

Prevention Services Matrix								
PREVENTION PRACTICE	DESCRIPTION	AGE RANGE	TRAINING PROTOCOLS	FACE-TO-FACE /TELEPHONIC	MODALITY	LOCATION OF SERVICE	TYPE OF STAFF	DURATION OF SERVICE CYCLE (NO. OF VISITS)
Psychological First Aid/Skills for Psychological Recovery	Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) are evidence-informed approaches for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism. PFA is intended to provide disaster and crisis survivors with immediate assistance in the days and weeks after a disaster. SPR is intended to assist disaster and traumatic events survivors in the recovery phase. SPR places greater emphasis on teaching specific skills to meet survivor needs and is used to reinforce skills upon follow up. Both practices are partnerships between the National Child Traumatic Stress Network and the National Center for PTSD. The Core Actions of PFA include: Contact and Engagement; Safety and Comfort; Stabilization; Information Gathering: Current Needs and Concerns; Practical Assistance; Connection with Social Supports; Information on Coping; and Linkage with Collaborative Services. SPR teaches six main skills: Gathering Information and Prioritizing Assistance; Building Problem-Solving Skills, Promoting Positive Activities, Managing Reactions, Promoting Helpful Thinking, and Rebuilding Healthy Social Connections. In addition to the English-language editions of PFA and SPR there are versions in Spanish, Japanese, and Chinese. Along with the several language translations, NCTSN members have worked to develop PFA adaptations for community religious professionals, schools, Medical Reserve Corps members, and for staff at facilities for families and youth who are experiencing homelessness. The trainings for PFA/SPR and the Field Operations Guides and accompanying handouts are available online.	0-100	Completion of a 6-hour PFA online course. Completion of a 5-hour SPR online course. Note: Trainings can be completed individually or combined. Must be trained in either 1 or both components to provide services or activities.	Face-to-Face	Individual - or - Group	Only at MHLA-approved sites as determined by DHS.	No restrictions (As long as staff are confirmed trained by DMH in this Prevention Practice.)	As service/activity appropriate
Prolonged Engagement	Promoting Safety for healthy behavioral and emotional habits; Skill building for self-care (example being compassionate towards themselves); Stress Mgmt. Techniques; Encouraging positive coping strategies and engaging in healthy behaviors; How to incorporate active listening in relationships; Communication Techniques (assertive vs passive aggressive vs aggressive); Building connection in your community, with friends, and loved ones; How to ask for help; Building upon successes and strengths; and Benefits of physical activity for mental health.	18+	Training curriculums that fall under this Prevention Practice shall either be provided directly by DMH or procured by DMH. However, if a CP elects to utilize a non-DMH sponsored curriculum, they may only do so by first securing DMH approval of said training curriculum.	Face-to-Face and Telephonic	Individual - or - Group	Only at MHLA-approved sites as determined by DHS, with the exception of when a service/activity is being performed telephonically.	No restrictions (As long as staff are confirmed trained by a DMH-approved training curriculum.)	As service/activity appropriate
<p>Mental Health Prevention Services and/or Activities (MHPS) will be utilized under two codes: H0002 for the MHPS Screening Process and H2014 for MHPS follow up Sessions.</p> <p>1) A MHPS screening process shall entail administration of the Brief Universal Prevention Program Survey (BUPPS), which contains two (2) required subscales, one is entitled (Core Questions and the other is entitled Wellness Questions), an evaluation of the results of the BUPPS and other pertinent information revealed by MHLA participant, as well as any other relevant information determined by the rendering Health Professional.</p> <p>2) MHPS follow up sessions may include services and/or activities to special population groups directed toward providing education regarding mental health service programs; and/or</p> <p>3) MHPS follow up sessions may include application of skill-building services and/or activities to help an individual self-manage symptoms of a mental illness and improve quality of life. Additionally, it may include behavioral techniques, or learning activities that enable people to establish, or restore practical skills in domains required to meet the interpersonal, self-care and coping demands of community living; and/or</p> <p>4) MHPS follow up sessions may include psychoeducational activities to reduce risk factors for developing a potentially serious mental illness, and to build protective factors; and/or</p> <p>5) MHPS follow up sessions may include referring and linking an individual through case management support activities such as care coordination and advocacy.</p>								