SAMHSA’s Enhancing State Prevention Systems for Children & Youth: National Webinar Series Presents:

"Substance Use Prevention and Beyond: Examples of Community Anti-Drug Coalitions that have Successfully Adopted Broader Health Promotion Missions and Projects"

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Prevention By Design: Using Substance Abuse Coalitions for Mental Illness Prevention

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SAMHSA’S VISION

Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.
TOP INITIATIVE

- Prevention of Substance Abuse and Mental Illness
- The Institute of Medicine’s (IOM’s) 2009 report Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities
THREE YEARS AGO, 2010...

- SAMHSA announces focus on Mental Illness Prevention and Mental Health Promotion
- First response:
  - Don’t they know mental illness is a neurological/biological disorder?
- Second response:
  - Are we going backwards to blame mom for all the problems?
**The Vision**

- Work together
- Bring money together
- Use EBP prevention models for MI prevention
- MH practice
- Use existing resource with additional skills
- Reinforce the existing prevention coalition
- We each brought money to the table
- Created a competitive RFP
BARRIERS

- Our teams don’t usually work together
- Craig was confronted by his workforce “what is mental health doing to us now!”
- I was confronted- “Hey we are already doing a lot of prevention….whenever we are asked.”
- “You can’t take money away from us!”
THE CONTRACT

- RFP for 3 years $750,000
- Year One, two parts:
  - Part one: keep advocacy, support, wellness education & consultation services that we had traditionally spent this money for the first year
  - Part two: Use the CTC model to complete a statewide assessment
- Year Two: Submit a MI Prevention and MH Promotion plan
- Year Three: Implement
- Ongoing evaluation
INTEREST

- We had interest from treatment providers within our state—but did not bid
- A couple of out of state organizations
- Ultimately, the winning proposal came from the Utah chapter of the National Alliance on Mental Illness
U T A H  P R E V E N T I O N  B Y  D E S I G N

- Plan, enhance, and coordinate with local community network using EBP for MI & MH providers
- In UT, Suicide Prevention was the number one priority that is a result of negative outcomes of MI
- Utah is ranked #8 in the country on death due to suicide. Current projections will raise Utah to #6 in two years
- Science: Using a prevention lens gives us an opportunity to lessen the burden of disease and improve overall quality of life for those who experience mental illness.
- Science: Utahan’s with mental illness die at higher rates via suicide. Data shows that Utah ranks higher than most states in terms of individuals who experience MI
NAMI Utah Prevention by Design Project, in a partnership with Utah’s Division of Substance Abuse and Mental Health, is a plan for enhancing and coordinating local community networks in systematic and evidence based approaches to the prevention of mental illness, promotion of mental health, and suicide prevention. This process is based on the Strategic Framework (SPF) and will be implemented using the Communities That Care (CTC) prevention system.
NAMI Utah Prevention by Design

- A plan for enhancing and coordinating local community networks in systematic and evidence-based approaches to the prevention of mental illness and promotion of mental health
- Data-driven & outcome based
- Framework developed with state level data and local strategies developed based on local data
- Relies on existing prevention network and community based coalitions expanding their scope of interest/work
Utah Mental Health Promotion, Mental Illness Prevention, and Suicide Prevention Efforts

What is already in place?

- Public mental health system with prevention workforce
- Mental Health Early Intervention
- Family Resource Facilitator Project
- Utah Evidence Based Project
- Over 40 local coalitions and councils statewide working together to address the needs of their local communities
- State Suicide Prevention Coalition
- Many other local and regional efforts to intervene in risk and improve protective factors that apply to mental illness
Prevention by Design Programming

- QPR
- Mental Health First Aid
- Hope for Tomorrow
- Parents and Teachers as Allies
- Personal Empowerment Program
- Think Good- Feel Good
- Strengthening Families
- Positive Action
Bang For Your Buck

- $11,000 was put towards each coalition
- Treatment: $11,000 = 2 days inpatient
- $11,000 would buy you approx. 1 month of a prevention worker’s salary
- $11,000 to a coalition = 12 different sectors: Law Enforcement Schools, Parents, Youth, Youth Serving Organizations, Businesses, Media, Military Community, Treatment, Recovery, Faith Community, Civic and volunteer groups, Healthcare professionals, State agencies, and Local Government agencies
Outcomes of Needs Assessment Process

- Suicide Prevention was identified as the number one need of a Mental Health Promotion and Mental Illness Prevention initiative in Utah.
- To complete the Prevention by Design needs assessment, NAMI Utah has worked with community partners to create a data template for evaluating issues statewide. The data template has been populated with archival data from a variety of sources for prevalence of mental illness and suicide/self-harm data. Data sources include the BRFFS, SHARP, NSDUH, YRBS, NIMH, among others. Data on additional outcomes exist within the SEOW website (e.g., crime related data).
**Local Implementation Examples**

- Mental Health First Aid
  - One district, very rural industry, one class on the Uintah and Ouray Indian Reservation

- Hope Squads
  - Within two schools

- QPR Trainers to provide community based education sessions

- Town Hall meetings

- Positive Action

- Strengthen the presence on social media for Suicide Prevention
IDENTIFIED DUAL STRATEGIES

Mental Health First Aid

- MHFA will be used to address the coalition’s goal of educating the community regarding mental illness and suicide prevention for all age groups.
- MHFA has proven effective in rural areas, so it is well suited to our community.
- Expected outcomes, will include:
  - better recognition of mental health disorders
  - fewer negative attitudes towards people needing help for mental health disorders
  - more confidence in providing help to others
  - increased referral to professional help

Personal Empowerment Program

- PEP will teach life skills to 8th graders that will allow them to better cope with school, families, friends, and stress/pressure problems
- These are community identified priority risk and protective factors
MENTAL HEALTH FIRST AID

- Offered in the form of an interactive 12 hour course
- Overview of mental illness and substance use disorders
- Introduces risk factors and warning signs of mental health problems
- Overviews common treatments
- Certification
- Learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.
Gatekeeper

- It’s someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide.
- Includes parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.
- Coalition members can be valuable assets in recognizing and responding to crisis
Positive Action

- Academic achievement
- School attendance
- Reduces substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior
- Improves parent-child bonding, family cohesion, and family conflict
- One feels good about oneself when taking positive actions
- Positive actions for the physical, intellectual, social, and emotional areas
- Drug education
- Conflict resolution
- Counselor's kit
- Family kit
- Community kit
PREVENTION IMPACT ON ME

Know the Data: I have grown in my appreciation of the data. I meet with the State epidemiologist weekly. (Jail commander story)

Reframe Data: This jail commander is now a second one who has asked for data in quick one page document of high risk-Also the two leaders of the states largest crisis services asked for data in practical terms.

Share Data: We are currently sharing our data with the medical examiners office to clearly identify those who died from suicide while in treatment to identify patterns for policy improvement
Another Impact on Prevention

- New York’s office of suicide prevention indicates suicide is down by 10% in part due to the use of Universal screening tool, assessment tool and safety plan.
- The tools are called The Columbia Suicide Severity Rating Scale (CSSRS)
HOPE

- I would like to believe I was an early adaptor of the “Hope & Recovery” model for those with Mental Illness-1990’s
- I always will be
- However, the blending of prevention/treatment offers far more promises than treatment alone
ILLUSTRATION: BEAR RIVER

- Prevention staff partner with Safe Communities Coalition (SCC)
- Within SCC, formed a mental health promotion/suicide prevention work group
- Vision Statement: Improve our community’s overall health by normalizing mental health issues and empowering the community to seek help for themselves and others thus decreasing the number of suicides and suicide attempts in Brigham City
Bear River
Looked at data, resources, and gaps then prioritized risk and protective factors

Risk for mental illness and/or suicide
- Mental Illness/substance abuse
- Job or financial loss
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Stigma associated with help seeking behaviors
- Lack of social support and sense of isolation

Protections against mental illness and suicide
- Effective clinical care for mental, physical and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Strong connections to family and community support
- Support through ongoing medical and mental health relationships
IDENTIFIED THREE STRATEGIES

1: Suicide Prevention training for community via QPR
2: Educating and inform local healthcare providers using SPRC Primary Care Tool-kit
3: Media campaign + resource advertising
ILLUSTRATION: SOUTHWEST

- Prevention staff identified high need in Kane County
- Partnered with Kane Community Coalition
- Reviewed data, resources, needs, and gaps
ILLUSTRATION: UTAH COUNTY

- Evidence based program for mental health promotion and substance abuse prevention
- Was initially given to students in detention
- As a mental health promotion/mental illness prevention strategy- will now be universal for most 6th and all 8th graders

- Reduce depression by 17%
- Increase academic achievement
- Decrease problem behaviors (violence, substance use, disciplinary referrals, and suspensions)
- Decrease school absenteeism
- Increase positive family functioning
**ILLUSTRATION: FOUR CORNERS MOAB COMMUNITY ACTION COALITION**

Reviewed data and prioritized risk and protective factors

<table>
<thead>
<tr>
<th>Priority Risk Factors</th>
<th>Priority Protective Factors</th>
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<tbody>
<tr>
<td>Bullying</td>
<td>Strong connection to family support</td>
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<tr>
<td>Lack of social support</td>
<td>Strong connection to community support</td>
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<tr>
<td>Sense of isolation</td>
<td>Family attachment</td>
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<tr>
<td>Barriers to accessing mental health services</td>
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<tr>
<td>Substance abuse</td>
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STRATEGIES- FOUR CORNERS

Think Good- Feel Good
- CBT Group
- Increase positive peer relationships
- Increase problem solving skills
- Decrease in emotional difficulties
- Focus on those ‘at-risk’ for Mental illness or suicide
- LCSW (or equivalent) will oversee program while non-licensed staff will administer

Strengthening Families
- Reduce substance abuse and behavior problems during adolescence
- Increase connection between parent and youth
- Increase parent and youth skills
- Program administered by non licensed staff and overseen by licensed mental health/substance abuse professionals
## First Quarter Outcomes

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<tr>
<th>Area</th>
<th>UP6D Program 1</th>
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| Northeastern      | **MHFA:** 
|                   | *Completed 5 MHFA Trainings thru April with approximately 100 attendees with an average 25% increase in knowledge and ability to intervene from pre to post tests.
|                   | *Will be holding first YOUTH MHFA class in the state in June                 |
| Southwest         | **MHFA:** Training 2 trainers in September                                    |
|                   | **QPR:** Training one trainer in July                                         |
|                   | **Positive Action Program:** 
|                   | *8th grade classes will receive in 2013-2014 school year as universal prevention program as opposed to selective/indicated.
|                   | *Will pilot with three sixth grade classes.                                   |
|                   | **Personal Empowerment Program:** 
|                   | Will be implementing at Kanab Middle School 2013-2014 school year.           |
| Utah County       | **QPR:** Training 11 trainers
|                   | Trainers will train all faculty at the high school and junior high in August
|                   | Will train all youth at the high school who are in health classes throughout year in QPR.
|                   | Will train all junior high health students in NAMI Hope For Tomorrow- mental health education/suicide prevention program |
|                   | **Media Campaign:** Suicide prevention committee is working on these plans now |
|                   | **Provider Outreach:** Initial step- put together community mental health resource guide |
| Bear River        | **QPR:** Trained 11 QPR Trainers
|                   | Setting up initial community trainings now
|                   | Put together a community mental health resource guide and fact sheet           |
| Four Corners      | **QPR:** 
|                   | Trained additional 5 trainers
|                   | 2013- Have conducted 19 trainings with 631 participants.                      |
|                   | **Hope Squads:** Have identified students and done initial hope squad training with groups from 2 high schools |
|                   | **Town Hall Meeting:** Had one town hall meeting on suicide prevention in Davis County with support of the mayor. Had over 300 community members participate. |
NAMI Utah Webpage For Utah Prevention By Design Community Action Plan

HTTP://WWW.NAMIUT.ORG/COMPONENT/CONTENT/ARTICLE/23-OTHER-HOME-PAGE-LINKS/348-PREVENTION-BY-DESIGN-
Formed as a Partnership of Partnerships (Coalition of Coalitions) under a Center for Substance Abuse (CSAP) Community Partnership Grant in 1991.

Goal was to involve the community in determining and solving the unique ATOD issues experienced by youth residing in Berks County, PA.

City of Reading represented a diverse urban population distinct from surrounding communities.
Partnership members included diverse sectors of the community, including the 12 DFC sectors (DFC not even born yet) and more.

Very early, through its members, the Partnership recognized that ATOD use and abuse was interwoven into many other social issues.
Through our members from Juvenile Probation, we were provided with the annual reports that showed juvenile offenses increasing each year.

A program was developed in collaboration with the Berks County Bar Association and the Berks County Court to target 7th grade students with a delinquency prevention program.
Our members from school districts referred students to the program, which was delivered to the students at their home school and in a courtroom.

Funding was provided by the Berks County Bar Association and the PA Department of Education.

New funding opportunities became available.
The Partnership has received funding, and still receives funding, from the Pennsylvania Commission on Crime and Delinquency.

Additional projects included:

- Weed and Seed
- Daytime Curfew Reduction
- OJJDP Blueprints for Violence Prevention Program, Nurse Family Partnership Program. The Juvenile Court Judge, a member of the Partnership, was the proponent for operating this program in Berks.
Concurrent with the expansion to a focus on crime, there was a focus on teen pregnancy.

The idea was introduced by our member from Children and Youth Services based on the high number of teen pregnancies in Berks County.

Funding was received from the Children’s Trust Fund of PA to establish a mentoring program for pregnant and parenting teens, Parents Supporting Parents.
Parents Supporting Parents became part of a 10 site CSAP study on programs for teen parents.

The Nurse Family Partnership Program was established with funds from PA Commission on Crime and Delinquency and federal HRSA.

- Now funded through the PA Department of Public Welfare, MA billing, County funds, and donations.
Contracted by the Berks County Intermediate Unit to provide bilingual English/Spanish program coordinators to work with teen parents enrolled in school for the state’s Education Leading to Employment and Career Training Program.

Operated Early Head Start through Stimulus Funds to the PA Department of Public Welfare.
Established the *Parents As Teachers* Early Childhood Home Visiting Program to supplement the *Nurse Family Partnership Program* with funding from Affordable Health Care Act to PA DPW to the Partnership.

Expanded the *Nurse Family Partnership Program* with funding from Affordable Health Care Act to PA DPW to the Partnership.
Because of the Partnership’s strength within the Latino Community, the Mental Health Provider for the County asked the Partnership to provide a socialization program for adults with mental health problems.

County Mental Health Provider contracted with the Partnership to provide after-school resiliency building program for Latino youth in elementary schools.
County Mental Health Provider and County Office of Mental Health provided contract for Partnership to provide bilingual English/Spanish advocacy services to parents with a child in one of the child-serving systems, including special education, drug & alcohol, and juvenile court.
As a Coalition of Coalitions, and as part of Weed and Seed, a Healthy Marriage and Family Coalition was formed by the Conference of Churches (a member of the Partnership), which came under the “umbrella” of the Partnership.

Through state Weed and Seed Funding, adults in the community received healthy relationship training. Training was for couples and singles.
The Partnership participated in a 3-year Administration for Children rigorous study on measuring the effects of marriage education on low-income married couples with children.

- 8 sites in the US. Study performed by national research firm, MDRC.

Partnership awarded a 3-year grant from the Office of Family Assistance/ACF to provide Healthy Relationship training to adults as well as students in the Reading School District.
ATOD PREVENTION CONTINUES

- Partnership still provides TA and support to community coalitions throughout the County.
- Partnership still provides ATOD evidenced-based education in the schools (Stay On Track) through a grant from PCCD.
- Partnership provides support re: ATOD to Grandparents raising their grandchildren through funds from County D&A (started as a CSAP Family Strengthening Grant).
Partnership provides Substance Abuse and HIV Prevention Program to Latinas through a Minority Aids Initiative grant from CSAP.

Partnership provides Substance Abuse intervention program to Veterans through a grant from PCCD and VetCorps (CADCA).

ATOD/Substance Abuse Prevention & Intervention are woven through all Programs.