental prevention.
- Increase community involvement by partnering with ongoing programs to deliver targeted, environmental-focused outreach. These could be one-time programs, but the type and messages of the one-time programs needs to be coordinated with the entire approach for each agency and the County overall.

The environmental prevention activities should be assessed as an entire program using the system impacts and outcomes measures for subregions of Erie County approximately every three years. This outcome/impact data (e.g. PCMS, YRBS, prevention gaps analysis, other relevant data) should be used by that year's environmental prevention planning committee to assess the need for substantial reorganization or refocusing of the environmentally-based programs (see Section 7 for more detail on System Impacts/Outcomes).

7. System Impact and Outcomes

Relation to System Mission

The prevention system requires a valid method to assess the impact (changes brought on by the prevention system) and outcomes (key measures of health and behaviors) of the prevention services provided in Erie County, and to guide the continual improvement of the system by identifying where services are most effective or most needed.

- **Goals:** Assessment of prevention services impacts is key to being informed as to whether the goals of improved health and decreased unhealthy behaviors is accomplished, and to identifying opportunities for implementing the continuum of prevention services (SG1).
- **Target Populations:** The impact and outcome system will assist in identifying target population responses to the prevention services provided for the Erie County as a whole (TP1) and for targeted subregions (TP2)
- **Resources:** The impact and outcome system provides information relevant to determining whether targeted prevention services and services provided to ensure coverage of the entire population are having an impact (PR2, SP3).

Organization and Coordination of System Impact and Outcomes

To implement a coordinated approach to measuring the impact of the prevention system, a consultant (e.g., CHSR) with expertise in accessing, managing, analyzing, and interpreting the relevant data is needed. The consultant will collaborate with the ECDMH on the acquisition of the relevant data. The consultant, ECDMH, and prevention agencies will participate in group meetings to jointly determine the system planning implications of the impact and outcome data. Key organization and coordination activities are:

- To develop a yearly dashboard-style report (i.e., a short report on a limited number of crucial data elements).
- To utilize measures that align with assessing the goals of the mission of the prevention system.
- The prevention providers, ECDMH and the consultant will collaborate on developing system-level responses to data trends in subcounty areas and for the County as a whole.

Guiding Principles for Developing and Utilizing the Impact and Outcomes Data

The main purpose of the impact and outcome assessment system is to provide information on whether the prevention system as an entire entity is having discernable effects on the health and well-being of Erie County, especially persons under age 21.

To assess the impact of the County prevention system on specific outcomes, data is needed on the County as a whole and on areas smaller than the entire County because there is tremendous variation in population characteristics across urban, suburban, and rural areas. It would be inappropriate to examine only the entire County because not all areas and populations in the County will have similar trends. The data must be available on a yearly basis so that trends can be examined on a meaningful time period (yearly data facilitates yearly planning). However, identifying data that is available and valid for assessing yearly trends in subcounty areas is a difficult task because data for very small areas (such as neighborhoods, Census tracts and ZIP code areas) often provide unstable estimates because the population base of these areas is so small.

To overcome these limitations, a system to assess subcounty regions has been developed that:

- Divides the County into a manageable number (five) of subcounty regions.
- Creates subcounty regions that are contiguous and are defined by town or city boundaries to facilitate access to relevant data.
- Creates subregions with population bases that are large enough to provide stable yearly estimates on relevant impact and outcome data.

The data elements for the impact and outcome assessment are aligned with theories of change/logic models for prevention. The measures are anticipated to be from multiple sources: (1) record data from school systems, criminal justice agencies, and health agencies, and (2) data from a survey that is representative of the County subregions (3) other data sources such as the YRBS and PCMS. It is anticipated that the survey data will need to identify a source of support and would be done every other year, whereas the record data would be available and used on a yearly basis. The survey will primarily target a school-aged population, although an effort to also include an adult sample is desirable. The combination of these two approaches is a highly valid assessment of the prevention system because of the

utilization of convergent sources of record and survey data. The data elements may include, but are not limited to:

- Record data on:
 - Criminal justice involvement as measured by juvenile arrests (under age 21), criminal mischief crimes known to police, and persons in need of supervision (PINS) referrals to Erie County.
 - Health impacts as measured by adolescent pregnancy rates, OASAS treatment admission (under age 21 and under age 18), school mental health screening rates, and trauma deaths.
 - Educational factors measured by school attendance rates and school academic performance as measured by middle school English language arts assessments.
- Survey data on:
 - 30 day use rates
 - Age of first use
 - Perceived risk/harm of use
 - Perception of disapproval of use
 - Family communication regarding alcohol/drug use

To assess the impact of the prevention system, the consultant, ECDMH, and the prevention agencies will:

- Examine subcounty data to identify areas that have improving, declining, or stable trends.
- Compare subcounty area trends with the trends for the County as a whole.
- Assess whether areas of the County served only by environmental prevention are showing improving trends.
- Compare the trends in these subcounty areas with the type and number of prevention services being provided to assess whether services are adequate.
- To compare the overall trends in Erie County with other counties of similar composition (e.g., Monroe, Onondaga).
- Develop a dashboard to concisely summarize the system level impact measures.

8. System Coordination and Collaboration

Relation to System Mission

Coordination and collaboration between the Erie County Department of Mental Health, prevention providers, and the broader community are necessary to achieve the maximum impact for the prevention system.

- **Goals:** Collaborative coordination (i.e., agencies actively involved in system coordination) is envisioned as a mechanism that will impact on the amount of prevention services available to delay the onset of alcohol, tobacco, and drug use, preventing chemical dependence, delaying unhealthy problem behaviors, and promoting a healthy population. Coordination and collaboration will improve the continuum of universal, selective, and indicated prevention services that will be delivered in Erie County (SG1, SP1, SP2).
- **Target Populations:** Coordination and collaboration are essential to developing a prevention system that can best cover the entire population (TP1), as well as targeting services to areas and populations at substantially elevated risk for substance abuse and mental health problems (TP2).
- **Resources:** Coordination and collaboration are designed to optimize the utilization of prevention resources (PR2, SP1, SP4) through the identification of opportunities to share capabilities across the entire prevention provider system. Some investment in resources is necessary to support the processes and mechanisms required for organizational coordination (PR2, SP1, SP4).

Oversight of Coordination and Collaboration

Specific oversight by the Erie County Department of Mental Health of mechanisms (e.g., technology, meetings, facilitation of specific collaborative efforts) and strategies (e.g., identification of collaborative opportunities and administrative support for collaboration) is needed to support an increased level of coordination and collaboration in the prevention system. Although ECDMH will need to play a key oversight role, there also will need to be agency-level recognition of a shared responsibility and technological tools to facilitate collaborative coordination of prevention services. The Px21 Charter further clarifies this coordination across the various levels of collaborative involvement. These collaborations will be facilitated through regular inter-agency interactions and can also include community participation.

Guiding Principles for System Coordination and Collaboration

These guiding principles were identified to provide a framework for achieving increased prevention system coordination and collaboration. The first principle focuses on the need to have information on each program that can be readily accessed and shared. A central repository for key descriptive information on each program is viewed as the most important initial step to facilitating meaningful collaboration.

This repository, the Erie County Prevention Information Center (PIC):

- Requires every agency to participate in the central information repository).
- Includes the following information:
 - Focus of each agency's programs and staff competencies and any specialized areas of competency.
 - Funding sources.
 - Agency contact information and leadership.
 - Location of programs, including schools and other community locations.
 - Type of program at each location including information on target populations and program recurrence.
 - Other relevant information.
- Ensures that agencies can easily update their program and agency information.
- Provides a direct linkage to the centralized, one-stop website for information on prevention programs and analyses in Erie County (www.erieridb.org).

The central repository is only one mechanism to facilitate the sharing of information and opportunities across the prevention provider system. Agencies need to be actively engaged in a continual process of communication aimed at facilitating collaborative opportunities.

- Increase communication and collaboration by:
 - Fully engaging program directors and executive directors in the coordination and collaboration process.
 - Provide training on how to be better collaborators.
 - Implement regular networking sessions.
 - Coordinate media utilization and share media access.
 - Share information on community and school issues, relevant local politics.

- Collaborate on how to deal with reactive /unresponsive communities.
- Share information on collaboration opportunities.

Specific program coordination activities have been identified that are viewed as crucial to successful collaborative coordination. However, this listing of program coordination approaches is not meant to be exclusive of other ideas, but an identification of main aspects. The Px21 Charter articulates details for coordinated agency interactions.

- Key program coordination opportunities are:
 - Base collaboration on agency niche and competencies.
 - Coordinate and strategize on school access issues as they develop.
 - Create/enhance opportunities for regional collaborations (multiple agencies working together on a larger scale, or in specific locations).
 - Co-location of services, joint service provision, shared sites, co-location with broader health provider community (support pilot programs, work with other County agencies, health care providers, etc.).
 - Share staff and/or administrative capabilities between programs/agencies.
 - Share timing of special events/program to increase opportunities for multiple agency participation.
 - Develop collaborations on multigenerational and multicultural issues.
 - Assess impact that redeploying services will have before enacting the redeployment.
 - Coordinate about which agencies are best equipped to deliver services in distant/rural areas, including partnering with agencies in other counties.

The assessment of collaborative opportunities fostered by these approaches should be done on a yearly basis. This assessment information should be used to identify the number of overall collaborations and their quality, as well as identifying ways to further improve collaborative coordination in each upcoming year.

9. System Development

Relation to System Mission

A healthy system of professional prevention service providers is a necessary cornerstone to implementing optimal programs and services to reduce the impact of alcohol and other drug use.

- **Goals:** Service providers need continuity and agency level development to ensure that programs are available to meet the system goals of delaying and preventing unhealthy problem behaviors and providing a continuum of prevention services (SG1).
- **Target Populations:** The prevention provider system must maintain current proven capabilities and continue to develop new systemic approaches to ensure that effective programs and services are provided to the entire population of Erie County (TP1), as well as services most effective for targeted higher-risk populations (TP2).
- **Resources:** To maintain and improve the provider system at the level of the organization requires an investment of resources (PR1, SP4). Prevention system development also should improve the system's ability to provide cost-effective programming (PR2, SP2, SP4).

Organization and Coordination of System Development

A system development coordinating committee will be created in coordination with the ECDMH. Membership on this committee will be jointly determined by ECDMH and the prevention service provider community in Erie County. The system development coordinating committee will:

- Meet on a regular basis, as defined by the committee.
- Identify yearly priorities for system development activities, aligned with the guiding principles for system development.
- Implement and coordinate activities designed to achieve those goals.
- Coordinate their activities, as needed, with other workgroups and committees created as part of the comprehensive prevention planning process.
- Assessment of the integration of prevention service mix optimization in Erie County

Guiding Principles for System Development

The guiding principles for implementing system development mainly focus on three issues: resources, marketing, and outreach. All of these issues have substantial conceptual overlap that will influence the strategies used to guide system development, including a need to overtly recognize and coordinate across these topics. All of these principles cannot be implemented simultaneously; the coordinating committee will determine the yearly focus, as well as coordinating the topics and principles across years.

There is a need to maintain and ultimately increase the financial support from sources that already invest in the prevention system (e.g., OASAS, other State agencies, foundations, federal agencies, school systems) and from sources that do not yet regularly invest in substance abuse and mental illness prevention (e.g., insurance providers, other foundations, additional grants etc.).

- Bring more resources into the system, including an optimization of resources already allocated for prevention.
 - Explore purchasing and other economic consortiums among providers.
 - Share surplus materials between agencies.
 - Minimize costs associated with doing same work for different levels and agencies of government and for non-government funders, create common language and documentation (convene a meeting between the relevant agencies).
 - Develop a consensus regarding local prevention system productivity.
 - Devote additional resources to supporting a system-level advocate who can work on behalf of all providers to market services to expanded audiences.
- Develop relations with more potential funding sources (e.g., insurance providers, school boards, judicial, criminal justice, businesses, etc.).
- Explore greater involvement with EAPs and/or treatment service providers.

The marketing of the prevention system as a whole is necessary to increase the opportunities for recognition and funding, for both current and new funding sources. Principles relevant to system marketing include:

- Focus on system-wide marketing, i.e., the rationale for prevention in general provided by the system, rather than single agency marketing (this does not eliminate single-agency marketing, but supplements it).

- Develop local business model to show return on prevention investment.
- Develop/improve relations with current supporters/funders and potential funders.
- Collaborate with EAPs and treatment service providers to market a continuum of care.
- Develop and promote community-based consumer advocates to market the prevention system.
- Utilize targeted outreach toward colleges and universities, both as targets for prevention programs and to collaborate with their health-oriented education disciplines (e.g., psychology, social work, public health etc.).
 - Designate a higher education system-level advocate.
- Develop and market training on prevention for business leaders and human resource professionals.
- Market prevention services to the insurance industry.

Community outreach, especially focusing on eliminating the stigma attached to substance abuse, chemical dependency, and mental health issues, is critical to developing broad-based support for the prevention system.

- Articulate and publicize prevention successes and challenges, while highlighting health impacts and cost of ATOD use.
- Create coordinated response to stigma, such as partnering with community groups and agencies (e.g., block clubs, churches, community centers, senior centers, business groups).
- Identify and develop prevention system leaders/spokespersons.
- Cultivate community involvement through regular forums in communities that are representative of the diversity of Erie County.
- Identify a system champion from the community.
- Better engage political and law enforcement systems, including the judiciary.
- Improve relations with school systems, develop training and outreach for school boards and other levels of school administrators.
- Highlight the need for continual support of the prevention provider system.
- Explore opportunities to include professional marketing to assist in reducing stigma.

10. Chemical Dependency/Mental Health Career Enrichment

Relation to System Mission

Support for career development and enrichment is necessary to ensure a qualified workforce of prevention professional is available to support the system.

- **Goals:** A trained and experienced staff of professionals will delay and/or prevent unhealthy problem behaviors by providing a continuum of services (SG2, SP2).
- **Target Populations:** A trained and experienced staff of professionals is required to deliver programs that cover the entire population (TP1) and to deliver effective programs to targeted, higher risk groups (TP2).
- **Resources:** To ensure that a trained and experienced staff of professionals will exist requires investment in professional development (PR1, SP1, SP2); trained staff will enhance the system's ability to provide cost-effective programming (PR2, SP4).

Organization and Coordination of Career Enrichment

A career enrichment coordinating committee (Px21 Training) will be created in coordination with the ECDMH. Membership on this committee will be jointly determined by ECDMH and the prevention service provider community in Erie County. The committee may also include career development specialists from agencies outside of the provider network. The career enrichment coordinating committee will:

- Meet on a regular basis, as defined by the committee.
- Identify yearly priorities for career enrichment, which are aligned with the guiding principles of this section.
- Implement and coordinate activities designed to achieve those goals.
- Coordinate their activities, as needed, with other workgroups and committees created as part of the comprehensive prevention planning process.

Guiding Principles for Career Enrichment

The guiding principles for enriching the careers of chemical dependency and mental illness prevention staff focus on identifying career path opportunities, support for training, recognition of those in the field, and creating recognition of the opportunities in the field for those students and others that are currently

students in higher education. Gaining resources to support career enrichment is integral to these principles, as is increasing staff retention. The career enrichment coordinating committee will need to choose among the principle approaches identified below because the scope of the effort precludes utilizing all approaches simultaneously. The coordinating committee will determine the yearly focus, as well as coordinating the topics and principles across years. Px21 has routinely hosted biannual training opportunities that have offered pertinent content to Erie County prevention professionals but have been open to a broader audience from throughout the region, helping to strengthen the collaborative connections in this broader area.

Career enrichment focuses on increasing the capabilities of the prevention staff and providing opportunities for professional development along a career path.

- Focus on making prevention a career of choice.
- Coordinate to the extent possible with OASAS and other regional training efforts.
- Identify sources to support professional development activities.
- Identify partners that can support professional development (e.g., training and/or funding).
- Strengthen career-track infrastructure (training, monetary support for career growth, etc.).
- Support staff training for evidence-based approaches.
- Expand opportunities for trainings in health promotion and broad-based prevention activities
- Increase recognition of those persons who provide prevention services
- Increase support for credentialing of prevention staff.
- Provide support for developing truly culturally competent staff (i.e., understand and respond to community dynamics) including enhanced language capacity.
- Develop a cross-competence training institute (for program, measurement, administrative, and cultural aspects).
- Create and or identify resources for a central curriculum for core knowledge as well as for advanced specializations.
- Identify factors that improve staff retention.
- Increase internship/service-learning opportunities for college/university students, especially those that highlight prevention as a career.
- Examine appropriate mechanisms for people in recovery to engage in the prevention profession.

Appendix I. Definitions and References

Appendix II. Supporting Data and Documents

- All analytical data and visualizations on risk factors, prevention services, gaps in prevention (i.e., mismatch between risk and level of services), and trends in county subareas used for the ongoing planning process can be found at www.eriesdb.org. All supplemental technical information on the measures, data sources, etc. can be found here.
 - The risk factors used in the maps are aligned with the OASAS risk and protective factor model.
 - Although these maps provided critical information on the distribution of risk factors and CD-related factors, they are not the only information considered during the planning process.
 - The planning participants utilize the maps and analyses, as well as their professional experience, training, and other information known to them, to identify challenges for the prevention system, to brainstorm responses to those challenges, to develop prevention system priorities, and to identify general principles on how to plan, deliver, and assess prevention services.