STATE PREVENTION INVENTORY – NORTH CAROLINA PROFILE

STATE PREVENTION SYSTEM

Structure and Organization

The lead agency against alcohol, tobacco, and other drug (ATOD) abuse prevention and treatment in North Carolina is the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the North Carolina Department of Human Resources. The Director of the Division is responsible for both the Federal Block Grant prevention set-aside funds and the 30 percent Governor’s discretionary funds of the Drug-Free Schools and Communities Act. Of the eight section chiefs, one is responsible for substance abuse services. A Branch Head oversees the State's prevention efforts.

The State is divided into four regions – Western, North Central, South Central, and Eastern – that encompass 41 area programs corresponding to the catchment areas established by the State legislature for the delivery of mental health, developmental disabilities, and substance abuse services. Some area programs cover one county while others are multi-county. There is considerable autonomy for area programs to prioritize local ATOD prevention goals and objectives, as area boards determine local policy. The State prevention office has no authority to set policy for the local areas. Prevention services are provided either directly by the State agency or by contracting with local providers.

Several councils and commissions shape the policies and activities of the Division and the area programs:

- The Mental Health Study Commission, a component of the State legislature, develops and reviews plans for mental health, disabilities, and substance abuse programs, including those devoted to prevention.
- The Statewide Prevention Advisory Committee is comprised of both ATOD prevention and treatment professionals. This Committee meets bimonthly to develop standards and a systemic plan for prevention.
- The North Carolina Commission on Substance Abuse Treatment and Prevention is a Governor-appointed policy commission.
- The Governor’s Office of Substance Abuse Policy is a Council newly-created by the Governor.

In terms of advocacy, several entities exist in North Carolina:

- “Coalition 2001” is a network of over 50 ATOD provider and consumer organizations. It seeks to represent their interests in State and local decisions involving ATOD issues.
- The North Carolina Council of Community Health, Mental Retardation, and Substance Abuse Programs is an advocacy group composed of area board members and directors. The council represents their interests in discussions of area program policy and funding priorities.
- The Division of Mental Health, Developmental Disabilities, and Substance Abuse has both a rule-making and an advisory role within the Department of Human Resources.
- Other advisory bodies include the Adult Substance Abuse Implementation Committee, the Youth Substance Abuse Planning Committee, and the Quality Improvement Committee.
Organizational Chart

North Carolina Department of Human Resources

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
  [Director]

  Developmental Disabilities
  Alcohol & Drug Services

  Substance Abuse Services
  Willie M. Services

  Thomas S. Services

Governor's Office of Substance Abuse Policy*
North Carolina Commission on Substance Abuse Treatment & Prevention*
Statewide Prevention Advisory Committee*
Mental Health Study Commission*
Mental Health
  EAP Branch
  Prevention Branch
  Adolescent Branch
  DWI/Criminal Justice Branch

* These Committees and Councils guide policy making and planning for prevention.
STATE PREVENTION INVENTORY - NORTH CAROLINA PROFILE

FUNDING AND RESOURCES

<table>
<thead>
<tr>
<th>Year</th>
<th>State Funding</th>
<th>SAPT Funding</th>
<th>20% Set-aside</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>$275,000</td>
<td>$23,342,026</td>
<td>$4,675,521</td>
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<tr>
<td>1994</td>
<td>6,549,911</td>
<td>24,899,540</td>
<td>5,640,091</td>
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<td>1995</td>
<td>0</td>
<td>25,959,431</td>
<td>6,774,913</td>
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Allocation of Funds

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<tr>
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<tbody>
<tr>
<td>Information Dissemination</td>
<td>$699,994</td>
<td>$813,059</td>
<td>$887,892</td>
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<tr>
<td>Education</td>
<td>699,993</td>
<td>1,464,611</td>
<td>2,166,759</td>
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<tr>
<td>Alternatives</td>
<td>699,993</td>
<td>1,079,049</td>
<td>566,163</td>
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<tr>
<td>Problem Identification and Referral</td>
<td>1,248,326</td>
<td>771,745</td>
<td>1,404,389</td>
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<tr>
<td>Environmental</td>
<td>1,248,325</td>
<td>294,263</td>
<td>505,526</td>
</tr>
<tr>
<td>Community-based Process</td>
<td>69,995</td>
<td>1,028,798</td>
<td>1,032,871</td>
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<tr>
<td>Other*</td>
<td>8,895</td>
<td>188,566</td>
<td>211,313</td>
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</table>

*The State did not specify what these expenditures were.

Resource Spending

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Planning, Coordination, and Needs Assessment</td>
<td>0</td>
<td>$100,000</td>
<td>$2,000</td>
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<tr>
<td>Quality Assurance</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Training (post-employment)</td>
<td>0</td>
<td>71,975</td>
<td>50,000</td>
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<tr>
<td>Education (pre-employment)</td>
<td>0</td>
<td>37,843</td>
<td>49,313</td>
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<tr>
<td>Program Development</td>
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<td>25,000</td>
<td>50,000</td>
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<tr>
<td>Research and Evaluation</td>
<td>0</td>
<td>25,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Information Systems</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Some of these expenditures fell outside the set-aside.

Average amount of grant/ contract:
- FFY 1993 - $101,078
- FFY 1994 - $127,627
- FFY 1995 - $144,819

Per-capita 20% set-side spending (population):
- FFY 1993 - $0.67
- FFY 1994 - $0.80
- FFY 1995 - $0.78

Staff/ Volunteers designated and supported by set-aside funding and level:
- FFY 1993 -
  - State: N/A*
  - Regional: N/A
  - Local: N/A
- FFY 1994 -
  - State: N/A
  - Regional: N/A
  - Local: N/A
- FFY 1995 -
  - State: N/A
  - Regional: N/A
  - Local: N/A

* North Carolina does not capture this information.

STATE CONTACT

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Raleigh, NC 27603
(919) 733-4555
PROGRAMS AND SERVICES

Definition of Prevention:

North Carolina adopted CSAP’s definition for prevention – which includes those activities directed at individuals who do not require treatment for substance abuse – and uses a six-part framework for prevention. These parts are aligned with CSAP’s six prevention strategy areas.

Does the State have prevention plan?
Yes, Child and Adolescent Alcohol and Other Drug Abuse Plan (December 1992).

Target populations for prevention services:
- High-risk youth (e.g., youth in Indian tribes, youth in low-income housing projects)
- Children of substance-abusing parents
- School-aged population
- Adult population
- African-American male adolescents

Total Number served:
- FFY 1993 – N/A*
- FFY 1994 – N/A
- FFY 1995 – 63,152

*Not available. These data were not captured by the State in FFY 1993-1994.

Programs funded:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of Programs/ Number Served</th>
<th>Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FFY 1993</td>
<td>FFY 1994</td>
</tr>
<tr>
<td>Information dissemination</td>
<td>NA/12,000</td>
<td>NA/12,000</td>
</tr>
<tr>
<td>Education</td>
<td>NA♦</td>
<td>NA</td>
</tr>
<tr>
<td>Alternatives</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Problem identification and referral</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Community-based process</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Environmental</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

* In North Carolina, prevention programs are funded by both the SAPT Block Grant set-aside and the Governor’s Safe and Drug-Free Schools and Communities Act of 1994.
** Data represent programs that received Federal funding during State Fiscal Year 1995-96 (July 1, 1995- June 30, 1996).
*** Number of individuals and organizations who receive the prevention newsletter, The Next Step.
♦ Data not available.
DATA COLLECTION ACTIVITIES

Results currently available on prevention programs funded by the 20% set-aside (including needs assessments and data collection):

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services requires each program area to identify for its Block Grant monies what amounts are expended in each of the six primary prevention strategies. The State's management information system, “Pioneer,” tracks units of service and contact hours.

In August 1991, the Governor's Task Force on Health Objectives for the Year 2000 developed a set of 54 measurable health promotion and disease prevention objectives (across 11 general yet separate areas of priority) that included several substance abuse indicators. These indicators have become the cornerstone of Healthy Carolinians 2000, a community-based initiative charged with creating a data set designed to be used by communities and individuals to improve their health status and to prevent premature death and disability. Data on tobacco, marijuana, and alcohol use by adolescents in Grade 12 are collected and reported.*

In late 1997, researchers from the Research Triangle Institute and the University of Connecticut consulted with the Prevention Branch in an effort to aid the State in evaluating the prevention services that are supported by SAPT Block Grant dollars. The State is conducting a multi-level inventory of existing prevention services statewide that will include an in-depth focus on eight counties deemed representative of high-risk and low-risk substance abuse indicators.

All grantees are required to submit semiannual progress reports. The State has developed general standards for primary prevention and requires that all local programs are overseen by a Prevention Director.

Needs assessments

In North Carolina, three Councils responsible for needs assessments are:

- The Governor’s North Carolina Commission on Substance Abuse Treatment and Prevention
- The Statewide Prevention Advisory Committee
- Mental Health Study Commission

Recently, the Center for Substance Abuse Prevention (CSAP) has provided funding for a three-year study to assess the need for substance abuse prevention services across the State. This study, in collaboration with the Research Triangle Institute, will afford the State the opportunity to develop quantifiable, population-based estimates of the need for ATOD prevention services, when it is completed in September 1998. The goals of this study include:

*The data are collected by the State's Office of Epidemiology through the Youth Risk Behavior Survey, and are published in Target 2000, a quarterly newsletter that is a joint production of the State Center for Health Statistics and the Office of Healthy Carolinians.*
The development of statewide and regional estimates of ATOD prevention needs for the population as a whole and for key regional subgroups
- The determination of the extent to which these needs are being met by the current prevention system, and what services should be enhanced
- The identification of gaps in prevention needs and on the prevention service system
- The creation of an inventory of existing and projected small-scale surveys of special populations that will guide the assessment of prevention needs
- The development of low-cost but accurate methodologies that can be used by the State in the years ahead to estimate prevention needs from extant social indicators at the substate, State, and National levels, and which will obviate the need for costly and increasingly unfeasible large-scale surveys.

The overall prevention needs assessment project is subdivided into nine individual studies. These include:

- Prevention needs of statewide school-age populations
- Prevention needs of statewide adult populations
- Prevention needs of African-American male adolescents
- Adolescent offenders
- Rural and urban adolescents
- Pregnant and post-partum adolescents
- Indirect methods of estimating prevention needs
- Assessment of the current prevention system
- Integrative effort

SUPPORT SERVICES

Training and Technical Assistance:

Technical assistance is provided by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. In addition, training and technical assistance is provided by:

- The Governor's Academy for Prevention Professionals (GAPP) – This Academy is operated by the University of North Carolina at Chapel Hill, and provides training for prevention professionals, volunteers of health education schools, hospital education programs, and other professional organizations.
- The "Prevention for the 90's Conference" – This conference is in its eighth year of showcasing and recognizing best prevention practices and practitioners in North Carolina. It is designed “to provide technical assistance, programmatic direction, and state-of-the-art information regarding ATOD prevention programming.”
- The North Carolina School for Alcohol and Drug Studies – This twenty year-old, statewide resource offers training on specific pieces of the continuum of care. It has recently offered a managed care training.
- The East Carolina University Training Center – This Center provides training and technical assistance.
Certification Activities:

North Carolina utilizes an independent State Certification Board. The Board confers certification specific to prevention and requires for this a combination of work experience, training in primary prevention and substance abuse-specific material, practicum hours, colleague evaluations, and the successful completion of the International Certification Reciprocity Consortium (ICRC) written exam.

Certification for State staff is voluntary. The Governor’s Academy for Prevention Professionals (GAPP, described above) offers certification hours for prevention professionals and is currently in the final stages of establishing an advanced degree program in prevention.