

Appendix F: Human Services Agency Strategic Planning Goals



Department of Human Services
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Union County Human Services *2019 Strategic Planning*

GOAL: Lessen impact of mental health illnesses for residents and first responders, through a targeted campaign to create awareness of resources focusing on prevention and access to treatment.

Target: Union County Residents

Leads: Community Support and Outreach / Health Promotions
Business Operations / Training Unit and Business Process Unit

Partners:
Cardinal
UCPS
Hospitals
NAMI
Law Enforcement
Mental Health providers Daymark / Monarch
Faith Based Community
Private and Charter Schools
UCPS
Wingate University
SPCC

Policy Changes: NA



2019 Strategic Planning

Action Plan:

1. Research current efforts addressing mental health issues and in Union County. Compile data on all efforts underway.
2. Review CHA data related to mental health and access to services.
3. Survey clients in treatment or receiving services to gain an understanding of the path they took to engaging in treatment and existing resources (referral, internet, court ordered, schools, family member, Resource Guide, etc.)
4. Work with Inmate health to identify mental health trends they see within the jail
5. Interview law enforcement to compile data on mental health issues frequently encountered in the community.
6. Pull 911 call data related to mental health (suicides, nature codes pertaining to unstable individuals or behaviors).
7. Pull Union EMS Data related to mental health calls
8. Develop marketing campaign about mental health services / resources
9. Train all Human Service Staff members in Mental Health First Aid
10. Increase access to training on Suicide Prevention (ASIST)
11. Work with Cardinal / Novant Health to create access to Mental Health First Aid
12. Identify options for access to Assist suicide Prevention Trainings
13. Support suicide related legislation at the state to increase local level education in school settings, increase allowable scope of medical examiners around apparent suicides – enabling further investigation.

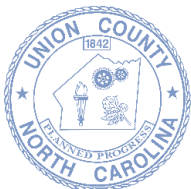
Related Facts

- Increase in prevalence and increased impact on the community
- Depression, anxiety, 30% increased suicide rate in 18 – 30 year olds
- Social Media / Electronics decreased social / coping / problem solving skills

Timeline: July 2019: Planning initiated
On-going - 2022

Measurable:

- Increase knowledge of mental health disorders and services
- Current comprehensive data on the impacts of mental health on emergency services / first responders
- Increase of services (target data collection with partners)
- Decrease use of ED services at hospitals for Mental Health issues
- Decrease suicide rate in Union County
- Quantify access to Suicide Prevention Trainings offered (ASIST and QPR)
- Quantify access to Mental Health First Aid Trainings offered



2019 Strategic Planning

Evaluation Tools:

Survey Human Service Staff on mental health resources in Union County (pre and post-test)
Assess 911 mental health nature code calls
Assess 911 suicide calls

Deliverables:

- Marketing Plan to increase awareness of mental health services
- Platforms:
- UCPS = Connect Ed./ FB / UCPS Website
- DHS = FB / Website
- Library





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Union County Human Services *2019 Strategic Planning*

GOAL: *Define the role of Human Services in addressing impacts of substance abuse in the county.*

Target: Individuals and agencies impacted by addiction

Leads: DHS Leadership

Partners:

- Ground 40
- Faith Based Community
- Cardinal Innovations
- McCleod
- Daymark
- UCSO
- Municipal law Enforcement
- Hospitals

Policy Changes: TBD

- Treatment protocols in Union County Jail for detox
- Court policy for First Time Offenders with addiction related charges to receive treatment in lieu of jail time.



2019 Strategic Planning

Action Plan:

- Collect community data on impacts of substance abuse (EMS, ED, 911, LE, court data)
- Review State Center Data
- Revisit 2016 Action Plan addressing Opiates, assess progress
- Establish internal DHS workgroup to define in-scope and out-of- scope for DHS
- Develop a plan to address in-scope items
- Benchmark with Communities with Human Service programs addressing addiction
- Assess political will to start a Drug Court in Union County
- Assess political will to establish Needle Exchange Program in DHS or Homeless Shelter
- Assess political will to establish more robust protocols for addicts in UC Jail
- Amend Medical Plan for UC Jail to reflect new addiction protocols
- Increase knowledge / awareness of treatment options in Union County
- Partner with LE / EMS to create PA videos on local impacts of opiates, alcohol, benzos

Timeline: 3 years

Measurable:

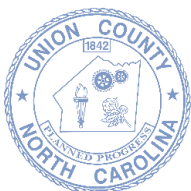
- Decreased Overdose / Morbidity rates
- Reduce recidivism rates for inmates with addiction convictions
- Reduce recidivism with EMS for addicts (responding to the same person with Narcan with no recourse)

Evaluation Tools:

- Reduced rates for addiction related issues in the county

Deliverables:

- Marketing plan for addiction programs / services
- Working task force to monitor progress
- Best practice focused work plan
- Drug Court with case management capacity
- Videos to incorporate into education and marketing





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Union County Human Services 2019 Strategic Planning

GOAL: *Establish a County wide ordinance for tobacco use on county property.*

Target: County residents and employees on county government property.

Leads: Public Health / Health Director

Partners:

- Community Support and Outreach / Health Promotions
- Mecklenburg County Tobacco Prevention Branch (Carleen Crawford)
- County Legal
- Human Service Board
- County Manager / Deputy County Manager

Policy Change: amend current Board of Commissioners Tobacco Ordinance



2019 Strategic Planning

Action Plan:

- Revisit and update existing County Board of Commissioners Tobacco Ordinance
- Present the updated version to Deputy County Manager
- Evaluate political will to adopt an updated more restrictive ordinance
- Identify enforcement options (who and how)
- Develop marketing campaign for a soft rollout inclusive of all relevant partners
- Identify smoking / tobacco cessation resources for employees and residents
- Make a plan for creating access to cessation resources
- Partner with Public Health Dentist to offer oral health screens for smokeless tobacco users
- Repurpose smoking area into a health / wellness related functional area (TBD)
- Review CHA survey data related to smoking
- After ordinance is adopted, survey employees at intervals of 90 days, six months and one year to see if they were able to attempt to or totally quit smoking.

Timeline: 1 year

Measurable:

- Number of County employees that attempt to or quit smoking
- Number of smokeless tobacco users that get oral health screens
- Number of Health issues identified with screens
- Long term impact on health care costs for the County

Evaluation Tools:

Deliverables: Updated Tobacco Ordinance adopted by BOCC





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Union County Human Services

2019 Strategic Planning

GOAL: *Mobile Human Services
“Meet People Where They Are”*

Target: Underserved Union County residents and residents identified as at-risk in the CHA.

Leads: Human Service Division Directors and Program Managers

Partners:

- Faith Group
- Schools / Title I School
- Headstart / Daycare
- OBs / Pediatricians
- Other Union County government departments

Policy Changes: Possible change to program areas policy



2019 Strategic Planning

Action Plan:

- Define target populations of underserved – review recent CHA data, review program data, VOC data
- Identify services to mobilize to increase access and improve outcomes for at-risk populations
- Build logic model for where / when to schedule presence
- Work with Programs to list all necessary equipment, materials, supplies for on-site service provision
- Identify team members suited for community work
- Consider costs & identify funding where required
- Research alternative funding methods for mobile service provision
- Include budget for mobile HUMAN Service provision in FY21 budget – possible mobile unit

Timeline: 1 – 3 years

Measurable:

- Program / Service participation rates increase due to outreach efforts
- Staff with job descriptions that include outward facing services provided off site
- Decrease in community concerns
- Increased awareness regarding what services are offered by UC Human Services

Evaluation Tools:

- Participation data for Human Service programs
- Participant / community feedback (survey)

Deliverables:

- Plan of Work to develop and implement mobile DHS services
- Marketing Plan for the services
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- Human Service Board Support
- Political Will to support the effort in a transformational model of Human Services for County residents



Appendix G: Union County Public Schools NC Health Advisory Council (SHAC) Action Plan



Union County Public Schools NC
School Health Advisory Council

Union County Public Schools NC – School Health Advisory Council

CHECKLIST

The Union County Public Schools Student Health Advisory Council requires:

- Develop a 3 year action plan
- Conduct an assessment using a research based tool
- Complete the Annual Healthy Active Children Compliance Survey
- Coordinate a School Health Council with appropriate parties

Steps to achieve the above requirements:

- Review the Union County Public Schools Student Wellness Policy annually
- Learn more about the Whole School, Whole Community, Whole Child Model
<https://www.cdc.gov/healthyyouth/wscc/>
- Develop a School Health Council composing of individuals from the following eight areas: safe environment, physical education, health education, staff wellness, health services, mental and social health, nutrition services, and parent/family involvement.
- Provide periodic reports to the board regarding the status of goals set by the SHAC members.
- Set a meeting schedule each school year (at least four times a year is recommended)
- Complete a school assessment (School Health Index can be completed by signing up with the Alliance for a Healthier Generation <https://www.healthiergeneration.org/>)
- Develop an action plan
- Share action plan and wellness policy with stakeholders
- Evaluate progress by reviewing and revising action plan (recommendation: annually)

Resources:

Union County Public Schools – School Nutrition Services Department Webpage:
<http://www.ucpsschoolnutritionservices.com/>

Union County Public Schools – School Health Advisory Council Wellness Policy:
http://www.ucpsschoolnutritionservices.com/schools/unioncps_1305151850267381/WellnessPolicy.pdf

Assessment Tools

School Health Index
Healthy Active Children Compliance Survey
Alliance for a Healthier Generation
North Carolina Healthy Schools
Action for Healthy Kids

Union County Public Schools NC – School Health Advisory Council

ACTION PLAN

Note: Evaluation of progress by reviewing and revising action plan will be implemented annually. Action plan is set for 3 years’ time.

Healthy Active Children Policy requires:

- Each LEA shall maintain a current Local Wellness Policy and the most recent assessment of progress with implementation of the policy and submit as requested to NCDPI.
- The local School Health Advisory Council shall inform and update the public about the content, implementation, evaluation and compliance of the Local Wellness Policy and the Healthy Active Children Policy.

2019-2020 School Year

GOAL 1: Expand community awareness regarding drug and tobacco/vaping use in Union County, NC with a focus on school-aged children.	
Objective 1 -	
Action Steps	Methods for Measuring Implementation
<p>Union County Public Schools and the community will conduct events on various aspects of drug and tobacco use, focusing on the rising use of vaping among youth.</p> <p>Co-Leads: Stephanie Starr, Director of Community Support and Outreach, UCHD, Christine Skrutowski and Wendy Nielsen, School Nurse Supervisors</p>	<ul style="list-style-type: none"> - Establish a baseline and monitor trend lines - obtain data from Union County Sheriff’s Department on drug use by school-aged children. - Collect information on events: date, location, resources, presenters, stakeholders present, and number in attendance. - Provide information to other stakeholders such as principals on prevention program to expand outreach. - Partner with Wingate University Pharmacy Department to broaden knowledge and have further assistance in implementing program.

GOAL 2: Establish student support teams, and crisis and cluster response teams within the Union County Public School system.

Objective 1 -

Action Steps	Methods for Measuring Implementation
<p>Continue to build relationships among the different student support team members as they work towards the common goal of having the most effective plan in place for those students who are in need.</p> <p>Assigned staff in each school building will be part of the crisis response team.</p> <p>Assigned staff in each cluster is part of the cluster response team.</p> <p>Develop a threat assessment protocol.</p> <p>Lead: Tracey Carney, SEL Coordinator</p>	<ul style="list-style-type: none"> - Job description created for employees who formulate student support team. - Student support teams will meet 1x per month (team consist of: social worker, nurse, guidance counselor, psychologist, and mental health therapist) - Define the role of members of both the crisis and cluster response teams. - Identify which staff in each school building will be part of the crisis response team. - Identify which staff in each cluster will be part of the cluster response team. - Staff will be aware of what team they are a part of, and know how to respond based on protocol.

GOAL 3: Train within Union County Public Schools System on Youth Mental Health First Aid.

Objective 1 -

Action Steps	Methods for Measuring Implementation
<p>Union County Public Schools and Atrium Healthcare are partnering to educate and train through coursework on how to handle when students are in crisis related to mental health.</p> <p>Lead: Belle Walker, Lead Social Worker</p>	<ul style="list-style-type: none"> - Continue partnership with Atrium Health to obtain information on implementing Youth Mental Health First Aid. - Identify stakeholders needing to attend course who would have most impact on students dealing with mental health.

	<ul style="list-style-type: none">- Provide information on course to other UCPS employees who would voluntarily be trained/educated. - Collaborating with Atrium to pilot YMHFA Teen Curriculum for UCPS 10th and 11th grade students how to support those in mental health crises.
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Appendix H: Union County FY 2020 and FY2021 Healthy Communities Strategies

Healthy Communities Strategy #4: Opioid Media and Messaging Campaign

Implement a media and messaging campaign that increases awareness of the risks of opioid poisoning, signs and symptoms of opioid overdose, and where to access and how to administer naloxone in the event of an overdose.

Expected Outcome:

Implementation of a media and messaging campaign that increases awareness of the risks of opioid poisoning, signs and symptoms of opioid overdose, and where to access and how to administer naloxone in the event of an overdose.

Health Equity Planning Principals:

Health disparities are influenced by the stigma associated with drug use and substance use disorder. Implementing media and messaging to increase the awareness of the risks of unsafe drug use practices should include language that actively identifies and seeks to reduce stigma. To make those messages culturally relevant and to ensure that they do not unknowingly perpetuate harm, message development should involve those representing the priority population—in this case, people with lived experience of drug use and/or substance use disorders. The aims of public health messaging regarding the overdose crisis are: to increase general public awareness and knowledge of related issues (including but not limited to prevention of overdose, infection, and substance use disorder) and to ensure that someone seeking specific information or support (including but not limited to access to preventative health services, naloxone kits and training, and substance use disorder and mental health treatment) knows where to find these services. Normalizing provision of services related to the overdose crisis—naloxone, syringe exchange, treatment-seeking, use of medications like methadone and buprenorphine—reduces overall stigma and helps communities better respond to urgent needs.

Priority populations should be engaged in the planning, implementation, and evaluation of this strategy. Organizations and community groups representing vulnerable populations should reflect the demographics of the counties and those at higher risk of overdose and substance use disorder. This includes people of low socioeconomic status, those who have experienced trauma, people leaving incarceration (or other periods of abstinence followed by return to use), and non-Hispanic white adults between the ages of 24-54. However, overdose and substance use disorder are subject to many of the same social determinants of health as other injuries and chronic conditions, including access to primary healthcare, insurance status, race, class, employment, and housing. Interventions should address current demand and opportunities as well as consider overall health and aim to reduce health disparities in short- and long-term response.

Recommended Partners:

• Law enforcement • EMS • community coalitions • community groups • local syringe exchange programs • schools • Department of Social Services • faith communities • treatment and recovery centers

Intervention Examples:

- A. The local health department implemented the CDC Rx Awareness Campaign in their community. Each week, a different story from a prescription drug user was portrayed and the social media ads were shown to all friends associated with the department's Facebook and Twitter accounts. At the end of the campaign, the program coordinator provided digital analytics and shared on Facebook and Twitter as well as with their Opioid Overdose Prevention Coalition and Harm Reductionists. Each week, the coordinator reviewed analytics of the Facebook page that showed (1) reach; (2) number of times post was shared; and (3) how the post performed compared to other posts on our page. For Twitter, the number of times posts were retweeted or mentioned were reviewed.
- B. The local health department distributed over 500 English and Spanish info cards based on the billboard campaign to community partners who provide direct services to the community (i.e. Sheriff's Department, Federally Qualified Health Center [FQHC], Health Department Clinic, community-based organizations).
- C. The local health department, in partnership with Sheriff's Department and a local nonprofit, developed and distributed a Good Samaritan 911 Law Public Service Announcement (PSA). The PSA reviewed the signs of opioid overdose and informed the community that first responders in the county carry Naloxone.

Related Programs:

The Injury and Violence Prevention Branch will collaborate with state and local partners to implement a statewide media campaign that will increase awareness of the risks of opioid poisoning.

Recommended Tools/Resources

- A. How to Administer Naloxone
<https://www.naloxonesaves.org/files/2016/05/Patient-Education-Materials.-Intramuscular-Naloxone.-6.28.16.pdf>

<https://www.naloxonesaves.org/files/2016/05/Patient-Education-Materials.-Intranasal-Naloxone.-6.28.16.pdf>

<https://www.naloxonesaves.org/files/2016/05/Spanish-Patient-Education-Materials.-IM-Naloxone.-8.08.16.pdf>

<https://www.naloxonesaves.org/files/2016/05/Spanish-Patient-Education-Materials.-IN-Naloxone.-8.08.16.pdf>
- B. CDC Rx Awareness Campaign
<https://www.cdc.gov/rxawareness/index.html>
- C. CDC Rx Awareness Campaign (customizable materials)
https://drive.google.com/drive/folders/1SZENYoTvYNUDOhDS_WVHN6Uo0XoZa7jz

North Carolina Resources:

A. Naloxone Toolkit

<https://www.injuryfreenc.ncdhhs.gov/preventionResources/docs/NaloxoneToolkit-FINAL-Updated-08-12-2016-Approved.pdf>

B. Naloxone Saves

<http://www.naloxonesaves.org/>

Data Sources

A. The NC Opioid Data Dashboard displays the metrics tracked in the North Carolina Opioid Action Plan for the state and individual counties.

<https://injuryfreenc.shinyapps.io/OpioidActionPlan/>

B. Our IVPB Poisoning Data page houses our monthly surveillance reports, county-level overdose slide sets, and data tables on opioid dispensing, as well as overdose deaths, hospitalizations, and ED visits.

<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

C. Additional information about North Carolina's response efforts can be found on the NC DHHS Opioid Crisis page.

<https://www.ncdhhs.gov/about/departments/initiatives/opioid-epidemic>

Healthy Communities Strategy #9 Smoke-free Policies:

Increase the number of evidence-based 100% smoke-free OR tobacco-free regulations, including e-cigarettes, for government buildings, grounds, parks and recreation and/or enclosed public places through ordinances or Board of Health rules.

Expected Outcomes:

Number of new 100% smoke-free, smoke-free/e-cigarette-free, and tobacco-free policies covering:

- a. Government buildings;
- b. Government grounds;
- c. Indoor public places; or
- d. Parks and recreation areas.

Health Equity Planning Principals:

Groups that use tobacco at higher rates, and/or are at risk for and disproportionately affected by tobacco use and secondhand smoke exposure include but are not limited to, persons with low income, less educated, males, adults between the ages of 18-24, African Americans, American Indians, persons with mental illness, substance use disorders and/or disability issues, lesbian, gay, bisexual and transgender (LGBT) populations, and pregnant women. Local Health Departments should engage priority populations in the planning, implementation and/or evaluation of evidence-based policies.

Recommended Partners:

• organizations and community groups • survivors of tobacco use and others with personal stories to tell about the health hazards of tobacco use and secondhand tobacco smoke • youth empowerment organizations and youth leaders • Boards of Health and/or Human Services Boards • County Commissioners and Municipalities • local businesses • Chambers of Commerce • Parks and Recreation • tourism, housing, retail, businesses and service industry businesses • School Board and/or School System including youth volunteers • colleges, universities and community colleges • public venues and recreational facilities • Health systems serving the community • Medical societies, dental society, mental health/substance use disorder services, and other health and behavioral health care professional organizations • faith communities • Local Health Department management

Intervention Examples:

- A. [Ayden City Parks: Pitt County](#)
- B. [Bessemer City: A Leader on Tobacco-Free Policy in NC](#)
- C. [Dare County: "Vapor-Free" Restaurants and Bars](#)
- D. [Iredell County: Smoke-Free Government Buildings, Grounds, Parks](#)
- E. [Making Incremental Progress in a Challenging Environment Through Leadership Engagement](#)
- F. [Mecklenburg County: Tobacco-Free Parks Compliance](#)
- G. [Region 8 Private Behavioral Health Providers Adopt Tobacco-free/Smoke-free Policies](#)
- H. [Waccamaw Siouan Youth: Leading the Way to a Tobacco-Free Tribe](#)

Related Programs:

The Tobacco Prevention and Control Branch provides support for proven strategies to:

1. [Prevent the initiation](#) of smoking and other tobacco use
2. Eliminate exposure to [secondhand smoke](#)
3. Help tobacco-users [quit](#); and
4. Identify and eliminate [tobacco-related health disparities](#) among N.C. populations and communities.

Recommended Tools/Resources:

- A. CDC's *Best Practices for Comprehensive Tobacco Control Programs 2014*, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf
- B. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014*, <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>
- C. *The Guide to Community Preventive Services (The Community Guide)*, www.thecommunityguide.org/index.html
- D. CDC's *Best Practices User Guide: Health Equity in Tobacco Prevention and Control 2015*, <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>
- E. *E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*, https://e-cigarettes.surgeongeneral.gov/documents/2016_sgr_full_report_non-508.pdf

North Carolina Resources:

- A. NC Tobacco Prevention and Control Branch Model Policies, Presentation and Policy Resources: <https://tobaccopreventionandcontrol.ncdhhs.gov/lqtoolkit/>
- B. QuitlineNC, North Carolina's evidence-based telephone and online cessation service for those who want to quit tobacco <https://www.quitlinenc.com/>
- C. NC TPCB State Staff: <https://tobaccopreventionandcontrol.ncdhhs.gov/about/contact.htm>
- D. NC TPCB Regional Manager staff technical assistance: <https://tobaccopreventionandcontrol.ncdhhs.gov/about/localtpcgroups.htm>
- E. NC TPCB Policy Resources: <https://tobaccopreventionandcontrol.ncdhhs.gov/lqtoolkit/>

Data Sources

- A. Behavioral Risk Factor Surveillance System: <https://schs.dph.ncdhhs.gov/data/brfss/survey.htm>
- B. Focusing on Equity and Inclusion When We Work on Public Health Laws: <https://www.publichealthlawcenter.org/sites/default/files/resources/Focusing-on-Equity-and-Inclusion-2018.pdf>
- C. Smoke-free and Tobacco-free Maps and Dashboards: <https://www.tobaccopreventionandcontrol.ncdhhs.gov/maps/maps.htm>

Healthy Communities Strategy #10: Compliance of 100% Tobacco-Free Schools Law

Increase compliance of the NC 100% tobacco-free schools' law by partnering with youth, parents and school personnel to educate about dangers of tobacco use and new and emerging tobacco products.

Expected Outcomes:

Number of new technical assistance opportunities in support of 100% Tobacco Free Schools compliance.

Health Equity Planning Principals:

While cigarette smoking has declined among North Carolina's young people from 15.5% of high school students in 2011 to 8.9% in 2017, use of any tobacco products increased from 25.8% of high school students in 2011 to 28.8% in 2017. This increase was due to the rising use of emerging tobacco products, including electronic cigarettes (North Carolina Youth Tobacco Survey, 2017).

Groups that use tobacco at higher rates, and/or are at risk for and disproportionately affected by tobacco use and secondhand smoke exposure include low income, less educated, males, African Americans, American Indians, persons with mental illness, substance use disorders and/or disability issues, and lesbian, gay, bisexual and transgender populations. Pregnant women who use tobacco are at higher risk for having pregnancy complications. Local health departments should engage priority populations in the planning, implementation and/or evaluation of evidence-based policies.

Recommended Partners:

• TPCB Regional Managers • parents • teachers • coaches • school administration • civic and community leaders • dental and health care professionals • public health • mental health and substance abuse prevention professionals • other influencers of youth

Intervention Examples:

- A. A local school administration was concerned about students using Juul, so the local health department staff and regional manager presented to the School Health Advisory Council (SHAC) and school administration on Juul and emerging tobacco products. The school then updated their tobacco-free school policy to include electronic cigarettes, posted updated tobacco-free signs and implemented the [Catch My Breath prevention program](#) to educate students about electronic cigarettes and prevent tobacco initiation. The Catch program was also useful to educate teachers and parents.
- B. A student was caught smoking on campus, so the teacher required the student to use [ASPIRE](#), an online tool that may be used as an alternative to suspension to help middle and high school students learn about being tobacco-free. The teacher also provided the [QuitlineNC](#) resource, so the student could receive services to help stop the use of tobacco.

Related Programs:

The Tobacco Prevention and Control Branch provides support for proven strategies to:

1. [Prevent the initiation](#) of smoking and other tobacco use
2. Eliminate exposure to [secondhand smoke](#)
3. Help tobacco-users [quit](#); and

4. Identify and eliminate [tobacco-related health disparities](#) among N.C. populations and communities.

Recommended Tools/Resources:

- A. [Youth Centered Programs and Resources](#)
- B. TPCB Tobacco-free Schools website:
<https://www.nctobaccofreeschools.org/>
- C. Campaign for Tobacco-free Kids, Tobacco 101:
<https://tobaccofreekids.litmos.com/self-signup/SelfSignupSuccess?tokenID=17912>

North Carolina Resources:

- A. [NC Tobacco-free Schools Policy Enforcement](#)
- B. NC TPCB State Staff:
<https://tobaccopreventionandcontrol.ncdhhs.gov/about/contact.htm>
- C. NC TPCB Regional Manager staff technical assistance:
<https://tobaccopreventionandcontrol.ncdhhs.gov/about/localtpcgroups.htm>
- D. NC Youth Tobacco Prevention website and Youth-Centered Programs and Resource Sheet:
<https://tobaccopreventionandcontrol.ncdhhs.gov/youth/index.htm>
- E. Youth Empowered Solutions:
<http://www.youthempoweredolutions.org/>

Data Sources

- A. NC Youth Tobacco Survey:
<https://www.tobaccopreventionandcontrol.ncdhhs.gov/data/yts/index.htm>
- B. 2018 National Youth Tobacco Survey:
<https://www.fda.gov/TobaccoProducts/PublicHealthEducation/ProtectingKidsfromTobacco/ucm405173.htm>