

Rural Mental Health and Substance Abuse Toolkit

Welcome to the Rural Mental Health and Substance Abuse Toolkit. It is designed to help you develop and implement programs to improve community mental health using proven approaches and strategies.

The toolkit is made up of several modules. Each concentrates on different aspects of mental health and substance abuse programs. Modules include resources for you to use in developing a program for your community.

About the Community Health Gateway and its Evidence-Based Toolkits

The Community Health Gateway showcases program approaches that you can adapt to fit your community and the people you serve, allowing you to:

- Research approaches to featured community health programs
- Discover what works and why
- Learn about common obstacles
- Connect with program experts
- Evaluate your program to show impact

Gateway resources are made available through the NORC Walsh Center for Rural Health Analysis and the University of Minnesota Rural Health Research Center in collaboration with the Rural Assistance Center. Funding is provided by the Office of Rural Health Policy (ORHP), Health Resources and Services Administration.

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For the most current version of the toolkit, please view the toolkit online:

[http://www.raconline.org/
communityhealth/mental-health](http://www.raconline.org/communityhealth/mental-health)

If you need assistance with downloading or accessing the resources listed in this toolkit, please contact us:

<http://www.raconline.org/contact/>

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Module 1: Mental Health and Substance Abuse in Rural Communities

Although overall rates of mental health and substance abuse conditions are similar in urban and rural areas, rural communities typically have less availability of screening, treatment and recovery services and also face behavioral health workforce shortages.

In this module:

- [What is Mental Health and Substance Abuse?](#)
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What is Mental Health and Substance Abuse?

Nearly half of U.S. adults will develop at least one mental health condition in their lifetime, which can affect relationships at home, work, and within their community. Common mental health issues can include, but are not limited to:

- depression
- anxiety
- addiction to tobacco, alcohol, prescription drugs, or illicit drugs

These conditions affect daily activities and relationships for individuals and their families, and also may come at a cost to the community, both socially and economically. Untreated conditions can result in:

- substance use
- acts of domestic and public violence
- unemployment
- homelessness
- suicide
- incarceration

Mental illness has also been associated with:

- shorter lifespans
- increased occurrence of chronic disease such as diabetes, obesity, epilepsy, cancer, and cardiovascular disease

In 2002 and 2003, mental illness cost the U.S. an estimated \$300 billion annually as a result of lost wages, disability benefits, and health care costs. By 2014, mental health and substance abuse treatment alone is expected to cost almost \$240 billion.

Resources

Assessing the Economic Costs of Serious Mental Illness

Editorial

Author: Thomas R. Insel

Date: 2008
Location: American Journal of Psychiatry, 165 (6): 663-665.
[PubMed](http://www.ncbi.nlm.nih.gov/pubmed/18519528) -<http://www.ncbi.nlm.nih.gov/pubmed/18519528>

Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563985/>

Journal Article

Authors: Craig W. Colton, Ronald W. Manderscheid

Date: 04/2006

Location: Preventing Chronic Disease: Public Health Research, Practice and Policy, 3(2): 1- 14

Data to Manage the Mortality Crisis

Journal Article

Authors: Ron Manderscheid, Benjamin Druss, Elsie Freeman

Date: 2008

Location: International Journal of Mental Health. 37(2): 49-68.

[Abstract - http://mesharpe.metapress.com/openurl.asp?genre=article&issn=0020-7411&volume=37&issue=2&spage=49](http://mesharpe.metapress.com/openurl.asp?genre=article&issn=0020-7411&volume=37&issue=2&spage=49)

Improving the Quality of Health Care for Mental and Substance-Use Conditions

<http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx>

Report

Organization: Institute of Medicine

Date: 2006

Mental Health Treatment Expenditure Trends 1986-2003

Journal Article

Authors: Tami L. Mark, Katharine R. Levit, Jeffrey A. Buck, Rosanna M. Coffey, Rita Vandivort-Warren

Date: 2007

Location: Psychiatric Services. 58 (8):1041-1048

[Abstract - http://www.ncbi.nlm.nih.gov/pubmed/17664514/](http://www.ncbi.nlm.nih.gov/pubmed/17664514/)

Projections of National Expenditures for Mental Health Services and Substance Abuse Treatment, 2004-2014

<http://store.samhsa.gov/product/Projections-of-National-Expenditures-for-Mental-Health-Services-and-Substance-Abuse-Treatment-2004-2014/SMA08-4326>

Report

Organization: Substance Abuse and Mental Health Services Administration

Authors: Katharine R. Levit, Cheryl A. Kassed, Rosanna M. Coffey, Tami L. Mark, David R. McKusick, Edward C. King, Rita Vandivort-Warren, Jeffrey A. Buck, Katheryn Ryan, Elizabeth Stranges

Date: 2008

Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings

http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/Index.aspx

Organization: Substance Abuse and Mental Health Services Administration

Date: 2012

U.S. Adult Mental Illness Surveillance Report

<http://www.cdc.gov/Features/MentalHealthSurveillance/>

Why are Mental Health and Substance Abuse Important Issues for Rural Areas?

In a 2009-2010 [national survey \(http://www.srph.tamhsc.edu/centers/srhrc/images/rhp2020\)](http://www.srph.tamhsc.edu/centers/srhrc/images/rhp2020) of key rural health stakeholders, mental health was ranked the third highest rural health priority, behind only health care access and diabetes.

Rural residents are more likely to report being in poorer mental health than their urban counterparts, yet rural areas also face a chronic shortage of mental health providers such as psychiatrists, psychologists, and counselors. Differences in the urban/rural care experience are largely due to barriers in rural areas related to *access, acceptability, and affordability* of mental health care.

Access

Rural barriers to mental health care access include:

- Shortages of mental health and substance abuse service providers, particularly those with the needed cultural and linguistic competency to serve the population
- Limited integration and coordination of mental health services in primary care
- Fewer mental health and substance abuse programs in the community
- Lack of transportation options for patients, combined with greater distance to care

Acceptability

A lack of acceptance of mental health conditions and treatment may be due to:

- Social stigma surrounding mental health
- Challenges related to confidentiality and privacy
- Mistrust of health professionals in some rural communities

Affordability

Rural residents may face barriers to paying for needed care, as a result of:

- Lower income, so less ability to pay directly for services
- Lack of insurance coverage for mental health services
- Higher premiums or copayments for mental health services
- Lack of flexibility and restrictive reimbursement requirements
- Inadequate prescription drug coverage

Source: [Subcommittee on Rural Issues: Background Paper, http://annapoliscoalition.org/wp-content/uploads/2014/03/presidents-new-freedom-commission-background-paper.pdf](http://annapoliscoalition.org/wp-content/uploads/2014/03/presidents-new-freedom-commission-background-paper.pdf)

New Freedom Commission on Mental Health Subcommittee on Rural Issues, 2004.

Resources for Understanding Rural Mental Health and Substance Abuse

Information in this module was developed, in part, using the resources below.

Access to Rural Mental Health Services: Service Use and Out-of-Pocket Costs
Journal Article

Authors: Erika C. Ziller, Nathaniel J. Anderson, Andrew F. Coburn

Date: 05/2010

Location: The Journal of Rural Health. 26(20):214–224

[Abstract - http://www.ncbi.nlm.nih.gov/pubmed/20633089](http://www.ncbi.nlm.nih.gov/pubmed/20633089)

Differences and Similarities between Urban and Rural Outpatient Substance Abuse Treatment Facilities
<http://www.samhsa.gov/data/2k11/NSSATS242/sr242-treatment-facilities-urban-rural.htm>

Report

Organization: Substance Abuse and Mental Health Services Administration

Date: 04/2011

Enhancing the Delivery of Health Care: Eliminating Health Disparities through a Culturally & Linguistically Centered Integrated Health Care Approach

<http://www.hogg.utexas.edu/uploads/documents/FinalReport%20-ConsensusStatementsRecommendations.pdf>

Report

Organization: U.S. Department of Health and Human Services Office of Minority Health, Hogg Foundation for Mental Health

Authors: Katherine Sanchez, Teresa Chapa, Rick Ybarra, Octavio N. Martinez, Jr.

Date: 06/2012

Income, Poverty and Health Insurance in the United States: 2010 – Tables & Figures

<http://www.census.gov/hhes/www/poverty/data/incpovhlth/2010/tables.html>

Organization: U.S. Census

Date: 2010

Mental Health: Overlooked and Disregarded in Rural America. A Series Examining Health Care Issues in Rural America

<http://files.cfra.org/pdf/Mental-Health-Overlooked-and-Disregarded-in-Rural-America.pdf>

Report

Organization: Center for Rural Affairs

Authors: Dianne Travers Gustafson, Kim Preston, Julia Hudson

Date: 05/ 2009

Rural Adults Face “Parity” Problems and Other Barriers to Appropriate Mental Health Care

<http://muskie.usm.maine.edu/Publications/rural/pb40/Rural-Adult-Mental-Health-Parity.pdf>

Report

Organization: Maine Rural Health Research Center

Authors: Erika Ziller, Nathaniel Anderson, Andrew Coburn

Date: 2008

Rural and Frontier Mental and Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices

http://www.narmh.org/publications/archives/rural_frontier.pdf

Report

Organization: National Association for Rural Mental Health

Authors: Donald Sawyer, John Gale, David Lambert

Date: 2006

Rural Ethics: Culture, Dilemmas, and Strengths-Based Resolutions

<http://www.marshall.edu/jrcp/VE%2014%20N%201/JRCP%20Hoffman%2014.1%20ready.pdf>

Journal Article

Author: Tina D. Hoffman

Date: 2011.

Location: Journal of Rural Community Psychology. Volume E14 (1)

Rural Healthy People 2020

<http://www.srph.tamhsc.edu/centers/srhrc/images/rhp2020>

Report

Organizations: Southwest Rural Health Research Center, Center for Rural Health Research and Policy

Authors: Jane N. Bolin, Gail Bellamy

A Rural Perspective on Health Care for the Whole Person

Journal Article

Authors: B. Hudnall Stamm, David Lambert, Neill F. Piland, Nancy C. Speck

Date: 2007

Location: Professional Psychology: Research and Practice. 38(3): 298-304

[Abstract - http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2007-07614-013](http://psycnet.apa.org/index.cfm?fa=buy.optionToBuy&id=2007-07614-013)

[Subcommittee on Rural Issues: Background Paper](#)

Report

Organization: New Freedom Commission on Mental Health Subcommittee on Rural Issues

Date: 2004

Use of Mental Health Services by Rural Children

<http://muskie.usm.maine.edu/Publications/rural/WP39/Rural-Children-Mental-Health-Services.pdf>

Organization: Maine Rural Health Research Center

Authors: David Lambert, Erika C. Ziller, Jennifer D. Lenardson

Date: 07/2008

Module 2: Where to Begin - Determining Rural Mental Health and Substance Abuse Needs

Rural communities may realize a need for mental health promotion and/or substance abuse prevention through:

- new awareness of a health concern
- a local or national event
- strategic organizational or community planning efforts

In order to establish a better understanding of your rural community's needs, Module 2 covers these key steps:

- [Defining community](#)
- [Engaging stakeholders and creating coalitions](#)
- [Identifying needs](#)
- [Setting priorities](#)
- [Defining your audience](#)
- [Factors that impact mental health and substance abuse](#)
- [Program models](#)
- [Planning approaches](#)
- [Planning for program replication](#)
- [Resources for program planning](#)

Defining Community

The first step in program development is defining the community your program will serve and determining the community's readiness to address the mental health or substance abuse concern. Examples of community settings include:

- schools
- community organizations
- neighborhoods
- recreational activities
- religious affiliations
- family settings
- work environments

Community members may have varying degrees of commitment to the efforts underway. Some may be well aware of the issues, while others may be unaware or in denial.

Engaging Stakeholders and Creating Coalitions

Successful and sustained mental health efforts are only achieved through support from the community-at-large, as well as organizations, institutions, and other stakeholders interested in mental health, substance abuse, or the overall wellbeing of the population.

Partnerships expand the resources, knowledge, expertise, and support available to address targeted issues. Engaging a diverse group of partners will ensure that the goals of the program reflect a wide range of community perspectives and will increase community acceptance and awareness, contributing to the success of the program.

Stakeholders and partners involved in mental health promotion may include:

- **Community organizations:** parent groups, youth organizations, ministerial alliances, peer-support services, churches and other faith-based groups, service organizations, domestic violence programs, and local businesses
- **State, county, and local governments:** criminal justice systems, public health agencies, police force
- **Educational institutions:** administrators, teachers, counselors, schools nurses, youth organizations, sports teams, afterschool programs
- **Health care:** medical and mental health providers, prevention and treatment organizations, emergency medical services

In order to increase community support and sustainability, program partners should:

- Participate in an advisory capacity or champion specific areas
- Offer expertise and insight as it relates to their area of expertise
- Demonstrate transparency, sharing information, materials, data, and evaluation results
- Actively participate in establishing an action plan
- Share responsibility for planning, implementation, and evaluation of programs
- Ensure cultural relevance
- Agree with and understand their roles and expectations within the network
- Attend community meetings, forums, receptions, events, or conferences to share program information with the general public

Identifying Needs

A community needs assessment will help you gather information to use for program selection and planning. If you already have a sense of the overall objectives for your program and its likely target audience, make sure that the needs assessment looks at the issues you hope to address and the groups you intend to reach.

Your assessment will identify:

- Current community conditions
- Which individuals are affected by the issue
- What resources are available to address the issue

Needs assessments also provide evidence you can share with stakeholders and information that can be used to seek support from funders.

Collaborating with other agencies and community groups can help determine what data already exists and what gaps need to be filled. You may also choose to collect and analyze additional data. Potential sources of mental health data include:

- National and state databases and surveillance systems
 - Vital records, disease reporting, morbidity data
- State and county records
 - Criminal justice system data from police and court records, child protective service records
 - County and district school records on school incidents and drop-out rates
 - County records on budgets, previous assessments and current program activities (surveys, questionnaires, or focus groups involving key stakeholders)
- Health care settings and treatment facilities
 - Admission rates, screening tools, types of narcotics and level of use, and information regarding trends and health outcomes for the rural communities.
- Existing literature on the specific mental health or substance abuse concern. Some examples of these journals, most of which are indexed in the freely available PubMed database - <http://pubmed.gov> - include:
 - Community Mental Health Journal
 - American Journal of Psychiatry
 - Administration in Mental Health
 - Journal of Mental Health
 - Mental Health Digest

Sources of Data Related to Mental Health and Substance Abuse

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.cdc.gov/brfss/>

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Organization: Centers for Disease Control and Prevention

Drug Abuse Warning Network (DAWN)

<http://www.samhsa.gov/data/DAWN.aspx>

Public health surveillance system that monitors drug-related hospital emergency departments (EDs) and drug-related deaths investigated by medical examiners and coroners.

Organization: Substance Abuse and Mental Health Services Administration

Integrated Health Interview Series (IHIS)

<https://www.ihis.us/ihis/>

Harmonized set of data and documentation based on material originally included in the public use files of the National Health Interview Survey (NHIS) and distributed for free online.

Medical Expenditure Panel Survey

<http://meps.ahrq.gov/mepsweb/>

The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. MEPS is the most complete source of data on the cost and use of health care and health.

Organization: Agency for Healthcare Research and Quality

Mental Health Data and Statistics

<http://www.cdc.gov/mentalhealth/data-stats.htm>

Information on access to mental health and mental illness (MH/MI) surveillance data sources is provided on various MH/MI topics.

National Health Interview Survey (NHIS)

<http://www.cdc.gov/nchs/nhis.htm>

NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

Organization: Centers for Disease Control and Prevention

National Comorbidity Survey Replication (NCS-R)

<http://www.hcp.med.harvard.edu/ncs/>

Large-scale field survey of mental health in the United States that assessed disorders based on the diagnostic criteria of the then-most current DSM manual, the DSM-III-R (Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised).

National Latino and Asian American Study

<http://www.multiculturalmentalhealth.org/nlaas.asp>

The National Latino and Asian American Study (NLAAS) provides national information on the similarities and differences in mental illness and service use of Latinos and Asian Americans

National Survey on Drug Use and Health (NSDUH)

<https://nsduhweb.rti.org/>

A primary source of information on the prevalence and consequences of alcohol, tobacco, and illegal drug use and abuse for non-institutionalized U.S. citizens aged 12 and older.

Organization: Substance Abuse and Mental Health Services Administration

National Survey of American Life (NSAL)

<http://www.rcgd.isr.umich.edu/prba/nsal>

NSAL builds upon the Program for Research on Black Americans (PRBA) National Survey of Black Americans, a national probability study of 2,107 self-identified black Americans 18 years of age and older interviewed in 1979-1980. The NSBA respondents were contacted three times, eight, nine and twelve years after the initial interview, forming the four-wave National Panel Survey of Black Americans (NPSBA). No other study assessed rates of psychological distress and serious mental problems along with a wide-range of social, political and economic factors, in a large, representative longitudinal national sample of Black Americans.

National Survey of Substance Abuse Treatment Services (N-SSATS)

<http://www.dasis.samhsa.gov/dasis2/nssats.htm>

Selected N-SSATS data files are available for public use through the SAMHSA and Substance Abuse and Mental Health Data Archive (SAMHDA) web sites. Included with the files is a data analysis tool that can be used to tabulate and analyze the data over the Internet. Instructions for using the analysis tool and accessing the data files are available by going to the link below.

Organization: Substance Abuse and Mental Health Services Administration

Pregnancy Risk Assessment Monitoring System (PRAMS)

<http://www.cdc.gov/prams/>

Collects data on maternal attitudes and experiences before, during, and shortly after pregnancy and includes information about smoking and drinking during each of those time periods.

Organization: Centers for Disease Control and Prevention

School Health Policies and Practices Study (SHPPS)

<http://www.cdc.gov/HealthyYouth/shpps/index.htm>

SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels, including those related to alcohol and drug use and mental health and social services.

Organization: Centers for Disease Control and Prevention

State and Metro Brief Reports

http://www.samhsa.gov/data/States_In_Brief_Reports.aspx

A brief overview of the substance abuse and mental health issues within a single state, including the prevalence of substance use and abuse, treatment resources, mental health indicators, and SAMHSA grant funding. Two reports are available for each state: an overall profile of the state and an examination of gender differences among adolescents in the state.

Organization: Substance Abuse and Mental Health Services Administration

Treatment Episode Data Set (TEDS)

<http://www.dasis.samhsa.gov/webt/information.htm>

The TEDS system includes records for some 1.5 million substance abuse treatment admissions annually. While TEDS does not represent the total national demand for substance abuse treatment, it does comprise a significant proportion of all admissions to substance abuse treatment, and includes those admissions that constitute a burden on public funds.

Organization: Substance Abuse and Mental Health Services Administration

Treatment Improvement Exchange (TIE)

<http://tie.samhsa.gov/index.htm>

The Treatment Improvement Exchange (TIE) is a resource sponsored by the Division of State and Community Assistance of the Center for Substance Abuse Treatment to provide information exchange between Center for Substance Abuse Treatment (CSAT) staff and State and local alcohol and substance abuse agencies.

Organization: Substance Abuse and Mental Health Services Administration

Uniform Reporting System (URS)

<http://www.samhsa.gov/dataoutcomes/urs/>

The document provides a framework for the development of data standards and the use of high-quality statistics for reporting on mental health service provision in the field.

Organization: Substance Abuse and Mental Health Services Administration

Youth Risk Behavior Surveillance System (YRBSS)

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

The YRBSS monitors behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.

Organization: Centers for Disease Control and Prevention

Setting Priorities

Program partners should use the community needs assessment results to establish priorities likely to have the greatest impact. Look for a prioritization method that seems like a good fit for your group. Two formal prioritization strategies that can be applied to mental health and substance abuse programming are:

- **Nominal Group Process**: A facilitated approach that uses a series of votes to narrow down priorities. Each member of stakeholder group will select their top priorities. Based on the responses, the problems with the most votes are the ones that are selected as major priorities.
<http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf#page=60>
- **Hanlon Method/ Basic Priority Rating System**: Prioritizes issues by assigning a score (1- 10) in each of the following categories: magnitude (size), importance (urgency, severity, consequence), and potential intervention success.
<http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf#page=61>

Source: [Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential](http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf)

<http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>

Less formal methods include:

- roundtable discussions
- unstructured focus groups
- general forums

Defining Your Audience

Prevention efforts can target specific:

- influences
- settings
- populations

Defining your audience will help you meet the specific needs of the people you intend to serve. The audience determines the intervention's strategies, required resources, and outreach.

You may want to categorize and select your audiences by:

- ***Setting***
Many programs target individuals in specific settings like schools, communities, or health care

settings. Focusing on settings allows a program to look at the social or physical aspects of the location and exposures and risks associated with the environment.

- **Population**

Focusing on the target population allows you to identify specific barriers and environmental factors that may affect groups differently.

- **General population.** Universal programs target the general population. A universal program could serve all students in school or all emergency responders. This approach aims to shift social norms or environments through policies, integration of services, organizational practices, and coalitions among various groups. For example, changes in zoning policies and zero tolerance policies in schools target the general population.
- **At-risk populations.** Programs that target at-risk populations are more selective and focus on groups with a recognized risk of mental health or substance abuse issues. On average this population has a greater need and higher risk of developing mental health and substance abuse conditions than the general population, but may also display some signs or symptoms of a mental health condition or substance abuse.
- **High risk populations.** Some programs focus on people with known high risk of mental health or substance abuse issues. This could include individuals that have experienced great trauma, have a family history, or students with anti-social or disruptive behaviors. Focusing on this population allows communities to address those with the most serious problems and specific needs.

Source: [Focus on Prevention](http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf), Substance Abuse and Mental Health Services Administration, 2010.
<http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>

Factors that Impact Mental Health and Substance Abuse

All models that address mental health and substance abuse issues focus on factors that make individuals less or more prone to developing a particular condition or addiction and that best promote recovery.

SAMHSA's [To Live to See the Great Day that Dawns](http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf) identifies:

(http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf)

- **Protective factors** that help to promote a healthy mental status and make it less likely for a mental health condition or addiction to occur. Protective factors include:
 - family and community support
 - social coping and problem solving skills
 - economic security
 - parental supervision
 - stable home-life
- **Risk factors** that cause individuals to be at great risk for developing certain mental health conditions. Risk factors include:
 - family history
 - chronic medical conditions
 - lack of parental involvement

- lack of available resources
- traumatic experience
- social isolation
- past abuse or neglect
- disconnection between family and community
- **Environmental factors** that relate to an individual's surroundings and greatly affect mental health outcomes. Environmental factors include:
 - local policies and practices
 - community relations
 - community attitudes or stigma
 - access to mental health services and resources
 - population shifts
- **Situational factors** that concern an individual's social surroundings that can increase health risks such as suicide. One example is copycat suicide, which is especially a concern for Tribal communities and other tight knit social networks.

Understanding the influences of protective, risk, and environmental factors surrounding the issue will help you determine who your program should serve.

Program Models

A problem must be clearly and accurately identified in order to design an intervention that will be useful in addressing it. Consider the context and causes when describing a problem. The type of information you include in your problem description will depend on the model - Public Health, Ecological, Transactional-Ecological - you are using and the factors that model considers relevant. To achieve the biggest impact, your program should address the factors that are driving the problem.

Models to approach mental health conditions and substance abuse concerns include:

Public Health Model

Public health models evaluate:

- the health of the entire population
- the effectiveness of resources
- access to these services
- how changes can be made to produce better outcomes for the community

This model focuses on protective factors and risks for particular conditions and relies on the collaboration of community organizations.

Data sources

- State and local data records
- Community health data
- State surveillance systems
- Police records

- Vital records

Program examples

- Schools that promote coping skills (promotion).
- Recreation centers that refer individuals to counseling (prevention).

Ecological Model

The ecological model is based on the relationships that exist between individuals and their surroundings. Programs using this model focus on protective and risk factors at the individual, relationship, community, and societal level. The focus of programs is to increase protective factors and decrease risk factors in the physical and social environments.

Data sources

- Laws
- Policies
- School incidents and drop-out rates
- County budgets
- Previous assessments

Program examples

- Providing transportation services to increase access.
- New policies surrounding distribution of alcohol.

Transactional-Ecological Model

The transactional-ecological model focuses on the complex interaction between the individual and their environment. It suggests that conditions and disorders are a result of an individual's interaction with the environment and that the root cause of the disorder/concern is outside of the individual. Programs using this approach seek to reduce risk factors and promote protective factors.

Data sources

- Laws
- Policies
- School incidents and drop-out rates
- County budgets
- Income level of neighborhood
- Previous assessments
- Recreational and economic opportunities
- Cultural norms
- Focus groups or key informant interviews
- Surveys and questionnaires

Program examples

- School-based programs that help students develop social, emotional and behavioral skills to build positive relationships.
- Creation of peer mentoring programs.
- Media campaign aimed to reduce stigma surrounding mental health.

Planning Approaches

The program plan serves as a link between the needs assessment and implementation. Invest time in the planning process by completing the following steps:

- Develop a mission and vision as a group, with consideration of the goals of the community network
- Establish expectations and accountability among program partners
- Discuss resource availability and allocation of resources
- Create a timeline and objective focus on the issues
- Develop policies, procedures, and performance standards
- Discuss ways to track and report activities and measure outcomes

Look for approaches that fit the community's culture, values, and norms and are appropriate to the available time, materials and other resources.

Methods for addressing substance abuse and mental health issues, which can be used independently or combined for greater impact, include:

- ***Information dissemination.*** Informing the community about mental health and substance abuse issues can change attitudes, raise awareness, help develop skills, or encourage healthier decision-making. Community members can be reached through work, school, doctors' offices, media campaigns, or other public venues.
- ***Prevention education.*** This method increases awareness and skills by teaching participants how to prevent, identify, and address mental health and substance abuse issues.
- ***Positive alternatives.*** Creating a variety of fun and structured activities in an alcohol- and drug-free environment can help promote healthy lifestyles.
- ***Environmental strategies.*** Community activities and policies can change social behaviors and reduce risk. Examples include policy changes that promote and reward positive health behaviors or discourage and penalize inappropriate negative behaviors.
- ***Identification of problems and referral to services.*** Help people determine who may be at risk for mental health and substance abuse conditions and access resources available to improve their conditions.
- ***Community-based coalitions.*** By taking a stance on mental health and substance abuse issues and identifying, planning, and organizing efforts to address them, rural community groups can have great impact on community members. This approach ensures community involvement and support.

Source: [Focus on Prevention](http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf), Substance Abuse and Mental Health Services Administration, 2010.
<http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>

Planning for Program Replication

If you are considering replicating a specific program, such as a program that has been designated as effective or evidence-based, three issues to consider are:

- **Program match.** Think about how well the program will fit your purposes, partners, target audience, and community. Factors to consider include:
 - Program goals - Are the goals and objectives of a program consistent with what your project is aiming to achieve?
 - Program strength – Is the program strong enough to address the concern?
 - Program length – Will the target population be willing to participate in the entire program?
 - Program values and culture – Will the target population consider the program culturally acceptable? Is the program conducted in an appropriate language?
 - Program adaptability – If you need to alter the program, are the needed changes possible or will they detract from the program’s effectiveness?
 - Program compatibility – Does the program complement or compete with other programs in the community?
- **Program quality.** When examining the quality of the program itself, you should:
 - Look for evidence of program effectiveness. For more information, see [Module 3: Development and Use of Evidence-based Interventions](#).
 - Consider the level of training and follow-up available from the program developer.
 - Talk with others who have implemented the program. Ask about obstacles, effectiveness, and how participants responded to the program.
- **Organizational resources** available for program partners to effectively implement the program, including:
 - Staff expertise and time to carry out the program as designed.
 - Financial resources to implement the program. Evidence-based programs tend to be time- and resource-intensive activities.
 - Long-term goals that will enable the program to be continued after initial grant funds expire. Does the program have a good chance of being integrated into the base programming of your organization or network?

Resources for Program Planning

Best Practices for Community Health Needs Assessment and Implementation Strategy Development: A Review of Scientific Methods, Current Practices, and Future Potential
<http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>

Report

Organizations: Public Health Institute, Centers for Disease Control and Prevention

Author: Kevin Barnett

Date: 2/2012

Focus on Prevention

<http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>

Report

Organization: Substance Abuse and Mental Health Services Administration

Date: 2010

Getting Started with Evidence-Based Practices: Consumer Operated Services

<http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/GettingStarted-COSP.pdf>

Provides tools for developing mental health services that are owned and operated by people with personal experience living with a psychiatric disorder. Covers how to build a program, train frontline staff, and evaluate the program.

Organization: Substance Abuse and Mental Health Services Administration

Date: 2011

Getting to Outcomes: Improving Community-Based Prevention

<http://www.rand.org/health/projects/getting-to-outcomes.html>

Toolkit organized around a 10-step process to help communities plan, implement, and evaluate the impact of their programs that attempt to prevent negative behaviors such as drug use and underage drinking. This website provides links to all manuals and summaries, publications, descriptions of related studies, and news.

Organization: RAND Corporation

Guidelines for Selecting an Evidence-based Program: Balancing Community Needs, Program Quality, and Organizational Resources

http://whatworks.uwex.edu/attachment/whatworks_03.pdf

Report

Authors: Stephen A. Small, Siobhan M. Cooney, Gay Eastmen, Cailin O'Connor

Date: 3/2007

Location: What Works, Wisconsin – Research to Practice Series, Issue #3

Health Program Planning and Evaluation: A Practical Systematic Approach for Community Health

http://books.google.com/books/about/Health_Program_Planning_and_Evaluation.html?id=xbyRV0xU4IgC

Book

Author: L. Michele Issel

Publisher: Jones & Barlett Publishers. Boston, MA.

Date: 2009

Opioid Overdose Prevention Toolkit

<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA13-4742>

Equips communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths. Addresses issues for first responders, treatment providers, and those recovering from opioid overdose.

Organization: Substance Abuse and Mental Health Services Administration

Date: 08/2013

Module 3: Development and Use of Evidence-based Interventions

Rural communities have limited resources to address mental health and substance abuse issues, so it is important they invest in effective programs and policies. Evidence-based practices generally meet the most rigorous standards of evidence. Unfortunately, it can be challenging to find evidence-based practices that have been tested in a rural setting. Evidence-based programs:

- are shown to produce positive outcomes
- are designed to be replicated
- identify key mechanisms that provide a blueprint for adaptation and action

Taking advantage of available materials for planning, training and implementation can save time and make greater impacts.

Because evidence-based programs are rigorously studied and evaluated, communities implementing them can report to funders that the program is likely to be effective if it is implemented correctly. This assumes that the chosen program was tested with similar conditions with an appropriate audience and follows the same procedures.

In 2003, the [President's New Freedom Commission on Mental Health](http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf) identified three key obstacles for implementing evidence-based practices that address mental illnesses and substance abuse:

<http://store.samhsa.gov/shin/content/SMA03-3831/SMA03-3831.pdf>

- stigma
- system fragmentation
- cost

To help in the identification of effective approaches, Module 3 includes discussions of:

- [What is the Meaning of the Term, "Evidence-Based"?](#)
- [Finding interventions](#)
- [Choosing interventions](#)
- [Matching programs to community needs](#)
- [Adapting interventions to meet community needs](#)
- [Resources for developing and using evidence-based interventions](#)

What is the Meaning of the Term, "Evidence-Based"?

Evidence-based public health intervention strategies are rooted in evidence-based medicine. Compared to clinical medicine, public health focuses on populations rather than individuals, and on programs and policies rather than clinical care. The definition of evidence-based public health reflects this difference in focus.

- **Evidence-based Medicine**
 - Conscientious, explicit, and judicious use of current best evidence in making decisions about care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.
- **Evidence-based Public Health**
 - Development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models.

Sources:

[Evidence-based Medicine: What it is and What it isn't](http://www.bmj.com/content/312/7023/71) <http://www.bmj.com/content/312/7023/71>

Sackett D, Rosenberg W, Gray JA, Haynes R, Richardson W; BMJ 1996; 312:71-72.

[Evidence-based Public Health](http://intqhc.oxfordjournals.org/content/15/5/443.full) <http://intqhc.oxfordjournals.org/content/15/5/443.full>

Brownson R, Baker E, Leet T, Gillespie K; Int J Qual Health Care (2003) 15 (5): 443-444

Evidence-Based Practices and Promising Practices

One obstacle to understanding evidence-based public health practice is the lack of consistent terminology from one source to another.

The Centers for Disease Control and Prevention's (CDC) [Community Guide to Preventive Services](http://www.thecommunityguide.org/index.html) (<http://www.thecommunityguide.org/index.html>) uses systematic reviews to assess the strength of evidence for intervention effectiveness. Interventions in the guide that are "recommended" have been determined by public health experts to have both strong and sufficient evidence. Examples of mental health and substance abuse interventions from the CDC guide include:

- [Collaborative care for the management of depressive disorders](http://www.thecommunityguide.org/mentalhealth/collab-care.html)
<http://www.thecommunityguide.org/mentalhealth/collab-care.html>
- [Home-based depression care management](http://www.thecommunityguide.org/mentalhealth/depression-home.html)
<http://www.thecommunityguide.org/mentalhealth/depression-home.html>

SAMHSA's [National Registry of Evidence-based Programs and Practices](http://www.nrepp.samhsa.gov/)

(<http://www.nrepp.samhsa.gov/>) (NREPP) includes more than 250 evidence-based interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. NREPP lists both evidence-based programs and evidence-based practices (or principles of effectiveness). Evidence-based practices and principles are components that can increase the effectiveness of a variety of programs.

Other clearinghouses may use less stringent standards for labeling interventions as “evidence-based.” Promising practices can be defined with even less precision. Examples of definitions of evidence-based and promising practices include:

- “Evidence-based public health practice is the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavioral science theory and program planning models.”
[Evidence-Based Public Health <http://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html>](http://phpartners.org/tutorial/04-ebph/2-keyConcepts/4.2.2.html)
 Brownson, R., Baker, E., Leet, T., & Gillespie, K.; 2003
- “Promising practices have been evaluated less rigorously but are endorsed by experts in the field as worthy of duplicating in other settings.”
[Implementing Evidence-based Models and Promising Practices: The Experience of Alzheimer’s Disease Demonstration Grants to States Programs](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/docs/Evidence_based_Practice_0106.pdf)
http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/docs/Evidence_based_Practice_0106.pdf
 Rabiner, D., Brown, D., Osber, D., & Wiener, J.; January 2006

Table 3.1 shows available evidence types classified by levels of strength. It distinguishes between evidence-based strategies and effective strategies. It also includes fairly new and untested strategies, but can clarify which ones have a record of effectiveness.

Table 3.1. Criteria Used to Classify Levels of Evidence

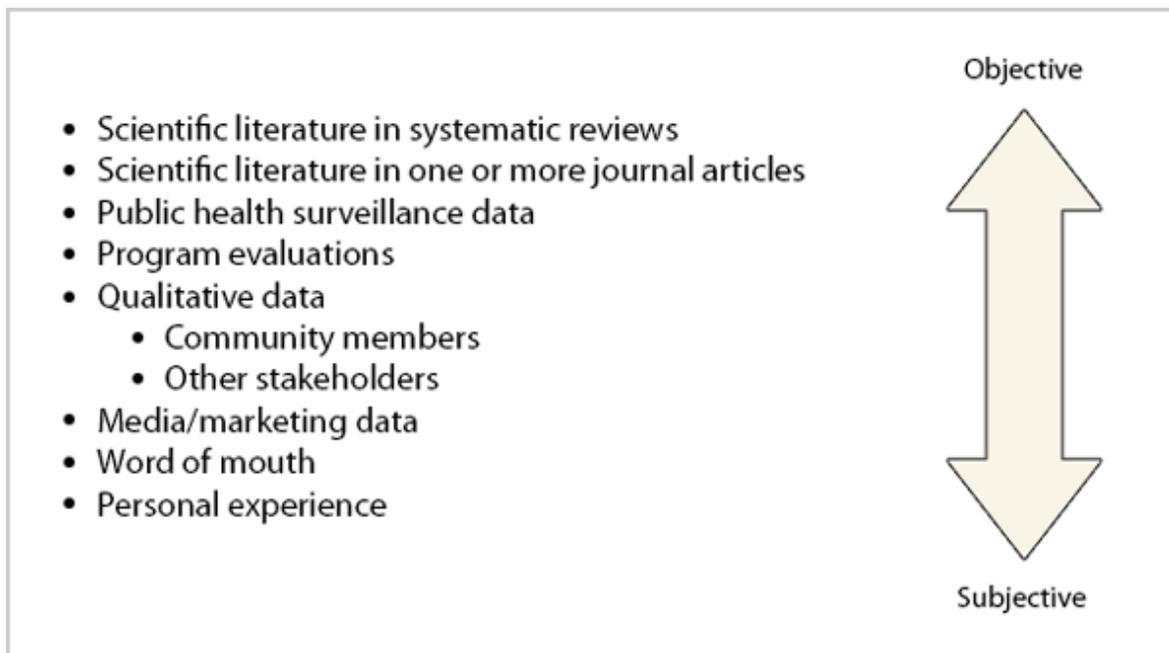
<p>Evidence-based strategies Published in systematic reviews, syntheses, or meta-analyses whose authors have conducted a structured review of published high-quality, peer-reviewed studies and evaluation reports. Evidence-based strategies produce significant, positive health or behavioral outcomes and/or intermediate policy, environmental, or economic impacts.</p>
<p>Effective strategies Published in high-quality, peer-reviewed studies and evaluation reports. Effective strategies produce significant positive health or behavioral outcomes, and policy, environment, or economic impacts.</p>
<p>Promising strategies Based on evidence from published or unpublished evaluation studies or exploratory evaluations. Promising strategies show meaningful, plausible positive health or behavioral outcomes, and policy, environment, or economic impacts.</p>
<p>Emerging strategies Include newly implemented innovations that may be in the process of being tested by researchers.</p>

Source: [Accelerating Evidence Reviews and Broadening Evidence Standards to Identify Effective, Promising, and Emerging Policy and Environmental Strategies for Prevention of Childhood Obesity](http://www.ncbi.nlm.nih.gov/pubmed/21219169)
<http://www.ncbi.nlm.nih.gov/pubmed/21219169>

Brennan L, Castro S, Brownson RD, Claus J, Orleans T; Annual Rev. Public Health. 32: 199-223; Jan. 3, 2011

Figure 3.1 shows how different forms of evidence fall along a spectrum from objective to subjective.

Figure 3.1 Concept of Evidence: Spectrum of Objective and Subjective Resources



Source: [Evidence-based Public Health: A Fundamental Concept for Public Health Practice](http://publichealth.wustl.edu/people/Documents/Brownson_EBPH_ARPH_2009.pdf)
http://publichealth.wustl.edu/people/Documents/Brownson_EBPH_ARPH_2009.pdf
Brownson RC, Fielding JF, Maylahn CM; Annual Rev. Public Health 2009. 30:175-201

While policymakers may look for information about costs and benefits concerning evidence, a practitioner working in a community-based organization may also find anecdotes to be useful.

You may choose to use word-of-mouth as a source for information about what works with a target population, especially when there is not a lot of evidence. However, word-of-mouth evidence is highly subjective and should be verified if possible. For example, if a teacher hears of a substance abuse prevention program in another school district, it is best to determine what outcomes the program is trying to achieve and investigate whether the program has been evaluated to determine effectiveness.

Finding Interventions

Randomized controlled studies are the gold standard for identifying what works. In clinical settings it is easier to conduct controlled studies under “ideal” circumstances and prove an intervention produces

desired results. Public health takes place in real world contexts where funding constraints, characteristics of the consumer and environment, and certain barriers make some of these interventions less practical.

It can be challenging to find appropriate interventions, due to both the nature of mental illness and substance abuse and the realities of practice in rural settings.

Challenges Related to the Nature of Mental Illness and Substance Abuse

- Information on mental health issues and concepts come from a wide range of fields, including psychiatry, social psychology, preventive medicine, and juvenile justice. These fields may differ on issues as basic as what is considered a treatable mental illness.
- Long timeline for measuring prevention and recovery
- Slow dissemination of clinical and community evidence-based programs and practices into rural clinical practice and community action
- Multiple conditions with different study designs can be hard to compare (anxiety, depression, mania, obsessive-compulsive, PTSD, and addiction)
- Social prejudice and stigma

Challenges Related to Practice in Rural Settings

- Published rural studies often focus on specific regions or populations
- Few interventions have been tested in rural settings
- Evidence from systematic reviews is often too general, and not specific to the rural context.

In an ideal world, rural communities could review interventions that had been tested with various target populations in a range of settings. However, such information is usually not available, and strength of evidence is unlikely to be the only factor considered in choosing an intervention. Some sources where information about evidence-based, effective and promising intervention strategies can be found are listed in Table 3-2.

Table 3-2 Research-tested Interventions to Address Mental Health and Substance Abuse Issues and their Risk Factors

Source	Practice Types	What it is	Strengths and Limitations for use by Rural Practitioners
The Community Guide (CDC)	Evidence-based	<p>Uses systematic reviews to answer questions about:</p> <ul style="list-style-type: none"> • Which program and policy interventions have been proven effective? • Are there effective interventions that are right for my community? • What might effective interventions cost; what is the likely return on investment? 	<p>Strengths</p> <ul style="list-style-type: none"> • Rigorous standards of evidence are applied <p>Limitations</p> <ul style="list-style-type: none"> • Mental health and substance abuse topics covered include only depressive disorders, alcohol, and violence.
What Works for Health: Policies and Programs to Improve Wisconsin's Health	Evidence-based Effective Promising Emerging	<p>A database of policies and programs that can improve health. Part of a Wisconsin program to identify the most effective investments for and to monitor progress towards becoming the nation's healthiest state. Reviews and summarizes findings from numerous resources.</p>	<p>Strengths</p> <ul style="list-style-type: none"> • Provides information on evidence of effectiveness, population reach, effect on health disparities, implementation, and other key information for each included policy and program <p>Limitations</p> <ul style="list-style-type: none"> • Addresses the effectiveness of policies and programs on health factors, not the program's effect on health

Source	Practice Types	What it is	Strengths and Limitations for use by Rural Practitioners
AHRQ Innovations Exchange	Emerging	Searchable database of Innovations and Quality Tools. Innovations describe the activity, its effect, how the innovator developed and implemented it, and other information. Quality Tools are practical tools that can be used to assess measure, promote, and improve the quality of programs and services.	<p>Strengths</p> <ul style="list-style-type: none"> • Provides information on the innovation’s evaluation design and results, and non-experimental, qualitative, or anecdotal evidence of effectiveness <p>Limitations</p> <ul style="list-style-type: none"> • Some innovations are too new to have been rigorously evaluated.

Specific Evidence Based and Promising Practice Programs

Better Today's. Better Tomorrow's. Idaho Institute of Rural Health
http://www.isu.edu/irh/projects/better_todays/index.shtml

Information on an adult education program focusing on the mental health of children and youth ages 10-24. Includes mission and goals, handouts and documents, and virtual packet.

Building Blocks for a Healthy Future
<http://bblocks.samhsa.gov/>

An early childhood substance abuse prevention program developed by the Substance Abuse and Mental Health Services Administration. Parents, caregivers, and teachers of children ages 3 to 6 can find tips, materials, and ideas for spending time with their children and learning together.

Medication Assisted Treatment (MAT)
<http://dpt.samhsa.gov/>

MAT involves the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. A list of treatment, patient, provider and family resources are provided to assist MAT services.

Rural Mental Health First Aid
<http://www.raconline.org/success/project-examples/725/>

Certification course to help communities better understand mental illness and respond to psychiatric emergencies are provided to serve rural communities.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)
<http://www.samhsa.gov/prevention/sbirt/>

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders and those at-risk.

Strategic Prevention Framework (SPF)
<http://www.samhsa.gov/prevention/spf.aspx>

Detailed five step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

Resources for Finding Interventions

Blueprints for Violence Prevention

<http://ibs.colorado.edu/cspv/blueprintsquery/>

The Blueprints for Violence Prevention provide step-by-step instructions that will help communities plan and implement youth crime and violence prevention strategies

Organization: Center for the Study and Prevention of Violence, University of Colorado at Boulder

California Healthy Kids

<http://www.californiahealthykids.org/rvalidated.html#Programs>

Find evidence-based programs using the tables of identified Research-Validated programs. Learn more about the process for identifying Research-Validated Programs, how they relate to the California Department of Education's (CDE) Science-Based Programs list, and how to implement them with fidelity.

Organization: California Departments of Education and Public Health

Center for Effective Collaboration and Practice

<http://cecp.air.org/promisingpractices/>

Contains information on what's working for children with serious emotional disturbance in systems of care.

Center for Evidence-Based Practices

<http://www.centerforebp.case.edu/about/index.html>

The CEBP provides technical assistance – consulting, training, and evaluation – for service innovations that improve quality of life and other outcomes for people with mental illness or co-occurring mental illness and substance use disorders.

Organization: Case Western Reserve University

Coalition for Evidence-Based Policy

<http://evidencebasedprograms.org/wordpress/>

Lists interventions that produce sizable, sustained effects on important life outcomes. Interventions are listed by policy area and include mental health, substance abuse prevention/treatment, K-12 education, and prenatal/early childhood.

Effective Child Therapy

<http://www.effectivechildtherapy.com/>

For professionals and educators that are looking for evidence-based practices related to specific disorders.

Evidence-Based Practices and Effective Treatment Methods

<http://ireta.org/evidence-basedpractices>

Resources and research updates are provided for the implementation of evidence-based practices (EBPs) and best practices in addiction treatment. It offers information regarding adoption and evaluation, as well as guidelines for and resources on specific EBPs and best practices. This section is a work in progress and does not represent a complete list of EBPs or best practices.

Organization: Institute for Research, Education and Training in Addictions (IRETA)

Evidence-Based Practices for Substance Use,

<http://lib.adai.washington.edu/ebpsearch.htm>

Database of evidence-based interventions that includes a description of the intervention and its implementation, populations for which it has been shown to be effective, references to supporting

literature, the availability of instructional manuals, author/developer notes and other useful information.
Organization: Alcohol & Drug Abuse Institute, University of Washington

Helping America's Youth

<http://www.findyouthinfo.gov/>

Through the Youth Topics series, the Interagency Working Group on Youth Programs provides information, strategies, tools, and resources for youth, families, schools and community organizations related to a variety of cross-cutting topics that affect youth.

LINKS Database, Child Trends

<http://www.childtrends.org/Links/>

LINKS (Lifecourse Interventions to Nurture Kids Successfully) summarizes evaluations of out-of-school time programs that work (or not) to enhance children's development. The lifecourse perspective is based on the concept that child development is a cumulative process that begins before birth and continues into young adulthood. The database is user-friendly and directed especially to policy makers, program providers, and funders.

National Guideline Clearinghouse

<http://www.guideline.gov/>

NGC is a public resource for evidence-based clinical practice guidelines.
Organization: Agency for Healthcare Research and Quality

National Registry of Evidence-based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/find.asp>

NREPP is a searchable online registry of more than 280 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment.
Organization: Substance Abuse and Mental Health Services Administration

Office of Juvenile Justice and Delinquency Prevention Model Programs Guide

<http://www.ojjdp.gov/mpg/>

Provides a resource guide to assist practitioners and communities implement evidence-based prevention and intervention programs for children and their communities. The database of over 200 evidence-based programs covers the entire continuum of youth services from prevention through sanctions to reentry.
Organization: U.S. Department of Justice

Preventing Drug Abuse among Children and Adolescents

<http://www.nida.nih.gov/Prevention/examples.html>

The examples provide insight into strategies that have proven to be effective for drug abuse prevention programs.
Organization: National Institute on Drug Abuse

Promising Practices Network on Children, Families, and Communities

<http://www.promisingpractices.net/programs.asp>

Summaries of programs and practices are provided to that have improved outcomes for children, their families and communities.

Texas Behavioral Health Clearinghouse

<http://www.utexas.edu/research/cswr/tbhc/>

The Clearinghouse is a resource designed to assist behavioral health providers, consumers, family members and interested stakeholders in finding up-to-date, relevant information about prevention, treatment, advocacy, and evidence-based practices.

Choosing Interventions

When selecting a program, efforts should be made to involve key stakeholders from the community, including representatives of the target audience. This group can offer guidance on priority issues the intervention should address, as well as information on resources available to support the program. The committee can also play a central role in adapting and guiding implementation of the program.

Determining whether a program fits a particular rural community is not always easy. Communities should look for evidence-based, effective or promising practices that match their goals. Evidence-based practices can be adapted to fit local circumstances, but changes must be made carefully to avoid eliminating aspects of the program that are responsible for its effectiveness.

When reviewing potential approaches, you should:

- Examine the strength of the evidence for a particular intervention
- Decide if the intervention addresses your community's needs and the goals of the planned intervention
- Look for similarities in setting and target audience
- Determine the extent to which the intervention may need to be adapted to better fit your community
- Review program materials and implementation guidelines
- Consider the resources needed to support the program, such as cost of training materials, licensing, and program evaluation

Matching Programs to Community Needs

Even if an intervention is evidence-based, it may not meet a rural community's particular needs. When looking for the right intervention, it's important to consider audience factors such as:

- Culture
- Literacy
- Learning style
- Setting of the intervention

It is not always possible to find the right match for all these components. Some model programs may include activities that do not match the culture of the participants. In these cases, it may be necessary to evaluate the source of the mismatch and what the effect may be. Following that evaluation, an existing model might be adapted to fit the target population.

Table 3-3 Sources of Program Mismatch

Source of Mismatch	Actual or Potential Mismatch Effect
Group Characteristics	
Language	Participants do not understand program content
Ethnicity	Conflicts in belief, values and/or norms
Socioeconomic Status	Insufficient social resources and culturally different life experiences
Urban-rural Context	Logistical and environmental barriers affecting participation in program activities
Risk Factors	
Number and Severity	Insufficient effect on multiple or most severe risk factors
Program Delivery Staff	
Type of Staff	Staff may not have the skills and knowledge to successfully implement the program
Staff Cultural Competence	Limited awareness of, or insensitivity to, cultural issues
Administrative/Community Factors	
Community Consultation	Absence of community “buy-in,” community resistance or disinterest, and low participation
Community Readiness	Absence of infrastructure and organization to address problems and to implement the program

Source: [The Cultural Adaptation of Prevention Interventions: Resolving Tensions between Fidelity and Fit](https://www.myctb.org/wst/KansasSIG/Shared%20Documents/Cultural%20Competence%20and%20Sustainability%20Documents/Cultural%20Competence%20Learning%20Resources/cultural%20adaptation%20resolving%20fidelity%20and%20fit.pdf)
<https://www.myctb.org/wst/KansasSIG/Shared%20Documents/Cultural%20Competence%20and%20Sustainability%20Documents/Cultural%20Competence%20Learning%20Resources/cultural%20adaptation%20resolving%20fidelity%20and%20fit.pdf>

Castro FG, Barrera M, Martinez CR; Prevention Science, 5(1), March 2004

Once you have identified an appropriate program, consult any available program documentation to guide implementation and adaptation of the intervention. You may also want to consult with other organizations that serve similar groups of people for guidance on the best ways to engage residents and develop needed curricula and materials.

Adapting Programs to Meet Community Needs

Evidence-based interventions offer communities some assurance their investment of resources will produce results if the program is implemented under the right conditions, with an appropriate audience, and following the right procedures. To get those results, the intervention must be implemented with fidelity. Fidelity is how closely a program or curriculum mirrors the original design that provided evidence of its effectiveness.

Program fidelity can be measured by:

- **Delivery method:** Is the program implemented as it was designed?
- **Dosage:** How many sessions are held, how long do they last, how often are they held?
- **Setting:** Was the program implemented in a clinic, school, or community?
- **Materials used:** Did the program use materials such as handouts, training materials, and/or videos?
- **Target population:** Who participated in the program when it was tested?
- **Provider qualifications:** What were the qualifications of the providers?
- **Provider training:** What kind of training did the people implementing the program receive?

Maintaining Program Effectiveness

Staying true to key elements of a program model is essential to replicate results, with all protocols and guidelines implemented as intended. Program fidelity can be monitored by tracking progress on process objectives, reviewing costs, and monitoring time staff spends on implementation. When adapting a program, these strategies should be used to maintain program effectiveness:

- Select a program that meets your needs
- Ensure that staff is committed to program fidelity
- Contact the program developer
- Determine key elements that make the program effective
- Assess the need for cultural adaptation
- Stay true to the duration and intensity of the original program
- Stay up-to-date with program revisions and new materials

You can learn more about each of these steps on [the University of Wisconsin Extension Service website](http://whatworks.uwex.edu/Pages/1researchbriefs.html).
<http://whatworks.uwex.edu/Pages/1researchbriefs.html>

Adapting Models to be Culturally Appropriate

A common reason for adapting a model is to fit the cultural needs of the target population. While more research is needed to learn whether culture-specific approaches are more effective than culture-neutral, current research suggests effective programming for participants from multiple cultural backgrounds can be done with proven, culture-generic programs.

It is important to find a balance between implementing a program as it was designed and ensuring it is relevant to the target population. Adapting models must be done carefully to avoid removing elements responsible for positive results. Consider which of the following categories your proposed changes and adaptations fall under:

- **Surface level adaptations**
Tailoring of language, visuals, examples, scenarios, and activities used during the intervention. These adaptations generally will not reduce program effectiveness.
- **Deep level adaptations**
Altering program structure and goals, which have a potential to reduce program effectiveness. The need for deep level adaptations may also mean the program does not match the intended audience and other programs may be a better fit.
- **Acceptable changes**
Making these changes will not alter the theory and internal logic of the intervention and ensure critical steps contributing to the intervention effectiveness are maintained. They include:
 - Translating language or modifying vocabulary
 - Replacing cultural references
 - Modifying some aspects of activities
 - Adding relevant evidence-based content to make the program more appealing
- **Unacceptable changes**
These changes make a substantial change to a program's potential effectiveness:
 - Reducing number or length of program sessions

- Lowering participant engagement
- Eliminating key messages or skills learned
- Removing topics
- Using inadequately trained staff
- Using fewer staff members than recommended

The Society for Public Health Education (SOPHE) has also highlighted elements of interventions that can and cannot be modified when dealing with program fidelity:

- **Aspects that can be modified**
 - Names
 - Pictures/testimonials
 - Wording
 - Location
 - Incentives
 - Timeline
- **Aspects that cannot be modified**
 - Health topic
 - Deletion of key components
 - Insertion of key components
 - Theoretical foundation (e.g. behavior change theory)

For more information on modifications to interventions, please see

[The Cultural Adaptation of Prevention Interventions: Resolving Tensions between Fidelity and Fit](https://www.myctb.org/wst/KansasSIG/Shared%20Documents/Cultural%20Competence%20and%20Sustainability%20Documents/Cultural%20Competence%20Learning%20Resources/cultural%20adaptation%20resolving%20fidelity%20and%20fit.pdf),

<https://www.myctb.org/wst/KansasSIG/Shared%20Documents/Cultural%20Competence%20and%20Sustainability%20Documents/Cultural%20Competence%20Learning%20Resources/cultural%20adaptation%20resolving%20fidelity%20and%20fit.pdf>

Castro FG, Barrera M, Martinez C; Prevention Science, Vol. 5, No. 1, March 2004; 41-45.

Resources for Developing and Using Evidence-Based Interventions

Achieving the Promise: Transforming Mental Health Care in America

<http://store.samhsa.gov/product/Achieving-the-Promise-Transforming-Mental-Health-Care-in-America-Executive-Summary/SMA03-3831>

Executive Summary

Organization: New Freedom Commission on Mental Health

Date: 2003

The Cultural Adaptation of Prevention Interventions: Resolving Tensions Between Fidelity and Fit

<https://www.myctb.org/wst/KansasSIG/Shared%20Documents/Cultural%20Competence%20and%20Sustainability%20Documents/Cultural%20Competence%20Learning%20Resources/cultural%20adaptation%20resolving%20fidelity%20and%20fit.pdf>

Journal Article

Author(s): Castro FG, Barrera M, Martinez CR

Date: 3/2004

Location: Prevention Science, 5(1), 41-45

Evidence Based Practices Planning

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Evidence+Based+Practice+Planning.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251694223836&ssbinary=true>

Organization: Colorado Division of Behavioral Health

Authors: Morris C, Kimhan CK

Date: 2/2009

Guidelines for Selecting an Evidence-Based Program: Balancing Community Needs, Program Quality, and Organizational Resources

http://whatworks.uwex.edu/attachment/whatworks_03.pdf

Organization: University of Wisconsin-Madison and University of Wisconsin-Extension

Author(s): Small SA, Cooney SM, Eastman G, O'Connor C

Date: 3/2007

Improving the Quality of Health Care for Mental and Substance-Use Conditions

http://books.nap.edu/openbook.php?record_id=11470

Organization: Institute of Medicine (IOM)

Date: 2006

Subcommittee on Rural Issues: Background Paper

<http://annapoliscoalition.org/wp-content/uploads/2014/03/presidents-new-freedom-commission-background-paper.pdf>

Report

Organization: New Freedom Commission on Mental Health, Subcommittee on Rural Issues

Date: 2004

Module 4: Mental Health and Substance Abuse Programming in Different Settings

When implementing a mental health or substance abuse program, select an approach that fits the needs, resource capacity, and culture of your rural community.

Interventions in this module offer strategies for rural communities to explore, select, adapt and/or modify as needed. Examples of useful strategies are organized by three settings: communities, schools, and health care. This module includes information on how to identify effective programs and summarizes existing promising and evidence-based practices.

Model summaries include information about:

- Mental health or substance abuse area of focus
- Target populations
- Demonstrated success
- Links to additional information

In this module:

- [Models for communities](#)
- [Models for schools](#)
- [Models for health care settings](#)

Models for Communities

With nearly [half of the U.S. population](http://www.cdc.gov/Features/MentalHealthSurveillance/) experiencing a mental disorder over their lifetime, it is important to reach individuals at the community-level and not only through institutions like schools and health care facilities. Rural communities are close-knit, creating a unique opportunity for community outreach activities and programs to address mental health and substance use issues.

Given the smaller size of rural communities, social stigma surrounding mental health can be a barrier to accessing needed services. Community initiatives focused on education and raising awareness can help address stigma. Community-level programs greatly increase the likelihood people will seek help because these programs target multiple audiences and make changes in community norms and perceptions, delivery systems, and organizations.

Community interventions and programs may focus on a particular mental health or substance abuse issue and population and may use a variety of approaches to address mental health and substance abuse needs. Some of the common strategies used in communities to address mental health and substance abuse include:

- Establishing community coalitions with a mental health and substance abuse focus
- Working with school and educational centers to promote youth development, reducing risk-taking behaviors, building resilience, and preventing problem behaviors across the life span
- Increasing help-seeking behaviors and decreasing social stigma of mental illness
- Training first responders in mental health crisis response
- Providing resources and access to mental health services for Veterans
- Creating support groups for individuals in recovery
- Providing prevention support, training, and resources for organizations and individuals looking to address mental health and substance abuse issues
- Equipping organizations with resources to promote mental health and positive community engagement and activities
- Hosting events in the community to raise awareness about substance abuse
- Encouraging support from families and friends of individuals experiencing mental health problems through faith-based communities or other community-based organizations
- Improving health care delivery systems to increase access to mental health and substance abuse services
- Providing community courses that teach coping, problem solving, and other life skills

Evidence-Based Interventions for Communities

Interventions identified in published systematic reviews, syntheses, or meta-analyses as producing significant, positive health or behavioral outcomes and/or intermediate policy, environmental, or economic impacts based on a structured review of published high-quality, peer-reviewed studies and evaluation reports.

Program name: Active Parenting of Teens

Website: http://www.activeparenting.com/category/parenting_teens

Program focus: Substance abuse prevention

Target population: Youth (10- 18)

Description: Families in Action is an intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; risky sexual behavior; and violence. Family, school, and peer bonding are important objectives. The program includes a parent and teen component.

Demonstrated success:

- Parent and student participants reported significantly greater family cohesion.
- Students receiving the intervention reported greater school attachment
- Students who participated in the intervention reported greater self-esteem compared with students in the control group.

Program name: ASIST

Website: <http://www.livingworks.net/programs/asist/>

Program focus: Suicide prevention

Target population: Adults and caregivers

Description: ASIST is a 2-day workshop designed to teach the skills that enable an adult to competently and confidently intervene with a person at risk of suicide. The workshop is intended to help all caregivers become more willing, ready, and able to assist persons at risk.

Demonstrated success:

- Significant increase in the public's awareness of youth suicide prevention messages.
- Gatekeeper training created a network of caring adults responding to youth at risk.
- Gatekeepers recruited were adults from all walks of life-- primarily adults who have frequent or daily contact with youth.

Program name: Communities Mobilizing for Change on Alcohol (CMCA)

Website: <http://www.yli.org/cmcatraining>

Program focus: Substance abuse prevention

Target population: Adolescents and young adults

Location: Rural, suburban, urban

Description: CMCA is a community organizing effort designed to change policies and practices of major community institutions in ways that reduce teenagers' access to alcohol through changing community policies and practices.

Demonstrated success:

- Significantly affected the behavior of 18- to 20-year-olds and the alcohol sales practices of bars and restaurants.
- Alcohol retailers increased age-identification checking and reduced sales to minors.

- Eighteen to 20-year-olds were less likely to try to purchase alcohol, less likely to frequent bars, less likely to drink, and, importantly, less likely to provide alcohol to other teens.
- Arrests for driving under the influence of alcohol also declined significantly among 18- to 20-year-olds.

Program name: Communities that Care (CTC)

Website: <http://www.sdr.org/ctcresource>

Program focus: Substance abuse prevention

Target population: Adolescents

Description: CTC is a coalition-based community prevention operating system that uses a public health approach to prevent risky youth behaviors including underage drinking, tobacco use, violence, delinquency, dropping out of school, and substance abuse.

Demonstrated success:

- Community coalitions can reduce the incidence of delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use as well as the prevalence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people community-wide by the spring of grade 8.

Program name: Community Trials Intervention to Reduce High-Risk Drinking

Website: <http://www.pire.org/communitytrials/index.htm>

Program focus: Alcohol abuse prevention

Target population: All ages

Location: Rural, frontier, suburban, urban

Description: Community trials intervention mobilizes the community to reduce underage access to alcohol, increase perceived risk of drinking while under the influence, enhance law enforcement and roadside checkpoints, educate alcohol beverage servers and retailers where alcohol is consumed on site, and assist communities with creating restrictions on access to alcohol through zoning powers.

Demonstrated success:

- Reduced alcohol related injuries and deaths among all age groups through community-wide environmental prevention activities.
- 21% reduction in binge drinking.

Program name: Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)

Website: <http://myresilientfuturesnetwork.com>

Program focus: Substance abuse prevention

Target population: Families with children (9-17)

Location: Rural, suburban, urban

Description: CLFC/CLC is a family-focused program for reducing the likelihood of alcohol and other drug consumption. CLC/ CLFC is designed for implementation through community systems like churches, schools, recreation centers, and court-referred settings. The six modules of the CLFC curriculum focus on knowledge and understanding about the use of alcohol and other drugs; improving communication and conflict resolution skills; building coping mechanisms to resist negative social influences; encouraging the use of community services when personal or family problems arise; engendering self-knowledge, personal responsibility, and respect for others; and delaying the onset and reducing the frequency of substance use among participating youth.

Demonstrated success:

- The onset of use was delayed among youth who participated in CLC for 1 year.
- Parents reported increased substance knowledge and beliefs consistent with program content.
- Youth reported decreased conflict with their parents.
- Reduction in the frequency of alcohol and other drug use in the previous 12 months.

Program name: Life Skills Training

Website: <http://www.lifeskillstraining.com>

Program focus: Substance abuse prevention

Target population: Youth (10- 18)

Setting: Community; schools

Location: Rural, suburban, urban

Description: LifeSkills Training (LST) is a community or school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.

Demonstrated success:

Over a three-year period reduces:

- Tobacco, alcohol, and marijuana use by 50%–75%
- Pack-a-day smoking by 25%
- Use of inhalants, narcotics, and hallucinogens.

Program name: The Model Adolescent Suicide Program (MASPP)

Website: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=251>

Program focus: Suicide

Target population: Adolescents

Description: The MASPP program is a public health oriented program that raises awareness about suicidal-behavioral prevention. The goals of the program are to reduce the incidence of suicide and suicide attempts among adolescents through community education about suicide and related behavioral issues, such as child abuse and neglect, family violence, trauma, and alcohol and substance abuse.

Demonstrated success:

- The program was tested in tribal communities where suicide attempts declined and suicide gestures steadily declined.

Program name: Sources of Strength

Website: <http://www.sourcesofstrength.info>

Program focus: Suicide prevention

Target population: Adolescents and young adults

Location: Rural, tribal

Description: Sources of Strength is a comprehensive wellness program initially developed for tribal and rural settings. The program focuses on suicide prevention, but impacts other issues such as substance abuse and violence. The program focuses on developing a village model of supports and a core value that health and healing is best passed through the interconnection of relationships within families, kinship, clans, and especially among adolescents, young adults, and their friendship groups.

Demonstrated success:

At 4 months after baseline, trained peer leaders were more likely than untrained peer leaders to:

- Seek help from adults and others.

- Have knowledge of adult help for suicidal students.
- Demonstrate greater decrease in maladaptive coping attitudes compared with untrained peer leaders.

Program name: Strengthening Families Program

Website: <http://www.strengtheningfamiliesprogram.org/>

Program focus: Substance abuse prevention and recovery

Target population: Families

Location: Rural, tribal

Description: Family-centered strategy to strengthen relationships in families affected by substance abuse. The goal is to reduce the factors contributing to substance use by parents and children, enhance relationships between parents and children, and strengthen parents' recovery skills.

Demonstrated success:

- Significant improvement in parenting domains of empathy, corporal punishment, and role reversal.
- Data on sobriety and relapse collected from female participants demonstrated that completion of the program resulted in longer lengths of sobriety.

Program name: Wellness Initiative for Senior Education (WISE)

Website: <http://www.njpn.org/programs/wise/>

Program focus: Anxiety, stress management, depression, and substance abuse

Target population: Elderly

Location: Rural, suburban, urban

Description: WISE is a curriculum-based program that helps older adults increase their knowledge and awareness of health and aging related issues, understand the consequences of lifestyle choices, and recognize the early signs and symptoms of depression.

Demonstrated success:

- Increase frequency in positive health and health care behaviors.
- Increase in the frequency in which they engaged in positive medication management.
- Increases over time in knowledge about the ability of the body to metabolize alcohol.

Promising Interventions for Communities

Interventions showing meaningful, plausible positive health or behavioral outcomes, and policy, environment, or economic impacts based on evidence from published or unpublished evaluation studies or exploratory evaluations.

Program name: Question, Persuade, and Refer (QPR) Gatekeeper Training

Website: www.qprinstitute.com

Program Focus: Suicide prevention

Target Population: Adults

Description: An online course that emphasizes the three steps of question, persuade, and refer to help someone that might be at risk of suicide. Course participants are given information on common causes of suicide, warning signs, how to “question, persuade, and refer” someone who might be suicidal, and how to get help for someone that is in crisis.

Program name: Yellow Ribbon Suicide Prevention Program

Website: <http://www.yellowribbon.org/>

Program focus: Suicide prevention

Target Population: Youth and their families

Location: Rural, tribal, suburban, urban

Description: The Yellow Ribbon Suicide prevention program is a community- and school-based suicide prevention program that uses a collaborative, grassroots model to decrease suicide risk by promoting help-seeking behavior. This is accomplished by increasing public awareness of suicide prevention, training gatekeepers, and facilitating help-seeking behavior. Yellow Ribbon incorporates a community-wide prevention model that encourages the development of community partners to increase program impact and sustainability.

Models for Schools

Rural schools play an influential role in enforcing positive behaviors and promoting mental health. Mental health is an important issue in schools as it greatly affects a student's academic performance, attitude, and behavior. According to the report [Use of Mental Health Services by Rural Children](http://muskie.usm.maine.edu/Publications/rural/WP39/Rural-Children-Mental-Health-Services.pdf), (http://muskie.usm.maine.edu/Publications/rural/WP39/Rural-Children-Mental-Health-Services.pdf) the school system is the primary source of mental health services for many rural children.

School-led programs may be aimed at improving coping strategies, improving protective factors, and/or increasing access to mental health services. Mental health promotion and substance abuse prevention can help students of all ages reduce:

- depression
- anxiety
- suicide
- criminal activity
- violence

School-based interventions that have been implemented in rural areas include:

- Programs that support the social and emotional development of the students
- Increasing screening programs to identify and assess at-risk groups
- Raising awareness about mental health issues, signs, symptoms, and resources
- Gatekeeper training for adults or peer volunteers so they are able to identify individuals at risk and refer them to appropriate treatment or support services
- Hosting activities dedicated to specific mental health and substance abuse issues, like suicide or being drug-free
- Counseling and support services

Evidence- Based Interventions for Schools

Interventions identified in published systematic reviews, syntheses, or meta-analyses as producing significant, positive health or behavioral outcomes and/or intermediate policy, environmental, or economic impacts based on a structured review of published high-quality, peer-reviewed studies and evaluation reports.

Program name: AlcoholEdu for High School

Website: <http://www.outsidetheclassroom.com/solutions/high-school/alcoholedu-for-high-school.aspx>

Program focus: Substance abuse

Target population: Adolescents (13- 17)

Location: Rural, suburban, urban

Description: AlcoholEdu for High School is an online, interactive alcohol education and prevention course designed to increase alcohol-related knowledge, discourage acceptance of underage drinking, and prevent or decrease alcohol use and its related negative consequences. The three lessons address alcohol's effects on the body and impairments produced at various blood alcohol concentrations; alcohol's effects on the mind, including brain development, blackouts, hangovers, and risk taking; and factors that influence decisions about drinking and strategies for making healthy choices.

Demonstrated success:

- The percentage of students who reported not drinking was significantly higher among students completing the course than among the control group.
- Treatment group participants had less approving attitudes toward drinking than non- participants

Program name: Coping and Support Training (CAST)

Website: <http://www.reconnectingyouth.com/programs/cast/>

Program Focus: Suicide prevention

Target Population: Adolescent (13-17) and young adult (18-25)

Location: Urban and suburban (could be replicated in rural)

Description: CAST delivers life-skills training and social support in a small-group format. The program consists of 12 (55-minute) group sessions administered over 6 weeks by trained high school teachers, counselors, or nurses with considerable school-based experience. CAST serves as a follow-up program for youth who have been identified through screening as being at significant risk for suicide. In the original trials, identification of youth was done through a program known as CARE (Care, Assess, Respond, Empower), but other evidence-based suicide risk screening instruments can be used.

Demonstrated success:

- CAST participants showed significantly greater declines relative to usual care youth in 2 of the 4 suicide risk factors: declines in positive attitudes toward suicide and in suicidal thoughts.
- The rates of decline in these suicidal behaviors were most pronounced in the first 4 weeks after baseline assessment.
- The severity of depression symptoms decreased significantly in the CAST youth relative to usual care youth.
- Rates of decline in anxiety for youth in the CAST intervention were significantly greater than those for non-participants. These effects varied with gender with female youth in CAST showing a steeper decline in anxiety from baseline through the 9-month follow-up assessment.

Program name: Lead and Seed

Website: <https://www.alutiiq.com/capabilities/lead-seed/>

Program focus: Substance abuse

Target population: Adolescents and adults

Location: Rural, suburban, urban

Description: Lead and Seed is a youth-empowered, environmental approach to preventing and reducing alcohol, tobacco and drugs in a community. The two-day, 12-hour, Lead & Seed program training is provided at a local site in the community by a national expert on Alutiiq training. The training is followed by a community action phase to address local problems. Best practice strategies are tracked in a logic model with blueprint and action plans developed during that training. A maximum of 24 participants attend the curriculum training. At least half of the attendees must be youth leaders from middle and/or high school, with the remaining participants being adults who support the youth efforts, such as teachers, guidance counselors, parents, faith community individuals, civic organizations and prevention specialists.

Demonstrated success

- The average post-knowledge assessment was 96% with significant reductions in the use of alcohol, tobacco and other drugs.
- Significant increases occurred in youth leadership, environmental skills, empowerment, decision making, connectivity to youth and adults, advocacy, strategic planning and additional areas.

Program name: Lifelines

Website: <http://www.hazelden.org/web/public/lifelines.page>

Program focus: Suicide prevention

Target population: Adolescent (13-17)

Location: Rural, frontier, urban

Description: The goal of Lifelines is to promote a caring, competent school community in which help-seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret. Lifelines seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.

Demonstrated success:

- Research indicated that participants significantly increased knowledge about suicide, attitudes surrounding suicide intervention, and seeking assistance from adults.

Program name: Not on Tobacco (N-O-T)

Website: <http://www.notontobacco.com>

Program focus: Substance abuse

Target population: Adolescents (13- 17)

Location: Rural, suburban, urban

Description: N-O-T is a school-based smoking cessation program for students who are regular smokers. N-O-T is based on social cognitive theory and incorporates training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure. The program consists of 50-minute group sessions conducted weekly for 10 consecutive weeks, plus four optional booster sessions.

Demonstrated success:

- 8.1% of N-O-T participants in Appalachia reported smoking cessation 3 months after the intervention.
- Smoking cessation was statistically significant for females, but not for males. There also was a significant reduction in smoking over the weekend.

Program name: Penn Resiliency Program

Website: <http://www.ppc.sas.upenn.edu/prpsum.htm>

Program focus: Depression and anxiety

Target population: Adolescents

Location: Rural, frontier

Description: The Penn Resiliency Program is a depression prevention program that seeks to reduce the longevity of symptoms exhibited and/or the severity of symptoms at onset of depression through cognitive-behavioral therapy and problem-solving techniques.

Demonstrated success:

- At the 6-month follow-up, program participants significantly improved for depression and anxiety.
- Significant improvements were observed for the low-depression group related to depression and anxiety at post-intervention.
- The high anxiety intervention group had significantly lower anxiety scores than the control group at post-intervention, but not at follow-up.

Program name: Positive Action

Website: <http://www.positiveaction.net/>

Program focus: Substance abuse

Target population: Children to adults (6-55)

Location: Rural, frontier, tribal, suburban, urban

Description: Positive Action is designed to improve academic achievement, school attendance, and problem behaviors such as substance use, violence, disruptive behaviors, dropping out, and risky sexual behaviors. It is also designed to improve parent-child bonding, family cohesion, and resolution of family conflict.

Demonstrated success:

- Participation in the program demonstrated statistically significant improvements in school performance and behaviors, 71% reduction in substance use in the middle school population, and a 49% reduction in substance use in the high school population.

Program name: Project ALERT

Website: <http://www.projectalert.com/>

Program focus: Substance abuse

Target population: Adolescents (13- 17)

Location: Rural, suburban, urban

Description: Project ALERT seeks to prevent adolescent non-users from experimenting with alcohol, tobacco, and marijuana, and to prevent youth who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences.

Demonstrated success:

- The program successfully curbed marijuana, alcohol and cigarette use as measured immediately after the first year of the program.
- As compared with non-participating students, participants were 30% less likely to have ever tried marijuana, and they were 50-60% less likely to have used marijuana in the last 6 months.

Program name: Project Northland

Website: <http://www.hazelden.org/web/go/projectnorthland>

Program focus: Substance abuse

Target population: American Indian/Alaska Native Adolescents (13- 17)

Location: Rural, frontier, tribal

Description: Project Northland is a 3-year program focused on socio-environmental changes that increase participants' bonding, self-efficacy, social, emotional, and behavioral competencies. The goal of the program is to promote positive youth development and discourage substance use.

Demonstrated success:

- Participation in the program increased ability to resist peer influence, increased likelihood of discussion with parents on drinking related issues, and lowered participant's levels of alcohol use and initiation age for alcohol.

Program name: Project Venture

Website: <http://www.niylp.org/programs.htm>

Program focus: Substance abuse

Target population: American Indian/Alaska Native Adolescents (13- 17)

Location: Rural, frontier, tribal, suburban, urban

Description: Project Venture is an outdoor experiential youth development program. Key components include classroom-based and outdoor learning, adventure camps and wilderness treks, and community-oriented service learning. It aims to develop social and emotional competence that facilitates youth's resistance to alcohol, tobacco, and other drug use.

Demonstrated success:

- Those in the program showed significantly lower substance use over time compared to those not involved in the program.
- This program was significant for alcohol use reduction with lower growth over time.

Program name: Promoting Alternative Thinking Strategies (PATHS)

Website: <http://www.channing-bete.com/paths>

Program focus: Depression and anxiety

Target population: Children (3-13)

Location: Rural, frontier

Description: PATHS is a school-based prevention program to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem solving.

Demonstrated success:

- Children who received PATHS training showed improvements relative to children in comparison schools in several areas, including: vocabulary range, the ability to provide appropriate personal examples of the experience of basic feelings, beliefs that they can hide, manage, and change their feelings, and understanding of cues for recognizing feelings in others.
- PATHS showed significant improvements in these areas for students in special education classrooms.
- All children demonstrated significant decline in internalizing factors and depression scores decreased

Program name: Reconnecting Youth (RY)

Website: <http://www.reconnectingyouth.com/programs/reconnecting-youth/>

Program focus: Mental health disorders and substance abuse

Target population: Adolescent (13-17) and young adults (18-25)

Location: Rural, suburban, urban

Description: RY helps at-risk youth achieve in school and decrease their depression, drug use, anger, and emotional distress. Designed as a semester-long class and offered for school credit, the RY curriculum focuses on skills training within the context of peer groups and adult support.

Demonstrated success:

- Increased school performance, decreased drug involvement and increased mood management.

Program name: The Seven Challenges

Website: <http://www.sevenchallenges.com/Overview.aspx>

Program focus: Substance abuse

Target population: Adolescents (13-17)

Location: Rural, suburban, urban

Description: The Seven Challenges is designed to treat adolescents with substance use and other behavioral problems. Rather than using pre-structured sessions, counselors and clients identify the most important issues at the moment and discuss these issues while the counselor seamlessly integrates a set of

concepts called the seven challenges into the conversation. Skills training, problem solving, and sometimes family participation are integrated into sessions that address drug problems, co-occurring problems, and life skills deficits.

Demonstrated success:

- 3 and 6 month follow-up after treatment revealed that participants had significantly decreased substance use complications (i.e. ER visits, overdoses, etc.) and related problems.
- Symptoms of mental health problems among youth were measured and results indicated that participants had improved symptoms, with scores on all measures decreasing significantly.

Program name: Signs of Suicide (SOS)

Website: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>

Program focus: Suicide prevention

Target population: Adolescent (13-17)

Location: Rural, frontier, tribal

Description: SOS uses a curriculum that raises awareness about suicide and related issues and provides a brief screening for depression and other risk factors associated with suicide. This is a two day school-based intervention that teaches high school students how to respond to suicide as an emergency.

Demonstrated success:

- SOS participants were 40% less likely than comparable students who did not participate in the intervention to report attempting suicide in the past 3 months.
- SOS participants demonstrated greater knowledge about depression and suicide after participating in the intervention

Program name: Teaching Kids to Cope (TKC)

Website: <http://www.pitt.edu/~krp12/>

Program focus: Depression

Target population: Adolescents

Location: Rural, frontier

Description: TKC is a cognitive behavioral health education program based on stress and coping theory. The program teaches participants skills to address and cope with stressful life events and decrease their depressive symptoms, provide information about coping with self-image, family relationships, alternative ways of reacting and responding to a situation and identifying concrete problem solving tasks.

Demonstrated success:

- Significant increase in depressive symptoms for female participants and both male and females significantly improved help seeking behaviors.

Program name: Too Good for Drugs (TGFD)

Website: <https://www.mendezfoundation.org/toogood/>

Program focus: Substance abuse

Target population: Children and adolescents (5-17)

Location: Rural, suburban, urban

Description: TGFD builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers. The program is designed to benefit everyone in the school by providing needed education in social and emotional competencies and by reducing risk factors and building protective factors that affect students in these age groups. TGFD focuses on developing personal and interpersonal skills to resist peer pressure, set personal goals, develop decision-making skills, bond with others, have respect for self and others, manage emotions, and have effective communication and social

interactions. The program also provides information about the negative consequences of drug use and the benefits of a nonviolent, drug-free lifestyle.

Demonstrated success:

- TGFD has shown significant increases in negative attitudes toward drugs and violence and increased emotional competence, social resistance skills, goal setting and decision-making ability.
- Participants showed less likelihood to smoke cigarettes, use alcohol or drugs, and engage in delinquent behaviors.

Program name: The Zuni Life Skills Program

Website: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=81>

Program focus: Suicide prevention

Target population: American Indian/Alaska Native Adolescent (13-17)

Location: Rural, frontier, tribal

Description: The Zuni Skills Development Program is a community led program based in high schools. The program has seven major units that focus on building self-esteem, increasing communication and problem solving skills, identifying emotions and stress, receiving suicide crisis intervention training, engaging in individuals and collective goal setting, recognizing and eliminating self-destructive behavior, and learning about the current information surrounding suicide prevalence.

Demonstrated success:

- The program increased suicide prevention skills and student's ability to intervene in peer's suicidal crisis prevention.
- The program also decreased feelings of hopelessness.

Promising Interventions for Schools

Interventions showing meaningful, plausible positive health or behavioral outcomes, and policy, environment, or economic impacts based on evidence from published or unpublished evaluation studies or exploratory evaluations.

Program name: At-Risk for High School Educators

Website: <http://www.kognito.com/products/highschool/>

Program focus: Suicide prevention

Target population: High school educators

Location: Rural, frontier, suburban, urban

Description: At-Risk for High School Educators is a 1-hour online, interactive gatekeeper training simulation designed to prepare high school teachers and staff to recognize the common indicators of psychological distress and how to approach an at-risk student for referral to the appropriate school support service.

Program name: The Trevor Project

Website: <http://www.thetrevorproject.org/>

Program focus: Suicide prevention

Target population: LGBTQ (lesbian, gay, bisexual, transgender, and questioning) Adolescents (10-17)

Location: Suburban, urban (could be replicated in rural)

Description: The Trevor Project is a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth. The Trevor Project operates three core program areas in order to provide life-saving and life-affirming resources for LGBTQ youth and to create safe, accepting and inclusive environments for all young people, regardless of sexual orientation or gender identity.

Models for Health Care Settings

Health care settings in rural areas use a variety of approaches to address the mental health and substance use needs of their clients. Although there are specific clinical treatments and prescriptions for these issues, this toolkit focuses on other innovative programs and strategies used in clinical settings.

Advancements in technology have created increased opportunities for the delivery of mental health services in rural areas. Telehealth can provide access to specialty care, reduce the burden of traveling, increase treatment compliance, and improve collaborations with existing health care systems in the rural community.

Co-location of behavioral health within primary care settings and primary care within behavioral health settings is an approach that has been shown to be effective. According to the [Agency for Healthcare Research and Quality](http://www.ahrq.gov/research/findings/evidence-based-reports/mhsapc-evidence-report.pdf), (<http://www.ahrq.gov/research/findings/evidence-based-reports/mhsapc-evidence-report.pdf>) interdisciplinary collaboration improves patient/client outcomes by addressing both the physical and mental needs of patients with an appreciation of their interrelatedness. In a rural setting, integration can also help reduce stigma and discrimination, by allowing patients to receive mental health treatment in the same location where they receive primary care.

Health care settings vary greatly across rural communities. Providers and mental health professionals working in these areas have incorporated mental health into their delivery of care or used several approaches to meet the needs of their populations. Some of these strategies include:

- Screening for co-occurring disorders
- Co-location and clinical integration of services
- Telehealth
- Case management for individuals with complex health needs
- Increased use of screening tools and referral systems

Screenings and Questionnaires for Health Care Setting

Instrument name: AUDIT-C Alcohol Questionnaire

Website: http://www.integration.samhsa.gov/images/res/tool_auditc.pdf

Program Focus: Substance abuse

Target Population: Adolescents and adults (13-55+)

Location: Rural, suburban, urban

Description: The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol disorders (including alcohol abuse or dependence). The AUDIT-C can be stand alone or can be incorporated into general health history questionnaires.

Instrument name: Patient Health Questionnaire (PHQ-9)

Website: <http://www.integration.samhsa.gov/images/res/PHQ - Questions.pdf>

Program Focus: Depression

Target Population: Adolescents and adults (13-55+)

Location: Rural, suburban, urban

Description: The PHQ-9 is a 9-item depression scale. It can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response. The nine items of the PHQ-9 are based directly

on the nine diagnostic criteria for major depressive disorder in the DSM-IV (Diagnostic and Statistical Manual Fourth Edition). This can help track a patient's overall depression severity as well as the specific symptoms that are, or are not, improving with treatment.

Instrument name: Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

Website: http://www.integration.samhsa.gov/images/res/SAFE_T.pdf

Program Focus: Suicide prevention

Target Population: Adolescents and adults (13-55+)

Location: Rural, suburban, urban

Description: SAFE-T was developed in collaboration with the Suicide Prevention Resource Center and Screening for Mental Health. This suicide assessment should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, pertinent clinical change for inpatients, prior to increasing privileges, and at discharge.

Evidence- Based Interventions for Health Care Settings

Interventions identified in published systematic reviews, syntheses, or meta-analyses as producing significant, positive health or behavioral outcomes and/or intermediate policy, environmental, or economic impacts based on a structured review of published high-quality, peer-reviewed studies and evaluation reports.

Program name: Adolescent Community Reinforcement Approach (A-CRA)

Website: <http://www.chestnut.org/LI/ACRAACC>

Target Population: Adolescents and Adults (12-22)

Location: Rural, suburban, urban

Description: A-CRA is an outpatient behavioral intervention that seeks to transform abuse enabling environments to ones that hinder alcohol and drug use. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose among procedures that address problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in pro-social activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems.

Demonstrated success:

- Thirty-month follow-up data revealed that A-CRA had a significant long-term clinical advantage when compared to one other intervention and a non-significant advantage compared to a family systems approach.
- Findings showed that youth assigned to A-CRA reported significantly reduced substance use (37% v. 17% reduction), depression (40% v. 23%), and increased social stability (58% v. 13%).

Program name: Alcohol and Substance Abuse Services, Education, and Referral to Treatment (ASSERT)

Website: <http://www.bu.edu/bniart/sbirt-experience/sbirt-programs/sbirt-project-assert/>

Program Focus: Substance abuse prevention

Target Population: Adolescents to adults (13-55)

Location: Rural, suburban, urban

Description: Project ASSERT is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Individuals visiting a participating health clinic or ED for medical care are screened for substance use by Project ASSERT interventionists—

peer educators or ED staff members who have been trained to deliver the intervention. Patients with a positive screening result are engaged by interventionists with the Brief Negotiated Interview (BNI), a semi-scripted, motivational interviewing counseling session that focuses on the negative consequences associated with drug use and unhealthy drinking. Using the BNI, the interventionist builds rapport with the patient; asks the patient for permission to discuss drug and alcohol use; and develops an action plan, which includes direct referrals and access to substance abuse treatment.

Demonstrated success:

- The percentage of participants who were abstinent from cocaine and opiate use was higher for the intervention group than the comparison group.
- The number of reported marijuana use days in the prior 30 days was fewer for participants in the intervention group compared with those in the comparison group.
- From baseline to the 3-month follow-up, intervention group participants reported a greater decrease in drinks per week than comparison group participants.

Program name: Depression Improvement Across Minnesota, Offering a New Direction (DIAMOND)

Website: https://www.icsi.org/health_initiatives/mental_health/diamond_for_depression/

Program Focus: Depression

Target Population: Adults (18-55+)

Location: Rural, suburban, urban

Description: The DIAMOND Initiative is a care management program that provides systematic and coordinated care for adult clients with major depression in primary care settings. The program's key elements include assessment and monitoring with the PHQ-9, use of registry for systematic tracking, formal care protocols for providers to know how to change or intensify treatment, a care manager to provide education and support to help the clients reduce their depression symptoms and improve their ability to function, a psychiatrist to review client cases with the care manager and consult with the primary physician, and relapse prevention for clients.

Demonstrated success

- After four years of implementation and more than 9,000 clients, the DIAMOND program is getting roughly five times as many clients with depression into remission by six months compared to clients receiving typical primary care treatment.
- Among clients who entered the program and were able to be contacted and re-measured at six months, 49% were in remission (no longer depressed) and 66% had at least a 50% reduction in the severity of their depression.

Program name: Emergency Department Means Restriction Education

Website: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=15>

Contact: Dr. Markus Kruesi, Kruesi@musc.edu or (843) 792-0135

Program Focus: Suicide prevention

Target Population: Children, adolescents, and young adults and their parents

Location: Rural, suburban, urban

Description: Emergency Department Means Restriction Education is an intervention for the adult caregivers of youth (aged 6 to 19 years) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide. The intervention gives parents and caregivers specific, practical advice on how to dispose of or lock up firearms and substances that may be used in a suicide attempt.

Demonstrated success

- Parents/caregivers who received the intervention were significantly more likely to report limiting access to medications that can be used in an overdose suicide attempt compared with a control group of parents/caregivers who did not receive the intervention
- Parents/caregivers who received the intervention were significantly more likely to take action to limit access to firearms compared with a control group of parents/caregivers who did not receive the intervention.

Program name: Improving Mood--Promoting Access to Collaborative Treatment (IMPACT)

Website: <http://impact-uw.org>

Target Population: Elderly (60+)

Location: Rural, frontier, urban

Description: IMPACT is an intervention for clients 60 years or older who have major depression, PTSD, or dysthymic disorder. The intervention is a 1-year, stepped collaborative care approach in which a nurse, social worker, or psychologist works with the client's regular primary care provider to develop a course of treatment. Intervention participants receive a 20-minute educational video and a booklet about late-life depression and are encouraged to have an initial visit with a depression care manager (DCM).

Demonstrated success:

- Participants reported a lower severity of depression than participants assigned to usual care.
- Participants reported less functional impairment than participants assigned to usual care.
- Participants reported increased overall quality of life.

Program name: Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)

Website: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=257>

Contact: Dr. Patrick J. Raue, praue@med.cornell.edu

Program Focus: Depression

Target Population: Adults 55+

Location: Rural, suburban, urban

Description: PROSPECT aims to prevent suicide among older primary care patients by reducing suicidal ideation and depression. It also aims to reduce their risk of death. The intervention components are (1) recognition of depression and suicidal ideation by primary care physicians, (2) application of a treatment algorithm for geriatric depression in the primary care setting, and (3) treatment management by health specialists (e.g., nurses, social workers, psychologists). The treatment algorithm assists primary care physicians in making appropriate care choices during the acute, continuation, and maintenance phases of treatment. Health specialists collaborate with physicians to monitor patients and encourage patient adherence to recommended treatments.

Demonstrated success

- Compared with patients in the control group, those in the intervention group were less likely to report suicidal ideation at 4-month and 8-month assessment.
- At 5-year follow-up, participants with major depression in the intervention group had a significantly lower mortality rate than their counterparts in the usual care group.

Program name: Primary Care Research in Substance Abuse and Mental Health for the Elderly (PRISM-E)

Website: http://www.samhsa.gov/aging/age_07.aspx

Target population: Elderly, Veterans

Location: Rural, suburban, urban

Description: PRISM-E was a federally-funded behavioral health services research study that compared effectiveness of an integrated primary health care approach to an enhanced version of specialty behavioral health services accessed through referral for older adults. PRISM-E was developed to compare the effectiveness of two common service delivery models to treat behavioral health care problems.

Demonstrated success:

- Primary care clinicians stated that integrated care led to better communication between primary care clinicians and mental health specialists (93%), less stigma for patients (93%), and better coordination of mental and physical care (92%).
- Providers also felt that integrated care led to better management of depression (64%), anxiety (76%), or alcohol problems (66%).

Program name: Program to Encourage Active Rewarding Lives for Seniors (PEARLS)

Website: <http://www.pearlsprogram.org/>

Target population: Adults and seniors (65+) with epilepsy

Location: Rural, suburban, urban.

Description: PEARLS is an in-home, brief counseling program that empowers adults to manage depression and improve their quality of life. It teaches three depression management techniques: problem solving, planning social and physical activities, and scheduling pleasant events.

Demonstrated success:

- Participants were three times more likely to significantly reduce depressive symptoms or completely eliminate their depression compared to non-participants.
- Participants also improved their functional and emotional well-being.
- Study results also showed a strong trend toward reduced hospitalization.

Program name: Re-Engineering Systems for the Primary Care Treatment of Depression (RESPECT)

Website:

http://columbiauniversity.us/itc/hs/medical/clerkships/primcare/case/depression/library/reengineering_practice_depression.pdf

Program Focus: Depression

Location: Rural, suburban, urban

Description: In the RESPECT program, health care organizations use a Three Component Model (TCM) to manage depression, as recommended by the United States Preventive Services Task Force. The three components are care management, collaboration between mental health and primary care professionals, and preparing providers for the depression management program by providing training and tools. Clinicians receive a two-hour training session on diagnostic assessment, use of the PHQ-9 and the role of care management. Clinicians are responsible for recognition, diagnostic evaluation, initial management of depression, and follow-up care. A care manager calls patients to offer support at 1, 4 and 8 weeks after the initial primary care visit, then on a monthly basis thereafter until remission of the patient's depression.

Demonstrated success:

- After six months, 60% of RESPECT-Depression patients responded to treatment compared to 47% in usual care.
- After six months, 90% of RESPECT-Depression patients rated their depression care as either good or excellent compared to 75% with usual care.

Program name: Telemedicine-Based Collaborative Care

Website: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=127>

Program focus: Depression

Target population: Adult (26-55) and Older adults (55+)

Location: Rural

Description: Telemedicine-Based Collaborative Care is designed to improve patient depression outcomes in rural primary care practices that lack on-site mental health specialists. The intervention is an adaptation of the collaborative care model for rural Department of Veterans Affairs (VA) primary care practices using telemedicine technologies including telephone, interactive video, Internet, and electronic medical records. In the collaborative care approach to depression treatment, primary care providers work in conjunction with a depression care team that consists of non-physicians (e.g., nurses, pharmacists) and mental health specialists (e.g., psychologists, psychiatrists).

Demonstrated success:

- Patients in the intervention group had significantly greater odds of being adherent to their medication protocol than those receiving treatment without a depression care team at both 6-month and 12-month follow-up.
- At 6-month follow-up, patients in the intervention group were significantly more likely to experience improved clinical outcomes than those receiving treatment without a depression care team ($p = .02$), with a large effect size (odds ratio = 1.94). There were no significant findings for this outcome at 12 months.
- At 12-month follow-up, patients in the intervention group had significantly greater odds of achieving remission from depression compared with those receiving usual care.

Promising Interventions for Health Care Setting

Interventions showing meaningful, plausible positive health or behavioral outcomes, and policy, environmental, or economic impacts based on evidence from published or unpublished evaluation studies or exploratory evaluations.

Program name: Clearfield-Jefferson Hepatitis C and Substance Abuse Expansion Project

Website: <http://www.cjdac.org/services/Hepatitis1.html>

Target Population: Adults (18- 55)

Location: Rural

Description: This project increases access to services for individuals with substance abuse and who are at high risk for Hepatitis C. This program uses students in a licensed practical nurse program to administer a Hepatitis C screen to those that have been identified as substance abusers. Some groups that are specifically targeted are methadone clinics and individuals who are referred by primary care physicians.

Program name: Enhancing Rural Mental Health Access through Peer-to-Peer Telemedicine Network

Website: <http://www.aspin.org/testsite/?q=node/19>

Target Population: Adults 55+

Location: Rural

Description: The goal of this program is to increase the number of rural community mental health clients receiving necessary mental health services, especially psychiatric services. The program also hopes to increase the number of rural primary care patients utilizing integrated mental health services at their local primary care clinic.

Module 5: Evaluating Rural Mental Health and Substance Abuse Programs

Evaluating rural mental health and substance abuse programs is critical to identifying methods and strategies that work well in rural areas. Evaluations can help communities assess their programs' effectiveness and help program staff manage their work.

This module focuses on key factors required for effective evaluation processes.

In this module:

- [Importance of evaluation](#)
- [Evaluation designs](#)
- [Evaluation planning](#)
- [Quantitative and qualitative data](#)
- [Data collection](#)
- [Data security](#)
- [Confidentiality](#)
- [Evaluation reporting](#)

Much of the material used in this module was drawn from the Substance Abuse and Mental Health Services Administration's [Non-Researcher's Guide to Evidence-Based Program Evaluation](#).

http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0401_0010.html

Resources to Learn More

- Framework for Evaluation in Public Health
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
Report
Organization: Centers for Disease Control and Prevention
Date: 1999
- Framework for Program Evaluation
<http://www.cdc.gov/eval/framework/>
Web Site
Organization: Centers for Disease Control and Prevention
- The Program Evaluation Standards
<http://www.eval.org/p/cm/ld/fid=103>
Organization: American Evaluation Association
Date: 2012
- Guiding Principles for Evaluators
<http://www.eval.org/p/cm/ld/fid=51>
Organization: American Evaluation Association
Date: 2004
- W.K. Kellogg Foundation Evaluation Handbook
<http://www.wkcf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation->

Importance of Program Evaluation

Program evaluation is the systematic process of studying a program, practice, intervention, or initiative to see how well it is achieving its goals.

Program evaluations can be used to:

- demonstrate impact to funders
- suggest improvements for continued efforts
- seek support for continuing the program
- gather information on the approach that can be shared with others
- help determine if an approach would be appropriate to replicate in other locations with similar needs

Evaluation Designs

Evaluation design refers to the approach used to monitor and assess a study, program, or project. Some key factors in the selecting an appropriate design include:

- Intervention goals
- Evaluation questions
- Purpose of the evaluation
- Available resources

Community mental health and substance abuse programs often apply a combination of strategies to address their program goals. Evaluations should be designed to be sensitive to the full range of program activities. For those programs supported by grant funding that lasts only a few years, it can be helpful to focus on outcomes that build a case that the program/project is moving in the desired direction.

A high-quality evaluation is not more or less likely to show that your program is effective. Clearly documenting that you have conducted a high-quality evaluation will encourage people to take a critical look at your efforts and consider your conclusions as accurate. There are many ways to design an evaluation, and some are considered more rigorous than others. Evaluation designs can be separated by at least [three factors](http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0404_0010.html): http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0404_0010.html

- Presence/absence of a control group
- Frequency of measurement
- Random or non-random assignment (typically not an option for smaller, community-based programs)
- Evaluation studies can be used to assess the *process*, *outcome*, and/or *impact* of your program

Mental health and substance abuse programs tend to use one of three types of evaluation models:

- **Experimental designs**
Used to determine that a program causes a particular outcome. Involves randomly assigning participants to a treatment or control group.
- **Quasi-experimental designs**
Do not have a random assignment component, but may involve comparing a treatment group to a similar group not participating in the program.
- **Pre-experimental approaches**
Do not involve a comparison group. May measure outcomes of one group of participants at different points in time, such as before and after a program, or during a program and after a program. May involve collecting data only immediately after participation, before and after, or before and after plus a later follow-up.

In reality, few will be able to develop evaluations beyond the pre-experimental design.

Process, Outcome, and Impact Evaluation

Three different types of evaluation can be used to learn about the degree to which program implementation has been successful:

- **Process evaluation**
Assesses how the program was implemented and whether it was implemented as intended. Key focus areas may include the quality and effectiveness of the program. A process evaluation usually does not seek to provide evidence that a program is effective, although it may provide insight to why a program is or isn't working.
- **Outcome evaluation**
Assesses program effects and is used to make recommendations for future program improvements. Key focus areas may include expected and unexpected outcomes and program reach.
- **Impact evaluation**
Assesses the fundamental intended or unintended change occurring in organizations, communities, or systems as a result of program activities. An impact evaluation is focused on long-term, more global changes than an outcome evaluation.

Resources to Learn More

- Non-Researcher's Guide to Evidence-Based Program Evaluation
http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0401_0010.html
Organization: National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration
- Quasi-Experimental Evaluations: Part 6 in a Series on Practical Evaluation Methods
http://www.childtrends.org/wp-content/uploads/2008/01/Child_Trends-2008_01_16_Evaluation6.pdf
Author: Moore K
Organization: Child Trends
Date: 2008

Evaluation Planning

The evaluation plan should be completed *before* the intervention begins. A written plan should be developed that specifies what you will evaluate and how. The planning process usually involves determining:

- Questions the evaluation will attempt to answer. For example:
 - Is the program being implemented as intended?
 - Is the program reaching its target population?
 - What are the barriers to implementing the program?
 - What efforts to overcome barriers have been effective?
 - Is the program achieving its objectives?
 - What are the actual outcomes?
 - Is the program cost-effective?
- Who will serve as your study sample (intervention and/or control group)
- Outcomes, measures, and data sources that will be used. Outcomes should be:
 - Relevant to your program's goal and objectives.
 - Important to achieve if your program is to attain its objectives.
 - Indicative of meaningful changes.
- The statistical power (the sample size you need to be reasonably likely to find an effect of your program)

Quantitative and Qualitative Data

Communities may wish to use a combination of qualitative and quantitative methods to evaluate a mental health or substance abuse program. The type of analysis used will be greatly influenced by the type of data collected. To be useful to you as well as other stakeholders and decision-makers, your analysis should provide forthright, readily interpretable information about program processes and effectiveness. When considering the type of data you need and subsequent analyses to be conducted, always review the ultimate study goals and questions your evaluation seeks to answer.

If you are using an experimental or quasi-experimental design, the emphasis of your evaluation will be the collection and analysis of quantitative data, since statistical tests can be applied to this type of data.

- **Quantitative data**- can be counted and expressed in numerical terms, such as information collected in a survey or questionnaire completed by a participant or another person, such as a teacher, parent, or spouse.

Depending on the questions posed by your study, you may also seek to collect qualitative data. Qualitative data can provide important insights and context (such as the attitudes and beliefs of people involved in your program) that are not available in quantitative data.

- **Qualitative data**- includes information that is difficult to measure, count, or express in numerical terms. Analysis of qualitative data helps organize individual responses into themes that allow you to identify data trends.

Interviews and focus groups are two of the most common ways of collecting qualitative data:

- **Interviews** - respondents are asked open-ended questions permitting them to express in their own words their experiences with and attitudes toward the program (e.g., personal experience with program practices and issues)
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf>
- **Focus Groups** – are small group discussions, facilitated by a *trained* leader to explore a topic in depth. As with all data collection strategies, success depends on thorough planning on topics like what you want to learn and why.
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>

Resources on Qualitative and Quantitative Methods

Conducting In-Depth Interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input

<http://www.pathfinder.org/publications-tools/pdfs/Conducting-In-Depth-Interviews-A-Guide-for-Designing-and-Conducting-In-Depth-Inteviews-for-Evaluation-Input.pdf?x=157&y=23>

Organization: Pathfinder International

Authors: Carolyn Boyce, Palena Neale

Date: 05/2006

Data Collection & Analysis

Organization: CDC Division of Adolescent and School Health

<http://www.cdc.gov/healthyyouth/evaluation/data.htm>

See:

- [Data Collection Methods for Program Evaluation: Focus Groups](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf)
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf>
- [Data Collection Methods for Program Evaluation: Interviews](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf)
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf>
- [Analyzing Qualitative Data for Evaluation](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief19.pdf)
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief19.pdf>
- [Analyzing Quantitative Data for Evaluation](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief20.pdf)
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief20.pdf>

Focus Groups Tips for Beginners

<http://www-tcall.tamu.edu/orp/orp1.htm>

Organization: Texas Centers for the Advancement of Literacy & Learning

Author: Jacqueline M. Barnett

Date: 2002

From Their Lives: A Manual on How to Conduct Focus Groups of Low-income Parents

<http://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?article=1100&context=facbooks>

Organization: Institute for Child and Family Policy, Edmund S. Muskie School of Public Service

Authors: Helen Ward, Julie Atkins

Date: 09/2002

Qualitative Data Analysis

<http://www.qualisresearch.com/DownLoads/qda.pdf>

Date: 1998
Author: John V. Seidel

Qualitative Research Guidelines Project: Focus Groups

<http://www.qualres.org/HomeFocu-3647.html>

Organization: Robert Wood Johnson Foundation

Authors: D. Cohen, B. Crabtree

Date: 2006

Data Collection

To conduct a successful evaluation, you will need to identify appropriate data sources. Depending on your outcomes, data sources may include:

- Individuals participating in your program
- People who can provide information on program participants, such as teachers, parents, and spouses
- Staff involved in program implementation
- Program documentation, such as training materials, schedules, and other records
- Other existing databases or documents, such as school records, state records, police reports, national datasets, or records from your own agency

Data collection involves more than simply administering surveys and checklists or reviewing records and other secondary data sources. It also involves data management activities such as obtaining permission to collect data on or from participants, developing strategies to retain participants, and putting a process in place for managing and securing the data.

- **Informed consent** - enables participants to learn exactly what participation in the evaluation involves, including any potential risks or benefits, so that they can make an informed and voluntary decision to participate or not to participate. For participants younger than 18 years, you may need to obtain their assent as well as consent from their parent(s). In some cases organizations conducting the evaluation will need to get permission from their Institutional Review Board (IRB) in order to assure participants are protected.
- **Participant retention** - is critical to the success of any evaluation that involves more than a single point of data collection. Retention strategies must be comprehensive to ensure that data is collected at each time point from a maximum number of participants. For strategies to address retention, see [Tips for Maximizing Participant Retention](http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0406_0240.html) (http://nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0406_0240.html) in SAMHSA's Non-Researcher's Guide to Evidence-Based Program Evaluation.

Data Security

The safe and proper handling of data is one of the most important responsibilities of evaluators. The loss or misuse of data threatens the success of your study, and more importantly, it may represent a violation of study participants' rights and could put them at risk. The information collected in evaluations of mental

health and substance abuse programs is often highly personal and sensitive in nature, making the stakes particularly high.

Your approach to managing and securing data should be thoughtfully developed and outlined in a *data collection plan*. The data collection plan identifies the instruments to be used, the person responsible for their administration, the timing and/or frequency of administration, and the specific information collected, and required staff training. In addition, the plan should document how you will enter, track, store, and secure data.

Activities and responsibilities involved in data management include:

- **Data identification** – When training staff and developing written protocols, emphasize the importance of labeling and identifying data so that responses can be identified and traced back to the source.
- **Data tracking** – Use a chart or other tracking system to document the overall progress of data collection (e.g., use a chart that lists all of the measures by name, showing the data source and collection method).
- **Data entry and management** – Evaluations usually generate enough information to require the use of a database. Using a database allows you to know at a glance how many people have responded, when, and if there are any missing participant data, and to conduct your analyses.
- **Data storage and security** – Store any information collected through your evaluation in a secure place. Keep written surveys or other papers with confidential information in locked filing cabinets. Determine exactly who should have access to the data and put controls in place to limit access. Electronic systems can fail, so it is a good idea to institute redundant systems.

Confidentiality

It is important to maintain strict confidentiality at all times. Any information collected from or about participants must not be divulged to others without permission and data must be safely and securely maintained and stored. A *confidentiality plan* is usually included as part of the overall data collection plan and details the steps that will be taken to ensure that the data, are not shared inappropriately.

In most research, assuring confidentiality requires following some routine practices such as:

- Substituting codes for identifiers
- Removing face sheets (containing items like names and addresses) from survey instruments
- Properly disposing of computer sheets and other papers
- Limiting access to identified data
- Storing research records in locked cabinets.

Some evaluations may require more elaborate procedures to give subjects the confidence needed to participate and answer questions honestly.

Some tips for maintaining confidentiality include:

- Design protocols to minimize the need to collect and maintain identifiable information about participants (e.g., use codes/numbers rather than names).
- Store data in a locked and safe location accessible only to the research team.
- When you must tie study data to identifying information, do your best to maintain confidentiality. For example, require a confidentiality agreement from all involved with data collection, management, and/or analysis.

Evaluation Reporting

If evaluation findings are to have any real impact, they need to be disseminated to stakeholders in ways that are relevant to their perspectives and interests. An evaluation report should:

- Synthesize everything learned from the evaluation of the program or initiative
- Provides a comprehensive discussion of each of the major components of the evaluation:
 - Planning
 - Implementation
 - Completion
 - Key findings
 - Conclusions
- Identify potential areas for program improvement or refinement

Additional Evaluation Resources

Additional reference materials on program evaluation methods and design, reliability and validity, and reporting are available:

Non-Researcher's Guide to Evidence-Based Program Evaluation: Further Reading

<http://nrepp.samhsa.gov/Courses/ProgramEvaluation/resources/further.html>

Organization: National Registry of Evidence-based Programs and Practices, Substance Abuse and Mental Health Services Administration

Module 6: Dissemination of Rural Mental Health and Substance Abuse Best Practices

Disseminating results is an important step in building and maintaining relationships with project partners and funders. It is also important to gain local support and buy-in from the community. Rural programs are disseminating their projects in different ways—from participating in meetings at regional and national conferences to crafting annual reports and issue briefs. Programs are reporting their results to stakeholders including county public health departments, county commissioners, state government staff, school superintendents, faith-based organizations, and other regional and local entities.

In this module:

- [Methods of dissemination](#)
- [Sharing successes](#)

Methods of Dissemination

Common methods of dissemination include:

- Publishing program or policy briefs
- Publishing project findings in national journals and statewide publications
- Presenting at national conferences and meetings of professional associations
- Presenting program results to local community groups and other local stakeholders
- Creating and distributing program materials, such as flyers, guides, pamphlets and DVDs
- Summarizing findings in progress reports for funders
- Disseminating information on an organization's website
- Discussing project activities on the local radio
- Publishing information in the local newspaper
- Hosting health promotion events at health fairs and school functions
- Using the 2-1-1 system to publicize available services and resources
- Submitting information about your project to be included in the Rural Assistance Center's [Rural Health Models and Innovations Hub](#)

Sharing Successes

When implementing a community-based program, it is important to share with the community what lessons were learned and what impact the effort had on the community. Sharing program outcome information will empower community stakeholders to make decisions about the program's sustainability and whether they will participate in future programs. Program results may also interest others who seek to address similar issues in their own rural communities.

Various dissemination methods and vehicles may be used to share the successes of mental health and substance abuse programs. Programs disseminate project findings and lessons learned at the local, state and national level in order to reach as many people as possible.

When sharing successes, it is important to highlight the following:

- Effectiveness of the program
- Acceptability in the community
- Sustainability
- Program mission

To share results, programs should:

- Identify their target audience
- Establish strategic partnerships
- Develop messages that highlight key aspects of their program
- Select communication and dissemination mediums

Also, for more information about sharing successes, please visit RAC's [Rural Health Models and Innovations Hub](#).

Resources to Learn More

[Healthy Communities Program Success Stories](#)

Website/Tool

A tool that can help communities to tell the story of their program and showcase program activities.

Organization: Centers for Disease Control and Prevention

[How to Develop a Success Story](#)

Guide

This document describes the important steps needed in order to create and communicate success stories.

Organization: Centers for Disease Control and Prevention (CDC)

Date: 12/2008

[Elements of a Strategic Communications Plan](#)

This guide provides a template for creating an effective communications plan.

Organization: W.K. Kellogg Foundation

Module 7: Program Clearinghouse

The HRSA Office of Rural Health Policy funded rural communities to implement community mental health and substance programs as part of the 330A Outreach Authority program. This program focuses on building health care capacity in rural areas.

Examples of current 330A Outreach Authority grantees that developed a mental health or substance abuse program in a rural community are provided below. Program model information is available in [Module 2: Program Models](#).

[ABC for Rural Health](#)

Project Title: Western Wisconsin Mental Health Benefits Counseling Project

Synopsis: Promote greater access to mental health coverage and treatment in rural Wisconsin.

[Adelante Juntos Coalition](#)

Project Title: STOP! Underage Drinking Project

Synopsis: Raise public awareness about substance abuse and provide education and resources to help residents maintain healthy, drug-free environments.

[Armstrong-Indiana-Clarion Drug and Alcohol Commission](#)

Project Title: Nurse Navigator & Recovery Specialist Outreach Program

Synopsis: Establish a system for referral to identify clients who have concurrent substance abuse and chronic health care needs.

[Central Mississippi Residential Center \(CMRC\)](#)

Project Title: Youth Mental Health Day

Synopsis: Address mental health stigma and focus on behavior-related office discipline referrals, suicide ideation, bullying, substance abuse and dating violence.

[Clearfield-Jefferson Drug and Alcohol Commission](#)

Project Title: Clearfield-Jefferson Hepatitis C and Substance-Abuse Expansion Project

Synopsis: Consortium to develop and implement a comprehensive system of services for substance abusers who are at high risk for viral Hepatitis C.

[Lake County Tribal Health Consortium \(LCTHC\), Inc.](#)

Project Title: Linkages

Synopsis: Expand behavioral health for Native American families through integrated services.

[Indiana Rural Health Association](#)

Project Title: Peer-to- Peer Telemedicine Network

Synopsis: Enhance rural mental health access through peer-to- peer telemedicine networks.

ABC for Rural Health

Project Title: Western Wisconsin Mental Health Benefits Counseling Project

Purpose: Develop, test, and implement new technology and strategies to measurably promote greater access to mental health coverage and treatment living in rural Wisconsin.

Location: Wisconsin

Grant Period: 2012-2015 ORHP Outreach Grant Cycle

Contact: Mike Rust, miker@co.polk.wi.us

Website: <https://www.safetyweb.org/ruralHealth.html>

Intervention Setting: Community

Models Represented by this Program: [Health Benefits Counseling](#) and [My Coverage Plan \(MCP\)](#)

Program Overview: ABC for Rural Health works in collaboration with Wisconsin county health departments, rural centers, and other health organizations to promote Health Benefits Counseling. These collaborations develop multi-purpose education strategies to inform customers, providers, and the broader community of health care coverage options while also advocating directly for individuals disenfranchised from health care coverage and services. Additionally, through this program the ABC for Rural Health reviews current benefits and actively reviews denials of mental health coverage for treatment and services.

Adelante Juntos Coalition

Project Title: STOP! Underage Drinking Project

Purpose: Raising public awareness about substance abuse and providing education and resources to help residents maintain healthy drug free environments.

Location: Arizona

Grant Period: 2009-2015 ORHP Outreach Grant Cycle

Contact: Manuel Guzman, manny@luzsocial.com

Intervention Setting: Community

Models Represented by this Program: [Sembrando Salud](#)

Program Overview: The program is focused on substance abuse prevention among Latino populations in rural Arizona. The program provides education and outreach to 6th-12th grade students in order to reduce underage use of alcohol and binge drinking. The program employs curriculum and drug-free environments that reinforce cultural pride and positive social norms and practices related to alcohol use.

Armstrong-Indiana-Clarion Drug and Alcohol Commission

Project Title: Nurse Navigator & Recovery Specialist Outreach Program

Purpose: Addresses physical and behavioral health by establishing a system for referral to identify clients who have concurrent substance abuse and chronic health care needs.

Location: Pennsylvania

Grant Period: 2012-2015 ORHP Outreach Grant Cycle

Contact: Kami Anderson, kanderson@aidac.org

Intervention Setting: Health care setting

Models Represented by this Program: [Community Health Worker Care Coordinator/Manager Model](#)

Program Overview: The goal of this program is to enhance rural physical and behavioral health care delivery utilizing the Community Health Worker Care Coordinator/ Manager Model in a drug and alcohol treatment setting. The project aim is to address physical and behavioral health by establishing a system for referral to identify clients who have concurrent substance abuse and chronic health care needs. Clients are also provided with wellness classes related to weight loss, exercise, smoking cessation, and

diabetes prevention. As part of this project, they work with medical providers to address and reduce stigma and discuss how substance abuse could be affecting the physical health issues of their patients.

Central Mississippi Residential Center (CMRC)

Project Title: Youth Mental Health Day

Purpose: Addresses mental health stigma and focuses on behavior-related office discipline referrals, suicide ideation, bullying, substance abuse and dating violence.

Location: Mississippi

Grant Period: 2012-2015 ORHP Outreach Grant Cycle

Contact: Debbie Ferguson, djferguson@cmrc.state.ms.us

Intervention Setting: School

Models Represented by this Program: SAMHSA's five-step [Strategic Prevention Framework](#) and [SOS Signs of Suicide Prevention Program](#)

Program Overview: The goal of the Youth Mental Health Day program is to decrease stigma toward mental health services and increase knowledge and awareness of issues related to suicide, self-injury, healthy relationships, bullying, and substance abuse. CMRC brings expertise to a consortium, an organized group of government agencies and organizations, as a mental health care service provider and initiator of the Youth Mental Health Day program. CMRC staff members trained in the suicide prevention program will present the topic for the Youth Mental Health Day program. CMRC also will provide the facility for the program, coordinate the program, collect and disseminate data, and conduct consortium meetings. Care Lodge Domestic Violence Shelter provides expertise in the domestic violence area. The Mississippi Department of Mental Health Bureau of Alcohol and Drug Abuse provides expertise in the area of substance abuse. The Newton Police Department provides expertise from the law enforcement point of view. The Newton County Extension Office 4-H Youth Program assists with planning and evaluating the Youth Mental Health Day program and take part in the consortium meetings provide educational displays. They also help promote healthy behaviors by presenting stress reduction and coping skills as part of the program

Clearfield-Jefferson Drug and Alcohol Commission

Project Title: Clearfield-Jefferson Hepatitis C and Substance-Abuse Expansion Project

Purpose: Develop and maintain a consortium to provide oversight for the development and implementation of a comprehensive system of services for substance abusers who are at high risk for viral Hepatitis C.

Location: Pennsylvania

Grant Period: 2009-2012 ORHP Outreach Grant Cycle

Contact: Susan Ford, suford@cujac.org

Intervention Setting: Community

Models Represented by this Program: [SBIRT \(Screening, Brief Intervention, and Referral to Treatment\)](#) with primary care.

Program Overview: The overall goals of the project were to increase access to services for those with substance abuse who are at high-risk for viral Hepatitis C and to develop and implement services that address these issues. The program also focuses on increased community awareness of the risks associated with substance use and reducing the stigma associated with receiving services. Finally, the program provided support and case management services to the local medical community and allied health professionals in primary care settings regarding substance abusers at high risk for viral Hepatitis C. The consortium of organizations also created a guide for Hepatitis C screenings. Providers, local hospitals, and pharmaceutical companies and a local hospital made donations to cover the costs of the screenings and the PCR tests.

Lake County Tribal Health Consortium (LCTHC), Inc.

Project Title: Linkages

Purpose: Expand behavioral health for Native American families through integrated services.

Location: California

Grant Period: 2009-2015 ORHP Outreach Grant Cycle

Contact: Merrill Featherstone, mfeatherstone@LCTHC.ORG

Intervention Setting: Community

Models Represented by this Program: [Nurturing Parenting Program](#), [Parent-Child Assistance Program \(PCAP\)](#), and [model for integrated behavioral health and primary care services](#)

Program Overview: The goal of this program is to improve the overall health outcomes for children and their families. There are several programs in place to address behavioral issues, including pre-school and parent groups where parents have the opportunity to discuss parental readiness, recovery supports, anger management classes, and mental health counseling. Many of the services that are provided by this program include home visits, assessments, and a range of interventions.

Indiana Rural Health Association

Project Title: Peer-to- Peer Telemedicine Network

Purpose: Enhance rural mental health access through peer-to- peer telemedicine networks.

Location: Indiana

Grant Period: 2009-2012 ORHP Outreach Grant Cycle

Contact: Jonathan Neufeld, jneufeld@inrhse.net

Intervention Setting: Health Care Setting

Program Overview: The goal of the program is to increase the number of rural community mental health center patients receiving necessary mental health services. The program and peer-to-peer model align core clinical services provided with the usual forms of reimbursement for mental health services and once telehealth networks are operational, the costs of the telehealth services are paid by the insurers.

Module 8: Additional Resources

Although many of the best resources related to community mental health and substance use can be found in your community, there are several national organizations that can complement data collection and assist with program planning and implementation.

This does not include all potential resources, but will help guide you in addressing mental health and/or substance use in your community.

In this module, you will find:

- [National organizations and resource centers:](#)
 - [Mental health](#)
 - [Substance abuse](#)
- [Resources for serving specific populations and needs:](#)
 - [American Indian/Alaska Native](#)
 - [Children, youth, and families](#)
 - [Disaster response](#)
 - [Older adults](#)
 - [Veterans and returning soldiers](#)

National Organizations & Resource Centers

Mental Health

Anxiety and Depressions Disorders Association of America

<http://www.adaa.org/>

Provides information for understanding the facts associated with anxiety and depression including strategies for finding help, taking action, and resources for professionals.

Center for Disease Control and Prevention: Mental Health

<http://www.cdc.gov/mentalhealth/>

General mental health topics and organization, publications, data, and statistics related to depression, psychological distress, and stigma of mental illness.

Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/>

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

Co-occurring Disorders Center of Excellence

<http://www.samhsa.gov/co-occurring>

SAMHSA has developed a series of KITs to help states, communities, and organizations interested in moving best practices into the field. The KIT (<http://www.samhsa.gov/co-occurring/news-and-features/integrated-treatment.aspx>) includes guidelines, videos, PowerPoints, and practice workbooks related to mental illness and substance use.

Mental Health America

<http://www.mentalhealthamerica.net/>

Mental Health America educates the general public about the realities of mental health and mental illness and includes information related to specific audiences, issue, disorders, and treatment.

National Alliance on Mental Health (NAMI)

<http://www.nami.org/>

NAMI is an advocacy organization that has fact sheets about types of mental illnesses, mental health care, diagnosis, and treatment and recovery resources. The site also includes research, education, and advocacy publications.

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov/>

NIMH is part of NIH and has research program, statistics, and clinical trials that specifically related to mental health. The site also includes information by specific disorder/ topic and also has data related to age/ gender.

Resource Center to Promote Acceptance, Dignity, and Social Inclusion

<http://promoteacceptance.samhsa.gov/>

Provides technical assistance and support and has information and research related to specific audiences and topics.

Substance Abuse and Mental Health Services Administration (SAMHSA) <http://www.samhsa.gov/>

SAMSHA manages block grants and special programmatic funding and provides states, providers, communities and the public with the best and most up-to-date information about behavioral health issues and prevention/treatment approaches. There are numerous manuals, media materials, program information, and fact sheets related to a variety of mental health and substance abuse concerns can be found at this site.

Substance Abuse and Mental Health Services Administration: Data, Outcomes, and Quality

<http://www.samhsa.gov/data/>

Provides information on grants, publications, data, with topical listings.

Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org/>

Includes a best practices registry, training, library, and resources all related to suicide prevention using a public health approach.

Substance Abuse

Collaborative for the Application of Prevention Technologies (CAPT)

<http://captus.samhsa.gov/>

Training and technical assistance system dedicated to strengthening prevention systems and the nation's behavioral health workforce all illustrated through prevention publications, tools, curricula, and research.

Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence <http://www.fasdcenter.samhsa.gov/>

The FASD Center is a Federal provides information and resources, materials to raise awareness, and provides information related to training, technical assistance, and conference/ event speakers.

Knowledge Application Program (KAP)

<http://store.samhsa.gov/list/series?name=TIP-Series-Knowledge-Application-Program-KAP-Keys>

Information for substance abuse treatment professionals, with publications, online education, and other resources that contain information on best treatment practices.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

<http://www.niaaa.nih.gov/>

NIAAA is focused on the impact of alcohol on human health and well-being. Many of the publications are related to these impacts, but they also include a variety of U.S. alcohol policies, including taxation, BAC limits, and labeling.

National Institute on Drug Abuse (NIDA)

<http://www.nida.nih.gov/>

NIDA has information regarding specific drug use, and has publications by audience, drug topic, drug of abuse. The site includes information about funding opportunities and has information about clinical research and funding priorities.

Office of National Drug Control Policy (ONDCP)

<http://www.whitehousedrugpolicy.gov/about/clearingh.html>

This Federal office serves as a resource for statistics, research data, and referrals useful for developing and implementing drug policy.

Office on Smoking and Health (OSH)

<http://www.cdc.gov/tobacco>

OSH is part of the CDC and has fact sheets, media campaign resources, surveillance system data, and publications that relate to smoking and tobacco use.

Prevention Management Reporting and Training System

<https://www.pmrts.samhsa.gov/pmrts/>

This site provides an in-depth collection of materials and tools on a variety of prevention topics including alcohol, prescription drugs, and illicit drug use.

SAMHSA Substance Abuse Treatment Facility Locator

<http://findtreatment.samhsa.gov/>

A list of substance abuse treatment and mental health treatment services are provided through web-based hot links, telephone connection and TTD links for facilities and programs around the country.

Resources for Serving Specific Populations and Needs

American Indian/Alaska Native

Native American Center for Excellence (NACE)

<http://nace.samhsa.gov/>

NACE is a national resource center for up-to-date information on American Indian and Alaska Native (AI/AN) substance abuse prevention programs, practices, and policies. It also provides training and technical assistance support for urban and rural prevention programs serving AI/AN populations.

Children, Youth, and Families

Center for Effective Collaboration and Practice

<http://cecp.air.org/>

Has a series dedicated to community mental health services for children and their families.

Center for Mental Health in Schools

<http://smhp.psych.ucla.edu/>

Provides documents, materials, and general information for mental health programming in schools, including a toolkit on rebuilding student supports for better health.

Find Youth Info

<http://findyouthinfo.gov/>

Listings of information, strategies, tools, and resources for youth, families, schools and community organizations related to a variety of cross-cutting topics that affect youth.

National Association of School Psychologists (NASP): Educators

<http://www.nasponline.org/educators/index.aspx>

The NASP seeks to empower school psychologists to advance effective practices that improve student learning, behavior and mental health. The site provides resources for school psychologists surrounding assessments, behavior, and crisis and safety issues.

National Center for Mental Health Promotion and Youth Violence Prevention: Rural Web Portal

<https://learn.aero.und.edu/pages.asp?PageID=101055>

Provides technical assistance resource to rural and frontier communities working to transform systems for children's behavioral health in rural and frontier areas. This website provides networking and information sharing and resources for organizations looking to address mental health, youth violence prevention and reduction or elimination of substance abuse problems in rural America.

National Center for Mental Health and Juvenile Justice

<http://www.ncmhjj.com/>

A variety of resources and publications that address mental health concerns among juveniles in the justice system.

National Center on Substance Abuse and Child Welfare (NCSACW) <http://www.ncsacw.samhsa.gov/>

NCSACW provides technical assistance, training, support, and resources related to children, women, and families.

National Federation of Families for Children's Mental Health

<http://www.ffcmh.org/>

Information on publications that are available for families, youth, and organizational partners that are interested in learning more about age-related reactions to traumatic events are indexed.

National Technical Assistance Center for Children's Mental Health

<http://gucchdtacenter.georgetown.edu/>

The NTACCMH provides webinars on mental health issues among children, youth, and families. Also provides products, guides, and analysis of mental health issues filtered by topic.

Reclaiming Futures - Robert Wood Johnson Foundation <http://www.reclaimingfutures.org/?q=index>
Program information that brings together judges, probation officers, treatment providers, families and community members to focus on three common goals for teens: more treatment, better treatment and community connections beyond treatment.

Safe Schools/Healthy Students

<http://www.sshs.samhsa.gov/>

Initiative focused on providing grants to programs designed to prevent violence and substance abuse among youth, schools, and communities.

Stop Underage Drinking

<http://www.stopalcoholabuse.gov/>

Statistics, funding opportunities, approaches, and websites related to underage drinking.

Too Smart to Start

<http://www.toosmarttostart.samhsa.gov/>

The site provides an interactive tool for youth, teens, and community to support the prevention and initiation of substance use.

Disaster Response

Get Help Coping with a Traumatic Event

<http://www.samhsa.gov/trauma/>

Behavioral health is essential to health prevention efforts and this site provides tools for students, parents, teachers, coping with violence or a traumatic event including multi-media examples and resources.

SAMHSA Disaster Technical Assistance Center (DTAC)

<http://www.samhsa.gov/dtac>

SAMHSA DTAC assists States, Territories, Tribes, and local entities with all-hazards disaster behavioral health response planning that allows them to prepare for and respond to both natural and human-caused disasters

Older Adults

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities

<http://store.samhsa.gov/shin/content/SMA10-4515/SMA10-4515.ToolkitOverview.pdf>

Equips senior living staff with resources to promote mental health and prevent suicide and encourage active participation among residents

Veterans and Returning Soldiers

After Deployment

<http://www.afterdeployment.org/>

Wellness resources are identified for the military community including various topics, assessments, community resources among other resources.

Army Behavioral Health

<http://www.behavioralhealth.army.mil/>

U.S. Army Medical Department highlights information on access to care, children and families (real warriors campaign), pre and post-deployment, PTSD, suicide prevention, resilience training among others.

NAMI Veterans and Military Resource Center

http://www.nami.org/Content/NavigationMenu/Find_Support/Veterans_Resources/Veterans_Resource_Center.htm

Resources geared toward veterans with a focus on PTSD, public policy, traumatic brain injury, and mental illness.

VA Mental Health, U.S. Department of Veteran Affairs

<http://www.mentalhealth.va.gov/VAMentalHealthGroup.asp>

A handbook for learning about the mental health issues facing Veterans including information on local and regional programs and services.