

Vermont's Strategic Prevention Framework State Incentive Grant Plan Executive Summary

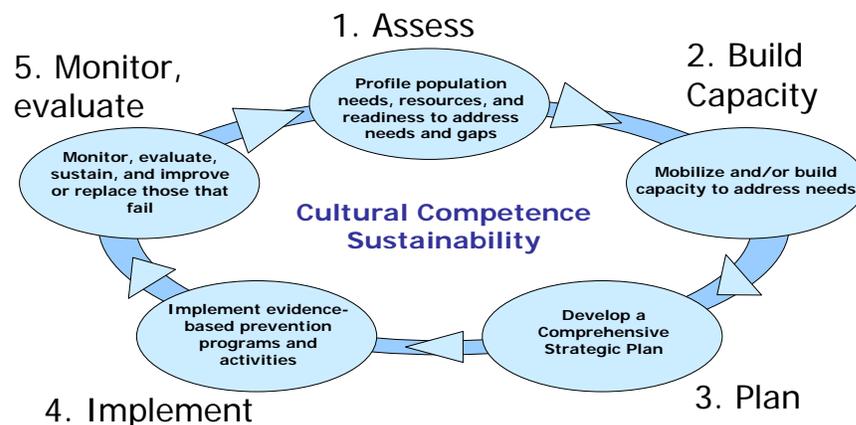
Introduction

In 2004 the Substance Abuse and Mental Health Services Administration (SAMHSA) conducted an assessment of Vermont's substance abuse prevention system. SAMHSA found that in order for the system to increase its effectiveness Vermont needed a formalized strategic planning process and a system for tracking and measuring substance abuse prevention outcomes. The state took action to address this need by applying for SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG). In 2005 Vermont was awarded a five-year grant at \$2.3 million per year, thus strengthening the Drug Education, Treatment, Enforcement and Recovery (DETER) initiative. The objective of the SPF SIG is to strengthen the state's prevention system so that communities inform and are supported by a clear substance abuse prevention strategy, funding, public information, workforce development opportunities, performance standards and evaluation resources. Our ultimate aim is communities mobilized to prevent and reduce substance abuse and empowered to share their stories of change.

The SPF SIG is a five-year grant designed to help states and communities apply a public health planning approach to the prevention of substance abuse by utilizing the strategic prevention framework process. The five planning steps are:

- Profile population substance abuse prevention needs based on consequence and consumption data, resources, and readiness to address needs and gaps
- Mobilize and/or build capacity to address needs
- Develop a Comprehensive Substance Abuse Prevention Strategic Plan
- Implement evidence-based substance abuse prevention programs, policies and practices
- Monitor, evaluate, sustain and improve or replace

Prevention Framework



Vermont is among 37 SPF SIG states across the nation who are applying this process to achieve the following goals:

- Prevent the onset and reduce the progression of alcohol abuse, including childhood and underage drinking
- Reduce substance abuse related problems in communities, and
- Build prevention capacity and infrastructure at the State and community levels – including a sustainable evaluation system for prevention grantees.

Key milestones of the grant include: establishment of a statewide advisory council and a state epidemiology workgroup (SEW); collection and analysis of data on alcohol and other drug consumption and consequences; development of a 5-year strategic plan for substance abuse prevention; and funding of community grants to implement evidence-based substance abuse prevention strategies.

The strategic prevention framework is intended to be a living process, whereby the state and communities build on what is already working, develop capacity where none exists, keep asking questions and apply what they learn. Although the strategic plan focuses primarily on implementation of the grant, it is the Department of Health's intention that the plan will also serve as a foundation for learning and driving decisions about the state's alcohol, tobacco and other drug prevention program. Above all, lessons learned from the application of the strategic prevention framework should strengthen and inform the state's prevention infrastructure so that it is better able to support comprehensive physical and mental health promotion systems.

Assessment

The State Epidemiological Workgroup (SEW) examined relevant data on the consumption and consequences of alcohol, tobacco, and other drugs in order to determine Vermont specific priorities for prevention efforts. Both national and local data sets from as many sources as possible were collected and analyzed. Forty-one indicators of consumption and consequences of alcohol, tobacco, and drugs were provided in the State Epidemiological Data System (SEDS) by the Center for Substance Abuse Prevention (CSAP). SEW members met regularly to explore and present a comprehensive representation of substance use and abuse issues in Vermont.

At all levels, three primary criteria were used to assess the state burden of substance-related problems: (1) Vermont's relative ranking in comparison to other states; (2) the relative prevalence within the State; and (3) trends over time. SEW and Advisory Council members applied additional criteria such as estimated preventability/changeability of a particular indicator within the given timeframe and potential for long term benefit to a variety of populations. After an extensive review of state data, the SEW determined the following priorities:

- Reduce underage drinking
- Reduce high-risk drinking among persons under the age of 25
- Reduce marijuana use among persons under the age of 25

Extant data indicate that Vermont ranks among the top states in prevalence rates and consequence indicators across all three categories. Subsequently, these recommendations were endorsed by the full SPF Advisory Council. In addition, the SEW conducted an analysis of regional differences and found that, although every Vermont community has a unique set of resources and challenges, there are little to no statistically significant differences between regions in substance use prevalence. For more detail please refer to Vermont's *Substance Abuse Assessment and Epidemiological Profile*.

Prevention Capacity

The second phase of the assessment process included a review of the existing prevention infrastructure, resources and gaps. Data from a 2004 study of Vermont stakeholders was augmented by assessment and dialogue conducted with the SPF Advisory Council, representing both state and community organizations which play a key role in prevention, education, youth work, healthcare, community development, law enforcement, substance abuse treatment and recovery. At the community level, information was collected with and on existing partnerships and coalitions, the regional substance abuse prevention consultant network, youth leadership organizations, student assistance program counselors, and substance abuse prevention programs. The following gaps in infrastructure were identified:

- Workforce development – The state lacks a consistent prevention workforce development system. Such a system should provide prevention staff and volunteers, of varying ages, opportunity to build knowledge and skills in core areas of prevention and community development, as well as best practices in substance abuse prevention and early intervention.
- Funding - The level of prevention funding is inadequate. In addition, existing prevention funding initiatives frequently have short time frames which do not allow for communities to properly evaluate and, subsequently, improve substance abuse prevention approaches.
- Evaluation - There is no consistent data collection system for monitoring and evaluating progress of prevention grantees and initiatives.
- Environmental strategies- Communities would benefit from a strengthened environmental change approach, including strategies such as media and communications

In addition, assessment findings revealed that:

- Vermont's substance abuse prevention system, generally, has more capacity to reach school age youth than young adults.
- There is inconsistent prevention capacity around the state, with some communities utilizing multiple funding streams to implement comprehensive approaches to substance abuse prevention, and other communities having relatively little access to prevention resources.

Improvement Plan

Vermont-specific goals emerged from the needs and capacity assessment identified above. They are:

- Achieve reductions in identified priorities in selected communities/counties
 - 1)Reduce underage drinking
 - 2)Reduce high-risk drinking among persons under the age of 25
 - 3)Reduce marijuana use among persons under the age of 25

- Develop sustainable prevention infrastructure at the community/regional level

Implementation

Vermont's SPF SIG funding strategy will include two categories of community grants, reflecting the two goals.

Approximately 14 communities that do not have the infrastructure necessary to carry out an implementation plan will be awarded **capacity-building grants** through an open competitive process. Where feasible, capacity- building grants will be geographically distributed around the state. Regional Agency of Human Services (AHS) and VDH leadership will participate in the grant review process to assure that these capacity building grants enhance existing prevention infrastructure. Upon completion of a plan approved by the Department of Health, capacity building grantees will have the option of accessing implementation funds for up to three years, contingent on availability of federal funds.

Approximately ten **implementation grants** will be awarded, through an open competitive process, to those communities with a high level of capacity and readiness to operationalize all five steps of the SPF and achieve measurable outcomes. If feasible, at least one grant will be awarded to a community with an institution of higher education. The project's potential to complement other state initiatives, such as the Incarcerated Women's Initiative, and population density may also be considered in selecting grantees. Implementation grantees will be awarded a planning grant to support needs assessment, capacity building and planning. Upon completion of a plan approved by the Department of Health, grantees will be eligible for implementation funds for up to three years, contingent on continuing federal funds.

All grantees will be expected to:

- address underage drinking (priority # 1) and either priority #2 or 3
- complete a needs, resource and readiness assessment
- develop a logic model and assure that the strategy selected has been shown to positively impact the problem identified
- increase capacity for reaching 18 to 24 year-olds as one component of their plan
- follow the standards identified in the SAMHSA published guidance document, "Identifying and Selecting Evidence-Based Interventions."
- participate in a statewide learning community through the life of the grant

SPF SIG funds will support statewide workforce development activities. . This will include training designed to build skills needed to implement the SPF. Grantees will also have an opportunity to learn from each other’s challenges and successes. Regional substance abuse prevention consultants will provide targeted technical assistance on the regional level.

SPF SIG funds will partially support the development of “common theme campaigns” designed to address SPF SIG priorities. All grantees will be expected to gather information from key target groups, as well as implement these campaigns. Other Vermont communities will have the option of also participating in any common theme campaigns developed out of the SPF SIG, even if they are not grantees.

Evaluation

The Department of Health and SPF SIG community grantees will participate in SAMHSA’s national cross-site evaluation. The SPF SIG evaluation will be designed to detect impacts on target outcomes across the funded communities, and ensure that there is adequate documentation regarding project implementation. State-level indicators of Vermont’s priorities will also be tracked to determine if there is evidence of a statewide impact of the SPF-SIG. Equally important is the role of the planned process evaluation. At the state-level, the process evaluation will provide feedback to the SPF-SIG project director and the Advisory Council, as well as other key planners and stakeholders, regarding the actual implementation of the program and how it might be improved or refocused for maximum sustainability. .

Cross Cutting Issues

Cultural Competency – The SPF SIG will support training and technical assistance aimed at integrating culturally competent practices into each step of the SPF process. The Department of Health and Human Services framework will be utilized as a starting point for defining and assessing cultural competence.

Underage drinking – A variety of school-based, community-based and law enforcement initiatives aimed at reducing underage drinking are already underway in Vermont. The SPF SIG will build on, rather than duplicate these resources. Where feasible, the Department of Health will blend resources targeting the same objectives, to allow for a more meaningful and comprehensive approach to this outcome.

Sustainability – The SPF SIG will build on and strengthen existing infrastructure where available. The Division of Alcohol and Drug Abuse Programs and the SPF SIG Advisory Council will work closely with the Vermont Blueprint for Health, the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) workgroup, the Children and Family Council for Prevention Programs and other prevention funders to assure that workforce development, funding mechanisms, and communications approaches supported through the SPF SIG are designed to inform and strengthen our prevention system beyond the life of the grant.

The SPF SIG process evaluation will also highlight opportunities to collaborate on increasingly robust and comprehensive prevention efforts.

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