ADVANCING BEHAVIORAL HEALTH PRIORITIES IDENTIFIED IN COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH IMPROVEMENT PLANS

KANSAS
HEALTH
INSTITUTE

Informing Policy. Improving Health.

212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

785.233.5443

khi.org

f /KHIorg

@KHIorg

ADVANCING BEHAVIORAL HEALTH PRIORITIES IDENTIFIED IN COMMUNITY HEALTH ASSESSMENTS AND COMMUNITY HEALTH IMPROVEMENT PLANS

NOVEMBER 2017

Authors

Tatiana Y. Lin, M.A.

Carlie J. Houchen, M.P.H.

Table of Contents

Overview

According to the Centers for Disease Control and Prevention (CDC), a community health assessment (CHA) identifies key health needs and issues at a state, tribal, local or territorial level through systematic, comprehensive data collection and analysis.[1] The main goal of a community health improvement plan (CHIP) is to develop strategies to address the community's identified health needs and issues.[2]

During the last decade, many local health departments (LHDs) and hospitals in Kansas developed CHAs or Community Health Needs Assessments (CHNAs) and CHIPs. Hospital efforts in this area expanded due to a statutory requirement for nonprofit hospitals to conduct CHNAs under the Affordable Care Act (ACA).[3] At the same time, local and state health department CHAs and CHIPs also have increased because they are a requirement for accreditation through the Public Health Accreditation Board (PHAB).[4]

CHIPs provide strategies to address various priorities, including access to care, unemployment, poverty and behavioral health. Although the implementation of plans in each priority area requires strategic approaches, priorities related to behavioral health might present unique challenges given the complexity of the issues and the need for multi-pronged efforts focused on diverse and integrated approaches. As communities continue to prioritize behavioral health-related issues, they need to identify evidence-based strategies that can meet their needs.

> ### *Definition*
>
> Behavioral health includes mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide and mental disorders.
>
> *Substance Abuse and Mental Health Services Administration*

The purpose of this document is to serve as a resource of practical ideas for advancing behavioral health priorities identified in CHAs/CHNAs and CHIPs. Additionally, this document seeks to point readers to examples of how these priorities have been effectively addressed in other communities.

This document is designed for LHDs, hospitals and their stakeholders interested in beginning or expanding work on behavioral health-related issues at the community level.

Methods

Over the course of the project, the Kansas Health Institute (KHI) reviewed 78 CHAs/CHNAs and CHIPs developed between 2009 and 2015. The review focused on identifying behavioral health-related issues that were included in the CHAs/CHNAs based on data assessment or community feedback, and then analyzing the issues that either were—or were not— prioritized for further action and implementation. This approach showed the extent to which communities identified behavioral health as a priority area and assessed their readiness to address issues within this area.

The CHAs/CHNAs and CHIPs were downloaded from the *Kansas Health Matters* (www.kansashealthmatters.org) website, an interactive system that brings community health-related statistical data and local resources into one accessible, user-friendly location. The review included reports developed by LHDs or LHDs in collaboration with hospitals.

> ### Key Findings
>
> All CHAs/CHNAs and CHIPs reviewed for this study discussed or mentioned behavioral health-related issues, based on the findings from data assessment or community input. However, about half of the reports did not prioritize behavioral health issues for further action. Community capacity (e.g., skills, knowledge, resources) to address these complex issues was referenced as the number one reason for not prioritizing these concerns for further action.

Findings

Overall, more than 35 issues related to mental health and substance use were identified. The issues have been grouped into overarching themes in order to provide evidence-based strategies that can be adapted to address them. The main themes are highlighted below.

Mental Health

- Access to (affordable) health insurance coverage;

- Provider shortages;

- Access to comprehensive and integrated services;

- Screening and prevention;

- Transportation to access services; and

- Assessment of the need for mental health services in the community.

Substance Use

- Use of tobacco and tobacco products by adults and youth;

- Access to comprehensive substance abuse programs;

- Use of smokeless tobacco;

- Use of tobacco and tobacco products during pregnancy;

- Use of alcohol products by adults and youth;

- Alcohol-related traffic accidents;

- Use of drugs by adults and youth; and

- Use/abuse of prescription drugs.

Key Findings

- Access to mental health care, provider shortages, and screening and prevention were the three most common themes identified under the mental health topic.

- Tobacco use was identified as the key issue under the substance use topic.

Evidence-Based Practices

Evidence-based strategies that can address prioritized issues were identified by searching national and state websites that include databases of effective strategies. These websites, which were chosen due to their robust and scientifically sound approaches for reviewing and rating practices in terms of their effectiveness, are listed below.

- *Kansas Health Matters*, which includes promising practices that range from "good ideas" to "evidence-based" strategies.[5]

- County Health Rankings & Roadmaps, which includes *"What Works for Health,"* a database of practices that are differentiated by a rating scale of "Scientifically Supported," "Some Evidence," "Expert Opinion," "Insufficient Evidence," "Mixed Evidence" and "Evidence of Ineffectiveness."[6]

- The United States Preventive Services Task Force, which publishes *"Recommendations for Primary Care Practice,"* a database that grades practices on a scale of A–D, and I for "Insufficient Evidence."[7]

- The CDC Community Preventive Services Task Force, which provides *"The Community Guide,"* a publication that includes practices that are categorized as "Recommended," "Recommended Against" or "Insufficient Evidence."[8]

Figure A-1 (page A-1) provides a summary of behavioral health priorities identified in CHAs/CHNAs and CHIPs and evidence-based practices that can be used to address them. Each practice includes a short description, responsible organization, link to the original source, and the assigned strength of evidence.

Limitations

There are several limitations that should be considered when using this resource. The review of CHAs/CHNAs and CHIPs was limited to reports available on the *Kansas Health Matters* website. Thus, reports that were not published on *Kansas Health Matters* might include additional or different priorities. Also, the list of suggested evidence-based practices is not comprehensive and should be used as one guide to generate ideas for action. Furthermore, in choosing an evidence-based practice from the list of suggested practices, the level of effectiveness and community-specific characteristics—such as resources, existing momentum and political will—should be considered.

Conclusion

The review showed that behavioral health issues remain timely and relevant in Kansas communities based on the assessment conducted during CHAs/CHNAs. However, half of the reports didn't prioritize these issues for further action. Communities stressed their capacity to

tackle these complex issues as the number one reason for not prioritizing these concerns for further action. Moving forward, it will be important to:

- Assess the extent to which communities prioritize behavioral health issues in their next CHAs/CHNAs and CHIPs;

- Examine opportunities for building the capacity of communities to address behavioral health issues; and

- Identify additional evidence-based practices for addressing behavioral health issues at the local level.

Appendix A: Figure A-1

Figure A-1. **Summary Table of Behavioral Health-Related Priorities Identified in Community Health Assessments/Community Health Needs Assessments (CHAs/CHNAs) and Community Health Improvement Plans (CHIPs) and Strategies to Address the Identified Priorities**

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Mental Health				
The priorities referenced in CHAs/CHNAs and CHIPs include access to (affordable) health insurance coverage, provider shortages, access to comprehensive and integrated services, screening and prevention, transportation to access services, and assessment of the need for mental health services in the community.				
Access to (Affordable) Health Insurance	Change Regulations for Mental Health Insurance Coverage to Improve Financial Protection	*Mental Health Benefits Legislation.* Legislation improves financial protection and increases appropriate utilization of mental health services for people with mental health conditions. There is also evidence that mental health benefits legislation is associated with increased access to care, increased diagnosis of mental health conditions, reduced prevalence of poor mental health and reduced suicide rates.	CDC Community Preventive Services Task Force https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-mental-health-benefits-legislation	The Community Guide Recommended
	Implement Health Insurance Enrollment Outreach and Support Programs	*Health Insurance Enrollment Outreach and Support Programs.* These programs assist individuals whose employers do not offer affordable coverage, who are self-employed, or unemployed with health insurance needs. Such programs can be offered by a variety of organizations, including government agencies, schools, community-based or nonprofit organizations, health care organizations and religious congregations.	County Health Rankings http://www.countyhealthrankings.org/policies/health-insurance-enrollment-outreach-support	County Health Rankings Some evidence

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Patient Navigator Programs	*Patient Navigators.* These programs provide culturally sensitive assistance and care coordination by determining individual barriers and guiding patients through available medical, insurance and social support systems. Navigators are usually employed by hospitals or clinics, and may be fully integrated into a primary care team.	County Health Rankings http://www.countyhealthrankings.org/policies/patient-navigators	County Health Rankings Scientifically supported
Provider Shortages	Provide Higher Education Financial Incentives for Health Professionals Serving in Underserved Areas	*Higher Education Financial Incentives for Health Professionals Serving in Underserved Areas.* Financial incentives—such as scholarships and loans with service requirements, educational loans with a service option, and loan repayment or forgiveness programs—encourage health care providers to serve in rural or other underserved areas.	County Health Rankings http://www.countyhealthrankings.org/policies/higher-education-financial-incentives-health-professionals-serving-underserved-areas	County Health Rankings Some evidence
	Implement Rural Training Programs	*Rural Training Programs.* Rural training tracks and programs focus medical school training and learning experiences on the skills necessary to practice medicine in rural communities. These initiatives often recruit students from rural backgrounds and students who have expressed an interest in practicing medicine in small towns and rural locations.	County Health Rankings http://www.countyhealthrankings.org/policies/rural-training-medical-education	County Health Rankings Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Access to Comprehensive and Integrated Services	Assist Patients with Treatment Compliance	*Rhode Island Working Towards Wellness Project.* This telephonic care management program is for depressed parents who are enrolled in Medicaid. Masters-level clinicians provided parents with referrals to community mental health professionals. Telephone counseling and follow-up phone calls help to make sure parents were complying with treatment.	Rhode Island Working Toward Wellness Project, United Behavioral Health http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=3599	Kansas Health Matters Evidence-based
	Implement Electronic Health Information Exchange	*Electronic Health Information Exchange.* Electronic sharing of patient data between different health care organizations allows providers to see portions of a patient's medical record (e.g., test results, immunization histories, imaging studies, etc.) outside the patient's usual clinic.	County Health Rankings http://www.countyhealt hrankings.org/policies/el ectronic-health-information-exchange	County Health Rankings Some evidence
	Implement the Medical Home Model	*Medical Homes.* Medical homes provide continuous, comprehensive, whole-person primary care. Personal physicians and their teams coordinate care across the health care system by working with patients to address all their preventive, acute and chronic health care needs, and arranging care with other qualified health professionals as needed.	County Health Rankings http://www.countyhealt hrankings.org/policies/m edical-homes	County Health Rankings Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Peer-Run Crisis Respite Program	*The Living Room*. This community crisis respite program provides mental health support. The program also helps patients gain access to treatment, medication and housing. Ongoing support from recovery specialists is available.	The Living Room of the Community Health Center of LaGrange http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=30321	Kansas Health Matters Evidence-based
	Implement Patient Navigator Programs	*Patient Navigators*. The programs provide culturally sensitive assistance and care coordination by determining individual barriers and guiding patients through available medical, insurance and social support systems. Navigators are usually employed by hospitals or clinics, and may be fully integrated into a primary care team.	County Health Rankings http://www.countyhealt hrankings.org/policies/pa tient-navigators	County Health Rankings Scientifically supported
	Use Grassroots Fundraising to Expand Services	*The Greene Community Health Foundation*. To address the significant needs of underserved clients (especially those that cannot be paid for with health district funds), Greene County Combined Health District (GCCHD) incorporated their own private fundraising arm, the Greene Community Health Foundation. Through a "Grassroots Fundraising" approach, GCCHD has been able to create a foundation that can assist the underserved population with unmet needs.	Greene County Combined Health District http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=240	Kansas Health Matters Effective practice

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Telemedicine Practices	*Telemedicine.* Consultative, diagnostic and health care treatment services are provided through telecommunications technology. Services can encompass primary and specialty care, referrals, and remote monitoring of vital signs, and may be provided via videoconference, email, smartphones, wireless tools or other modalities. Telemedicine can supplement health care services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited access to care.	County Health Rankings http://www.countyhealthrankings.org/policies/telemedicine	County Health Rankings Scientifically supported
	Provide Telemental Health Services	*Telemental Health Services.* Mental health care services are provided over a distance via telephone or videoconference. Services can include psychotherapy, counseling, supplemental support services accompanying face-to-face therapy, and self-directed services such as online cognitive behavioral therapy.	County Health Rankings http://www.countyhealthrankings.org/policies/telemental-health-services	County Health Rankings Some evidence
	Provide Home-Based Depression Care Management	*Home-Based Depression Care Management.* Care management involves: • Active screening for depression; • Measurement-based outcomes; • Trained depression care managers; • Case management; • Patient education; and a • Supervising psychiatrist.	CDC Community Preventive Services Task Force http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=4118	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Integrated Care Models	*The Improving Mood – Providing Access to Collaborative Treatment (IMPACT).* This program is for late-life depression treatment. The cornerstone of the IMPACT intervention is connecting patients to collaborative care including their primary care physician, a care manager and a psychiatrist.	University of Washington Psychiatry & Behavioral Sciences http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=3218	Kansas Health Matters Evidence-based
		Community Schools. Also called full-service community schools or community learning centers, they combine academics, physical health, mental health and social service resources for students and families through partnerships with a variety of community service organizations. Services vary, but can include tutoring, mentoring, case management, counseling, early childhood and adult education and employment assistance.	County Health Rankings http://www.countyhealt hrankings.org/policies/co mmunity-schools	County Health Rankings Some evidence

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Cell Phone-Based Support Programs	*Cell Phone-Based Support Programs.* These programs include mobile phone applications (apps) that can deliver a form of cognitive behavior therapy, link a user with a medical professional, or allow patients to regularly self-monitor their emotional state and easily share that information with a provider. Texting interventions range from crisis hotlines and warmlines that offer as-needed and emergency support via text, to automated messages sent to individuals participating in longer-term mental health interventions.	County Health Rankings http://www.countyhealthrankings.org/policies/cell-phone-based-support-programs	County Health Rankings Some evidence
	Provide Culturally Adapted Services	*Provide Culturally Adapted Services.* Interpretation services are provided for patients with limited English proficiency (LEP) in outpatient and inpatient health care settings. Sometimes cultural liaisons or patient advocates are provided.	County Health Rankings http://www.countyhealthrankings.org/policies/culturally-adapted-health-care	County Health Rankings Scientifically supported
Screening and Prevention	Implement Internet-Based Screening Programs	*Blue Pages: An Internet Depression Intervention.* This program provides depression literacy, which is valuable for both people already struggling with depression and for the general public. Depression awareness is valuable for everyone because it can help a mentally healthy person recognize signs of depression and prevent it from developing, help friends and family of a depressed person cope, and facilitate understanding.	The Centre for Mental Health Research, The Australian National University http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=3835	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
		Reach Out Central. This online program for people age 16–25 is an informative tool to identify and prevent future mental health dilemmas. Young adults who are already struggling with mental health issues also can use the tool as a secondary prevention source to understand—and ultimately overcome—their mental health problems.	Inspire Foundation http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=3849	Kansas Health Matters Evidence-based
	Offer Mental Health Training Courses in Schools and Community Centers	*Mental Health First Aid.* This evidence-based training course teaches participants how to help someone who is experiencing a mental health crisis. The course teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders.	National Alliance on Mental Illness (NAMI) DuPage http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=30329	Kansas Health Matters Evidence-based
	Conduct Regular Screening of Adolescents	*Regular Screening of Adolescents*. The U.S. Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder in adolescents age 12–18. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.	The U.S. Preventive Services Task Force (USPSTF) https://www.uspreventiv eservicestaskforce.org/P age/Document/UpdateS ummaryFinal/depression- in-children-and- adolescents-screening1	The U.S. Preventive Services Task Force (USPSTF) B Grade - There is high certainty that the net benefit is moderate.

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Conduct Regular Screening of Adults	*Regular Screening of Adults.* The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.	The U.S. Preventive Services Task Force (USPSTF) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1	U.S. Preventive Services Task Force (USPSTF) B Grade - There is high certainty that the net benefit is moderate.
	Implement Flexible Schedule	*Flexible Schedule.* Workers control some aspect of their schedule. This flexibility can include self-scheduling of shift work, sometimes used in nursing and manufacturing positions; flex time, where workers set their own start and end times around a core schedule; compressed work weeks, such as working 10 hours a day for four days rather five eight-hour shifts; and partial retirement for older workers.	County Health Rankings http://www.countyhealthrankings.org/policies/flexible-scheduling	County Health Rankings Scientifically supported
	Implement Exercise Prescriptions	*Exercise Prescriptions.* An exercise plan is outlined that can safely meet a patient's needs based on their current physical condition and the recommended daily *Physical Activity Guidelines for Americans*. Such prescriptions set achievable goals, and also may include counseling, activity logs and exercise testing.	County Health Rankings http://www.countyhealthrankings.org/policies/exercise-prescriptions	County Health Rankings Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Encourage Primary Care Providers to Ask Questions About Mental Health	*Primary Care Providers and Mental Health.* The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.	The U.S. Preventive Services Task Force (USPSTF) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1	The U.S. Preventive Services Task Force (USPSTF) B Grade - There is high certainty that the net benefit is moderate.
	Implement Suicide Prevention Programs	*Emergency Room Intervention for Suicidal Adolescent Females.* This program is for teenage girls age 12–18 who are admitted to the emergency room after attempting suicide. This intervention, which involves the girl and her accompanying family members, aims to increase attendance in outpatient treatment following discharge from the emergency room and to reduce future suicide attempts.	The University of California, Los Angles (UCLA) Center for HIV Identification, Prevention and Treatment Services http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=30123	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
		SOS Signs of Suicide® Program (SOS). This school-based suicide prevention program serves secondary school students age 13–18. The program teaches students that suicide is directly related to mental illness—typically depression—and that it is not a normal reaction to stress or emotional upset.	Screening for Mental Health, Inc. http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=977	Kansas Health Matters Evidence-based
		The Connect Project. This project intervenes at multiple community levels to reduce risk and enhance protective factors for youth suicide. The program divides its intervention in three components: gatekeeper training for all participants; discipline-specific training for professionals in 13 different disciplines (e.g., law enforcement, educators, clergy); and clear, evidence-supported protocols that provide an integrated approach to guide the response of individuals who recognize a youth as being at risk for suicide.	National Alliance on Mental Illness http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=3825	Kansas Health Matters Evidence-based
		The Sources of Strengths. This program enhances protective factors associated with reducing suicide—such as social connectedness and informal coping resources—among high school students.	University of Rochester http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=3513	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Transportation to Access Health Care Services	Create Rural Transportation Systems	*Create Rural Transportation Systems.* Transportation services are provided outside of urban areas. Services may include shared transportation options such as publicly funded buses and vans running on fixed routes and schedules, more flexible pick-up and drop off with smaller vehicles (such as dial-a-ride transit), or volunteer ridesharing.	County Health Rankings http://www.countyhealthrankings.org/policies/rural-transportation-systems	County Health Rankings Expert opinion
Assess the Need for Mental Health Services in the Community	Implement Electronic Health Information Exchange	*Electronic Health Information Exchange.* Electronic sharing of patient data between different health care organizations allows providers to see portions of a patient's medical record (e.g., test results, immunization histories, imaging studies, etc.) outside the patient's usual clinic. Electronic health records (EHRs) designed to exchange information with other EHRs, health information technology systems interfacing with EHRs, patient portals for physicians without EHRs, and regional health information organizations that pool data from different organizations in a centralized database are all examples of health information exchange.	County Health Rankings http://www.countyhealthrankings.org/policies/electronic-health-information-exchange	County Health Rankings Some evidence

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Substance Use				
The priorities referenced in CHAs/CHNAs and CHIPs include use of tobacco and tobacco products by adults and youth, access to comprehensive substance abuse programs, use of smokeless tobacco, use of tobacco and tobacco products during pregnancy, use of alcohol products by adults and youth, alcohol-related traffic accidents, use of drugs by adults and youth, and use/abuse of prescription drugs.				
Tobacco				
Use of Tobacco and Tobacco Products by Adults and Youth	Increase the Unit Price for Tobacco Products	*Increase the Unit Price for Tobacco Products.* Interventions to increase the unit price for tobacco products include public policies at the federal, state or local level that increase the purchase price per unit of sale. The most common policy approach is legislation to increase the excise tax on tobacco products, though legislative actions and regulatory decisions also may be used to levy fees on tobacco products at the point of sale.	CDC Community Preventive Services Task Force https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-interventions-increase-unit-price-tobacco	The Community Guide Recommended

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Smoke-Free Policies	*Smoke-Free Policies.* The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke-free policies in: • Reducing exposure to secondhand smoke; • Reducing the prevalence of tobacco use; • Increasing the number of tobacco users who quit; • Reducing the initiation of tobacco use among young people; and • Reducing tobacco-related morbidity and mortality, including acute cardiovascular event.	CDC Community Preventive Services Task Force https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-smoke-free-policies	The Community Guide Recommended
	Implement Mass-Reach Health Communication Interventions	*Mass-Reach Health Communication Interventions.* These interventions target large audiences—through television and radio broadcasts, print media (e.g., newspapers), out-of-home placements (e.g., billboards, movie theaters, point-of-sale) and digital media—to change knowledge, beliefs, attitudes and behaviors affecting tobacco use. There is strong evidence of effectiveness in decreasing the prevalence of tobacco use, increasing cessation, using available services such as quitlines, and decreasing initiation of tobacco use among young people.	CDC Community Preventive Services Task Force https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-mass-reach-health-communication-interventions	The Community Guide Recommended

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Access to Comprehensive Substance Abuse Programs	Implement Comprehensive Outpatient Treatment Approach	*Matrix Model.* This intensive outpatient treatment approach for substance abuse and dependence was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period.	The Matrix Institute http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=853	Kansas Health Matters Evidence-based
		Network Therapy. This substance-abuse treatment approach engages members of the patient's social support network to support abstinence. Key elements of the approach are: (1) a cognitive-behavioral approach to relapse prevention in which patients learn about cues that can trigger relapse and behavioral strategies for avoiding relapse; (2) support from the patient's natural social network; and (3) community reinforcement techniques engaging resources in the social environment to support abstinence.	New York University School of Medicine http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=854	Kansas Health Matters Evidence-based
	Make Tobacco Cessation Therapies More Affordable	*Tobacco Cessation Therapies.* Programs such as nicotine replacement therapy (NRT) and individual, group and telephone counseling often include out-of-pocket costs for patients. Efforts to increase affordability of cessation therapies can include eliminating patients' out-of-pocket expenses altogether, or reducing their expenses by eliminating co-payments, limits on duration of treatment, prior authorization, or annual limits on quit attempts.	County Health Rankings http://www.countyhealthrankings.org/policies/tobacco-cessation-therapy-affordability	County Health Rankings Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Health Care Provider Reminder Systems for Tobacco Cessation	*Health Care Provider Reminder Systems for Tobacco Cessation.* Provider reminder systems remind or encourage health professionals to support tobacco cessation among their patients. Such systems can include provider trainings, organizational protocols or referral processes, financial remuneration for providers, and materials such as self-help pamphlets and pharmacotherapy (e.g., nicotine replacement therapy [NRT]). A 2013 survey suggests that physicians are more likely to advise quitting than to discuss cessation strategies or medications.	County Health Rankings http://www.countyhealthrankings.org/policies/health-care-provider-reminder-systems-tobacco-cessation	County Health Rankings Scientifically supported
	Implement School-Based Tobacco Prevention Skill-Building Programs	*School-Based Tobacco Prevention Skill-Building Programs.* Students are taught personal and social skills to help avoid tobacco use, such as problem solving, decision-making and coping methods for stress; techniques to improve self-esteem, self-control and assertiveness; and methods to resist personal or media influences. Programs can be led by teachers or health educators and can be implemented in elementary, middle or high school settings.	County Health Rankings http://www.countyhealthrankings.org/policies/school-based-tobacco-prevention-skill-building-programs	County Health Rankings Some evidence

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
		Early Risers 'Skills for Success' Program. This multi-component, high-intensity, competency-enhancement program targets elementary school children (age 6–10) who are at high risk for early development of conduct problems, including substance use (i.e., who display early aggressive, disruptive or nonconformist behaviors).	Division of Child and Adolescent Psychiatry, University of Minnesota-Minneapolis http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=894	Kansas Health Matters Evidence-based
	Build Community Capacity to Prevent Substance Abuse	*Community That Care.* This substance-abuse community prevention system provides training and assessment materials that allow community stakeholders to prevent substance abuse in children age 10–14 through a variety of programs (e.g., Parents Who Care, Guiding Good Choices).	Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=4015	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Use of Smokeless Tobacco	Implement E-Cigarette Regulations	*E-Cigarette Regulations*. Electronic cigarettes, or e-cigarettes, are a type of electronic nicotine delivery system which deliver nicotine via water vapor. E-cigarettes are regulated by the U.S. Food and Drug Administration (FDA) as of 2016. State and local governments can restrict access to e-cigarettes through efforts such as bans on sales to minors, mandates for face-to-face sales and limits on promotion.	County Health Rankings http://www.countyhealthrankings.org/policies/e-cigarette-regulations	County Health Rankings Expert opinion
Use of Tobacco and Tobacco Products During Pregnancy	Screen Pregnant Women for Tobacco Use	*Screening of Pregnant Women for Tobacco Use.* The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco and provide behavioral interventions for cessation to pregnant women who use tobacco.	The U.S. Preventive Services Task Force (USPSTF) https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1	The U.S. Preventive Services Task Force (USPSTF) The USPSTF recommends the service. There is high certainty that the net benefit is substantial.

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Alcohol Use				
Use of Alcohol Products by Adults and Youth **and** **Alcohol-Related Traffic Accidents**	Enhance Enforcement of Laws Prohibiting Alcohol Sales to Minors	*Alcohol — Excessive Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors.* These programs initiate or increase the frequency of retailer compliance checks for laws against the sale of alcohol to minors in a community. Retailer compliance checks, or "sting operations," are conducted by, or coordinated with, local law enforcement or alcohol beverage control (ABC) agencies, and violators receive legal or administrative sanctions.	County Health Rankings http://www.countyhealthrankings.org/policies/enhanced-enforcement-laws-prohibiting-alcohol-sales-minors	County Health Rankings Scientifically supported
			CDC Community Preventive Services Task Force https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-enhanced-enforcement-laws-prohibiting-sales-minors	The Community Guide Recommended
	Implement Alcohol Outlet Density Restrictions	*Alcohol Outlet Density Restrictions.* Regulatory authority is used to reduce the density of alcohol beverage outlets (i.e., places that sell alcohol) or to limit increases in the density of such outlets. Regulation is often implemented through licensing or zoning processes.	County Health Rankings http://www.countyhealthrankings.org/policies/alcohol-outlet-density-restrictions	County Health Rankings Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
	Implement Alcohol-Impaired Driving: Mass Media Campaigns	*Alcohol-Impaired Driving: Mass Media Campaigns.* These campaigns are recommended under certain conditions. These conditions include carefully planned and well-executed campaigns; adequate audience exposure; and settings with ongoing alcohol-impaired driving prevention activities. Mass media campaigns spread messages about the physical dangers and legal consequences of drunk driving. They persuade people not to drink and drive and encourage them to keep other drivers from doing so.	The U.S. Preventive Services Task Force (USPSTF) https://www.thecommunityguide.org/findings/motor-vehicle-injury-alcohol-impaired-driving-mass-media-campaigns	The Community Guide USPSTF Recommended
	Implement School-Based Programs: Alcohol Misuse & Impaired Driving	*Universal School-Based Programs: Alcohol Misuse & Impaired Driving.* These universal prevention strategies aim to deter or delay alcohol use by providing all individuals with the information and skills needed to prevent use, without screening for risk level. The strategies can be educational, focused on raising awareness; psychosocial, focused on development of peer-resistance skills; or a combination of the two.	County Health Rankings http://www.countyhealthrankings.org/policies/universal-school-based-programs-alcohol-misuse-impaired-driving	County Health Rankings Some evidence
Drug Use				
Use of Drugs by Adults and Youth	Implement Family-Based Drug Prevention Programs	*Emergency Department "Means Restriction" Education.* These programs help parents and adult caregivers of at-risk youth recognize the importance of taking immediate action to restrict access to firearms, alcohol and prescription and over-the-counter drugs in the home in order to lessen the risk of self-harm.	Medical University of South Carolina http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=view&pid=3892	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
		Families in Action (FIA). This family-based alcohol, tobacco and drug abuse prevention program targets families with children entering middle school. The program teaches a combination of life and social resistance skills, and provides opportunities to practice these skills in real-life situations. The program includes modules on parent-child communication, positive behavior management, interpersonal relationships for adolescents, and the factors that promote school success.	Active Parenting Publishers http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=899	Kansas Health Matters Evidence-based
		Families Facing the Future. This program is designed for families with parents who are addicted to drugs. Based on the social development model, the program aims to prevent parents' relapse, help them cope with its occurrence (if it did occur) and reduce the likelihood of substance abuse among their children.	Social Development Research Group, University of Washington http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=904	Kansas Health Matters Evidence-based
	Implement School-Based Drug Prevention Programs	*Across Ages.* This mentoring initiative targets youth age 9– 13. It includes four components: (1) elders mentoring youth, (2) youth performing community service, (3) youth participating in a life skills/problem-solving curriculum, and (4) monthly activities for family members. Across Ages can be implemented as a school-based or after-school program.	Temple University Center for Intergenerational Learning http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=840	Kansas Health Matters Evidence-based

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
		Lions Quest Skills for Adolescence. This comprehensive youth development and prevention program is designed for schoolwide and classroom implementation in grades 6–8 (age 10–14). It unites educators, parents and community members in developing the following skills and competencies in young adolescents: essential social and emotional competencies, good citizenship skills, strong positive character, skills and attitudes consistent with a drug-free lifestyle, and an ethic of service to others within a caring and consistent environment.	Lions Quest, the Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) http://www.kansashealth matters.org/index.php?m odule=promisepractice&c ontroller=index&action=v iew&pid=928	Kansas Health Matters Evidence-based
	Provide an Alternative to Traditional Criminal Justice Prosecution for Non-Violent, Drug-Related Offenses	*Drug Courts.* These specialized courts offer criminal offenders with drug dependency problems an alternative to adjudication or incarceration. These courts intensively supervise offenders, require drug testing and treatment, and impose graduated sanctions for failed drug tests or program non-compliance.	County Health Rankings http://www.countyhealt hrankings.org/policies/dr ug-courts	County Health Ranking Scientifically supported

Key Themes	Summary of Evidence-Informed Strategies			
Behavioral Health-Related Priorities/ Goals Identified in CHAs/CHNAs or CHIPs	Strategy(s) That Can Be Used to Address Priority/Goal	Description of Strategy	Author and Link	Source and Strength of Evidence
Prescription Drugs				
Use/Abuse of Prescription Drugs	Implement Prescription Drug Monitoring Programs (PDMPs)	*Prescription Drug Monitoring Programs (PDMPs).* Electronic databases housed in state agencies track prescribing and dispensing of controlled substances. Most states monitor drugs on Schedules II–IV of the Drug Enforcement Administration's drug schedule; many also include drugs on Schedule V and other controlled substances. Schedule I drugs (e.g., heroin) are not included.	County Health Rankings http://www.countyhealthrankings.org/policies/prescription-drug-monitoring-programs-pdmps	County Health Rankings Some evidence
	Implement Proper Drug Disposal Programs	*Proper Drug Disposal Programs.* These programs accept expired, unwanted or unused medicines from designated users and dispose of them responsibly. The programs can use in-person drop offs, mail-in efforts or permanent secure collection receptacles, and can be administered by state or local governments, municipal trash and recycling services, pharmacies, hospitals, clinics or community organizations partnered with law enforcement.	County Health Rankings http://www.countyhealthrankings.org/policies/proper-drug-disposal-programs	County Health Rankings Expert opinion

Appendix B: Endnotes

1. Centers for Disease Control and Prevention. (2015). *Community Health Assessment & Health Improvement Plans.* Retrieved January 5, 2017, from https://www.cdc.gov/stltpublichealth/cha/plan.html

2. National Association of County & City Health Officials. (2016). *CHAs and CHIPs for Accreditation Preparation.* Retrieved January 5, 2017, from http://archived.naccho.org/topics/infrastructure/CHAIP/accreditationpreparation.cfm

3. Internal Revenue Service. (2016). *New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act.* Retrieved January 5, 2017, from https://www.irs.gov/charities-non-profits/charitable-organizations/new-requirements-for-501c3-hospitalsunder-the-affordable-care-act

4. National Association of County & City Health Officials. (2016). *CHAs and CHIPs for Accreditation Preparation.* Retrieved January 5, 2017, from http://archived.naccho.org/topics/infrastructure/CHAIP/accreditationpreparation.cfm

5. Kansas Health Matters. Retrieved June 29, 2017, from http://www.kansashealthmatters.org/index.php?module=promisepractice&controller=index&action=rankingmethodology

6. County Health Rankings. Retrieved June 14, 2017, from http://www.countyhealthrankings.org/roadmaps/what-works-for-health

7. The U.S. Preventive Services Task Force. (USPSTF). Retrieved June 13, 2017, from https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions

8. The Centers for Disease Control and Prevention. *Community Guide.* Retrieved May 20, 2017, from https://www.thecommunityguide.org/about/our-methodology

KANSAS
HEALTH
INSTITUTE

Informing Policy. Improving Health.