

## **Promote Prevent Commission: Unleashing the Power of Prevention 5/9/17**

### **Q&A Featuring:**

**Dr. Dennis Embry, PhD; Dr. William Beardslee, MD; Dr. Jeff Jenson, PhD; Dr. Laurel Leslie, MD; Dr. J. David Hawkins, PhD; Ben Fulton & Steve Lize of Results First**

Fernando Perfas, DPH BSAS: Will reports show fidelity? In addition, will there be a portion that talks about sustainability or will they require high investment costs and then fade away?

Ben Fulton, Results First: Do not provide direct fidelity monitoring resources. A number of other states have invested in fidelity monitoring in addition to using Results First. In regards to sustainability, Results First started in MA 5 years ago and they are committed to working long term. Committed to sustainable work through statutory arms, or by embedding in committees. For Results First, this meeting is the only the first step: meeting the involved parties. Next step is buy-in.

Perfas: Good to hear the Panel speak to specific deliverables and lends legitimacy to what we're doing. What are more specific details as to how we can achieve similar outcomes from programs like Life Skills – what pieces need to be in place in order for those outcomes to occur?

Dr. David Hawkins: programs are done in schools or with families at the very beginning of adolescence, in 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade for a total of 20 sessions over the 3 years. Teaches skills for managing social-emotional situations. For many young people, substance abuse starts with peers, and kids who go through programs like Life Skills are more able to reject initiation in the first place. Also, regarding fidelity: phase 5 of Communities That Care deals entirely with the issue of fidelity, ensuring that the program is utilized as designed and reports a fidelity measure.

Dr. Dennis Embry: Regarding fidelity and implementation data; it is important to have real-time community dashboards; think about a “thermometer” that gives feedback to the community creating a “group think” among members of the community. It is an engineering problem that is extremely important when designing population level strategies.

Christie Hager, Beacon Health Options: As the largest MassHealth payer for behavioral health in the Commonwealth, a suggestion for the Commission: the MassHealth program is being redesigned into an ACO with community-based organizations, community partners for BH and community supports for kids as a component. I suggest commission keep in mind how we might think as a special commission how your work and research will be supported by the MassHealth structure.

Dr. Laurel Leslie: If you look at Nation Wide in Columbus, Ohio, they came up with a shared set of metrics, pooled their resources and communications as an example of a community working to tackle this. AG dollars are example of what we could tap into with a shared agreement.

Dr. William Beardslee: the shared geographic area is an important factor in that success.

Dr. Dennis Embry: Ohio is already implementing the PAX Good Behavior Game to reduce behavioral health load and are already getting measurable results. Oregon is already funding the GBG for the same reason.

Jim Vetter, SEL4MA & EDC: Regarding policy-level shifts, I'm thinking about poverty/unemployment/social determinants of health; as we're coming up with policy for the state, how do we balance those approaches?

Dr. William Beardslee: We need to address issues though multiple frames and use these elegant evidence-based programs. The Academy of Pediatrics has made emphasis on the first 5 years of life; recognizing the 2 frames allows us to do work in each of them. We recently wrote about the incidence of depression in homeless women; the rates are very high, so you always get into both.

Jim Vetter: Another example would be the 2-generation model, making sure the parents are doing well as well.

Dr. William Beardslee: If we can engage parents through the primary care setting, we will have a much better outcome in the children as well.

Jim Vetter: You are also pointing to policies like paid family leave to support these outcomes.

Dr. David Hawkins: We have a very effective public policy that you cant smoke in public places and it works and it's very effective. When a county says it's going to adopt Life Skills or the GBG, that is a comparable policy. I would be careful to think that we can support behavioral health and not just prevent people from doing bad things.

Dr. Dennis Embry: The Healthy Child Manitoba Act makes all committee members responsible for implementation and outcomes. He will forward more information on this to the Commission.

Phil Kassel, MHLAC: Our emphasis is on trying to keep kids in schools, as many disciplines are based on a punitive model. I am wondering in regards to implementing programs with fidelity: how do you go about addressing that culture in schools?

Dr. David Hawkins: I was talking with a school district whose superintendent made the decision to no longer suspend students as punishment once our program was implemented in the school; he no longer saw a need for that mode of discipline. It will take leadership at the superintendent and principal level to say that they have seen a better way and 'I won't permit the old method to go on any more.' It is important to keep students within the educational institution rather than send them away. It is possible to implement programs that actually keep kids in classrooms.

Dr. Jeff Jenson: There are tremendous amounts of evidence that social-emotional learning works very effectively in schools. Finding that champion in schools is critical to the work we've been doing: someone who sees the connection between good behavior, social cognitive skills and better academic performance.

Rep. Garlick: We are doing our debate about MJ legalization here and it will be a main consideration for funding; we would appreciate information about what's being done in other states.

Dr. David Hawkins: I can put you in touch with Colorado Public Health regarding funding allocation.

Ben Fulton: I can also provide connection to the Colorado Governors budget office.

Yaminette Diaz-Linhart, NASW-MA: As a public health social worker I can say that I think we should really think about utilizing ACOs and value-based payment reform to think about reimbursement practices for prevention instead of just treatment. I urge you to think creatively about how to integrate prevention into the actual practice.