

**IMPLEMENTATION REPORT**

**FOR THE**

**PLAN FOR THE DEVELOPMENT OF A STATEWIDE PROGRAM**

**FOR THE PREVENTION**

**OF MENTAL ILLNESS, MENTAL RETARDATION AND SUBSTANCE**  
**ABUSE**

**IN VIRGINIA**

**TO**

**THE GOVERNOR**

**AND**

**THE GENERAL ASSEMBLY OF VIRGINIA**



**SENATE DOCUMENT NO. 27**

**COMMONWEALTH OF VIRGINIA**  
**RICHMOND**  
**1982**



## *Table of Contents*

- I. Senate Joint Resolution 10*
- II. Introduction*
- III. Executive Summary of Prevention Plan*
- IV. Progress Report on the Implementation*
- V. Summary of Current Recommendations*



## *1. Senate Joint Resolution*



# ENGROSSED

1

1                   A.     SENATE JOINT RESOLUTION NO. 10

2                   Senate Amendments in [ ] - February 12, 1980

3 *Requesting that the Secretary of Human Resources establish programs for the prevention*  
4 *of mental illness, mental retardation and substance abuse and for public awareness.*

5   \_\_\_\_\_

6   Patrons—Schewel and Buchanan

7   \_\_\_\_\_

8   Referred to the Committee on Rules

9   \_\_\_\_\_

10 WHEREAS, previous generations in Virginia and across the nation have focused on the  
11 treatment and care of the mentally handicapped rather than addressing the causes of  
12 mental illness, mental retardation and substance abuse; and

13 WHEREAS, research into the causes of mental disabilities has revealed the need to  
14 initiate preventative programs which emphasize pre-natal care, proper nutrition, the need  
15 for immunization and other precautions that have been proven to promote mental health  
16 and to prevent developmental disabilities; and

17 WHEREAS, although programs for the prevention of substance abuse have evolved  
18 further than prevention programs in the mental health and mental retardation fields, more  
19 prevention programs are needed in all three disciplines to arrest the causes of mental  
20 disabilities; and

21 WHEREAS, the success of [ ~~any~~ this] human service program depends upon the [ ~~]~~  
22 ~~willingness of the citizenry to accept the programs and the individuals for whom they are~~  
23 ~~designed, thus, the public must be informed~~ need for and worth of the program, and upon  
24 an understanding by the citizenry] of the unique problems and potentialities of individuals  
25 who are mentally handicapped; and

26 WHEREAS, to accomplish the goals of initiating prevention programs and promoting  
27 public awareness, State and local human service agencies must work together to combine  
28 their professional and financial resources in establishing effective programs statewide; now,  
29 therefore, be it

30 RESOLVED by the Senate, the House of Delegates concurring, That the Secretary of  
31 Human Resources is requested to establish as a high priority the initiation of prevention  
32 and public awareness programs among State and local services for mental health, mental  
33 retardation and substance abuse.

34 Special consideration should be devoted to interagency efforts to accomplish the  
35 establishment of effective prevention and public awareness programs and to maintain their  
36 effective operation.

37 A five-year plan for the development and implementation of these programs <sup>should</sup> ~~shall~~ be  
38 compiled by the appropriate human service agencies under the direction of the Secretary  
39 of Human Resources.

40 The Secretary is requested to report the provisions of the plan to the [ ~~House~~  
41 ~~Committee on Health, Welfare and Institutions and the Senate Committee on Education and~~  
42 ~~Health~~ Governor and the General Assembly] in January of nineteen hundred eighty-one,  
43 The Secretary is requested to report to the ~~same~~ <sup>Governor and the General Assembly</sup> ~~committees~~ in January of nineteen  
44 hundred eighty-two to apprise the members with regard to the implementation of the plan





## *II. Introduction*



*"Prevention is an idea whose time has come. We have the scientific knowledge to begin to formulate recommendations for improved health. And, although the degenerative diseases differ from their infectious disease predecessors in having more--and more complex--causes, it is now clear that many are preventable."*

*Healthy People, The Surgeon General's Report on Health Promotion and Disease Prevention, 1979.*

### HISTORICAL OVERVIEW

*In its report to the Governor and the 1980 Session of the General Assembly, the Commission on Mental Health and Mental Retardation requested that the Secretary of Human Resources establish programs for the prevention of mental illness, mental retardation and substance abuse and for public awareness.*

*Specifically, Senate Joint Resolution No. 10 requested the Secretary of Human Resources to establish, as a high priority, prevention and public awareness programs. To accomplish this, the resolution asked that special consideration be given to interagency efforts at the State and community level to facilitate the establishment of effective prevention and public awareness programs.*

*The Secretary was requested to prepare a five-year plan for the development and implementation of prevention and public awareness programs. This plan was submitted to the Governor and General Assembly beginning January of 1981. Further, the Secretary was requested to apprise the Governor and General Assembly of the implementation of the plan in January of 1982.*

*In response to this resolution, the Secretary of Human Resources established an interagency task force made up of the following State agencies:*

- \* Office of the Secretary of Human Resources*
- \* Department of Corrections*
- \* Department of Education*
- \* Department of Health*
- \* Department of Mental Health and Mental Retardation*
- \* Department of Welfare*
- \* Division for Children*
- \* Division of Justice and Crime Prevention*

*Additionally, all other human resource agencies were invited to provide their written concerns and activities which related to the development of the five year plan for prevention and public awareness programs.*

The Department of Mental Health and Mental Retardation, which provided staff in formulating the overall plan, established an internal working committee to address the various elements of this plan. The internal group divided into three subcommittees which selectively dealt with one, prevention programs; two, public information and awareness activities; and three, significant issues which must be anticipated and addressed in the overall plan.

The various subcommittees used several methods to gain input and guidance in developing their responses. First, each of the State Human Resource Agencies were requested to provide information as to their present mental health, mental retardation or substance abuse prevention activities as well as any potential areas for further collaboration. Second, numerous mental health, mental retardation and substance abuse service providers and advisory councils were involved through written questionnaires and public meetings. Finally, several citizen groups representing each disability area were contacted and involved in shaping the prevention and public information service recommendations and strategies of the plan.

All of this in-put was incorporated into the final Plan for the Development of a Statewide Program for the Prevention of Mental Illness, Mental Retardation and Substance Abuse in Virginia. The 1981 General Assembly then reviewed and approved the plan. In doing so, a host of activities were then begun, addressing each of the strategies and objectives outlined within the plan. The Implementation Report documents the progress made to date in implementing these recommendations as well as the current concerns or issues needing to be addressed.

#### PREVENTION DEFINITION

Prevention Services are activities aimed at substantially reducing the occurrence of mental disability, promoting the functional abilities of those who are not experiencing mental disability, and understanding environments that are conducive to improving mental health. These activities are directed to the general community and to specific high-risk groups within the community who have not been identified as psychiatrically ill, or mentally retarded and who are not misusing or abusing drugs or alcohol.

Primary Prevention Services are aimed at reducing the occurrence of mental disabilities resulting from social, emotional, intellectual, or biological disorders.

Secondary Prevention refers to reducing morbidity (illness) through early diagnosis and treatment.

Tertiary Prevention refers to activities aimed at reducing the residual disability of chronic illness.

Once the onset of a disability occurs, it is the responsibility of Secondary or Tertiary Prevention activities to provide appropriate services. The service activities recommended in this prevention plan involve Primary Prevention Services.

### PHILOSOPHY

Two major goals of primary prevention and public awareness programs are the:

1. Promotion of optimal personal well-being by:
  - a. Preventing specific self-defeating and/or harmful behaviors (e.g. substance abuse).
  - b. Preventing role failures.
  - c. Preventing relationship breakdowns.
  - d. Preventing emotional over-reactions.
  - e. Preventing the evolution of psychological disability (such as the social deterioration of bedridden patients, or of the confined aged).
2. Reduction in the incidence of new cases of mental illness and mental retardation.

The major dimensions of primary prevention and public information and awareness include:

1. Awareness by the general public about mental health, mental retardation and substance abuse problems and resources, the intent of which is to create a more informed public.
2. Promotion of positive mental health through:
  - a. The development of increased self-awareness.
  - b. More adequate use of leisure time.
  - c. Improved communication skills.
  - d. Improved problem-solving skills.
  - e. Improved life management skills.
3. Assistance in coping with predictable life-cycle transition, such as accompany marriage, divorce, childbirth, geographical relocation, retirement, and death.
4. Awareness by those in the community who are in a key position to affect the lives of others, such as teachers, law enforcement officers, clergy, attorneys, physicians, public health nurses and employers.
5. Awareness by those who are in a position of influencing and affecting public policy, such as agency boards, elected officials, governmental authorities and other policy-makers.
6. Provision of genetic counseling, prenatal screening, neonatal screening, immunization programs and early childhood medical screening and care.

*III. Executive Summary  
of  
The Prevention Plan*

## EXECUTIVE SUMMARY

The Commission on Mental Health and Mental Retardation in its report to the Governor and the 1980 General Assembly requested the Secretary of Human Resources to establish as a high priority mental illness, mental retardation and substance abuse prevention and public awareness programs.

The Secretary was requested to prepare a five-year plan for the development and implementation of those programs and asked that special consideration be given to interagency efforts. The Secretary of Human Resources responded by establishing an interagency task force made up of the following State agencies:

- \* Office of the Secretary of Human Resources
- \* Department of Corrections
- \* Department of Education
- \* Department of Health
- \* Department of Mental Health and Mental Retardation
- \* Department of Welfare
- \* Division for Children
- \* Division of Justice and Crime Prevention

Effective prevention and public awareness services means the lowering of the incidence of mental illness, mental retardation and substance abuse and misusc. Prevention is particularly concerned with populations not yet affected by any of the three disability areas. It is designed to be proactive, building on the strengths and resources available in the individual and his/her environment.

By definition:

Prevention Services are activities aimed at substantially reducing the occurrence of mental disability, promoting the functional abilities of those who are not experiencing mental disability, and understanding environments that are conducive to improving mental health. These activities are directed to the general community and to specific high-risk groups within the community who have not been identified as psychiatrically ill, or mentally retarded and who are not misusing or abusing drugs or alcohol.

However in order to formulate a prevention/public information and awareness plan a number of issues or concerns were identified and discussed. These areas, and recommendations for addressing them, are:

1. State-of-the art of prevention and public information programs.
2. The formal and informal prevention and public information service system.
3. Quality assurance and evaluation of prevention and public information programs.

## DELINEATION OF RECOMMENDATIONS AND PROGRAM STRATEGIES

From this review, the following recommendations and objectives were developed.

Recommendation: In order to ensure that the State will develop specific and well-defined mechanisms that will promote each State agency's activities in mental health, mental retardation and substance abuse prevention/public information and awareness and will coordinate these activities among and between agencies, it is recommended that the current Human Resources Interagency Prevention Task Force be continued.

Recommendation: The Department of Mental Health and Mental Retardation should develop a coordinating mechanism to promote and coordinate prevention/public information and awareness activities across the areas of mental health, mental retardation, and substance abuse.

Recommendation: As a method of ensuring adequate funding for prevention/public information services, these services should be included as a core service of the Department of Mental Health and Mental Retardation.

Recommendation: Mechanisms should be developed to formalize the relationships between prevention/public information and awareness service providers and community consumer and citizen groups to obtain in-put for the development of prevention/public information and awareness services and to develop joint programming efforts.

Recommendation: The Department of Mental Health and Mental Retardation should expand its current program certification standards for treatment programs to include and address prevention/public information and awareness services for those services which the Department funds.

Recommendation: In order to assure the quality of prevention/public information services provided, the Department of Mental Health and Mental Retardation should work with the Department of Commerce to develop standards for the certification of prevention/public information personnel in the mental health, mental retardation and substance abuse service system.

Recommendation: State agencies who fund prevention/public information and awareness programs for mental illness, mental retardation, and substance abuse should provide training opportunities and technical assistance to community service providers, state agency personnel and consumer/citizen groups in at least the following areas: program management skills, prevention/public information and awareness techniques, use of mass media resources and evaluation techniques.

Recommendation: The Human Resources Interagency Prevention Task Force should encourage, through the State Council of Higher Education, colleges and universities in the state to develop course work emphasizing prevention/public information skills in mental health, mental retardation and substance abuse.



Recommendation: All State agencies which fund programs to do prevention/public information and awareness activities in the areas of mental illness, mental retardation and substance abuse should require them to conduct at least a process evaluation of those activities.

Recommendation: State agencies who fund mental health, mental retardation and substance abuse prevention/public information service programs should increase the capacity of local service providers to evaluate their activities through the following means:

1. provide training opportunities for local prevention staff to learn evaluation techniques, and for local evaluation staff to understand prevention programming.
2. identify consultants who could provide technical assistance to local programs.
3. provide on-site technical assistance to local programs.

Recommendation: The Interagency Prevention Task Force should ensure that local service providers are made aware of the current research and evaluation findings which relate to prevention/public information and awareness programming. This could be accomplished through the following mechanisms:

1. A state-of-the-art review of prevention evaluation findings should be conducted and maintained.
2. Each State agency should establish and maintain records and resource materials relative to prevention evaluation.
3. An ongoing mechanism should be established to disseminate and share new prevention research/evaluation findings with the local service providers.

Recommendation: The Human Resource Interagency Prevention Task Force should encourage joint research projects with at least one that is longitudinal in nature. Further the Interagency Prevention Task Force should encourage State agencies individually or in collaboration to fund replication projects.

To effectuate a comprehensive mental illness, mental retardation, and substance abuse prevention services system, the following objectives and strategies are recommended for implementation:

Objective 1: To continue coordination at the secretarial level of all State agencies providing prevention and public information services in mental health, mental retardation and substance abuse.

Strategy: To continue the Human Resource Interagency Prevention Task Force which will be responsible for:

- \*1. Reviewing programs in implementing the prevention plan;
- \*2. Identifying areas of shared responsibilities in each secretarial area;

- \*3. Promoting each State agency's role in mental health, mental retardation and substance abuse prevention and public information;
- \*4. Developing interagency agreements and
- \*5. Initiating prevention programming and research activities between the State agencies.

It is recommended that this Task Force meet on a quarterly basis.

Objective 2: To coordinate all prevention activities in mental health, mental retardation and substance abuse within the Department of Mental Health and Mental Retardation service system.

Strategy: To establish and staff a prevention office within the Department of Mental Health and Mental Retardation by July 1981. This office will be responsible for:

- \*Promoting mental health, mental retardation and substance abuse prevention programming, coordination and planning at the State and community level.
- \*Review of other states' prevention activities.
- \*Implementing prevention programs in all three disability areas.
- \*Providing technical assistance and consultation to state and community agencies.

Objective 3: To establish a mechanism at the community level to coordinate mental health, mental retardation, substance abuse prevention and public information services.

Strategy: To have designated at least one individual within each Community Services Board with responsibility for prevention and public information services by July 1982. These individuals will be responsible for:

- \*mental health, mental retardation and substance abuse prevention and public awareness service delivery; and
- \*planning, interagency collaboration, program reporting and evaluation.

Objective 4: To identify the needs and gaps in mental health, mental retardation and substance abuse prevention and public information programs presently being delivered by the public and private organizations.

Strategy: To have completed by the Department of Mental Health and Mental Retardation in conjunction with the Interagency Prevention Task Force, a statewide needs assessment by January 1982. The purpose of this assessment is to:

- \*Identify State and community agencies involved with mental health, mental retardation and substance abuse prevention activities.

- \*Develop resource directories.
- \*Establish an on-going feedback mechanism.

Objective 5: To ensure the delivery of prevention services throughout the mental health, mental retardation and substance abuse services system.

Strategy: To recommend that prevention services be included as a core service by the Department of Mental Health and Mental Retardation by July 1984. This would involve:

- \*Identifying core service criteria.
- \*Integrating with other departmental core services.
- \*Monitoring the delivery of services.

Objective 6: To establish a prevention service element for mental health, mental retardation and substance abuse prevention, and a public information element for prevention services.

Strategy: To incorporate a specific prevention services element in the Department of Mental Health and Mental Retardation proposed budget for the 1984-86 biennium.

Objective 7: To promote the involvement of public and private organizations in the support and maintenance of prevention and public awareness programs for mental health, mental retardation and substance abuse.

Strategy: To establish by the Department of Mental Health and Mental Retardation a formal mechanism by which public and private organizations and citizen groups involved in prevention/public information programming can be identified and involved in the sponsorship of new programs by January 1982. This will require:

- \*The identification of Commonwealth organizations involved in mental health, mental retardation and substance abuse prevention programming;
- \*Provision of technical assistance, funding and coordination in the delivery of prevention and public information services; and
- \*Assistance in evaluating service delivery and development.

Objective 8: To develop a system to improve the accountability of prevention services within the Department of Mental Health and Mental Retardation services delivery system.

Strategy: To develop, by the Department of Mental Health and Mental Retardation standards for program certification of mental health, mental retardation and substance abuse prevention programs by July 1983. This will involve the:

- \*Development of program standards criteria;
- \*Dissemination of standards through a public review process; and
- \*Monitoring of compliance by periodic site visits.

Objective 9: To improve the management information capabilities of the Department of Mental Health and Mental Retardation in mental health, mental retardation and substance abuse prevention and public information programs.

Strategy: To have the Department of Mental Health and Mental Retardation develop a standardized record keeping and reporting system for those programs funded by the Department by January 1985. This system should allow for the integration of prevention program data with the Department of Mental Health and Mental Retardation MIS system.

Objective 10: To develop a mechanism for assuring consistency in providing mental health, mental retardation, and substance abuse prevention and public information services in Virginia by July 1983. This will involve the following:

Strategy: To identify, by the Department of Mental Health and Mental Retardation in conjunction with the communities, the skills, knowledge and attitudes of prevention service providers and prevention personnel classification system. This will allow for the:

- \*Initiation through the Department of Commerce of a personnel credentialing procedure;
- \*Development of a preservice and inservice training for prevention services; and
- \*Development of curriculum with colleges and universities in curriculum development.

Objective 11: To develop an evaluation mechanism for assessing prevention services at the state and community level.

Strategy: To develop evaluation criteria for all Department of Mental Health and Mental Retardation funded prevention and public information programs by January 1983. This will be accomplished by:

- \*Researching available resources in prevention program evaluation.
- \*Providing consultation and training to the local programs in program evaluation.
- \*Developing prevention program evaluation guidelines and policy.

Objectives for the Development of Statewide Prevention Services in the Commonwealth of Virginia

Objective 1: To encourage the development and coordination of prevention efforts in Commonwealth State agencies.

Strategy: To continue the collaboration of State human services agencies and jointly sponsor at least one new prevention activity by July 1982. This will be done by the:

- \*Further identification of state resources;
- \*Joint determination of priority needs; and
- \*Joint sponsorship of prevention programs.

Objective 2: To provide funding for maintenance and support of in place and new prevention programs at the State and local level.

Strategy: To develop by the Department of Mental Health and Mental Retardation a mechanism to identify current Departmental prevention program expenditures as well as areas for future growth by July 1982. This will be done by the:

- \*Review of Departmental funding procedures;
- \*Documenting areas of need;
- \*Establishment of award and reporting procedures; and
- \*Monitoring of program efforts.

Objective 3: To encourage the development of prevention services designed for and provided by citizen groups and volunteers.

Strategy: To identify and jointly sponsor prevention services or activities with key citizen groups in each disability area by July 1983. This will be done by the:

- \*Identification of resources;
- \*Selection of citizen groups; and
- \*Joint planning and implementation.

Objective 4: To develop a mechanism to improve the dissemination and utilization of the existing prevention knowledge base.

Strategy: To develop by the Department of Mental Health and Mental Retardation a prevention resource center housed within the Department's information clearinghouse by July 1982. This will be done by the:

- \*Identification of prevention resources;
- \*Cataloging of literature;
- \*Dissemination to community and citizen groups and service providers.

Objective 5: To provide technical assistance in the development of prevention programming.

Strategy: To have capability within the Department of Mental Health and Mental Retardation of trained staff in prevention services by July 1981. This staff will be responsible for:

- \*On site visits;
- \*Consultations; and
- \*Resource linkage with service providers.

Objective 6: To increase the amount of prevention training for service providers, other human services professionals and citizen and volunteer groups.

Strategy: To sponsor at least one training activity in each disability per year - ongoing. This will be done by the:

- \*Implementation of a training needs assessment;
- \*Identification of training resources; and
- \*Implementation and follow-up.

Objective 7: To increase the prevention knowledge base that currently exists.

Strategy: To fund specific prevention demonstration and research efforts by July 1984. In such areas as:

- \*Genetic defects;
- \*Joint programming areas (mental health, mental retardation and substance abuse);
- \*Interagency efforts;
- \*High risk populations; and
- \*Replication of effective approaches.

### Objectives for the Development of Statewide Public Information and Awareness Services in the Commonwealth of Virginia

Objective 1: To promote state level interagency involvement in mental health, mental retardation, and substance abuse public awareness campaigns.

Strategy: To co-sponsor, with the appropriate State agencies involved with mental health, mental retardation and substance abuse prevention activities, a yearlong statewide awareness campaign-ongoing. This will be done by the:

- \*Identification of appropriate topics;
- \*Interagency linkages established;
- \*Sponsorship of consumer pamphlets or public television programs or seminars.

Objective 2: To effectively gather, develop and disseminate general and technical mental health, mental retardation and substance abuse information to the general public, citizen groups and service providers.

Strategy: To establish within the Department of Mental Health and Mental Retardation an information clearinghouse to identify and disseminate information by July 1981 through the establishment of:

- \*Question and answer telephone line;
- \*Public awareness newsletter;
- \*Radio broadcast services; and
- \*Mental health, mental retardation, and substance abuse printed materials.

Objective 3: To develop strategies for the delivery of such specific statewide mental health, mental retardation and substance abuse public information and awareness services which will adequately meet the identified service gaps, and utilize both the multiple human service agencies and the total body of communication media in Virginia.

Strategy: To develop by the Department of Mental Health and Mental Retardation, a comprehensive mental health, mental retardation and substance abuse resource manual, broken down regionally, which will be distributed to public and private agencies by September, 1982. This will be done through the:

- \*Identification of innovative public information approaches;
- \*Identifications of resource persons; and
- \*Listing of public and private resource agencies.

Objective 4: To establish formal linkages with various citizen and private organizations involved in on-going mental health, mental retardation and substance abuse public awareness programs in the Commonwealth.

Strategy: To establish, through the Department of Mental Health and Mental Retardation, a formal committee for public information planning and joint sponsorship of various projects by July 1983. This will be done by the:

- \*Identifying key civic/social organizations;
- \*Establishing a formal public information committee; and
- \*Joint planning and implementation of public information awareness campaigns.

Objective 5: To foster the sharing of public information resources and technical expertise between communities and citizen groups in Virginia.

Strategy: To establish, through the Department of Mental Health and Mental Retardation, a public information services committee comprised of professional and technical authorities in public information by January 1982. This will be done by the :

- \*Identification of public information authorities;
- \*Formation of committee;
- \*Review and commenting on various projects.

Objective 6: To increase the skill level of mental health, mental retardation, and substance abuse service providers in public information and awareness campaigns.

Strategy: To sponsor, through the Department of Mental Health and Mental Retardation, yearly training sessions in the various methods, and resources available. This will be done through:

- \*Implementation of training needs assessments;
- \*Identification of training resources; and
- \*Implementation and follow-up.



*IV. Progress Report  
on the  
Implementation*



Objective 1: To continue coordination at the secretarial level of all state agencies providing prevention and public information services in mental health, mental retardation and substance abuse.

Strategy: To continue meetings of the Human Resources Interagency Prevention Task Force on a quarterly basis.

Rationale for this Strategy:

In order to fully develop and promote mental health, mental retardation, and substance abuse prevention services there existed a clear need to better coordinate prevention services among and between state agencies. In response to this need the Human Resources Interagency Prevention Task Force was formed and has met regularly to accomplish the following goals:

- a. review of the status of the objectives and strategies outlined in the Secretary of Human Resources' prevention plan.
- b. identification of specific areas of shared responsibilities for the purpose of better developing a coordinated response.
- c. development of specific action plans in order to initiate prevention programming and research activities between state agencies.

Implementation Activities:

During this first year the major thrust of activities has been the development of a mechanism to respond to the various interagency objectives within the Secretary of Human Resources' prevention plan. A major activity of the Human Resources Interagency Prevention Task Force has been the statewide prevention needs and resources assessment. (See Objective 4, page 19). Further, the Task Force has become much better informed about other prevention activities sponsored by the various agencies.

Further Action Required:

The Human Resources Interagency Prevention Task Force should continue to meet at least quarterly in order to more fully accomplish its mission. Additionally, consideration should be given to expanding the present membership to include representatives from the private sector.

Objective 2: To coordinate all prevention activities in mental health, mental retardation and substance abuse within the Department of Mental Health and Mental Retardation service system.

Strategy: To establish and staff a prevention office within the Department of Mental Health and Mental Retardation by July 1981.

Rationale for this Strategy:

In order to better identify and coordinate mental health, mental retardation and substance abuse prevention services needs and resources, a central coordinating office was needed.

### Implementation Activities:

The Virginia Department of Mental Health and Mental Retardation established an Office of Prevention within the Division of Community Services in the spring of 1981. This office is staffed by trained professionals responsible for addressing each of the objectives and strategies contained in the Secretary of Human Resources prevention plan. Specifically this office is responsible for:

Promoting mental health, mental retardation and substance abuse prevention programming, coordination and planning at the state and community level.

Review of other states' mental health/mental retardation/substance abuse prevention activities.

Implementing research based prevention programs in all three disability areas.

Providing technical assistance and consultation to state and community agencies.

During the initial stages of operation the office has been involved in the further definition of each of the prevention objectives and promoting their inclusion by other state agencies as well as the Department of Mental Health and Mental Retardation's service system. The office has begun a bi-monthly publication entitled The Prevention/Promotion Bulletin. This newsletter is designed to communicate prevention resources and models. A prevention resource center has been established to collect and catalog model programs and strategies for mental illness, mental retardation and substance abuse prevention.

### Further Action Required:

The Office of Prevention should continue collaboration and coordination efforts with the continued support of the Department of Mental Health and Mental Retardation.

Objective 3: To establish a mechanism at the community level to coordinate mental health, mental retardation, substance abuse prevention and public information services.

Strategy: To have designated at least one individual within each Community Services Board with responsibility for prevention and public information services by July 1982.

### Rationale for this Strategy:

There was a need to develop a vertical structure to enhance the flow of authority and accountability for prevention and public information programming from the state to the community level.

### Implementation Activities:

The state portions of this structure have been established through the Human Resources Interagency Task Force and the Department of Mental Health and Mental Retardation's Office of Prevention. The community link in this structure should be an individual designated by each Community Services Board to better coordinate the prevention and public information activities within the community it serves.

This may be accomplished in one of two ways. One option is requesting the Community Services Boards to simply identify an individual to provide liaison activities regarding mental health, mental retardation and substance abuse prevention services. Another option, should additional funding become available, is requesting the Community Services Boards to designate a prevention services coordinator. The function of the prevention services coordinator would be to plan, coordinate and implement prevention and public information services at the local level. Specifically, this should include assessing the needs and resources of the community, developing goals and objectives to address identified needs, selecting target populations and designing appropriate strategies for reaching these populations, promoting interagency collaboration and resource sharing, maintaining appropriate record keeping systems and conducting evaluation activities aimed at assessing the effectiveness and efficiency of program services.

### Further Action Required:

It is recommended that the Commissioner of the Department of Mental Health and Mental Retardation ask each Community Services Board to designate at least one individual to be responsible for mental health/mental retardation/substance abuse prevention activities by July 1982.

Objective 4: To identify the needs and gaps in mental health, mental retardation and substance abuse prevention and public information programs presently being delivered by the public and private organizations.

Strategy: To have completed by the Department of Mental Health and Mental Retardation in conjunction with the Interagency Prevention Task Force, a statewide assessment by January 1982.

### Rationale for this Strategy:

A mechanism was needed to identify the type of prevention activities that are currently conducted by Community Services Boards through the Department's prevention service delivery system, to identify activities sponsored by the state agencies represented on the Human Resources Interagency Prevention Task Force, and to identify activities sponsored by public and private groups such as civic, social and church related organizations.

### Implementation Activities:

In order to identify areas where additional resources would be needed for prevention and public information services a statewide needs assessment was initiated by the Department of Mental Health and Mental Retardation in the fall of 1981.

The Department of Mental Health and Mental Retardation hired a full time consultant to design the survey instruments and complete the analysis of the needs assessment data. A group composed of representatives of Community Services Boards, state agencies and private organizations was convened for the purpose of providing in-put into the development of the needs assessment data areas.

Three separate survey instruments have been developed and will be administered in early spring 1982. Each of the three instruments will be designed to assess the needs and resources of a separate target group (i.e. one will address programs funded through Community Services Boards, one will address state agencies, and one will address private groups). Data analysis and a final report on the needs assessment will be completed by July 1983.

### Further Action Required:

Application of the results of this needs assessment will occur in areas of: fiscal and program planning, joint programming, training, record keeping, and research and demonstration projects.

Objective 5: To ensure the delivery of prevention services throughout the mental health, mental retardation and substance abuse services system.

Strategy: To recommend that prevention services be included as a core service by the Department of Mental Health and Mental Retardation by July 1984.

### Rationale for this Strategy:

An issue of critical importance to the continued delivery of mental health, mental retardation and substance abuse prevention services has been the development of a definition of Core Services and a formula funding process by the Department of Mental Health and Mental Retardation's Core Services Task Force. Highest priority for funding will be given to those services which have been designated as required Core Services. Services which are not required under Core Services will be given less priority for state funding.

### Implementation Activities:

In recognition of the need for continued state support of prevention services the Core Services Task Force made the following statement in its report:

"The Task Force supports the establishment of a special Office for Prevention in the Department with the expectation that funding will be made available for prevention services in each community. The Task Force took note of the strong support for prevention activities expressed in the public comments, wishes to add its endorsement, and sees this to be consistent with the Legislative intent of House Bill 95.

The Core Services Task Force strongly encourages the Department to include in Core Services those aspects of consultation/education/prevention service which will have an impact on the populations that are at high risk of becoming severely disabled or will experience states of crises."

To insure the consistency of prevention services with other Core Services, the Office of Prevention will be involved with the Department of Mental Health and Mental Retardation's Task Force on the Implementation of Core Services. This Task Force will be meeting during FY 1981-82.

#### Further Action Required:

A particular concern for the implementation of this objective is that the Task Force on the Implementation of Core Services utilize a definition of prevention services that is clear and consistent with the definitions developed for the purposes of the Secretary of Human Resources Prevention Plan.

Objective 6: To establish a prevention service element for mental health, mental retardation and substance abuse prevention, and a public information element for prevention services.

Strategy: To incorporate a specific prevention services element in the Department of Mental Health and Mental Retardation proposed budget for the 1984-86 biennium.

#### Rationale for this Strategy:

With the passage of the federal block grant programs for states, and specifically the Preventive Health Services Block Grant, it has become critically important that state agencies be able to identify their prevention program expenditures. In the case of the Department of Mental Health and Mental Retardation there was a need to establish a method for accounting for mental health, mental retardation and substance abuse prevention services, as well as public information services.

#### Implementation Activities:

If new monies are made available for mental health, mental retardation and substance abuse prevention, The Department of Mental Health and Mental Retardation will establish new internal accounting codes for tracking the allocation of these dollars for expenditures in the 1983 fiscal year. This will be done for each disability area in harmony with currently established Department of Mental Health and Mental Retardation procedures.

Objective 7: To promote the involvement of public and private organizations in the support and maintenance of prevention and public awareness programs for mental health, mental retardation and substance abuse.

Strategy: To establish by the Department of Mental Health and Mental Retardation a formal mechanism by which public and private organizations and citizen groups involved in prevention/public information programming can be identified and involved in the sponsorship of new programs by January 1982.

Rationale for this Strategy:

In recent years the role of the federal government in regard to the funding of prevention and public awareness services has principally been one of providing seed or demonstration monies. State and local governments have typically provided the on-going financial support for these services. As the changing role of government at all levels continues to reflect fiscal restraint, the involvement of the private sector and community citizen groups in the support and maintenance of prevention and public awareness services will become much more critical. Involvement of these groups should have the following three advantages: 1) there should be an increase in the number and kind of resources available; 2) there should be a reduction of the fragmentation, overlap and gaps in services that sometimes occur, and 3) there should develop more of a sense of ownership of program activities by the constituents in a local community.

Implementation Activities:

In the fall of 1981 the Department of Mental Health and Mental Retardation initiated a needs assessment (see objective 4) to identify the needs and gaps in mental health, mental retardation and substance abuse prevention and public information services. A portion of this needs assessment was designed to gather information on public and private groups and organizations which are currently involved in prevention and public awareness activities or would be interested in participating in these activities in the future. When the needs assessment has been completed a directory listing these public and private groups and organizations and the kinds of activities they have engaged in will be developed.

Further Action Required:

In order to link those groups and organizations which have been identified to local service providers the Office of Prevention will convene periodic meetings to discuss joint programming (see Objective 3, page 28), to seek in-put, and to explore collaborative activities. Examples of the above might include such things as public information campaigns, community task forces, volunteer run programs, and self-help groups.

To encourage local service providers to develop joint programming efforts with private and public groups and organizations the Department of Mental Health and Mental Retardation hopes to sponsor training in areas such as



methods of utilizing private groups, development of volunteer programs, and social marketing.

The Department of Mental Health and Mental Retardation, through the staff of the Office of Prevention and its Prevention Resource Center, will provide technical assistance to local service providers in identifying model programs and strategies which have demonstrated their effectiveness for involving public and private groups and organizations.

Objective 8: To develop a system to improve the accountability of prevention services within the Department of Mental Health and Mental Retardation services delivery system.

Strategy: To develop, by the Department of Mental Health and Mental Retardation standards for program certification of mental health, mental retardation and substance abuse prevention programs by July 1983.

Rationale for this Strategy:

The development of program standards for mental health, mental retardation and substance abuse prevention programs are needed to improve the quality and accountability of these services and to help eliminate some of the confusion surrounding the nature of prevention services.

Implementation Activities:

The Department of Mental Health and Mental Retardation has established the Community Task Force for the Development of Policy and Standards for Community Services Boards. This Task Force has been charged with the responsibility of developing proposed policy for the functioning of a Community Services Board and proposed standards for the operation of a Community Services Board which would be promulgated by the State Mental Health and Mental Retardation Board. Standards for prevention programs will be developed as one of the components of this package for those programs not covered by the Department's current program standards. The Department's Office of Prevention has membership on this Task Force.

Staff of the Office of Prevention has met with a representative group of local service providers during the fall 1981 to obtain community input for the prevention standards component. A first draft of the prevention standards document should be completed by March 1982. Upon completion, this draft document will be incorporated into the overall standards for Community Services Boards, and will be reviewed by the full Community Task Force and Departmental staff. Following revision, the full set of standards will be sent to Community Services Boards and local governments for review. This process should occur during spring 1982.

### Further Action Required:

Following these reviews, the Department of Mental Health and Mental Retardation plans to run a pilot test of the standards. This should occur during the summer of 1982. Based on the outcome of this pilot effort the standards will again be revised. Public hearings on these standards for Community Services Boards will then be conducted during fall 1982 and revision based on public input will occur. The final draft will be presented to the State Mental Health and Mental Retardation Board for promulgation in February 1983 with effective date in July 1983.

Objective 9: To improve the management information capabilities of the Department of Mental Health and Mental Retardation in mental health, mental retardation and substance abuse prevention and public information programs.

Strategy: To have the Department of Mental Health and Mental Retardation develop a standardized record keeping and reporting system for those programs funded by the Department by January 1985.

### Rationale for this Strategy:

A clear need exists for a standardized reporting and record keeping system for mental health, mental retardation and substance abuse prevention programs. Improved collection and retrieval of prevention program data will aid in assessing program accomplishments and in making management decisions about the program's operation. This data needs to be integrated in the departmental management information system.

### Implementation Activities:

The Department of Mental Health and Mental Retardation has established a project team composed of Department staff and representatives of local service providers to study the management information needs of the Department and to recommend an automated system which would handle these needs. The Office of Prevention has membership on this project team. The project team has discussed the need for prevention program data items and is currently considering ways in which these items could be included in the automated management information system developed by the Department.

### Further Action Required:

The development of an automated management information system at the state level will necessitate that local mental health, mental retardation, and substance abuse prevention programs develop standardized record keeping and reporting procedures. To assist in this process the Department has assigned a staff position which will be responsible for developing a standardized system and providing technical assistance to local programs in implementing it.

Objective 10: To develop a mechanism for assuring consistency in providing mental health, mental retardation, and substance abuse prevention and public information services in Virginia by July 1983. This will involve the following.

Strategy: To identify, by the Department of Mental Health and Mental Retardation in conjunction with the communities, the skills, knowledge and abilities of prevention service providers and prevention personnel classification system.

Rationale for this Strategy:

The intent of this objective is to ensure that the personnel who deliver mental health, mental retardation and substance abuse services have appropriate knowledge, skills and abilities to perform their job roles. Assuring consistency in performance will require a number of long range activities to take place.

Implementation Activities:

Initially, a distinct job role for a prevention coordinator/specialist will need to be defined. Several methods exist for developing such a role definition. Staff of the Office of Prevention are working in conjunction with the personnel training component of the Department's Office of Employee Relations to develop this role definition. Input from local prevention service providers is being sought to identify the most efficient and effective means for implementing this process. A role definition should be completed by January 1983.

Further Action Required:

Upon completion of a job role definition for prevention personnel, the skills, knowledge and abilities needed to perform the job role will need to be identified. Once this has occurred development may begin on vehicles for delivery of pre-service and in-service training. The Department of Mental Health and Mental Retardation will work closely with state colleges and universities to identify existing curriculum offerings and/or to develop new curriculum offerings which would address these pre-service and in-service training needs. In each of these areas the Office of Prevention will work in conjunction with the Office of Employee Relations to determine the most appropriate way of integrating these activities with the Department's ongoing manpower development efforts.

The Department of Mental Health and Mental Retardation will study the feasibility of initiating a credentialing procedure for prevention personnel with the Department of Commerce. If such a step appears appropriate it will be integrated into the Departments ongoing efforts in the area of credentialing of treatment personnel.

Objective 11: To develop an evaluation mechanism for assessing prevention services at the state and community level:

Strategy: To develop evaluation criteria for all Department of Mental Health and Mental Retardation funded prevention and public information programs by January 1983.

Rationale for this Strategy:

The Secretary of Human Resources' prevention plan identified evaluation as a critical need in order to develop support for prevention programs. Since the concept of prevention is a relatively new one in the fields of mental health, mental retardation and substance abuse, it is extremely important to develop evaluation criteria by which programs may assess the relative efficiency and effectiveness of the services they deliver.

Implementation Activities:

During the spring and summer of 1981 the Office of Prevention has worked to identify various resources that are available for use by local prevention programs. In the fall of 1981 the Office of Prevention sponsored a meeting with a representative group of prevention service providers from each of the disability areas to examine current issues related to evaluation of prevention programs. The results of this meeting will be used to guide the Department in the development of evaluation criteria.

The Office of Prevention is working in close coordination with the Department's Division of Technical Services to develop evaluation criteria which would be integrated as a part of the Department's record keeping and management information systems and the prevention standards which are under development (see Objective 9, page and Objective 8, page ). Evaluation criteria in these areas are expected to provide measures of program efficiency such as program utilization, program cost and program goal attainment.

Further Action Required:

Evaluation criteria providing measures of program effectiveness such as outcome and program impact data will generally be required of programs which are funded by the Department as special demonstration or pilot evaluation projects. The Office of Prevention and the Division of Technical Services will jointly develop procedures for technical reviews and the awarding of funds for these projects as well as monitoring procedures to assess ongoing progress by January 1983.

Objectives for the Development of Statewide Prevention Services in the Commonwealth of Virginia

Objective 1: To encourage the development and coordination of prevention efforts in Commonwealth State agencies.

Strategy: To continue the collaboration of state human services agencies and jointly sponsor at least one new prevention activity by July 1982.

### Rationale for this Strategy:

In the development of a coordinated statewide prevention service system, it is important that the state human services agencies collaborate and jointly sponsor mental health, mental retardation, and substance abuse prevention services. Further, this coordination should be expanded to the community level, to include coordination with civic, social and church organizations.

### Implementation Activities:

To date a number of joint activities have been sponsored. The Department of Mental Health and Mental Retardation and the Virginia Division for Children have jointly sponsored a prevention of Fetal Alcohol Syndrome campaign. The Secretary of Human Resources sponsors the Human Resources Information Coordinating Committee involving all of the state Human Resources agency's public information officers. The chairman of the Human Resources Interagency Prevention Task Force serves as liaison to this group for the purpose of promoting joint sponsorship of and in-put into the development of prevention campaigns.

The Department of Mental Health and Mental Retardation and the State Health Department have agreed to share the resources of the Toxic Substance Information Bureau data retrieval system in order to identify and communicate general and technical information from a number of national clearinghouses.

### Further Action Required:

The Human Resources Interagency Prevention Task Force should continue to meet quarterly in order to:

1. Further identify state and community resources
2. Jointly determine priority needs
3. Jointly sponsor prevention programs
4. Promote local coordination of mental health, mental retardation and substance abuse prevention services.

Objective 2: To provide funding for maintenance and support of in-place and new prevention programs at the state and local level.

Strategy: To develop by the Department of Mental Health and Mental Retardation a mechanism to identify current Departmental prevention program expenditures as well as areas for future growth by July 1982.

### Rationale for this Strategy:

While prevention is now being seen as a priority at the state and national levels, additional dollars to support these efforts are critically needed. Proposed accountability procedures for these funds would require that the Department of Mental Health and Mental Retardation not only provide these funds for mental health, mental retardation and substance abuse prevention services but also that it would develop a mechanism to identify departmental expenditures for these services.

### Implementation Activities:

In the fall of 1981 the Department of Mental Health and Mental Retardation established an internal committee to better identify current expenditures for prevention programming. This will be completed by July 1982.

### Further Action Required:

The Office of Prevention working in conjunction with the Department's Internal Committee, Fiscal Office and each of the disability area director's will accomplish the following by July 1983.

- a. Review departmental funding procedures as they relate to prevention expenditures.
- b. The Office of Prevention will have reviewed expenditures to identify areas of need.
- c. An award and reporting procedure will be drafted for each disability area which would clearly identify prevention expenditures.
- d. If additional collars are made available, these funds would be accounted for through the Department of Mental Health and Mental Retardation's grant process by being identified distinctly or as a separate program. The allocation, award and reporting procedures developed will be utilized.

Objective 3: To encourage the development of prevention services designed for and provided by citizen groups and volunteers.

Strategy: To identify and jointly sponsor prevention services or activities with key citizen groups in each disability area by July 1983.

### Rationale for this Strategy:

While quality prevention services require thorough planning and management, often the delivery of the services can be done by volunteers. Laymen have been trained to deliver prevention activities such as parenting programs, public awareness campaigns, educational programs, needs assessments and self-help groups. Several of the key citizen groups have the structure and concern to allow them to develop viable prevention programs. It is important that the various state agencies involved in the delivery of mental health, mental retardation and substance abuse prevention services make use of these valuable resources.

### Implementation Activities:

The Department of Mental Health and Mental Retardation has provided a number of opportunities for citizens and volunteers to become involved in the development of programming efforts. For example during the fall 1981 several local citizen and social groups were invited to help plan and implement a statewide public information campaign utilizing materials developed by the National Institute on Alcohol Abuse and Alcoholism. In November 1981 representatives of parent groups in the state were asked to attend a regional meeting sponsored by the National Institute on Drug Abuse to explore ways

of linking the growing parent group movement to prevention service providers at the local level. During the past year the Department has maintained a part-time position to coordinate volunteer programs. At the local level, volunteers have been trained to deliver parent education programs and education programs on prescription drug use for the elderly.

#### Further Action Required:

The prevention needs assessment conducted by the Office of Prevention in the spring of 1982 will identify a number of citizen groups that are currently active or would like to be active in providing prevention services. (See Objective 4, page ). Since these groups often share only narrowly defined areas of concern, the Office of Prevention will sponsor periodic meetings to link these groups to local service providers around those areas where joint programming appears mutually desirable. To further encourage involvement of citizen and volunteer groups the Office of Prevention will provide on-going technical assistance in the areas of:

- a. information dissemination
- b. identification of model programs and strategies
- c. identification of training resources

Objective 4: To develop a mechanism to improve the dissemination and utilization of the existing prevention knowledge base.

Strategy: To develop by the Department of Mental Health and Mental Retardation a prevention resource center housed with the Department's information clearinghouse by July 1982.

#### Rationale for this Strategy:

As local programs are planning and implementing prevention services for the residents of their communities it is important that they have available to them the most recent information and technology on prevention programming. Most of the research on prevention is sponsored by the federal or state governments and takes place in many different areas of the country. Local programs seldom have the time or resources to stay abreast of the results produced by these research activities. A mechanism for identifying, cataloging and disseminating these findings is therefore a critical need.

#### Implementation Activities:

A Prevention Resource Center has been developed by the Department of Mental Health and Mental Retardation's Office of Prevention and has been in operation since the spring 1981. The Resource Center is housed in the Office of Prevention's facilities in Richmond and has been made available to local service providers, other state agencies and public and private groups. The Resource Center contains over 200 categories for cataloging printed materials. These materials include such things as pamphlets, books, monographs, articles, curricula, model programs, and educational packages and kits.

The Office of Prevention has worked closely with the Information and Public Education Office to integrate the functions of the Prevention Resource Center

with the Department's Information Clearinghouse/Library. The part-time Librarian assigned to the Clearinghouse/Library will also be available to the Prevention Resource Center. As a result the Prevention Resource Center will develop a retrieval system based on a sub-component of the Library of Congress system.

Several state agencies disseminate existing prevention knowledge and examples of model prevention programs and strategies through periodic newsletters. Some examples include the Department of Mental Health and Mental Retardation (Prevention and Promotion Bulletin), Division for Children (Aware) and Department of Corrections (Prevention Profiles).

Further Action Required:

As the need for the Prevention Resource Center's services expands the Department of Mental Health and Mental Retardation will study the feasibility of developing regional resource centers.

Objective 5: To provide technical assistance in the development of prevention programming.

Strategy: To have capability within the Department of Mental Health and Mental Retardation of trained staff in prevention services by July 1981.

Rationale for this Strategy:

The Department of Mental Health and Mental Retardation needs to provide technical assistance to local prevention service providers in such areas as dissemination of new knowledge, identification of model programs and strategies, program development methods, record keeping systems, evaluation techniques, and program funding strategies.

The staff of the Office of Prevention has primary responsibility for the delivery of these technical assistance services to mental health, mental retardation and substance abuse prevention programs. The Office of Prevention is currently staffed with two full time positions. An additional consultant position was hired during the fall of 1981 to aid in providing technical assistance in specialized areas (e.g., development of standardized record keeping systems.) Further, as specialized local needs for technical assistance are identified, staff throughout the Department may be called upon to assist in meeting these needs. For this reason it is critical that staff in all Departmental divisions be aware of and familiar with the concepts of prevention programming. To ensure that staff throughout the Department are knowledgeable in the area of prevention the Office of Prevention will conduct prevention in-service training for Departmental staff by July 1982.

Further Action Required:

Mental Health, mental retardation and substance abuse prevention services are provided through several state agencies. The staff in these agencies will also need to be knowledgeable about prevention programming. The Office



of Prevention will work through the Human Resources Interagency Prevention Task Force to identify technical assistance needs within other state agency service systems. It is anticipated that the collaborative efforts will be developed in and among the agencies represented on this Task Force to provide technical assistance services and in-service prevention training to the staffs of these agencies. Collaborative efforts of this type have already begun and will continue on a routine basis.

Objective 6: To increase the amount of prevention training for service providers, other human services professionals and citizen and volunteer groups.

Strategy: To sponsor at least one training activity in each disability per year - ongoing.

Rationale for this Strategy:

The delivery of prevention services is a relatively new area for governmental agencies at all levels. Colleges seldom offer courses in prevention theory and practice in their preservice programs. Local service providers are often clinicians who have been assigned prevention responsibilities on a part-time basis. They may find it difficult to shift the focus of their activities from individual clients to population groups. Because of their newness prevention services often suffer from high rates of turn over and are especially hampered by the loss of experienced personnel. Opportunities to receive additional training therefore is a great need for most prevention personnel in the state.

Implementation Activities:

During the past few years the Department of Mental Health and Mental Retardation has sponsored individually or in conjunction with colleges or other state agencies a number of training events relative to prevention of mental illness, mental retardation, and substance abuse. Examples of some of these efforts include: workshops for prevention workers in the areas of introductory prevention skills, prevention management skills, networking, working with school systems, social marketing, and prevention evaluation; a conference on the prevention of mental retardation; a conference on the Fetal Alcohol Syndrome; and workshops on prescription drug use by the elderly for the statewide staff of Area Agencies on Aging. Further, several of the state agencies represented on the Human Resources Interagency Prevention Task Force have provided training to their staffs in areas related to the prevention of mental illness, mental retardation and substance abuse.

The Office of Prevention has developed in conjunction with the training component of the Department's Office of Employee Relations several items on training needs which will be included in the statewide Needs Assessment (described in Objective 4, page ) that will be conducted in the spring of 1982. The results obtained from this needs assessment, along with the results from the Office of Employee Relation's ongoing process for the assessment of training needs, will be used to determine the type and amount of training which will be offered. The Department hopes to sponsor at least one training activity in each disability area during the 1982 fiscal year.

### Further Action Required:

The availability of training resources will play a vital role in the further development of prevention services. Of critical importance is the fact that money available for training is shrinking at both the national and state levels. To address this problem the Office of Prevention and the Office of Employee Relations are studying alternatives for the provision of training. The following are all options which are being considered:

1. efforts are underway to identify new sources of training funds.
2. community programs will be asked to pick up a larger portion of the trainee costs of Departmentally sponsored training
3. links will be made with public and private organization to increase the amount of resources available for training.
4. training events will focus on generic prevention skills as opposed to disability specific skills
5. efforts will be made to develop joint sponsorship of training events with other state agencies around areas of shared concern.

Objective 7: To increase the prevention knowledge base that currently exists.

Strategy: To fund specific prevention demonstration and research efforts by July 1984.

### Rationale for this Strategy:

A common criticism of prevention programming is that sufficient research has not been done to demonstrate that prevention programs are effective, viable and cost-efficient. To demonstrate what types of prevention activities do work and are cost-effective, a need exists for the State Human Resources Agencies to both individually and jointly sponsor prevention research and demonstration projects.

### Implementation Activities:

The Department of Mental Health and Mental Retardation has funded two mental retardation demonstration projects during fiscal year 1981-82. The first project is administered by the Medical College of Virginia and involves a joint effort by MCV, the State Health Department's Bureau of Vital Records and Health Statistics and the Department of Mental Health and Mental Retardation to develop a statewide computerized Birth Defects Registry. The existence of such a Registry will aid physicians and their patients by providing the following information and linkages:

1. will provide the physician with a general statement about the genetic implications of information he has reported on the patients birth record.
2. will indicate a possible positive family history of the defect through the presence of possible genetic linkage to other similarly affected cases in the Registry, if present.

3. will provide necessary information for contacting the existing clinical genetic centers, if appropriate, for further clinical evaluation and genetic counseling.

The second project will be administered by a local Community Services Board and involve the identification, development, and testing of public information/mental retardation prevention models. Specific products of the project will include a handbook for community involvement in public information/mental retardation prevention programs, a resources collection of films, books, pamphlets, articles etc. for community use, and a media campaign kit for each of 37 Community Services Boards. The Office of Prevention will work closely with this project. Upon completion project products will be housed in the Department's Prevention Resource Center and disseminated upon request to Community Services Boards and local citizen groups for use.

The State Health Department has funded five Health Education-Risk Reduction demonstration projects in the state. These projects focus on the reduction of alcohol use and smoking among young people by providing educational curriculum in school systems. These projects have involved joint efforts between local prevention service providers and local school systems. At the state level the State Health Department's Division of Health Education and Information, the Department of Mental Health and Mental Retardation's Office of Prevention and the State Education Department's Division of Sciences and Elementary Administration have met periodically to examine ways of coordinating and collaborating around these projects.

#### Further Action Required:

The Human Resources Interagency Task Force will continue to meet on a quarterly basis to identify areas where joint demonstration and research projects may occur. By July 1982 the Task Force will have determined additional areas of shared interest among agencies and preliminary plans for joint funding of demonstration projects will begin.

#### Objectives for the Development of Statewide Public Information and Awareness Services in the Commonwealth of Virginia.

Objective 1: To promote state level interagency involvement in mental health, mental retardation and substance abuse public awareness campaigns.

Strategy: To co-sponsor, with the appropriate state agencies involved with mental health, mental retardation and substance abuse, prevention activities, a year long statewide awareness campaign.

#### Rationale for this Strategy:

In each of the disability areas there are certain types of preventative information which merits dissemination to the general public. Often this information is in an area of shared concern between two or more of the State Human Resources agencies. In order to make the best use of available resources it is important that these agencies work together to develop planned and systematic campaigns.

### Implementation Activities:

The Department of Mental Health and Mental Retardation has identified appropriate prevention topics, such as the Fetal Alcohol Syndrome campaign to reduce pre-natal deformity in infants; "It's O.K. to Ask for Help" campaign, designed to draw attention to need for and availability of community mental health counseling and the two-year activities of the Task Force on Women and Substance Abuse, which focuses on the special problems of women. Other state agencies such as the State Health Department (high blood pressure testing; need for immunization campaigns and genetic testing); Office on Aging (focus on licit drug abuse by the elderly) and the Welfare Department (focus on child abuse) have also identified such topics. Since October, 1980, formal cooperation among all these agencies has been ongoing, through the Human Resources Information Coordinating Committee involving the 15 agencies under the cabinet direction of Secretary of Human Resources.

For example, a public service announcement regarding significance of community living arrangements, such as group homes for the mentally retarded, was developed by the Human Resources Information Coordinating Committee in the fall of 1981. Also, in 1981 proceedings of the earlier (winter of 1980) Conference on the Prevention of Mental Retardation, co-sponsored by the Medical College of Virginia, Virginia Commonwealth University and the Department of Mental Health and Mental Retardation, were published. Linkages have been established with the Virginia Dental Association; with Community Services Boards and with private groups. These efforts, while productive, will need continued coordination and organization to reach full effectiveness.

Objective 2: To effectively gather, develop and disseminate general and technical mental health, mental retardation and substance abuse information to the general public, citizen groups and service providers.

Strategy: To establish within the Department of Mental Health and Mental Retardation an Information Clearinghouse to identify and disseminate information by July, 1981.

### Rationale for this Strategy:

In order to effectively manage the volume of information and materials which flow into the Department of Mental Health and Mental Retardation in such a way as to maximize its storage and retrieval, a clearing house function was required.

### Implementation Activities:

By August, 1981, the Department of Mental Health and Mental Retardation had identified space for an information clearinghouse; movement of books and documents to the clearinghouse for cataloguing had begun; arrangements were made for utilization of the computerized bibliographic and numeric data services of the State Health Department, and arrangements were made for the temporary, part time services (one full day a week) of a trained librarian. By December 1, 1981, a cataloguing system had been initiated.

The information clearinghouse makes assessment of informational needs; procures, organizes, and indexes, information both in print or visual form; and disseminates relevant information to participating individuals and institutions. It also provides technical assistance and consultation to Community Services Boards in the area of public information programming. Within the clearinghouse a centralized audio-visual center, an ongoing clipping service and a film library are maintained.

#### Further Action Required:

The service of an experienced fulltime librarian with extensive background in the mental health, mental retardation and substance abuse library sciences will be needed by July 1, 1982. This professional would be responsible for organizing, coordinating and supervising a statewide library and clearinghouse information system responsive to the needs of Community Services Boards, institutions and other public or private agencies interested in the field of mental health, mental retardation and substance abuse. The target date for full implementation of the clearinghouse is December 1982.

Funds are needed in the 1982-83 fiscal year for purchase and/or production of prevention, educational and public awareness materials identified through surveys as meeting target needs, to be distributed through the clearinghouse. Recording equipment will also be needed.

These resources will be shared with other state agencies and with private organizations, when appropriate, and requests to use resources of these agencies, will be made.

Objective 3: To develop strategies for the delivery of such specific statewide mental health, mental retardation and substance abuse public information and awareness services that will adequately meet the identified service gaps and utilize both the multiple human service agencies and the total body of communication media in Virginia.

Strategy: To develop by the Department of Mental Health and Mental Retardation a comprehensive mental health, mental retardation and substance abuse resource manual, broken down regionally, which will be distributed to public and private agencies by September 1982.

#### Rationale for this Strategy:

Few programs are aware of the public information and awareness resources that are available for their use at the state, regional or local levels. Development of a resource manual listing the kind of agencies that deliver public awareness services and the type of services that they deliver will aid in collaborative efforts.

#### Implementation Activities:

The Prevention Office and the Information and Public Education Office of the Department of Mental Health and Mental Retardation had determined, by the fall

of 1981, that the most effective method to meet the strategy of publishing a resource manual was to conduct a survey to determine how many agencies and groups, both private and public are involved in prevention information which have resources or are planning activity in this area. A planning committee will be established to advise the Department of Mental Health and Mental Retardation on content of the survey, and input was sought from the Human Resources Information Coordinating Committee.

Further Action Required:

A resource manual will be completed by October 1982, with periodic revising and updating thereafter.

Objective 4: To establish formal linkages with various citizen and private organizations involved in on-going mental health, mental retardation and substance abuse public awareness programs in the Commonwealth.

Strategy: To establish, through the Department of Mental Health and Mental Retardation, a formal committee for public information planning and joint sponsoring of various projects by July 1983.

Rationale for this Strategy:

Development of a formal committee to advise the Department of Mental Health and Mental Retardation in planning and joint sponsorship of public information programming will help to ensure that the materials that are developed will be appropriate and relevant to the needs of recipient groups.

Implementation Activities:

An advisory group will be formed by July 1982 and will be responsible for providing input to the Office of Information and Public Education regarding recommended steps to improve the formal linkages between public, citizen and private organizations involved in prevention/information efforts.

The membership of this committee will involve: one third membership from state agencies, including not only those agencies which are already members of the Human Resources Interagency Prevention Task Force, but also other state agencies; and approximately two thirds from community services boards, the private sector, advocacy groups, and from professionals working in the communications field.

All methods of communication, to establish and maintain formal linkages with citizen and private organizations involved in both on-going and developing mental health, mental retardation and substance abuse public awareness programs in the Commonwealth, will be explored.

Further Action Required:

In this activity, the Office of Prevention and Information and Public Education Office, together with cooperating members of the Human Resources Information Coordinating Committee, will work closely together to implement on-going public awareness programs involving citizen and private organizations by July 1983.

Objective 5: To foster the sharing of public information resources and technical expertise between communities and citizen groups in Virginia.

Strategy: To establish, through the Department of Mental Health and Mental Retardation, a public information services committee comprised of professional and technical authorities in public information by January 1982.

Rationale for this Strategy:

The purpose for establishing this subgroup of the advisory committee is to aid local service providers and volunteer and citizen groups in development of local public information campaigns. This group of technical experts will work with Department staff to identify appropriate resources.

Implementation Activities:

The Department of Mental Health and Mental Retardation Information and Public Education Office, in cooperation with the Office of Prevention, began in the winter of 1981, to identify persons qualified to serve on a public information services advisory committee. Input for nominations was sought from other state agencies involved in the prevention effort and specifically from the Human Resources Information Coordinating Committee. The intent is to select and establish, by June 1982, an advisory group of professional and technical authorities in public information and marketing, to guide the Department's Office of Information and Public Education as well as the Human Resources Interagency Prevention Task Force in communication approaches and techniques. The advisory group will include representatives from all communication arts, including newspapers, radio, television, magazines, publishing, the graphics art industry, etc.

Further Action Required:

The advisory group, when appointed should begin meeting, semiannually, to make the group's expertise directly available, as well as responding to requests for specific guidance in selected areas.

Objective 6: To increase the skill level of mental health, mental retardation and substance abuse service providers in public information and awareness campaigns.

Strategy: To sponsor, through the Department of Mental Health and Mental Retardation, yearly training sessions in the various methods and resources available.

Rationale for this Strategy:

Many local service providers and volunteer and citizen groups are anxious to develop public information activities but lack the training and skills

to carry out effective programs. Many have never worked with the media or have had only limited contact. Training in these skills should enhance their ability to develop locally relevant programming.

#### Implementation Activities:

The needs assessment developed by the Office of Prevention, the Information and Public Education Office and the personnel training component of the Department's Office of Employee Relations, was initiated in the fall of 1981. Several public agencies, community agencies and private groups and organizations were identified. The needs assessment will be used as the basis for formal training sessions on methods and resources.

#### Further Action Required:

The training sessions, to begin in 1983 will be made available to public and private agencies identified as needing to have their skills level in public information and awareness raised. This training will help to develop the effectiveness of their individual prevention/information activities.

Dependent on the results of the needs assessment cited above, these sessions might include such things as: basics of dealing with the print, broadcast and electronic media (releases, deadlines, accuracy of information, etc.), basics of pamphlet design; other communication methods (speeches, billboards, exhibits, etc.), and information specific to the area served (rural, suburban, urban, industrial, agricultural, etc.) and how to set up a press conference.



## *V. Summary*



## Summary of Current Recommendations

The Senate of the Commonwealth of Virginia, the House of Delegates concurring, has clearly expressed the opinion that more prevention programs are needed in the disciplines of mental health, mental retardation and substance abuse to arrest the causes of related disabilities. The legislature has also expressed the desire that state and local human services agencies work together in accomplishing the goals of initiating prevention programs and promoting public awareness.

The prevention of personal problems, disorders and dysfunctioning related to mental health, mental retardation and substance abuse among the citizens of the Commonwealth requires intensive, well planned efforts in the areas of prevention programming and public information and awareness services are available and accessible on a statewide basis.

In order to prevent specific disorders, it is necessary that the public receive reliable information concerning the nature of these disorders and specific means of their prevention. The citizen is unable to act appropriately in a preventive manner unless he or she is aware of the means in which disorders related to mental health, mental retardation and substance abuse arise, and is similarly aware of effective means of prevention.

The provision of public information programs, however, must be supplemented by more specific programming activities which are targeted to both the general community and high risk populations. In Virginia, these activities have focused on the development and enhancement of informational, educational, psychological, somatic, behavioral and ecological programs.

As expressed in the Plan for the Development of a Statewide Program for the Prevention of Mental Illness, Mental Retardation and Substance Abuse in Virginia, it is important that several key factors be addressed in order to develop a statewide prevention service system. Specifically:

1. It is critical that a systematic approach be developed to identify the needs and gaps of the current system.
2. There is a need to coordinate the development of prevention services in the three disability areas (mental health, mental retardation and substance abuse) with particular emphasis on coordination occurring at both the state and local level, involving public and private agencies and organizations in a statewide network.
3. A structure must be established which facilitates long range prevention program planning. The planning should be distinguished by measurable objectives and strategies, and follow identified needs and resources at both the state and local level.
4. The Commonwealth should establish a formal mechanism for funding prevention programs and public information and awareness services. The Commonwealth should develop an evaluative capability which allows for the periodic assessment of both individuals and systematic efforts aimed at preventing mental illness, mental retardation and

substance abuse. In order to define those factors which influence both the short and long term impact and effectiveness of these efforts, annual reviews and longitudinal studies are necessary.

However a number of issues have historically handicapped the development of prevention services.

First, prevention has not traditionally been seen as a priority within the services delivery system. There are several reasons for this including things such as the fact that society is crisis oriented; prevention services are seen as postponable, and the difficulty involved in demonstrating the rationale, effectiveness and impact of prevention efforts.

Further, the lack of a common set of definitive and conceptual approaches has handicapped the development of a coordinated prevention service system. One major illustration of this is the tendency to label many activities as primary prevention which clearly are not. Since a clear need exists to coordinate prevention services at both the state and community levels, it is necessary that a common definition be employed. This will promote improved services by the agencies and groups involved.

#### Current Issues and Concerns

The first year of the five year prevention plan has been distinguished by considerable advances within a changing human service environment.

First: Prevention services are now seen as a more necessary element within the mental health, mental retardation and substance abuse service system. A number of factors are promoting this awareness. Society, as well as health care providers, has recognized that mental health, mental retardation and substance abuse problems cannot be solved by providing treatment alone. This is most important in that the area of greatest long-term potential for improvement in individual health lies with prevention strategies which address changes in individual life styles. The U. S. Department of Health and Human Services has also recognized the need for prevention in that it has designated prevention as one of its highest priorities, supporting the need to place more emphasis on prevention programming at all levels of government.

Second: State and local agencies are joining together to face the challenge of developing a coordinated prevention service system. This growing consensus encourages the identification of shared needs and resources, as well as the joint sponsorship of prevention projects.

The mission and purpose of the Human Resources Interagency Prevention Task Force is the promoting of prevention services by and between each of the state agencies involved. This group has begun the process of coordinating and collaborating in order to avoid problems of fragmentation, inefficiency and duplication of efforts.

Third: A predominate feature of the prevention plan is the establishment of public-private partnership in the delivery of prevention services. As

the public's awareness of prevention services has increased and coordination of these services by service providers has improved, the private sector has more than welcomed the opportunity to jointly plan and sponsor mental health, mental retardation and substance abuse prevention services. While only at the beginning stages, this merger of resources should produce long term benefits for the citizens of the Commonwealth.

However, while progress has been made, serious attention needs to be directed to several areas.

First: The prevention plan for the Commonwealth has definitely launched further collaboration in prevention knowledge development, prevention knowledge transfer and community capacity building efforts. In order to continue promoting and delivering these prevention services, additional funding must be identified. Specific efforts are underway to develop funding from the localities, as well as from public and private resources. However, state appropriations will continue to be needed to maintain the effort started as well as advance the level and quality of services currently delivered. If new state appropriations are not forthcoming the implementation of this plan will be seriously handicapped. Coordination and collaboration at the state level will continue in order to maximize those resources that are available. However, restricted funding is likely to have a damaging effect on the development of local prevention program efforts.

Second: There needs to be continued emphasis on the planning and coordination of prevention services. Not only should the Human Resources Interagency Prevention Task Force continue to meet, but the community and private sector should be involved as well. There is a critical need for cross referencing of prevention policies and issues in the public and private sectors in order to fully employ prevention concepts and strategies from a shared conceptual base. This expanded coordination and collaboration should produce improved prevention programming along with a resulting increase in the effective use of resources.

Third: The quality of prevention services needs to be emphasized. While promoting comprehensiveness, consideration must also be given to the research and development of effective prevention strategies and models. In time these strategies and policies must be documented and disseminated to others in the human service field as well as to the public at large. To accomplish this, a long term commitment is necessary in order to validate not just the need for a prevention service system, but also the continued delivery of quality services to the citizens of the Commonwealth.

