

**REPORT OF THE
GOVERNOR'S TASK FORCE ON**

Coordinating Preventive Health, Education and Social Programs

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



House Document No. 5

**COMMONWEALTH OF VIRGINIA
RICHMOND
1987**

The Governor's Task Force on
Coordinating Preventive Health, Education, and Social Programs

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LETTER OF TRANSMITTAL

To the Members of The General Assembly of Virginia:

Government has long been recognized as a provider of essential human services to its citizens. Traditionally, we have focused on the provision of therapeutic services to treat problems that have already occurred. We have only recently begun to recognize the significant preventive role that can be played by government before problems occur. Prevention of problems is as much an obligation of government as is the treatment of problems once they occur.

"Prevention" is a term that is not easily defined, and that may have a different meaning to each person. I believe prevention is an active process whereby government can provide direction and strong leadership to assist its citizens in living as self-sufficiently and independently as possible. Prevention programs and initiatives can thus contribute to the overall well-being of our citizens.

I have had the pleasure over the last few months of directing a major effort that I believe represents a giant step in recognizing the importance of prevention activities in dealing with the many problems faced by Virginians.

In July, 1986, I convened on behalf of Governor Baliles the Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs. This group ambitiously undertook the task of studying existing state initiatives in the area of prevention to determine effective prevention programs. The Task Force also reviewed prevention programs, policies, legislation, and plans of other states. It became increasingly evident to those of us working with the Task Force that in order to truly coordinate prevention efforts throughout the Commonwealth, it would be essential for us to examine and define the role and involvement of the private sector.

The Task Force was fortunate to hear from a variety of individuals in the private sector who shared with us their recommendations for strengthening cooperative prevention efforts in Virginia. Those recommendations, which are contained in the body of this report, reinforce the need for creative collaboration between government and the private sector, and provide an excellent foundation for expanded growth in the field of prevention.

This report is perhaps one of the most comprehensive efforts in the area of prevention undertaken to this date in the Commonwealth. It will provide the reader with an overall definition of prevention, as well as a comprehensive framework for the coordination of preventive efforts statewide.

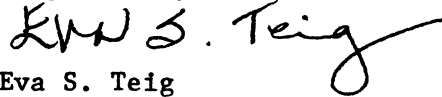
At this time a spirit of interagency and intersecretariat cooperation and enthusiasm is evidenced by both local and state prevention providers. I would like to extend my thanks to the agencies within the Secretariats of Human Resources, Education, and Transportation and Public Safety which participated in this study. I would also like to acknowledge their commitment and continued support in developing prevention strategies and recommendations that will truly impact on the citizens of the Commonwealth.

Special acknowledgement also goes to those individuals from the private sector and local prevention programs for assisting and working with the Task Force in identifying new ways to promote and strengthen the delivery of prevention activities in Virginia.

Finally, I would like to recognize several other key individuals who made significant contributions in the planning, coordinating, and drafting of this report. They are Senator Robert C. Scott, who introduced Senate Joint Resolution No. 36 and provided us with his continued support and participation in this ongoing effort. Additionally, special acknowledgement and thanks goes to Maston T. Jacks, Esquire, Deputy Secretary of Human Resources, Janet K. Abraham and Ann B. Carpenter from the Department of Health on assignment to the Secretary's Office, and Harriet M. Russell, Coordinator of the Interagency Cooperation Project.

It is further my hope and expectation that this report will serve as the basis for strengthening and promoting coordinated public/private sector collaboration in the field of prevention.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Eva S. Teig". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Eva S. Teig
Secretary of Human Resources

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EXECUTIVE SUMMARY

The Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs was directed by Senate Joint Resolution Number 36 to develop recommendations on how best to coordinate prevention efforts and maximize the benefits to be obtained from prevention programs throughout the Commonwealth. The Task Force, under the direction of the Secretary of Human Resources, Eva S. Teig, was composed of the Commissioners of the Department of Health, Mental Health and Mental Retardation, and Social Services; the Directors of the Departments of Corrections, Children, Criminal Justice Services, Aging, and Medical Assistance; as well as the Superintendents of Public Instruction and Correctional Education.

The following discussion will highlight the findings and recommendations of the Governor's Task Force.

Definition of Prevention

The Task Force focused on the promotion of the health, well-being and independence of the citizens of the Commonwealth. In this spirit, they defined prevention as:

The process of creating or changing conditions to promote the well-being of people through activities implemented before the occurrence of harmful or negative circumstances.

Findings

The Task Force maintains that Virginia's citizens face many persistent health, education, and social problems that can be prevented. Prevention activities give people the necessary skills, knowledge, and support which enable them to function in as independent and healthy a manner as possible. As a result of the provision of prevention services, many persistent problems can be reduced or ultimately eliminated.

After hearing presentations from a variety of local, state, and private sector prevention providers, it became evident that effective prevention programs involve a broad spectrum of individuals and families, voluntary agencies, religious organizations, businesses, and governments working together collaboratively. Effective prevention programs also rely on strategic planning, interagency cooperation, and adequate collective public/private sector resources.

Finally, prevention programs have been evaluated and deemed effective. From a social perspective, prevention can reduce socially destructive behavior, as well as enhance productive lifestyles. From an economic perspective, prevention measures are sound investments when compared with the extensive costs of treatment and rehabilitation.

RECOMMENDATIONS

Based on its research and formal discussions, the Task Force recommends establishment of a framework comprised of five essential elements in order to promote and maximize the strength and coordination of prevention in Virginia.

Specifically, the Task Force calls for:

- * the enactment of a prevention policy in the Code of Virginia,
- * the formation of a prevention Council composed of representatives of the public and private sector with its authority promulgated in the Code of Virginia,
- * the development of a Comprehensive Prevention Plan,
- * the identification of individual agency and/or board responsibilities with respect to prevention, and
- * the implementation of a planning process analysis of prevention programs at the agency, executive, and legislative levels.

The Task Force believes that these recommendations offer the Commonwealth the opportunity to clearly state its commitment to the promotion of the health and well-being of all Virginians. In order to be effective adequate resources for the implementation of these recommendations is a necessity. With these elements firmly in place, Virginia will truly have the opportunity to come to the national forefront in the field of prevention.

I. INTRODUCTION

Prevention is opening up exciting new possibilities for improving the health, safety, and overall well-being of Virginia's citizens. Over the past several decades, preventive measures such as vaccines, disease screening techniques, and sanitation procedures have been developed and proven effective. An impressive amount of evidence has been generated suggesting that personal lifestyle habits such as diet, smoking, and exercise can play an important role in general health and fitness. Evidence is also accumulating to suggest that preventive measures can be effective in reducing socially dysfunctional behaviors such as juvenile delinquency, teenage pregnancy, alcohol and drug abuse, and family violence.

Based on this knowledge, a growing consensus is emerging among Virginia's governmental and business leaders, health and human service providers, religious and community organizations, and the general public that the time has come to strengthen and accelerate prevention efforts. This report represents a major step in moving toward more and better preventive approaches for dealing with many of the serious problems faced by Virginia's citizens.

Origin Of The Study

During the 1986 Session of the General Assembly, Senator Robert C. Scott introduced Senate Joint Resolution Number 36 which resulted in the formation of the Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs. The Task Force was directed to develop recommendations on how best to coordinate prevention efforts and maximize the benefits to be obtained from prevention programs throughout the Commonwealth. The Task Force, under the direction of the Secretary of Human Resources Eva S. Teig, was composed of the Commissioners of the Departments of Health, Mental Health and Mental Retardation, and Social Services; the Directors of the Departments of Corrections, Children, Criminal Justice Services, Aging and Medical Assistance Services; as well as the Superintendents of Public Instruction and Correctional Education.

As a part of its activities, Senate Joint Resolution Number 36 requested the Task Force to:

1. Inventory existing State initiatives in the area of prevention to determine effective prevention programs in different functional areas; and
2. Review prevention programs, policies, legislation and plans of other states.

In order to thoroughly examine the issue of prevention and determine the best way to coordinate programs, the Task Force investigated the role and involvement of the private sector in the field of prevention. The Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs was directed to complete its work prior to November 15, 1986, and report its findings to the Governor soon thereafter.

Prevention Defined

Through its work, the Task Force focused on the promotion of the health, well-being and independence of the citizens of the Commonwealth. The direction of the Task Force is reflected in the World Health Organization's definition of health as:

"Not just the absence of disease, but a positive state of physical, mental, and social well-being."

In this same spirit, prevention is defined by the Task Force as:

"The process of creating or changing conditions to promote the well-being of people through activities implemented before the occurrence of negative or harmful circumstances."

Basic Assumptions About Prevention

In order to develop comprehensive recommendations on how best to coordinate prevention efforts and maximize the benefits from prevention programs, it is essential to build a conceptual framework for prevention. The basic assumptions in this section suggest that prevention is multi-faceted. Prevention can occur on a number of different levels. Its primary focus, however, is on the early identification of needs and on the promotion of strength, independence, and well-being of individuals before debilitating circumstances occur. Prevention programs are a cost-effective way to address many problems faced by today's society. Further, the true spirit of prevention is reflected in the unique partnerships that are formed on both the state and local levels and with the private sector to pool existing resources for maximum benefits.

The Task Force maintains that the basic assumptions of prevention are as follows:

- Many persistent problems such as substance abuse, teenage pregnancy, domestic violence, illiteracy, delinquency, and poor nutrition share common factors.
- There are prevention programs that work; they have been evaluated and demonstrate cost effectiveness and positive cost/benefit ratios, as well as measurable impact on identified problems.
- Effective prevention programs rely on the early identification of needs and delivery of services, interagency cooperation, public and private collaboration, and adequate funding support at the state and local levels.
- Prevention programs are aimed at strengthening individuals, children, families, and communities, enabling them to function in as independent and healthy a manner as possible.
- Prevention is a specific activity that is distinct from treatment services.
- Prevention is not solely the function of government but is a shared responsibility of individuals, families, the private sector, and government.

These assumptions will serve as the basis for further discussion in this report and for the recommendations of the Task Force.

The next four sections of the report will be devoted to a discussion of preventive health, education, and social programs in Virginia. There will be a presentation of the prevention programs survey results as well as a review of effective prevention programs in Virginia. Highlights of panel presentations made to the Task Force from state and local prevention service providers and representatives of the private sector are also included. A brief review of prevention coordination activities in other states will follow the discussion of prevention initiatives in Virginia. The report will conclude with recommendations for strengthening and expanding prevention activities in the Commonwealth.

II. PREVENTIVE HEALTH, EDUCATION, AND SOCIAL PROGRAMS IN VIRGINIA SURVEY RESULTS

The Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs was charged under Senate Joint Resolution Number 36 with developing an inventory of prevention programs in the different functional areas represented on the Task Force. In order to accomplish this task, a questionnaire was sent to all the participating agencies. The Task Force adopted a working definition of prevention in order to identify programs to be included in the survey, which is as follows:

"Those programs and/or practices which promote maximum independence of individuals and strength of families, which avoid or minimize disability and dysfunction, and which reduce the likelihood of dependency on government and private sector support, treatment and rehabilitative services." The questionnaire requested the agencies to supply:

- * the name of programs which fit the Task Force's definition of prevention,
- * the target population served by the program,
- * the goals, objectives, and major activities of the program, and
- * information pertaining to the funding, scope, and administration of the program.

A total of 105 questionnaires were returned from the Departments of Aging, Children, Corrections, Criminal Justice Services, Education, Health, Medical Assistance Services, Mental Health and Mental Retardation, and Social Services. A complete inventory of the prevention programs reported through the survey process appears in Appendix B of this report. The following discussion provides a profile of the survey results.

It should be noted that the responses in the areas of funding, scope, and administration of programs were inconsistently reported. As a result, this information is not included in the profile, but would lend itself to further indepth analysis.

Prevention Programs By Level of Intervention

By virtue of the working definition of prevention adopted by the Task Force, the programs included in the survey fell within three levels of prevention defined as:

PRIMARY: Those programs whose efforts are aimed at the promotion of health or are undertaken prior to the development of disability.

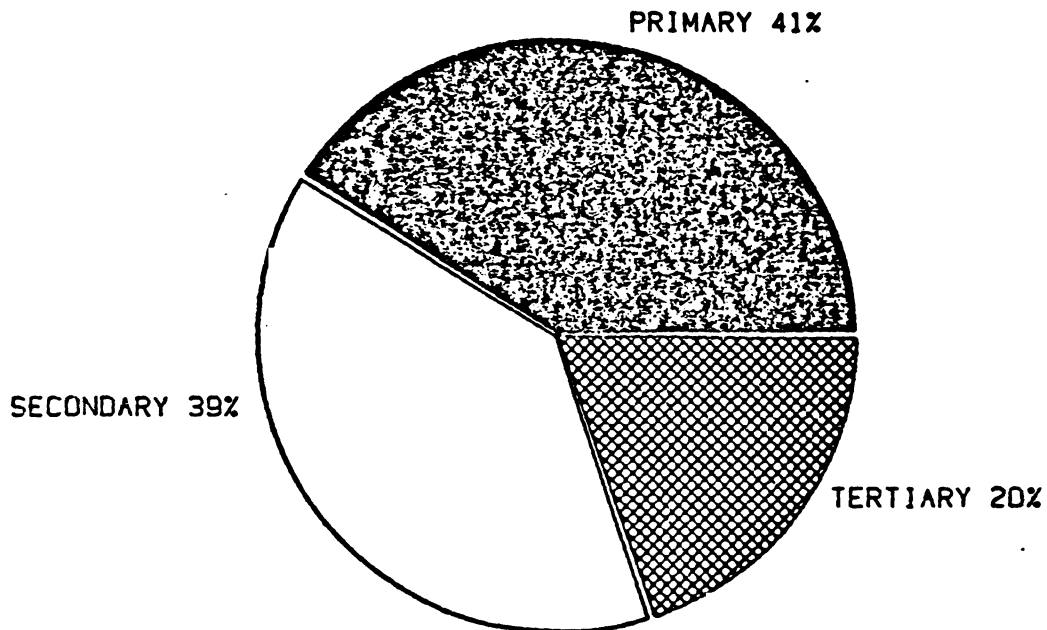
SECONDARY: Those programs whose efforts are aimed at identification of disability in its earliest stages and intervention to arrest its progress.

TERTIARY: Those programs whose efforts are aimed at intervention when there is currently demonstrative disability or dysfunction in order to reverse or arrest its progress.*

Figure I below represents the distribution of prevention programs by the level of intervention. A number of programs contain components that provide services at more than one level. There are seven programs that provide services at all three levels, four which provide services at both primary and secondary levels, and one which provides services at both secondary and tertiary levels.

Figure I

LEVELS OF PREVENTION



*Definition paraphrased from Maxcy - Rosenau Public Health and Preventive Medicine, Twelfth Edition.

Prevention Programs By Goal

Figure II below shows the distribution of prevention programs by the goal of the program. The first bar in each cluster represents the total number of programs with that goal. The second bar represents the number of primary prevention programs with that goal; the third, secondary prevention programs; and the last, tertiary prevention programs.

The definitions of the goals are as follows:

INDIVIDUAL HEALTH AND WELLNESS: The promotion of health and wellness through preventive health measures and health promotion efforts in such areas as diet, exercise, health care, and life styles.

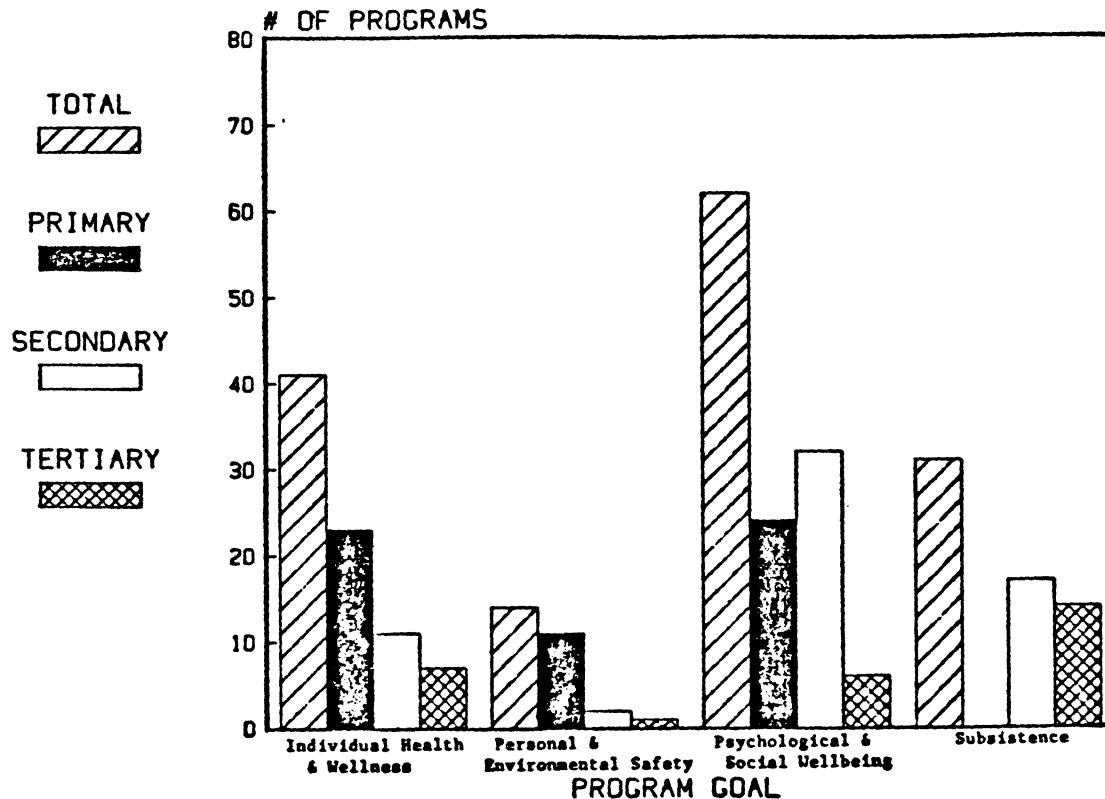
PERSONAL AND ENVIRONMENTAL SAFETY: The promotion of personal and environmental safety through prevention initiatives in such areas as accidents, hazardous materials, violence, and criminal activity.

PSYCHOLOGICAL AND SOCIAL WELL-BEING: The promotion of psychological and social well-being through programs which enhance the ability of individuals to cope with stressful life situations and reduce the likelihood of problem behaviors.

SUBSISTENCE: The provision of the minimum needed for survival or maintenance, including food and shelter.

Figure II

PROGRAMS BY GOAL

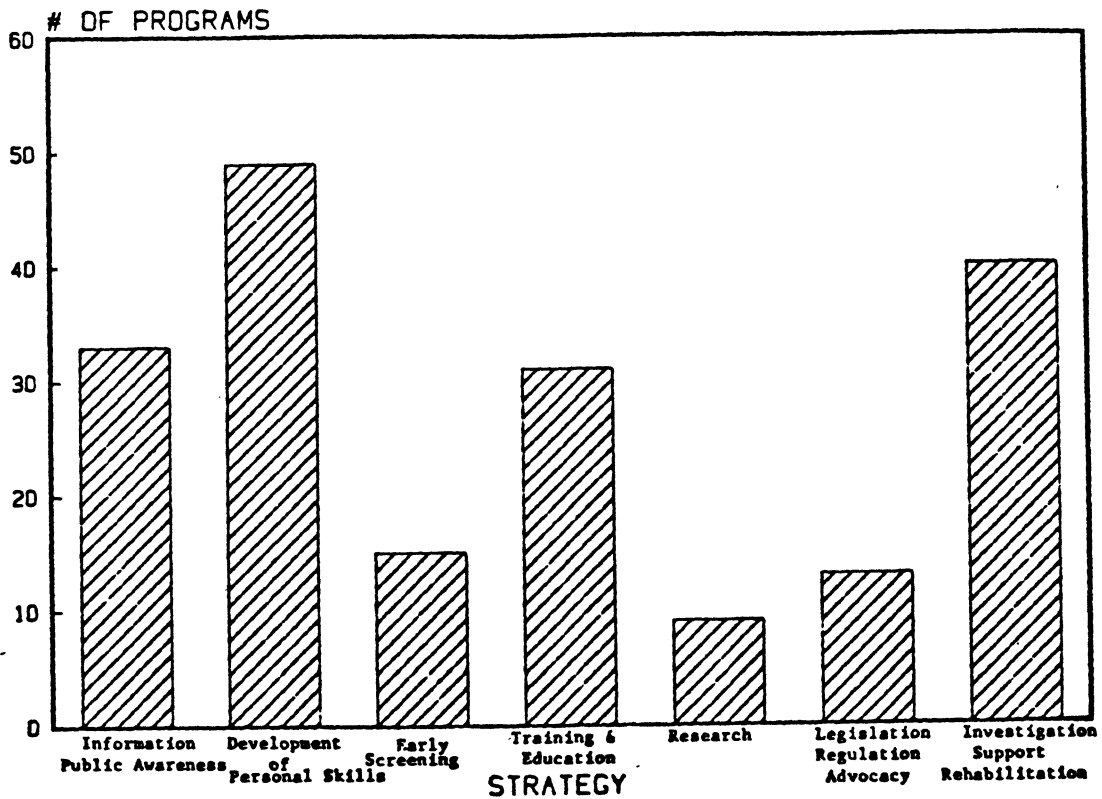


Prevention Programs by Strategy

The strategies utilized by prevention programs to reach their goals fall within seven categories. The chart below depicts the distribution of prevention programs by strategy. It should be noted that some programs utilize more than one strategy.

Figure III

PROGRAMS BY STRATEGY



The strategies are defined as follows:

INFORMATION AND PUBLIC AWARENESS: Programs designed to raise the level of awareness of people of existing conditions and possible ways to alter negative or harmful conditions.

DEVELOPMENT OF PERSONAL SKILLS: Programs designed to provide individuals with the skills needed to confront complex, stressful life conditions and promote growth toward productive, satisfying life styles.

EARLY SCREENING: Early screening and diagnosis to avoid the onset of specific disorders and disabilities.

TRAINING AND EDUCATION: Programs designed to improve the knowledge and skills of care and service providers for the delivery of prevention programs.

RESEARCH: Programs designed to collect and evaluate data on the effectiveness of prevention services and develop new technology based on the data.

LEGISLATION/REGULATION/ADVOCACY: Programs designed to monitor existing situations; suggest and advocate the development of policies; and formulate and implement such policies.

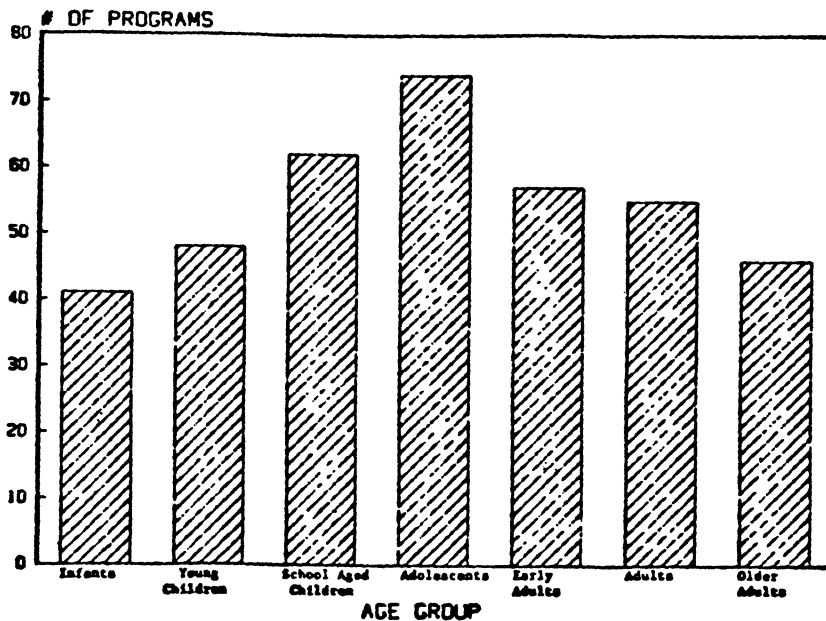
INVESTIGATION/SUPPORT/REHABILITATION: Programs designed to investigate the report of a dangerous situation; provide financial support, food, clothing, and heat; and provide rehabilitative services to individuals diagnosed as having a disability, disease or dysfunction.

Prevention Programs by Target Population

Figure IV below demonstrates the distribution of prevention programs by age groups. Twenty three of the programs span all age groups. Most programs span more than one age group.

Figure IV

**PREVENTION PROGRAMS
BY TARGET POPULATION**



Prevention Programs By Issue Addressed

The programs were categorized by the issues addressed through their goals and objectives. The following is a listing of the number of programs addressing the identified issues.

Positive Youth Development	38	Infant Mortality	10
Treatment/Care	19	Domestic Violence	9
Mental Retardation	18	Health Protection	8
Health Promotion	18	General Safety	8
Illiteracy	16	Sexual Abuse	7
Child Abuse/Neglect	16	Mental Illness	5
Health Prevention	16	Nutrition	5
Delinquency	15	Socialization/Companionship	5
Relief Funds	15	Traffic Safety	2
Teenage Pregnancy	14		
Substance Abuse	13		
Employment Training	12		

The survey results suggest that prevention programs in Virginia address a variety of human needs at all stages in life. They cut across traditional agency lines, calling for the cooperation of health, mental health, criminal justice services, corrections, social services agencies, education, and others. The next section of the report will examine four prevention initiatives which exemplify effective prevention programming.

III. PREVENTION PROGRAMS THAT WORK - A REVIEW OF PREVENTION PROGRAM EVALUATION REPORTS

As a part of the Task Force's survey of prevention programs, evaluation data was reviewed to determine whether prevention is an effective strategy. The agencies participating on the Task Force were asked to submit program evaluation data on their agency's prevention programs. Summarized below are examples of some of these evaluation efforts. The programs selected cover a wide range of issues and activities. They span a variety of fields ranging from health to social services to corrections. This presentation is not intended to be comprehensive. Rather, it gives a brief sketch of the wide variety of prevention programs in Virginia and shows the beneficial effects programs such as these can have on health and well-being.

TIPS Program

TIPS (Teaching Individuals Positive Solutions - Teaching Individuals Protective Strategies) is an early intervention program aimed at both the perpetrators and victims of crime. Implemented in the Charlottesville City and Albemarle County School Divisions, the goals of the program are: (1) to promote and maintain positive student attitudes and behavior while (2) teaching students to responsibly insure the safety and welfare of themselves and others. The curriculum has been developed for kindergarten through the eighth grade to teach crime resistance concepts in the classroom. Topical areas include positive conflict resolution; respect for rules, laws and authority; responsibility; and strategies in crime resistance.

To assess the effectiveness of the program, an evaluation was conducted at the fourth and fifth grade levels. Indicators of the program's effectiveness came from four major sources - student knowledge tests, student attitudinal scales, teachers, and parents. The results of the evaluation were supportive of the fact that the TIPS program is accomplishing its objectives. The TIPS program provides a structured approach for teaching young people how to resolve conflicts, resist crime, and protect themselves and their property. The program is also extremely economical. Only a packet of materials and in-service training for the teachers are needed to install and maintain the program. Personnel training for each teacher is estimated to be \$30.00. Equipment and materials are \$4.00 per teacher amounting to a total program cost of \$34.00 per teacher or approximately \$1.36 per student.

Preplacement Prevention Services

In the spring of 1982, and again in 1983, 14 local agencies and court service units received grant funding from the State Board of Social Services to develop programs for preventing the placement of children into foster care. As part of the grant process, the agencies were required to submit information to the Department of Social Services on the preplacement prevention services. This data base allowed for the evaluation of the

effectiveness of the projects. The projects were assessed to determine their ability to maintain or improve the minimum level of functioning of families at risk of disintegration, and to prevent or reduce unnecessary foster care placements. In addition, the projects provided cost data on the economic feasibility of preplacement prevention services.

A total of 391 families and 1,011 children were involved in the projects during the evaluation period which ended April 30, 1985. The majority of the children were considered to be at risk of foster care placement. The families involved were characterized by limited education and low income. They were burdened with many problems. Parental dysfunction was the most prevalent problem area, and over one-half of the families were experiencing difficulties coping with their child's emotional problems.

To remedy the problems and improve the conditions which led to these families being at risk, services were provided to the project families. These services included home based services (i.e. counseling, homemaker, etc.) and structural family therapy. With the exception of one project whose families received an average of 1,367 hours, the families received an average of 57 hours of services over an average length of time of five months.

The evaluation of the preplacement preventive services projects demonstrated their effectiveness in maintaining and strengthening families who would otherwise have been separated. The preventive services were shown to be beneficial in remedying the problems which led to these families being in imminent danger of disintegration and having children enter foster care placement. In addition, the preventive services were shown to be more cost effective than foster care placement services. Although the costs of providing preplacement prevention services varied greatly, the average cost for the 1,043 at risk children served through June 1, 1985 was \$1,214 per child. This amount is considerably lower than the annualized average cost in a Virginia foster home of \$2,429 per child.

Delinquency Prevention and Youth Development Programs

The Virginia Delinquency Prevention and Youth Development Act (DP&YD) was passed by the 1979 Session of the General Assembly. The Act provides grants to localities for planned, coordinated, long-range efforts to attack the core causes of juvenile delinquency.

The theoretical base of the delinquency prevention program suggests that juvenile involvement in delinquent activity can best be reduced through organizational change strategies and positive youth development activities. Such strategies and activities are designed to effect the needs of the entire community rather than remediation or treatment efforts aimed toward individual youths. It is through the involvement of a broad cross-section of individuals, community leaders, and service agencies that these goals are accomplished.

The Department of Corrections has assessed the effectiveness of this approach as it has been implemented under the Virginia Delinquency Prevention and Youth Development Act grant program in 21 localities. The assessment determined the overall success of the program in preventing juvenile delinquency as shown by indicators such as complaints of crime committed by juveniles, legal dispositions involving juveniles, and school dropouts. The findings of the evaluation are summarized below:

- * There were significant reductions in court dispositions of crimes against persons, and property, and substance abuse crimes in communities funded under the Virginia DP&YD Act when compared to control communities with no Act grant program.
- * The total number of dispositions involving juveniles decreased more or increased at a lesser rate in communities funded through the Virginia DP&YD Act.
- * The benefits of Virginia DP&YD Act programs were either maintained or enhanced in the second and third years of funding.
- * In communities receiving Virginia DP&YD Act funds having programs which pre-date this funding support, there was a greater reduction in the percentage of complaints for status offenders and a greater increase in the number of cases disposed at intake.
- * Teenage dropout rates, teenage pregnancy rates, and the lack of job skills for teenagers not continuing post-high school education were found to consistently predict the rates of court dispositions and court complaints against juveniles.

The overall conclusion of the study is that the Virginia Delinquency Prevention and Youth Development Act grant program, when taken as a whole, significantly influences the reduction of dispositions against juveniles particularly in the areas of property crimes, substance abuse complaints, and status offenses.

The WIC Program

WIC, the Special Supplemental Food Program for Women, Infants, and Children, is a federally funded food program designed to improve the nutrition and health status of low-income pregnant, breastfeeding, and postpartum women; infants; and preschool children who are at nutritional risk. The program is administered by the State Department of Health. Program benefits include the provision of highly nutritious supplemental food, nutrition education, and referral to health care. In Fiscal Year 1985, WIC served 63,157 individuals in Virginia at a cost of approximately \$31 million.

A national WIC evaluation was conducted in response to widespread interest in the health and nutritional impact of the program. The evaluation was designed to be comprehensive, national in scope, and it lasted for 5 years.

Initial activities included a descriptive survey of program operations and a pretest of some techniques for field evaluation. An evaluation of past WIC studies was also undertaken. The final phase of the evaluation consisted of four interrelated studies which were conducted concurrently. The first two studies addressed the effects of WIC participation on pregnant women and their newborn infants. The third assessed the effects of WIC on infants and children, and the fourth evaluated the impact of WIC program benefits on household food expenditures.

The results of the study revealed that WIC caused a statistically significant:

- Increase in first trimester registration for prenatal care for less educated black women;
- Increase in infant head circumference;
- Difference in the dietary intake of pregnant women in protein, iron, calcium, Vitamin C, energy, magnesium, phosphorous, thiamin, riboflavin, niacin, and Vitamins B₆ and B₁₂;
- Increase in weight gain of pregnant women but only after adjusting for weight at conception; and
- Decrease in triceps and subscapular skinfold thickness of pregnant women.

Overall, the evaluation provided evidence indicating that the WIC program is achieving its objectives.

The Immunization Program

The Immunization Program is a federally funded program which provides administrative support at the state and regional health department level. The program is also designed to provide supplies to local health departments for administering vaccines that protect against measles, rubella, mumps, polio, diphtheria, tetanus, and pertussis. These vaccines are administered at no charge to approximately 50 percent of the children in Virginia.

The goals of the Immunization Program are: 1) To raise and/or maintain immunization levels above 95 percent for children attending any school, day care center, or Head Start program in Virginia; 2) To strengthen the system in Virginia to ensure that 90 percent or more of children seen in public clinics complete basic immunizations by age two years; 3) To interrupt indigenous measles transmission in Virginia; and 4) To promote adult immunization in Virginia.

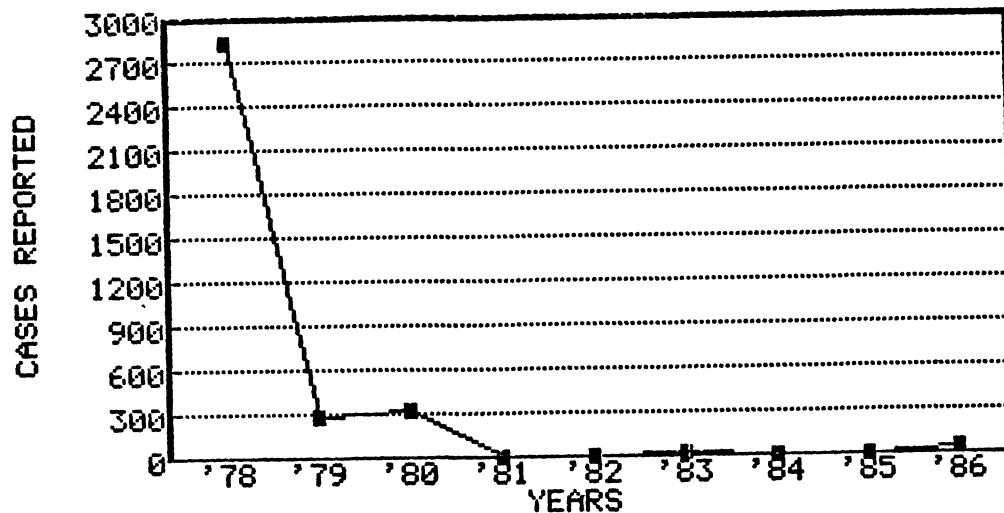
To assess the effectiveness of the immunization program an annual internal evaluation is performed. This evaluation is a requirement of the federal grant which is awarded and monitored by the Centers for Disease Control in Atlanta, Georgia. The last annual evaluation revealed the following about the immunization program:

- 94% of the children attending school in Virginia are adequately immunized.
- Annual assessments of immunizations administered in local health departments also reflect improved protection for children of pre-school age.
- There is a need for increased public education regarding the provision of immunization services not only for children but for adults as well.

The overall effectiveness and success of the immunization program in meeting its program goals can perhaps best be illustrated in the dramatic decrease in the cases of measles disease.

The graph listed below represents the distribution of measles cases occurring over the last nine years. It further notes that in 1978, approximately 2,878 measles cases occurred, which over the next several years decreased to a low of five cases in 1984. The majority of cases during these years occurred in school-age children from five to 19 years of age. The number of measles cases as illustrated, increased slightly in 1985 and 1986, but the majority of these cases were non-preventable. These non-preventable cases involved individuals who had been immunized against measles between 12 and 15 months of age.

MEASLES IN VA 1978-86(OCT)



Overall, the evaluation provided evidence indicating that the immunization program is meeting its overall program goals. It also appears to illustrate that with the availability of a quality immunization program, there seems to be a dramatic decrease in the eventual occurrence of disease cases as evidenced in the reported cases of measles in Virginia.

Conclusions

The program evaluations highlight the beneficial effects of prevention on the health and well-being of Virginians. From a social perspective, prevention efforts can reduce the likelihood of socially destructive behaviors and enhance the potential for independent productive lifestyles. From an economic perspective, preventive measures are good investments when compared with the costs of treatment, care, and rehabilitation. The programs presented are just a few examples of the positive effects preventive measures can have on the health and social problems of Virginians. There are many other prevention efforts that are equally valuable; yet, good evaluation data are not available to demonstrate their effectiveness or justify their continuation.

If preventive approaches to addressing the health and social needs of Virginia's population are to command a major presence among human services, then it is essential that the beneficial effects of prevention programs are well documented. Making good choices in prevention, as in other fields, requires the consideration of the full range of outcomes in terms of benefits, risks, and costs. In an era of scarce resources for health and human services programs, it is particularly important to choose programs wisely in order to gain maximum benefits from limited resources. More extensive and better evaluation is needed to ensure that prevention receives a reasonable share of resources and that those resources are allocated to the most effective prevention programs.

One role of the State in directing its prevention efforts should be to evaluate and identify effective prevention programming and to provide resources to implement proven preventive activities in communities. The next section of this report provides an overview of statewide and local prevention programs with an emphasis on effective service delivery, as well as recommendations to encourage cooperative, strategic planning in the field of prevention.

IV. STATEWIDE AND LOCAL PREVENTION PROGRAMS - HIGHLIGHTS OF THE PANEL PRESENTATIONS

In order to determine effective prevention programs in different functional areas, the Governor's Task Force on Coordinating Preventive Health, Education, and Social Programs invited representatives of a variety of service delivery programs in Virginia to address them. The programs selected demonstrated the use of strategic community planning methods and involved interagency cooperation. They featured public and private collaboration and a generic approach to multidisciplinary service delivery. Statewide and local programs that serve both urban and rural communities were included. The programs were geographically distributed across the State and demonstrated programming in the different functional areas represented on the Task Force. For a listing of panelists and programs, please refer to Appendix C.

Each presenter was asked to give a brief overview of their program and prepare recommendations for the Task Force to consider in the development of its report. Some common themes emerged in all the presentations and recommendations.

The need for long term, cooperative, strategic planning in the field of prevention and promotion of wellness was the first theme to emerge. It was strongly stated that the planning should be interdisciplinary in order to capitalize on available resources and avoid duplication of services. Planning should occur at the state level in order to provide direction, support, and resources to localities. It must also occur at the local level in order to implement effective service delivery programs.

Coordination was identified as an integral factor of effective service delivery. Cooperation among state agencies should be an active process of communication, joint strategic planning, and program implementation. Such collaboration should also address the need to consolidate resources targeted for prevention programs.

Resource development was an issue addressed in some detail. The point was made that some current budgetary practices actually act as a disincentive to local service delivery units who have developed and implemented effective prevention programs. Certain agencies fund localities based on case loads. If prevention efforts are effective, their case loads for treatment services decrease. As a result, their overall budgets often suffer cuts. It was suggested that a reversal of this process be considered to provide incentive funding for effective prevention programs.

It was noted, and supported by data, that prevention efforts are a cost effective approach to human service delivery. Nonetheless, there is resistance to allocating existing monies to such efforts because of the demands for treatment services. It was suggested that creative approaches for resource development be pursued. The private sector should be actively engaged as a partner in the field of prevention and their resources utilized to the fullest extent possible.

In general, there appears to be a pressing need to advocate and actively develop resources for programs aimed at fostering a positive state of physical, mental, and social well-being for Virginians. Such resources should be available on a long term basis and clearly allocated to services designed to avoid deviation from this state of well-being.

Another area highlighted through discussion and the recommendations was the need for readily available technical assistance to localities. Expertise in community development, organization, planning, education, training and advocacy should be developed and made available to communities in a systematic manner. Such technical assistance will enable localities to develop the networks needed for effective prevention program planning, design, implementation, and evaluation.

The need for an established data base and consistent evaluation of prevention programs is of obvious importance to assess progress and determine future directions. There is a need for a cooperative approach to data collection and an open sharing of results. The academic community can play a significant role in this area.

The programs presented spanned a wide variety of issues from teen pregnancy to hypertension, as well as age groups from infancy to the elderly. It is of interest that although these programs address different problems many of their designs focused on the same factors - self esteem, self worth, competency, and skill development.

As noted earlier, the role of the private sector in promoting prevention programming is an important one. The next section of this report will explore in more detail what the potential role and involvement of the private sector should be to maximize the benefits of prevention activities.

V. THE ROLE AND INVOLVEMENT OF THE PRIVATE SECTOR
IN PREVENTION - HIGHLIGHTS OF THE PANEL PRESENTATIONS

Representatives from the private sector were invited to explore with members of the Task Force how the Commonwealth can better coordinate and maximize the benefits of prevention activities. The discussion was facilitated through a panel presentation. Eleven panelists representing businesses, volunteer groups, churches, universities, and non-profit service providers presented recommendations for strengthening collaborative prevention efforts in Virginia. Comments from each of the panelists are summarized below.

James A. Payne, Executive Director of the Virginia Interfaith Center for Public Policy, stated that government should be aggressive in seeking out the religious community to foster an atmosphere of creative collaboration in prevention programming and advocacy. He suggested that the religious community can assist government with values clarification. The religious community can also offer "person power" with vision and a desire for change to work with government in prevention efforts.

Representing Virginia Union University, Tyler C. Millner urged government to have a policy statement indicating that human resources and meeting human needs is a top priority. He stated that the policy must be flexible and headed by strong leadership. Mr. Millner suggested that a broker is needed to connect human services needs with the business community. He also indicated that the black church is an important resource and backbone for government to rely on with regard to prevention activities.

Elizabeth D. Bullock, President of the Junior League of Richmond, stated that the Junior League contributes both financial resources and volunteer hours to prevention-related efforts. She believes that collaboration between the public and private sectors, in terms of pooling financial resources, experience, and volunteers, is key to successful prevention initiatives.

Robert C. Nusbaum, legal counsel to the Tidewater Planning Council, stated that prevention must eventuate in action and service. He urged the Task Force not just to present a plan, but to present a proposal for implementation as well. He challenged the Task Force to deal with real life problems and to recommend new solutions.

Also representing the Tidewater Planning Council, Constance C. Laws stated that government tends to react to one crisis after another. Ms. Laws believes that it is essential to emphasize prevention, not just remediation or treatment. She recommends school based health clinics as an effective way to prevent the problem of teenage pregnancy.

Alexander B. Berry with the Bank of Virginia stated that volunteers are the corporate sector's greatest resource. The business community is made up of people who care and would like to assist government in prevention activities. He urged government to provide guidance and leadership in directing this resource where it will do the most good. He believes that Virginia has a great opportunity to set an example for the entire country in the area of prevention.

Representing the Virginia Chapter of the National Committee for the Prevention of Child Abuse (SCAN), Sue Gibson urged government to stop looking at problems such as child abuse, teenage pregnancy, family violence, and juvenile delinquency as single issues. She believes that these problems are all related to the dysfunction of the family. Ms. Gibson reinforced the need for expanding creative collaboration between government and the private sector.

Mary G. Jackson, Director of Community Affairs with Virginia Power, called for increased government and corporate volunteerism efforts. She views expanding employee assistance programs as an effective means for addressing alcohol and drug abuse problems.

Ben Ragsdale with the Virginia Association of Realtors stated that prevention is a very practical approach for dealing with many of today's problems. Organizations such as his and corporations want to be involved in prevention because it makes good corporate sense. He further stated that trade associations can contribute volunteer time and financial resources to prevention efforts.

Serving as President of Virginians Against Domestic Violence, Diane Cary encouraged government to involve clients when planning or advocating for services. She believes that voluntary organizations can assist government with program consultation and training. She urged government to enable communities and empower individuals to address their needs.

The final panelist, John Boatwright of the Martin Agency, encouraged government to enlist the voluntary aid of marketing and communications professionals to promote prevention initiatives. Government, especially in the area of prevention programming, needs marketing principles to "sell" its ideas. He offered the following advice to government when interacting with businesses. First, government should make the decision-making process as simple as possible. Second, government should tell businesses what it would like to have done in a direct, simple fashion.

In summary, panelists reinforced the need for creative collaboration between government and the private sector in prevention initiatives. Government can act as the broker between communities, churches, educational institutions, volunteer organizations, and businesses so that the expertise available in the private sector can be utilized effectively. Government can and should provide the guidance and leadership to funnel these resources in a coordinated manner.

Prevention activities and legislation that encourage the development of long range prevention coordination mechanisms were also of great interest to the Task Force. Presented in the next section is a brief overview of what other states have begun to do with regard to the development of specific initiatives and legislation to coordinate planning efforts.

VI. PREVENTION PROGRAMS AND LEGISLATION IN OTHER STATES

Generally, initiatives to develop formal state policies or plans in the area of prevention have arisen elsewhere in response to specific issues of concern, such as juvenile delinquency, child abuse, substance abuse, or mental disability. The first step in most of these initiatives has been the formation of a study group or Task Force. Recommendations from these groups have often included the formation of a council or department, the development of a strategic plan with defined agency responsibilities, and interagency coordination of effort.

Many of these working groups expanded their attention and their recommendations beyond the scope of the single issue originally targeted. They quickly discovered that the human service concern they were dealing with overlapped and interfaced with many other persistent social problems. Therefore, their recommendations appear very broad based and span across multiple service delivery areas. The following discussion will summarize prevention coordination efforts in other states.

Vermont has enacted legislation entitled "Prevention of Juvenile Delinquency and Other Problem Behaviors" which established a coordinating council and mandated the development of a two year prevention plan. This plan must coordinate and consolidate the planning efforts of nine state agencies. The plan must be updated every two years. Vermont is currently reviewing the concept of regional coordinating boards as a strategy to implement their plan. They are also requesting that each department include prevention as a line item in their budgets.

In light of the leadership the State of Vermont has demonstrated in the field of prevention, the Task Force invited Ms. Bari Gladstone, Human Services Planning Specialist with the Vermont Agency of Human Services, to make a presentation on Vermont's prevention initiatives. She gave an overview of the development of Vermont's prevention plan and legislation. She also highlighted areas she felt the Task should focus on and include in their report. She indicated that a clear definition, a specific statement of what was hoped to be accomplished, and an acknowledged commitment from participating agencies were integral to the effectiveness of any policy. Institutionalization of prevention within the planning process of agencies and governmental offices is a desirable objective. Ms. Gladstone also indicated the need to provide technical assistance and training to communities in order to implement an effective prevention plan.

Michigan's General Assembly has just completed a one year study and issued its report entitled, "Mental Disability Prevention in Michigan." This report calls for the establishment of a prevention department funded at \$275,000 for the biennium. The report's recommendations include directives for state agencies, localities, and private organizations.

Oklahoma has adopted a "State Plan for the Prevention of Child Abuse" which relies on a multidisciplinary approach. The State is divided into districts with coordinators for each district who act as a liaison between the State and localities. The plan is updated biennially.

Arkansas' Governor's Task Force on Child Abuse has just completed its report and has recommended the establishment of an Advisory Committee on Children and Youth and a Trust Fund to provide child abuse and neglect prevention services.

South Carolina has established a Primary Prevention Council through an executive order by the Governor. The Council answers to the Governor's Office and was responsible for the preparation of the "Health and Human Services Prevention Plan" in 1984. The plan contains a prevention policy and identification of major health and human service prevention problems. For each problem identified there are recommended strategies and measurable desired outcomes. This plan also includes an analysis of the State's expenditures for health and human services which are used for prevention.

Perhaps most reflective of national trends in the direction of coordinated prevention services is the work of the National Governor's Association Welfare Reform Task Force who have placed major emphasis on their Welfare Prevention Subcommittee. They will be proposing a plan by which Governors' can prioritize resources and services aimed at preventing the incidence of and/or reducing the duration of dependency on the welfare system. The major goals of the plan are good jobs and strong families.

It is apparent that there is an awakening national interest in the efficacy of prevention. Furthermore, leadership at the highest level of state governments has begun to accept the challenge of a shift from remediation to prevention in services delivery. Through this Task Force, Virginia has been offered the opportunity to come to the forefront in developing a more balanced approach to human service delivery. The next section of the report will deal with the recommendations of the Task Force.

VII. RECOMMENDATIONS

Throughout the course of its activities, the Task Force has seen that prevention is a viable and effective approach to addressing many persistent problems faced by Virginians.

The survey conducted profiles the current breadth and scope of prevention programs in Virginia. It brought to light the need for more indepth analyses in order to identify areas of duplication and gaps in service delivery.

The review of evaluation data demonstrated the effectiveness of prevention programs in the areas of cost and impact on individual behavior and lifestyles. It also showed the ability of these programs to create an environment for positive growth.

The panel presentations of statewide and local prevention programs highlighted the importance of strategic planning, interagency cooperation, and local autonomy to successful prevention activities. Unfortunately, this efficacy has not yet been reflected in the provision of resources to continue these efforts.

Representatives of the private sector underscored their willingness to participate as partners and share resources including "people power." They also brought attention to the need for government to assume a strong leadership position.

The review of initiatives in other states indicated a growing commitment to the long term positive results of prevention efforts and a willingness to invest in human potential as a sound economic strategy.

The recommendations contained within this section seek to establish a framework in Virginia needed to promote and enhance prevention activities. Specifically, the recommendations call for:

- * the enactment of a prevention policy in the Code of Virginia,
- * the formation of a Prevention Council composed of representatives of the public and private sector with its authority promulgated in the Code of Virginia,
- * the development of a Comprehensive Prevention Plan,
- * the identification of individual agency and/or board responsibilities with respect to prevention, and
- * the implementation of a planning process analysis of prevention programs at the agency, executive, and legislative levels.

These recommendations are further detailed on the following pages. The Task Force believes that with the essential elements of a unified prevention policy, an active prevention Council, and the coordination of prevention planning and development at all levels of government, prevention will be strengthened across the board of health and human services.

PREVENTION POLICY STATEMENT

DECLARATION OF POLICY - In furtherance of Article I of the Constitution of Virginia and in recognition of the vital need of the citizens of Virginia to live in a healthful, productive, and safe environment, it is hereby declared to be the policy of the Commonwealth to promote the strength and well-being of its individuals, children, and families, and to increase the self reliance of Virginia's citizens.

It shall be the continuing policy of the Commonwealth in cooperation with individuals, communities, other public and private organizations, and other governments to develop, initiate, implement, improve, and coordinate local and statewide prevention plans, programs, and functions in order to promote the general welfare of the people of the Commonwealth.

It is recognized that prevention is a responsibility and a necessary function of all levels of government.

IMPLEMENTATION OF POLICY - The General Assembly authorizes and directs that, to the fullest extent possible, the laws, regulations, and policies of the Commonwealth shall be interpreted and administered in accordance with the policies set forth in this chapter, and that the efforts of all State officers and agencies shall be coordinated so as to effectuate said policy.

COUNCIL DESIGN

COUNCIL ESTABLISHED - in the Office of the Secretary of Human Resources. The Secretary's office will assume responsibility for identifying staff to the Council and coordinating the agency liaisons in the development of the Comprehensive Prevention Plan.

MEMBERSHIP - Sixteen members. Ten of the members will be a current member of the respective State Board governing or advising the Departments of: Aging, Children, Correctional Education, Corrections, Criminal Justice Services, Education, Health, Medical Assistance Services, Mental Health and Mental Retardation, and Social Services. These members shall be appointed by the chairmen of the respective Boards. Five members will be private sector representatives, who are currently engaged in prevention efforts at the local level and who will be appointed by the Governor. The Secretary of Human Resources will serve as an ex-officio member. The Governor shall appoint a member of the Prevention Council to serve as chairman.

MEETINGS - The Council will meet at least twice a year.

COMPENSATION - The members of the Council shall receive their necessary expenses incurred in the discharge of functions as members of the Council.

POWERS AND DUTIES OF THE COUNCIL -

- * To provide vision, direction, and conceptual leadership for the development of prevention initiatives which complement and are coordinated with prevention efforts in the private sector.
- * To advocate for policies, legislation, regulations, and funding that will further the purposes of the Council and local prevention programs.
- * To identify state level prevention priorities.
- * To review a Comprehensive Prevention Plan prepared by the agencies identified that coordinates and consolidates their planning and the involvement of the private sector, and submit comments to the Secretary biennially prior to submission of the budget.
- * To recognize outstanding prevention programs and initiatives.
- * To develop recommendations for a mechanism to:
 - Provide technical assistance and training to state and local, public and private agencies, organizations or individuals to promote the development and implementation of prevention initiatives.

- Act as a clearing house for information pertinent to prevention initiatives, to keep a record of prevention programs currently in place, and provide information concerning these programs to the public.
- Collect data on the effectiveness of prevention programs.

COMPREHENSIVE PREVENTION PLAN DESIGN

PURPOSE - To coordinate and integrate the planning efforts of the identified agencies and the private sector in order to:

- * Provide a broad prevention agenda for the Commonwealth,
- * Enable communities to design and implement prevention programs that meet their identified needs, and
- * Facilitate the development of interagency and broad based community involvement in the process.

COORDINATED - Through the Office of the Secretary of Human Resources.

CONTENT -

- * Identification of prevention priority issues and challenges.
- * Identification of prevention goals and objectives.
- * Identification of public and private strategies to achieve goals and objectives.

REVIEW -

- Biennially and submit to the Prevention Council.
- Evaluate how effectively the identified priorities have been addressed.
- Revise the plan as necessary.

INDIVIDUAL AGENCY AND BOARD RESPONSIBILITIES

Appoint a member of the agency's governing or advisory Board by that Board's chairman to the Council.

Designate a lead staff person of the agency to assist the Office of the Secretary of Human Resources in the development of a Comprehensive Prevention Plan.

Develop and implement programs that are consistent with and support the Comprehensive Prevention Plan.

Facilitate the involvement of local service providers in interagency, broad based community development, and implementation of prevention programs that are consistent with the Comprehensive Prevention Plan.

Require that the planning process for all programs provided by the agency that relate to the priorities identified in the Comprehensive Prevention Plan include an analysis of their prevention component or potential.

PLANNING PROCESS ANALYSIS

PURPOSE - To incorporate within the planning process at an agency, executive, and legislative level the requirement to analyze the prevention potential or component of all programs and initiatives related to the priorities identified in the Comprehensive Prevention Plan.

AGENCIES - Required to identify in their biennial report and budget request to the Office of Planning and Budget the prevention component or potential of those programs that relate to the priorities identified in the Comprehensive Prevention Plan.

EXECUTIVE LEVEL - Required to analyze all legislation and initiatives related to the priorities identified in the Comprehensive Prevention Plan in terms of their prevention potential or component.

LEGISLATIVE LEVEL - Require that legislative bill analyses consider the prevention potential or component of proposed legislation related to the priorities identified in the Comprehensive Prevention Plan.

QUESTIONS TO BE ANSWERED:

"How does this program, initiative or legislation prevent the problem?"

"What is the potential of this program, initiative or legislation to enhance independence and self reliance?"

SENATE JOINT RESOLUTION NO. 36

Establishing the Task Force on Coordinating Preventive Health, Education, and Social Programs in the Commonwealth.

Agreed to by the Senate, March 3, 1986

Agreed to by the House of Delegates, February 27, 1986

WHEREAS, the problems of infant mortality, child abuse, elder abuse, spouse abuse, emotional and mental disorders, premature deaths from complications of smoking and diet, and substance abuse and delinquency are serious ones in the Commonwealth; and

WHEREAS, these problems are related because they are predictable consequences of modern life, including isolation, violence, and the destruction of families and other social support systems; and

WHEREAS, recent research and tested programs strongly suggest that a new method of countering these modern dangers by teaching life skills and stress management, building positive self images, changing environments, and strengthening family and other support systems, can reduce the incidence of these problems and in many cases reduce state expenditures both in the short run and long run; and

WHEREAS, many programs focused on "prevention" are currently funded, operated or supported by the Departments of Health, Mental Health and Mental Retardation, Education, Social Services, Corrections, Children, Criminal Justice Services, Aging, and others across the Commonwealth; and

WHEREAS, these programs could be of greater benefit to the citizens of the Commonwealth with better coordination, organized information exchange, combined skills and resources, and greater support from a citizenry aware of the nature and benefits of such programs; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Honorable Gerald L. Baliles, Governor of Virginia, is hereby requested to establish a Task Force on Coordinating Preventive Health, Education and Social Programs. The Task Force shall review such preventive programs and legislation of other states and inventory all of those in the Commonwealth to determine effective prevention programs in different functional areas, and recommend how best to coordinate prevention efforts and maximize the benefits to be obtained from these programs throughout the Commonwealth.

The Task Force shall consist of the Commissioners of the Departments of Health, Mental Health and Mental Retardation, and Social Services, and the Directors of the Departments of Corrections, Children, Criminal Justice Services, Aging, and Medical Assistance Services, the Superintendent of Public Instruction, and the Superintendent of Correctional Education or their respective designees.

The Task Force shall complete its work prior to November 15, 1986, and report its findings soon thereafter.

PREVENTION PROGRAMS INVENTORY

Department of Education

Program Title: P.L. 94-142 Part B Flow-through (Special Education for Handicapped Children)
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Chapter 1 ECIA
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being

Program Title: P.L. 89-313 State Operated Special Education Programs
 Level: Tertiary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Categorical Aid for Preschool Special Education
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Youth Alcohol Abuse Prevention Project (YAPP)
 Level: Primary Prevention
 Goal: Psychological and Social Well-Being

Program Title: Vocational Education for the Handicapped
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Post Secondary Education Rehabilitation Transition for the Mildly Mentally Retarded and Learning Disabled (PERT)
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Deaf/Blind Improvement Grant
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Special Education Basic Aid Add-on Funds
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being, Subsistence

Program Title: Educational Opportunities in Virginia Project
 Level: Primary Prevention
 Goal: Psychological and Social Well-Being

Program Title: Tuition Assistance - Private Schools for the Handicapped
 Level: Tertiary Prevention
 Goal: Subsistence

Program Title: Virginia Migrant Education Program
 Level: Secondary Prevention
 Goal: Psychological and Social Well-Being

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Program Title: Adult Education
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Job Training Partnership Act (JTPA) State Education Grant Funds
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Single Parent or Homemaker Vocational Education Program
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Program to Eliminate Sex Bias and Stereotyping in Vocational Education
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Elementary School Guidance and Counseling Program
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Project Discovery
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Drug Abuse Resistance Education
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Family Life Education
Level: Primary Prevention
Goal: Individual Health and Wellness, Psychological and Social Well-Being

Program Title: Title VI B Discretionary Funds
Level: Secondary Prevention
Goal: Psychological and Social Well-Being, Subsistence

Program Title: Vocational Education
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: State Funded Inservice Program for Handicapped Children and Youth
Level: Secondary Prevention
Goal: Psychological and Social Well-Being, Subsistence

Program Title: Early Childhood Special Education Grants
Level: Secondary Prevention
Goal: Psychological and Social Well-Being, Subsistence

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Department of Medical Assistance Services

Program Title: Medicaid's Family Planning Services
Level: Primary and Secondary Prevention
Goal: Individual Health and Wellness

Program Title: EPSDT (Early and Periodic Screening, Diagnosis and Treatment)
Level: Primary and Secondary Prevention
Goal: Individual Health and Wellness

Department of Health

Program Title: Radiological Materials Regulation
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Tourist Establishment Sanitation
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Shellfish Sanitation
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Regulation of Milk and Dairy Products
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Public Drinking Water Protection
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Sewage and Wastewater Regulation
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Nutritional Services (WIC)
Level: Secondary Prevention
Goal: Individual Health and Wellness, Subsistence

Program Title: Maternal and Child Health Services
Level: Primary, Secondary, and Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Family Planning Services
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Child Development Services
Level: Secondary Prevention
Goal: Individual Health and Wellness

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Program Title: Home Health Care Services
Level: Secondary Prevention
Goal: Individual Health and Wellness, Subsistence

Program Title: General Medical Services
Level: Primary, Secondary and Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Environmental Health Services
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Dental Health Services
Level: Primary, Secondary and Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Venereal Disease Prevention and Control
Level: Primary, Secondary and Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Tuberculosis Control Program
Level: Primary, Secondary and Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Epidemiology and Immunization
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Cancer Prevention and Control (Tumor Registry & Cancer Screening)
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Virginia High Blood Pressure Program
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Health Education/Risk Reduction Program
Level: Primary Prevention
Goal: Individual Health and Wellness

Department for the Aging

Program Title: In-Home Services
Level: Secondary Prevention
Goal: Subsistence

Program Level: Geriatric Day Care Services
Level: Secondary Prevention
Goal: Subsistence

Program Level: Senior Community Service Employment Program/JTPA
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

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Program Level: Dental Services for Older Adults
Level: Tertiary Prevention
Goal: Individual Health and Wellness

Program Title: Congregate Meals
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Checking Services
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Health Education
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Health Screening
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Socialization/Recreation Services
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Healthy Older Virginians Advisory Council & Newsletter
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Golden R.U.L.E.S. (Rural/Urban Law Enforcement Supporters)
Level: Primary Prevention
Goal: Personal and Environmental Safety

Department of Corrections

Program Title: Homework Project
Level: Tertiary Prevention
Goal: Psychological and Social Well-Being

Program Title: MILK (Mothers/Men Inside Loving Kids)
Level: Tertiary Prevention
Goal: Psychological and Social Well-Being

Program Title: J&DR Court Service Unit - Wilderness Stress
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: J&DR Court Service Unit - Mediation
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: J&DR Court Service Unit - Family Counseling
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

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Program Title: J&DR Court Service Unit - Formal Diversion Units
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Virginia Delinquency Prevention & Youth Development Act Grants
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Virginia Department of Corrections Juvenile Delinquency Prevention Program
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Department of Criminal Justice Services

Program Title: TIPS Teaching Individuals Positive Strategies
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: VCU Law Related Education Program
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Social Competency Project
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: School Climate Improvement Project
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Virginia Crime Prevention Center - Virginia Department of Criminal Justice Services
Level: Primary Prevention
Goal: Personal and Environmental Safety

Program Title: Department of Corrections Law Related Education Project
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Department for Children

Program Title: Virginia Resource Center for Missing and Exploited Children
Level: Primary and Secondary Prevention
Goal: Personal and Environmental Safety, Psychological and Social Well-Being

Program Title: Virginia Department for Children
Level: Primary and Secondary Prevention
Goal: Individual Health and Wellness, Personal and Environmental Safety, Psychological and Social Well-Being

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Program Title: Handle with C.A.R.E.
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: You Can Do It - Young Parents Information Program
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Department of Mental Health and Mental Retardation

Program Title: Better Beginnings
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: University/Community Services Board Linkage Initiative
Level: Primary Prevention
Goal: Psychological and Social Well-Being

Program Title: Employee Assistance Program Development
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Fetal Alcohol Syndrome Video Information Program
Level: Primary Prevention
Goal: Individual Health and Wellness

Program Title: Mental Health/Mental Retardation Information Service
Level: Primary Prevention
Goal: Individual Health and Wellness, Psychological and Social Well-Being

Program Title: Prevention/Promotion Bulletin
Level: Primary Prevention
Goal: Individual Health and Wellness and Psychological and Social Well-Being

Program Title: Office of Prevention, Information and Promotion
Level: Primary Prevention
Goal: Individual Health and Wellness, Psychological and Social Well-Being

Department of Social Services

Program Title: Adult Protection Services
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Adult Family Care
Level: Secondary Prevention
Goal: Subsistence

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Program Title: Aid to Dependent Children
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Auxiliary Grants to Adults in Domiciliary Care
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Aid to Dependent Children - Emergency Assistance
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Child Abuse/Neglect Mini Grants
Level: Primary, Secondary and Tertiary Prevention
Goal: Psychological and Social Well-Being

Program Title: Child Day Care
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Community Services Block Grant
Level: Secondary and Tertiary Prevention
Goal: Subsistence

Program Title: Employment Services Program
Level: Tertiary Prevention
Goal: Psychological and Social Well-Being

Program Title: Virginia Family Violence Prevention Program
Level: Primary, Secondary and Tertiary Prevention
Goal: Psychological and Social Well-Being

Program Title: Food Stamps
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Food Stamps Work Registration
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Fuel Assistance Program
Level: Tertiary Prevention
Goal: Subsistence

Program Title: General Relief
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Health Promotion for Healthy Older Virginians
Level: Primary Prevention
Goal: Individual Health and Wellness

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Program Title: Home Based Services to Adults
Level: Secondary Prevention
Goal: Individual Health and Wellness, Subsistence

Program Title: Independent Living Skills for Teen Age Foster Care Youth
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Placement Services to Adults
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Refugee Resettlement Program
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

Program Title: Regulation of Day and Residential Programs for Children and Adults
Level: Tertiary Prevention
Goal: Individual Health and Wellness, Personal and Environmental Safety, Subsistence

Program Title: State/Local Hospitalization Program
Level: Tertiary Prevention
Goal: Subsistence

Program Title: Weatherization
Level: Secondary Prevention
Goal: Subsistence

Program Title: Foster Care Preplacement Prevention Program
Level: Secondary Prevention
Goal: Psychological and Social Well-Being

PANEL PRESENTERS OF STATE AND LOCAL PREVENTION PROGRAMS

Ron Collier, The Coalition of School Based Prevention Programs

Karen Ford, Delinquency Prevention and Youth Development Act Grant Program,
Lynchburg Youth Services

Paul Kuczko, Delinquency Prevention and Youth Development Act Grant
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Jeane L. Bentley, The Blue Ridge Health Education Conference

Nancy Osborne, Prince William County Preplacement Prevention Program

Nancy Cohen, Better Beginnings

Sue Thompson, Health Education and Physical Fitness Program for Older
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Betsy Stilwell, York County Infant Wellness Center

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