

Behavioral Health - Education and Stigma Reduction

Year 1 January 1, 2019 -December 31, 2019

Goal: Improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.				
Strategy: Reduce stigma associated with mental health and reduce substance use through community education, media campaigns and evidence-based prevention strategies.				
Objectives	Action Steps	Status	Priority Population	Resources & Barriers
Community Education and Media Campaigns A) Increase community education around Behavioral Health (increase service use) by 12/31/2019.	1) WCPHP implements evidence based stigma reduction campaigns approved by WCPHP SIM Steering Committee in English and Spanish and Opioid Awareness Campaigns. 2) Promote Crisis Services phone and text lines. 3) Promote Colorado Quit Line for tobacco cessation services. 4) Promote community education efforts such as Prescription Take Backs regionally. 5) Promote prescription medication take back locations on the WCPHP website and social media accounts. 6) Collect data on reach of community education and priority populations.		General population	Resources Center for Mental Health Communities That Care Grant State Innovation Model (SIM) Regional Behavioral Health Collaborative Montrose Suicide Coalition Health Coalition of the Gunnison Valley Colorado Consortium for Prescription Drug Abuse Prevention School Districts
			Spanish Speaking Low SES LGBTQ adults/youth and their families Families with babies	Early Childhood Councils American Foundation for Suicide Prevention (Gunnison and Telluride Chapters) S.W.E (Safety, Education, Wellness - Delta Coalition) Collaborative Management Program and System
Community Trainings B) Increase trainings for community members and professionals on suicide prevention, substance abuse prevention (such as opioid abuse) and behavioral health including nontraditional groups of potential "gatekeepers" by 12/31/2019.	7) Collaborate with community partners to offer behavioral health trainings in English and Spanish including QPR/ MHFA/Safe Talks/ASIST/Talk Saves Lives/ Firearms, Suicide Prevention Program/ACEs. 8) See Collaborative plan (Action Step 3) for capacity building for trainings. 9) Collect data on behavioral health trainings including type, frequency, location, number of attendees, and priority populations served. 10) Promote provider education trainings on reducing opioid abuse and prescribing practices through BH Collaborative.		Health Professionals First Responders Bartenders LGBTQ Allies Hairdressers Liquor store staff Dispensary staff	School Districts Tri County Health Network Unite Montrose Hilltop Peer Kindness
			Childcare Centers Home Providers Public Health Staff Youth Serving Professionals LGBTQ Allies	Barriers Capacity Funding
Evidenced -Based Prevention Strategies C) Promote importance of social and emotional development through the life span by 12/31/2020.	11) WCPHP personnel will promote and explore data sharing with partners providing social and emotional development model including Nurturing Parenting Program, Pyramid Model, Incredible Years, High Fidelity Wrap Around Sources of Strength, Youth MHFA and Gender Affirmative Model, American Psychological Association, or Stanford Medicine - Health Across the Gender Spectrum. 12) Youth serving public health staff are trained in evidence based social and emotional development through either Pyramid, Incredible Years, Sources of Strength, Youth MHFA, ACEs/Toxic Stress Prevention, Gender Affirmative Model, American Psychological Association, or Stanford Medicine - Health Across the Gender Spectrum. 13) Recommend community engagement with development of new trainings, communications, and social emotional development projects.			

Indicators
of people reached by community education, trainings (e.g. FB boost reach, MHFA trained people in region), post-training evaluation results
of focus groups and trainings with priority populations for guiding new efforts
% of high school youth attempting suicide (HKCS)
% of people experience poor mental days, depression and anxiety, check BRFSS and HKCS (regional data by priority population?)
Suicide Death Rate