West Virginia Primary Prevention Infrastructure 2019

Primary Prevention Service System

Prevention services in West Virginia (WV) are largely provided through funding from the WV Bureau for Behavioral Health (BBH). Some are also provided through funding from the WV Department of Education, the WV Bureau for Public Health, WV Department of Military Affairs & Public Safety, direct federal grants, various foundations and fund-raising by youth/community groups.

The BBH is the federally designated single state agency (SSA) responsible for planning, carrying out and evaluating activities to prevent and treat substance misuse and related activities (42 U.S.C. 300x-30 and 45 CFR 96.121). BBH supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions, and self-directed or recovery-driven support services.

Figure 1: WV Prevention Regions

Prevention funding administered through BBH flows to six prevention lead organizations (PLO) which assist in providing prevention strategies, programs, training and technical assistance. These six organizations are responsible for supporting primary prevention services in their catchment counties *(see Figure 1*).

All PLOs are required to complete SAMHSA's Strategic Prevention Framework model to identify needs, resources and readiness and then to select and support evidence-based programs and practices based on the data collected. Prevention grantees and practitioners are encouraged to support community mobilization through coalitions, provide prevention education to populations in need of prevention interventions, support local youth-led prevention efforts and create nurturing, drug-free environments through environmental strategies. The PLOs are housed in a variety of organizations including comprehensive behavioral health centers, Family Resource Networks and other non-profit service providers.

Figure 2: West Virginia Prevention Lead Organizations

1. Region 1: Youth Services System, Inc. covers Hancock, Brooke, Ohio, Marshall and Wetzel counties.
2. Region 2: Potomac Highlands Guild covers Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Jefferson and Berkeley counties.
3. Region 3: Westbrook Health Services covers Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, and Calhoun counties.
4. Region 4: West Virginia Prevention Solutions covers Monongalia, Preston, Marion, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph and Braxton counties.
5. Region 5: Prestera Center covers Mason, Putnam, Kanawha, Clay, Cabell, Wayne, Mingo, Logan, Lincoln and Boone counties.
6. Region 6: Community Connections covers Webster, Pocahontas, Nicholas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, Mercer and McDowell counties.

Primary Prevention Funding

Funding that flows to WV from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to all sources was about $8.25 million in federal fiscal year 2018 and $6.4 million in federal fiscal year 2019 for primary substance use disorders prevention activities. Programs these funds support which flow through the state BBH include the following.

- The SAMHSA ***Substance Abuse Prevention & Treatment Block Grant*** (SAPTBG) 20% prevention set-aside is about $1.9 million per year which flows to the six PLOs based on their region's population to support universal prevention services and community mobilization efforts such as coalitions. Most regions provide subcontracts to county coalitions with these funds. The SAPTBG has been the most consistent funding for primary prevention services in WV for more than 20 years.
- The SAMHSA ***Substance Strategic Prevention Framework (SPF) Partnerships for Success*** (PFS) provides each PLO with a little more than $300,000 per year for each of the five years of the grant. These funds pay for three prevention coordinators per region to increase the capacity of local services systems to provide selective and indicated evidence-based prevention to youth ages 9 to 20 years. It also provides funds for state coordination, technical assistance and evaluation.
- Another federal SAMSHA grant that flows through to PLOs is the ***SPF for Prescription Drugs*** which provides about $22,500 per year to each region to increase prescriber education and monitoring, safe medication disposal, behavioral health literacy around opioids and to reduce stigma that is a barrier to seeking helping for substance use disorders. Marshall receives about $113,000 per year in funding for prescriber education and evaluation, and about $46,500 goes to Community Access. These federal funds also support statewide coordination.

- Federal SAMHSA ***State Opioid Response*** grant funds also flow to each region and fund a coalition engagement specialist which works with all the county coalitions on mobilizing community resources and service systems to fill gaps in the behavioral health continuum of care. Additional one-time SOR grants of approximately $300,000 will be granted to the PLOs in calendar year 2020 to increase access to evidence-based prevention programs for 5 to 9 year old children across the state.

Programs these funds support which are granted directly from SAMSHA to a community organization include the following.

- A few community coalitions throughout WV receive ***Drug-Free Communities*** grants directly through the federal Centers for Disease Control formerly administered by SAMHSA. These grant focus on supporting community coalitions to identify and address the most pressing substance use problems with evidence-based prevention efforts. Counties with DFC grants for federal fiscal year 2019 include: Brooke Hancock Family Resource Network, Cabell County Substance Abuse Prevention Coalition, Community Connections in Mercer County, Morgan County Partnership, Inc., and S.T.O.P. Strong Through Our Plan in Mingo County. Jackson County, and Ohio counties completed their 10 years of DFC funding last year, and Putnam County completed 5 years.
- Three other SAMSHA grants received directly by local organizations are the CARA Local Drug Crises Grants, the STOP Act grant and the local SPF PFS grant. Figure 4 provides the organization and location receiving these grants throughout WV.

Figure 3: SAMSHA Discretionary Prevention Grants Awarded Directly to Community Organizations

Grantee	Program	City	2018 Funding	2019 Funding
UNITED WAY OF THE RIVER CITIES, INC.	CARA Local Drug Crises Grants	HUNTINGTON	$50,000	$50,000
MORGAN COUNTY PARTNERSHIP, INC.	CARA Local Drug Crises Grants	BERKELEY SPRINGS	$50,000	$50,000
MORGAN COUNTY PARTNERSHIP, INC.	STOP Act	BERKELEY SPRINGS	$47,145	$47,145
MORGAN COUNTY PARTNERSHIP, INC.	Strategic Prevention Framework - Partnerships for Success	BERKELEY SPRINGS	0	$300,000
COMMUNITY CONNECTIONS, INC.	Drug-Free Communities (DFC) Support Program	PRINCETON	$125,000	$125,000
JACKSON COUNTY HEALTH DEPARTMENT	DFC	RIPLEY	$125,000	$0
YOUTH SERVICES SYSTEM, INC.	DFC	WHEELING	$125,000	$0
BROOKE HANCOCK FAMILY RESOURCE NETWORK	DFC	WEIRTON	$125,000	$125,000
MORGAN COUNTY PARTNERSHIP, INC.	DFC	BERKELEY SPRINGS	$125,000	$125,000
S.T.O.P. STRONG THROUGH OUR PLAN	DFC	GILBERT	$125,000	$125,000
REGIONAL FAMILY RESOURCE NETWORK, INC.	DFC	ELKVIEW	$125,000	$0
UNITED WAY OF THE RIVER CITIES, INC.	DFC	HUNTINGTON	$125,000	$125,000
			$1,147,145	**$1,072,145**

Primary Prevention Workforce

There are 19 SPF PFS Coordinators funded through the Strategic Prevention Framework Partnerships for Success grant. Six Prevention Leads and six community liaisons are funded through SAPT Block Grant funds and some regions provide small stipends to community coalition leads with SAPT funds.

The West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP) certifies the qualifications and competence of persons engaged in professional addictions services including both prevention and treatment. WVCBAPP is a member of the International Certification & Reciprocity Consortium on Alcohol and Other Drug Abuse (IC & RC), and therefore adheres to international requirements for certification of prevention specialists. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. As of March 2019, there were two individuals holding a current certified prevention specialist 1 credential in the state, and seven individuals holding an active certified prevention specialist 2 credential. These numbers will increase over time due to the resources of the SPF PFS grant. Increasing the number of certified prevention specialists is one of the capacity outcome measures that is being tracked to determine if progress is being made to increase community capacity to implement evidence-based prevention interventions in WV.

Figure 4: Qualifications for Prevention Specialist Credentials in WV

Level	Experience	Education	Prevention Education/Training	Ethics
WV CPS1	Two (2) years qualifying work experience (one year in direct service);	Minimum of 2-year college degree or 60 credit hours from an accredited college or university (in community health, education or related field) of which 12 credit hours must be in the prevention content domains	180 hours of prevention specific education/training. Must pass the IC&RC International Prevention Specialist Examination	Must adhere to a prevention code of ethics
WV CPS2	Four (4) years qualifying work experience	Minimum of a Bachelor's Degree from an accredited college or university of which 24 credit hours must be in the prevention content domains	300 hours of education/training (240 must be prevention specific)	Must adhere to a prevention code of ethics
Additionally, those holding a credential must live or work 51% of the time in West Virginia and must re-certify every two years with 40 hours of continuing education, including 6 hours of addiction or prevention ethics.				

Primary Prevention Terms & Models

Primary Prevention Defined

Prevention is defined by the federal Substance Abuse Mental Health Services Administration (SAMHSA) as creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health. Prevention interventions are intended to prevent or reduce the risk of developing a behavioral health problem and are delivered prior to the onset of a disorder.

Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of or delaying the onset of behavioral health problems (i.e. substance abuse, mental illness, suicide, problem gambling).

The term "primary prevention" is reserved for interventions designed to reduce the occurrence of new cases of mental, emotional and behavioral health disorders (IOM, 2009). Primary prevention efforts must: 1) Be intentionally designed to reduce risk or promote health ***before the onset of disorder***; and 2) Be ***population-focused*** and targeted either to a universal population or to sub-groups with known vulnerabilities (IOM, 2009). Because primary prevention occurs before the onset of a behavioral health disorder, it excludes clinical assessment, treatment, recovery support services, or relapse prevention.

Primary Prevention Services

Primary prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and/or communities. They can be provided directly or indirectly.

1. **Indirect Services:** Population-based prevention interventions that require sharing information or other resources to contribute to community-level change. Communication is one-way meaning that information is provided without an opportunity for interaction.
2. **Direct Services:** Interactive prevention interventions that require personal contact with small groups to influence individual-level change. Communication is two-way, and there are interactive components which may include opportunities for behavior or skill rehearsal.

Prevention services are carried out by using the following six SAMHSA Center for Substance Abuse Prevention (CSAP) prevention strategies. Communities receive the greatest benefit when a comprehensive public health approach is used that combines all six strategies in the appropriate balance to address the needs of universal, selective and indicated populations in their own unique community (IOM 2009, p.64). However, only two of the strategies have the intervention strength to create behavioral change as stand-alone interventions. Prevention education contributes to attitude or behavior change within individuals, and environmental strategies facilitate change within populations or communities.

Figure 5: CSAP Prevention Strategies

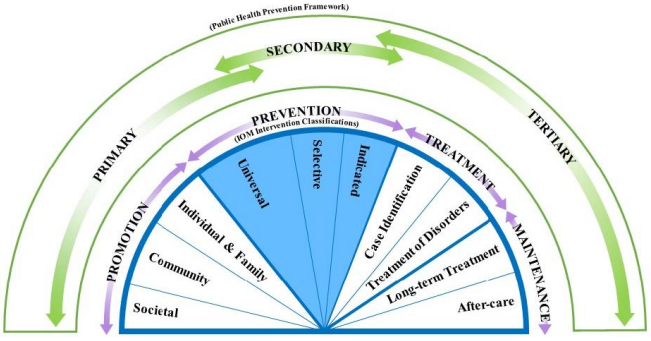
- **Education**: Delivers education services to populations of focus with the intent of influencing attitude and/or behavior. It involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Behavioral rehearsal activities influence critical life skills and social/emotional learning including decision-making, refusal skills, critical analysis and systematic judgment abilities.
- **Environmental:** Seeks to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population including creating nurturing environments and promoting healthy social norms. This is accomplished through media, messaging, policy, practice and enforcement activities conducted at multiple levels.
- **Community-Based Process:** Focuses on enhancing the ability of the community to provide prevention services through organizing, training, assessment, planning, evaluation, interagency collaboration, coalition building and/or networking.
- **Information Dissemination:** Focuses on building awareness and knowledge of behavioral health literacy and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience.
- **Alternatives:** Focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service/volunteer activities.
- **Problem Identification & Referral:** Focuses on referring individuals currently involved in primary prevention services and who exhibit behavior that may indicate the need for early intervention or treatment for appropriate behavioral health assessment or for other needed services.

Populations of Focus for Services

In the 1980's, the Institutes of Medicine (IOM) developed a three-level system that describes the **level of risk** for which primary prevention interventions are designed. This framework is important because it allows prevention practitioners to select the most effective prevention interventions for the population to be served. Following are definitions of the IOM risk levels.

- **Universal Prevention**: "Targeted to the general public or a ***whole population*** group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group (IOM, 2009 p. xxix).
- **Selective Prevention**: "Targeted to individuals or to a subgroup of the population whose risk of developing mental,

Figure 6: Behavioral Health Continuum of Care



emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a ***lifetime risk***. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder (IOM, 2009 p. xxviii)."

- **Indicated Prevention**: "Targeted to high-risk individuals who are identified as having ***minimal but detectable signs or symptoms that foreshadow*** mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention (IOM, 2009 p. xxvi)."

Primary prevention aligns with Tiers 1 and 2 of the **Positive Behavioral Interventions and Supports (PBIS)** evidence-based three-tiered framework used by school systems to improve and integrate the data, systems and practices affecting student outcomes (https://www.pbis.org/).

- **Tier 1** practices and systems establish a foundation of regular, proactive support while preventing disruptive behaviors. They are universal supports provided to all students. Prevention interventions provided within this Tier are universal.
- **Tier 2** practices and systems support students who are at risk for developing more serious problem behaviors before those behaviors start. These supports help students develop the skills they need to benefit from core programs at the school. Prevention interventions provided within this Tier are selective or indicated.

Secondary & Tertiary Prevention

Interventions that are provided after serious risk factors have already been discovered or early in disease progression soon after diagnosis are categorized as secondary prevention or early intervention. The goal is to halt or slow the progress of disease in its earliest stages. Recovery support or tertiary prevention focuses on helping people manage complicated, long-term, diagnosed health problems such as substance abuse disorders, mental illness, diabetes, etc. The goal is to prevent further physical deterioration and maximizing quality of life. SPF PFS does not fund secondary or tertiary services.

A Public Health Approach to Prevention

The focus of a public health approach to prevention is on improving the well-being of entire populations by addressing underlying risk factors that increase the likelihood of mental, emotional and behavioral health disorders and of increasing protective factors. Public health draws on a science base that is multi-disciplinary, and engages the entire community using a social ecological model which is widely used in the context of addressing risk and protective factors across various domains which can be seen in Figure 7. A public health approach has the following characteristics.

- **Population Focus**: Focuses on, intervenes with and measures the health of the entire population and uses public policy as a central tool for intervention. Works collaboratively across a broad range of systems and sectors.
- **Promoting and Preventing**: Focus on preventing problems before they occur by addressing sources of those problems, as well as identifying and promoting conditions that support optimal behavioral health. Balances the emphasis on behavioral health problems with a focus on positive behavioral health.
- **Determinants of Health**: Places greater emphasis on creating environments that promote and support optimal behavioral health and develop skills that enhance resilience. Malleable factors that are part of the social, economic, physical or geographical environment can be influenced by policies and programs.
- **Process/Action Steps**: Requires implementation of a series of action steps using a process rooted in the scientific method and mirrors the steps of the Strategic Prevention Framework (SPF). Both models require the use of data to select and adapt interventions for implementation in local contexts.

Figure 7: Bioecological Systems Model

Primary Prevention Models

Primary prevention practice uses various models to plan for, conduct and support effective prevention interventions. The most widely used model is SAMHSA's **Strategic Prevention Framework or SPF.** Prevention specialist across the state are called upon to put in place solutions to urgent substance use problems facing their communities. "But research and experience have shown that prevention must begin with an understanding of these complex behavioral health problems within their complex environmental contexts; only then can communities establish and implement effective plans to address substance misuse (SAMSHA, 2019)." To facilitate this understanding, SAMHSA developed the SPF which are five steps and two guiding principles that provide a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing states and communities. The SPF includes the following steps.

Figure 8: SPF Model

1. **Assessment:** Identify local prevention needs based on data.
2. **Capacity:** Build local resources and readiness to address prevention needs.
3. **Planning:** Find out what works to address prevention needs and how to do it well.
4. **Implementation:** Deliver evidence-based programs and practices as intended.
5. **Evaluation:** Examine the process and outcomes of programs and practices.

The following cross-cutting principles are to be integrated into each of the steps.
Cultural competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships. **Sustainability:** The process of building an adaptive and effective system that achieves and maintains desired long-term results.