STRATEGIC PLAN

OFFICE OF PREVENTION

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List of Acronyms

ABC	Alabama Alcoholic Beverage Control Board
ADMH	Alabama Department of Mental Health
ADPH	Alabama Department of Public Health
AEOW	Alabama Epidemiology Outcomes Workgroup
ASU	Alabama State University
CADCA	Community Anti-Drug Coalitions of America
CCI	Community College Initiative
CSAP	Center for Substance Abuse Prevention
DMHSAS	Division of Mental Health and Substance Abuse Services
EBP	Evidence Based Practices
LGBT	Lesbian, gay, bisexual, transgender
LGBTQ	Lesbian, gay, bisexual, transgender, questioning
OOP	Office of Prevention
PFS	Partnerships For Success
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Prevention and Treatment Block Grant
SIG	State Incentive Grant
SOR	State Opioid Response
SPAB	State Prevention Advisory Board
SPF	Strategic Prevention Framework
SPF Rx	Strategic Prevention Framework for Prescription Drugs
SPF-SIG	Strategic Prevention Framework-State Incentive Grant
STR	State Targeted Response
UD	Underage Drinking

Section 1: Strategic Planning

The Office of Prevention (OOP) developed a strategic planning process that enables it to carry out its mission, vision, and achieve its goals. The process is aligned closely with the office goals and deliverables process and results in a three year strategic plan that is updated annually. Beyond the annual planning process, a formal review is conducted quarterly for leadership and staff to provide status updates on the goals, objectives, and actions undertaken to accomplish the plan. Recommendations and revisions are made as needed.

This statewide strategic prevention plan was initially created as a need and in response to a Center for Substance Abuse Prevention (CSAP) Core Technical Review potential enhancement recommendation (September 2011).   Specifically the state was 'encouraged to continue to develop the infrastructure plan' and to "create a comprehensive state strategic plan."   The purpose of the plan is to communicate goals, action steps, distinguish responsibility, targets and metrics to guide the prevention system. This plan seeks to assist the enhancement of the prevention system in its leadership, capacity and processes. The plan incorporates: system organization; workforce development and capacity building; implementation; evaluation; and Synar. This strategic plan was informed by planning initiatives already underway such as: Substance Abuse and Mental Health Block Grant (SABG) application; Substance Abuse Mental Health Services Administration (SAMSHA) Leading Change 2.0; Alabama Epidemiological Profile: State Prevention Advisory Board (SPAB); Alabama Epidemiological Outcomes Workgroup (AEOW); Substance Abuse Prevention Workforce survey results and more. The goals of this statewide strategic prevention plan are consistent with the aforementioned documents and from input from the referenced groups and OOP staff. The plan seeks to support the mission and vision of the OOP, which are as follows:

OOP Mission

Encourage, support, and sustain culturally competent prevention prepared communities statewide for Alabamians to attain optimal health, wellness, and independence.

OOP Vision

Vision: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness through evidence based prevention strategies which promote healthier decisions and healthier lives for individuals and families to thrive in their communities.

This plan will allow enhancements in the prevention system organization and implementation, workforce development and capacity building, implementation, and evaluation. Through implementation of this plan, the OOP is striving to accomplish the OOP goals.

Section 2: 2015-2018 Accomplishments

By the end of FY'18, the OOP was proud to have several accomplishments that helped move forward in supporting its mission. Accomplishments include, but are not limited to:

Promote a data driven Strategic Prevention Framework (SPF)

- The SPF remains within the administrative code.
- The SPF remains within the provider prevention plan template.
- Embedded into the Prevention Newcomer's Guide.
- Educated the providers of the SPF.

Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness through coordinated services

- Prevention provider representation is within all 67 counties with the inclusion of additional prevention funding opportunities in 20 counties via SPF-SIG; 16 counties via Opioid STR; 8 counties via PFS; 7 counties via CCI; 4 counties via SPF Rx.
- Identified distribution of prevention strategies within the Community College System.
- Increased usage of Community Based Processes and Environmental strategies.
- Developed a statewide prevention services Request for Proposals (RFP).
- Participated in and coordinated statewide National Prevention Week efforts.
- Participated in Suicide Prevention efforts.

Improve organizational business management systems at the state agency level

- Developed and implemented Intervention Work Plans.
- Developed and implemented a PFS student survey.
- Sustainability of the Funding Allocation Model guided by the SPF.
- Ensured prevention planning correlated with national efforts, SABG goals, Discretionary Grant goals, statewide needs assessment and epidemiological profile.
- Identified data gaps related to epidemiological profile and expanded data sources.
- Educated providers on data usage and needs assessment.
- Updated and disseminated an epidemiological profile.
- Updated the website for the OOP.
- Coordinated efforts with the ADMH Office of Public Information.

Prevent or reduce consequences of underage drinking

- Collaborated with and supported the Alabama Alcoholic Beverage Control Board (ABC) in execution of compliance checks and the minor operative program.
- Successfully concluded the Strategic Prevention Framework State Incentive Grant (SPF SIG) sub-recipients who implemented Underage Drinking (UD) initiatives.
- Implemented the Strategic Prevention Framework Partnerships For Success (PFS) sub-recipients who implemented Underage Drinking (UD) initiatives.
- Provided training, technical assistance, and resources to Strategic Prevention Framework Partnerships for Success (PFS) sub-recipients who implemented Underage Drinking (UD) initiatives.
- Implemented the Community College Initiative (CCI) sub-recipients who implemented Underage Drinking (UD) initiatives.
- UD was a focus of effort in prevention planning.

Coordinated services across the lifespan with an emphasis on adolescents and baby boomers

- Prevention plans took a comprehensive approach to addressing prevention across the lifespan with an emphasis on children from birth through age 25 across strategies. In addition, particular focus had been placed on the 18+ population.

Prevent or reduce illicit or prescription drug misuse, use, and abuse

- Prescription drug misuse, use, and abuse was a focus of effort in prevention planning.
- Supported, promoted, and expanded the Prescription Drug Take Back efforts.
- Developed the Strategic Prevention Framework for Prescription Drugs (SPF Rx) state strategic plan to address prescription drug misuse.
- Developed the Strategic Prevention Framework for Prescription Drugs (SPF Rx) state public education plan to address prescription drug misuse.
- Implemented the Opioid STR discretionary grant in 16 counties.
- Implemented the Strategic Prevention Framework for Prescription Drugs (SPF Rx) discretionary grant in 4 counties.
- Implemented a statewide media campaign to promote prescription drug education and awareness.
- Prescription drug and illicit opioid prevention was a focus of effort in prevention planning.

Prevent or reduce tobacco use

- Collaborated with ABC, Alabama Department of Public Health (ADHP), and the Youth Access to Tobacco Advisory.
- Supported Synar efforts to ensure submission of ASR and compliance with Synar regulations.

- Promoted tobacco-free initiatives.
- Participated with the National Council for Behavioral Health's Tobacco & Cancer Control state planning team – collaboration with ADPH.
- Tobacco prevention was a focus of effort in prevention planning.

Prevent substance-related suicides and attempted suicides

- Updated suicide prevention planning efforts to reinforce the association of primary substance abuse. (SAMHSA System Review Recommendations - 2016)
- Participated and collaborated with the Alabama State University (ASU) Suicide Prevention Task Force.
- Participated and collaborated with the Department of Education's Suicide Prevention Task Force.
- Presented at the ADPH Suicide Prevention Conference.
- Participated and facilitated Mental Health First Aid trainings.
- Educated providers on the shared risk and protective factors of substance use and suicide.
- Educated providers on National Suicide Prevention Lifeline and Question Persuade Refer training.
- Suicide prevention and its relationship to substance use was a focus of effort in prevention planning.

FY'19-22 Office of Prevention Priorities

- Promote emotional health and wellness, prevention or delay the onset of complications from substance abuse and mental illness and identify and respond to emerging behavioral health issues;
- Prevent and reduce underage drinking and young adult problem drinking, prescription drug and illicit opioid misuse and abuse;
- Prevent and reduce prescription drug and illicit opioid misuse and abuse among older adults;
- Prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, and American Indians and Alaska Natives);

Section 3: Vision for 2019-2022

The OOP seeks to impact the alcohol and/or drug related motor vehicle crashes, substance abuse treatment admissions, graduation rates, poverty, and substance-related suicides through the implementation of the six CSAP strategies with focused efforts on high-risk populations, college students, transition-age youth, American Indian/Alaska Natives, ethnic minorities experiencing health and behavioral health disparities, service members i.e. veterans and their families, LGBT (lesbian, gay, bisexual and transgender) individuals, older populations, and other data driven populations through the priorities provided.

Priority

- Promote emotional health and wellness, prevention or delay the onset of complications from substance abuse and mental illness and identify and respond to emerging behavioral health issues;
- Prevent and reduce underage drinking and young adult problem drinking;
- Prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, and American Indians and Alaska Natives); and/or
- Prevent and reduce prescription drug and illicit opioid misuse and abuse.

Outcomes

More specifically, this plan would allow us to achieve population level outcomes in the State of Alabama in the following ways. Beginning FY2019 with and by 2022, we attempt to:

- reduce the percentage of past year use of _____(insert substance) by 3%;
- reduce the percentage of treatment admission rates by 3%;
- reduce the alcohol and/or drug related motor vehicle crashes by 3%;
- increase the graduation rates by 3%; and
- reduce the substance-related suicide completions by 3%.

Outcomes from the previous plan (FY15) demonstrate lowered percentages among all indicators captured *(See Population Level Indicators page 14)* with the exception of the number of treatment admissions and suicides.

The increase in the number of treatment admissions could be attributed to the increase in state resources. The additional resources allow for the expansion of treatment services and offerings. In addition, the increase in promotion and awareness activities as it relates to accessing treatment services and associated resources could also be indicative of the rise.

The collaborative and planning efforts of substance abuse prevention and suicide prevention has increased to establish comprehensive strategies to address associated risk and protective factors seeking to reduce the substance-related suicide completions statewide.

The outcomes will be based on 22 catchment areas in the state representing 67 counties and the baseline are established by this configuration. *See Appendix, County Level Indicators for the State of Alabama.*

Section 4: Status of the OOP - Assessment

The SPAB assisted in the proposed priorities, outcomes, goals and deliverables through review, feedback, and identification of additions, deletions, and edits in the development of this strategic plan. The SPAB is well versed in the SPF model through training and continuous discussions about the SPF in meetings. The Prevention Director provided the draft Strategic Plan and Prevention Goals and Deliverables to the SPAB for input. Data and detail were provided from Leading Change 2.0 and the Epidemiological Profile.

The prioritization process involved a discussion of what funds and resources were already being utilized to address specific issues. In addition to that discussion, the group reviewed trends, time between implementing strategies and the impact on the issue, years of potential life loss, and readiness/political climate. OOP staff members participate regularly in the SPAB meetings and will share updates. At this point in time, the SPAB has had the opportunity to review the plan. There were no significant recommendations provided.

Alabama has identified an Evidence-based Practices (EBP) Workgroup, to use the SPF to identify needs and appropriate interventions for the communities. The EBP Workgroup is comprised of substance abuse prevention experts with backgrounds in community-level prevention, academic research, and governmental administration. The EBP Workgroup, along with sub recipients have been trained in understanding the core concepts related to selecting an EBP. The key elements are to understand the two main types of prevention strategies; Reinforce the understanding of contributing factors, intervening variables, and risk and protective factors; How to apply "good fit" components to EBPs and; Understand the Alabama SPF EBP Approval Process.

The Evidence-Based Practice Approval Process determines the legitimacy of selected EBPs. A step-by-step guide, to include an EBP Test Fit Form, has been provided to sub recipients to determine level of appropriateness. An actual flowchart has been developed to illustrate the EBP approval process.

At the State level, we require that all SPF programming and interventions have a logic model that has been submitted and approved by the SPF Management Team, EBP Workgroup and State Evaluator. These logic models are then used as tools to monitor and evaluate the programming. The State Evaluator provides continual training and technical assistance on logic modeling and ensure specific items and baselines are

identified. If adjustments are needed, the State Evaluator communicates with sub recipients and their evaluators directly. All programmatic services provided through SPF are evidence-based.

Funding Allocation Model

A hybrid funding allocation model combining population and highest need is utilized to support the prevention system in the state of Alabama. For Alabama's funding allocation process, the total population estimates from the United States Census Bureau, 2016 Population Estimates were used. Alabama consists of sixty-seven counties. These counties are contained in 22 catchment areas.

The second component used in the allocation of funding was need. The first step of assessing the counties in Alabama was to determine the criteria for inclusion for need. To help determine need as in relation to substance abuse the OOP looked at substance abuse indicators as well as social and economic indicators within a county. The process for choosing indicators was determined by:

- Availability of indicators on the county level
- Relative Importance
- Current and Updated periodically (On at least an annual basis)

Based off the criteria, the following indicators were selected to assess Epidemiological Need:

- Persons Killed & Highest Driver Blood Alcohol Concentration (.08+) in Crash
- Substance Abuse Treatment Admission
- High School Graduate or Higher
- Poverty
- Suicides

To learn in-depth about this allocation model, please refer to the Prevention Funding Allocation Model Strategic Plan which is published on our website at: https://mh.alabama.gov/wp-content/uploads/2019/01/PreventionFundingAllocationModelStrategicPlan.pdf

Section 5: Capacity

The OOP has seen tremendous growth since 2011 in personnel largely due in part to discretionary grants. Currently the office has nine full time staff and contractual evaluation services for its system. The summer of 2015 initiated our first University internship opportunity. OOP sought to expand upon the sustainability of interns and coordinated efforts with two local universities – Auburn University and Auburn University at Montgomery. The interns will assist with capacity and recruitment efforts. The core SABG staff will have responsibility and oversight of ensuring the success of this strategic plan. Specific roles and

responsibilities are outlined in personnel appraisals and within the prevention goals and deliverables. Capacity exists at the state level to engage this plan.

Community collaborative efforts will assist in ensuring adequate capacity at the community level. The prevention system RFP will facilitate a more collaborative process between historically funded agencies that will now see some mergers and contractual agreements between agencies.

Fiscal capacity is an ongoing challenge at the state and community level. The state continues to pursue discretionary grants in an attempt to support and sustain the system beyond the SABG. Since 2015, OOP has secured the following discretionary grants: Partnerships For Success (PFS) – five-year funding opportunity; Strategic Prevention Framework for Prescription Drugs (SPF Rx) – five-year funding opportunity; Opioid State Targeted Response (STR) – two-year funding opportunity; State Opioid Response (SOR) - two-year funding opportunity.

At the community level the prevention system is dependent upon the SABG, and despite continuous educational attempts to influence capacity building beyond this sole source, minimal efforts have been solidified. To further influence this, the OOP included a weighted scoring system within the prevention system RFP that rewards communities that have garnered funds outside of the SABG. OOP has acquired additional discretionary grant opportunities that extend beyond the scope of the SABG, however, there remains minimal effort within the community level prevention system to influence capacity building beyond OOP's efforts and/or offerings. In addition, OOP is coordinating efforts with Community Anti-Drug Coalitions of America (CADCA) to train and provide technical assistance to expand upon the current six (6) Drug Free Communities grant recipients within the state.

Section 6: Planning

To effectively initiate this strategic plan, it was necessary to disseminate the prevention goals and deliverables for review, additions, and edits. The plan is introduced and open to feedback from the prevention system as well as through the SPAB / AEOW. These introductions are facilitated through the quarterly meetings and through email exchange. After incorporation of those edits, the plan was finalized and OOP staff began working towards accomplishments of their roles and responsibilities. To ensure consistent engagement with the plan, the OOP on a quarterly basis updates the progress towards accomplishment of the plan. The quarterly updates are reviewed by the Prevention Director and when necessary suggestions are made toward progress. As appropriate, the progress is also aligned with SABG reporting.

Section 7: Implementation

To accomplish the OOP Strategic Plan the following are the intended implementation activities.

Implementation Activity	Responsible	Timeline
Disseminate – Strategic Plan disseminated to OOP staff, AEOW, SPAB, and posted to OOP website.	Office of Prevention AEOW SPAB	February 2019
Goals and Deliverables – Ongoing implementation with quarterly progress updates.	OOP	Ongoing
Monitoring – Site Visit; SABG & ADMH Monitoring Visit and tools	OOP	Ongoing

Section 8: Evaluation

Evaluation of this plan will include assessment of the process, the outcomes, and the long-term impacts of implementation at both the state and community levels. The current prevention infrastructure includes a Prevention System Evaluator and an evaluation plan.

Section 9: Sustainability

The OOP has been working on ways to sustain the entire prevention system. We recognize that the current system is not prepared to handle any significant reductions in SABG and discretionary grant funding as it comprises more than 90% of the funding for this office. As we continue to navigate financial changes and uncertainty, the OOP has repeatedly engaged the local communities in the SPF model, specifically addressing sustainability. Thus, the SPF model is the foundation for community ownership and collaboration. Collaborations are being established in communities with city, county officials, and various entities that should contribute to sustainability through local government allocations, existing grants, and additional grant opportunities of stakeholders. Our office apprises the prevention system of funding opportunities and support response to these opportunities through letters of support and collaboration. Further, the collection of annual data through the Annual Prevention Plan Monitoring form will allow agencies to communicate successful efforts to key groups and individuals, particularly decision makers who can allocate funding.

Section 10: 2019-2022 Strategic Goals

To achieve the OOP's vision and mission, we will strive to achieve the following strategic goals during FY2019-2022.

OOP Goals

1. With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness through coordinated services;
2. Improve organizational business management systems at the state agency level;
3. Increase the capacity for workforce to address population needs;
4. Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues;
5. Prevent and reduce underage drinking and young adult problem drinking;
6. Prevent and reduce prescription drug and illicit opioid misuse and abuse;
7. Prevent and reduce tobacco use;
8. Prevent and reduce substance-related attempted suicides and deaths by suicide among populations at high risk;
9. Develop a comprehensive evaluation system; and
10. Implement Synar[1] in the State of Alabama.

These goals are fully illustrated in the table that follows.

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[1] Synar refers to the Synar amendment, which requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under the age of 18 and to enforce those laws effectively.

Appendices

Population Level Indicators for the State of Alabama

Indicators	Alabama
% of Illicit Drug Use in the Past Month ages 12 and older (2012-2013)	7.72
% of Alcohol Use in the Past Month ages 12 and older (2012-2013)	43.21
No. of Treatment Admissions	21607
% of Persons Killed & Driver Blood Alcohol Concentration (.08+) in Crash 2016 (FARS, 2012)	28
Poverty (U.S. Census, 2011)	19.1
No. of Suicides (2012)	721

Indicators	Alabama
% of Illicit Drug Use in the Past Month ages 12 and older (2015-2016)	7.10 (8.03 % decrease)
% of Alcohol Use in the Past Month ages 12 and older (2015-2016)	40.8 (5.58 % decrease)
No. of Treatment Admissions (ADMH, 2017)	25,185
% of Persons Killed & Driver Blood Alcohol Concentration (.08+) in Crash 2016 (FARS, 2016)	27 (3.57% decrease)
Poverty (U.S. Census, 2016)	17.2 (9.95% decrease)
No. of Suicides (2015)	748

County Level Indicators for the State of Alabama

310 Board	County	% of Treatment Admissions 2017 (ADMH)	% Persons Killed & Driver BAC (.08+) in Crash 2016 (FARS)	Prescribing Rate per 100 persons 2016 (CDC)	Suicide 2015 (ADPH)	% High School Graduate or Higher 2012-2016 (Census)	Poverty Rate 2016 (Census)
	Alabama	25185	27	121.0	748	84.8	17.2
1	COLBERT	456	18	208.1	9	83.4	16.7
1	FRANKLIN	245	8	223.3	4	75.7	20.1
1	LAUDERDALE	816	43	127.5	12	84.9	15.2
2	LAWRENCE	92	13	114.1	3	77.5	16.8
2	LIMESTONE	242	30	76.5	10	83.2	12.8
2	MORGAN	416	14	135.4	18	82.5	15.8
3	MADISON	1344	33	113.7	59	90.8	13.5
4	FAYETTE	115	35	133.3	4	79.2	20.3
4	LAMAR	96	35	104.7	1	77.4	18.6
4	MARION	246	3	182.1	7	79.9	18.5
4	WALKER	371	13	235.4	15	78.6	20.5
4	WINSTON	228	18	172.5	2	76.0	17.3
5	BLOUNT	182	28	56.9	10	80.0	14.1
5	JEFFERSON	5040	35	116.7	95	89.0	15.3
5	ST. CLAIR	274	27	114.4	15	83.5	12
6	CHEROKEE	197	24	157.7	2	81.3	16.8
6	DEKALB	725	32	114.4	12	72.6	20.5
6	ETOWAH	665	20	156.8	15	82.5	17.5
7	CALHOUN	637	26	161	24	82.3	17.1
7	CLEBURNE	48	23	44.2	1	74.2	17.2
8	BIBB	130	29	97.2	3	80.7	20.1
8	PICKENS	115	30	81.5	1	81.1	25.8
8	TUSCALOOSA	1068	26	111.2	18	88.1	17.6
9	CLAY	51	18	133.7	2	74.6	18.9
9	COOSA	32	12	25.4	3	72.9	17.5
9	RANDOLPH	45	40	108.8	6	77.3	21.8
9	TALLADEGA	285	37	138.9	20	79.8	18
10	CHOCTAW	34	37	97.8	3	78.9	22.7
10	GREENE	44	14	79.8	0	76.9	34
10	HALE	74	42	97.7	3	81.4	23.7
10	MARENGO	107	20	131.7	2	83.9	25.8
10	SUMTER	35	40	40.5	1	80.0	32.4
11	CHILTON	197	17	120.4	11	80.1	18.3

310 Board	County	% of Treatment Admissions 2017 (ADMH)	% Persons Killed & Driver BAC (.08+) in Crash 2016 (FARS)	Prescribing Rate per 100 persons 2016 (CDC)	Suicide 2015 (ADPH)	% High School Graduate or Higher 2012-2016 (Census)	Poverty Rate 2016 (Census)
11	SHELBY	650	22	100.7	33	91.6	7.9
12	CHAMBERS	259	21	140.6	5	80.3	19.9
12	LEE	603	21	64.5	17	88.7	18.3
12	RUSSELL	200	20	110.6	10	82.6	19.3
12	TALLAPOOSA	73	33	108	4	79.6	20.2
13	DALLAS	263	30	117.8	4	79.0	35.4
13	PERRY	23	50	3.6	0	76.4	35
13	WILCOX	14	33	66.4	1	79.9	31.9
14	AUTAUGA	206	31	129.6	9	87.6	13.5
14	ELMORE	260	35	117.3	13	86.8	13.5
14	LOWNDES	28	35	0.7	0	74.8	31.7
14	MONTGOMERY	1046	20	88	26	85.5	18.8
15	BULLOCK	8	88	19.8	1	66.6	32.6
15	MACON	54	12	60.1	3	80.5	30
15	PIKE	93	42	105.5	3	80.0	25.1
16	MOBILE	1704	32	133.5	66	85.8	19.5
16	WASHINGTON	33	48	44.3	3	79.7	18.2
17	CLARKE	43	10	164.7	0	81.0	29
17	CONECUH	44	40	93.9	1	79.4	28.1
17	ESCAMBIA	154	26	173.9	7	80.5	23.3
17	MONROE	59	19	135.7	8	82.0	25.7
18	BUTLER	70	16	135.4	1	81.1	24.8
18	COFFEE	77	49	129.5	5	85.1	14.4
18	COVINGTON	243	23	170.9	5	80.9	19.6
18	CRENSHAW	72	58	90.9	0	78.3	20.5
19	BARBOUR	97	20	92.7	1	73.8	29.9
19	DALE	284	13	78.7	9	85.8	20.6
19	GENEVA	203	25	50.2	5	77.7	20.9
19	HENRY	70	24	30.7	3	80.7	18.7
19	HOUSTON	993	33	142.8	21	84.9	19.4
20	JACKSON	567	18	144.6	12	79.5	17.5
20	MARSHALL	952	27	191.1	18	78.6	21
21	BALDWIN	471	28	123.8	45	90.0	11.7
22	CULLMAN	440	16	166.2	18	82.2	14.9

FY19-22 Prevention Goals and Deliverables[2]

Goal 1 With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness through coordinated services.

Objective: Build and develop prevention prepared communities.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Establish sufficient distribution of prevention strategies throughout the state.		Ashley R.	Beverly				Ongoing	Percentage distribution should be 50% Environmental followed by CBP, Alternatives, and other strategies.	
2. Increase PIDR, community-based strategies and alternative activities.		Ashley R.	Beverly				FY19-FY22	Increase the FY20 strategy distribution over the FY19 distribution.	
3. Issue RFP to ensure prevention services and strategies are represented throughout the state.		Beverly	Ashley R.				FY19	Statewide RFP issued in FY19.	

4. Promote collaborative relationships between prevention providers, coalitions, drug free communities, tribes, and multiple community sectors, including education, business, justice, housing, healthcare, and other relevant fields that are culturally representative and inclusive of the LGBTQ community, military members/veterans and their families, rural and underserved populations.		Team					FY19-22	Increase the number of of collaborations across entities and disciplines.	
5. Apply for and secure additional funding thorough grants such as PFS, SPF Rx, STR and SOR.		Beverly	Team				FY19-22	Make successful application for SOR in FY19.	
6. Increase services in		Beverly	Team				FY20	Statewide RFP issued in FY19.	

underserved areas of the state.									
7. Expand the reach of prevention funds.		Beverly	Team				FY19	Statewide RFP issued in FY19.	
8. Implement funding allocation model to assist in the distribution of SABG.		Beverly	Team				FY19	FY19 RFP scored and providers identified.	

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Goal 2 Improve organizational business management systems at the state agency level.

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Objective: Develop sound management practices within the Office of Prevention.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Ensure prevention planning correlates with national efforts, SABG goals, results of statewide needs assessment, and epidemiological profile.		Beverly	Team				FY19-22	Prevention goals correlate with national efforts, SABG goals, results of statewide needs assessment, and epidemiological profile.	
2. Develop Continuity practical guidelines.		Team					FY19-22	Each quarter of the FY, develop at least 1 Continuity practical guideline per Office of Prevention staff member.	

Objective: Increase collaborative role of the AEOW and SPAB

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Promote engagement between AEOW, SPAB and their role in the prevention system.		Catina	Beverly				FY19	Increase engagements of AEOW & SPAB members with the prevention system efforts	

Objective: Produce and disseminate data/ information to appropriate audiences (e.g., community prevention planners, state and local officials, policy makers and the general public).

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Perform a comprehensive update of the epidemiological profile to include state and county level data. (Every two years)		Catina	AEOW				FY20	Comprehensive Epi profile published Oct. 2016 for state and inclusive of county data.	
2. Develop topic-specific fact sheets using Epidemiological profile.		Catina	AEOW				FY19	Two topic specific fact sheets each FY posted to ADMH website.	

Workforce Development and Capacity Building

Goal 1 Increase the capacity for workforce to address population needs.

Objective: Develop prevention workforce.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Conduct workforce		Beverly	Ashley R.				FY19-22	Quarterly occurrence of WFD.	

Action Step	Status	Primary POC	Secondary				Target Date	Metrics	Progress
development opportunities.									
2. Promote/provide prevention theory study groups for certification prep.		Consultants					FY19-22	Twelve groups conducted in a FY.	

Goal 1 Promote emotional health and wellness, prevent or delay the onset of and complications from substance abuse and mental illness, and identify and respond to emerging behavioral health issues.

Objective: Promote emotional health and wellness within the prevention system.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Educate providers on emotional health and wellness integration.		Consultants					FY19-22	Deliver 2 education sessions each FY.	
2. Ensure prevention plans take a comprehensive approach to addressing emotional health and wellness across strategies.		Consultants	Ashley R.				FY19-22	Increase the FY19 focus of effort distribution over the FY18 distribution.	
3. Prevent or delay the onset of complications of substance abuse		Team	System				FY19-22	Reduce the percentage of persons reporting substance use in the past 30 days and reporting major	

								depressive episodes in the year.	
and mental illness.									

Goal 2 Prevent and reduce underage drinking and young adult problem drinking.

Objective: Promote the prevention of underage drinking and young adult problem drinking.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Ensure prevention plans take a comprehensive approach to addressing underage drinking across strategies to include mobilizing communities through town hall meetings.		Consultants	Ashley R.				FY19-22	Increase the FY19 focus of effort distribution over the FY18 distribution.	
2. Collaborate and support the ABC compliance checks and the minor operative program.		Beverly	Team				FY19-22	FY19-22 funding to ABC.	
3. Educate the prevention system on underage drinking and		Consultants	ABC				FY19-22	Deliver 2 education sessions each FY.	

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
young adult problem drinking.									
4. Prevent and reduce underage drinking and young adult problem drinking and its negative consequences.		Team	System				FY19-22	Decrease the percentage of youth aged 12-20 engaged in underage drinking and reporting alcohol use or binge drinking in the past 30 days.	
5. Enhance SPF sub-recipients sustainability, implementation and evaluation.		Brandon	Tafeni, Necoal				FY19-22	Increase the number of education sessions and TA on these topics.	

Goal 3 Prevent and reduce prescription drug and illicit opioid misuse and abuse.									
Objective: Promote the prevention or reduction of illicit and prescription drug misuse and abuse.									
Action Step	**Status**	**Primary POC**	**Secondary**	**Start Date**	**End Date**	**Total # of Days**	**Target Date**	**Metrics**	**Progress**
1. Ensure prevention plans address illicit and prescription drug misuse, use, and abuse across strategies.		Brandon/Lauren	Necoal				FY19-22	Increase the FY19 focus of effort distribution over the FY18 distribution.	
2. Support planning and implementation of prescription drug take-back program.		Beverly	Brandon				FY19-22	Sustain the # of participating agencies and/or the # of pounds collected statewide.	

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
3. Expand participation in prescription drug take-back program.		Brandon	Necoal				April of each fiscal year	Increase the # of participants in FY19 over FY18.	
4. Educate the prevention system on prescription drug and illicit opioid misuse and abuse.		Consultants					FY19-22	Deliver 2 education sessions each FY.	
5. Prevent and reduce prescription drug and illicit opioid misuse and abuse.		Team	System				FY19-22	Reduce the number of opioid overdoses, overdoes-related deaths, and prevalence of opioid dependence.	

Goal 4 Prevent and reduce tobacco use.

Objective: Promote the prevention of tobacco use among youth and persons with mental and substance use disorders.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Collaborate with ABC, ADPH, and the Youth Access to Tobacco Advisory Board.		Beverly	Team				FY19-22	FY19-22 funding to ABC & ADPH and attendance at YATAB.	
2. Support SYNAR efforts.		Beverly	Sondra, Consultants				FY19-22	FY18 Coverage Study completion. FY19-22 ASR completion. FY Synar Workshop attendance.	
3. Promote tobacco-free initiatives in		Team					FY19-22		

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
mental health, substance abuse treatment, and community-based prevention efforts.									
4. Educate the prevention system on tobacco use.		Sondra	Consultants				FY19-22	Deliver 2 education sessions each FY.	
5. Prevent and reduce tobacco use among youth and persons with mental and substance use disorders.		Team	System				FY19-22	Reduce the percentage of youth aged 12-17 and persons with mental and substance use disorders reporting tobacco use in the past 30 days.	

<table>
<tr><td colspan="10" style="background-color:#c9a0dc">Goal 5 Prevent and reduce substance-related attempted suicides and deaths by suicide among populations at high risk.</td></tr>
</table>

Objective: Promote the prevention of attempted suicides and deaths by suicide among those at high risk (white non-Hispanic males, elderly-70+, American Indian, military, etc.) for suicide.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Participate and collaborate with the Suicide Prevention Task Force.		Beverly	Lauren				FY19-22	Attendance at ASPARC meetings.	
2. Educate the prevention system on suicide and effective practices and resources for the prevention of suicide as it relates to substance abuse.		Beverly	Lauren				FY19-22	Participation in 2 Information Dissemination or Education sessions each FY.	

Action Step		Primary POC	Secondary				Target Date	Metrics	
3. Ensure prevention plans address suicide and its relationship with substance use.		Ashley R.	Consultants				FY19-22	Increase the FY19 focus of effort distribution over the FY18 distribution.	
4. Prevent and reduce substance-related suicides among populations at high risk.		Team	System				FY19-22	Reduce the number of suicide attempts and deaths by suicide.	

Goal 1 Develop a comprehensive evaluation system.

Objective: Utilize evaluation to inform decision making in the prevention system of Alabama.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Secure evaluation services.		Beverly					FY19	Contracted Evaluator Services	
2. Develop a plan for evaluation.		Evaluator					FY19	Evaluation plan	
3. Collaborate with Evaluator and IT staff to improve collection of prevention information to include performance indicators to measure and document success.		Evaluator	IT, Ashley R.				FY19-22	Evaluator secured in FY19. Ensure performance measures established in FY19 RFP are sufficient.	

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
4. Develop or secure a statewide survey.		Evaluator	Team				FY20	Statewide survey	

Goal 1 Implement Synar in the State of Alabama.

Objective: Achieve compliance in accordance with federal standards.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Collaborate with ADPH and ABC.		Beverly	ADPH, ABC					Contract with ADPH & ABC.	
2. Support provider efforts around compliance checks.		Team						# of providers with compliance checks within strategy.	
3. Conduct coverage study.		Consultants	Catina				FY19	Completed coverage study.	
4. Develop Annual Synar Report		ADPH	Beverly				FY19-22	Submitted ASR to SAMSHA.	

2Quarterly updates monitor progress toward prevention goals and deliverables and provide information for midcourse adjustments, if applicable.