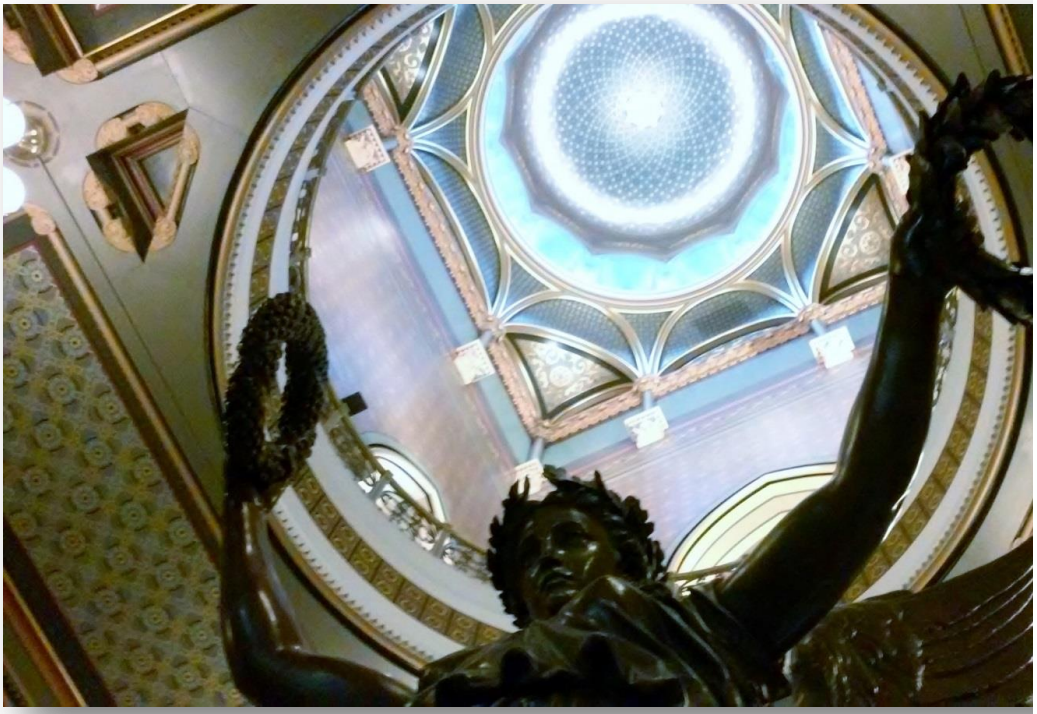
PREVENTION AND HEALTH PROMOTION DIVISION COMPENDIUM 2015



10/28/2015

Prevention and Health Promotion Division

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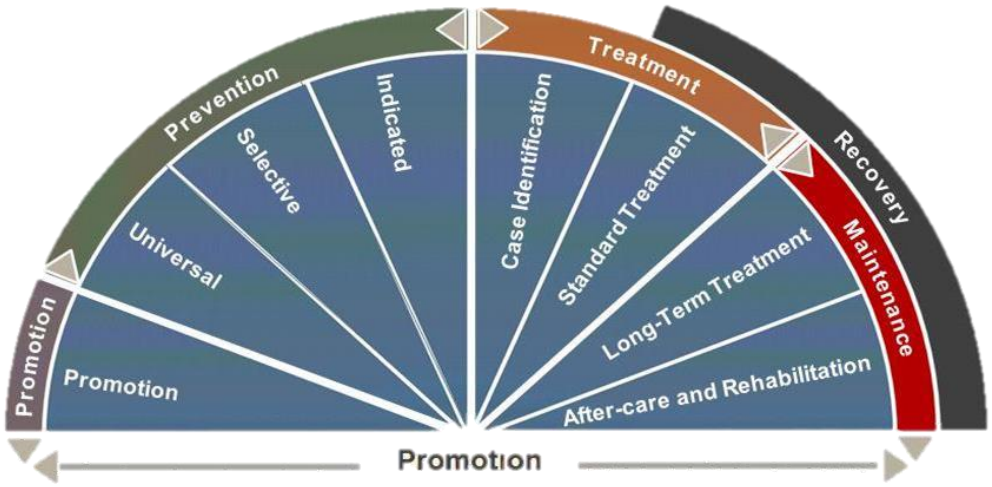
PREVENTION & HEALTH PROMOTION DIVISION

WHAT IS PREVENTION & HEALTH PROMOTION?

Prevention means creating conditions that promote good health. It is achieved by reducing those factors that are known to cause illness and problem behaviors and encouraging those factors that buffer individuals and promote good health. Prevention promises a reduction in the incidence of new cases of illness and problem behavior. When properly done, a good preventive intervention is long lasting and focused on reducing vulnerability and enhancing wellness.



The Institute of Medicine's Continuum of Care

A classification system that presents the scope of behavioral health services: promotion of health, prevention of illness/disorder, treatment, and maintenance/recovery.[i]

Prevention and promotion are the first two steps in the substance abuse and mental health continuum of care and promotion is encouraged across the spectrum. Interaction with the prevention system often serves as a catalyst for individuals to seek intervention and treatment services. Prevention practitioners are trained to identify and refer individuals with problems to appropriate intervention and treatment services.

Prevention can help decrease hospital stays, long-term residential treatment, suicide, violence and aggression. It provides for long-term cost savings and can create better quality of life for individuals and safe and resilient communities.

In the field of mental health, promotion includes efforts to enhance individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity.

PREVENTION FRAMEWORK

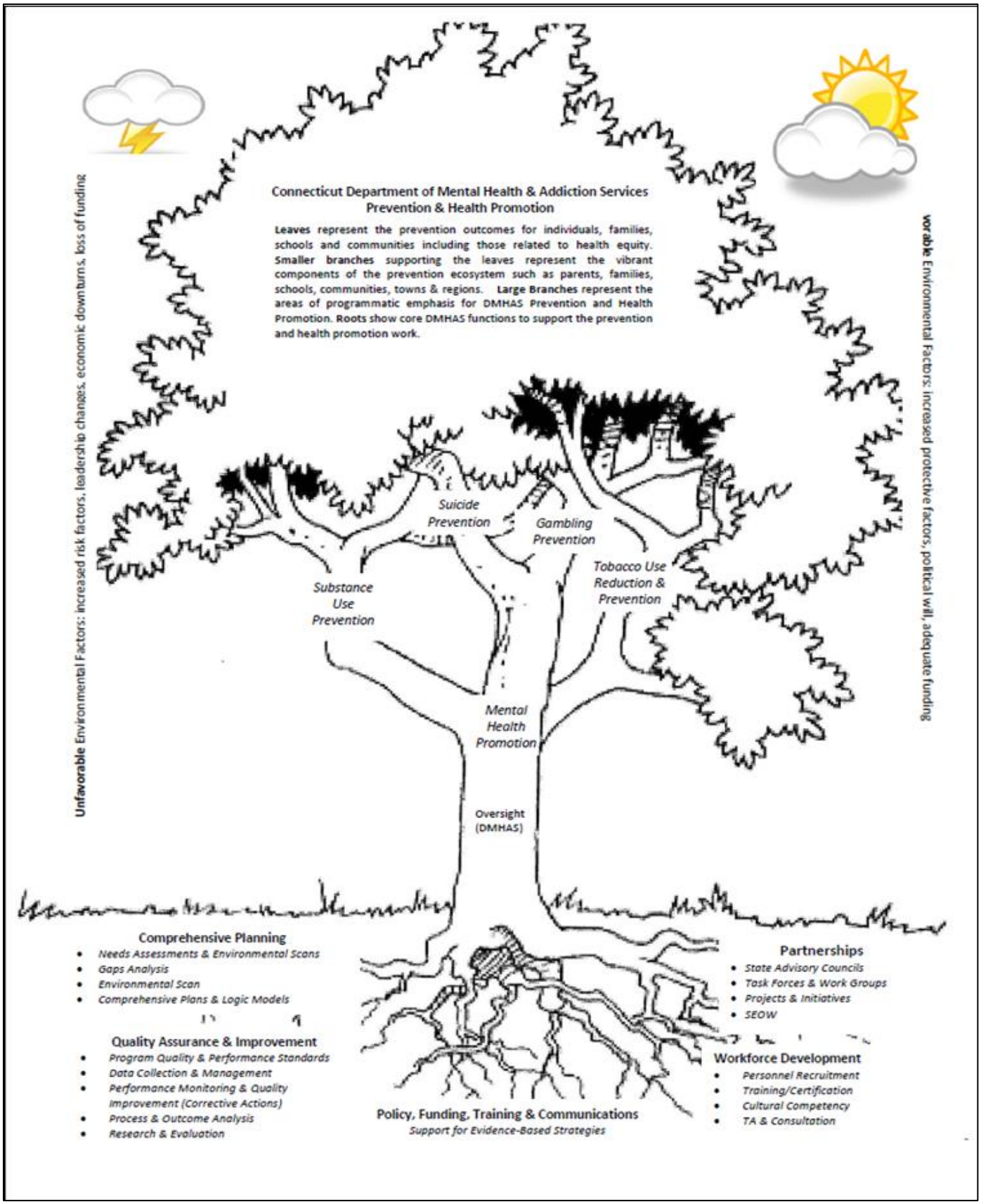
Prevention programs fall into three categories based on the Institute of Medicine's (IOM) Spectrum of Behavioral Health Disorders: universal, selected and indicated. Universal prevention programs focused the general public or a whole population that has no known risk factors. Selective prevention interventions are focused on individuals or a segment of the population whose risk for developing substance abuse or a mental health disorder is significantly higher than average. Indicated prevention programs focus on high-risk individuals who have started exhibiting problems. There is an array of best practice universal, selective and indicated prevention interventions directed at individuals and families in their schools, neighborhoods, places of worship and workplaces which have proliferated across the country in the last twenty years. These interventions have evolved from several generations of programs, theoretical models and approaches that address individuals across the lifespan. Over the years, these approaches have been researched across focused populations and fields of practice, with consideration given to developmental appropriateness, gender and sexual orientation factors. This has resulted in new knowledge and lessons learned about the impact and effectiveness of prevention, which has assisted developers in creating extremely promissing prevention systems.

There are several state and local agencies within Connecticut with prevention systems that use a variety of theoretical models. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is the single state agency for mental health and substance abuse services. The DMHAS' Prevention and Health Promotion Division is strategically aligned with the Substance Abuse Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF). The Division's work is guided by the SPF five steps which comprise of conducting needs assessments, capacity building, planning, implementing evidenced based strategies, monitoring and evaluation. The division is organized to provide accountability-based, developmentally appropriate and culturally sensitive behavioral health services based on best practices, through a comprehensive system that matches services to the needs of the individuals and communities.

As depicted in the Connecticut Tree of Prevention below, this comprehensive system includes the following areas aligned with the federal SAMHSA Center for Substance Abuse Prevention's (CSAP) concepts of performance management:

COMPREHENSIVE PREVENTION & HEALTH PROMOTION SYSTEM

DMHAS System	*SAMHSA/CSAP concepts*
Management and Organization of DMHAS' Prevention System	• Organizational /system performance outcomes are established • Resources are allocated based on established goals
Program Infrastructure including concepts, strategies and activities, program functions, and targets.	• Cultural issues are approached systemically • Workforce development needs are assessed and capacity is increased • Outcomes, plans and strategies are monitored and evaluated
Planning, Needs Assessment, Resource Allocation and Data Collection.	• Data informs adjustments in policy and strategy direction • Data informs decisions that improve public health quality
Coordination with Other Agencies.	• Data frames to report successful outcomes • Practices, resources and partnerships to sustain long term outcomes
Quality Assurance and Improvement.	• Budget decisions are based on results • Sub recipients are accountable for outcomes


Connecticut Department of Mental Health & Addiction Services
Prevention & Health Promotion
Leaves represent the prevention outcomes for individuals, families, schools and communities including those related to health equity. Smaller branches supporting the leaves represent the vibrant components of the prevention ecosystem such as parents, families, schools, communities, towns & regions. Large Branches represent the areas of programmatic emphasis for DMHAS Prevention and Health Promotion. Roots show core DMHAS functions to support the prevention and health promotion work.
Unfavorable Environmental Factors: increased risk factors, leadership changes, economic downturns, loss of funding
Favorable Environmental Factors: increased protective factors, political will, adequate funding
Suicide Prevention
Gambling Prevention
Substance Use Prevention
Tobacco Use Reduction & Prevention
Mental Health Promotion
Oversight (DMHAS)
Comprehensive Planning
Needs Assessments & Environmental Scans
Gaps Analysis
Environmental Scan
Comprehensive Plans & Logic Models
Quality Assurance & Improvement
Program Quality & Performance Standards
Data Collection & Management
Performance Monitoring & Quality Improvement (Corrective Actions)
Process & Outcome Analysis
Research & Evaluation
Policy, Funding, Training & Communications
Support for Evidence-Based Strategies
Partnerships
State Advisory Councils
Task Forces & Work Groups
Projects & Initiatives
SEOW
Workforce Development
Personnel Recruitment
Training/Certification
Cultural Competency
TA & Consultation

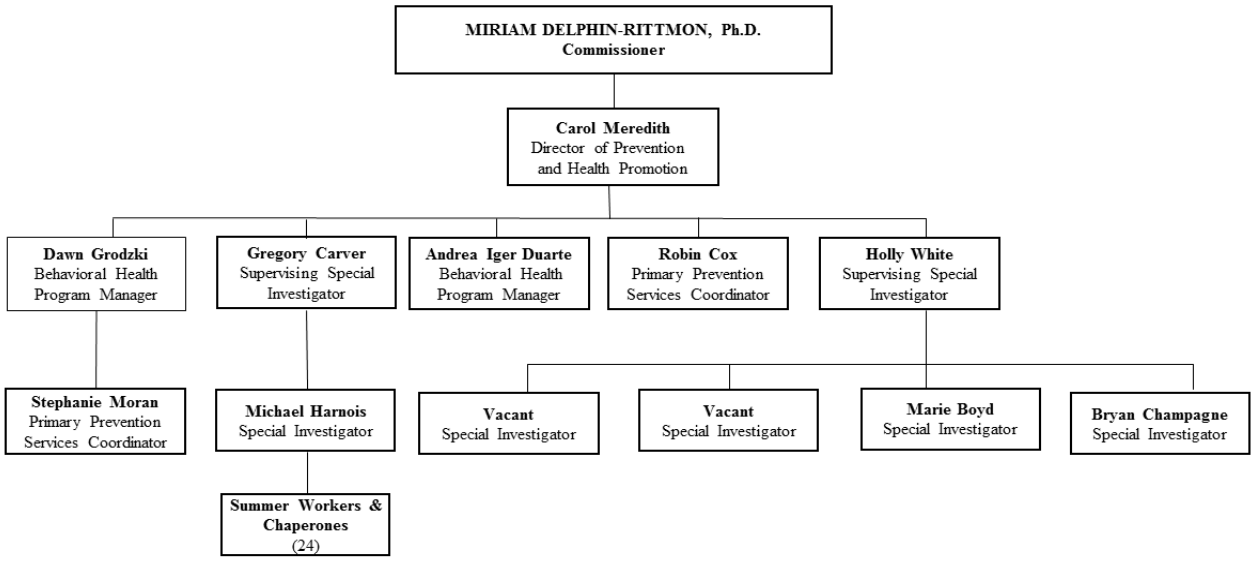
MANAGEMENT AND ORGANIZATION

STRUCTURE AND ORGANIZATION

The Department of Mental Health and Addiction Services (DMHAS) was formed in July 1995 by a merger of the Addiction Services Division of the Department of Public Health and Addiction Services, and the Department of Mental Health. Alcohol, tobacco, and other drug (ATOD) prevention services are placed under the Division of Prevention and Health Promotion within the DMHAS.

Prevention services are within the Office of the Commissioner and under the management of the Director of Prevention Services who reports to the Commissioner of DMHAS. The Prevention & Health Promotion Division oversees and administers the prevention set-aside funds for the Substance Abuse Prevention and Treatment (SAPT) block grant as well as the implementation of the Synar amendment. The Table below illustrates the staff and the relationships among the various sub-units within the Prevention Division.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
PREVENTION AND HEALTH PROMOTION ORGANIZATIONAL CHART



SUB-STATE ORGANIZATION

The Connecticut legislature has established 5 human service regions for the purpose of providing state health and human services. DMHAS uses 13 subdivisions of these regions as the geographic basis for prevention services. The prevention services within these regions are comprised of 6 major components: (1) four Statewide Resource Links that support prevention programs statewide, known as the Prevention Infrastructure; (2) Connecticut Strategic Prevention Framework Coalition Initiative aimed at applying the 5-step Strategic Prevention Framework (SPF) to address state and local needs in twelve communities across the state; (3) 156 Local Prevention Councils providing primary prevention strategies; (4) Tobacco Prevention and Enforcement Initiatives aimed at reducing underage access and use of tobacco products; (5) thirteen Regional Action Councils that build capacity of individuals and communities to deliver prevention services; (6) the Partnerships for Success 2015 Initiative addressing underage drinking at the state and community levels; (7) the CT Youth Suicide Prevention Initiative comprised of seventeen high schools, four CT State Universities, a hospital, a middle school, two training entities; a statewide awareness campaign; (8) the Safe Schools Healthy Students initiative intended to expand and enhance improvements in school climate, access to behavioral health and other supports, reduce substance use and exposure to violence in students Pre-K through 12th grade in 3 school districts across the state; and (9) the Now is the Time Healthy Transitions: CT STRONG program to engage youth ages 16-25 who are at risk for behavioral disorders and connect them to care.

STATE ADVISORY COUNCILS

The *Connecticut Alcohol and Drug Policy Council* (ADPC) was established by the Governor through executive order in 1996 to address substance abuse issues within the state and to implement the recommendations of its predecessor Blue Ribbon Task Force on Substance Abuse. The ADPC and its Prevention, Treatment and Criminal Justice committees developed a multi-year, interagency statewide plan for substance abuse that has been annually updated and evaluated and which provides for policy and budgetary direction for substance abuse prevention and treatment annually.

The *Connecticut Suicide Advisory Board* was established January 2012 through the merger of the CT Youth Suicide Advisory Board and the Interagency Suicide Prevention Network to create one state-level Suicide Advisory Board to address suicide across the lifespan. The 1989 legislation requires the existence of an advisory body to inform the Commissioner of DCF on strategies for the coordination of youth suicide prevention throughout Connecticut. The goals are: 1) Increase public awareness of the existence of youth suicide and means of prevention; 2) Make recommendations for statewide training in youth suicide prevention; 3) Develop a strategic youth suicide prevention plan; 4) Recommend interagency policies and procedures for coordination of services; 5) Implement suicide prevention procedures in schools and communities; 6) Establish a coordinated system for data collection and utilization; 7) Make recommendations concerning the integration of youth suicide prevention and intervention strategies into youth prevention and intervention programs.

Connecticut Healthy Campus Initiative- This statewide initiative, funded through the CSAP Partnership for Success 2015 is composed of 46 member universities and colleges of higher education, and is committed to substance abuse prevention in the focused 18 to 25 year old college student population. The Initiative provides leadership on substance abuse prevention through engagement of senior college administrators and implementation of evidence based policies, practices and strategies.

STRATEGIC ACTION PLAN

The Prevention & Health Promotion Division has used state policy plans and recommendations, agency strategic plans and SAMHSA goals to guide the prevention direction. The table below identifies the Prevention Division's role in implementing DMHAS' current operational plan.

DMHAS Prevention & Health Promotion Unit
2015 Strategic Prevention Work Plan

Quality of Care Management	Improved Service System	Workforce & Organizational Effectiveness	Resource Base
Continue to provide a quality care management system to achieve defined goals, service outcomes and the continued improvement of the integrated DMHAS health care system.	Maintain a broad array of programs and practices that data informed and will respond to changing needs as the prevention system grows.	Increase workforce capacity to provide culturally competent and integrated services to persons whose needs are challenging or not well met.	Increase funding to fill unmet needs; support prevention service and management goals; and, leverage TA from state and national experts and agencies.
• Procurement of SAPTBG Services • Practice Improvement • Establishment of Evaluation & Workforce Development Resource Links • Prevention Data System	• Statewide & Community Profiles • Application of Standards and System Monitoring • Utilization of SPF Planning Model • Comprehensive Programming - multiple populations, settings, problems	• BP Learning Communities • Resource Links Meetings • Prevention Catalog Workshops • NESAS • CSAP Leadership Academies & Webinars • Prevention Credentialing	• SA & MH Infrastructure Enhancement • Interns and Fellows • Exploration of Funding Mechanisms • Interagency Coordination and Collaboration • Marketing via Electronic and Print Media

Outcome: Quantifiable decreases in substance use, abuse, suicide and suicide attempt rates across the state

INFRASTRUCTURE AND PROGRAMS

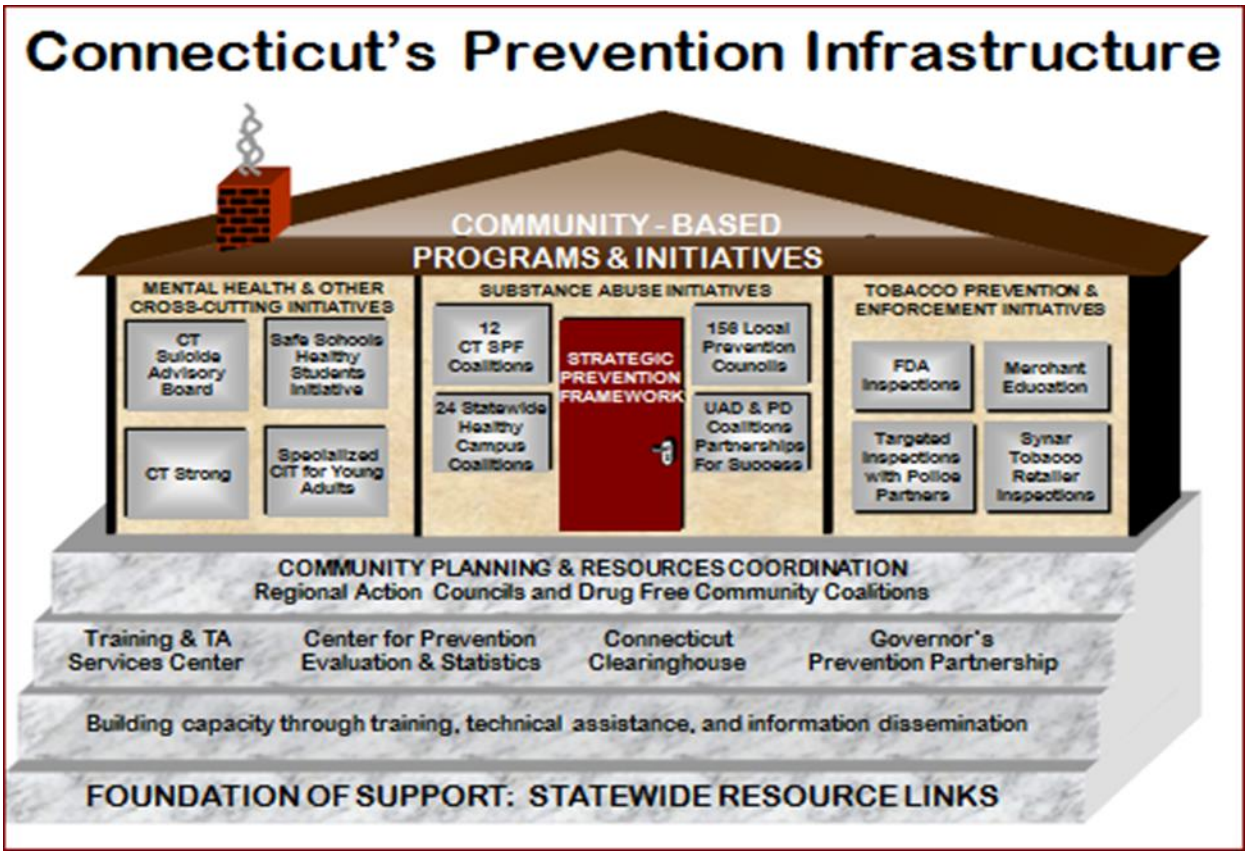
INTRODUCTION TO INFRASTRUCTURE & PROGRAMS

Prevention activities within DMHAS have historically been based on the public health model. Programs have also used the empowerment model as promulgated by the SAMHSA/CSAP, and the creation of conditions to promote general well-being as described in the research of William Lofquist and David Hawkins. Capacity building at the community level is an important element of the state's prevention activities. In recent years, DMHAS has also employed environmental strategies, especially in the area of reducing underage drinking. Prevention services have been organized to promote local capacity building and provider agencies are directing their efforts to achieve capacity building for communities.

Among the state agencies with prevention resources, the mission for prevention is to build a systems approach to strengthen local capacity and to support local empowerment in meeting the needs and implementing prevention programs. DMHAS fosters the development of comprehensive culturally appropriate programs based on scientifically defensible principles and focuses on both individuals and the environments within which they live. DMHAS has taken deliberate efforts to shift the prevention paradigm in Connecticut towards the SPF. Utilizing the SPF model at both the state and community level DMHAS has implemented a statewide data driven needs assessment process, spearheaded by the State Epidemiological Workgroup, across the prevention continuum of care related to substance abuse, suicide and gambling. The paradigm shift to the SPF has resulted in strategic planning including logic model development based on needs assessment, increased capacity to address needs identified through data analysis and identification and implementation of evidence-based programs, strategies and policies. Evaluation of these efforts is ongoing and will result in mid-course corrections as needed.

DMHAS' prevention concepts and direction are communicated to provider agencies through the Request for Proposals process and the DMHAS prevention web-site. Prevention staffs also sponsor learning communities and information dissemination exchanges for provider agencies.

DMHAS prevention programs are organized into five major categories: (1) Statewide Resource Links and Regional Action Councils; (2) community and evidence based substance abuse prevention projects; (3) community and evidence based suicide prevention and school based efforts; (4) programs aimed at reducing access of tobacco products to underage youth; and (5) programs that support youth and adults 5 – 25. Additionally, there are other prevention programs that are smaller in nature and funded to address local needs.



STATEWIDE RESOURCE LINKS AND THE REGIONAL ACTION COUNCILS

Purpose:

The Statewide Resource Links (SRL) and the Regional Action Councils (RAC) are statewide and regional entities funded by DMHAS to support prevention efforts within the state by building the capacity of individuals and communities to deliver prevention services. Since 2006, these entities have provided distinct services to move Connecticut's prevention system to align with the Strategic Prevention Framework (SPF) five steps.

Funded Programs & Services:

- **Connecticut Clearinghouse (SRL)** – is a statewide library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness and other related topics.
- **Training and Technical Assistance Service Center (SRL) –** provides training needed to obtain and maintain certification status; provides training workshops that focus on prevention skills development and the application of these skills, provides training on mental health promotion, and violence and substance abuse prevention; supports to individuals looking to increase their knowledge and skills in the prevention area.
- **Governor's Prevention Partnership (SRL)** – is a statewide organization comprising of public/private partnerships designed to change the attitudes and behaviors of Connecticut youths and adults toward substance through its School, Campus, Workplace and Media Partnerships.
- **Center for Prevention Evaluation and Statistics (SRL)** – The CPES is responsible for designing and implementing data collection and management; disseminating and utilizing epidemiological data for decision-making; and providing technical assistance and training on evaluation-related tasks and topics.
- **Regional Action Councils (SRL)** –13 public/private sub-regional planning and action councils that have responsibility for the planning, development and coordination of behavioral health services in their respective region.

Focus Population(s):

Local communities, individuals, and agencies providing prevention programming; regional and statewide service agencies; societal organizations and institutions, e.g. corporate, medical, religious and recreational entities

Strategy Type:

The State-wide Service Delivery Agents utilizes multiple strategies to promote the health and well-being of all Connecticut's residents throughout their life span. They include, but are not limited to, information & public awareness, education, community development, capacity building and institutional change, and social policy.

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Program Management Regional Action Councils
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CONNECTICUT STRATEGIC PREVENTION FRAMEWORK COALITIONS (CSC) INITIATIVE

Purpose:

The CSC Initiative is a 1.2 million program funded annually through the SAMHSA Substance Abuse Prevention and Treatment Block Grant. The initiative is comprised of 12 agencies working with coalitions that are implementing SAMHSA five-step Strategic Prevention Framework (SPF) to address substance abuse and promote positive mental health at the community level. The CSC Initiative objectives are to: develop strong linkages between communities and State agencies; implement and sustain culturally competent, evidence-based prevention services; and achieve measurable outcomes in reducing substance abuse while also promoting positive mental health.

Focus Population(s):

The CSC Initiative agencies are implementing the SPF in the following 12 communities: Clinton, Danbury, Darien, Fairfield, Groton, Haddam/Killingworth, Harwinton-Burlington, Lyme/Old Lyme, Middletown, New Haven, Newtown, and Windsor Locks. Informed by their community coalition, grantees will focus on populations identified through their Community Needs Assessments and prioritization process.

Strategy Type:

Each community will use the SPF five-step public health model which includes needs assessment, capacity building, strategic planning, implementation, and evaluation while incorporating cultural competency and sustainability throughout the process. The grantees will use epidemiological data to identify needs, and gaps for implementing evidence-based programs, policies, and practices within their respective geographical areas.

Program Management
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LOCAL PREVENTION COUNCILS

Purpose:

This initiative supports 130 plus local, municipal-based Local Prevention Councils (LPCs) that facilitate the development of culturally competent ATOD abuse prevention and joint behavioral health promotion initiatives of Local Prevention Councils (LPCs) within communities directed at citizens across the lifespan with the support of chief elected officials. The overall goal is to increase public awareness of the prevention of ATOD abuse and joint behavioral health promotion in the context of overall health and wellness. This program differs from others in that the eligible grantees are required to demonstrate the support and involvement of the municipality's chief elected official, i.e., mayor and/or first selectman. The specific goals of Local Prevention Councils (LPCs) are to increase public awareness of ATOD prevention and joint behavioral health promotion initiatives and stimulate the development and implementation of local prevention activities.

Funded Programs:

130 plus Local municipalities and town councils throughout the state

Target Populations:

Universal targets in selected communities in the 169 cities and towns throughout Connecticut.

Program Strategy:

LPC programs utilize at least two of the six CSAP identified prevention strategies (information dissemination, education, community-based processes, alternative programming, environmental, and program identification and referral) in their community programs.

Program Management
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CONNECTICUT NETWORKS OF CARE FOR SUICIDE PREVENTION (NCSP)

Purpose:

The Connecticut Networks of Care for Suicide Prevention (NCSP) is a $3.68 million dollar, 5 year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), and has a special focus on at risk youth, ages 10 to 24. The grant seeks to establish a statewide network of care for suicide prevention, intervention and response. It will also facilitate the implementation of intensive community-based efforts to reduce non-fatal suicide attempts and suicide deaths.

The Network of Care for Suicide Prevention embeds suicide prevention as a core priority across Connecticut. It utilizes culturally competent interventions that have been researched and shown to be effective at preventing suicide.

The NCSP will serve diverse youth and young adults age 10-24 and supportive adults representative of the CT population with emphasis on young people identified at increased risk of suicide and who have attempted suicide.

The Connecticut Departments of Mental Health and Addiction Services, Children and Families, and Public Health, with the guidance of the CT Suicide Advisory Board co-direct the grant implementation and activities.

Priority Populations:

Youth and young adults 10-24 years old, and communities at large and their citizens

Strategy Types:

Three primary evidence-based practices (EBP) drive the NCSP: 1) the SAMHSA's Strategic Prevention Framework; 2) the Jed Foundation (TJF)/Suicide Prevention Resource Center Model for Comprehensive Suicide Prevention and Mental Health Promotion (Suicide Prevention Resource Center, 2011); and 3) the National Action Alliance for Suicide Prevention's Zero Suicide in Health and Behavioral Healthcare. A combination of EBPs, strategies, guidance documents and tools will be applied to address universal, selective, and indicated populations to have the greatest impact at the state and community levels.

Program Management
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STATE TOBACCO PREVENTION AND ENFORCEMENT PROGRAM

Synar Tobacco Compliance Initiative

Purpose:

Collaborate with communities to inform retailers and the public about laws prohibiting the sale of tobacco products to minors, and to support prevention efforts through compliance inspections, education and awareness.

Focus Population(s):

Tobacco retail owners, managers and front line retail personnel

Strategies:

- Annual Synar Tobacco Compliance Inspection Sample– Unannounced tobacco compliance inspections conducted on a statically drawn sample of establishments to determine Connecticut's Retailer Violation Rate as required by the Federal Synar Amendment.
- Police Partnership Inspections – Unannounced tobacco compliance inspections conducted in concert with State and local law enforcement authorities having a Memorandum of Agreement with DMHAS to enforce the criminal statutes of Connecticut's tobacco youth access laws.
- Eighteen Month Inspections – Unannounced compliance inspections of tobacco retailers that have not received an inspection in the past eighteen months.
- Merchant Education Inspections – Announced inspections to provide tobacco retailers with education and awareness materials to ensure compliance with state and federal law.
- The Electronic Nicotine Delivery System Compliance Inspection Program - Unannounced electronic cigarette compliance inspections conducted with State and local law enforcement authorities to prevent the sale of electronic cigarettes to minors.

Tobacco Merchant and Community Education Initiative (TMCEI)

Purpose:

The purpose of the merchant education campaign is to inform tobacco retailers about the provisions of the state's youth access laws to encourage voluntary compliance. Through the TMCEI, the Merchant Education Program produces and distributes educational materials to approximately 4,500 establishments to help merchants and their employees comply with Connecticut's tobacco youth access laws. The purpose of community education activities is to increase public awareness of youth tobacco issues.

Focus Population(s):

Tobacco retail owners, managers, front line retail personnel, youth, and service providers

Strategies:

- The Tobacco Merchant Education Campaign provides awareness materials for licensed tobacco retailers throughout Connecticut. The materials inform retailers about youth access laws, provide specific strategies for compliance with such laws, and emphasize the health effects of tobacco use.

- Tobacco Merchant & Community Education Steering Committee is a key component of a statewide tobacco prevention community services campaign. The Steering Committee guides and informs the campaign process resulting in the most effective campaign materials and activities, leading to reductions in sales of tobacco products to youth under 18.
- Tobacco Sales: Do the Right Thing is an interactive online training designed to build the skills and knowledge of tobacco retail owners, managers, and front line retail personnel to prevent retailer sales of tobacco products to youth under the age of 18. The learning components feature real-life scenarios, state and federal tobacco laws and the associated legal requirements.

Urban Tobacco Inspection Program

Purpose:

Historically, urban tobacco non-compliance rates are twice the statewide average and drive the retailer violation rate report to SAMHSA in the Annual Synar Report. A grant from the Tobacco and Health Trust Fund provides funding directly to urban areas to do two separate but equally important tasks: 1) conduct tobacco compliance inspections to enforce state law at the point of sale and 2) provide retailers with education and awareness material including information about the new online training program.

Focus Population(s):

Tobacco retail owners, managers and front line retail personnel in Bridgeport, New Haven, Hartford, and Stamford

Strategies:

- Unannounced compliance inspections conducted independently by the municipal police agencies in Bridgeport, Hartford, New Haven and Stamford
- The distribution of tobacco retailer education and awareness materials

Program Management
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FOOD AND DRUG ADMINISTRATION (FDA) TOBACCO PREVENTION AND ENFORCEMENT PROGRAM

Purpose:

The Family Smoking Prevention and Tobacco Control Act grants the FDA the authority to regulate tobacco products in the US and all relevant territories. The Tobacco Control Act places specific restrictions on the marketing and sales of tobacco products to individuals under 18 years of age. DMHAS entered into a contract with the FDA to enforce applicable provisions of the Tobacco Control Act and its implementing regulations in Connecticut.

Focus Population(s):

Tobacco merchants throughout the State: FDA tobacco compliance initiative requires the implementation of a statewide enforcement program with an emphasis directed toward special populations located within urban areas.

Strategies:

- Undercover Buy Inspections – Unannounced inspections conducted to monitor the sale of tobacco products to youth under the age of 18, and that photo identification is requested from individuals appearing younger than 27.
- Advertising and Labeling Inspections – Announced inspections conducted to monitor tobacco labels, store signage, and the sale of non-tobacco products with tobacco band names to mention a few.

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CT SAFE SCHOOLS HEALTHY STUDENTS (SSHS) DIFFUSION PROJECT

Purpose:

The Safe Schools/Healthy Students Initiative is a 8.6 million dollar four year grant that takes a collaborative and comprehensive approach, drawing on the best practices and the latest thinking in education, justice, social services, and mental health to help communities take action.

SSHS requires the development of statewide management team and local management teams that serve an advisory role and share in decision making. There are three SSHS local education authorities including Bridgeport, Middletown and the Consolidated School District of New Britain who serve as learning laboratories for the project and though the lesson learned to develop, maintain and promote statewide diffusion and sustainability.

Focus Population(s):

Children and students birth through 12th grade

Strategies:

The guiding principles are one of three components of the SS/HS Framework that links the five elements with the five strategic approaches to ensure a comprehensive approach to youth violence prevention and mental health promotion. These principles include: cultural and linguistic competency, serving vulnerable and at-risk populations, developmentally appropriate, resource leveraging, sustainability, youth guided and family driven and evidence-based interventions.

The Strategic approach makes up the roadmap that ensures success in planning and implementation and supports improvement in how education, child, and family-serving agencies work together at the state and local educational agency (LEA)-community level to address youth violence prevention and mental health promotion.

Program Management
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PARTNERSHIPS FOR SUCCESS 2015

Purpose:

The Partnership for Success 2015 Grant (PFS) is a five year 8.2 million dollar grant awarded through a competitive bid to Connecticut. It will allow Connecticut to continue successful community-based approaches that prevent underage drinking and prescription drug abuse/misuse through the use of the Strategic Prevention Framework. This data-driven public health approach will build on existing successes of community based coalitions that address underage drinking, including several other state and federally funded Coalitions and community based programs currently in place covering each region of the state.

Focus Population(s) and Goals:

- Reduction of past month alcohol use rates for individuals aged of 12 - 20.
- Reduction of past month prescription drug abuse/misuse rates for individuals aged 12-25
- Preventing the onset and reducing the progression of childhood/underage drinking.
- Strengthening capacity and infrastructure at the State and community level to implement data driven evidenced based policies, practices and programs.
- Collaborative approach aligning state and community strategies, redirection of existing services, leveraging human and fiscal resources to sustain efforts.

Strategies:

Community coalitions throughout the state will use a public health approach to decrease alcohol consumption and prescription drug abuse/misuse; build on existing resources to implement effective environmental strategies such as curtailing retail and social access, policy change, enforcement, media advocacy, and parental and merchant education; and measure change utilizing student survey and other social indicator data.

Program Management
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Program Management
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NOW IS THE TIME – HEALTHY TRANSITIONS – CT STRONG

Purpose:

The Now is the Time – Healthy Transitions, CT Seamless Transitions & Recovery Opportunities for Network Growth (STRONG) is a 5 year, 5 million dollar grant awarded to Connecticut through a competitive process. The program purpose is to identify and engage youth and young adults who have or are at risk for behavioral health disorders and connect them to high quality care.

Focus Population(s)

CT STRONG will work with youth and young adults ages 16 to 25 who have or are at risk for behavioral health disorders in the communities of Milford, New London and Middletown.

Strategies and Goals:

- Utilize social marketing and public education approaches such as media campaigns to inform people about mental illness, reduce stigma and discrimination and provide connections to services.
- Identify young people who may have behavioral health disorders and engage them into treatment, services and supports.
- Implement the key principles of the Wraparound approach; a planning process that incorporates the preferences, strengths and natural supports of the individual to determine how to best serve them.
- Ensure that families, including natural supports beyond traditional families are engaged and included in recovery planning.
- Enhance existing transitional youth behavioral health services to create a strengths based, family focused, gender responsive and recovery oriented system of care that takes into consideration the culture of the youth and family.

Program Management
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STATEWIDE HEALTHY CAMPUS INITIATIVE

Purpose:

To develop a comprehensive prevention system that is responsive to the needs of young adults, ages 18-25 attending public universities throughout Connecticut. The Initiative is based on a 3-in-1 Framework recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The goal is to change the culture of drinking and other substance use/abuse using broad-based and comprehensive, integrated programs with multiple complementary components that focus on: (1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surrounding community.

Focus Population(s):

The primary focus population is college students ages 18-25. Secondarily, programs may focus on family members, peers, schools and communities at large.

Strategies:

- Address gaps in substance abuse prevention and early intervention services;
- Support culturally responsive, age appropriate, and evidence-based approaches for young adults;
- Further develop Connecticut's prevention data infrastructure and capacity to collect and analyze outcome data and report on key performance measures.

Program Management
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SPECIALIZED CIT FOR YOUNG ADULTS

Purpose:

The Specialized CIT for Young Adults is a $966,666 dollar, 3 year grant (9/30/13-9/29/16) from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enhance the capacity of its Crisis Intervention Teams (CITs) involving law enforcement and mental health mobile crisis providers to respond to the needs of young adults aged 18-25 who are diverted from arrest to the most appropriate treatment for their mental health, substance abuse, or co-occurring disorders. At least 225 young adults (75 per year) are expected to be served.

This initiative builds on close relationships between criminal justice and behavioral health agencies that followed the creation of CT's Criminal Justice Policy Advisory Commission (CJPAC), including DMHAS, corrections and parole, probation, the State's Attorney, public defender, municipal and state police, and victims' advocates. Additional partners include the CT Alliance to Benefit Law Enforcement (CABLE), the entity which conducts training for current Crisis Intervention Teams (CITs), the National Alliance on Mental Illness: Connecticut (NAMI CT), Advanced Behavioral Health, and consultants from Yale and the Institute of Living. to create a strong team with all relevant stakeholders well represented. The project is being evaluated by the University of CT School of Social Work.

Priority Populations:

Young adults 18-29 years old

Strategy Types:

- Train and provide on-going consultation to CITs to employ age-specific techniques for engaging YAs in treatment and/or support services;
- Train and provide on-going consultation to CITs to recognize Early Psychosis and to distinguish Early Psychosis from other conditions, such as substance-induced psychosis and trauma-related conditions;
- Organize a statewide network of providers with expertise in treatment of YAs, especially those with the ability to provide Early Psychosis treatment, or to treat co-occurring disorders (CODs);
- Provide 24/7 clinical phone consultation assistance which can be accessed by CITs whenever there is a problem identifying appropriate providers; and
- Offer young adult peer services throughout the regions of the state, including support groups and networking through social media.

Program Management
Andrea Iger Duarte
Program Manager
860-418-6801

COURAGE TO SPEAK FOUNDATION

Purpose:

The Courage to Speak Foundation was founded in 1996 after Ginger and Larry Katz lost their son, Ian to a drug overdose. Since then The Courage to Speak Foundation mission has been to save lives by empowering youth to be drug free and encouraging parents to communicate effectively with their children about the dangers of illicit drug use.

Priority Populations:

School age youth, young adults, and parents who have lost a family member to drug addiction

Strategy Types:

- Positive Youth Development Prostrations encourages effective communication between children and parents/trusted adults about the dangers of drugs and other risky behaviors.
- Helping Families Heal Parent Support Group is for parents who have lost a family member to drug addiction.
- Helping Families Heal Phone Support Group is for parents who have lost a family member to drug addiction that may be in crisis and need immediate support.
- The Courage to Speak Foundation website is a comprehensive resource for parents, students, educators, families and others interested in preventing adolescent/teen use of substance abuse.

Program Management
Robin Cox
Primary Prevention Services Coordinator
860-418-6955

NEEDS ASSESSMENT, PLANNING, RESOURCE ALLOCATION AND DATA COLLECTION

NEEDS ASSESSMENT

Using epidemiological and other relevant data and information, the Prevention and Health Promotion Unit regularly explores substance use and abuse patterns unique to Connecticut's communities and use these data to paint a picture of the nature and burden of the problem throughout the State.

Collectively, the groups and processes described below inform funding decisions by 1) assessing the prevalence of risk factors based on gender, race, age, socio-economic status and geographic location; 2) analyzing trends as well as the number of individuals needing services; 3) assessing the adequacy and appropriateness of prevention services; 4) matching prevention needs to resources; and 5) predicting where future substance abuse problems are likely to arise.

The State Epidemiological Outcomes Workgroup

The State Epidemiological Outcomes Workgroup (SEOW) is charged with compiling indicators of substance abuse and related consequences, tracking data trends over time, and promoting the use of data to continually focus and strengthen ATOD prevention efforts statewide. In addition to DMHAS, it is comprised of representatives from the Departments of Children and Families, Consumer Protection Liquor Control Unit, Corrections, Education, Motor Vehicles, Public Health, Public Safety, Social Services, and Transportation; the Judicial Branch Court Support Services; Multicultural Leadership Institute; Office of Policy and Management, and researchers from the University of Connecticut Health Center. It meets quarterly to eamine new sources of prevention and treatment need indicator data.

Regional Action Councils

DMHAS Regional Action Councils (RACs) legislative mandate is to (1) determine the extent of the substance abuse problems within their sub-regions; (2) determine the status of resources to address such problems; (3) identify gaps in the substance abuse service continuum; and, (4) identify changes to the community environment that will reduce substance abuse (Connecticut Statute Sec. 17a-671). Furthermore, the legislation requires that their membership be comprised of diverse members of the community, including, chief elected official, the chief of police and the superintendent of schools of each municipality within the sub-region; one representative designated by the Commissioner of Mental Health and Addiction Services from each treatment facility operated by the department and serving such sub-region; business and professional leaders; members of the General Assembly; service providers; representatives of minority populations; religious organizations; representatives of private funding organizations; and the media.

Sub-regional Prevention Priority Reports

Every two years, RACs produce Sub regional Prevention Priority Reports to describe 1) the burden of substance abuse, problem gambling, and suicide in the subregions, 2) prioritized prevention needs, and 3) the capacity of the sub-regions' communities to address those needs. These reports are based on data-driven analyses of issues in the sub-region, with assistance from key community members.

The reports and accompanying data are used as a building block for state and community-level processes, including capacity and readiness building, strategic planning, implementation of evidence-based programs and strategies, and evaluation of efforts to reduce substance abuse and promote mental health.

Sub regional Priority Setting Process

The sub regional priority setting process conducted by the RACs involves the following tasks:

- Compile sub regional socio demographic and indicator data using data provided by the SEOW and additional community-level data and information, such as student survey focus group results;
- Produce eight one-page sub regional epidemiological profiles describing magnitude, impact, and response capacity;
- Convene their Community Needs Assessment Workgroups to conduct the priority ranking process.

Community Needs Assessment Workgroups

DMHAS is committed to supporting an inclusive, comprehensive assessment process at the local, sub regional, regional, and state levels. Accordingly, RACs convene Community Needs Assessment Workgroups to participate in the development of the Subregional Prevention Priority Report and to support the work of community prevention coalitions. The role of the workgroup is to 1) contribute additional data and information; 2) assist in interpreting data and information; and 3) participate in the priority setting process.

Each RAC Director ensures that the Community Needs Assessment Workgroup comprises diverse community stakeholders, including youth; parents; school personnel; staff from youth-serving organizations; researchers; local government officials; healthcare professionals, nonprofit agency staff; and representatives from the business community, law enforcement, faith community, and prevention coalitions. Sub-populations (i.e., those of various racial/ethnic, sexual orientation, gender, language, disability, and culture) and members of historically underrepresented populations are also represented.

Prevention Training Needs Assessment

The Training and Technical Assistance Service Center will conduct a Needs Assessment to develop prevention training and technical assistance strategies to enhance Workforce Development efforts in the State.

Other Studies/Surveys

DMHAS also utilizes results of other local, state and national studies and surveys in its program decisions. Some of these studies and surveys are the DMHAS Ecstasy Prevention Initiative (2003), DMHAS CT Youth Suicide Prevention Initiative (2010), CT Department of Public Health's Connecticut School Health Survey, American College Health Association National College Health Assessment, Penn State Center for the Study of Collegiate Mental Health Pilot Study, University of Michigan's Monitoring the Future Study; SAMHSA National Survey on Drug Use and Health; Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey, core survey of alcohol and drug use on campus and a host of other studies conducted statewide.

RESOURCE ALLOCATION

The majority of DMHAS' prevention funding is obtained from the Substance Abuse, Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). Funds comprise of the stipulated 20% of the Substance Abuse Prevention & Treatment Block Grant set aside for prevention services and competitive grants. A smaller portion of funds comes from the State's General and Drug Asset Forfeiture Funds. Allocation of these funds is based on funding mandates, priority setting reports, State Epidemiological/Outcomes Workgroup and other advisory groups' recommendations, and is made through competitive requests for proposals (RFPs). The allocation approach used in the CT ensures that all funded policies, practices, and programs support community-level ATOD consumption and consequences.

PREVENTION RESOURCE ALLOCATION SFY 2015

Funding Streams	Amount	Programs Supported
SAMHSA Center for Mental Health Services	$400,000	Connecticut Suicide Prevention Initiative
SAMHSA Center for Substance Abuse Prevention	$1,658188	Partnerships for Success 2015
SAMHSA Center for Mental Health Services	1,000,000	Now is the Time – Healthy Transitions
State Drug Assets Forfeiture Revolving Account	$246,350	Regional Action Councils
State Pretrial Alcohol Education Services	$499,996	Regional Action Councils
Federal Substance Abuse Prevention & Treatment Block Grant	$4,772,719	Connecticut SPF Coalitions Initiative, Local Prevention Councils, CT Clearinghouse, Regional Action Councils, Statewide Resource Links, Tobacco Prevention & Enforcement Program, Courage to Speak Foundation.
Social Services Block Grant	$17,272	CT Clearinghouse
Federal Food & Drug Administration	$1,150,000	FDA Tobacco Prevention and Enforcement Program
State Tobacco & Health Trust Fund	$287,000	Urban Tobacco Inspection Program
Other State Funds	$1,664,496	Regional Action Councils, Governor's Prevention Partnership, CT Clearinghouse, Tobacco Prevention & Enforcement Program
Total Prevention Funding	$11,696,021	

DATA COLLECTION

Interagency Data Workgroup

Standing legislation requires DMHAS to establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch. The Interagency Operational Data Collection Workgroup was created in response to this legislation. At the core of this legislation is the desire to have a comprehensive understanding of those individuals receiving substance abuse education, prevention, intervention and treatment services, as they move through an array of state-sponsored services. This initiative is meant to create a fully integrated substance abuse services data system. A system which can not only provide client demographic data across state agencies, and reveal trends in those receiving services, but also indicate the full breadth of whether the services resulted in positive client outcomes, and determine the cost benefit to the state. Having this policy-relevant and program development information at hand will lead to better approaches to preventing, delaying or treating substance use or abuse.

There are several agencies serving on this workgroup that have resources in prevention. They include Departments of Children and Families, Motor Vehicles, Transportation, Social Services, Education, the Judicial Branch, and the Office of Policy and Management as well as DMHAS' prevention staff.

The State Epidemiological Outcomes Workgroup

The State Epidemiological Outcomes Workgroup (SEOW) is charged with compiling indicators of substance abuse and related consequences, tracking data trends over time, and promoting the use of data to continually focus and strengthen ATOD prevention efforts statewide. In addition to DMHAS, it comprises representatives from the Departments of Children and Families, Consumer Protection Liquor Control Unit, Corrections, Education, Motor Vehicles, Public Health, Public Safety, Social Services, and Transportation; the Judicial Branch Court Support Services; Multicultural Leadership Institute; Office of Policy and Management, and researchers from the University of Connecticut Health Center. It meets quarterly to explore new sources of prevention and treatment need indicator data.

Prevention Data Infrastructure (PDI)

In response to the SAPT Block Grant requirement to collect and report National Outcome Measures (NOMS) for prevention, which comprise eight domains (abstinence, employment/ education, crime and criminal justice, stability in housing, access/capacity, retention, social connectedness, perception of care cost effectiveness, and use of evidence-based practices), DMHAS has enhanced its Prevention Data Infrastructure. With technical assistance from SAMHSA, all States will:

- Standardize operational definitions and outcome measures, and link records to support pre- and post-service comparisons.
- Develop benchmarking strategies to determine acceptable levels of outcomes.
- Produce routine management reports to direct technical assistance and science-to-services program to implement interventions designed to result in improved outcomes.
- Achieve full State reporting by the end of fiscal year (FY) 2007. In the interim, each year more States will report with standard definitions until all States are on board.

The PDI uses the following data management systems for reporting on prevention program activities:

- CT IMPACT – collecting process and qualitative data on program monitoring and provider reports for Substance Abuse Prevention and Treatment Block Grant reporting
- Tobacco Compliance System – collecting State tobacco compliance inspection data and field merchant education activities for the Annual Synar Report
- Tobacco Inspection Management System – collecting federal Food & Drug Administration (FDA) tobacco compliance inspection data and advertising & labeling for the Annual Synar Report FDA contract reporting
- Tobacco Sales: Do the Right Thing – collecting retailer training data for reporting to the Department of Revenue Services and the Annual Synar Report

INTERAGENCY COORDINATION

INTRODUCTION TO INTERAGENCY COORDINATION

INTERAGENCY BOARDS, COMMITTEES, COALITIONS, COLLABORATIVE, PARTNERSHIPS AND WORKGROUPS

INTERAGENCY COORDINATION INTRODUCTION

There is a growing understanding in Connecticut of the importance of a coordinated approach to both substance abuse prevention service delivery and fiscal policy. Government leaders have recognized the limited capacity that one agency has on its own in reducing substance abuse and have worked hard to foster relationships that could support and enhance the state's substance abuse prevention system. The chart below shows the participants in the state's efforts to implement a plan to improve cost-efficiency, interagency coordination, and the effectiveness of the prevention and intervention system. The interagency committees described on the following pages are those in which staff from the DMHAS Prevention Unit is involved.

NATIONAL PREVENTION NETWORK

Partners:

Prevention Leaders from the Single State Authorities for Alcohol and Other Drug Abuse representing each of the 50 states, the District of Columbia and 8 U.S. Territories

Purpose:

As a component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) the National Prevention Network provides culturally appropriate guidance and leadership to national, state and local prevention efforts to reduce the incidence and prevalence of alcohol, tobacco and other drug problems.

ACADEMIC PARTNERSHIP

Partners:

University of Connecticut School of Social Work, University of Connecticut Health Center, The Consultation Center at Yale University

Purpose:

This partnership was created to provide consultation and evaluation support to several federally funded prevention initiatives: the Connecticut Youth Suicide Prevention Initiative, Governor's Prevention Initiative for Connecticut State Universities, and Tobacco Prevention & Enforcement Program, Interagency Boards, Committees, Coalitions, Collaborative, Partnerships and Workgroups.

CONNECTICUT ALCOHOL & DRUG POLICY COUNCIL

Partners:

Office of Policy and Management
Department of Children and Families
Department of Social Services
Judicial Branch
Department of Public Safety
Department of Consumer Protection
Board of Parole
Legislators
UCONN Health Center
Private Sector Representatives
Department of Education
Department of Transportation
Department of Public Health
Department of Corrections
Department of Motor Vehicles
Department of Insurance
Office of the Chief Public Defender
Chief State's Attorney
Department of Higher Education

Purpose:

The Connecticut Alcohol and Drug Policy Council was created by legislation charging it with examining and improving the statewide substance abuse system and developing a plan and action strategies to reduce the harmful effects of this complex and challenging problem.

CONNECTICUT INHALANT PREVENTION TASK FORCE

Partners:

Youth Service Agencies
Regional Substance Abuse Action Councils
Governor's Prevention Partnership
Police Departments
Connecticut Poison Control Center
State Agencies & Other Community Organizations

Purpose:

The Taskforce has two primary goals: 1) Increase awareness of inhalant abuse statewide and 2) Research, recommend and implement effective prevention strategies.

These goals will be carried out through activities that include: the collection of data on inhalant use, related injuries, and deaths, training of trainers for the purpose of expanding the knowledge base in Connecticut, and dissemination of print materials to parents, educators, and youth serving agencies.

CONNECTICUT PRESCRIPTION DRUG ABUSE TASK FORCE

Partners:

Youth Service Agencies
State Agencies
Governor's Prevention Partnership
Regional Substance Abuse Action Councils
Police Departments
Connecticut Poison Control Center
Connecticut Clearinghouse
Other Community Organizations

Purpose:

The Taskforce has two primary goals: 1) Increase awareness of prescription drug abuse statewide and 2) Research, recommend and implement effective prevention strategies.

DMHAS POLICE PARTNERSHIP PROGRAM

Partners:

Municipal Police Agencies
Connecticut State Police

Purpose:

This program is a partnership between Connecticut police agencies and DMHAS to facilitate the enforcement of criminal laws that prohibit the sell of tobacco products to individuals less than 18 years of age. DMHAS investigators work in concert with law enforcement and infractions are issued to non-compliant vendors, merchant education materials are distributed, and press releases are publicized. There are approximates 100 Connecticut cities and towns that have Memorandum of Agreement with DMHAS. The Connecticut State Police work with DMHAS in town that do not have municipal police department.

INTERAGENCY DATA SHARING INITIATIVE

Partners:

Office of Policy and Management
Department of Children and Families
Department of Transportation
Department of Motor Vehicles
Department of Education
Department of Social Services
Department of Public Health
Judicial Branch

Purpose:

This workgroup was created in response to legislation requiring DMHAS to establish uniform policies and procedures across the state for collecting, standardizing, managing, and evaluating data. Data will include: 1) the use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; 2) client demographics and substance use, abuse and addiction information; and 3) the quality and cost effectiveness of substance use, abuse and addiction services.

CONNECTICUT SUICIDE ADVISORY BOARD

Partners:

Jordan Matthew Porco Memorial Foundation
United Way of CT& National
Wellness & Recovery & National
Suicide Prevention Lifeline Crisis Center
Children and Families
Veterans Administration CT
Healthcare System-Suicide Prevention Program
University of CT School of Social Work
Veterans Affairs
True Colors
CT State University System
CT National Guard
Office of the Child Advocate
CT Community College System
University of CT Health Center
Multicultural Leadership Institute
Wheeler Clinic Center for Prevention
Graduate students, and parents

Purpose:

The Connecticut Suicide Advisory Board (CTSAB) was established January 2012 through the merger of the CT Youth Suicide Advisory Board and the Interagency Suicide Prevention Network to create one state-level Suicide Advisory Board to address suicide across the lifespan. The 1989 legislation requires the existence of an advisory body to inform the Commissioner of DCF on strategies for the coordination of youth suicide prevention throughout Connecticut. The CTSAB is co-chaired by the CT Department of Mental Health and Addiction Services and the Department of Children and Families, and is a diverse, collaborative network of over 250 people and 100 agencies representing advocates, educators, leaders, and survivors concerned with advancing and sustaining efforts to eliminate suicide across the life span. The CTSAB developed the State of CT Suicide Prevention Plan 2020 (PLAN 2020) that establishes five goals and 22 objectives for the state to initiate state prevention activities, and is aligned with the National Strategy for Suicide Prevention and Healthy People 2020. PLAN 2020 is designed to be accessible to everyone to be utilized as a working template to guide their efforts small and large to prevent suicide attempts and deaths and ultimately save lives in Connecticut.

JUVENILE JUSTICE ADVISORY COMMITTEE – SUBCOMMITTEE ON COMBATING UNDERAGE DRINKING

Partners:

Office of Policy and Management
Department of Children and Families
Judicial Branch
Local Law Enforcement Agencies
Court Support Services Division
Department of Transportation Department of Public Safety

Purpose:

The purpose of the Juvenile Justice Advisory Committee (JJAC) is to prevent delinquency and improve Connecticut's juvenile justice system. It was established in accordance with the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974 as amended, and it is responsible for overseeing the distribution and use of federal juvenile justice funds to support youth development programs and improvements to Connecticut's juvenile justice system.

CONNECTICUT POVERTY AND PREVENTION COUNCIL

Partners:

Governor's Office of Policy and Management
State Department of Education
Judicial Branch-Court Support Services Division
Department of Children and Families
Department of Public Health
Department of Mental Retardation

Purpose:

The SPPC was created in 2001 through prevention legislation (PA 01-121) and is charged with evaluating and promoting prevention work in the state of CT. SPPC goals are to: increase the awareness of the value of prevention; strengthen state and local networks' involvement in prevention; improve data collection on prevention programs to enhance system measurement capabilities; and share & implement best practices through effective prevention programs.

TOBACCO MERCHANT & COMMUNITY EDUCATION STEERING COMMITTEE

Partners:

Wheeler Clinic's Connecticut Clearinghouse
New England Convenience Store Association
Convenience Stores and Large Chain Stores
Independent Connecticut Petroleum Association
State Agencies
Regional Action Councils
Ledge Light Health District
J. Polep Distribution Services

Purpose:

A key component of a statewide tobacco prevention community services campaign, to guide and inform the campaign process resulting in the most effective campaign materials and activities, leading to reductions in sales of tobacco products to youth under 18 years of age

CONNECTICUT CANCER PARTNERSHIP – PREVENTION SUBCOMMITTEE

Partners:

Over 200 groups and individuals that are key stakeholders in cancer prevention and control in Connecticut

Purpose:

To coordinate a statewide comprehensive approach to cancer prevention and control, through the development, implementation, and evaluation of a statewide Comprehensive Cancer Control Plan.

MOBILIZE AGAINST TOBACCO FOR CONNECTICUT'S HEALTH (MATCH COALITION INC.)

Partners:

American Cancer Society
American Heart Association
American Academy of Pediatrics
Parents and Youth
American Lung Association
Connecticut Association of Directors of Health
State Agencies
Non-profit organizations/agencies

Purpose:

MATCH advocates for resources for public health policies to reduce the use of tobacco among children and adults, and collaborates with programs furthering those goals.

CT STRONG STATE LEVEL; TRANSITION TEAM

Partners:

DMHAS
Department of Public Health
Bureau of Rehab Services (BRS)
Judicial Court Support Services Division (CSSD)
Department of Social Services
Department of Labor
Department of Corrections (DOC)
Department of Higher Education
FAVOR Family Advocacy Organization
Department of Children Families
Southwest Regional Mental Health Board
Office of the Health Care Advocate (OHCA)
State Department of Education
Office of the Child Advocate
Advanced Behavioral Health
Join, Be, Rise

Purpose:

ls to review progress on state and local level initiatives to improve seamless transition for youth ages 16 to 25.

SPE/PFS Advisory Council

Partners:

DMHAS
Department of Public Health
Department of Transportation
Judicial Court Support Services Division
Department of Social Services
Office of Policy & Management
Department of Corrections
Department of Consumer Protection
Department of Children Families
Veterans Affairs
Board of Pardons & Parole
State Department of Education
UConn Health Center
Department of Emergency Services & Public Protection

Purpose:

To improve the statewide alcohol, tobacco and other drug (ATOD) prevention infrastructure and in turn help families and communities to prevent or delay the use of alcohol, tobacco, and other drugs. Also to provide advice and guidance on the implementation of the PFS 2015 which will expand the use of the Strategic Prevention Framework (SPF) to urban communities that demonstrate a high need for prevention programs that address a reduction in: 1) alcohol use in youth age 12 to 20 or 2) prescription drug misuse or abuse among persons age 12 to 25.

American Foundation for Suicide Prevention –Northern CT Chapter

Partners:

Survivors of suicide, individuals with mental disorders and their families, mental health professionals, community and business leaders, state agencies, hospitals

Purpose:

In CT there are two chapters of the American Foundation for Suicide Prevention. These Chapters are two of 75 local chapters nationwide. Chapter volunteers deliver innovative prevention programs to schools and businesses, reach out to survivors of suicide loss, organize fundraising events, and act as a go-to resource for their entire community. They are at the forefront of increasing the public's awareness of suicide as a public health issue that is preventable and are able to advocate for policy change. Out of the Darkness Walks hosted in communities statewide serve as the primary fundraising effort, and 50% of funds raised go to the chapter and support CT suicide prevention.

School Based Health Centers Advisory Committee

Partners

Family Advocate or Parent
School Nurse, Hartford Public Schools
Cornell Scott Hill Health Center
Integrated Health Services, Inc.
Branford Public Schools
SBHC not receiving state funds
American Academy of Pediatrics
Griffin Hospital
Department of Public Health (FLIS)
State Department of Education
Department of Mental Health and Addiction Services
Department of Social Services
Department of Children and Families
Connecticut Association of School Based Health Centers
Quinnipiac Valley Health District
Commission on Children

Purpose:

The School Based Health Centers Advisory Committee is a legislatively mandated committee. Its purpose is to advise the Commissioner of Public Health on matters relating to (1) statutory and regulatory changes to improve health care through access to school-based health centers, and (2) minimum standards for the provision of services in school-based health centers to ensure that high quality health care services are provided in school-based health centers.

QUALITY ASSURANCE, MONITORING, AND WORKFORCE DEVELOPMENT

SYSTEM OVERSIGHT AND PROGRAM REPORTING

Each DMHAS Prevention provider is required to submit a quarterly report that provides information on program activities and progress in addition to reports on the numbers of populations served by strategies. These reports provide information that assists DMHAS in assessing program effectiveness, planning, program development, resource allocation and ensuring access to services.

MONITORING, CORRECTIVE ACTION AND TECHNICAL ASSISTANCE

Prevention staffs in conjunction with DMHAS Regional Teams visit all funded prevention programs annually to review compliance with DMHAS operating standards, contract language and program mandates. Major problems found during monitoring visits are brought to the provider's attention and programs are given the opportunity to implement corrective action. Prevention staffs provide technical assistance. Technical assistance is also available through the statewide service delivery agents or Resource Links. The purpose of the site visit is to ensure compliance with Prevention Standards, DMHAS contract and federal requirements enhance accountability and ensure that prevention programs are implemented consistently throughout the state. Site visits include an administrative review (administration), a program review (set up & operation), and records/document review. Our feedback loop to the Agency includes an entrance conference to explain focus of visit, an exit conference to discuss findings, a written report with recommendations or corrective action plan, and additional feedback to agencies through management meetings and independent evaluations. Our follow up entails Prevention staff monitoring for completeness of corrective action plan and overall progress.

STAFF CREDENTIALING AND OPERATING STANDARDS

DMHAS, in conjunction with Connecticut prevention provider agencies and organizations, developed the *Cultivating Programs That Work: Operating Standards for Prevention and Health Promotion Programs* for prevention programs funded by DMHAS. The standards, guidelines, and supporting documents link state-of-the-art prevention theory to effective, comprehensive, and accountable

prevention practice and implementation of the standards should result in positive outcomes for programs, staff and participants.

The purpose of these standards is to provide assurances to the public that alcohol and drug abuse prevention and early intervention programs are regulated under a set of minimum standards established by DMHAS. These standards establish a minimum level of program operation intended to reflect quality substance abuse prevention programs. The operating standards articulate a service philosophy that promotes the concept of health promotion as a means of building on the strengths and positive resources of individuals, families, schools, and communities throughout the State of Connecticut to prevent the use, misuse, or abuse of legal or illegal substances. To support prevention staff training and certification, the Prevention Training Collaborative provides a wide range of prevention training across the state. There are three levels of prevention certification for paraprofessionals, and volunteers and prevention program staffs with and without four-year degrees.

WORKFORCE DEVELOPMENT

Towards the prevention goal of promoting the overall health and wellness of individuals within communities through effective practices, the Prevention Unit facilitates the provision of a broad spectrum of workforce development and capacity building trainings to social service agencies, community members, prevention professionals and volunteers.

Training courses offered by the Prevention Unit are consistent with the SAPT Block Grant, which requires that continuing education be provided for employees who deliver prevention services to individuals and communities. DMHAS is committed to developing its workforce at the state, regional and local levels including grant funded programs.

Utilizing the Training and Technical Assistance Service Center, (TTASC), the DMHAS Prevention unit will increase prevention workforce competencies and improve access by prevention workers to the most relevant, responsive, and culturally appropriate prevention education and training resources by utilizing the Strategic Prevention Framework (SPF) process to:

- Maximize and target training and technical assistance resources by coordinating efforts across multiple sectors to recruit, retain, educate and train the prevention workforce
- Increase the use of evidence-based programs and strategies that address the national outcome measures (NOMs) and lead to measureable outcomes, and
- Increase the reach of prevention training through the application of technology.

The TTASC will conduct a training, technical assistance and staff development Needs Assessment of the Prevention Workforce. A Training and Technical Assistance Workgroup will advise in the development and implementation of the Needs Assessment and the Workforce Development and Training Plan. The workgroup will consist of representatives from Prevention service providers, the DMHAS Prevention and Health Promotion Unit and other associated stakeholders. A comprehensive Workforce Development and Training Plan will be created and training and technical assistance opportunities will be created, publicized and implemented.

Intensive cutting edge training are provided statewide by leaders, practitioners and experts in the field including the Northeast Center for the Application of Prevention Technologies (NECAPT). Trainings cover all core areas of prevention as required by the International Certification and Reciprocity Consortium (ICRC) for alcohol and other drug abuse prevention certification and focus on substance abuse, mental health and other related problems.

DMHAS employees and providers alike have opportunities to develop professionally through participation in annual national prevention conferences and regional prevention schools.

Another source of training is the New England School of Addiction Studies. The school was formed in 1970 to provide training opportunities in support of substance abuse service system development and workforce development across New England. Each year the NEIAS offers an intensive weeklong experience for participants to further their knowledge, skills and experience in the field of substance abuse prevention. The school has a comprehensive curriculum of best practice courses for all skill levels, taught by regional and national experts.

In addition to the ongoing statewide prevention workforce development, the Director of Prevention at DMHAS serve as members of the National Prevention Network's (NPN) Workforce Development Committee. In this capacity, the leadership at DMHAS has worked with CSAP staff and other state NPNs in the development of a framework that aims to enable NPN members, SSA/state staff to develop skills necessary for planned change. Core components and priorities of the NPN/CSAP have served as a blueprint for workforce development within Connecticut's SSA to include: organization and infrastructure development, substance abuse prevention data systems/ NOMS, program standards, the SPF five steps, planning and managing for outcomes, leadership and resource development, and other core competencies in supervision, fellowship/mentoring, and cultural competence.

CONNECTICUT INTERMEDIATE OUTCOMES

The vision for Connecticut is the quantifiable reduction of substance use and promotion of mental health through a statewide prevention system that allows its citizens to live healthy, productive and rewarding lives. An Intermediate Outcomes document was developed by the State Agency Workgroup for use by the providers to drive the goals and objectives of their prevention programs. Intermediate outcomes are short-term indicators to measure progress toward a long-term goal. These outcomes are based on research about what factors increase or decrease the likelihood of substance use and are referred to as risk or protective factors. To take it one step further, state agency prevention partners are in the process of developing an outcome monitoring system for mental health, violence and substance abuse across state agencies.

RESEARCH-BASED BEST PRACTICE STRATEGIES, PRACTICES AND PROGRAMS

Over the past few years there has been increased emphasis in the field of prevention to implement programs that have been evaluated and proven effective. Congress wants to demonstrate to taxpayers that the money going into prevention is addressing societal concerns by funding programs

that are known to show positive results. Therefore all federal agencies that currently fund prevention efforts have included a requirement that programs must be researched and shown to produce positive outcomes.

As a result, DMHAS has been involved with a variety of science-based initiatives over the past years that have been evaluated by our academic partners at the University of Connecticut (UConn) Health Center Department of Community Medicine, UConn Center for Public Health and Health Policy-Institute for Public Health Research, UConn School of Social Work, and Yale University:

1999-2003 CSAP State Incentive Grant: Governor's Prevention Initiative for Youth
1999-2003 CSAP Family Strengthening Program Series
2000-2003 CMHS Partnership Resource Infrastructure- Violence Prevention Initiative
2001-2005 CSAP Achievement Through Mentoring
2002-2006 CSAP Ecstasy and Other Club Drug Prevention Intervention
2004-2008 CSAP State Incentive Grant Enhancement Initiative: Governor's Prevention Initiative for Connecticut State Universities
2004-2010 CSAP Strategic Prevention Framework State Incentive Grant
2006-2010 CMHS CT Youth Suicide Prevention Initiative
2009-2014 CSAP Underage Drinking/Partnerships for Success
2009-2015 CSAP Partnership for Success
2010-2012 DOE Grants for Coalitions
2011-2012 CSAP Strategic Prevention Enhancement Grant
2011-2014 HHS/FDA Tobacco Compliance Initiative
2011-2015 CMHS CT Campus Suicide Prevention Initiative

[i] National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities* (O'Connell, M. E., Boat, T., & Warner, K. E., Eds.) Washington, DC: National Academies Press.