Ohio’s 2016 state health improvement plan (SHIP)

Mental health and addiction Work Team conference call
Nov. 3, 2016
Please type questions in the chat box
Vision
Ohio is a model of health and economic vitality.

Mission
Improve the health of Ohioans by implementing a strategic set of evidence-based population health activities at the scale needed to measurably improve population health outcomes and achieve health equity.
Agenda for today’s call

- Update on recent progress
- SMART objectives for priority outcomes
- Glide path
- Local Strategy and Indicator Toolkit
Update on SHIP progress in October

✓ 3 workshop meetings
✓ Advisory Committee meeting and state team input
✓ Outreach to Work Team members to gather detail about potential strategies
✓ SMART objectives for priority outcomes
# Work Team activities

## Mental health and addiction

| Priority topic outcome objectives | 1. Outcome objective  
|  | 2. Outcome objective  
|  | 3. Outcome objective  |

### Cross-cutting factors

| Health equity | • Objective(s)  
|  | • Strategies  |

| Social determinants of health (including social, economic and physical environment) | • Objective(s)  
|  | • Strategies  |

| Public health system, prevention and health behaviors (including active living, healthy eating and tobacco-free living) | • Objective(s)  
|  | • Strategies  
|  | [Including tobacco objective(s) and strategies]  |

| Healthcare system and access | • Objective(s)  
|  | • Strategies  |
Workshops

• Reviewed existing plans and state agency activities
• Looked to credible sources of research evidence
• Created a “wish list” of the most powerful strategies to achieve our priority topic outcomes
• Identified priority populations for each priority target outcome
Evidence sources reviewed at workshops

- Hi-5: Health Impact in 5 Years (CDC)
- 6/18: Accelerating Evidence into Action (CDC)
- The Guide to Community Preventive Services (Community Guide) (CDC)
- What Works for Health (County Health Rankings and Roadmaps)
- U.S. Preventive Services Task Force Recommendations (AHRQ)
- Additional topic-specific sources
Criteria for prioritizing strategies at workshops

• Evidence of effectiveness
• Potential size of impact
• Opportunities given the current status
State health improvement plan
Cross-cutting factors workshop summary


Workshop results matrix: Prioritized strategies

<table>
<thead>
<tr>
<th>Mental Health and Addiction</th>
<th>Chronic Disease</th>
<th>Maternal and Infant Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Reducing substance use and improving mental health outcomes (MHA)</td>
<td>- Improving quality of care for chronic diseases (QCCD)</td>
<td>- Maternal and infant health outcomes (MIAH)</td>
</tr>
<tr>
<td>- Implementing effective interventions and policies</td>
<td>- Developing and implementing evidence-based programs</td>
<td>- Improving outcomes for maternal and infant health</td>
</tr>
<tr>
<td>- Promoting community-level action</td>
<td>- Enhancing provider education and training</td>
<td>- Expanding access to prenatal care</td>
</tr>
</tbody>
</table>

Included strategies:
- Tobacco control initiatives
- Substance use disorder treatment programs
- Chronic disease management plans
- Maternal and infant health interventions

For more information, please visit the following websites:
Revised list of proposed strategies

Advisory Committee and state team feedback on:

- Common themes across priority topics
  - Which strategies impact all or most outcomes?
  - How does it all fit together?

- Complete “glide paths” to reach priority outcomes
  - Where are the gaps?
  - How can we connect clinical to community? (downstream to upstream)
  - Which strategies are less necessary to achieve the priority outcomes?
### Summary of proposed SHIP strategies

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
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</thead>
<tbody>
<tr>
<td>Social determinants of health: educate sectors to expand opportunities for health and equity</td>
<td>Focus on Service-enriched housing*, including focus on housing first, permanent supportive housing and recovery housing for vulnerable health populations</td>
<td>Focus on Service-enriched housing*, including tobacco cessation and chronic disease management</td>
<td>Focus on Service-enriched housing*, including family health and tobacco cessation</td>
</tr>
<tr>
<td>School-based health</td>
<td></td>
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<tr>
<td>Public health and prevention: Strengthen the population health infrastructure to support healthy communities, healthy behaviors and connections with clinical care</td>
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<tr>
<td>Population health infrastructure, including:</td>
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<tr>
<td>- Access to care</td>
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<td></td>
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<tr>
<td>In-person preventive care and mental health services</td>
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<td>School-based health</td>
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</table>

### School-based health

- Focus on school-based health to promote mental wellbeing and prevent substance abuse and violence, including school-based behavioral health services.
- School-based social and emotional learning programs.
- School-based violence prevention programs.
- Other school-based health interventions.

### Public health and prevention

- Focus on Service-enriched housing*, including focus on housing first, permanent supportive housing and recovery housing for vulnerable health populations.
- Focus on Service-enriched housing*, including tobacco cessation and chronic disease management.
- Focus on Service-enriched housing*, including family health and tobacco cessation.

### Mental health and addiction

- Focus on Service-enriched housing*, including focus on housing first, permanent supportive housing and recovery housing for vulnerable health populations.

### Chronic disease

- Focus on Service-enriched housing*, including focus on housing first, permanent supportive housing and recovery housing for vulnerable health populations.

### Maternal and infant health

- Focus on Service-enriched housing*, including focus on housing first, permanent supportive housing and recovery housing for vulnerable health populations.

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* Indicates focus areas for SHIP strategies.
Common themes: Social determinants of health

- Student success and educational attainment
- Housing access that prevents health problems and integrates services for priority populations
- Promote work and reduce poverty
- Physical environments that support active living and social connectedness
Common themes: Public health, prevention and health behaviors

- Population health infrastructure
- School-based health
- Tobacco prevention and cessation
- Active living and healthy eating support
Common themes:

Healthcare system and access

- Modernize Medicaid and increase access to coverage
- Pay for value through PCMH, episode-based payments, MCOs and quality measurement
- Strengthen healthcare workforce to improve access
- Access to and use of tobacco cessation
- Infrastructure to collect accurate data about access, outcomes and disparities
Ensuring equity in the SHIP

- Impact underlying causes of health inequities by addressing the social determinants of health
- Highlight and prioritize strategies most likely to decrease disparities with “*” (based on WWFH and CG evidence reviews)
- Identify priority populations for each topic
- Recommend strategies be targeted towards certain priority populations and adapted to fit cultural contexts as needed
### Summary of proposed SHIP strategies

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<td>Focus on Service-enriched housing*, including focus on housing that promotes supportive housing and recovery housing for individuals in health populations</td>
<td>Focus on Service-enriched housing*, including focus on reducing tobacco use and chronic disease management</td>
<td>Focus on Service-enriched housing*, including family health and tobacco cessation</td>
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<tr>
<td>Economic insecurity and educational attainment</td>
<td>◼️</td>
<td>◼️</td>
<td>◼️</td>
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<tr>
<td>Housing insecurity and instability</td>
<td>◼️</td>
<td>◼️</td>
<td>◼️</td>
</tr>
<tr>
<td>Public health and prevention: Strengthen the population health infrastructure to support healthy communities, healthy behaviors and connections with clinical care</td>
<td>◼️</td>
<td>◼️</td>
<td>◼️</td>
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<tr>
<td>Focus on school-based health to promote mental well-being and reduce substance abuse (including tobacco) and violence, including school-based behavioral health services with links to:</td>
<td>◼️</td>
<td>◼️</td>
<td>◼️</td>
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<tr>
<td>Multi-disciplinary systems of support (MBSS)</td>
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<tr>
<td>School-based social and emotional learning</td>
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<tr>
<td>School-based violence prevention programs</td>
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<tr>
<td>School-based drug abuse prevention programs, including youth drug prevention</td>
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<tr>
<td>Focus on school-based health to support children's health and development, including links to:</td>
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<tr>
<td>Home visits for children management</td>
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<td>School-based programs to increase physical activity</td>
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<td>Safe schools and schools</td>
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<td>School-based nutrition</td>
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<tr>
<td>Nutrition and physical activity interventions in preschool and child care</td>
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<tr>
<td>Focus on school-based health to promote physical activity and nutrition</td>
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**Notes:**
- Focus on Service-enriched housing*
- Including focus on housing that promotes supportive housing and recovery housing for individuals in health populations
- Focus on reducing tobacco use and chronic disease management
- Focus on family health and tobacco cessation

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Ensuring equity in the SHIP, continued

- Set objective targets specific to identified priority populations (contingent upon the availability of baseline data)
- Identify priority population groups for which data is necessary but not available
- Make recommendations to invest in data infrastructure and linkages that can improve the collection and availability of data across population groups
<table>
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<th>Mental Health and addiction</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Heart disease</td>
<td>Preterm births</td>
</tr>
<tr>
<td>Suicide</td>
<td>Diabetes</td>
<td>Low birth weight</td>
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<tr>
<td>Drug dependence or abuse</td>
<td>Asthma</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>Drug overdose deaths</td>
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<td></td>
</tr>
</tbody>
</table>
## MHA Priority Outcome Objectives

<table>
<thead>
<tr>
<th>Desired outcome</th>
<th>Indicator</th>
<th>Baseline (year)</th>
<th>2019 target</th>
<th>2022 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced suicide deaths</td>
<td>Number of deaths due to suicide per 100,000 population</td>
<td>13.9 (2015)</td>
<td>12.51</td>
<td>--</td>
</tr>
<tr>
<td>Reduce depression</td>
<td>Percent of persons age 12-17 who experienced a major depressive episode within the past year</td>
<td>10.33% (2013-14)</td>
<td>8.03% (2018-19)</td>
<td>--</td>
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<tr>
<td></td>
<td>Percent of persons age 18+ who experienced a major depressive episode within the past year</td>
<td>7.33% (2013-2014)</td>
<td>6.18% (2018-19)</td>
<td>--</td>
</tr>
<tr>
<td>Reduce drug overdose deaths</td>
<td>Number of deaths due to drug overdoses per 100,000 population</td>
<td>27.7 (2015)</td>
<td>Increase &lt;16%</td>
<td>--</td>
</tr>
<tr>
<td>Reduce drug dependence or abuse</td>
<td>Past-year illicit drug dependence or abuse among ages 12+</td>
<td>2.76% (2013-2014)</td>
<td>2.70% (2018-19)</td>
<td>--</td>
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</tbody>
</table>
Glide paths
Glide path example
Outcome: Reduce diabetes prevalence

- Built environment changes to support active living, including complete streets, green space and parks, etc.
- Community healthy food access
- Diabetes Prevention Program (DPP)
- Food insecurity screening and follow-up
Outcome: Reduce diabetes prevalence
Workshop-recommended strategies, plus complete glide path

- Community physical activity/fitness programs
- Community healthy food access
- Diabetes Prevention Program (DPP)

- Screening for abnormal glucose, with referral to DPP (PSTAT initiative)
- Food insecurity screening and follow-up, with referral to community health food access programs
- Prescriptions for physical activity and fruits and vegetables
- Value-based purchasing, including PCMH, with incentives and outcome monitoring to support above activities

Built environment changes to support active living, including complete streets, green space and parks, etc.
Glide path discussion questions

• If fully implemented, is the set of strategies listed in the glide path adequate to achieve the outcome objectives and reduce disparities?
• If not, where are the biggest gaps?
• Are there any strategies that seem unnecessary because they do not directly contribute to the outcome objectives?
Glide path discussion questions

• Do the strategies in the glide path provide adequate options that are feasible for a variety of different communities to implement?
  – Urban, suburban, rural, Appalachian
  – High-poverty and lower poverty communities
  – All stages of the life course
  – Different types of lead organizations, including LHDs, hospitals, ADAMH boards, FCFCs, United Ways, etc.
Local Strategy and Indicator Toolkit

Local strategy and indicator toolkit
HPQ draft template 11/1/13

Toolkit components

Maternal and infant health (MIH) (pages 2-4)
- Priority outcome indicators
- Cross-cutting strategies and indicators (social determinants of health, public health and prevention, healthcare system and access)

Chronic disease (CD) (pages 5-8)
- Priority outcome indicators
- Cross-cutting strategies and indicators (social determinants of health, public health and prevention, healthcare system and access)

Mental health and addiction (MHA) (pages 9-12)
- Priority outcome indicators
- Cross-cutting strategies and indicators (social determinants of health, public health and prevention, healthcare system and access)

Approaches to achieve health equity (page 13)

Appendix (18D)
- Frequency of data availability and other notes on limitations for local level indicators
Local toolkit discussion questions

• Is the structure of the toolkit useful and actionable for local level partners?
• If not, what can be improved?
Next steps

• Local Toolkit
• State commitments
• SMART objectives for cross-cutting factors
• Draft document
• December Advisory Committee meeting: Dec. 14, 9:30 to 11:30 am at Medicaid
Relationships between outcomes: Mental health and addiction

Overall goal: Promote mental wellbeing and prevent alcohol and other drug dependence and abuse.

Social determinants of health
(including risk and protective factors at relationship and community level)

- Nurturing home, school and community environments
- Family and social support
- Social norms
- Access to drugs and alcohol
- Trauma, toxic stress and violence
- Education
- Employment and poverty
- Additional factors from the social and economic environment and physical environment identified by work team

Mental illness and drug and alcohol dependence conditions
(Incidence/prevalence)

- Depressive episodes (youth, adult)
- Poor mental health days
- Depression prevalence
- Mental illness prevalence
- Severe and persistent mental illness prevalence

Mortality

- Suicide
- Premature mortality among people with mental illness

Adolescent attitudes and behaviors
(Alcohol and other drug use)

- Delayed onset of first use of illicit drugs
- Perceived risk of marijuana use (youth)
- Perceived parental disapproval of drug use (youth)
- Delayed onset of first use of alcohol
- Perceived risk of alcohol use (youth)
- Perceived parental disapproval of alcohol use (youth)
- Tobacco use ▲

Illicit drug dependence or abuse
- Post-year nonmedical use of pain relievers (youth)
- Neonatal Abstinence Syndrome
- Excessive drinking (adults)
- Alcohol use or binge drinking (youth)
- Alcohol dependence or abuse

Drug overdose deaths
- Alcohol-related crash deaths
- Other deaths related to drug and alcohol use

Healthcare system and access, including:

- Access to behavioral health care, including workforce
- Quality of behavioral health care, including cultural competence
- Opioid prescribing practices, (opioid prescriptions dispensed) ▲

Public health system, prevention and health behaviors

Equity

Red font = SHIP priority outcome
▲ = Must be addressed in cross-cutting factors