

**Priority Area 3: Substance Misuse Prevention Strategies**  
 South Heartland Community Health Improvement Plan, 2019-2024



<b>Priority Area: Mental Health and Substance Misuse (MH/SM)</b>			
<b>Strategy 3a: Primary and secondary prevention in the provider and community settings</b>			
<b>6 Year objective:</b> Increase client connections to MH/SM Services through EB screening/assessment across the lifespan to facilitate referral			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>The number of individuals that are served by a system that utilizes EB practices for screening/assessment</li> <li>The percent of individuals served by a system that are screened/assessed</li> </ul>	<b>Baseline/Target:</b> TBD	<b>Data Source:</b> <ul style="list-style-type: none"> <li>TBD (provider survey)</li> </ul>	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> <ul style="list-style-type: none"> <li>Primary Prevention</li> <li>Secondary Prevention / Treatment</li> </ul>	<b>Population:</b> <ul style="list-style-type: none"> <li>0-K</li> <li>K-18</li> <li>Adult / Pregnant</li> <li>Older Adults</li> </ul>	<b>Setting:</b> <ul style="list-style-type: none"> <li>Community (including schools)</li> <li>Providers</li> </ul>	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>Hastings Public Schools (AWARE project)</li> <li>Rural Network Partners</li> </ul>
<b>Evidence Based:</b> CPSTF – screening/depression 12 & over/unhealthy alcohol use; HP2020 (MHMD 4.1, 11.2 & 2), electronic screening & brief intervention		<b>Accountability:</b> Mental Health and Substance Misuse Steering Committees	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>Environmental scan to identify screening practices (ages, frequency); tools in use; focus of tools; barriers to implementing screening/assessments; referral processes; referral resources.</li> <li>Conduct gap analysis – populations not reached, orgs not screening that could, types of assessments that are/are not being utilized.</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>Plan for increasing the number of organizations in all four counties that utilize evidence-based screening and/or assessment for facilitating referral - Plan includes recommendations for referral processes and resources needed to facilitate assessment/screening follow up.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>Number of plan actions implemented/completed.</li> <li>Percent of stakeholders satisfied that appropriate referral resources are available to them.</li> </ul>	
<b>EB screening/assessment Tools:</b> Ask the Question, ASQ-SE, ACEs, SBIRT, TPOT, PHQ-2, PHQ-9, SAEBRS, Gallup Hope and Engagement, Sixpence Child Care Partnership Program, Drug Testing, CES-D Focus areas: depression/anxiety, social emotional, ATOD, tobacco/vaping, chemical dependency <b>Referral resources:</b> smoking cessation, Love and Logic curriculum, Multi-Tier System of Support (MTSS), recovery programs (AA 12 Step, Smart Recovery), Medication Assisted Therapy, individual/group counseling services,			

PEARLS, Horizon Recovery, Striving Towards Attendance Realizing Success (STARS), Girls on the Run, Teammates, Mentoring Works, medical detox (and/or a peer intervention in lieu of med detox), treatment facility, emergency room, law enforcement, addiction clinics, Prime for Life, Challenging College Alcohol Abuse, Sport Map, Too Good for Drugs

**Considerations:** Federally-qualified Health Center, detox facilities.

**Environmental scan targets:** schools, colleges, mental health and primary care providers, and appropriate community-based organizations, emergency departments

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<b>Priority Area: Mental Health and Substance Misuse (MH/SM)</b>			
<b>Strategy 3b: Primary and secondary prevention in the provider and community settings</b>			
<b>6 Year objective:</b> Increase professional workforce and lay/community skills in MH/SM interventions through evidence-based training and general awareness education			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>Number of individuals completing education/training</li> </ul>	<b>Baseline/Target:</b> TBD	<b>Data Source:</b> <ul style="list-style-type: none"> <li>Training sign in sheets</li> </ul>	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> <ul style="list-style-type: none"> <li>Primary</li> </ul>	<b>Population:</b> <ul style="list-style-type: none"> <li>Professional Workforce</li> <li>Lay/Community</li> </ul>	<b>Setting:</b> <ul style="list-style-type: none"> <li>Provider</li> <li>Community</li> </ul>	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>ASAAP</li> <li>SHDHD</li> <li>ML MH</li> </ul>
<b>Evidence Based:</b> USPSTF, Community Guide What Works – collaborative care management, case mgrs.; CHRR - Cultural competence training and culturally adapted healthcare, patient navigators, CHW		<b>Accountability:</b> Mental Health and Substance Misuse Steering Committees	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>Completed MH/SM Training and Awareness Education Plan.</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>MH/SM Training and Awareness Education Plan initiated.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>Number of individuals completing training.</li> <li>Number and types of training offered.</li> </ul>	
<b>EB Training:</b> Mental Health First Aid (MHFA), Question-Persuade-Refer (QPR) suicide prevention, Trauma-Informed Care/Adverse Childhood Experiences (ACES)/40 Developmental Assets, SBIRT, Medication-Assisted Treatment (MAT)			
<b>Awareness Education:</b> substance use disorders, signs and consequences of substance misuse and how to confront/intervene, military cultural competency, Drugs/Addiction 101 (ASAAP)			
<b>Resources:</b> VetSET/Making Connections funding to SHDHD, Hastings Public Schools AWARE Grant, Region 3 Behavioral Services, BHECN, Six Pence Grant? United Way?			
<b>Target Audience Considerations:</b> parents, students, families/home, schools, community at large, EMS, worksites, caregivers, faith-based, healthcare settings (providers, intake staff, nurses, ER staff), veterans and military families, probation officers, judges			
<b>Other Considerations:</b> Coordination with training plan in Access to Care Strategy 1g (Access to Care through addressing disparities)			

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<b>Priority Area: Mental Health and Substance Misuse (MH/SM)</b>			
<b>Strategy 3c: Mental health and substance use services through advocacy and policy</b>			
<b>6 Year objective: Improve MH/SM services through advocacy initiatives and policy change</b>			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>Local coordinated behavioral health advocacy process</li> </ul>	<b>Baseline/Target:</b> <ul style="list-style-type: none"> <li>No process / 1 process</li> </ul>	<b>Data Source:</b> N/A	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> N/A <b>Level of Action:</b> Policy/Systems	<b>Population:</b> N/A	<b>Setting:</b> <ul style="list-style-type: none"> <li>System</li> <li>Community</li> </ul>	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>MLH</li> <li>SCBS</li> </ul>
<b>Evidence Based:</b> CHRR/USPSTF/Healthy People 2020 – MH benefits legislation, collaborative care		<b>Accountability:</b> Mental Health and Substance Misuse Steering Committees	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>Organize a volunteer Behavioral Health Advocacy Group for the South Heartland District. (SH-BHAG)</li> <li>Determine guidelines for setting policy priorities, and ground rules for advocacy, including relationships with professional organizations and their lobbyists.</li> <li>Create a list-serve for the Advocacy Group.</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>SH-BHAG determines an annual “platform” of identified priorities for advocacy that support behavioral health – friendly policies and legislation.</li> <li>Hold meetings at least annually with area state senators and other policymakers to discuss and promote behavioral health priorities.</li> <li>Provide talking points for consistent messages around priorities.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>Functional and sustainable advocacy process.</li> </ul>	
<b>Topic Considerations:</b> Funding, reimbursement, insurance, insurance premium incentives (worksites), e-cig/tobacco policies, school and worksite wellness policies, training requirements (hours required for license), gun access			
<b>Future expansion:</b> tracking policy interventions or advocacy initiatives			
<b>Partners/Resources:</b> Nebraska Association of Behavioral Health Organizations (NABHO), Region 3, NACO, Nebraska Hospital Association, local behavioral health professionals, local government, local law enforcement			

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<b>Priority Area: Substance Misuse</b>			
<b>Strategy 3d: Tertiary prevention through diversion services</b>			
<b>6 Year objective: Explore expansion of teen drug court program into Clay, Nuckolls and Webster Counties</b>			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>Completed assessment and feasibility reports with recommendations</li> </ul>	<b>Baseline/Target:</b> <ul style="list-style-type: none"> <li>0 / 1 Report with Recommendations</li> </ul>	<b>Data Source:</b> N/A	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> <ul style="list-style-type: none"> <li>Tertiary Prevention</li> </ul> <b>Level of Action:</b> Policy, System	<b>Population:</b> <ul style="list-style-type: none"> <li>Youth, age 14–19</li> </ul>	<b>Setting:</b> <ul style="list-style-type: none"> <li>Community/Judicial</li> </ul>	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>Adams County Attorney</li> <li>CASA</li> </ul>
<b>Evidence Based:</b> Currently Adams County only - reduced juvenile court case load; CHRR – Drug Courts (also included for community safety)		<b>Accountability:</b> Substance Misuse Steering Committee	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>Teen Court Expansion Task Force identified (to include CASA, county attorney offices, and schools).</li> <li>Assessment of needs for Teen Court in each county from the perspectives of county attorney, CASA and schools.</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>Feasibility study for counties that demonstrate need (costs, funding, personnel).</li> <li>Report with recommendations based upon the assessment and feasibility study.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>Initiate action on task force recommendations.</li> </ul>	
<b>Partners:</b> CASA, County attorney offices, law enforcement, service providers, schools, courts			

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<b>Priority Area: Substance Misuse</b>			
<b>Strategy 3e: Primary prevention through reduction of inappropriate access to prescription drugs in community and provider settings</b>			
<b>6 Year objective: Reduce inappropriate access to prescription drugs through proper disposal of unused, expired medications and best practice prescribing protocols</b>			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>• Prescription drug take back opportunities</li> <li>• Adoption of model pain management policies in healthcare settings</li> </ul>	<b>Baseline/Target:</b> <ul style="list-style-type: none"> <li>• Baseline: Number of opportunities by county for prescription drug disposal                      A: 6 pharmacy, 3 annual                      C: 1 pharmacy, 1 sheriff                      N: 2 pharmacy, ~1 annual                      W: 3 pharmacy, 1 sheriff                      Target: Fill at least one gap/county</li> <li>• Number of healthcare settings with non-prescription pain management policies (TBD/unknown)</li> </ul>	<b>Data Source:</b> <ul style="list-style-type: none"> <li>• SHDHD local data</li> <li>• Local Clinic/hospital survey</li> </ul>	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> <ul style="list-style-type: none"> <li>• Primary Prevention</li> </ul>	<b>Population:</b> <ul style="list-style-type: none"> <li>• SHDHD District</li> </ul>	<b>Setting:</b> <ul style="list-style-type: none"> <li>• Community/Home</li> <li>• Healthcare (ERs, provider offices, hospitals)</li> </ul>	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>• Brodstone Memorial Hospital &amp; Mary Lanning Healthcare (non-prescription pain mgmt)</li> <li>• Keith's Pharmacy (pharmacy take back)</li> <li>• SHDHD, HPD, WCSO, ASAAP (community take back)</li> <li>• ASAAP / SHDHD – Communication Plan</li> </ul>
<b>Evidence Based:</b> FDA, USDOJ – Diversion Control Division, CDC Guidelines adherence to EB prescribing practices/inform local policy changes; CHRR – proper drug disposal programs		<b>Lead workgroup:</b> Substance Misuse Steering Committee	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>• Inventory of current policies/practices for pain</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>• Model policies identified for non-prescription pain management.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>• Fill at least one gap per county in drug take back opportunities.</li> <li>• Number/percent of healthcare providers that have adopted</li> </ul>	

<p>management in healthcare settings.</p> <ul style="list-style-type: none"> <li>• Identified gaps (locations/timing) for ongoing / widespread drug takeback programs in pharmacies and community.</li> <li>• Communication Plan for collaborative messages on appropriate drug disposal and pain management.</li> </ul>	<ul style="list-style-type: none"> <li>• Model policies promoted in healthcare settings</li> <li>• Plan for expanding drug take back opportunities.</li> <li>• Communication plan implemented and monitored.</li> </ul>	<p>model policies for non-prescription pain management.</p>
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**Partners:** community pharmacies, local law enforcement, hospitals, provider offices, ASAAP, SCBS, Region 3, DHHS Division of Behavioral Health, community prevention partners  
**Considerations:** Drug drop-off kiosks, storage and disposal costs, 2018 NE laws for opioid prescription restrictions for youth and addiction training for providers, pharmacy takeback program limitations, DisposeRx

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<b>Priority Area: Substance Misuse</b>			
<b>Strategy 3f: Connecting people/organizations through access to resources</b>			
<b>6 Year objective: Expand and improve the Resource Guide to integrate and promote local substance misuse resources</b>			
<b>What will be measured:</b> <ul style="list-style-type: none"> <li>Percent of users satisfied with the Resource Guide</li> </ul>	<b>Baseline/Target:</b> TBD	<b>Data Source:</b> <ul style="list-style-type: none"> <li>Survey</li> </ul>	<b>Timeframe:</b> by 2024
<b>Continuum of Care:</b> N/A <b>Level of Action:</b> Systems	<b>Population:</b> N/A	<b>Setting:</b> N/A	<b>Lead Organizations:</b> <ul style="list-style-type: none"> <li>Hastings Public Library</li> </ul>
<b>Evidence Based:</b> CHRR - CHRR – (promote) shared decision making in patient centered care and medical homes		<b>Accountability:</b> Access to Care Steering Committee	
<b>Short Term Key Performance Indicators (KPIs):</b> <ul style="list-style-type: none"> <li>Resource gaps are identified and filled.</li> <li>A platform is determined to support interactive/accessible resource and referral guide.</li> </ul>	<b>Intermediate Term KPIs:</b> <ul style="list-style-type: none"> <li>Promotion/education on the improved Resource Guide.</li> </ul>	<b>Long Term KPIs:</b> <ul style="list-style-type: none"> <li>Resource Guide that is more interactive and accessible (i.e., websites, Apps) to people and partners.</li> <li>Resource Guide Evaluation/Satisfaction Survey Report</li> </ul>	
<b>Potential considerations:</b> 211 system, Network of Care, Library system, SHDHD and Partner websites, App, Task Force (MCC, Social Workers, Catholic Social Services, Salvation Army, WIC, Churches, cities/counties, etc.), include application of Culturally and Linguistically Appropriate Services (CLAS) and health literacy practices, no wrong door! MyLNK app – use as example resource <b>Potential resources to include in the Guide:</b> providers (Medicaid, holistic and alternative medicine), insurance education (expanded Medicaid, Medicaid/Medicare, Commercial Insurance), services in rural areas, provider – led resources, CHW/Navigators, Chambers of Commerce			