



Implementing a Prevention/Promotion Initiative for Mental, Emotional, and Behavioral Health

Research supports the idea that efforts to prevent behavioral health problems and promote mental and emotional well-being have proven, positive impacts for communities and society. The 2009 National Research Council and Institute of Medicine (NRC/IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, examines how effective evidence-based interventions can enhance healthy youth development and help to mitigate some of the financial and social costs of mental illness and substance use.¹ The report's call for prevention and promotion as a public health priority, coupled with the Affordable Care Act's prevention focus, suggests that there has never been a better time to implement evidence-based intervention programs in mental, emotional, and behavioral health.

Behavioral health disorders are generally diagnosed in children, youth, and young adults before age 24. Therefore, it is important that new initiatives target young people, their families, and the communities in which they live.

Implementing a prevention/promotion initiative can be an exciting endeavor. It is a tremendous amount of work but has the greater good of society at its core and can have incredible impacts on a community or population, if done well. In fact, studies have shown that a program can succeed or fail based on how well it was implemented.^{2,3} But the successful implementation of the prevention/promotion initiative depends upon how well the various stakeholders who will be affected by the new program are engaged. These stakeholders can include federal and state policymakers, state administrators, local-level leaders, community-based organizations, and, most important, the population that a new program aims to help.

As state mental health and substance abuse program directors, you are probably already speaking with these groups on a regular basis. Don't be afraid to apply what you know about each of them in order to appeal to their interests.





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“[A] well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented.”⁴

The Implementation Cycle

The National Implementation Research Network has extensively reviewed the science and best practices related to implementation, and they have found that successfully putting in place an evidence-based program depends upon the community’s ability to attend to the activities required in each of the four stages of implementation:⁵

- Exploration
- Installation
- Initial implementation
- Full implementation.

EXPLORATION

In the exploration stage, you will use current data to assess community needs, examine evidence-based programs that might meet those identified needs, consider the program’s fit with the current service system and resources, and consider how implementation would occur. This is the time when you determine whether to proceed with a particular initiative. When exploring community needs, you will be working closely with local leaders and community-based organizations, and possibly conducting focus groups made up of the program’s target population.

During the exploration phase, assess existing networks or resources that can both help you evaluate the appropriateness of a new initiative and help you launch the selected program. These resources include statewide communication systems, state and local coalitions, interagency workgroups, established cross-training projects, topic-specific dedicated staffing, legislative committees, and advocacy groups.



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INSTALLATION

The installation phase of the implementation process happens before you begin delivering new services to the intended population. You will begin to acquire resources, prepare the organizations, assemble staff, and look ahead to initiating service. You also will develop policies and procedures, create referral mechanisms, develop data systems, and define outcome expectations.

When you are acquiring resources, your main focus will be on securing funding, which likely may come from federal grants or state appropriations. Due to recent economic conditions, policymakers and decisionmakers must pay close attention to budgets and funding allocation. It will be up to you to explain how prevention and promotion efforts are a smart investment, both financially and socially.

Educate policymakers and decisionmakers about the various costs of behavioral health disorders and the strain they create on already taxed resources, including emergency departments, jails, and homeless shelters. Be sure to back up your arguments with data and research. Citing the NRC/IOM report, you can explain that the cost of treatment, lost productivity, and justice system involvement for mental and substance use disorders in young people is approximately \$247 billion every year.⁶

Along with financial costs, youth with behavioral health problems pay a social and emotional price that lasts well into adulthood. Research shows that adults who developed mental health disorders as children or young adults have poorer physical health and reduced productivity, and they are at

What is prevention?

Prevention consists of interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.

What is promotion?

In the context of mental health, promotion interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Source: *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.*





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greater risk of developing alcohol and drug dependencies.⁷ Be sure to supplement national figures with state and community-specific data, if they are available. Federal and state decisionmakers will need to know that the investment will be worth the initial cost. For a quick synopsis detailing other costs of behavioral health disorders, refer to the Business Case for Preventing Behavioral Health Problems and Promoting Emotional Well-Being factsheet. http://www.nasmhpd.org/docs/PreventionResources/Business_Case_for_Prevention.pdf

During the installation phase, you will be working closely with the organization(s) that will be delivering the new program, and maybe with additional community partners that are supporting the initiative. These organizations—their staff and practitioners—will need to learn about the program, as well as the needs of the population identified to benefit from the program.

To ensure community engagement, practitioners and providers should be able to discuss promotion and prevention in the terms that the community uses. You can gain specific information about the terms and issues that are most relevant for various audiences from community groups, informal interviews, and surveys.

INITIAL IMPLEMENTATION

The initial implementation phase begins when all the planning and preparation are put into action. The program launches and the organization undergoes substantial changes, both programmatically and culturally, to host the new initiative.

Three main areas will drive initial implementation: competency drivers, organization drivers, and leadership drivers. Preparation for using these three types of implementation drivers will have taken place during the exploration and installation stages; in initial implementation they are being actively used. Competency drivers refer to the program's staff selection processes, training, coaching, and performance assessments (fidelity). State agency representatives and the program's partners need to plan for the use of these drivers in collaboration with program developers. When state agency representatives and program partners understand the functions of the competency drivers, they can help ensure that the resources are available so that the new initiative is implemented well. In addition, a common framework and common expectations help to strengthen communication and collaboration agendas.

Organization drivers refer to effective administration and policies at the agency and system levels that are required to create a functional environment for the new initiative. The organization drivers also include the development and maintenance of decision-support data systems so that decisions made by administrators rely on facts and data and enable quality to be monitored.



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The leadership drivers refer to the importance of using the right leadership approach for the challenge being faced. Leading during times of change requires maintaining focus, ensuring that relevant perspectives are heard and respected, and engaging in active problem-solving and learning. Understanding diverse perspectives, developing consensus, and testing and modifying processes will create the climate needed to weather the rocky road of initial implementation.

Developing and maintaining the infrastructure to select, train, coach, and assess fidelity can be viewed as more affordable when you realize that many of these functions are already occurring in agencies and communities. What's needed is to look at best practices that have been demonstrated to result in behavior change at the practice level. For example, selection criteria always need to include an assessment of coachability since evidence-based practices require the use of data, frequent feedback, and a focus on improvement. Training always needs to include a pretest and posttest to determine if knowledge, attitudes, and skills have been improved. And coaching always needs to include direct observation and feedback to be effective.

FULL IMPLEMENTATION

Full implementation of an initiative happens when the new program is well established and has become the norm in the community and organization. Reaching full implementation will take place about 2 to 4 years after the exploration stage begins. At this point, the program components are well supported, the infrastructure is integrated at all levels (i.e., federal, state, and local) to support new ways of working, the program is being operated as intended (e.g., with fidelity), and benefits to the population are occurring.

Effective Implementation

Effective implementation takes time—for evaluation, training, resource allocation, policy development, and other related activities. Additionally, the process of implementing a new program is not linear. Depending on staff changes or changes in partners, stakeholders, and government, an initiative may move from full implementation back to initial implementation or from initial implementation back to exploration. It is important for project leaders to be willing to make adjustments in response to community needs or evaluation findings. Being flexible and allotting adequate time and attention to the stages of implementation and the activities and challenges relevant to each stage helps set a solid foundation for program sustainability.



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Additional Resources

For more information on the stages and drivers of implementation, please refer to the National Implementation Research Network, <http://nirn.fpg.unc.edu/>.

For information on evidence-based practices, please see the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, <http://nrepp.samhsa.gov>.

References

- ¹ National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. M. E. O'Connell, T. Boat, & K. E. Warner (Eds.), Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- ² Lipsey, M. W. (2009). Primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 2(4), 124–147.
- ³ Fixen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature* (FMHI Publication #231). Tampa, FL: University of South Florida, Louis de la Parte, Florida Mental Health Institute, The National Implementation Research Network.
- ⁴ Lipsey, M. W. (2009).
- ⁵ Fixen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005).
- ⁶ National Research Council and Institute of Medicine. (2009).
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About This Initiative

This product was developed as part of the National Association of State Mental Health Program Directors' ongoing efforts to advance positive mental, emotional, and behavioral health and to prevent mental illness and substance use among Americans across the lifespan.

More information and resources can be found at <http://www.NASMHPD.org>.