

Five County Mental Health Authority

PREVENTION PLAN

July 1st, 2010 – June 30th, 2011

Prevention Overview

The framework for prevention programming is based on The Institute of Medicine (I.O.M.) Model, dividing the continuum of care into three parts: *prevention*, treatment, and maintenance.

Prevention is based on Gordon's (1987) operational classification of *disease* prevention. Although the I.O.M. distinguishes between prevention and treatment, intervention in this context is used in its generic sense.

In accordance with the North Carolina Business Plan in regard to prevention:

“The mission will be to provide people with or at risk of mental illness, developmental disability and substance abuse problems and their families the necessary prevention and intervention they need to live successfully in the communities of their choice. Prevention programs aim to lower the prevalence of mental illness, developmental disability, and substance abuse through education, leading to earlier intervention and the reduction of the impact of stigma.”

For the purposes of this prevention plan a working definition from “Guidelines and Benchmarks for Prevention Programming”(1) will be used, along with “Drug Abuse Prevention: What Works”, National Institute of Drug Abuse, 1997(2).

The philosophy of Five County Mental Health Authority is to provide consultation, prevention and intervention services to the general population of Franklin, Granville, Halifax, Vance and Warren counties, along with human service organizations, community planning and development organizations, judicial systems, health agencies, individual and group medical practitioners, colleges, schools, private business sector, or other organizations.

Consultation services provide resource and referral to all age and disability groups served by Five County Mental Health Authority, its community of providers and to the communities it serves, as requested.

An emphasis will be placed on educational services including prevention and early intervention programs. Five County Mental Health Authority has implemented “evidence-based” *universal* prevention programs within the counties it serves, and continues to identify programs that best fit the needs and priorities of its residents as well as targeting high-risk populations.

This plan utilizes the six SAMHSA/CCSAP Prevention Strategies and the National Strategy for Suicide Prevention: Goals and Objectives for Action.

PREVENTION AND EARLY INTERVENTION

“Universal prevention strategies address the entire population (national, local community, school, neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. While addressing the general population universal prevention also works with subgroups such as pregnant women, children and adolescents and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk factors may vary greatly among individuals.

Universal prevention strategies also seek to prevent the progression of mental illness through education and early intervention, therefore improving the health of the community. Universal prevention programs are delivered to large groups without any prior screening for substance abuse or mental illness. The entire population is assessed as at-risk for substance abuse or mental illness and capable of benefiting from prevention programs.” (1)

“Prevention and early intervention. Most *universal prevention* focuses on individuals or populations before the onset of harmful involvement with alcohol or drugs. However, some prevention strategies (such as laws and policies) are applicable to all persons in an environment, regardless of their level of current use... *Early intervention* usually involves identification of the onset of use or early stage problems in individuals or groups who do not yet require treatment. For the purposes of this document and the Five County prevention plan, “prevention” includes both universal prevention and early intervention”. (2)

Universal prevention activities and messages are aimed at:

Assisting all individuals and families in maintaining or improving mental and physical health and general well being;

Preventing and delaying the abuse of alcohol, tobacco and other drugs;

Encouraging people to seek early intervention by becoming informed consumers through information dissemination, education, skill development, and consultation; and

Working through community collaboration and environmental change to build healthier communities.

1 Cohen, A., Kibel, B., Stewart, K, and Fallik, B. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. “Guidelines and Benchmarks for Prevention Programming”. DHHS Publication No. (SMA) 95-3033, 1997

2 “Drug Abuse Prevention: What Works” National Institute of Drug Abuse 1997.

Prevention Goals and Strategies

Goal 1 -- INFORMATION DISSEMINATION

pages 4 & 5

This strategy provides information about the nature and extent of problems related to substance abuse, mental health and developmental disabilities, and its effects on individuals, families and communities. It is characterized by one way communication from the source to the audience. Some examples include health fairs, newspaper articles, radio PSA's and resource centers.

Goal 2 -- EDUCATION and INTERVENTION

pages 6 & 7

This strategy involves two-way communication and is based on interaction between the educator and the participants. Activities under this strategy aim to effect critical life and social skills, including decision making, problem solving, communication skills, stress management and coping skills. Some examples include parenting and family management classes, social emotional skills curricula and community and volunteer workshops.

Goal 3 -- COMMUNITY BASED PROCESS

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This strategy aims to enhance community capacity to more effectively provide prevention, early intervention and treatment services. Activities in this strategy include organizing, planning, building coalitions and networking. Some examples include community team building, community training, systematic planning and multi agency collaboration.

Goal 4 -- ENVIRONMENTAL

page 9

This strategy seeks to establish or change community conditions, standards, codes and attitudes thereby influencing community ownership of its problems and solutions. Some examples include underage drinking and tobacco use laws and enforcement, and policies related to school suspensions for drug or alcohol use.

Goal 5 -- PROBLEM IDENTIFICATION / REFERRAL

page 10

This strategy aims to identify those who have begun displaying the warning signs or are experiencing problems as a result of engaging in high risk behaviors such as experimentation with drugs or alcohol abuse or persons showing signs of depression or other mental health issues to see if behaviors can be reversed through education. Community screenings can be used as a way to educate and refer to additional resources.

Goal 6 -- ALTERNATIVE ACTIVITIES

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This strategy provides for the active engagement of the target audience (youth, senior citizens, persons with disabilities, persons in recovery, etc) in meaningful activities in a safe and substance free environment. Some examples include mentoring programs, community drop in centers, drug free social and recreational activities, and culturally-based activities.

Goal 1: Promote Awareness through INFORMATION DISSEMINATION.

Strategy # 1: Provide information to the general public regarding mental health, developmental disabilities and substance abuse.

- Method:**
- 1. Provide access to local, state and national web links and resource centers via the Five County Mental Health Authority website;**
 - 2. Develop a clearinghouse for cultural competence materials using the Five County Mental Health Authority website;**
 - 3. Maintain a lending resource library including educational d v d' s, videos, books and articles;**
 - 4. Maintain brochures, pamphlets, and workbooks for distribution upon request; replenish with resources when materials become available.**
 - 5. Access, download and disseminate internet information related to substance abuse prevention, mental health, developmental disabilities, wellness, etc from recommended state and national sites;**
 - 6. Continue use of nontraditional ways to disseminate information to culturally diverse populations and indigenous community based groups.**

Strategy # 2: Assist with the continuation of the System of Care philosophy by disseminating current resource information to community collaborative members.

- Method:**
- 1. Provide links through Five County Mental Health Authority website to state recommended and approved sites such as the N.C. Division MH/DD/SA Resource Directory, N.C. Council Directory; etc**
 - 2. Provide access, via links to local agency resource directories such as Smart Start Partnership Resource and Referral Directory, Vance Chamber of Commerce 211 Directory, Vance Parent Task Force Resource Directory; etc**
 - 3. Maintain a lending library/resource center at Five County Mental Health Authority for access by community collaborative partners and providers;**
 - 4. Disseminate information regarding upcoming trainings and conferences on topics related to youth and family issues;**
 - 5. Develop a local “prevention programs” link on the external web to be used for posting current community prevention programs for youth and families.**

Strategy # 3: Apply current marketing tools to keep citizens informed and develop and implement media campaigns related to health and wellness, prevention and intervention.

- Method:**
- 1. Write articles on substance abuse prevention, mental health, developmental disabilities, suicide prevention, Veterans issues, and other wellness topics for newspapers, newsletters and other Five County MHA publications.**
 - 2. Participate in local radio station broadcasts on topics related to substance abuse, mental health, developmental disabilities and other wellness topics.**
 - 3. Assist with formatting quarterly public service announcements on services, resources and community events relevant to mental health, substance abuse and developmental disabilities;**

4. **Publicize prevention and outreach efforts by sharing upcoming events at community task forces and coalitions including, Five County Community Collaborative, Mental Health Association (MHA), Consumer and Family Advisory Committee (CFAC), Juvenile Crime Prevention Councils (JCPC), School Health Advisory Council (SHAC); Child Fatality/Child Protection Teams (CCPT) Judicial Councils and Teen Courts, Healthy Carolinians Coalitions, Safe Kids, ARC of Vance County, etc.**
5. **Identify culturally-specific marketing and public relations strategies aimed at reaching targeted populations, including non-English speaking persons.**

Strategy # 4: Provide resource materials for community events and individuals, as requested.

- Method:**
1. **Brochures will be available on a wide range of topics relevant to mental health, substance abuse, and developmental disabilities upon request to the general public and all professionals;**
 2. **Brochures will be available if requested at public forums, festivals, health fairs, health promotions, and seminars;**
 3. **Speaking engagements will be supplemented with handouts related to the presentation, along with Five County tri-folds.**

Strategy # 5: (if beneficial to prevention goals) Participate in local health fairs, health promotions and festivals by providing resources, referral information, prevention program brochures, support group listings, anti-stigma materials, mental health information, etc.

- Method:**
1. **Set up info tables, display, brochures, and resource and referral information at local health fairs or festivals upon request and staff availability;**
 2. **Participate in community events by providing alternative activities such as games, recreational activities, craft activities, upon request and staff availability;**
 3. **Partner with local groups such as Safe and Drug Free Schools, National Guard, Smart Start Partnership for Children, Safe Kids, Kerr Tar Council of Governments, Retirement Activities Program for Individuals with Developmental Disabilities (RAPIDD) sites and the “recovery community” to provide intergenerational alternative activities annually;**
 4. **Provide support to programs such as Work First, Juvenile Services, Treatment Alternatives for Needy Families, and Adult Day Reporting Centers by providing resource and referral information, access to Speaker’s Bureau, video-based materials and brochures, as requested;**
 5. **Collaborate with consumer and family advocacy groups such as the Consumer and Family Advocacy Committee (CFAC) and Mental Health Association (MHA), to develop a volunteer call list to provide assistance at community events such as health fairs and alternative activities.**

Goal 2: Develop and Implement Substance Abuse, Mental Health and Suicide Prevention programs through UNIVERSAL EDUCATION and INTERVENTION.

Strategy #1: Conduct evidence-based universal prevention curriculums at community sites such as social service agencies, businesses, faith-based groups, community college sites, hospitals, doctors offices, etc; educate citizens regarding the effects of alcohol, tobacco and other drugs; identify depression or other mental illness, with the goal of reducing substance abuse, mental illness, depression, suicide and stigma; and utilize appropriate interventions to reduce substance use and mental health problems.

*** Any program conducted within a school setting is a universal program reaching a general audience, and would not conflict with any services provided by a contracted provider.**

- Method:**
- 1. Provide “Parenting Matters” and “ Nurturing Parenting for Teen Parents” curricula at community locations within each of the five counties;**
 - 2. Provide “ Parenting Is Prevention” curriculum at community locations within each of the five counties;**
 - 3. Provide the “Coping With Work and Family Stress” curriculum at community locations within each of the five counties;**
 - 4. Provide “ Freedom From Smoking” smoking cessation program at community locations within each of the five counties;**
 - 5. Provide “Signs of Suicide (SOS) suicide prevention program at high schools, middle schools, and other locations working with youth within each of the five counties as requested;**
 - 6. Provide “Alternative To Suspension” smoking education and cessation program for youth within the school systems as requested;**
 - 7. Provide “ Anger Management 101- Recognizing and Handling Your Anger” curriculum at community locations within each of the five counties;**
 - 8. Provide the SAMHSA program “Get Connected - Linking Older Adults With Medication, Alcohol, and Mental Health Resources” to senior citizen groups and agencies providing services for the elderly, as requested.**
 - 9. Provide “Mental Health First Aid” training to family members, and other interested groups at community locations at least 3 times per year.**
 - 10. Provide pre-schools in the five county area handouts on bullying and violence prevention, children’s mental health, basic drug information, and educational presentations on these topics as requested.**

***Promote personal responsibility of MH, DD, SA consumers by encouraging use of and participation in education and intervention programs made available by Five County Mental Health Authority employees.**

Strategy # 2: Assist with the continued development of a Speaker’s Bureau to provide knowledgeable experts for other agencies, organizations, and the general public on prevention, healthy alternatives, skill development and overall wellness of citizens, along with public education campaigns around addiction and suicide prevention.

- Method:**
- 1. Provide knowledge of and access to the Speakers Bureau to public and private groups;**
 - 2. Provide the Director’s of Student Services within each school system information on technical assistance, prevention services, resource and referral information and prevention best practices;**
 - 3. Provide educational presentations regarding child substance abuse prevention, child mental health, resources and referral;**
 - 4. Partner with Health Departments, LEA’s, Parenting Task Forces, Kittrell Job Corps, Eckerd Youth Alternatives, and other groups working with pregnant teens and teen parents to provide parenting seminars;**
 - 5. Provide information about trainings, seminars and other educational opportunities on suicide and suicide prevention to community agencies and other groups;**
 - 6. Assist with identifying nontraditional sites and speakers to conduct educational programs with diverse populations.**

Strategy # 3: Assist with the implementation of community interventions regarding substance abuse and mental health.

- Method:**
- 1. Provide and assist with coordinating free screenings to the public on alcohol and substance abuse, depression, stress, PTSD, etc;**
 - 2. Assist with disseminating information to primary care providers, community health clinics, first responders and emergency room staff on the availability of brief screening tools for substance abuse and mental health, as requested;**
 - 3. Promote community intervention trainings, specifically Mental Health First Aid “, “ Family To Family”, Recovery Dynamics, Wellness Recovery Action Plan (WRAP) and Crisis Intervention Trainings (CIT), with the purpose of educating consumers, families of consumers, law enforcement, etc.**

Goal 3 : Develop broad based support for prevention of suicide, addiction and mental illness through COMMUNITY BASED PROCESS.

Strategy: Enhance interagency collaboration, networking and coalition-building between the courts, law enforcement, schools, social service agencies, health departments, faith-based initiatives, primary care physicians, and private organizations interested in determining successful preventative strategies for alcohol, tobacco, and drug abuse problems, mental health issues, suicide and violence prevention (including domestic and family violence, and self mutilation).

- Method:**
- 1. Assist with the continued development of and participation in (time permitting) the five county System of Care Community Collaborative to ensure comprehensive consumer advocacy and community stakeholder involvement;**
 - 2. Provide liaison, and upon request technical assistance at monthly interagency meetings such as (Juvenile Crime Prevention Councils, Youth Services Advisory Board, School Health Advisory Committees, Child Protection & Child Fatality Teams, Healthy Carolinians Coalitions, Council on Aging, etc);**
 - 3. Assist with identifying culturally diverse populations to be included in internal and external groups, coalitions and the System of Care Collaborative.**
 - 4. Assist local health departments with “State of the County Behavioral Risk Assessment - Health Report” and schools systems with the Youth Behavioral Risk Assessments and any other agencies with similar “needs assessments”, in developing the inclusion of questions regarding mental health, substance abuse and suicide;**
 - 5. Make available to school counselors, nurse social worker teams, agencies, task forces and community groups educational presentations, trainings and information on specific interventions related to suicide prevention, mental health and substance abuse, in order to increase awareness, knowledge, and skills.**

Goal 4: Develop and Implement Strategies to reduce the Stigma associated with being a consumer of Mental Health, Substance Abuse, and Developmental Disability services through ENVIRONMENTAL changes.

Strategy: To promote action-oriented initiatives to change written and unwritten community standards, codes and attitudes about mental illness, developmental disabilities, suicide, violence, tobacco, alcohol and drug use.

- Method:**
- 1. Seek grant opportunities and partners to assist with implementation of community-wide advertising campaign such as billboards, “trailers” on local TV stations, and TV and radio public services announcements;**
 - 2. Sponsor at least one community informational or educational program during National Awareness months i.e. Mental Health Month, Red Ribbon Month, Recovery Month; Brain Injury Awareness Month, etc;**
 - 3. Provide consultation and recommendations to School Health Advisory Committees, endorsing policy change regarding school’s substance abuse and mental health policies, including signage of “Drug Free School Zone”, “No Weapons and Violence”, and “ 100% Tobacco Free Schools”;**
 - 4. Present to interagency groups an alcohol and tobacco “merchant monitoring program” to promote environmental change regarding youth access to alcohol and tobacco, i.e. Red Flag Campaign;**
 - 5. Collaborate with community action groups such as Community and Youth Allied for Change (CAYAC), Youth Council’s, Support Our Students (SOS), Parenting Task Force/s, County Domestic Violence Programs, etc to promote inclusion of youth and adults with substance abuse, mental health and developmental disabilities in such groups;**
 - 6. Identify strategies and methods to inform diverse audiences such as the Hispanic/ Latino population, American Indian, Deaf and Hard of Hearing and Peoples with Disabilities about services and resources available.**

Goal 5: Collect data to help evaluate the outcomes of universal prevention strategies administered in the Five County area and track PROBLEM IDENTIFICATION and REFERRAL sources.

Strategy # 1: Promote with community partners the importance of data collection regarding youth who engage in high risk behaviors such as illegal alcohol, tobacco, and drug use, display violent or bullying behaviors, depressive or suicidal behaviors, and adults who indulge in illegal drug use, alcohol abuse, display violent, depressive or suicidal behaviors, to assess whether these behaviors can be reversed through education or referral of services.

Method: 1. Provide data regarding local, state and national trends to schools and agencies working with youth and adult “high risk” populations including alternative school sites, juvenile services, teen courts and judicial councils, Juvenile Crime Prevention Councils, Child Fatality/ Child Protection Teams, Social Service agencies, Day Reporting Center, jails, senior citizen sites, etc;

2. Network with local agencies that conduct health and behavioral risk assessments to ensure that surveys / needs assessments include information related to the needs of persons with substance abuse problems, mental illness, and developmental disabilities to determine needs, gaps and help establish prevention program priorities.

Strategy # 2: Establish a method of data collection which can be shared with other agencies groups and coalitions regarding prevention services provided to youth who have been referred for education regarding alcohol, tobacco and drug use, smoking cessation, teen pregnancy and adults referred for parenting, drug education, anger and stress management and smoking cessation.

Method: 1. Develop a tracking tool to be used by the Prevention Specialist to collect data regarding referral sources, needs of referring agencies or individuals, incoming calls to the Screening Triage and Referral unit related to prevention and educational needs;

2. Review Screening, Triage and Referral information monthly to determine trends to assist with development of educational and marketing needs;

3. Track outcomes data regarding successful prevention programs implementation including pre and post test and overall evaluation.

4. Review data from local and state reports pertaining to substance abuse trends, addiction, mental health issues such as depression and suicide, bullying and violence to assist with determining the need for additional prevention programs.

Goal 6: Develop a supportive community environment for people and families of those struggling with mental health and substance abuse problems and people and families of those with developmental disabilities, through ALTERNATIVE ACTIVITIES.

Strategy: To assist and develop with community partners in the five county area activities that exclude violence, drug, alcohol or tobacco use, promote family wellness and healthy lifestyle and acceptance of all people with disabilities.

- Method:**
- 1. Partner with local mental health providers, service providers for those with developmental disabilities and support programs to hold an annual campaign to reduce the stigma associated with mental illness, developmental disability and addiction;**
 - 2. Support and partner with local schools to promote annual “Prom Promise” activities, mentoring programs and after school programs inclusive of children with disabilities and mental health issues;**
 - 3. Partner with local Youth Advisory Councils, Juvenile Crime Prevention Council, Smart Start, Boys and Girls Clubs, Healthy Carolinians youth workgroups, Parent Resources In Drug Education and faith based groups to assist with alternative activities such as summer programs, summer camps, and after schools programs;**
 - 4. Provide “No Drug Use / No Violence” activities in conjunction with other community organizations (e.g. Boys and Girls Club, Community and Youth Allied for Change, Exodus, Operation Restart, PRIDE, Healthy Carolinians, Safe Kids, etc.);**
 - 5. Support efforts that include cultural diversity and promote cultural values, beliefs and behaviors such as the Haliwa-Saponi tribal drum corps, American Indian traditional dance and sports teams and the Hispanic/Latino cultural activities including International Festivals and health fairs;**
 - 6. Assist with development of community support groups and natural supports for the recovering community, survivors and families of those living with mental illness, substance abuse and developmental disability, and groups for veterans and families of veterans;**
 - 7. Promote and support recreational activities and sites within the community that support consumers and families of those living with mental illness and disabilities such as ‘ drop in centers’, talent showcases, and athletic events.**