INNOVATION NATION EDITION

2014 Innovation in Programming Award Winner: Texas Youth Suicide Prevention Project

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Program Summary

The Texas Youth Suicide Prevention project focuses on implementation of a zero suicide framework in the public mental health system and builds on previous suicide prevention efforts in the state. The purpose of the ZEST project is to reduce deaths by suicide and suicide attempts among youth and young adults in Texas by developing and implementing select strategies from the National Strategy for Suicide Prevention and the Texas State Plan for Suicide Prevention.

Mental Health America of Texas is responsible for training, public awareness, policies and procedures to incorporate best practices, statewide trainings for schools, college campuses and communities, communication campaigns, and coordination of suicide prevention efforts in communities.

Key partners include Mental Health America of Texas, Texas Department of State Health Services, Denton County MHMR, the Texas Institute for Excellence in Mental Health at the University of Texas at Austin, and the Texas Suicide Prevention Council (a group of statewide organizations and local coalitions).

Objectives

- To improve identification, treatment and support services for high risk youth by creating Suicide Safe Care Centers within the public mental health system.
- To expand and coordinate these best practice suicide prevention activities with other youth-serving organizations and community partners to create Suicide Safe Care Communities
- To implement research-informed training and communications efforts to create a Suicide Safe Care State

Population Served

Individuals statewide at higher risk of suicide, primarily focusing on ages 10-25.

Products and Materials

English/Spanish brochures and fact sheets, videos – training and public awareness, suicide prevention eNewsletter, 2 mobile apps, 2 websites, Twitter, Texas Suicide Prevention and Postvention Toolkit, Texas State Plan for Suicide Prevention

Outcomes

- Statewide symposium 8 symposiums/3,362 participants
- Print materials 1,121,813 cumulative brochures and toolkits distributed in English and Spanish
- www.TexasSuicidePrevention.org website, including information in Spanish
- Videos of Hope and Help 17 videos with over 125,000 views on Vimeo and You Tube
- Texas Suicide Prevention eNewsletter sent to a 3,894 person mailing list
- ASK mobile application over 30,000 downloads. First suicide prevention mobile app in the world, includes warning signs, how to ask the question and where to find help
- Hope Box mobile application to promote wellness in youth – 3,100 downloads
- Twitter "Stop Texas Suicides" @StopTXSuicides
- Texas Mental Health Resources Video

 855 views
- Coming Together to Care, Texas Suicide Prevention and Postvention Toolkit – 11,515 distributed, and online at texassuicideprevention.org
- www.2DaylAM.org micro website for youth
- Suicide prevention webpage added to Texas Department of State Health Services website
- Technical assistance to communities, schools, agencies and universities

- Exhibited on 124 occasions
- Training provided to over 36,000: 15,375 suicide prevention gatekeepers trained in-person and 21,301 high school, middle school and college faculty/students and staff trained online
- Developed and implemented ASK about Suicide to Save a Life (ASK) best practices training, and trained and certified 425 Suicide Prevention instructors for communities, schools and college campuses
- ASK Suicide Prevention Training Video

 4,406 views
- Trained and certified 38 ASIST suicide intervention instructors

Who funds it?

SAMHSA, Texas Department of State Health Services, foundations, private contributions



The Be Merge Initiative

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Program Summary

The Be Merge program is essentially comprised of three tiers designed to incorporate behavioral health into primary care settings for the purpose of improving quality of services. This integration initiative helps physicians understand, recognize and appropriately treat mental health conditions the same way they would any other health condition. MHAPBC has created two online courses for medical professionals to become skillful and confident in identifying and addressing behavioral health concerns in adults and children. As the first step towards integrated care in Palm Beach County, over 448 medical providers, school personnel, mental health professionals and rising students have completed the Be Merge© and Be Merge for Infants and Children© courses. This year MHAPBC earned Copyright certificates for both courses.

The second tier of the Be Merge initiative involves direct involvement in primary care settings where behavioral health specialists work alongside medical providers and nurses. The objective of this partnership is to train both health and behavioral health professionals to work collaboratively to better serve patients. In this setting, the specialists administer simple behavioral health screenings, provide brief supportive counseling, and refer families to appropriate resources using MHA's provider database and resource guide. The specialists report concerns and consult with medical providers in order to inform them of a behavioral health concern, forging active communication between professionals. A billing toolkit is available for practices to understand how to bill for the screenings and consultations.

The third component of Be Merge focuses on training current graduate students and mental health professionals to work in this setting through an internship program. Each participant is trained and placed in a primary care setting to administer screenings and work with medical providers, a unique and one of a kind experience in Palm Beach County.

We are currently working with several pediatric practices and two community health clinics to provide technical assistance, with goals to expand our services to involve more primary care settings, alternative schools, and afterschool programs so that more children

and families are recognized and connected to care.

Objectives

- Train medical providers to better recognize, understand and respond to common mental health conditions seen in primary care settings with an increased knowledge of existing behavioral health providers in the community.
- Identify patients with emerging or existing behavioral health conditions and connect them to quality providers in Palm Beach County
- Train the future workforce of mental health professionals and medical providers to work in an integrated care setting.
- The co-location of behavioral health specialists in a primary care environment as permanent team members.
- Reduce stigma associated with discussing behavioral health concerns in public or with provider.

Population Served

This program is in partnership with several pediatric primary care settings serving children and adolescents 4 years-19 years old, as well as community health centers who serve children, adults and elder adults. Essentially, there is no wrong door for help as we try to screen and refer as many individuals in Palm Beach County as possible.

Products and Materials

Online Courses at USF Health Learn Website:

- Be Merge: Integrating Primary and Behavioral Healthcare©
- Be Merge for Infants and Children©

Supplementary Resources:

- Be Merge Toolkits for adults and children: includes evidenced-based screening tools, resource guide, and supportive materials to understand the primary care environment.
- Billing Toolkit: includes information on how to bill for screenings and services provided, CPT and ICD Codes included
- Community Resource Guide: online and printable access to PBC resources
- Provider Database: online database for searching private providers

Outcomes

- 448 medical professionals, school psychologists, counselors and personnel, mental health professionals, and rising students have complete the online trainings
- Since 2011, 1,236 adults have been screened for common behavioral

health conditions and connected to resources if they scored moderatesevere.

- Since Fall 2013, 567 children and adolescents have been screened and about 20% have been identified as moderate-severe and connected to resources
- 13 interns (graduate students and post-masters interns) have participated in the internship program working alongside medical providers
- Two nursing schools have required both trainings at curriculum requirements for students
- Evaluation research of the three components is underway

Who funds it?

Palm Healthcare Foundation, Health Care District of Palm Beach County, Quantum Foundation, United Way of Palm Beach County

Partner: University of South Florida Health

Back Office Support Services

MHA of Middle Tennessee Tom Starling, Ed.D tstarling@mhamt.org 615-269-5355

Program Summary

Back Office Support Services (BOSS) was designed to intentionally and meaningfully collaborate with likeminded behavioral health nonprofits. Collaboration is not just a necessity for reaching and doing more, but it's demanded by our coalition work, foundations, and community stakeholders.

The MHA of Middle Tennessee, utilizes its CFO to provide financial and backoffice administrative services for (1) Girls on the Run, (2) Eating Disorders Coalition of Tennessee, (3) TN Licensed Professional Counselors Association, (4) Tennessee Psychiatric Association, (5) TN Suicide Prévention Network, (6) Refuge Counseling Center, (7) TN Coalition for Mental Health and Substance Abuse Services, and (8) the Prader-Willi Syndrome Association. Aside from this being a revenue-generating program, you can extend your reach through such partners and collectively reach your like-minded missions by serving as a behavioral health hub.

Objectives

1. Create a revenue-generating program

- 2. Position MHAMT as a behavioral health "hub" or leading portal to community programs and services
- 3. Defragment a confusing behavioral health system

Population Served

Behavioral health nonprofits will serve more clients (or serve current clients better) by relying on MHA to manage back-office functions

Products and Materials

A promotional brochure has been developed to recruit BOSS clients.

Outcomes

BOSS provides \$50,000 in revenue to MHA of Middle Tennessee, shifts some administrative overhead to the programming column, leverages the inherent value of our organization, and satisfies demands of funders.

Collectively, MHA of Middle Tennessee and the BOSS program clients have saved \$420,000, allowing them to serve 22,270 more clients.

How is it funded?

HCA Foundation and fees from BOSS partners

Check Your Head Curriculum

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Program Summary

Check Your Head is an innovative youth program that uses student-centered discussions along with an emphasis on selfexpression through art-- including movement exercises, journaling, lyric and poem writing, as well as more traditional art exercises such as painting and drawing-- to help build and reinforce the protective factors that help prevent self-destructive behaviors, including substance use, suicide and suicide attempts, and self-harm. We believe by providing opportunities for selfexpression, classrooms become safe learning environments where students develop positive understandings of their own mental wellness, reduce stigma about mental health issues, and build the crucial coping skills and lasting self-esteem that helps students become resilient.

Check Your Head program instructors build this resiliency with a dynamic education approach by leading student-centered learning discussions, providing technical mental health information, and

facilitating exciting creative workshops to help give students an increased understanding of one's wellness, both as an individual and as an effective community member, while increasing self-esteem, self-efficacy, and resiliency in students.

Objectives

Each week, Check Your Head introduces a weekly topic that will be explored through classroom discussion and then expanded upon through student art time. The course topics include:

- Identity and Self-Image- Students reflect on their own self-image, describe how they view themselves to their classmates, and consider that others may perceive them differently.
- Influences and Supports- Students reflect on the ways they are influenced and identify the people who influence them the most. Students will also be asked to consider whether or not the people who influence them most are good or bad influences.
- Leadership- Students learn about the concept of leadership and reflect on the ways they are leaders in their social groups. Students will be asked to consider if everybody who is a leader is good, and discuss the differences between good and bad motives.
- Conflict- Students learn that conflict can be internal or external and consider whether or not conflict is good or bad - or both. Students will also learn to define bullying based on the ideas of aggression and harassment, and then consider direct and indirect forms of bullying. Students will discuss the role of the bystander when it comes to bullying.
- Mental Health and Stigma- Students explore the differences between the myths and realities of mental illness and be able to define the word stigma in relation to mental health. Students will discuss the connection between the physical health and mental health. Students will be asked to create a list of people they can talk to when feeling down or in trouble and then identify activities that make them feel better.
- Stress- Students will learn to define stress and differentiate between good and bad types of stress. Students will also learn the effects stress has on the body and the brain and continue to draw the connection between physical health and mental health.

Population Served

Sixth grade through high school aged students.

Outcomes

Three hundred plus students ages 11-18 have been educated by the program.

Who funds it?

Donations, Fees, Private Grants, State/ Local Funds

Family Education & Resource Center

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Program Summary

The Family Education and Resource Center in an innovative family/caregiver-centered program. It's primary function is to provide information, education, hope and support to people with a loved one who has a mental health condition. FERC works closely with Alameda County and county contract agencies to further promote a family/caregiver perspective and work towards the goal of creating a more caregiver and consumer-driven system of care.

Objectives

FERC aims to: provide detailed information about the mental health service system and how to navigate through it; connect clients to available and appropriate service agencies via warm transfer; aid clients with educating themselves with the nature of mental health diagnoses and treatment options; train members of the community; and provide hope and support.

Population Served

Services are provided in a culturally responsive manner and clients represent a range of ethnicities. Of specific interest are the underserved, non-served and inappropriately served populations of Alameda County.

Products and Materials

The program has generated a number of materials including a range of brochures (one of which has been translated into 5 different languages), a lending library for use by FERC participants, CIT and Dispatcher trainings and various promotional items.

Outcomes

Since it opened in 2009, the FERC has: served 9,080 unique clients; conducted 9 different provider training sessions; 17 law enforecement CIT trainings; trained 82 emergency dispatchers; conducted eight 5150 trainings for consumers and families; and done 8 public education campaigns for future mental health providers. Perhaps most importantly, those who participate in FERC no longer feel alone

or defeated and overwhelmingly receive the guidance and referrals needed to connect with the appropriate providers and supports.

Who funds it? Mental Health Services Act/Prop 63

I.C. Hope ("Don't Duck Mental Health")

MHA of Middle Tennessee Tom Starling, Ed.D tstarling@mhamt.org 615-269-5355

Program Summary

The "Don't Duck Mental Health" program featuring I.C. HOPE is a licensed research-based program developed by MHA of Middle Tennessee. The program consists story time, a craft, dancing, and a lesson. The lesson can focus on anti-bullying, anger management, test anxiety, grief, or similar age-appropriate topics. I.C. HOPE is a puppet or mascot that reinforces the message to "don't duck mental health." The program has proven to effectively increase mental health knowledge, increase empathy, and increase children's help-seeking behaviors.

Objectives

- 1. Increase mental health knowledge (a major factor in reducing stigma)
- 2. Increase empathy (a major factor in reducing stigma)
- 3. Help children identify who to go to for help with behavioral health issues

Population Served

Primarily students in grades K-7, but it does include curriculum for ages K-12. I.C. HOPE has also become a symbol of mental health and wellness for adults, too, and he part of our mental health campaign to fight stigma.

Products and Materials

Curriculum for students in grades K-12, the I.C. HOPE puppet and mascot, the trademarked "don't duck mental health" phrase, the "Get Down with the Duck" song, boilerplate documents to help other MHAs and nonprofits to use in their grant requests to afford this licensed program.

Who funds it?

TN Dept of Mental Health & Substance Abuse Services, local school districts, Ford Foundation, HCA Foundation, United Way, and other foundations.

Mental Health 101

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Program Summary

Mental Health 101 is a free outreach program serving middle and high school students in East Tennessee. Since 2000, this program has expanded from two counties and four schools to nineteen counties and fifty-three schools. Mental Health 101 helps students address personal stress management, signs and symptoms of mental illness, bullying, self-harm and suicide prevention. Mental Health 101 is provided to area schools, health and wellness classes, as a resource to complement the state-mandated curriculum.

Objectives

Participants will be able to recognize the signs and symptoms of mental illness, the warning signs of suicide, and determine symptom duration requiring their immediate intervention.

Population Served

Mental Health 101 served 16,559 middle and high school students in East Tennessee in the 2013-2014 school year. Mental Health 101 has served over 92,000 students since 2008.

Products and Materials

The Mental Health Association of East Tennessee has created age-appropriate curriculum for 6th, 7th, 8th grades, and high school classrooms that are tailored to these group's unique needs. These materials were produced with the collaboration of Knox County schools.

Outcomes

From classes in which pre/post tests were administered in the 2013-2014 school year, there was a:

- 175% increase in 8th grade students that could correctly identify a warning sign of suicide
- 50% increase in the number of 7th grade students able to identify the correct duration of symptoms before seeking help
- 325% increase in high school students that could correctly identify a sign of mental illness
- 191% increase in high school students that could correctly identify a warning sign of suicide.

Additionally, from 2005 to 2013, suicide attempts resulting in injury among Knox County high school students have decreased 57% (Youth Risk Behavior Survey) and youth suicide rates in all

counties served by the Mental Health Association have decreased 24% since 2003 despite the fact that youth suicide rates have increased 48% Tennessee state-wide. It is estimated that the average suicide costs \$1,061,170 (CDC, 2013) and the average suicide attempt costs \$19,000 (Tosches & Harrington). The notable decrease in the number of youth suicides and attempted suicide in the East Tennessee region not only led to an increase in lives saved, but also contributes to an annual cost savings of \$2,527,000 for Tennesseans.

Who funds it?

Tennessee Department of Mental Health, East Tennessee Foundation- Youth Endowment, United Way, Knox County, Community foundations, Corporate giving

Peer Place Support Center

MHA of Palm Beach County, Inc. (FL) William Taylor wtaylor@mhapbc.org 561-832-3755

Program Summary

Peer Place Support Center is an aftercare facility for adults with mental illness. We offer a casual atmosphere to provide individualized support for clients who are recovering from mental illness and substance abuse. Peer Place offers regular dual-recovery meetings, support groups, individual peer counseling, and recovery training. People with mental illness can recover from their chronic illnesses with the right mixture of treatment, medication, counseling, and community supports. We currently have approximately 20 organized support groups each week in addition to peer and professional assistance including client advocacy, information and referrals, supported employment (e.g., work training), and other formal psychosocial education services. We offer a twice weekly program for Jerome Golden Center (a local mental health hospital) patients and a once a week program for the Veteran's Administration.

Peer Place plays a vital role in the behavioral health services system of Palm Beach County. The people we see at Peer Place are not different from those served by hospitals, homeless services, or jails. We simply see them at a different time. At Peer Place, people with mental illness receive cost-effective services and supports to facilitate recovery and prevent homelessness, hospitalization, and incarceration. What we do works because of the "best practice" design and comprehensiveness of the services we provide.

Objectives

Prevention, recovery and resiliency are at the core of the mission of Peer Place Support Center. The mission of the Center is to empower, promote, and advocate for the residents of Palm Beach County by providing information, referral services and support. This peer mentoring program employs nationally recognized peer support strategies for helping people with chronic mental illness, regardless of income and status, achieve the best outcomes possible in their lives. Prevention, recovery and resiliency are at the core of the mission of Peer Place Support Center. Peer Place provides a safe and comfortable place for consumers of mental health services to learn essential wellness and recovery skills.

Population Served

Peer Place serves adults in Palm Beach County with mental illness. Many of our clients are SPMI (Severe and Persistent Mentally III).

Products and Materials

Peer Place Books, which is a used book store supported by the donations of books from members of the community is located at Peer Place Support Center. Peer Place Books provides supported employment opportunities to people who want to work but need a little extra help. Our clients (we call them 'peers') help run the book store and create jewelry, art and buttons to sell in the store as well. They learn vocational skills and many report a great sense of purpose and accomplishment as a result of their efforts in planning and implementing this new microenterprise. The store is bringing in dollars through sales, which all go to support the services of Peer Place. Peer Place Books is open to the public, which improves integration of peers into the community and dispels the myth that peers are just hiding in a support center.

Outcomes

Measurable outcomes that are tracked at Peer Place to demonstrate effectiveness include client suicide rate, client satisfaction, client isolation, client stability, client homelessness, client self-medicating behavior, and client hospitalizations and suicide attempts. Service continuity is important to the success of our client population and leads to less use of other resources. We aim for an average of at least 10 client visits per client per year to Peer Place. The average client made multiple visits to Peer Place during the year. This continuity helps to lower the suicide rate and decrease the number of ER visits and other emergencies.

As a result of services received at Peer Place:

 More consumers are stabilized and fewer decompensate into illness.

- Participating consumers have fewer costly hospitalizations and high end intensive out-patient treatment.
- Participants become part of a supportive community of peers.
- Participants are better prepared for supported and independent living in the community.
- Participants develop social and work skills.
- Participants actively seek informal advice from peers and advice from professionals.
- Consumers know about and use community resources.

Who funds it?

Funders of Peer Place Support Center include Southeast Florida Behavioral Network, the United Way, the Quantum Foundation, Palm Beach County Sheriff's Office, and several private funders.

The Peer Recovery Call Center

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Program Summary

The Peer Recovery Call Center: the Call Center of the 21st Century is two programs in one: 1) a call center helping thousands of callers annually and 2) a transitional supported employment program providing employment to persons in recovery from mental illness and / or addiction.

The Peer Recovery Call Center innovatively provides individuals with ongoing peer support from their very first contact with the mental health system rather than far downstream where peer support has been traditionally located (in mental health centers, hospitals or day treatment centers). At first contact, Peer Recovery Call Center employees, Tennessee Certified Peer Support Specialists, ask callers for permission to call them back to follow up with them in a few days. This demonstrates to callers not only do we care but we provide hope. By maintaining contact with those who call the Peer Recovery Call Center, we are able to provide ongoing assistance, peer mentoring, support and motivation to these clients to enter mental health or addiction treatment. The lived experience of our call center specialists is appropriately shared with clients to help guide them in their journey to recovery.

Uniquely, the Peer Recovery Call Center

also provides a valuable employment opportunity for recovering persons who have faced barriers to employment due to their diagnosis, lack of employment history, transferable skills or disability status. Employment plays an important role in a person's recovery - work is fulfilling and promotes self-esteem thus enabling that person to feel that he / she fits in the community. Helping recovering persons achieve their sense of place in the community is important to shed their diagnostic label and lack of employment status as their identity. Prior to their hiring, Peer Recovery Call Center employees averaged six jobs lost and seventeen years of unemployment due to their disabling diagnosis.

In the Peer Recovery Call Center, recovering persons develop a positive work history, self-esteem and transferable skills necessary to enter the competitive workforce. The MHAET supports these recovering persons with training and supported employment so they can complete their recovery and be able to best support caller clients of the Peer Recovery Call Center.

Objectives

Peer Recovery Call Center participants will receive peer support from Tennessee Certified Peer Support Specialists with the ultimate goal of enabling them to enter and receive treatment for mental health or addiction issues and continue their journey to recovery.

Employee participants will develop a suitable employment history, transferable skills, and self-confidence, lending their personal cycle of unemployment and / or underemployment.

Population Served

Participants are predominantly residents of 27 East Tennessee counties who are in need of mental health, addiction treatment or support services.

Products and Materials

The Mental Health Association of East Tennessee has created promotional materials for the Peer Recovery Call Center including bill boards, posters with tear-off business cards, rack cards, and a new agency brochure.

Outcomes

The change to the Peer Recovery Call Center from the historic model (I&R model) has benefitted our community greatly. Inbound call volume has increased 38% over the prior twelve months while outbound, follow-up, call volume increased 2156%. More importantly, how clients have benefitted matters most:

- 69% of Peer Recovery Call Center clients seek help for themselves
- 85% of callers request and receive

ongoing peer support

- 64% of callers enter treatment with assistance from our Tennessee Certified Peer Support Specialists
- 9 recovering persons have been employed in the Peer Recovery Call Center
- 5 have transitioned to other employment
- 4 call center specialists have earned Tennessee Certified Peer Recovery Support Specialist credentials

Who funds it?

Tennessee Department of Mental Health and Substance Abuse Services, United Way of Greater Knoxville, the SunTrust Foundation and Johnson & Johnson

Project Healthy Moms

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Program Summary

Project Healthy Moms (PHM) is an important initiative of Mental Health America of Georgia that increases awareness, identification, treatment, and support of women living with maternal mental illnesses in the state. Through provider trainings, community seminars, resource finding, social media, and peer support PHM fulfills a critical public health need by assisting in preventing maternal mental illness from negatively impacting birth outcomes, families, and communities. PHM fills a knowledge gap by providing professional education and training for healthcare providers and specialists as well as educational/resource materials for mothers and families. In addition to these resources, PHM provides peer support for mothers/families through a bilingual Warmline that can be accessed via phone or email.

Objectives

PHM's main objectives are to disseminate knowledge about maternal mental illnesses to providers and the community, increase identification and treatment, support families and mothers living with these illnesses, while also reducing the stigma.

Population Served

PHM works with a diverse group of providers and mothers within the state of Georgia. Currently, PHM focuses its attention on regions and clinics that serve low resource communities and underserved populations.

Products and Materials

PHM conducts trainings for providers and individuals who work with mothers. These trainings focus on the signs and symptoms, as well as how to identify/screen for maternal mental illnesses. For each training, PHM discusses how to refer mothers who screen positive for these illnesses; specifically, we offer our resource list.

PHM produces an up-to-date statewide resource list which compiles various providers, alternative therapies, and support groups. This list also includes forms of payment accepted, as well as some specializations. PHM works to keep this list expanding and up to date.

PHM has also created a bilingual one-onone peer support Warmline. The Warmline is staffed by survivors of maternal mental illness and also include resource linkage assistance.

Outcomes

Through pre/post tests during provider trainings we have seen large increases in knowledge of maternal mental health issues. Additionally, surveys taken during those trainings reveal an increased likelihood to screen for perinatal mood and anxiety disorders. Quality control questions state that participants of these trainings find them to be 'informative' and 'very helpful.'

Warmline evaluation show similar results. Mothers who call in state that the peer support that was offered was helpful and therapeutic.

Who funds it?

Project Healthy Moms works and partners with many organizations. Some of those include: The Amerigroup Foundation, Kaiser Permanente, March of Dimes, Healthy Mothers Healthy Babies Coalition of Georgia, Northside Hospital, WellCare, Intown Midwifery, CET

The RESPECT Institute

MHA of Georgia Alfred Brooks alfred@mhageorgia.org 678-904-1960

Program Summary

The RESPECT Institute is a 3 1/2 day program designed to provide groups of 10-12 Individuals the skills and coaching necessary to transform their mental illness, treatment, and recovery experiences into educational and inspirational presentations. The RESPECT Institute helps participants organize, construct and customize their personal stories so they can be

delivered in diverse venues, like legislative meetings, employee orientations, university classrooms, civic meetings, and continuing education programs.

Objectives

The RESPECT Institute empowers consumers by acknowledging, honoring and valuing their personal experiences and insights. Through this recognition and acceptance, Individuals reclaim their sense of self and join an army of Individuals educating their community and eliminating stigma.

Population Served

The RESPECT Institute services the Individuals that participate in the trainings, but also services the various communities and listeners alike.

Products and Materials

The RESPECT Institute has produced an informational video and pamphlet.

Outcomes

Within the past 24 months the RESPECT Institute has graduated over 550 Individuals, conducted more than 700 presentations and spoken to over 30,000 listeners.

Who funds it?

The Georgia Department of Behavioral Health and Developmental Disabilities funds the RESPECT INSTITUTE of GA.

#StopTheCrazyTalk

MHA of Franklin County (OH) Maggie Hallett mhallett@mhafc.org 614-221-1441

Program Summary

Mental Health America of Franklin County partnered with a local advertising agency to create a :30 anti-stigma PSA with the tagline "Stop The Crazy Talk." The spot has been picked up by two local news affiliates and is also being shared on our website and through social media. We've created the hashtag #StopTheCrazyTalk to share and encourage others to share anti-stigma messages, examples of stigma in the media, and ideas for how to stop stigma and discrimination of people with mental illnesses. The awareness building campaign can easily be shared with other organizations interested in spreading the anti-stigma message. View the PSA at https://www.youtube.com/ watch?v=E8lhx1j5hEM.

Objectives

- 1. Build awareness of the stigma and discrimination surrounding mental illness
- 2. Creating a campaign with "legs" to be carried across all medium, especially social media

3. Create a campaign that is sharable with other interested organizations

Population Served

General population; the spot is running on the local ABC and CBS affiliate stations.

Products and Materials :30 second PSATV spot

Outcomes

The TV spots are running locally, and #StopTheCrazyTalk is being carried through social media resulting in more shares, likes and interaction with other anti-stigma focused organizations.

Who funds it?

Our marketing partner, GSW, donated \$110,000 in time, space and out-of-pocket costs including: concept development, talent retention, art direction and production of the TV spot. Our media partners, WBNS 10TV and WSYX Channel 6 have donated all of the air time.

distance from school, hours of operation and contact information for medical community, mental health agencies, tutoring, after-school programs and dental/vision locations.

Outcomes

Since 2007, over 4,000 students, parents and staff have received educational presentations. 3,500 students have been screened, and over 700 referrals have been offered (in-school services, community mental health providers, after school programs, tutoring). 55% of students referred for mental health services have attended at least one appointment with a mental health provider. Nearly 300 students have been identified with suicide ideation or previous attempts.

Who funds it?

We have been generously funded by the Polk Brothers Foundation. We recently also received funding from the Frank E. and Seba B. Payne Foundation.

Youth Screen

MHA of Illinois Mary Ruth Coffey mcoffey@mhai.org 312-368-9070 x324

Program Summary

Youth Screen is a community outreach prevention and intervention program designed to reduce new incidences of major depression, anxiety disorders and substance abuse, and to identify suicide risk among children and adolescents. The program educates youth about mental health and mental health problems; identifies children and adolescents (6th -12th grade) who are at-risk for developing major depression, anxiety disorders and/ or substance abuse through a voluntary, guick, confidential and valid mental health screening; and refers those who screen positive to school or community resources, if wanted.

Objectives

To reduce new incidences of major depression, anxiety disorders and substance use and to identify suicide risk among children and adolescents through early identification and supportive linkage to appropriate services.

Population Served

Children/adolescents (6-12th grade) in primarily under-resourced communities on the west and south sides of Chicago.

Products and Materials

For each school that we work in, a healthcare resources manual is created and tailored to services that are provided near the school. The manual includes

