Colorado SIM Population Health Call to Action for Behavioral Health Promotion and Prevention

PRESENTED TO THE COLORADO SIM OFFICE AND
SIM POPULATION HEALTH WORKGROUP

BY HEALTH MANAGEMENT ASSOCIATES
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EXECUTIVE SUMMARY

Poor mental health, mental illness and substance use disorders exact a large toll at every level of the social ecology. Mental disorders represent four of the ten leading causes of disability worldwide.[1] Nearly 18 percent of adults in the U.S. reported having a mental, behavioral or emotional disorder.[2] In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[3] In Colorado, one in five people need mental health services[4] and Colorado consistently ranks in the top ten states for high suicide rates. Colorado is also seeing an upward trend in indicators for methamphetamine, heroin and prescription opiate abuse.[5]

There is a growing understanding that mental health is important to overall health, including improving physical health. There is also an increasing exploration of the role that public health practitioners and agencies play in improving mental health. The public health approach provides an understanding of the associated risk and protective factors for mental health, the health disparities associated with mental and substance use disorders, and the relationship between mental health and other public health concerns like obesity and chronic disease. In 2015, Colorado received a $65 million-dollar four-year grant funded by the Center for Medicare and Medicaid Innovation (CMMI). This initiative, the Colorado State Innovation Model (SIM), is primarily focused on the integration of behavioral health and primary care, and alternative payment models focused on value. SIM and other opportunities have driven widespread adoption of the Quadruple AIM-improving patient experience of care, improving clinician experience, reducing the cost of care and improving the health of the population. This focus on population health includes greater attention to the determinants of health and prevention strategies. SIM also includes a goal to improve population health in partnership with public health partners and under the guidance of the SIM Population Health Workgroup (one of seven SIM workgroups). Recommendations are presented as a Call to Action by the Colorado SIM Office in support of behavioral health promotion and prevention work. For the purposes of this Call to Action, the term *behavioral health* encompasses mental health and substance use. The phrase *behavioral health promotion and prevention* encompasses mental wellbeing and the prevention of mental disorders and substance use disorders.

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[1] World Health Organization, *The world health report 2001 – Mental Health: New Understanding, New Hope*, (Geneva: 2001).
[2] Rabah Kamal et al., Costs and Outcomes of Mental Health and Substance Use Disorders in the U.S., *Journal of the American Medical Association*, 2017; 318 (5):415
[3] "Prevention", Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/prevention
[4] Advancing Colorado's Mental Health Care, *The Status of Behavioral Health Care in Colorado: 2011 Update* (Denver: 2011).
[5] Bruce Mendelson, *Drug Abuse Patterns and Trends in Colorado and the Denver/Boulder Metropolitan Area* (Washington D.C.: National Institute on Drug Abuse, 2014)

In 2017, the Colorado SIM Office provided funding for Health Management Associates (HMA) to work with the SIM Population Health Workgroup in conducting a statewide environmental scan and gap analysis of population-based behavioral health initiatives focused on promotion and prevention in Colorado. The scan and gap analysis were used to inform the Call to Action. During the fall of 2017, HMA facilitated the development of the Call to Action with the SIM Population Health Workgroup.

The audience for the Call to Action is key implementers with direct accountability for prevention and health promotion activities, such as state agencies, legislators, local public health agencies and foundation funders. At the same time, the Call to Action will require engagement, investment, and shared implementation with a broad and diverse group of community and healthcare providers. The Colorado SIM Office envisions the audience expanding as the momentum is built and efforts are moved from key implementers to those engaged in communities across the State.

The Colorado SIM Office intends for the Call to Action to leverage existing and emerging opportunities, including policy opportunities. The recommendations in this Call to Action should be considered in conjunction with the work of partners like the Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado National Collaborative for Suicide Prevention, as this will serve as a force multiplier for efforts to improve behavioral health. The recommendations and activities presented in the Call to Action complement the Colorado Public Health Improvement Plan[6], in which mental health and substance use is a flagship priority. The Call to Action also identifies shared outcomes of interest with the Colorado Opportunity Project Framework[7] and aligns with the overarching goal and primary drivers of the Colorado SIM initiative.[8]

The SIM Population Health Workgroup determined that the Call to Action would be most effective with a specific focus. The environmental scan identified gaps in prevention resources and programming for working aged men, school aged children and older adults. Based on this, the workgroup is focusing the Call to Action on the population of boys and men. While there is a focus on the population of boys and men and specific recommendations, activities and partners, there are also general recommendations that can improve Colorado's efforts in promoting behavioral health and preventing mental health and substance use conditions across all populations.

[6] "Shaping of a State of Health", Colorado Department of Public Health and Environment, https://www.colorado.gov/pacific/cdphe-lpha/shaping-a-state-of-health

[7] "The Colorado Opportunity Project Fact Sheet", Colorado Opportunity Project, https://colorado.gov/pacific/sites/default/files/Colorado-Opportunity%20Project%20Fact%20Sheet%20August%202015.pdf

[8] "What is SIM?", Colorado SIM Office, https://drive.google.com/file/d/0BxUiTIOwSbPUYkhmMFpPc210ZWs/view

RECOMMENDATIONS

The following table illustrates the recommendations for achieving the overarching impacts desired by the Call to Action. The table reflects the key implementers, potential partners and a select sample of activities.

TABLE 1. SUMMARY OF RECOMMENDATIONS

Key	
(lightest shade)	Early Wins (1-year)
(medium shade)	Medium Term (2-4 years)
(darkest shade)	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[9]: State agencies	LPHAs	CMHCs	Healthcare payers	Foundation funders	Potential Partners
1. Increase understanding of the social determinants of mental health across state agencies and partners by creating and disseminating information. Translate this increased understanding into actions that shape policies and program development.	*By July 2019, create and disseminate fact sheets about the determinants of mental health to be used by stakeholders for informing the development of public policies.*	✓	✓	✓			*• SIM Workgroups • SIM contractors, including SIM practices •Regional Health Connectors • Healthcare providers (behavioral health and physical health) and systems • CPHA • CBHC*
	By 2021, incorporate language about the determinants of mental health into all information disseminated about behavioral health promotion programming (e.g., announcements of funding, launching of new programs, press releases, etc.).	✓	✓	✓			
	By 2023, fund strategies at the community and societal levels of the social ecology that target determinants of mental health (i.e., environmental and policy change activities).	✓	✓			✓	

[9] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[9] State agencies	LPHAs	CMHCs	Healthcare payers	Foundation funders	Potential Partners
2. Increase the integration of behavioral health promotion and prevention in planning and communication around other public health priorities like obesity, tobacco, and chronic disease.	*By July 2019, review existing efforts addressing tobacco, obesity and chronic disease prevention and develop fact sheets incorporating behavioral health promotion.*	✓	✓				• *Healthcare providers (particularly PCPs), payers and systems* •*Regional Health Connectors* • *Hospitals* • *Employers* • *CPHA*
	By 2021, create educational materials on the interconnection between behavioral health, tobacco, obesity, and chronic disease risk factors and prevalence for the general public and healthcare providers.	✓	✓				
	By 2023, fund strategies at the healthcare system and community levels that target integrated prevention and health promotion of behavioral health, tobacco, obesity and chronic disease highlighting shared risk factors.	✓	✓		✓	✓	
3. Increase coordination of behavioral health promotion and prevention across state agencies.	*By July 2019, develop policies and plans that support shared coordination and collaboration among initiatives addressing behavioral health promotion and prevention, to include both state agencies and other funders (e.g., local foundations).*	✓					• *LPHAs* • *CPHA* *Regional Health Connectors*
	By 2021, develop and support training and curriculum that educate the workforce on behavioral health promotion and prevention combining traditional public health and behavioral health training materials.	✓					
	By 2021, develop research and information on the return on investment of prevention and the role of behavioral health promotion in population health models.	✓	✓	✓	✓	✓	

Key	
(light)	Early Wins (1-year)
(medium)	Medium Term (2-4 years)
(dark)	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[9]: State agencies	LPHAs	CMHCs	Healthcare payers	Foundation funders	Potential Partners
4. Establish a clearer and more consistent expectation in requests for proposals and the provision of technical assistance for the use of research informed or evidence based approaches and for evaluation.	*By July 2019, develop policies and procedures for statewide RFPs that incorporate best practice and evidence based prevention approaches as part of evaluation criteria.*	✓				✓	• *Healthcare providers (behavioral health and physical health)* • *Regional Health Connectors* • *Universities and research entities* • *Community based organizations*
	By July 2019, disseminate educational materials on evidence based and research informed approaches to prevention and how to incorporate these approaches into initiatives.		✓				
	By 2021, conduct research and share findings of initiatives that do incorporate research informed approaches to demonstrate the impact and effectiveness of these strategies in implementation.	✓	✓	✓	✓	✓	
5. Standardize the expectation and support of sustainability planning in requests for proposals and the provision of technical assistance for behavioral health promotion and prevention initiatives.	*By July 2019, develop policies that support inclusion of strong sustainability technical assistance in state-funded behavioral health promotion and prevention funding opportunities.*	✓				✓	• *Healthcare payers* • *Private industry* • *Community based organizations* • *Other investors* • *Regional Health Connectors*
	By 2023, develop collaborative and cross-sector initiatives addressing behavioral health promotion and prevention that provide innovative payment mechanisms to support long-term sustainability (i.e., social impact bonds, private investment, etc.).	✓	✓	✓	✓	✓	

Key	
(light blue)	Early Wins (1-year)
(medium blue)	Medium Term (2-4 years)
(dark blue)	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[9] State agencies	LPHAs	CMHCs	Healthcare payers	Foundation funders	Potential Partners
6. Increase the focus on taking innovative and promising initiatives to scale.	*By July 2019, develop policies that support inclusion of review of and utilization of existing innovations and initiatives when funding opportunities are created.*	✓	✓			✓	• *Healthcare providers (behavioral health and physical health)* • *Regional Health Connectors* • *Employers* • *Universities and research entities* • *Community based organizations* • *Healthcare payers* • *Private industry* • *Other investors*
	By July 2019, develop communication and marketing plans that share impact of promising initiatives to increase general awareness and to expand momentum to bring programs to scale.	✓	✓				
	By 2021, develop collaborative and cross-sector initiatives that support scaling of innovative and promising initiatives as part of meeting population health goals (i.e., social impact bonds, private investment in scaling an innovation, etc.).	✓	✓	✓	✓	✓	

Key	
(light blue)	Early Wins (1-year)
(medium blue)	Medium Term (2-4 years)
(dark blue)	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[10]: State agencies	LPHAs	CMHCs	Healthcare payers	Foundation funders	Potential Partners
7. Improve the collection of population-based measures of behavioral health.	*By July 2019, develop more measures of positive mental health factors in the metrics Colorado collects or in the measurement tools developed.*	✓	✓		✓		• *Healthcare providers (behavioral health and physical health)* • *Employers* • *Universities and research entities* • *Healthcare payers*
	By 2021, adapt measures in surveys such as Healthy Kids Colorado to include behavioral health measures.	✓	✓			✓	
	By 2021, increase the quality of hospital data on fatal and nonfatal suicide attempts and drug overdoses with data shared at a regional and state level.	✓	✓				
	By 2021, increase the quality of data on the use of medications used to stop opiate overdoses including location, individual using medication, age of individual receiving medication and whether this is a first "save" for the individual.	✓	✓	✓			
	By 2023, support and develop better comparative analytics with other states; particularly in the western United States to provide benchmarks regionally and nationally for Colorado-based measures.	✓	✓	✓	✓	✓	
	By 2023, provide universal screening for depression across the State and share population-based rates of positive screens at regional and state level.	✓	✓	✓	✓		

[10] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

		Key Implementers[11]								Potential Partners
		State agencies	LPHAs	CMHCs	Foundation funders	CBHC	CPHA	SIM practices and contractors	Policy makers	
Recommendations	**Sample Activities**									
8. Increase the number of people interacting with boys and men who are trained to recognize symptoms of poor mental health, and to promote social emotional skill building, coping and resilience.	*By July 2019, increase Mental Health First Aid Training (MHFA) training provided to first responders, law enforcement, employers, coaches for youth sports, gun shop owners, bar/budtenders.*	✓	✓	✓	✓	✓			✓	*• Healthcare providers (behavioral health and physical health) • Regional Health Connectors • Schools • First responders • Faith-based organizations • Sports coaches • Law enforcement • Local businesses*
	By July 2019, increase the number of schools providing Sources of Strength, Signs of Suicide or other research informed/evidence-based suicide prevention programs in schools.	✓	✓		✓	✓			✓	

[11] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[11] State agencies	LPHAs	CMHCs	Foundation funders	CBHC	CPHA	SIM practices and contractors	Policy makers	Potential Partners
9. Create, coordinate, and disseminate messaging aimed at reducing the stigma of mental and substance use disorders, as well as the stigma for boys and men related to help seeking.	*By July 2019, increase coordination of messaging and programming across state and local partners focused on behavioral health promotion for boys and men.*	✓				✓	✓			*•Healthcare providers (behavioral health and physical health) and payers • Regional Health Connectors • Employers • Schools • First responders • Faith-based organizations • Professional sports organizations • Sports coaches • Local businesses*
	By July 2019, develop a common set of fact sheets describing the risk for the population and providing common statistics to improve a coordinated voice on prevention.	✓	✓	✓	✓	✓	✓			
	By 2021, provide teachers with time and tools to allow for in class discussions of feelings, current events and day to day stressors.	✓	✓						✓	
	By 2021, develop and implement local mental health resiliency training programs for boys and men and used in various community organizations including schools, employment settings, faith-based organizations, and other community settings.	✓	✓		✓				✓	

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[12]: State agencies	LPHAs	CMHCs	Foundation funders	CBHC	CPHA	SIM practices and contractors	Policy makers	Health-care Payers	Potential Partners
10. Increase accessibility to screening and early intervention services (mental health and substance use screening for women at prenatal and postpartum, boys, men and older adults); and increase the competence of providers to assess and respond to suicidality within integrated health care systems.	*By July 2019, support and coordinate with existing efforts to train professionals in Screening, Brief Intervention and Referral to Treatment (SBIRT).*	✓	✓	✓							*•Healthcare providers (behavioral health and physical health), systems and payers •Regional Health Connectors • PCPs • SIM Workgroups • Universities and graduate educators • RAES • CBHC • CPHA*
	By 2021, engage and train public and private practice MH professionals, PCPs and pediatricians in efforts to enhance resilience and strong emotional health in boys and men as a method of normalizing emotion, mental health, and refining gender roles.		✓	✓	✓			✓		✓	
	By 2021, promote and develop payment mechanisms for tele-health opportunities to expand provider reach into all regions of the State, particularly rural areas.	✓			✓			✓	✓	✓	
	By 2023, develop mechanisms for tracking boys and men referrals to behavioral health and engagement in services to report on successful engagement.	✓	✓	✓				✓			

[12] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

		Key Implementers[13]								
		State agencies	LPHAs	CMHCs	Foundation funders	CBHC	CPHA	SIM practices and contractors	Policy makers	Potential Partners
Recommendations	**Sample Activities**									
11. Expand existing promising programs and strategies focused on boys and men.	*By July 2019, support expansion and dissemination and ongoing evaluation of Man Therapy as a potential promising program.*	✓			✓				✓	*•Healthcare providers (behavioral health and physical health) and systems •Regional Health Connectors • SIM Workgroups • Schools • Employers • Local Businesses*
	By 2021, support and enhance employer based mental health promotion (e.g., employee assistance programs, normalization of promoting/discussing and education) for every member of the household.	✓	✓	✓					✓	
	By 2023, develop methods for sharing data on emergency department utilization across providers and with the Regional Accountable Entities to enhance engagement and follow-up.	✓	✓							
	By 2023, develop policies for behavioral health screening as part of social service programs (not for eligibility but for identification and intervention) such as housing, WIC, TANF, and unemployment.	✓	✓	✓					✓	

[13] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

Key	
	Early Wins (1-year)
	Medium Term (2-4 years)
	Long-Term (5+ years)

Recommendations	Sample Activities	Key Implementers[14] State agencies	LPHAs	CMHCs	Foundation funders	CBHC	CPHA	SIM practices and contractors	Policy makers	Potential Partners
12. Expand and support environmental policy changes.	*By July 2018, inform legislative drafting such as MHFA and the opiate related bills.*	✓							✓	*• Healthcare providers (behavioral health and physical health) and systems •Regional Health Connectors • SIM workgroups • Family planning organizations • Children's advocacy organizations • Community based organizations • Employers*
	By 2021, include means Restrictions in policy development.	✓		✓					✓	
	By 2021, support social determinants of mental health activities-such as increase pregnancy related depression screening campaigns and education on unintended pregnancies to support existing policies such as LARC.	✓			✓				✓	
	By 2023, support policy development that increases affordable childcare and afterschool care recreation programs.	✓	✓	✓					✓	

[14] LPHA-Local Public Health Agencies, CMHC-Community Mental Health Centers, CBHC-Colorado Behavioral Healthcare Council, CPHA-Colorado Public Health Association, MHFA-Mental Health First Aid

INTRODUCTION

PROJECT BACKGROUND

There is a growing understanding that mental health is important to overall health, including improving physical health. There is also an increasing exploration of the role that public health practitioners and agencies play in improving mental health. The public health approach provides an understanding of the associated risk and protective factors for mental health, the health disparities associated with mental and substance use disorders, and the relationship between mental health and other public health concerns like obesity and chronic disease. In 2015, Colorado received a $65 million-dollar four-year grant funded by the Center for Medicare and Medicaid Innovation (CMMI). This initiative, the Colorado State Innovation Model (SIM), is primarily focused on the integration of behavioral health and primary care, and alternative payment models focused on value. In June 2015, SIM formally established seven workgroups comprising a wide variety of stakeholder expertise. These workgroups conduct activities related to SIM and report to the SIM Steering Committee, which comprises the chairs/co-chairs of the seven workgroups. The seven areas of work include Consumer Engagement, Evaluation, Health Information Technology, Population Health, Practice Transformation, Workforce Development and Policy. [15] SIM and other opportunities have driven widespread adoption of the Quadruple AIM goals of improving patient experience of care, improving the clinician experience, reducing the cost of care and improving the health of the population. This focus on population health includes greater attention to the determinants of health and prevention strategies. SIM also includes a goal to improve population health in partnership with public health partners and with the guidance of the SIM Population Health Workgroup. To support this goal, the SIM Office commissioned an *Environmental Scan and Gap Analysis of Behavioral Health Promotion and Prevention Initiatives in Colorado*, which was completed in July 2017 (see Appendix 1). In response to issues raised in this document, the SIM Office subsequently commissioned this Call to Action with the purpose of encouraging critical steps that should be taken to improve behavioral health in Colorado by a range of stakeholders. For both documents, the term behavioral health encompasses mental health and substance use, while the phrase behavioral health promotion and prevention encompasses mental wellbeing and the prevention of mental disorders and substance use disorders.

CONTEXT FOR CALL TO ACTION

Poor mental health, mental illness and substance use disorders exact a large toll at every level of the social ecology. Mental disorders represent four of the ten leading causes of disability worldwide.[16] Nearly 18 percent of adults in the U.S. reported having a mental, behavioral or

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[15] Colorado State Innovation Model, https://www.colorado.gov/healthinnovation.

[16] World Health Organization*, The world health report 2001 – Mental Health: New Understanding*, New Hope, (Geneva: 2001).

emotional disorder during 2015.[17] In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. By 2020, it is projected that mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.[18] In Colorado, one in five people need mental health services[19] and Colorado consistently ranks in the top ten states for suicide death rates, ranking as 5th in 2016. Colorado is also seeing an upward trend in indicators for methamphetamine, heroin and prescription opiate abuse[20] as well as fatal overdoses related to each.[21]

All people have biological, psycho-social and psychological characteristics that make them vulnerable to, or resilient to, behavioral health issues and this degree of vulnerability or resilience can change over a lifetime. Each of these characteristics can be impacted by various contextual factors such as personal relationships, community and societal support and prevention efforts, broad environmental factors, and individual access to health care and tools for self-care. As a result, efforts to promote health and prevent behavioral health conditions need to be addressed across multiple contexts. An example of multiple contexts includes increasing parent-infant bonding, changing norms in the business sector to support self-care and help-seeking, or supporting anti-discrimination laws or policies. Effective interventions need to be designed with the understanding that risk and protective factors have influence throughout the lifespan and have influence across contexts.[22]

In addition to a consideration of the biological and psycho-social factors that influence mental and substance use disorders, there must also be consideration for the social determinants of health that influence behavioral health issues. These include discrimination and social exclusion, poor access to quality education, unemployment or underemployment, lack of job security, poverty, food insecurity, lack of quality or affordable housing, lack of access to healthcare, and Adverse Childhood Experiences (ACEs),[23] which include experiences of child maltreatment, parental substance use, divorce, domestic violence, among others. A large body of research confirms the devastating affect ACEs can have on the health and wellbeing of individuals. Children exposed to four or more ACEs are at four to 12 times greater risk for problematic substance use, depression and suicide.[24] Largely these determinants stem from unequal

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17 Kamal et al, Costand Outcomes of Mental Health and Substance Use Disorders in the U.S.
[18] "Prevention" Substance Abuse and Mental Health Services Administration (SAMHSA), https://www.samhsa.gov/prevention
[19] Advancing Colorado's Mental Health Care, *The Status of Behavioral Health Care in Colorado: 2011 Update* (Denver: 2011).
[20] Bruce Mendelson, *Drug Abuse Patterns and Trends in Colorado and the Denver/Boulder Metropolitan Area* (Washington D.C.: National Institute on Drug Abuse, 2014)
[21]"Death Data", COHID, http://www.chd.dphe.state.co.us/cohid/topics.aspx?q=Death_Data
[22] "Risk and Protective Factors", SAMHSA, last modified October 2, 2015, https://www.samhsa.gov/capt/practicing-
[23] Michael Compton and Ruth Shim, "The Social Determinants of Mental Health", *Focus*, 13(2015).
[24] Ibid

distribution of opportunity and stigma towards mental health and substance use, and are therefore a social justice issue.[25] Effective population-based behavioral health promotion should include strategies to address the determinants of mental health at the community and societal levels of the social ecology.

The Call to Action is intended for use by a broad range of public and behavioral health stakeholders. It includes a set of key recommendations and examples of suggested actions to consider for population-based behavioral health promotion and prevention.

PURPOSE OF THE CALL TO ACTION

The purpose of the Call to Action is to encourage critical steps that should be taken to improve behavioral health in Colorado, particularly among boys and men. Taking these actions can promote and align behavioral health promotion and prevention work, increase communication that reduces stigma, and encourage investments in behavioral health and wellness.

Timeframe for Call to Action: The Colorado SIM Office is aware that the priorities of the Call to Action represents a significant undertaking for the State and will be an effort beyond the grant period of SIM. The intention is to build on the existing foundation of activities within the State to create momentum that will continue to multiply in impact by 2028.

Audience for Call to Action: The audience for the Call to Action is key implementers with direct accountability for prevention and health promotion activities, such as state agencies, legislators, local public health agencies and foundation funders. At the same time, the Call to Action will require engagement, investment, and shared implementation with partners, including a broad and diverse group of community and healthcare providers. Community and healthcare partners include, but are not limited to, schools, employers, healthcare systems and providers, health plan and health care payers, Regional Health Connectors, community based organizations and community members. The Colorado SIM Office envisions the audience expanding as the momentum is built and efforts are moved from key implementers to those engaged in communities across the State.

[25] Compton and Shim, "The Social Determinants of Mental Health"

Methods of the Call to Action: The methods and strategies that can be used to generate momentum around behavioral health promotion and prevention activities are diverse and broadly defined. They incorporate many of the essential public health services as well as other integrated strategies including:

- developing the business case and return on investment for inclusion of behavioral health promotion in public health efforts;

- creating shared messaging across sectors and across the life-span of the population; incorporating the Call to Action goals into existing frameworks and State initiatives;

- building partnerships with the beneficiaries of the savings to encourage reinvestment in prevention efforts.

FOCUS OF THE CALL TO ACTION

In 2016, the SIM Population Health Workgroup identified four overarching goals, with mid to long-term targets to guide their work. The Call to Action builds upon these goals and targets.

Goals

1. Increase community engagement in behavioral health and wellness.[26]

2. Reduce the stigma associated with behavioral health and wellness.

3. Increase access to behavioral health and wellness.

4. Create sustainability and a bridge to the future for current behavioral health and wellness efforts.

Targets

- Reduce suicide rates in Colorado.

- Increase depression screening rates in Colorado.

- Reduce prescription drug misuse and overdose.

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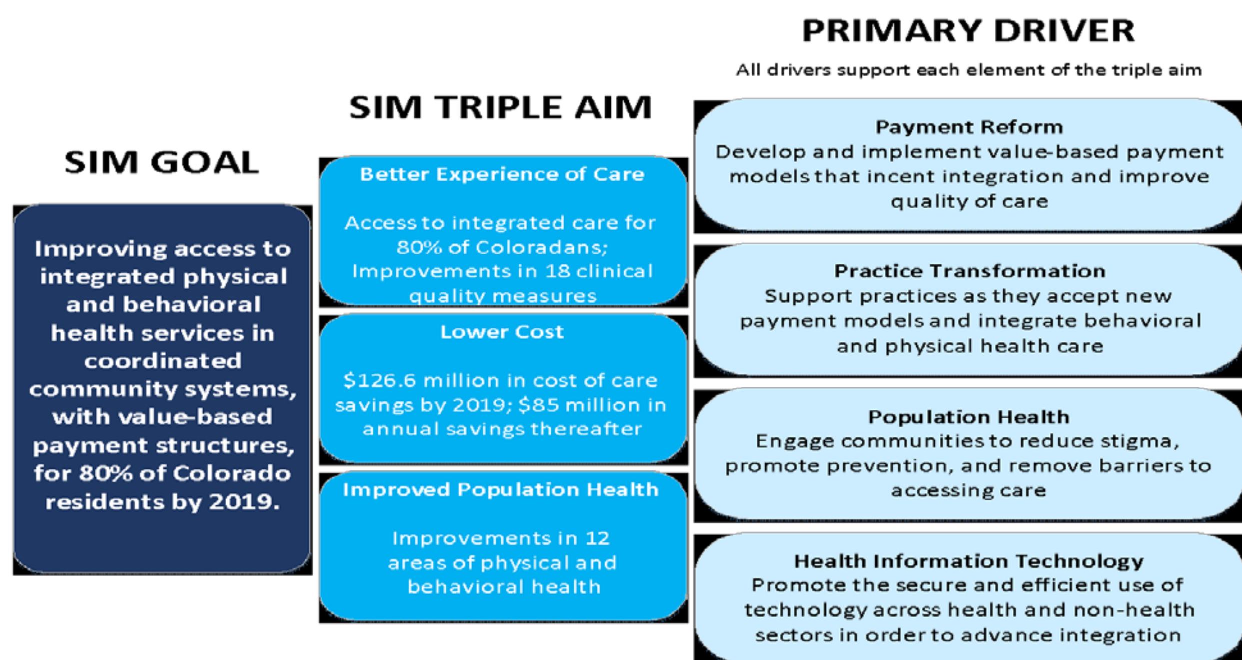
[26] In these goals, the term behavioral health utilizes the World Health Organizations definition of mental health: "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." World Health Organization, *Promoting mental health: concepts, emerging evidence, practice (Summary Report)*, (Geneva: World Health Organization; 2014).

- Identify goals for youth and adolescents related to reducing ACEs.
- Align efforts with other SIM funded, state funded and partner agency work.

The Colorado SIM Office intends for the Call to Action to leverage existing and emerging opportunities, including policy opportunities. Of importance, the recommendations in this Call to Action should be considered in conjunction with the work of partners like the Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado National Collaborative for Suicide Prevention, as these complimentary efforts will serve as a force multiplier for efforts to improve behavioral health. The recommendations and activities presented in the Call to Action complement the Colorado Public Health Improvement Plan[27], in which mental health and substance use is a flagship priority. The Call to Action also identifies shared outcomes of interest with the Colorado Opportunity Project Framework[28] and aligns with the overarching goal and primary drivers of the Colorado SIM initiative.[29]



The SIM Population Health Workgroup determined that the Call to Action would be most effective with a clear, actionable focus. The environmental scan identified gaps in prevention resources and programming for working aged men, school aged children and older adults. Strategies to address the behavioral health issues of boys and men are disproportionate to the burden of suicide and substance use in this population (see Appendix 2 for data tables). Furthermore, as

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[27] "Shaping a State of Health", CDPHE
[28] "Colorado Opportunity Project", Colorado Opportunity Project
[29] "What is SIM?", Colorado SIM Office

recent attention to the epidemics of gun violence and sexual harassment/violence indicates, poor behavioral health among men can result in their contributing to adverse health outcomes in others. Based on this and the targets identified by the workgroup focused on reducing suicide rates and prescription drug misuse/overdose[30], the workgroup decided to include the population of boys and men as a specific focus of the Call to Action. This focus includes taking a three-generation approach ranging from elementary aged boys, to men of working age, to older adult men. As a result, in addition to general recommendations that can improve Colorado's efforts in promoting behavioral health and preventing mental health and substance use conditions across all populations, we provide specific recommendations relevant to boys and men.

IMPACTS OF THE CALL TO ACTION

As described previously, the purpose of the Call to Action is to have long-term impact in the State on behavioral health promotion, prevention, and outcomes. This impact will be achieved through better alignment and coordination of behavioral health promotion and prevention efforts. Impact will also be achieved through communication about mental health that reduces the stigma of having a mental or substance use disorder and encourages help seeking. Finally, impact will depend on investments in behavioral health and wellness with a focus on populations most in need in Colorado. In recognizing the longevity of this movement, the SIM Population Health Workgroup identified desired impacts of the Call to Action. These are targeted outcomes that will be achieved over the next ten years and will build on suggested short-term and medium-term activities described later in the document.

- ***By 2028 Colorado will be a state with policies, interventions and activities that account for the health of the whole person, including social, physical and emotional health.***
- ***By 2028 Colorado will see a decrease in the percent of men who report poor mental health.***
- ***By 2028 Colorado will see a decrease in the percent of teen boys who report considering suicide.***
- ***By 2028 Colorado will see a decrease in suicide rates for boys, working aged men, and older adult men.***
- ***By 2028 Colorado will see a decrease in the percent of parents who report concerns about the social-emotional health of their children.***

[30] This focus on this population is important given the burden of suicide and prescription drug overdoses in Colorado is born mainly by boys and men, and men are least likely to access screening or help for problems with their mental health and substance use.

- ***By 2028 Colorado will see a decrease in prescription drug overdose deaths for boys, working aged men, and older adult men.***
- ***By 2028 Colorado will see a decrease in unintended pregnancies that will lead to a to decrease in risks for Adverse Childhood Experiences.***
- ***By 2028 Colorado will see a decreased percent of boys born to depressed mothers that will lead to a decrease in risk for adverse childhood experiences.***
- ***By 2028 Colorado will be a state with positive social norms for masculinity, where talking about emotions is commonplace and there is reduced stigma around seeking help for mental health or substance use.***
- ***By 2028 Colorado will be a state with environmental and policy supports that promote safe, stable nurturing relationships and environments for children and families, protecting Colorado citizens from adverse childhood experiences and the negative determinants of mental health.***

The following section outlines recommendations intended to contribute to reaching the above outcomes of the Call to Action. Although the recommendations and sample activities under each are not designed to provide a comprehensive blueprint for achieving the outcomes, they are offered as a “starter list” of multi-sectoral efforts that can be undertaken by a variety of stakeholders.

RECOMMENDATIONS

The following are recommendations that can improve Colorado's efforts to promote behavioral health and prevent mental health and substance use conditions. The Population Health Workgroup developed these recommendations through a facilitated process, utilizing the information presented in the *Environmental Scan and Gap Analysis of Behavioral Health Promotion and Prevention Initiatives in Colorado* to guide the identification of recommendations and sample activities.

As mentioned previously, the environmental scan identified particular gaps in prevention resources and programming for working aged men, school aged children and older adults. Strategies to address the behavioral health issues of boys and men are disproportionate to the burden of suicide and substance use in this population (see Appendix 2 for data tables). Based on this and the targets identified by the workgroup focused on reducing suicide rates and prescription drug misuse/overdose[31], the workgroup identified specific recommendations and/or sample activities focused on boys and men from elementary ages to older adulthood. This focus is reflected in many of the recommendations. It should be noted that although boys and men are the primary focus of some of these recommendations, in some situations, and settings, efforts to implement these sample activities can be applied to females as well as males, and this efficiency should be encouraged whenever possible.

RECOMMENDATION 1

INCREASE UNDERSTANDING OF THE SOCIAL DETERMINANTS OF MENTAL HEALTH[32] ACROSS STATE AGENCIES AND PARTNERS BY CREATING AND DISSEMINATING INFORMATION. TRANSLATE THIS INCREASED UNDERSTANDING INTO ACTIONS THAT SHAPE POLICIES AND PROGRAM DEVELOPMENT.

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers and foundation funders

POTENTIAL PARTNERS: SIM workgroups, SIM contractors, including SIM practices and Regional Health Connectors (RHCs), other healthcare providers (behavioral health and physical health) and health systems, CPHA, CBHC

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[31] This focus on this population is important given the burden of suicide and prescription drug overdoses in Colorado is born mainly by boys and men, and men are least likely to access screening or help for problems with their mental health and substance use.

[32] The Colorado SIM Office and its stakeholders value the fact that mental health is health and the social determinants of health are also the determinants of mental health. There is a growing understanding about the social determinants of health as it relates to physical health conditions, yet this seems to be less true for mental health conditions. This recommendation calls out the social determinants of mental health specifically in order to increase awareness about the link between these social determinants and mental disorders/substance use disorders. This recommendation should occur in the larger context of helping people to understand that mental health and physical health are intertwined.

Sample Activities

1. By July 2019, create and disseminate fact sheets about the determinants of mental health to be used by stakeholders for informing the development of public policies.

2. By 2021, incorporate language about the determinants of mental health into all information disseminated about behavioral health promotion programming (e.g., announcements of funding, launching of new programs, press releases, etc.).

3. By 2023, fund strategies at the community and societal levels of the social ecology that target determinants of mental health (i.e., environmental and policy change activities).

RECOMMENDATION 2

INCREASE THE INTEGRATION OF BEHAVIORAL HEALTH PROMOTION AND PREVENTION IN PLANNING AND COMMUNICATION AROUND OTHER PUBLIC HEALTH PRIORITIES LIKE OBESITY, TOBACCO AND CHRONIC DISEASE.

KEY IMPLEMENTERS: state agencies, local public health agencies

POTENTIAL PARTNERS: healthcare providers (particularly primary care), health systems, healthcare payers, RHCs, hospitals, employers, CPHA

Sample Activities

1. By July 2019, review existing efforts addressing tobacco, obesity and chronic disease prevention and develop fact sheets incorporating behavioral health promotion.

2. By 2021, create educational materials on the interconnection between behavioral health, tobacco, obesity, and chronic disease risk factors and prevalence for the general public and healthcare providers. This could include data on co-occurrence, prevalence in specific populations, and effective approaches for integrated screening.

3. By 2023, fund strategies at the healthcare system and community levels that target integrated prevention and health promotion of behavioral health, tobacco, obesity and chronic disease highlighting shared risk factors.

RECOMMENDATION 3

INCREASE COORDINATION OF BEHAVIORAL HEALTH PROMOTION AND PREVENTION EFFORTS ACROSS STATE AGENCIES AND BETWEEN AGENCIES AND FUNDING PARTNERS.

KEY IMPLEMENTERS: state agencies

POTENTIAL PARTNERS: local public health agencies, CPHA

Sample Activities

1. By July 2019, develop policies and plans that support shared coordination and collaboration among initiatives addressing behavioral health promotion and prevention, to include both state agencies and other funders (e.g., local foundations).

2. By 2021, develop and support training and curriculum that educate the workforce on behavioral health promotion and prevention combining traditional public health and behavioral health training materials.

3. By 2021, develop research and information on the return on investment of prevention and the role of behavioral health promotion in population health models.

4. By 2021, learning from the benefit of the Office of Early Childhood, in order to enhance focus on the range of health issues disproportionately impacting boys and men, create an Office of Men's Health within CDPHE.

RECOMMENDATION 4

ESTABLISH A CLEARER AND MORE CONSISTENT EXPECTATION IN REQUESTS FOR PROPOSALS AND THE PROVISION OF TECHNICAL ASSISTANCE FOR THE USE OF RESEARCH INFORMED OR EVIDENCE BASED APPROACHES AND FOR EVALUATION.

KEY IMPLEMENTERS: state agencies, local public health agencies, foundation funders, healthcare payers

POTENTIAL PARTNERS: community based organizations, universities and research entities, healthcare providers (behavioral health and physical health)

Sample Activities

1. By July 2019, develop policies and procedures for state RFPs that incorporate best practice and evidence-based prevention approaches as part of evaluation criteria.

2. By July 2019, disseminate educational materials on evidence-based and research-informed approaches to prevention and how to incorporate these approaches into initiatives.

3. By 2021, conduct research and share findings of initiatives that do incorporate research-informed approaches to demonstrate the impact and effectiveness of these strategies in implementation.

RECOMMENDATION 5
STANDARDIZE THE EXPECTATION AND SUPPORT OF SUSTAINABILITY PLANNING IN REQUESTS FOR PROPOSALS AND THE PROVISION OF TECHNICAL ASSISTANCE FOR BEHAVIORAL HEALTH PROMOTION AND PREVENTION INITIATIVES.

KEY IMPLEMENTERS: state agencies, local public health agencies, foundation funders

POTENTIAL PARTNERS: community based organizations, healthcare payers, private industry, other investors

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Sample Activities

1. By July 2019, develop policies that support inclusion of strong sustainability technical assistance in state-funded behavioral health promotion and prevention funding opportunities.

2. By 2023, develop collaborative and cross-sector initiatives addressing behavioral health promotion and prevention that provide innovative payment mechanisms to support long-term sustainability (i.e., social impact bonds, private investment, etc.).

RECOMMENDATION 6
INCREASE THE FOCUS ON TAKING INNOVATIVE AND PROMISING INITIATIVES TO SCALE.

KEY IMPLEMENTERS: state agencies, local public health agencies, foundation funders

POTENTIAL PARTNERS: community based organizations, healthcare providers (behavioral health and physical health) healthcare payers, RHCs, universities and research entities, employers, private industry, other investors

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Sample Activities

1. By July 2019, develop policies that support inclusion, review and utilization of existing innovations and initiatives when funding opportunities are created.

2. By July 2019, develop communication and marketing plans that share impact of promising initiatives to increase general awareness and to expand momentum to bring programs to scale.

3. By 2021, develop collaborative and cross-sector initiatives that support scaling of innovative and promising initiatives as part of meeting population health goals (i.e., social impact bonds, private investment in scaling an innovation, etc.).

RECOMMENDATION 7

IMPROVE THE COLLECTION OF POPULATION-BASED MEASURES OF BEHAVIORAL HEALTH

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers

POTENTIAL PARTNERS: healthcare providers (behavioral health and physical health), healthcare payers, RHCs, universities and research entities

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Sample Activities

1. By July 2019, develop more measures of positive mental health factors in the metrics Colorado collects or in the measurement tools developed.

2. By 2021, adapt measures in surveys such as Healthy Kids Colorado to include behavioral health measures

3. By 2021, increase the quality of hospital data on fatal and nonfatal suicide attempts and drug overdoses with data shared at a regional and state level.

4. By 2021, increase the quality of data on the use of medications used to stop opiate overdoses including location, individual using medication, age of individual receiving medication and whether this is a first "save" for the individual.

5. By 2023, support and develop better comparative analytics with other states; particularly in the western United States to provide benchmarks regionally and nationally for Colorado-based measures.

6. By 2023, provide universal screening for depression across the state and share population-based rates of positive screens at regional and state level.

7. By 2023, implement ongoing measures of stigma regarding behavioral health conditions and care-seeking in key population-based surveys such as BRFSS, HKCS, and PRAMS.

8. By 2023, develop tracking and surveillance monitoring of boys and men help seeking, thoughts on suicide, and suicide attempts to evaluate trends and monitor progress.

RECOMMENDATION 8

INCREASE THE NUMBER OF PEOPLE INTERACTING WITH BOYS AND MEN WHO ARE TRAINED TO RECOGNIZE SYMPTOMS OF POOR MENTAL HEALTH, AND TO PROMOTE SOCIAL EMOTIONAL SKILL BUILDING, COPING AND RESILIENCE.

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers, foundation funders, policy makers, Colorado Behavioral Healthcare Council (CBHC)

POTENTIAL PARTNERS: first responders, schools, civic organizations, faith-based organizations, sports coaches, law enforcement, local businesses (bars, pot shops, gun shop owners, gun range operators), healthcare providers (behavioral health and physical health), RHCs

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Sample Activities

1. By July 2019, increase Mental Health First Aid Training (MHFA) provided to first responders, law enforcement, employers, coaches for youth sports, gun shop owners, bar/budtenders.

2. By July 2019, increase the number of schools providing Sources of Strength, Signs of Suicide or other research-informed/evidence-based suicide prevention programs in schools.

RECOMMENDATION 9

CREATE, COORDINATE AND DISSEMINATE MESSAGING AIMED AT REDUCING THE STIGMA OF MENTAL AND SUBSTANCE USE DISORDERS, AS WELL AS THE STIGMA FOR BOYS AND MEN RELATED TO HELP SEEKING.

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers, foundation funders, policy makers, CBHC, Colorado Public Health Association (CPHA)

POTENTIAL PARTNERS: healthcare providers (behavioral health and physical health), healthcare systems, healthcare payers, RHCs, employers, first responders, schools, civic organizations, faith-based organizations, professional sports organizations, sports coaches, local businesses (bars, pot shops, gun shop owners, gun range operators)

Sample Activities

1. By July 2019, increase coordination of messaging and programming across state and local partners focused on behavioral health promotion for boys and men.

2. By July 2019, develop a common set of fact sheets describing the risk for the population and providing common statistics to improve a coordinated voice on prevention.

3. By July 2019, create and disseminate a communication strategy including messaging about the return on investment of investing in the promotion of boys and men’s mental health.

    a) Engage high profile role models such as sports stars in stigma reduction efforts.

    b) Engage a broad group of stakeholders within the target group such as construction, retail, and manufacturing employees to gain their ideas and opinions about needed supports and resources and the best methods for engagement.

    c) Engage people who have attempted suicide, who have lived experience with mental health and substance use conditions to hear ideas about engagement and services needed to support help seeking and long-term recovery.

4. By July 2019, develop approaches to normalize and connect behavioral health to physical health to improve self-care and communication around mental health (e.g., physical exercise is a way to relieve stress, talking about stress or emotions is an equally valid mode of expression).

5. By 2021, support and expand existing and tested stigma reduction campaigns such as “Let’s Talk Colorado” when and where appropriate.

6. By 2021, provide teachers with time and tools to allow for in class discussions of feelings, current events and day to day stressors.

7. By 2023, develop and implement local mental health resiliency training programs for boys and men and used in various community organizations including schools, employment settings, faith-based organizations, and other community settings.

RECOMMENDATION 10

INCREASE ACCESSIBILITY TO SCREENING AND EARLY INTERVENTION SERVICES (MENTAL HEALTH AND SUBSTANCE USE SCREENING FOR WOMEN AT PRENATAL AND POSTPARTUM, BOYS, MEN AND OLDER ADULTS). INCREASE THE COMPETENCE OF PROVIDERS TO ASSESS AND RESPOND TO SUICIDALITY WITHIN INTEGRATED HEALTHCARE SYSTEMS.

KEY IMPLEMENTERS: healthcare systems, SIM practices, SIM contractors, state agencies, local public health agencies, community mental health centers, foundation funders, policy makers

POTENTIAL PARTNERS: healthcare providers (behavioral health and physical health), healthcare systems, healthcare payers, primary care provider organizations, RHCs, SIM workgroups, universities and graduate educators, RAEs, CBHC, CPHA

Sample Activities

1. By July 2019, disseminate suicide prevention primary care toolkit.

2. By July 2019, support and coordinate with existing efforts to train professionals in screening, brief intervention and referral to treatment (SBIRT).

3. By 2021, engage and train public and private practice MH professionals, PCPs and pediatricians in efforts to enhance resilience and strong emotional health in young boys and men as a method of normalizing emotion, mental health, and refining gender roles.

4. By 2021, promote and develop payment mechanisms for telehealth opportunities to expand provider reach into all regions of the state, particularly rural areas.

5. By 2021, promote effective and research based models and implementation of behavioral health integration (in primary care and in specialty behavioral health settings).

6. By 2023, enhance and support clarity of billing codes that support screening, brief intervention, and other elements of integrated behavioral health services including examination of new payment opportunities in the RAEs or in new codes (i.e., collaborative care codes in Medicare).

7. By 2023, provide universal screening for depression across the state, measure and share population-based rates of depression screening and prevalence of positive screens at regional and state level.

8. By 2023, increase adoption of Zero Suicide Framework in healthcare.

9. By 2023, support and develop accountability for universal screening of behavioral health in primary care settings across the age range and incorporating maternal depression screening.

10. By 2023, enhance options for payment of mental health professionals to address workforce and retention challenges and increase access to screening and referral services.

11. By 2023, develop mechanisms for tracking boys and men referrals to behavioral health and engagement in services to report on successful engagement.

12. By 2023, increase provider cultural competence to work with men and boys (especially mental health providers) to enhance engagement.

13. Increase integration of behavioral health and physical health data and data sharing within federal regulations (42 CFR).

RECOMMENDATION 11

EXPAND EXISTING PROMISING PROGRAMS AND STRATEGIES FOCUSED ON BOYS AND MEN.

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers, foundation funders, policy makers

POTENTIAL PARTNERS: healthcare providers (behavioral health and physical health), healthcare systems, RHCs, SIM workgroups, schools, employers, civic organizations, local businesses

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Sample Activities

1. By July 2019, support expansion and dissemination and ongoing evaluation of Man Therapy as a potential promising program.

2. By July 2019, create campaigns that spread Man Therapy such as placing coasters in bars, and evaluate impact.

3. By July 2019, add Man Therapy ads to the health exchange website.

4. By July 2019, target industries with high suicide rates such as the construction industry with the Man Therapy campaign.

5. By July 2019, identify and promote effective or promising, community based intergenerational programming (e.g., National Fatherhood Initiative, Promise Neighborhoods Initiative).

6. By 2021, leverage non-traditional methods of sharing information such as food trucks.

7. By 2021, support and enhance employer-based mental health promotion (e.g., Employee Assistance Programs, normalization of promoting/discussing and education) for every member of the household.

8. By 2021, support court-ordered parenting classes in divorce cases.

9. By 2021, support and spread early childhood parenting education such as the Incredible Years.

10. By 2021, develop policies and incentives for greater emergency department and hospital follow-up with suicidal clients post-discharge.

11. By 2023, develop methods for sharing data on emergency department utilization across providers and with the regional accountable entities to enhance engagement and follow-up.

12. By 2023, develop methods for sharing data on criminal justice involvement and the Regional Accountable Entities to enhance engagement and follow-up.

13. By 2023, develop policies for behavioral health screening as part of social service programs (not for eligibility but for identification and intervention) such as housing, WIC, TANF, and unemployment.

RECOMMENDATION 12
EXPAND AND SUPPORT ENVIRONMENTAL POLICY CHANGES.

KEY IMPLEMENTERS: state agencies, local public health agencies, community mental health centers, foundation funders, policy makers

POTENTIAL PARTNERS: healthcare providers (behavioral health and physical health), healthcare systems, RHCs, SIM workgroups, family planning organizations, children's advocacy organizations, community based organizations, civic organizations, employers

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Sample Activities

1. By July 2018, inform legislative drafting such as MHFA and the opiate-related bills[33].

2. By 2021, include means restrictions in policy development.

[33] HB18-1003, HB18-1007, HB18-1136, SB18-022, SB18-024, SB18-040 accessed at https://leg.colorado.gov/bills

3. By 2021, support social determinants of mental health activities-such as increase pregnancy related depression screening campaigns and education on unintended pregnancies to support existing policies such as LARC.

4. By 2023, support policy development that increases affordable childcare and afterschool care recreation programs.

CONCLUSION

In Colorado there is a growing understanding that mental health is inextricably linked to physical health. Significant interest and momentum exists for addressing population health in ways that realize not only healthcare savings, but also in saved lives that otherwise may have been lost to suicide and opioid overdose. The Colorado SIM office and the members of the Population Health Workgroup sincerely hope that prevention and early intervention for behavioral health issues will improve the health of Coloradans and that in 10 years the State will see the full impacts of the recommendations presented in this Call to Action. These recommendations and sample activities have been developed with the expectation that stakeholders will find opportunities to serve as key implementers and partners in taking concrete action.

APPENDIX 1

REVIEW OF ENVIRONMENTAL SCAN AND GAP ANALYSIS FINDINGS[34]

The environmental scan included key informant interviews, and the collection and review of relevant documents and websites. HMA conducted a brief literature review of best practices in preventing mental illness and substance use disorders to identify effective principles and examples of effective programs. Finally, HMA analyzed all information collected to identify gaps and opportunities for consideration by the SIM Population Health Workgroup.

Programs and initiatives of interest for the environmental scan included screening and early intervention programs for universal or selective populations; primary and secondary prevention programs and initiatives that increase protective factors and decrease risk factors associated with behavioral health.

There are many programs targeted towards behavioral health promotion and prevention, but not all programs are created equally. There are those that have an evidence-base showing an impact on increasing mental health and/or reducing the risk for substance use disorders. Those that are often more effective share common principles that cut across the program's design, the program's coordination, the program's preparation of implementers, and the program's evaluation. Common characteristics include comprehensiveness, sufficient dosage, varied teaching methods, and appropriate timing (i.e. early enough to be considered prevention rather than intervention).

There is a large body of programs and initiatives in Colorado that are targeted specifically towards early childhood and adolescence. Early childhood programs are often focused on children between birth and eight years, along with parents, guardians, and other caregivers. Behavioral health initiatives and programs geared towards children and adolescents are largely implemented in school settings, but can also be employed in community centers or faith-based settings, as these locations are where it is easier to target large populations of children. Often there is a bigger focus on tertiary interventions, where the focus is on those who are already displaying behavioral health issues, but there are broader initiatives that are focused on building school community and cohesion and preventing bullying (which shares risk and protective factors with mental health and substance use disorders). There are also many programs that work to build infrastructure by connecting schools to behavioral health systems or mental health centers. The other significant areas of focus, particularly with adolescents are substance use prevention and suicide prevention. There are over 40 community programs and initiatives funded by either

[34] The full Environmental Scan can be found at: https://drive.google.com/file/d/0BxUiTIOwSbPUUWIzV09xWVdDU3c/view

the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Drug Free Communities Program.

Looking beyond children and adolescents, there are unfortunately fewer behavioral health promotion and prevention programs targeting adults and seniors. Colorado does have examples of promising, novel programs for adults that are worth taking to scale and evaluating their impact.

Colorado has a multitude of mental health promotion and substance use disorder prevention programs targeted towards the general population. Many of these are locally driven efforts stemming from local public health departments. Currently, SIM funds population health grantees implementing a variety of programs that serve a diversity of communities across the state. An example is the "Let's Talk Colorado" stigma reduction campaign from the Metro Public Health Collaboration, led by Tri County Health Department. There are also independent local efforts that are focused on promoting mental health such as the Valley Settlement Project in the Roaring Fork Valley. Colorado is doing a lot of work in substance use disorder prevention with efforts coordinated by the Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado Substance Abuse Trend and Response Task Force, public/private partnerships.

Colorado is fortunate to be on the forefront of seeing mental health and substance use disorders as public health issues. Some of the best minds and hearts are working in prevention in this state. The breadth, quality and innovation of many of the programs and initiatives identified in the environmental scan reflect the talent and dedication of Colorado's prevention professionals. As the Colorado SIM Office seeks to expand the work Colorado is doing in behavioral health promotion and prevention, there are gaps to be addressed. Gaps in the existing system allow for opportunities in the following areas:

- Better coordination of initiatives and programs focused on mental health and substance use disorder prevention across agencies and sectors.
- Increase efforts focused on working aged men, older adults and on elementary school aged children (primary prevention programs).
- Take innovative and promising initiatives to scale (i.e., Man Therapy or initiatives for the workforce).
- Develop clearer and more consistent expectations for the use of research informed or evidenced based approaches and for evaluation.
- Better and more strategic communication and advocacy about the social determinants of mental health.
- Increase programs or initiatives focused on environmental and/or policy changes.
- Greater sustainability planning for grant funded initiatives.
- Better integration of behavioral health promotion and prevention in planning and communication around other public health priorities like obesity, tobacco and chronic disease.

APPENDIX 2

DATA RELATED TO BOYS AND MEN

Figure 1. Colorado Suicide Deaths by Age and Gender

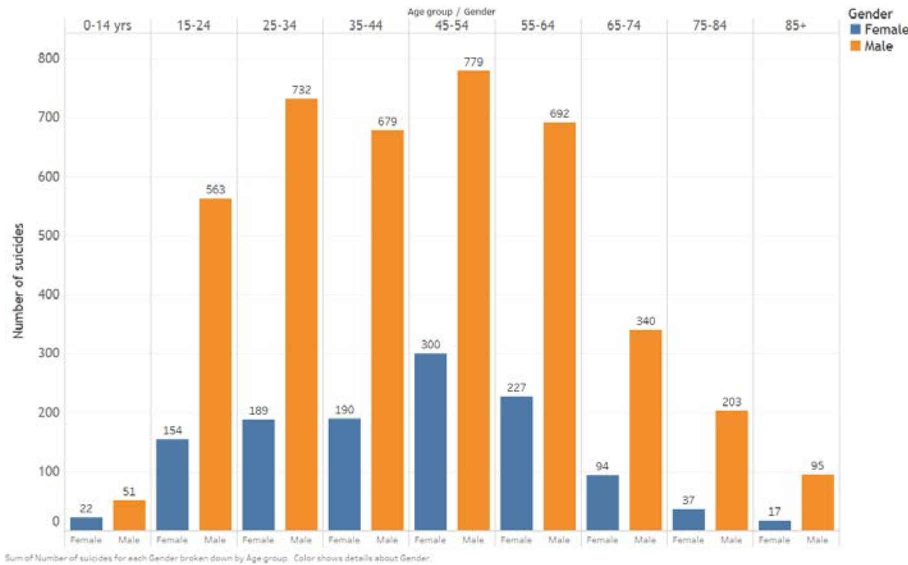

Figure 2. Suicides in Colorado by Industry and Occupation for Men and Women

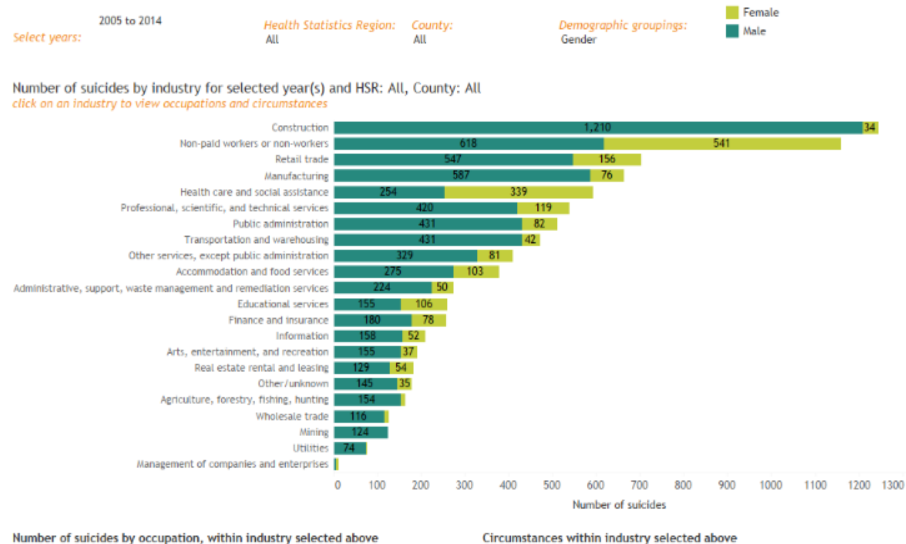

Figure 3. Substance Use Related Mortality Rates for Colorado Residents 2006-2016