



Community Health Action Plan 2015-2018

Designed to address Community Health Assessment priorities

County: Durham **Partnership, if applicable:** Partnership for a Healthy Durham **Period Covered:** 7/2015-6/2018

LOCAL PRIORITY ISSUE

- Priority issue: Substance Use/Mental Health
- Was this issue identified as a priority in your county's most recent CHA? Yes No

LOCAL COMMUNITY OBJECTIVE Please check one: New Ongoing (was addressed in previous Action Plan)

- By (year):
- Objective (specific, measurable, achievable, realistic, time-lined change in health status of population):
 - Reduce the suicide rate (per 100,000 population) from 8.3 to 8.0 per 100,000
 - Reduce the rate of mental health-related visits to emergency departments from 100.8 to 95.0 (yearly admits per 10,000 population)
 - Reduce the rate of unintentional overdose deaths related to prescription (opioids) and illicit (heroin) drugs
- Original Baseline: a) 8.3 per 100,000 b) 100.8 per 10,000 c) 47: Number of Overdose ED Visits from any type of opioid (heroin, methadone, other and unspecified)
- Date and source of original baseline data:
 - North Carolina State Center for Health Statistics. *HealthStats Indicator report – Data for suicide by county, 2007-2011*. http://healthstats.publichealth.nc.gov/indicator/view_numbers/Suicide.CountyRate.html
 - Personal communication of NC DETECT data from T. Howard, Alliance BHC. May 28, 2014
 - 2014 NC DETECT data
- Updated information (For continuing objective only):
- Date and source of updated information:

POPULATION(S)

- Describe the local population(s) experiencing disparities related to this local community objective:
Mental health and substance abuse is a problem that crosses all divisions of the population. Hispanics, whites, males, LGBTQ adolescents; suicide among youth: LGBTQ youth, Hispanics, blacks;
- Total number of persons in the local disparity population(s): An estimated 17,000 residents of Durham County need mental health treatment and 19,000 need substance use treatment. In 2012-13, approximately 2663 (32% of 8322 enrolled students) high school students had drunk alcohol in the past month (2013 YRBS). Approximately 100 high school students (12% of 8322 enrolled students) made a plan to attempt suicide in the past year (2013 YRBS).
- Number you plan to reach with the interventions in this action plan: We hope to impact 5% of the Durham population between faith-based, Naloxone and suicide prevention trainings and education and reach 100% of 109 Durham County mental health providers.

HEALTHY NC 2020 FOCUS AREA ADDRESSED At a minimum, two out of the three local priority issues must have a corresponding Healthy North Carolina 2020 focus area that align with your local community objective Please check **one of the following 13** Healthy NC 2020 focus area (if applicable):

- Check **one** Healthy NC 2020 focus area:

- | | | |
|--|--|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Social Determinants of Health (Poverty, Education, Housing) | <input type="checkbox"/> Infectious Diseases/ Food-Borne Illness |
| <input type="checkbox"/> Physical Activity and Nutrition | <input type="checkbox"/> Maternal and Infant Health | <input type="checkbox"/> Chronic Disease (Diabetes, Colorectal Cancer, Cardiovascular Disease) |
| <input type="checkbox"/> STDs/Unintended Pregnancy | <input type="checkbox"/> Injury | <input type="checkbox"/> Cross-cutting (Life Expectancy, Uninsured, Adult Obesity) |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Mental Health/Substance Use Disorder | |
| | <input type="checkbox"/> Oral Health | |

- **Resource for detailed information of HEALTHY NC 2020 Objective:**
<http://publichealth.nc.gov/hnc2020/foesummary.htm>
- **List county baseline data associated with the HEALTHY NC 2020 Objective listed above.** (Include data date and source. Some county-level data is available at <http://healthstats.publichealth.nc.gov/indicator/index/Alphabetical.html>):

RESEARCH REGARDING WHAT HAS WORKED ELSEWHERE*

The Action Plans corresponding to Healthy NC 2020 focus areas must include at least two evidence-based strategies (EBS), or expand current EBS for new target populations if an EBS is already being used. (proven to effectively address this priority issue) that seem the most suitable for your community and/or target group. Or, if evidence-based interventions are already being used, expand the interventions into new target populations. **Training and information are available from DPH. Contact your regional consultant about how to access them.*

Evidence-Based Intervention	Source	Level of change	Intervention goal	Intended population	Implementation venue(s)	Resources required
Mental Health First Aid	http://www.thenationalcouncil.org/about/mental-health-first-aid/	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Educate participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and overviews common treatments.	Health, human services, and social workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, certified instructors, funds to purchase materials
Youth Mental Health First Aid	http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Learn how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.	Parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, certified instructors, funds to purchase materials
ASK about Suicide to Save a Life	http://www.sprc.org/bpr/section-III/ask-about-suicide-save-life	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Increased confidence to ask and respond to someone in a suicidal crisis and increased knowledge of appropriate ways to refer a person in suicidal crisis to	Adults who interact with youth or adults at risk for suicide	Workplace, faith-based, community, colleges and universities, healthcare	Time, location for training, funds to pay a certified instructor to conduct the training

			a mental health professional			
The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention	https://www.qprinstitute.com/gatekeeper.html	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Learn how to Question, Persuade and Refer someone who may be suicidal	Parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens	Workplace, faith-based, community, colleges and universities, healthcare, online	Time, location for training, certified instructors, funds to purchase materials and online training,
Family Acceptance Project	http://familyproject.sfsu.edu/publications	X Individual/ interpersonal behavior __ Organizational/ Policy __ Environmental change	Decrease suicide risk and promote well-being for LGBT children and youth and to strengthen families	Families, foster families and caregivers	Primary care, mental health, family services, schools, child welfare, juvenile justice and homeless services	Time, location for training, funds to pay a certified instructor to conduct the training and materials
Clean Works	http://redproject.org/services/syringe-access/	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Train people at risk for overdose in how to safely prevent and respond to overdose situations		Healthcare, community	Time
The Dope Project	http://harmreduction.org/issues/overdose-prevention/tools-best-practices/naloxone-program-case-studies/dope-project/	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Provide overdose prevention education and training and distribute naloxone kits	Individuals, family members, and friends	Shelters, jails, treatment programs and hotels	Time
Pathways to Prevention	http://www.urbanministry.org/pathways-prevention-guiding-youth-wise-decisions	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Help faith leaders guide youth to make wise decisions	Faith leaders	Faith-based organizations	Time, person to implement program
Your Life Matters	http://actionallianceforsuicideprevention.org/task-force/faith-communities/YLM-home	X Individual/ interpersonal behavior X Organizational/ Policy __ Environmental change	Prevent suicide	Faith leaders	Faith-based organizations	Time, person to implement program
Project Lazarus	http://projectlazarus.org/	X Individual/ interpersonal behavior	Prevent unintentional	Community Healthcare	Hospitals Community-Based	Time Training

		X Organizational/ Policy ___ Environmental change	overdose death	providers First responders Behavior Health providers Government Law Enforcement Pharmacist People with pain Seniors Youth	Organizations Emergency Departments Faith-based- Organizations Schools Pharmacies	Education Media Educational materials Public Awareness Coalition Building
Yellow Ribbon Project	http://yellowribbon.org/	X Individual/ interpersonal behavior X Organizational/ Policy ___ Environmental change	Suicide Prevention	Youth/teen Community	Schools Colleges/Universities Community	Public Awareness Education Training

WHAT INTERVENTIONS ARE ALREADY ADDRESSING THIS ISSUE IN YOUR COMMUNITY?

Are any interventions/organizations currently addressing this issue? Yes No If so, please list below.

Intervention	Lead Agency	Progress to Date (include any process/outcome measures, barriers to implementation)
<i>BECOMING (Building Every Chance of Making It Now and Grown-up):</i> Serve youth ages 16-21 who have behavioral health challenges and are characterized as "disconnected" in one or more of the following ways: no diploma and not in school, pregnant or parenting, involvement with criminal justice, exiting foster care, or long term unemployed or underemployed.	Alliance Behavioral Healthcare	http://becomingdurham.org/ Project began in Fall 2010; Implemented adjustments to service model to serve target population more effectively; Hosted the first-ever statewide conference focusing on the system of care for transition age youth; Joint funding from Durham Public Schools, the City, and the County was used to Hire two new Alliance staff who are focusing on identifying and closing service gaps for 14-24 year olds who are at risk for disconnection
<i>Durham's System of Care:</i> A framework for organizing and coordinating services and resources into a comprehensive and interconnected network. Its goal is to help individuals and families who need services or supports from multiple human service agencies to be safe and successful at home, in school, at work and in the community. Our System of Care builds on individual and community strengths, and makes the most of existing resources to help these individuals and families achieve better outcomes.	Alliance Behavioral Healthcare	http://www.alliancebhc.org/providers/system-of-care/

<p><i>Durham County Network of Care:</i> Online directory of behavioral health services and information place for the individuals, families and agencies</p>	<p>Alliance Behavioral Healthcare; Durham County</p>	<p>http://durham.nc.networkofcare.org/mh/</p>
<p><i>Durham Together for Resilient Youth (TRY) Coalition:</i> Prevents substance abuse through comprehensive and community-wide environmental and population level strategies that are designed to change or strengthen norms against alcohol and drug use (tobacco, alcohol, marijuana and prescription drugs); to change legislation, policy and enforcement throughout entire communities.</p>	<p>Durham TRY</p>	<p>http://www.durhamtry.org/ Coalition meets monthly</p>
<p><i>Crisis Intervention Training (CIT)</i> Specialized training for police officers to enable them to address challenges posed by people with mental illness, trauma, developmental disabilities and substance abuse problems.</p>	<p>Alliance Behavioral Healthcare Sheriff's Department</p>	<p>Trainings occur quarterly. The County's Strategic Plan will expand crisis intervention teams to train all first responders to improve response of individuals experiencing behavioral health crises</p>
<p><i>Operation Medicine Drop:</i> Safely dispose of expired and unused prescription medication.</p>	<p>Safe Kids Durham; Durham Police Department; Durham TRY; NPCC</p>	<p>Five currently with one more to be added</p>
<p><i>Project Lazarus</i></p>	<p>Northern Piedmont Community Care (NPCC)</p>	<p>http://www.npiedmontcc.org/programs-initiatives/health-initiatives/chronic-pain-initiative/</p>
<p><i>TROSA:</i> An innovative, multi-year residential program that enables substance abusers to be productive, recovering individuals by providing comprehensive treatment, work-based vocational training, education, and continuing care.</p>	<p>TROSA</p>	<p>http://www.trosainc.org/ Key elements of the program include vocational training, education, peer counseling/ mentoring, leadership training, and aftercare.</p>

WHAT RELEVANT COMMUNITY STRENGTHS AND ASSETS MIGHT HELP ADDRESS THIS PRIORITY ISSUE?

Community, neighborhood, and/or demographic group	Individual, civic group, organization, business, facility, etc. connected to this group	How this asset might help (existing program/resource, access to target population, staff/venue/financial support, evaluation, etc.)
Recovery community	TROSA, NAMI, Nar-Anon, Ala-teen, RCOD, CJRC	Reach out to the recovery community, especially for the Recovery Celebration
Latinos	El Centro Hispano, El Futuro, WEST, teen groups (Julio), Catholic Charities (Sue), Immaculate Conception, Durham Public School Latino drop-out prevention program	Collaborate on future initiatives that involve this population
Teens and college students	Durham TRY; Theresa McGowan (over all DPS Social Workers); Kishia Carrington (over all DPS middle and high school counselors), The Durham Center: BECOMING, Spectrum – Durham Tech	Collaborate on future initiatives that involve this population; Expertise on Durham Public Schools and current mental health and substance abuse initiatives
Individuals and families experiencing trauma	Center for Child and Family Health, The Durham Center	Content expertise; best practices
LGBTQ youth	InsideOUT (Amy Glassner), High School Gay Straight Alliances, especially Durham High School of the Arts, Spectrum – Durham TECH LGBT group	Contacts for reaching LGBTQ youth
Suicide resources	National Suicide line; Alliance hotlines, NCDMH; NCDPH; North Carolina’s Plan to Prevent Youth Suicide; ASIST program; NC Suicide Prevention Plan	Content expertise; best practices
Bullying	National Crime Prevention Council (http://www.ncpc.org/topics/cyberbullying), Durham Public Schools: policies, social workers, counselors; School Violence Prevention Act	Content expertise; best practices; knowledge of current services; legislation that aims to prevent bullying
Data on youth	Partnership for a Healthy Durham, Durham Public Schools	YRBS surveys DPS middle and high school every other year; will provide data trends and priority areas
Gun safety	North Carolinians Against Gun Violence, Durham County Department of Public, Gun Safety Coalition, Durham VA	Work on keeping guns away from children and youth
Vets	VA, Durham County Department of Public Health	In the future, may want to reach out to address the mental health/substance abuse needs of veterans

(Insert rows as needed)

INTERVENTIONS: SETTING, & TIMEFRAME	LEVEL OF INTERVENTION CHANGE	COMMUNITY PARTNERS' Roles and Responsibilities	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
<p>Intervention: Provide trainings and resources to faith-based organizations around mental health issues</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: faith organizations</p> <p>Target population: faith communities</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Duke (Carrie Unger)</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Faith leader, to be determined</p> <p>Role: Help promote the initiative within the faith community</p> <p>Partners: Duke Office of Community Relations, Carolina Outreach, Insight Human Services, Durham Health Innovations, Faith Connectors on Mental Health, Health Ministry Network, DCIA, Durham CAN, Durham TRY</p> <p>Role: Identify and contact faith-based organizations. Help identify evidence-based programs. Assess the training needs of the faith-based organization. Provide trainings/link faith-based organizations to trainings offered in communities.</p> <p>Include how you're marketing the intervention:</p> <p>We will contact leaders from faith-based organizations via established and newly formed Wellness Ministries; partner with Durham Cares, DCI Office of Health Equity and Disparities and other partners to be identified that our committee membership is connected with.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Faith community leaders report that they are more connected to mental health supports in the Durham community (using pre/post satisfaction survey).</p> <p>Faith community leaders report being better able to provide mental health/substance use resources to church members.</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Resistance to discussing mental health in faith-based communities – we will initially target communities that are open to discussing and addressing mental health. We will build on that momentum/relationships to continue outreach to communities that were initially resistant.</p> <p>Administrative support for satisfaction survey administration – project staff person will seek intern/volunteer support.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Kim Monroe, Ashley Barber and Shadé Shakur.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Perform outreach to up to 5 faith-based organizations per year. • Assess the mental health/substance use training/resource needs of up to 5 faith-based organizations. • Identify at least one evidence-based training/resource for faith-based organizations to use.

		<p>We will reach out to faith-based and inter-faith committees and groups in Durham.</p> <p>We will use social media when possible.</p>	<ul style="list-style-type: none"> • Provide training and/or resources to at least 3 faith-based organization per year. • Partnering with agencies to provide trainings <p>These are changes at the policy/organizations level. Faith-based organizations will incorporate mental health/substance use training/resources into their culture.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. • Project staff will maintain spreadsheet recording activities. <p>7. Evaluation: Are you using an existing evaluation? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If no, please provide plan for evaluating intervention impact:</p> <p>We will use pre/post satisfaction surveys to evaluate intervention. The evaluations will be designed based on the needs of the faith-based organization and interventions implemented.</p>
<p>Intervention: Provide information on local mental health/substance use resources to providers.</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: Healthcare</p> <p>Target population: Private medical and health care providers</p> <p>Start Date – End Date (mm/yy): 7/2015-6/2018</p> <p>Targets health disparities: ___ Y X N</p>	<p>___ Individual/ interpersonal behavior</p> <p>X Organizational/ Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Alliance Behavioral Health, Durham Health Innovations, Duke Opioid Safety Task Force, Durham Crisis Collaborative</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Health care provider, to be determined</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Providing information to providers who can share information/resources with patients will help increase mental health services access.</p> <ul style="list-style-type: none"> • Providers will be able to link patients to local mental health resources. • Providers will have more knowledge of local mental health resources available. • Patients will be more readily linked to mental health resources.

		<p>Role: Help promote the initiative in the medical and healthcare community</p> <p>Partners: Duke Division of Community Health, Northern Piedmont Community Care, Threshold Clubhouse</p> <p>Role: Identify mental health providers in Durham County. Develop listing of mental health providers.</p> <p>Durham Health Innovations will include mental health resources in the Durham Health Innovations/Northern Piedmont Community Care Resource guide to be shared with providers</p> <p>Find funding for dissemination. Disseminate information to providers.</p> <p>Include how you're marketing the intervention:</p> <p>To disseminate information, we will contact providers directly, share the resource list through the Partnership for a Healthy Durham website and social media channels.</p>	<p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted:</p> <p>Funding will be an issue. The committee plans to seek grant funding to help disseminate information.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Project for a Healthy Durham Coordinator, Keisha Blount, Cindy Haynes, Kenisha Bethea, Debbie Royster, Karen Verhaeghe, Irene Dwinell, Carrie Unger</p> <p>4. Does project staff need additional training? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <p>Year 1 Goals:</p> <ul style="list-style-type: none"> • Identify private providers in Durham County who are listed on private insurance panels. • Review the 109 providers from Alliance Behavioral Healthcare that offer care in Durham and vet them as still operational. • Identify within the Duke Medical system all providers who will need to be included in the dissemination of information. • Identify barriers to dissemination of information. (DD missing from the table, dual dx, private insurance). • Prioritize who needs information and where information will be stored and how it will be accessed. • Identify potential funders. • Discuss sustainability. <p>Year 2 Goals:</p> <ul style="list-style-type: none"> • Prioritize missing links to dissemination of information.
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		<ul style="list-style-type: none"> • Prioritize what information needs to be in the provider community. • Continue to determine gaps in services within the community. • Identify additional barriers regarding services where constituents have complex areas of service needs. <p>Year 3 Goals</p> <ul style="list-style-type: none"> • Determine where funding will come from. • Continue working with Dr. Pintello from NIMH to identify best practice for disseminating information to providers. <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. <p>7. Evaluation: Are you using an existing evaluation? __Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use identify whether goals were met in each of the three years of the intervention and to what level.</p>
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<p>Intervention: Increase awareness of the use of naloxone/naloxone training</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: Community, healthcare</p> <p>Target population: healthcare providers, first responders, community members</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/Policy</p> <p>___ Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health committee, Durham County Department of Public Health, Durham Crisis Collaborative</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: First responder or provider, to be determined</p> <p>Role: Help promote the initiative among first responders and in the healthcare community</p> <p>Partners: Duke Division of Community Health, Durham Health Innovations, Northern Piedmont Community Care, NC Harm Reduction Coalition, Durham Crisis Response Center</p> <p>Role: Provide outreach to providers, first responders and community members. Assist with Naloxone 101 trainings.</p> <p>Durham Health Innovations will work with Chronic Pain Coordinator to identify community members (groups, organizations) to receive education (to increase awareness) and/or provide training when applicable.</p> <p>Include how you're marketing the intervention:</p> <p>We will contact providers and first responders regarding available naloxone resources and trainings.</p> <p>We will reach out to the community through use of the Partnership for a Healthy Durham website and social media. We will disseminate</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>First responders and providers will report having increased knowledge of naloxone resources in Durham County.</p> <p>Community members will report increased knowledge of naloxone resources in Durham County and how to use properly.</p> <p>Educating providers, first responders and the community addresses individual/interpersonal behavior and will increase the knowledge and access to Naloxone in Durham County.</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Resistance to discussing substance use in the community, resistance from providers and first responders on training due to limited time/job responsibilities.</p> <p>Project team will assess providers and first responder training needs and best times/dates of training.</p> <p>Project team will work with community leaders and organizations to share information on Naloxone in different segments of the population.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Cindy Haynes.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Perform outreach to up to 5 healthcare providers/first responder organizations per year. • Assess the Naloxone training/resource needs of up to 5 healthcare providers/first responder organizations per year.
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		<p>information through earned media in radio, television and newspapers.</p>	<ul style="list-style-type: none"> • Identify at least one evidence-based training/resource/tool to use with healthcare providers/first responder organizations. • Provide training and/or resources/tools to at least 3 healthcare providers/first responder organizations per year. • Assist/provide support with at least one community Naloxone training per year. • Place at least 4 pieces of earned media annually regarding Naloxone/opiate use in locations such as television news story, newspaper article, op-ed, etc. per year. • Durham Government Channel <p>These are changes at the policy/organizations level. Healthcare providers/first responder organizations will incorporate Naloxone training/resources/tools into their culture. Community members will have more knowledge of Naloxone and where to obtain resources.</p> <p>6. List how agency will monitor intervention activities and feedback from participants/stakeholders (is intervention being delivered as intended? How are staff receiving feedback throughout the intervention?)</p> <ul style="list-style-type: none"> • Information on progress will be shared at monthly Mental Health/Substance Use committee meetings. Minutes will reflect activities conducted. • Volunteers will provide email documentation of activities to project staff. • Project staff will maintain spreadsheet recording activities. • Number of media stories will be counted. <p>7. Evaluation: Are you using an existing evaluation? __Y <u>X</u>N If no, please provide plan for evaluating intervention impact:</p> <p>We will use pre/post surveys to evaluate knowledge and learning. The evaluations will be designed based on the needs of the first responders/providers and the training implemented.</p> <p>We will survey community members on their knowledge of Naloxone in Durham County and the source of knowledge.</p>
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<p>Intervention: Implement suicide prevention activities targeted to high risk populations.</p> <p>Intervention: X new ___ ongoing ___ completed</p> <p>Setting: various</p> <p>Target population: Populations shown to be at a high risk for suicide, per local and national statistics (ex: by age, ethnic group, sexual orientation, etc.).</p> <p>Start Date – End Date (mm/yy): 07/2015-6/2018</p> <p>Targets health disparities: <input checked="" type="checkbox"/> Y ___ N</p>	<p><input checked="" type="checkbox"/> Individual/ interpersonal behavior</p> <p><input checked="" type="checkbox"/> Organizational/ Policy</p> <p><input checked="" type="checkbox"/> Environmental change</p>	<p>Lead Agency: Partnership for a Healthy Durham Substance Use/Mental Health Committee, Durham County Department of Public Health</p> <p>Role: Coordination/Organization/Evaluation</p> <p>Target population representative: Young adult, to be determined</p> <p>Role: Help promote the initiative in the community</p> <p>Partners: Duke Integrated Pediatric Mental Health, Insight Human Services, NC DHHS Prevention Team, Duke Division of Community Health, Alliance Behavioral Health, Durham TRY</p> <p>Role: Identify target population and most effective interventions to reach population.</p> <p>Include how you're marketing the intervention:</p> <p>Marketing strategies will vary based on target population and activities identified, and may include social media, networking, and direct contact.</p>	<p>1. Expected outcomes: Explain how this will help reach the local community objective (what evidence do you have that this intervention will get you there?)</p> <p>Intervention activities will reach Durham populations identified as at high risk for suicide.</p> <p>Participants will report that they are more connected to mental health supports in the Durham community (using pre/post satisfaction survey).</p> <p>2. Anticipated barriers: Any potential cultural, political, financial or administrative barriers? <input checked="" type="checkbox"/> Y ___ N If yes, explain how intervention will be adapted:</p> <p>Mainstream resistance to discussing suicide – we will initially partner with local organizations that have successfully advocated for mental health and/or suicide prevention in our community. We will build on that momentum/relationships to continue broadening reach.</p> <p>Administrative support for satisfaction survey administration – project staff person will seek intern/volunteer support.</p> <p>3. List anticipated project staff:</p> <p>Project for a Healthy Durham Coordinator and committee members Kendra Rosa, Shadé Shakur, Paul Savery, Carey Unger, Jennifer Meade, Dawn Manus, Karen Verhaeghe, Cindy Haynes.</p> <p>4. Does project staff need additional training? ___ Y <input checked="" type="checkbox"/> N If yes, list training plan:</p> <p>5. Quantify what you will do (# classes & participants, policy change, built environment change, etc.)</p> <ul style="list-style-type: none"> • Identify target population for suicide prevention activities • Identify and provide at least one suicide prevention activity targeting this group per year <p>Activities may include:</p> <ul style="list-style-type: none"> • Partnering with agencies to provide free presentations and/or trainings, to support existing suicide prevention
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