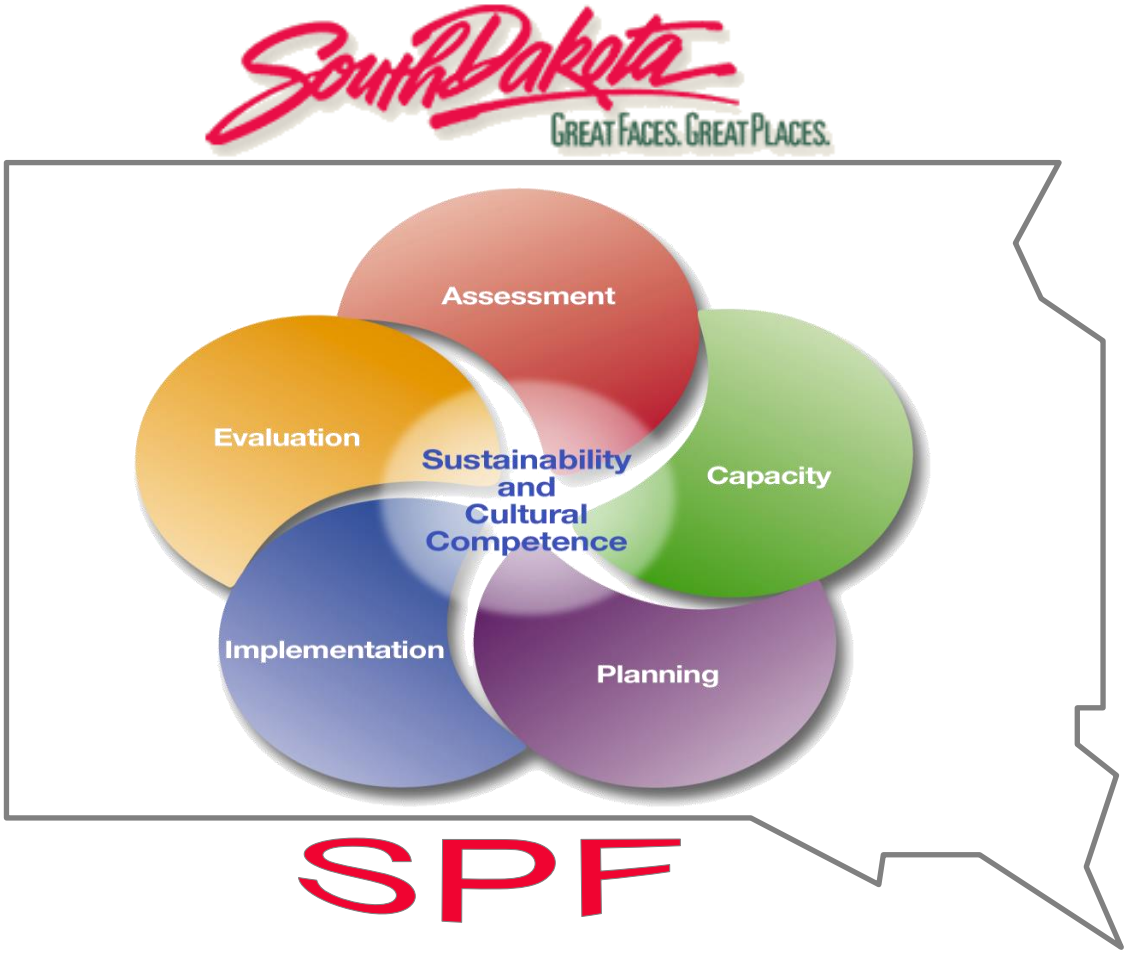
SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
PREVENTION PROGRAM

FIVE YEAR STRATEGIC PLAN (2015 -2020)



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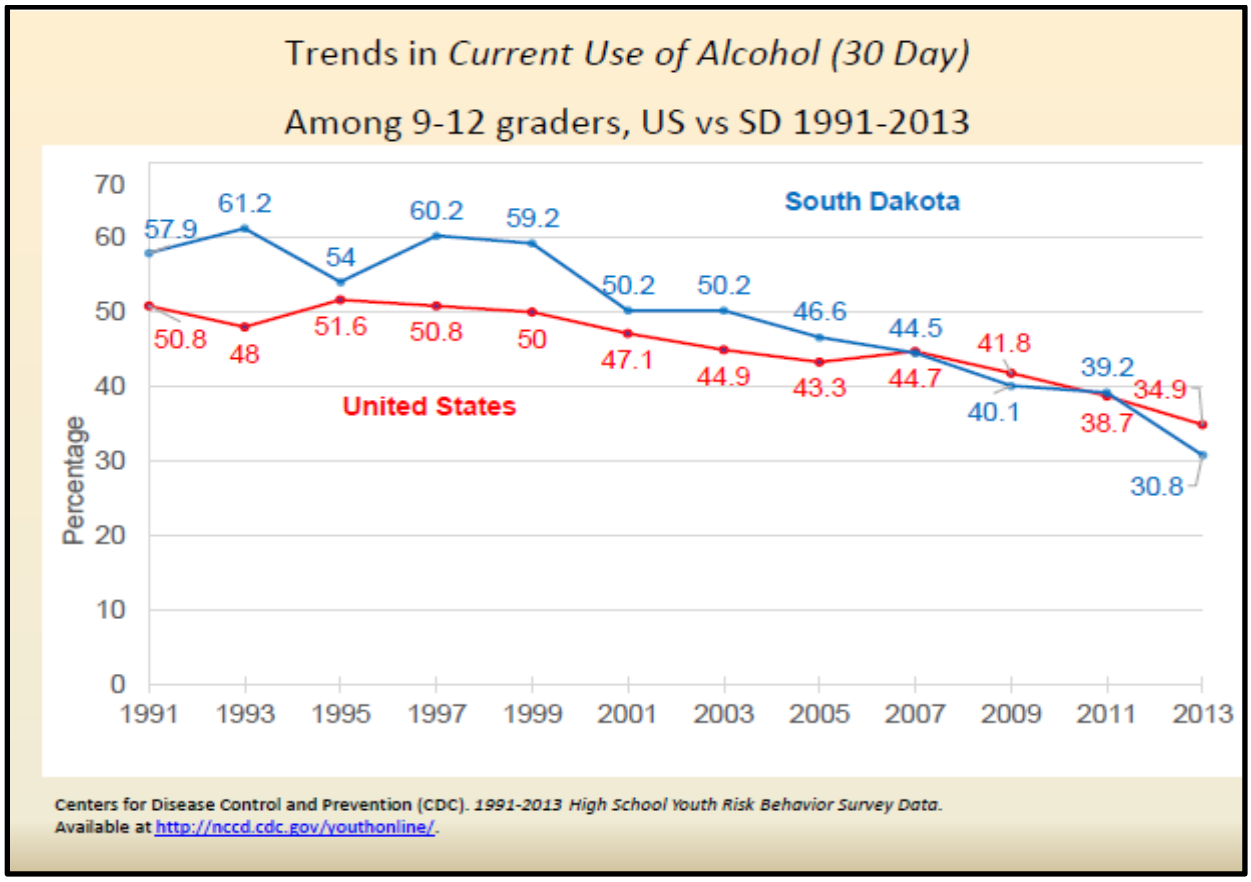
EXECUTIVE SUMMARY

In October of 2009, the Prevention Program within the South Dakota Department of Social Services, Division of Behavioral Health, applied for and received a Federal Grant called the Strategic Prevention Framework State Incentive Grant (SPF SIG). The grant was for 2.135 million per year for 5 years. Through a competitive Request for Proposals Process, the Prevention Program selected 15 local prevention coalitions to be funded by SPF SIG dollars. In addition, the Prevention Program selected 7 other community-based coalitions to be funded with Substance Abuse Prevention and Treatment Block Grant dollars to expand prevention services across the State. All 22 coalitions focused on the following populations: underage drinking among 12-20 year olds, and young adult binge drinking among 18-25 year olds. After 18 months of planning and 42 months of implementation, the statewide outcome data on the project follows in Table 1, Table 2, and Table 3 below.

Table 1



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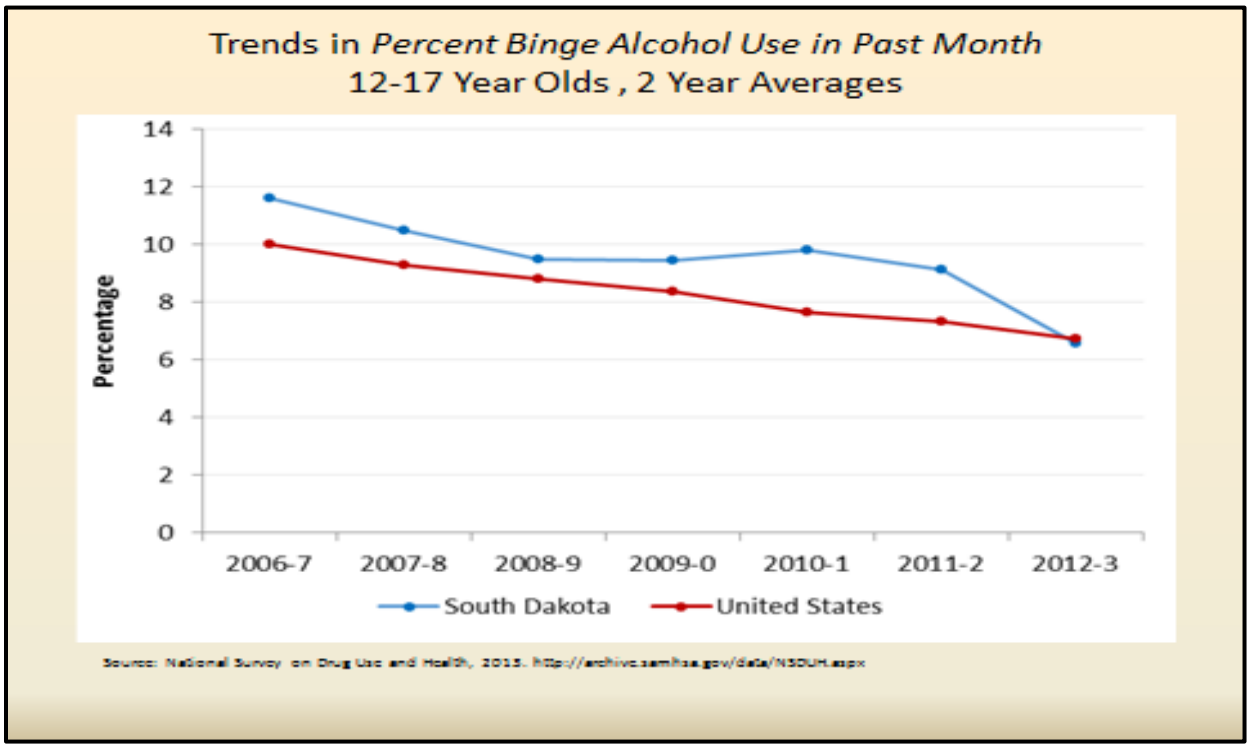

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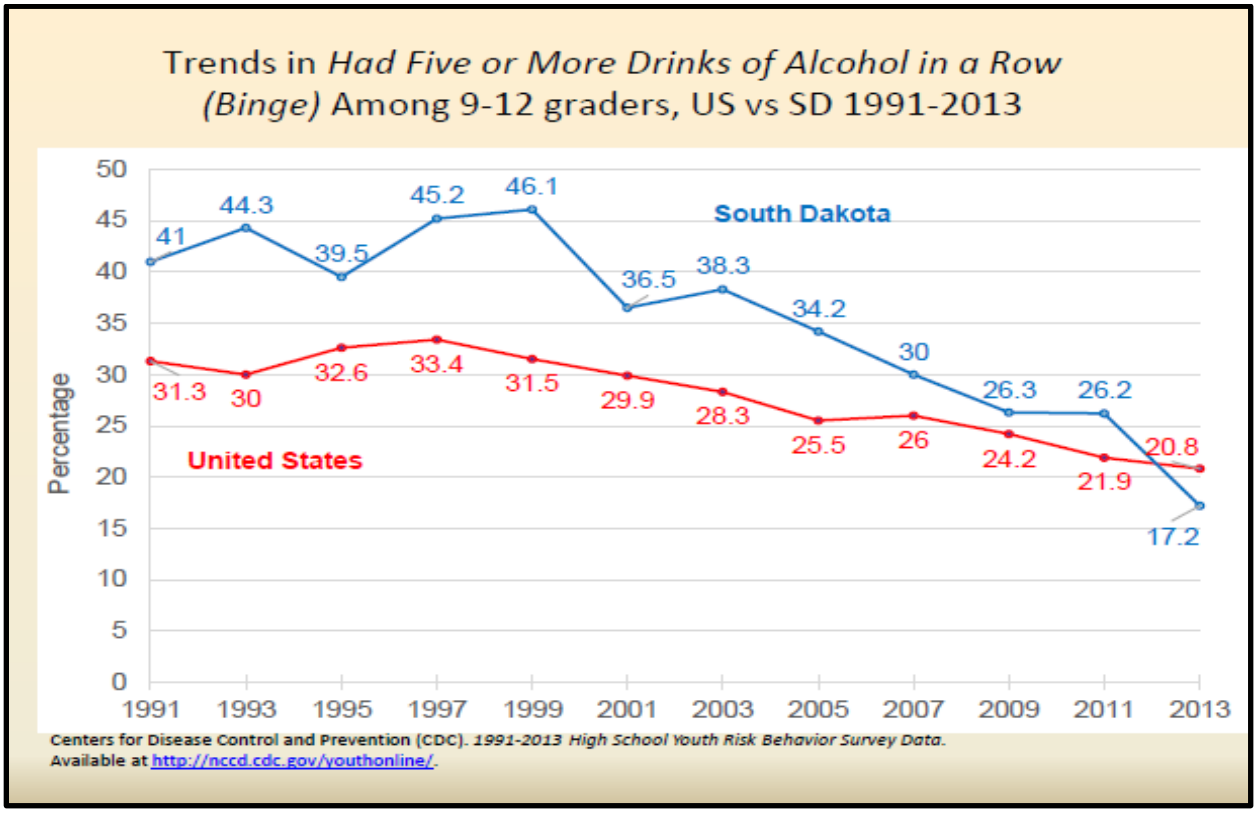

The SPF SIG grant was completed in June of 2014. As part of the requirement of the grant, the Prevention Program was required to complete a Five Year Prevention Strategic Plan.

The following information summarizes the accomplishments tied to the previous Prevention Program Strategic Plan (2012-2014):

- Completed a comprehensive review of all prevention curriculums currently offered in the five Behavioral Health Planning Regions in the State;
- Conducted a comprehensive review of the prevention workforce in the State to determine the gaps in their knowledge-base in the prevention area. This document will form the baseline for the development of a workforce training plan to begin in the fall of 2015;
- Established an Evidence-Based Workgroup made up of prevention specialists and evaluators to review those programs currently being utilized in the State, and rank order them based on the population they target and on their applicability to frontier/rural regions of the State;
- Developed a list of Evidence-Based Programs (EBPs) in the prevention areas of primary prevention, early intervention and recovery supports which were reviewed and approved by Prevention Program staff. The selected EBPs are supported by the State for implementation at the local level;
- Mapped the five Behavioral Health Planning Regions identifying where the State approved list of EBPs are located and where the gaps exist regarding the implementation of these EBPs;
- Provided support for 22 coalitions and trainings across the State on approved EBPs to increase the capacity of local prevention specialists to implement the State approved EBPs in their local communities;
- Updated the prevention data collection system with the goal of integrating both process and outcome measures into the system;
- Worked with the Prevention Program's epidemiologist and local prevention providers on the establishment of community outcome measures that will be collected on an ongoing basis;
- Assisted local coalitions in modifying their survey questions to include questions to measure community outcome measures and the Substance Abuse and Mental Health Services Administration (SAMHSA) National Outcome Measures;
- Created community dashboards which contain data on national, state, and regional outcomes where local coalitions can add their local data to in order to help them assess the impact of their local programming; and
- Enhanced the data collection capabilities at the community level.

On September 30, 2014, the Prevention Program received award notices that the State would receive a Partnership for Success Grant from the (SAMHSA) for $1.3 million per year for five years, and a South Dakota Youth Suicide Prevention Grant for $736,000 per year for five years. The revised Strategic Plan that follows will be an integrated substance use disorder prevention, mental health promotion, and suicide prevention plan for the State for the next five years.

VISION AND MISSION

Vision

Behavioral health and wellness across the lifespan of South Dakotans

Mission

Advancing behavioral health and wellness for individuals, families and communities through prevention leadership, education, and support

THE STRATEGIC PREVENTION FRAMEWORK AND SD PREVENTION GOALS

Each goal of the SD Prevention Strategic Plan corresponds with the 5 steps of SAMHSA's Strategic Prevention Framework (SPF). The five steps of the SPF are:

STEP ONE – ASSESSMENT *The collection of data to understand a population's needs and assess the resources that are currently available and those that are lacking. Assessment also helps define the problem or the issue that a project will need to impact.*

STEP TWO – CAPACITY BUILDING *Mobilizing human, organizational, and financial resources to meet the demands of the prevention initiatives and programming that are being implemented.*

STEP THREE – PLANNING *Development of a strategic plan that includes goals, objectives, strategies, activities and timelines aimed at meeting the prevention needs of South Dakota.*

STEP FOUR – IMPLEMENTATION *During program implementation, organizations detail the evidence-based programs, policies and practices that need to be undertaken, develop specific timelines, decide on ongoing program evaluation needs and identify and overcome any potential barriers.*

STEP FIVE – EVALUATION *The systematic collection and analysis of information about program activities, characteristics, and outcomes. Measuring the impact of the program is not just about collecting and analyzing information, but using that information to improve the effectiveness of the prevention programming being implemented.*

GOALS, OBJECTIVES, STRATEGIES, AND ACTIVITIES

Goal 1: Collect behavioral health indicator data and assess need for community-based prevention programming

Objective A: Collect indicators of substance use disorder, behavioral health, and suicide in South Dakota

Strategy 1: *Collect consumption data for community-based prevention programs for the target population(s) at the state, region, and community levels*

Activities:

a) Annually compile consumption data from national data sources and surveys
b) Collect consumption data from state data systems through collaboration with other state agencies
c) Work with local community coalitions to collect consumption data at the community level

Strategy 2: *Collect risk and protective factors (intervening variables) for the community-based prevention programs for the target population(s) at the state, region, and community level*

Activities:

a) Annually compile risk and protective factor data from national data sources and surveys
b) Collect risk and protective factor data from state data systems through collaboration with other state agencies
c) Work with local community coalitions to collect risk and protective factor data at the community level.

Strategy 3: *Collect consequence data for community-based prevention programs for the target population(s) at the state, region, and community level*

Activities:

a) Annually compile consequence data from national data sources and surveys
b) Collect consequence data from state data systems through collaboration with other state agencies
c) Work with local community coalitions to collect consequence data at the community level

Objective B: Analyze and disseminate information on substance use disorders, behavioral health, and suicide rates at the state, regional, and community level

Strategy 1: *Analyze data and identify needs of target population for community-based prevention programming*

Activities:

a) Calculate substance use disorders, behavioral health, suicide indicator prevalence rates for the target population at the state, region and community level
b) Compare prevalence rates at the state, regional and community level with benchmarks to identify high need areas

Strategy 2: *Disseminate substance use disorder, behavioral health and suicide epidemiological data for community-based prevention programs*

Activities:

a) Update and disseminate published reports and profiles of substance use disorder, behavioral health and suicide epidemiological data
b) Maintain and enhance the current website for the dissemination of substance use disorder, behavioral health and suicide epidemiological data
c) Integrate federal reporting requirements into substance use disorder, behavioral health and suicide epidemiological summary reports

Goal 2: Ensure access to a prevention system to support individuals, families and communities

Objective A: Support a comprehensive prevention behavioral health system

Strategy 1: *Identify the gaps in the substance use disorder area, mental health promotion and suicide prevention services in the State*

Activities

a) Conduct a yearly survey of the substance use disorder and suicide prevention coalitions to determine current services available
b) Develop a document on services available in the five Behavioral Health Planning Regions
c) Assess each planning region to determine gaps in the continuum of services in substance use disorder prevention, mental health promotion and suicide prevention systems
d) Develop a plan to focus resources to eliminate gaps in the system of services
e) Assess sustainability of existing funding, programs, and approaches

Strategy 2: *Identify ongoing priority populations for behavioral health services*

Activities:

a) Review local, regional and state level data to determine the population of greatest need for behavioral health services
b) Prepare a report that details the priority populations by age, race, and gender for all federal grants received by the State Prevention Program.
c) Prepare a report that identifies those populations in need of services and the priority populations required to be served by funding sources
d) Assess what priority populations are not being served in each region

e) Develop a plan to secure culturally-competent services and support to address underserved populations experiencing health disparities
f) Ensure cultural competence in plans to address identified underserved populations

Strategy 3: *Foster linkages of behavioral health prevention services to the behavioral health treatment system to enhance care coordination*

Activities:

a) Work with suicide prevention and substance use disorder coalitions on mapping each region on the availability of mental health and substance use disorder treatment services
b) In collaboration with treatment providers, establish reciprocal referral protocols for behavioral health prevention and treatment services
c) Monitor the effectiveness of the reciprocal referral protocols
d) Provide technical assistance to regions to improve their care coordination process upon request

Objective B: Inform the public and behavioral health provider system on the availability of community-based prevention services in each planning region

Strategy 1: *Promote community-based prevention services*

Activities

a) Develop an internet directory of substance use disorder, mental health promotion and suicide prevention services by region
b) Coordinate with the statewide "211" directory to ensure inclusion of prevention resources
c) Develop toolkits on the prevention services available to the general public
d) Place the directory and toolkits on the Prevention Program's website
e) Develop an awareness campaign to educate the public on available services

Strategy 2: *Increase the knowledge-base of the prevention workforce*

Activities:

a) In September 2015, begin work with the Center for Substance Abuse Prevention on a five-year prevention workforce training plan that includes the State supported evidence-based programs
b) Assess cultural competence of prevention workforce and cultural competence of existing services
c) Complete the comprehensive training plan by September 30, 2016
d) Identify curriculums and prevention workforce training needs, including cultural competence considerations, beginning in October 2016 through September 30, 2020
e) Roll out the training plan to the prevention workforce in January 1, 2017

Goal 3: Foster alignment and planning of community-based prevention services at the state and regional levels, and system integration at the local level

Objective A: **Compile information on statewide prevention services**

Strategy 1: *Identify prevention activities supported by other State agencies and other public, Tribal or private entities in local communities*

Activities:

a) Prepare a contact list of State agencies, Tribal entities, and the branches of the military that have or are currently providing prevention services in the behavioral health area
b) Develop an online survey and distribute it to the listed agencies and programs to determine what type of programming is being supported, the target population to be served, the number of prevention events funded each year, the number of individuals served, and the sustainability of the program
c) Map the five Behavioral Health Planning Regions with the information gathered from the survey
d) Prepare a report that details what prevention programs and events are being supported in each of the five behavioral health regions, the population each program targets and outcomes obtained for each program
e) Distribute the report to the participating entities
f) Hold a planning meeting to discuss any possible overlap in funding of programs, populations not being served, and gaps in behavioral health services

Objective B: **Develop an intergovernmental prevention and wellness plan**

Strategy 1: *Establish prevention priorities*

Activities:

a) List current prevention priorities for State agencies, Tribal entities, and the branches of the military for behavioral health services
b) Identify which prevention priorities are the result of federal grant requirements or are independently established by the funding source
c) Prepare a summary report of prevention priorities including required federal priorities and those priorities that are optional for the State
d) Develop a SurveyMonkey to be sent to local agencies listing current prevention priorities and their priority for each of the Behavioral Health Planning Regions
e) Prepare a summary document and distribute to the funding agencies

Strategy 2: *Promote collaboration on prevention efforts*

Activities:

a) Develop a standing Behavioral Health Prevention Workgroup

b) Have webinars or meetings quarterly to begin discussions on the prevention priorities document and the priorities detailed by local behavioral health providers
c) Discuss integration of prevention priorities
d) Identify gaps in prevention priorities by region as detailed by behavioral health providers
e) Collaborate on seeking resources to fill the gaps

Goal 4: Implement data-driven community-based prevention services to improve behavioral health and wellness

Objective A: Ensure current prevention efforts meet the needs of the target populations

Strategy 1: *Identify and support evidence-based programs to meet the needs of the prevention target populations*

Activities:

a) Maintain the Evidence-Based Prevention Workgroup under the State Epidemiological Outcomes Workgroup (SEOW)
b) Continue the process of reviewing proposals from local coalitions for new evidence-based programing with an emphasis on identifying new culturally-competent interventions
c) The Evidence-Based Prevention Workgroup will recommend to the Prevention Program which programs should be approved for implementation, with consideration given to cultural competency
d) The Prevention Program will add the newly approved programs to the State-approved and supported list of programs
e) The list will be distributed to behavioral health providers annually

Objective B: Ensure the implementation of evidence-based, culturally-competent prevention across the five behavioral health planning regions

Strategy 1: *Support the continued use of culturally-competent evidence-based programs*

Activities:

a) Develop a document on outcomes for prevention programming utilized in the areas of primary prevention, early intervention, recovery supports, mental health promotion and suicide prevention.
b) Rank order those programs demonstrating the greatest impact on the target populations
c) Distribute the list of ranked programs to the prevention network in the State
d) Encourage the use of evidence-based programming with the greatest impact on target populations
e) Review the list on an annual basis

Strategy 2: *Support local implementation of evidence-based programs*

Activities:

a) Survey the current prevention workforce on training needs related to State-supported programs
b) Rank the training needs based on the largest number of prevention providers asking for a specific training
c) Select the number of curriculums to be trained on each year based on level of funding
d) Once trained, provide technical assistance to local coalitions on the implementation of the curriculum in their local communities

Strategy 3: *Ensure fidelity and maintain high-quality prevention services*

Activities:

a) Analyze fidelity of implemented EBPs
b) List the EBPs supported by the Prevention Program
c) Contact the developers of the programs and develop a checklist of program components that are essential to implement to ensure program fidelity
d) Pilot each program's fidelity checklist to ensure effectiveness
e) Utilize trained prevention personnel to conduct yearly reviews of a percentage of EBPs
f) Develop a report on each provider surveyed to determine compliance with the fidelity requirements of the program
g) Assess the need for technical assistance to improve the implementation of the program
h) Provide additional training if needed

Goal 5: Analyze, evaluate and report the impact of data-driven prevention efforts in the areas of substance use disorders, suicide prevention and mental health promotion

Objective A: Evaluate the impact of prevention efforts in the State on a yearly basis

Strategy 1: *Determine local prevention coalition's impact on risk and protective factors (intervening variables), consumption, and consequences rates*

Activities:

a) Collect local coalition evaluation data on risk and protective factors (intervening variables), consumption, and consequences rates
b) Analyze the data yearly with the baseline for measurement beginning State Fiscal Year 2016
c) Prepare a report on progress on raising the perception of harm at the local level and other risk and protective factors (intervening variables), in the five Behavioral Health Planning Regions and the State
d) If improvement is not seen in local outcomes, provide technical assistance to local programs
e) Provide additional training if needed

Objective B: Determine the capabilities of local coalitions' data collection systems

Strategy 1: *Collect information from local coalitions on their capacity to collect data in multiple behavioral health areas*

Activities:

a) Develop a questionnaire on substances use disorders and the coalitions ability to collect data in multiple behavioral health areas
b) Include information related to suicide attempts and suicides in the questionnaire
c) Analyze the information to determine local capabilities
d) Provide technical assistance to increase local data collection capacity

Objective C: Disseminate evaluation findings and data to key stakeholders

Strategy 1: *Develop targeted reports to communicate findings and program impacts*

Activities:

a) Define target audiences and key stakeholders
b) Develop an annual statewide evaluation report with program summaries by region and populations, based on existing data collection and reporting
c) Distribute relevant reports and findings to each target audience and stakeholder group

KEY TERMS AND CONCEPTS

From SAMHSA's Centers for the Application of Prevention Technologies:

Strategic Prevention Framework SAMHSA's Strategic Prevention Framework (SPF) is a 5-step planning process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process. The SPF includes these five steps: **Step 1** - Assess Needs; **Step 2** - Build Capacity; **Step 3** - Plan; **Step** 4 - Implement; **Step** 5 - Evaluation.

Step One – Assess Need Under the SPF, communities are expected to assess population needs, including levels of substance abuse and related problems, available resources to support prevention efforts, and community readiness to address identified prevention problems or needs.

Step Two – Build Capacity States and communities must have the capacity, that is, the resources and readiness, to support their chosen prevention programs and practices. Why? Because programs and practices that are well-supported are more likely to succeed. Building capacity means taking a close look at the assessment data, finding the gaps that lie therein, and developing an action plan to address those gaps. Keep in mind that resources and readiness often go hand-in-hand, and building resources for capacity also contributes to greater readiness. For example, when key stakeholders are involved in

solving problems, they are more likely to engage others. This leads to more people recognizing the value of prevention.

Step Three – Plan Planning is pivotal to prevention success. Planning will increase the effectiveness of the prevention efforts by focusing energy, ensuring that staff and other stakeholders are working toward the same goals, and providing the means for assessing and adjusting programmatic direction as needed. If done carefully, planning will also make future evaluation tasks much easier. Good planning is also key to sustainability. It ensures the involvement and commitment of community members who will continue program efforts and activities beyond the initial funding period. It establishes the organizational structure necessary to maintain program activities over time. And it greatly increases the likelihood that expected outcomes will be achieved by ensuring that the activities selected are the right ones for the community.

Step Four – Implementation Where the rubber hits the road—where states, tribes, jurisdictions, and communities do what they've said they're going to do. When implementing prevention efforts, it's important to consider the balance between fidelity and adaptation, the range of factors that contribute to successful implementation, and the importance of developing a clear implementation plan.

Step Five – Evaluation The systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and decision making. Evaluation isn't about acquiring knowledge for the sake of knowledge. It's more practical. It's about utility. It helps states and communities become more skillful and exact in describing what they plan to do, monitor what they are doing, and improve the process if needed. Evaluation results can and should be used to determine what efforts should be sustained and to assist in sustainability planning efforts. Ultimately, good evaluation will help improve not only our own programs but those implemented by others.

Cultural-Competence This process is the ability of an individual or organization to interact effectively with people of different cultures. To produce positive change, prevention practitioners must understand the cultural context of their target community, and have the willingness and skills to work within this context. This means drawing on community-based values, traditions, and customs, and working with knowledgeable persons of and from the community to plan, implement, and evaluate prevention activities.

Sustainability When thinking about sustainability, prevention practitioners typically think of sustaining prevention programs. But best practice challenges us to think about sustainability more contextually; to consider the multiple factors that contribute to program success—such as the existence of a stable prevention infrastructure, available training systems, and community support to work toward sustaining these contributors. Best practice also encourages us to think critically about which activities we should, or should not, sustain. Our ultimate goal is to sustain prevention outcomes, not programs. Programs that produce positive outcomes should be continued. Programs that are ineffective should not be sustained. In addition, the SPF emphasizes sustaining the prevention process, recognizing that practitioners will return to each step of the process as the problems communities face continue to evolve.

Risk and Protective Factors (Intervening Variables) Once communities have selected their prevention priorities, they also need to assess the factors driving the prioritized problem(s). Each substance use disorder prevention problem has its own set of risk and protective factors (intervening variables). However, the factors driving a problem in one community may differ from the factors driving it in another community. One of the most important lessons learned from prevention research is that, in order to be effective, prevention strategies must address the underlying factors driving a problem. It doesn't matter how carefully a program or practice is implemented, if it's not a good match for the problem, it's not going to work.

Fidelity and Adaptation Fidelity refers to the degree to which a program is implemented as its original developer intended. Programs or practices that are implemented with complete fidelity are most likely to be effective. Yet practitioners often find the need to change the interventions they've selected. They may be working with a target population that is in some way different from the population that was originally evaluated. Or they may need to change certain program elements due to budget, time, or staffing restraints. In these cases, practitioners may adapt the program or practice to meet local circumstances. Balancing fidelity and adaptation can be tricky because any time you change an intervention, you may be compromising outcomes. Even so, implementing a program that requires some adaptation may be more efficient, effective, and cost-effective than designing a program from scratch. However, if adaptations are to be made, prevention coalitions need to work with the developer of the EBP to be modified to make sure the changes do not negatively impact program fidelity.