



*State of Indiana*

# Prevention Strategic Plan

SFY2019 - SFY2023

Substance Misuse Prevention & Mental Health Promotion  
Division of Mental Health and Addiction

## INTRODUCTION

The Indiana Division of Mental Health and Addiction (DMHA) is the single state authority for substance misuse prevention and treatment. It is one of the six divisions within the Family and Social Services Administration, and sets the care standards for the provision of mental health and addiction services to individuals within Indiana.

The Indiana Substance Misuse Prevention and Mental Health Promotion Strategic Plan for 2012–2017 was designed as roadmap in an effort to increase state-wide efforts and reduce the impact of substance misuse and mental illness on Indiana’s residents. Data and information from those efforts will outline the next five strategic years of this plan.

The Division of Mental Health and Addiction manages the substance misuse prevention dollars through parameters that are specified in the Code of Federal Regulations, Title 45 Public Welfare, 96.125 (Primary prevention). Its’ purpose is to outline DMHA’s blueprint to address prevention issues and strengthen the State’s infrastructure pertaining to substance misuse outcomes.

- **Mission:** To reduce substance misuse and promote behavioral health across the lifespan of Indiana citizens by maintaining a coordinated, effective, and accountable system of prevention and behavioral health promotion services
- **Vision:** Sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimum physical, emotional, and mental health
- **Methodology:** Prevention utilizes elements of the public health model for planning and service delivery and consists of inclusive practices, policies and programs which provide individuals, families, and communities with necessary support to minimize the misuse of alcohol, tobacco and other drugs and maximize overall well-being

Additionally, there is linkage between DMHA’s vision and Governor Eric Holcomb’s “*A Strategic Approach to Addressing Substance Abuse in Indiana.*” Specifically, this strategic plan will support several major strategies identified by the Indiana Commission to Combat Drug Abuse which include:

- Reduce the incidence of substance use disorder
- Develop and augment the ability of the Executive Director for Drug Prevention, Treatment, and Enforcement to serve its stakeholders including persons with Substance Use Disorder (SUD) and their families, providers of services and units of government
- Support and enhance substantial community-based collaborations aimed at prevention, treatment, and recovery. Encourage and support strengthening the infrastructure of communities (including county public health departments) to increase the capacity of communities to implement evidence-based prevention and treatment programs

This strategic plan outlines five priority areas with strategic initiatives and measurable action steps that will occur at the State and/or local level, and in collaboration with other organizational and community partners, and will provide a roadmap to carry out these initiatives over the next five years. These priority areas are:

1. Strengthen Community Infrastructure
2. Build Stakeholder Engagement
3. Enhance Collaboration
4. Increase Capacity to Implement Evidence-based Prevention
5. Create Normative Change

Each priority area, strategic initiative and action step was developed by a wide range of committed prevention volunteers, professionals and staff across local, regional and state agencies in Indiana. For each priority area, a goal and measurable objectives are designated in this strategic plan, followed by key performance and outcome measures that will be used to track the State’s progress. Given the broad range of issues and diversity of populations within the state, this plan is not intended to be a full account of all actions the State will pursue. Rather, this strategic plan will reflect the path, important changes, focus and outcomes DMHA aims to pursue and achieve over the next five years, in the areas of substance misuse prevention and mental health promotion.

## PREVENTION GOALS

In order to prevent and reduce substance misuse and its' impact on youth, adults and families in Indiana, the following prevention topics will direct the state's efforts:

- Prevent underage alcohol use
- Prevent binge drinking
- Prevent tobacco sales to underage youth
- Reduce the use of tobacco in youth
- Reduce illicit drug use

By SFY2023, the consequences of substance misuse in Indiana will be decreased as of result of evidence-based prevention programs, diverse strategies, and the application of the Strategic Prevention Framework (SPF) throughout the state.

## INDIANA GUIDING PRINCIPLES

DMHA's work is aligned and guided by the principles identified by the Governor of the State of Indiana. These key principles, identified by the Indiana Commission to Combat Drug Abuse, provide a framework of how this prevention plan will be executed in Indiana. These principles are:

**Data Driven:** Data will inform all systems and programs created for government, individuals, families and providers—evolving as learning increases and as Indiana's drug crisis changes.

**Comprehensive and Holistic:** Indiana's approach will be multi-faceted and focused on substance misuse prevention, early intervention, treatment, recovery and enforcement.

**Collaborative:** The state will align and focus the efforts of multiple state agencies that currently provide substance misuse services and resources. Further, Indiana's approach makes clear that local communities, state officials, and the federal government must all have a stake in helping to overcome the drug crisis.

## PREVENTION PARTNERS

The Indiana Division of Mental Health and Addiction is committed to ensuring productive and value-added relationships with all pertinent substance misuse prevention stakeholders at the local, state, and national levels. Establishing and maintaining those relationships is crucial to effective collaborations and the health of the State. Indiana will ensure solid partnerships with criminal justice, health, coalitions, child welfare, aging, rehabilitation, and education to concentrate on shared priorities and responsibilities for State action and success. Key partners include but are not limited to:

Indiana University / Richard M. Fairbanks School of Public Health / SEOW

Evidence-Based Practices Workgroup

Prevention Leader's Group

Indiana Criminal Justice Institute / Local Coordinating Councils

Indiana Department of Health

Indiana Department of Education

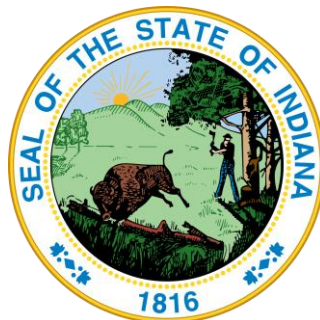
Indiana Coalition to Reduce Underage Drinking (ICRUD)

Indiana University / Prevention Insights (formerly Indiana Prevention Resource Center)

Local Epidemiological Workgroups

Prevention Technology Transfer Center (PTTC)

Intuitive Synergies



## THE STRUCTURE

DMHA’s prevention team follows the Strategic Prevention Framework (SPF) model as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). This five-step planning model has shown to be effective in prevention. The steps; assess needs, build capacity, plan, implement, and evaluate cultural competence sustainability, are applied to support and develop local data-driven tactics that target areas of greatest need in a community via practices, policies, programs, and diverse strategies that produce measurable outcomes. This is integral to the success of the prevention system. Utilizing the SPF also gives Indiana a way to better align its priorities with federal goals and initiatives. In addition, knowledge of the SPF is a basic skill that all prevention professionals in Indiana must possess. Coalitions must demonstrate the understanding and application of the SPF in constructing their strategic plan to be eligible for state and federal grant funds.



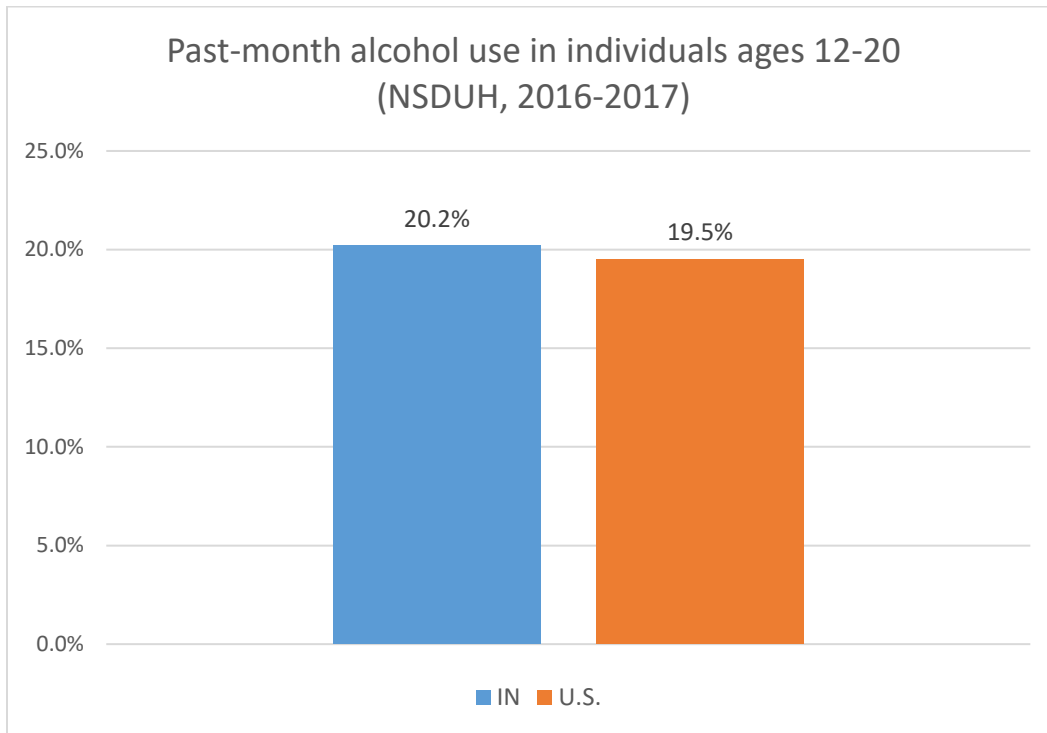
## PREVENTION TARGETS

The following prevention target metrics will be monitored to assess the impact and effectiveness of the implemented strategic initiatives.

*Target #1 → Prevent Underage Alcohol Use (Underage Drinking) (Ages 12-20)*

*Goal → Decrease to less than 20%*

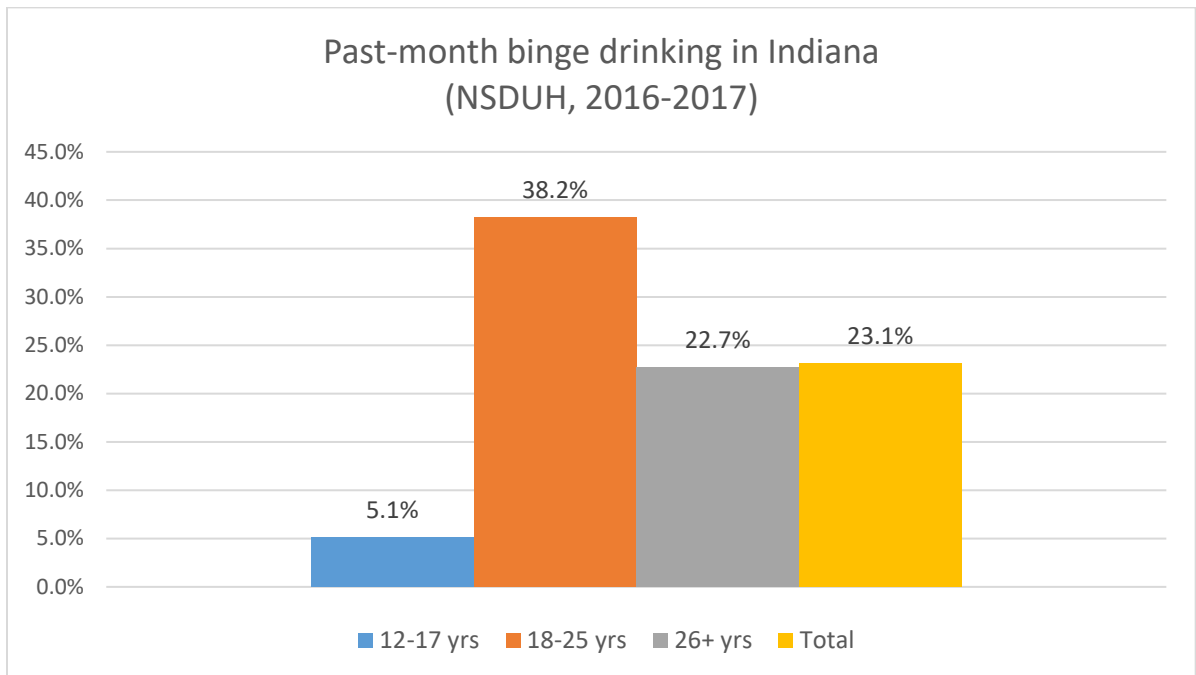
According to estimates from the National Survey on Drug Use and Health (NSDUH), one in five (20.2%) Hoosiers ages 12 to 20 reported drinking alcohol in the past month.



*Target #2 → Prevent Binge Drinking (Excessive Drinking) (Ages 18-25)*

*Goal → Decrease to less than 23%*

The total binge drinking percentage in Indiana is over 23% for individuals aged 12 years and older.

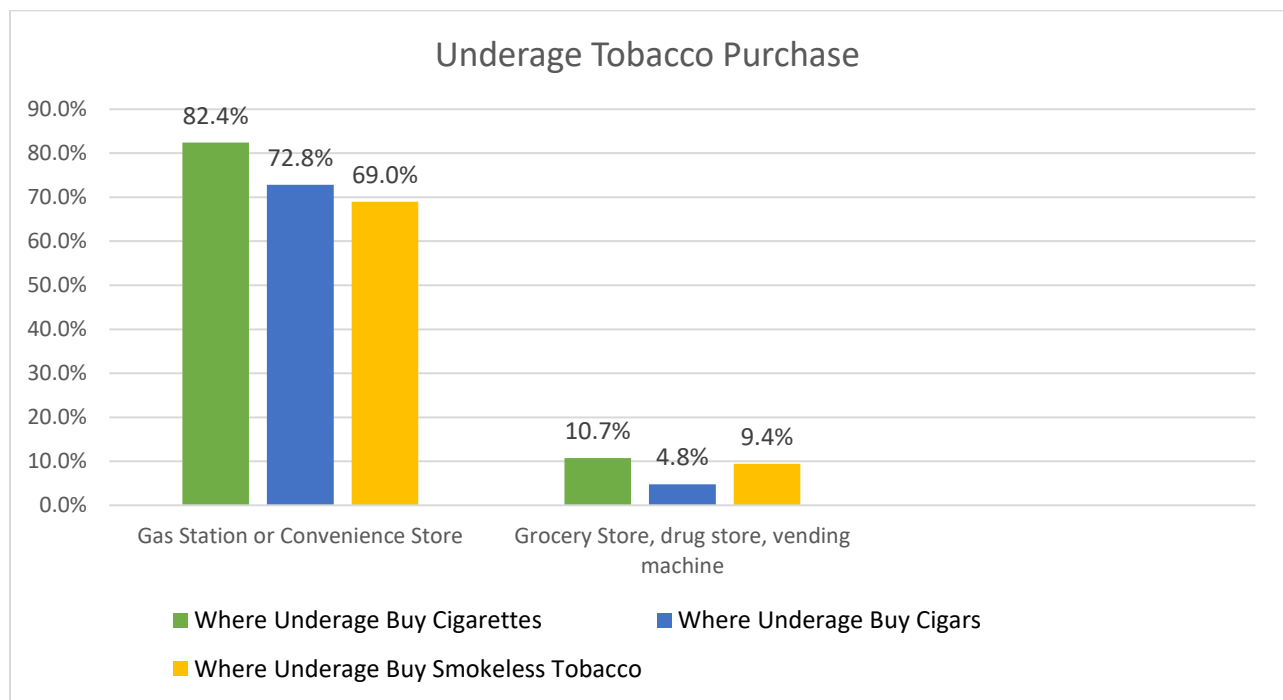




*Target #3 → Prevent Tobacco Sales to Underage Youth (includes vaping)*

*Goal → Decrease to less than 14%*

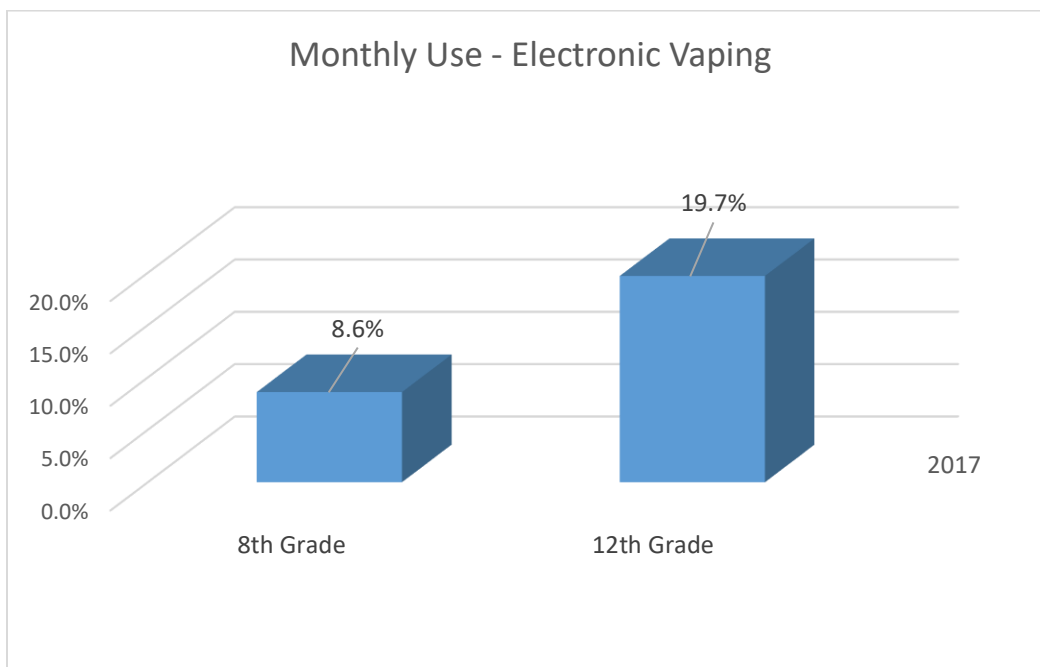
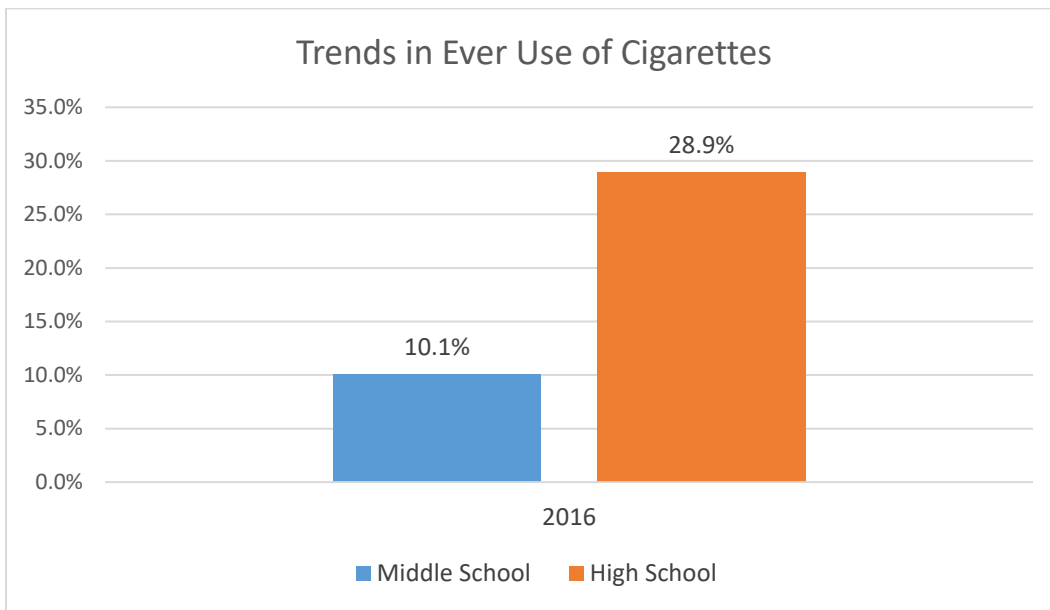
Data on tobacco purchasing among underage high school tobacco users, indicated the majority of individuals purchased these products (i.e. cigarettes, cigars, smokeless tobacco) from a gas station or convenience store (ISDH, 2017). Random, unannounced tobacco compliance checks, conducted by the Indiana Alcohol and Tobacco Commission (ATC), indicated the current retailer violation rate of tobacco sales to minors in Indiana was slightly over 14% in 2018.



*Target #4 → Reduce the Use of Tobacco in Youth (includes vaping)*

*Goals → High School: Decrease to less than 28% / Middle School: Decrease to less than 10%*

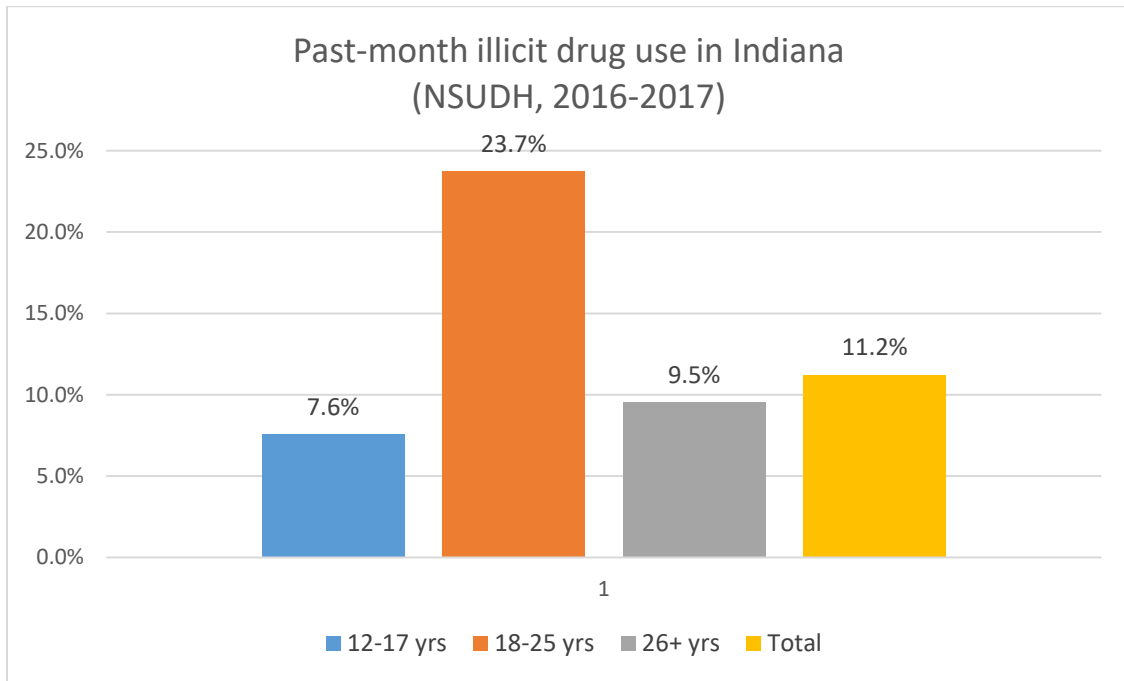
According to the Tobacco Prevention and Cessation Commission (ISDH, 2017), nearly 29% of high school students, and more than 10% of middle school students have smoke tobacco. Other data indicated the increased use of electronic vaping products in youth (IU/Prevention Insights, 2017).



*Target #5 → Reduce Illicit Drug Use in Indiana (including misuse of prescription drugs)*

*Goal → Decrease to less than 11%*

Illicit drug use, including the misuse of prescription drugs, in Indiana is more than 11% for individuals aged 12 years and older.



## THE WORK PLAN

### Strategic Initiative: *Strengthen Community Infrastructure*

#### Action Step #1

Build capacity of prevention leaders at the state and community level through training, mentoring, coaching, and shared prevention methodology.

- Explore the possibility for all providers to report to one data system and receive consistent workforce development and training on best practices
- Support movement and direct efforts towards a regional system of prevention to leverage efforts, support mentoring, and increase coaching efforts and opportunities throughout the State
- Develop leadership manuals and other tools for state, regional and county prevention providers, to support workforce development, shared understanding, and cohesive planning

#### Action Step #2

Provide technical assistance to inform the local level about prevention barriers and gaps so they are better prepared to use existing funds towards efforts.

- Share and support program efforts, data sharing, and evaluation tools to reduce duplication of efforts and services, and increase capacity
- Utilize data to guide and inform prevention decision-making
- Communicate program modifications based on learning and adaptations due to changing environments
- Encourage innovative ideas and innovative prevention practices when the evidence-based foundation needed to make the impact has not been developed or data is not readily available
- Develop a shared definition of prevention and evidence-based practices across state prevention agencies

### Strategic Initiative: *Build Stakeholder Engagement*

#### Action Step #1

Increase the number and engagement of substance misuse prevention advocates.

- Develop a strategic communications work group to initiate a prevention social media campaign which will include diversified stakeholders
- Construct effective prevention branding and strategies

- Provide state funding to catalogue existing prevention efforts for all substances with a special emphasis on opioids, and to ensure sustainability of evidence based and innovative prevention efforts

#### Action Step #2

Increase recognition of the opioid epidemic and the lack of capacity social systems have to respond to the demand for services

- Draft and support effective public policy at the community and local levels to change risk and proactive factors in Indiana’s cultural landscape surrounding substance and opioid use

#### Action Step #3

The state system supports the collection and use of data at state, regional and county levels by planning for health disparities; collecting assessment data and integrating the State Epidemiological Workgroup more fully into state and local efforts.

- Collaborate across state agencies to address equity issues and health disparities around substance misuse prevention efforts through data collection, shared definitions and collaborative efforts
- Increase access to prevention and treatment services across the lifespan, across regions and across domains

### Strategic Initiative: *Enhance Collaboration*

#### Action Step #1

Create a value and demand for prevention and public health by sharing data, expertise, integrating multiple prevention continuum of care strategies and fund accordingly.

- Develop a regional model of training, technical assistance and information sharing structure
- Highlight ongoing evaluation data that showcases the effectiveness of substance misuse prevention
- Promote existing technical assistance and training efforts to increase the quality of, and demand for, prevention
- Construct a marketing message to blanket Indiana’s highest-risk counties and provide additional grant funds for other regions and counties to further the dissemination of the campaign

#### Action Step #2

State agencies involved in prevention must strategically plan how to fund prevention.

- Increase the level of coordination of state agencies by strengthening the Prevention Leader’s Group and aligning it with Governor’s Commission to Combat Drug Abuse and Prevention

- Explore having one State maintained database of state-funded prevention programs
- Promote existing technical assistance and training efforts to increase the quality of, and demand for, prevention

#### Action Step #3

Encourage and support strengthening the infrastructure of communities to increase the capacity of communities to implement evidence-based prevention and treatment programs.

- Develop a regional model of training, technical assistance and information sharing
- Highlight ongoing evaluation data that showcases the effectiveness of substance misuse prevention
- Promote existing technical assistance and training efforts to increase the quality of and demand for prevention
- Facilitate performance improvement by ongoing monitoring of process and outcome measures as well as simple sharing of efforts in order to maximize resources
- Facilitate ongoing relationships between prevention and treatment

### Strategic Initiative: *Increase Capacity to Implement Evidence-Based Prevention*

#### Action Step #1

Expand the activities of and the participants on the evidence-based workgroup.

- Develop an online evidence-based module curriculum which could be adapted for training of new prevention providers, prime movers and champions (specifically legislators) and provides common language and goals around substance misuse prevention efforts

#### Action Step #2

Nurture a multi-disciplinary staff and professional credentials with a focus on acknowledging past challenges and history, a focus on meeting current goals and objectives and a focus on the future vision.

- Coordination of consistent workforce development opportunities and credentialing for state, regional and community prevention providers
- Provide education opportunities on evidenced based practice

#### Action Step #3

Continuously plan for sustainability by building relationships, showing outcomes and seeking funding at federal, state, county and local level.

- Build formal state relationships through written agreements such as Memorandum of Understanding
- Provide education regarding possible co-supported funding mechanisms

### Strategic Initiative: *Create Normative Change*

#### Action Step #1

Develop multi-component strategies instead of relying on a single direct service prevention program.

- Establish shared goals between state agencies (i.e. data goals established by the State Epidemiological Outcomes Workgroup; and adoption of a shared definition of substance misuse prevention across state agencies; an increased public health and public policy focus around substance misuse strategies; continued alignment of DMHA’s goals with other agency and Commission goals) to maximize opportunities and combined goal setting
- Increase collaboration between Federal, State and local level Partners. This shall include the development of a “point of contact” system which provides regular information across channels and opportunities for networking and regional coordination

#### Action Step #2

A systemic approach is needed to change individual behavior.

- Continue DMHA funding directed towards environmental strategies which impact substance use risk factors, public health strategies which impact shared risk and protective factors and engagement in supportive and directive public education initiatives across the state

#### Action Step #3

Establish a central depository that can send the vetted information out to the local communities.

- Develop a clearinghouse that contains information that can be shared across communities and state agencies

#### Action Step #4

Ensure all state agencies understand the power of having a uniform message concerning the importance of prevention.

- Construct a shared definition and defense of prevention message via the Prevention Leader’s group or similar group composed of Indiana government agencies
- Create a State Prevention agenda to guide priorities and funding decisions

#### Action Step #5

Employ social media to communicate a shared prevention message that blankets the state

- Create a marketing message to blanket Indiana's highest-risk counties and provide additional grant funds for other regions and counties to further the dissemination of the campaign



## REFERENCES

Substance Abuse and Mental Health Services Administration (SAMHSA). Table 16. 2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Access at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). Table 14. 2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Access at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). Table 1. 2016-2017 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia). Access at: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHsaePercentsExcelCSVs2017/NSDUHsaePercents2017.pdf>

Indiana State Department of Health. Tobacco Prevention and Cessation Commission. (2017). Figure 2-13. Results from The 2016 Indiana Youth Tobacco Survey. Access at: [https://www.in.gov/isdh/tpc/files/2016%20Indiana%20YTS%20Report%20\\_FINAL.pdf](https://www.in.gov/isdh/tpc/files/2016%20Indiana%20YTS%20Report%20_FINAL.pdf)

Indiana University. Prevention Insights (formerly Indiana Prevention Resource Center). (2017). Indiana Youth Survey: 2017 Prevalence Statistics Main Findings. Access at: [https://inys.indiana.edu/docs/survey/indianaYouthSurvey\\_2017.pdf](https://inys.indiana.edu/docs/survey/indianaYouthSurvey_2017.pdf)