



PREVENTION FELLOWSHIP PROGRAM

E-NEWSLETTER



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ANNOUNCEMENT

Recruiting New Fellows for the 2017 Prevention Internship Program

We are proud to announce open recruitment for the 2017 Prevention Internship Program for Tribes and Tribal Organizations. The Prevention Internship Program prepares interns to provide capacity-building technical assistance to support the integration of behavioral health prevention services within Tribal organization systems. Interns will benefit from hands-on experience and training in competency areas such as the Strategic Prevention Framework, epidemiology and evaluation, prevention in behavioral health and cultural responsiveness. If you know any individuals who may be interested in our program, please encourage them to apply. Below is a list of participating locations. Visit our website for more information: <http://www.seiservices.com/samhsa/csap/preventionfellowship/>

CSAP PREVENTION FELLOWSHIP PROGRAM

The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) launched the Prevention Fellowship Program in 2006 in an effort to build a workforce of substance abuse professionals. The Prevention Fellowship Program has two components: a Prevention Fellowship Program and a Prevention Internship Program. During their program, fellows and interns focus on acquiring the skills needed for success in the field of substance use disorder prevention and behavioral health. The Fellowship and Internship programs prepare fellows and interns to provide capacity-building technical assistance to support integration of behavioral health prevention services in their state, tribal, or jurisdictional. In addition to building competencies in diverse areas of public, behavioral, and allied health practice, fellows and interns have opportunities to develop critical research, writing, evaluation, and presentation skills within a structured training program.

Since 2006, the Prevention Fellowship Program has served over 175 fellows and interns. Nationwide, 46 states, eight jurisdictions, three national organizations, eight Drug-Free Communities grantees, and 10 Tribal organizations have supported the program by providing mentorship and field placements to fellows and interns.

PREVENTION FELLOWSHIP PROGRAM	PREVENTION INTERNSHIP PROGRAM
<ul style="list-style-type: none"> Fellowship runs for 2 years. Fellows receive a yearly stipend. Fellows work in state agencies, with support from mentors there. Fellows receive training in behavioral health, the Strategic Prevention Framework, and cultural competency. Fellows earn a set of core competencies to prepare for the Certified Prevention Specialist exam. 	<ul style="list-style-type: none"> Interns work 40 hours. Interns receive a salary. Interns work within tribal organizations. Interns receive training in the Strategic Prevention Framework, evaluation, and substance use disorder prevention within tribal communities.

BASIC ELIGIBILITY CRITERIA
Applicants seeking to join the fellowship or internship programs must meet the following basic eligibility criteria:

- Have U.S. citizenship or proof of residency in a U.S. territory or Pacific jurisdiction.
- Submit a detailed response, of not more than two pages, stating why they should be selected for the fellowship or internship and how selection would support their career goals.
- Have a strong interest in substance abuse prevention and behavioral health.
- Obtain two letters of recommendation from a professional or academic reference.

FELLOWSHIP
Applicants applying for the fellowship must have a bachelor's or higher degree in a field associated with substance abuse prevention or have 2 years of college from an accredited institution and 2 years of work experience in the prevention field.

FOR MORE INFORMATION
CSAP Prevention Fellowship Program
Phone: (202) 455-3300
E-mail: prevention@samhsa.hhs.gov

INTERNSHIP
Applicants applying for the Prevention Internship Program must have at least 2 years of college from an accredited academic institution.
Recruitment launches: January 2017 Internship start date: June 2017

ADDITIONAL QUALIFYING SKILLS AND ATTRIBUTES
Along with a demonstrated commitment to working in the substance abuse prevention field, fellowship and internship applicants must have (1) strong written and oral communications skills; (2) good interpersonal skills; (3) the ability to work independently and collaboratively in various professional environments; and (4) basic computer skills.

PARTICIPATING SITES

Alaska Native Tribal Health Consortium
(Anchorage, AK)

Cherokee Nation Behavioral Health Prevention
(Tahlequah, OK)

Cook Inlet Tribal Council
(Anchorage, AK)

Dena Nena Hanesh
(Tanana Chiefs Conference)
(Fairbanks, AK)

Great Lakes Inter-Tribal Council
(Lac du Flambeau, WI)

Little Traverse Bay Bands of Odawa Indians
(Harbor Springs, MI)

Native American Health Center
(Oakland, CA)

Southern Plains Tribal Health Board
(Oklahoma City, OK)

2015-2017 FELLOWS

- Morgan Cihak (IL)
- Alyshia McAllister (LA)
- Charnessa Lizama (MP)
- Mackenzie Antila (MT)
- Kasharena Horton (NASADAD)
- Rachael Wummer (OH)
- Linnaya Graf (PA)
- Daniel Fitzgerald (RI)
- Layne Mitchell (VA)
- Hilary Fannin (VT)

2016-2018 FELLOWS

- Ashley Hudson-Stabin (AL)
- Camille Richoux (AR)
- Meisje Scales (DE)
- Khuela Dorman (GA)
- Audrey Benavente (GU)
- Allen Ramelb (HI)
- Sean Hardrick (OK)
- Dane Minnick (NY)
- Alexandra Harris (USVI)
- Chino Amah-Mbah (WI)

IMPORTANT DATES

March 1
March FAP Quarterly Reports due

BIRTHDAYS

Happy Birthday and best wishes from the Prevention Fellowship Program!

- Tia Younger (PFP)—February 3
- Camille Richoux (AR)—February 4
- Daniel Fitzgerald (RI)—February 6
- Leika Inniss (PFP)—February 9
- Alyshia McAllister (LA)—February 18
- Morgan Cihak (IL)—February 19
- Khuela Dorman (GA)—February 21

NPW national prevention week

2017 MAKING EACH DAY COUNT

May 14-20, 2017

Fellows Corner

As a Prevention Fellow, I wanted to share an update for a wonderful project I have had the privilege to contribute to and participate in. This project is being led by my mentor, Grace Kindt, the Prevention and Intervention Supervisor at the Pennsylvania Department of Drug and Alcohol Programs (DDAP), and Kris Glunt, the developer from the Evidence-based Prevention and Intervention Support Center (EPISCenter).

Mr. Glunt provided some lessons learned (see below) from the team's most recent efforts and I took several photographs at our last meeting.



Pictured on the left is Mr. Glunt of EPISCenter. He facilitated this meeting. Pictured on the right are single county authority focus group participants and DDAP staff members who are completing a measurement review and discussion.

Developing a Statewide-Needs Assessment:

DDAP is collaborating with EPISCenter to assist in the development of a comprehensive, risk-focused substance abuse prevention needs assessment and planning process to be completed by Single County Authorities (SCAs) in Pennsylvania. This project has included holding focus groups with key stakeholders, assessing the processes that were previously in place, and developing a revised process and toolkit that emphasizes an efficient and effective approach to assessing need for all counties in Pennsylvania. Thus far, the project has focused solely on the needs assessment piece; as the project continues to move forward, DDAP and EPISCenter will continue collaboration around the development of a capacity/resource assessment process, as well as a strategic prevention action plan for preventing substance use/abuse in each county.

Lessons Learned:

Holding focus group sessions to engage key stakeholders has been crucial in gaining the information necessary to establish a revised process, as well as to gain strong buy-in and support for the project on a larger level.

Building a needs assessment process that provides structure, but also allows for flexibility, has been well received by our stakeholders. This approach will allow all SCAs to follow a similar blueprint in assessing county needs, while also allowing them to tailor their approach to meet the individual needs of their communities.

Thinking about the needs assessment from the standpoint of, "what are the problems in our county?" and "why are those problems occurring here?" while structuring a process that helps answers those two questions has provided our key stakeholders with confidence that the work they will complete will be meaningful and efficient.

I have learned so much working with the Prevention Team during this process and wanted to share a little about the work DDAP has been doing to advance the field of substance abuse prevention in the State of Pennsylvania. I firmly believe that when the process is complete, DDAP and the EPISCenter will have a model for a science-based, methodologically sound needs assessment process, as well as tools to facilitate this process at the frontline. Considering the amount of work that has gone into this process, I wanted to take the opportunity to share our knowledge with the broader field. I was given permission from the team to share this for our newsletter to facilitate potential connections with fellows who may be looking for resources for their own state needs assessment process.

As this project continues, I will provide further updates on the lessons learned. However, I want to encourage fellows that their opportunity to contribute to real and lasting prevention efforts during our 2 years is possible and should be the bar for which we are all striving.

It remains a pleasure to serve in this capacity,

—Linnaya Graf, Ph.D., CHES
SAMHSA/CSAP Prevention Fellow
Pennsylvania DDAP, Harrisburg, PA

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Fellows Corner

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Hello! My name is Alexandra Harris and I am the Prevention Fellow in St. Thomas, Virgin Islands. I earned my bachelor's degree from Xavier University of Louisiana in Sociology, with a Concentration in Health, Medicine, and Science. I earned my M.P.H. from Benedictine University, with concentrations in Epidemiology and Health Education & Promotion.

As a child, seeing my grandmother sick, I found myself asking, "why is she sick? Why can't she get better?" At that moment, I knew that I had to find a way to help an underserved population of low-income, urban people. Going into high school, I desired to become a physician, but as I entered into college, I discovered that my passion to help underserved populations came from my interest in the social aspect, i.e., their social environments, rather than the biological influences on health. I wanted to study the people, not organisms. Studying sociology with a focus on health opened my mind to a new way of helping people enjoy better health. And through public health I learned that I could address the "why."

Before becoming a Prevention Fellow, I was employed at the Association of Maternal and Child Health Programs. I worked on the Epidemiology and Evaluation team, where we worked to conduct webinars, provide technical assistance, collect data from various health programs and trainings, and perform analysis on this data to learn better ways to serve our members, who work for state and local health departments across the nation. Currently at the Virgin Islands Department of Health, I work in the Division of Mental Health, Alcoholism, and Drug Dependency Services. Thus far I was able to create two media campaigns: one focusing on alcohol use during 'Carnival' season, and the other on the dangers of tobacco use. I have also been working on the State Epidemiological Outcomes Workgroup, where we have been working to determine quarterly goals, which has included working to host a health data summit.

Since moving to St. Thomas, in my free time I enjoy going to the beach and going to any restaurant that has beach views (which is most of them)!

—Alexandra Harris

SAMHSA/CSAP Prevention Fellow
DDAP, St. Thomas, U.S. Virgin Islands

FEBRUARY AWARENESS



February is American Heart Month

Every year, one in four deaths is caused by heart disease. Heart disease is the leading cause of death for men and women in the United States. It can happen to anyone, even those who are seemingly in good health. February is healthy heart month—the perfect time to give an overview of the risks of heart disease and how to lower them, as well as the signs of a heart attack. It is also the perfect time to commit to exercising regularly and eating a clean diet. Click [here](#) to learn more ways to prevent heart disease.

SAMHSA IN THE NEWS

When kids with mental illness can't live at home— January 31, 2017

Residential treatment programs for children with severe mental illness have been proven very effective over the past years. In 2015, 271,000 children ages 12 to 17 received care for mental illness at a residential treatment facility. Half of all chronic mental illness begins by age 14, and 13 percent of American children ages 8 to 15 will experience a severe mental disorder, according to the National Alliance on Mental Illness. Click here to [read](#) the full article.

BEHAVIORAL HEALTH RESOURCES

Million Hearts® Initiative

Million Hearts® is a national initiative launched by the U.S. Department of Health and Human Services. It brings together communities, health systems,



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BEHAVIORAL HEALTH RESOURCES ...

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nonprofit organizations, federal agencies, and private-sector partners from across the country to prevent heart disease and stroke, two of the leading causes of death in the United States. The initiative aims to prevent heart disease and stroke by:

- Improving access to quality and effective care;
- Improving the quality of care through ABCS (appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation);
- Focusing clinical attention on the prevention of heart attacks and strokes;
- Activating the public to lead a heart-healthy lifestyle; and
- Improving prescription adherence to appropriate medications.

Click [here](#) for more information.

SAMHSA's Disaster Training and Technical Assistance



In a disaster, it's essential that behavioral health responders have the resources they need—when and where they need them. The SAMHSA Behavioral Health Disaster App (SAMHSA Disaster App) makes it easy to provide quality support to survivors. The SAMHSA Disaster App helps responders focus on what really matters—the people in need.

Free on iPhone®, Android™, and BlackBerry®. Visit <http://bit.ly/disasterapp>.

SAMHSA has dedicated resources through the SAMHSA Disaster Technical Assistance Center (DTAC) to support communities that would help prepare for, respond to, and deliver effective mental health and substance use responses to disasters.

Preparedness: SAMHSA DTAC assists states, territories, tribes, and local entities with all-hazards disaster behavioral health response planning that allows them to prepare for and respond to both natural and human-caused disasters. SAMHSA DTAC also supports collaboration among mental health and substance abuse authorities, federal agencies, and nongovernmental organizations and facilities in the sharing of information and best practices with the disaster behavioral health field. Contact SAMHSA DTAC staff for:

- Consultation to review disaster mental health and substance abuse plans;
- Disaster behavioral health trainings or consultations; and
- Research on emergent issues.

Response: SAMHSA DTAC supports the SAMHSA Center for Mental Health Services in the provision of disaster behavioral health technical assistance grants, which are available to eligible states, territories, and federally recognized tribes through the Federal Emergency Management Agency's Crisis Counseling Assistance and Training Program.

Also, SAMHSA DTAC staff members are knowledgeable about the experiences of states that have confronted certain types of disasters, and they can relay lessons learned and best practices that have grown out of these experiences. Contact SAMHSA DTAC staff for assistance in identifying:

- Suitable publications;
- Psychoeducational materials; and
- Expert consultants.

Learn more about SAMHSA DTAC at <http://www.samhsa.gov/dtac>.

BEHAVIORAL HEALTH NEWS

Rates of Early Deaths Rise for Whites, Drop for Blacks—January 25, 2017

A new study finds premature death rates in the United States have risen among whites and American Indians/Alaska Natives. A significant jump in drug overdoses is the primary reason for the increase. The study, published in *The Lancet*, also found increases in suicides and liver disease contributed to the increase in premature deaths among these groups. Researchers studied death certificate data from 1999 to 2014. They found death rates increased as much as 5 percent annually for 25- to 30-year-old whites and American Indians/Alaska Natives. Click [here](#) to read more.

Gene May Help Guide Black Patients' Opioid Addiction Treatment—January 23, 2017

The discovery of a gene variant associated with opioid addiction in African Americans may lead to personalized methadone treatment. The gene variant helped identify African Americans who might need higher doses of methadone. Patients receiving methadone treatment for opioid addiction vary widely in their dose requirements. Too high of a dose can cause sedation and dangerous breathing difficulties, while too low of a dose can lead to relapse. Click [here](#) to read the full article.

How Iceland Got Teens to Say No to Drugs—January 19, 2017

Finding a way to prevent teens and tweens from using drugs and alcohol is a concern almost every parent faces. One country thinks it has found the solution. Two decades ago, teens in Iceland were among Europe's heaviest drinkers. Today, the opposite is true. "Youth in Iceland" was established. This is a program that works closely with schools and parents across income levels to ensure that kids are getting quality time with family as well as participating in enriching and fulfilling activities. Click [here](#) to read more.

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BEHAVIORAL HEALTH NEWS ...

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Obama cuts sentences of hundreds of drug offenders— January 17, 2017

President Obama announced he was reducing or eliminating the sentences for hundreds of nonviolent drug offenders. He has now reduced the sentences for 1,385 people, most of whom are serving time for crimes related to producing or distributing narcotics. Many people whose sentences were commuted were incarcerated for crimes involving crack cocaine. Those crimes had mandatory sentences that were longer than those for powdered cocaine. African Americans were overwhelmingly affected by the longer sentences. Click [here](#) to read more.

Cops Help Addicts Get Treatment in Programs Facing Uncertain Future—January 16, 2017

Police organizations promoting an approach to opioids that emphasizes treatment over jail are concerned the incoming Trump Administration may focus on prosecution rather than treatment. So-called ANGEL programs, which started in Gloucester, MA, in 2015, have been expanded to hundreds of police departments nationwide. The Obama Administration has supported the programs, the article notes. Click [here](#) to read more.