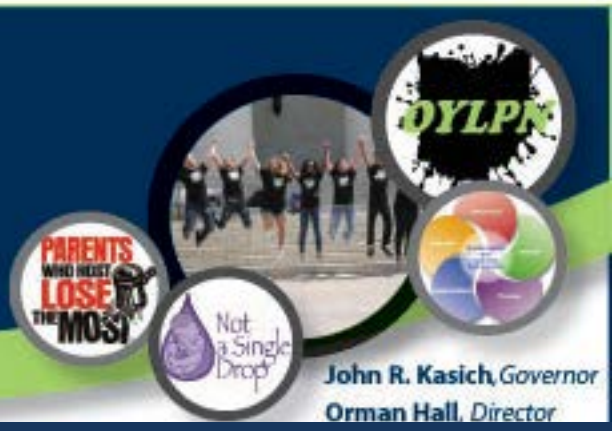
Ohio | Department of Alcohol & Drug Addiction Services

Championing Prevention:
Strategic Prevention Expansion (SPE) Plan



July 2012

John R. Kasich, Governor
Orman Hall, Director

I. Introduction

A. Federal Grant Overview

The Ohio Department of Alcohol and Drug Addiction Services (ODADAS) sought out federal grant funding to strengthen and enhance the state's prevention infrastructure to support more strategic, comprehensive systems of community-oriented care. Ohio received a $600,000 Strategic Prevention Enhancement (SPE) grant September, 2011 from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to strengthen and extend the national implementation of the Strategic Prevention Framework (SPF). The SPF process is an integral part of SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities.

A cross-system consortium of key stakeholders including state agencies, foundations, universities, prevention providers and other community members worked to develop this five-year strategic plan to foster more responsive, interactive State and local systems to better address and adjust to the complexities of the evolving health care initiative.

II. Prevention Infrastructure Review & Progress

Ohio reviewed the required components of a State/Tribal infrastructure to gauge the extent to which our prevention system measures up to the "ideal" prevention infrastructure. This section provides a detailed discussion of where Ohio is in reaching the goals of each of the key elements and how the SPE grant has assisted us in progressing through the SPF process at the state level.

A. Assessment

In addition to current efforts, the Ohio SPF-SPE Evaluation Team conducted a variety of assessments and inventories to inform the work of the SPE Consortium specifically around data collection. The following provides a summary for each of the three main projects.

Current ODADAS Assessment Efforts ----------

Community Assessment and Planning

ODADAS allocates funds to each of the 50 ADAMHS and ADAS Boards who, in turn contract with and offer support to the alcohol and other drug prevention and treatment programs in their counties. ADAMHS and ADAS Boards are required by Ohio law to prepare and submit to ODADAS a plan for the provision of alcohol, drug addiction and mental health services in the board service area. The community plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS.

ODADAS develops guidelines for boards in their development of their community plans. The most recent community plan guidelines were developed jointly with the Ohio Department of Mental Health which has similar

statutory authority in order to streamline reporting requirements and eliminate duplication of efforts for county boards who must submit plans to both departments.

National Outcome Measures & Alignment of Federal, State & Community Planning

Central to ODADAS' planning framework is the alignment of federal, state and community planning requirements as reflected in the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, the comprehensive state plan, and board community plans. The connecting thread of these plans is the National Outcome Measures. The graphic below provides a visual of this alignment. The Government Performance Results and Accountability Act of 1993 requires federal agencies to develop strategic plans with measurable outcomes. The Substance Abuse Mental Health and Services Administration (SAMHSA) operationalized this requirement with National Outcome Measures (NOMS) reported annually in the SAPT Block Grant. SAMHSA's NOMS cover ten domains with associated outcomes and measures for substance abuse treatment and prevention.

Vertical Alignment of Federal, State and County/Community Planning Processes

Level	Entity	Focus	Framework	Reporting Requirements
Federal	CSAT/CSAP (SAMHSA)	Sets national menu of outcomes	National Outcome Measures	SAPT Block Grant
State	ODADAS	Establishes statewide targets that meet NOMS and respond to state needs and priorities. Incorporates Governor's priorities and community issues and priorities identified by county boards	Outcome reporting integrated into Community Plan Guidelines and Department Grant Program	Certification standards/rule** Community plan guidelines Grant applications Assurances
County	County Boards	Establishes county treatment, prevention and capacity targets that meet Community Plan Guideline requirements and respond to local needs and priorities	Local discretion with required targets and roll up in Community Plan	Board-Provider Contracts or related mechanism Assurances
Community	Providers	Propose goals and objectives that contribute directly to ODADAS targets and County requirements	Outcomes and objectives consistent with NOMS as required element in Department Grant Program and board contracts	Interim and year end reports for grant program and board reporting requirements to meet contract specifications

State Epidemiological Outcomes Workgroup (SEOW)

Ohio has a sound, functioning and well-organized community prevention infrastructure that is supported by the Ohio Epidemiological Outcomes Workgroup (SEOW). Since 2006, the SEOW has had the responsibility for the collection, analysis, and reporting of substance use incidence, prevalence and related data and National Outcome Measures (NOMs). The NOMs are a set of domains and measures which SAMHSA uses to meet reporting requirements. Substance abuse NOMs are drawn from many types of data including: substance use incidence and prevalence, related consequence data, and program process and output data.

The SEOW has developed state and county level profiles that are utilized by ODADAS, various state agencies and ADAMHS/ADAS Boards for state and community need assessment. The profiles incorporate all substance abuse related components and indicators, including evidence of associated problems (e.g., school dropouts, delinquency, depression, suicide, and violence). Indicators that met the SEOW inclusion criteria were categorized broadly by ATOD consumption and the consequences associated with alcohol, tobacco, or illicit drug use. Consumption indicators include age of initiation, lifetime use, current use, and high-risk use. Consequences of use include mortality and morbidity data, measures of abuse and addictive disorders, and crime related indicators. Contextual indicators from the RTI study that measure community instability and family-related factors (e.g., teen-birth rate, divorce, and child-abuse or neglect)

comprised another set of measures used for the Ohio epidemiological profile. While the relationship between such indicators and ATOD consumption is at times inconsistent, Sanchez, Dunteman, Kuo, Yu, and Bray (2001) suggested that the above demographic and contextual measures should be monitored closely in an effort to evaluate the impact of ATOD use on Ohio's population.

OSAM

The Ohio Substance Abuse Monitoring (OSAM) Network is a collaborative effort funded by ODADAS in association with key stakeholders in the substance abuse community throughout Ohio. The OSAM Network first began monitoring drug trends in 1999 and has the capacity to respond rapidly to investigate new drugs being used on the streets as well as to monitor drug and alcohol abuse and changes in drug abuse or drug-using populations. The primary mission of OSAM is to provide a dynamic picture of substance abuse trends and newly emerging problems within Ohio's communities every six months. The OSAM Network has grown significantly over the years, through the establishment of working relationships with community professionals and agencies that provide rich and diverse sources of drug trend data. This expansion has allowed the Network to provide coverage in most of the major urban and some rural areas of Ohio.

The OSAM Network collects and analyzes both qualitative (focus groups and individual interviews) and quantitative (statistical) data. This data provides substance abuse professionals and policy makers with the information necessary to plan for alcohol and drug addiction prevention, treatment and recovery services.

Assessment Projects Funded by SPF-SPE----------

National Resource Assessment: Statewide Student AOD Surveys in SAMHSA's Central CAPT Region

The Ohio SPF SPE Evaluation Team conducted a web search to determine what states in SAMHSA's Central CAPT Region (i.e., Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Pennsylvania, West Virginia, and Wisconsin) regularly conduct student surveys that provide either county-level or regional estimates of substance use. For most of these states, information was found on the website of the lead substance abuse agency for the state. The purpose was to obtain information about how common it is for states surrounding Ohio to have student surveys that can provide sub-state estimates of substance use, and to learn more about the implementation of such surveys.

The Evaluation Team also developed a set of additional questions to be used to both verify the information they located through the Internet search, and to address other key points related to implementing statewide student surveys. They did not contact officials (such as the NPNs) in these states to ask them these questions. ODADAS and the Evaluation Team are working with Ms. Kate Buchanan, an AOD Research Analyst at the National Association of State Alcohol/Drug Abuse Directors, to field a survey with the membership of NPN. The survey was deployed to all NPNs in the United States in late July.

The following shows summary results by state. It should be noted that this information was gathered solely from the links noted; information was not verified by representatives of the states.

- **Illinois** conducts the Illinois Youth Survey (grades 6, 8, 10 and 12) every two years (e.g., 2010 and 2012) which is available to all eligible public and private schools. The goals are to provide local data and to provide state estimates through a random sample to represent students in these grades in Illinois public schools. In 2010, 188,882 youth in 1,104 schools participated in the survey. Source: http://iys.cprd.illinois.edu/
- **Indiana** conducts the Survey of Alcohol, Tobacco and Other Drug Use by Indiana Children and Adolescents (or Indiana Survey) annually in grades 6 through 12. In 2011, the survey was administered to 152,678 students in 478 schools throughout the state. The strength of the survey is to describe reported ATOD use at the local level. Source: http://www.drugs.indiana.edu/publications/survey/indianaSurvey_2011.pdf
- **Iowa** conducts the Iowa Youth Survey with students in the 6th, 8th and 11th grades "across the state of Iowa"; surveys were implemented in 1999, 2002, 2005, 2008, and 2010, and will be administered in 2012. The website for the survey included 2010 trend reports at the county level for all 99 counties. Source: http://www.iowayouthsurvey.org/

- **Kentucky** conducts the KIP Student Survey with students in grades 6, 8, 10 and 12 in even-numbered years. A total of 8 of 120 counties (and 21 of 176 school districts in the Commonwealth) had no participants in the survey in 2010. Source: http://www.reachoflouisville.com/kip/index.htm
- **Michigan** conducts the Michigan Profile for Health Youth (MiPHY) every other year as an online student health survey with students in grades 7, 9, and 11. In 2010, 63 counties had surveys implemented in at least two districts, yielding a county level report. There are a total of 83 counties in Michigan. Source: http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html
- **Minnesota** conducts the Minnesota Student Survey (MSS) as a statewide student survey every three years with students in grades 6, 9 and 12. All public school districts are invited to participate. In 2010, 295 of the 335 school districts (88%) agreed to participate. Source: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6380A-ENG
- **Pennsylvania** conducts the Pennsylvania Youth Survey (PAYS) every three years (most recently in 2011). All schools are encouraged to participate and a random sample of schools is selected through which state level estimates are produced (the schools selected participate at no cost). Source: http://www.portal.state.pa.us/portal/server.pt/community/pennsylvania_youth_survey/5396/2011/775032
- **West Virginia** conducts the YRBS and CDC Tobacco Survey, but does not otherwise conduct a statewide survey. Sources: http://wvde.state.wv.us/healthyschools/YRBS.htm and http://www.wvdhhr.org/bph/hsc/statserv/yts.asp
- **Wisconsin**: No student surveys (except BRFS, YRBS, and NSDUH) were reported in a 2010 state epidemiological profile on alcohol and other drug use, and we did not locate any estimates from survey data at the county level in that profile. Source: http://www.dhs.wisconsin.gov/publications/P4/P45718.pdf

Ohio Resource Assessment: Local-level AOD Prevention Surveys

The Ohio SPF SPE Evaluation Team created a web-based form to gather information about local-level surveys collecting substance use data in Ohio. This resource assessment was conducted between April and August 2012 with DFC-funded coalitions and ADAMHS/ADAS Boards.

The resource assessment sought to collect information on youth or adult surveys being conducted at the local-level throughout Ohio. A web-based instrument was developed to collect the following information about local-level surveys and if possible, to obtain an electronic copy of the survey instrument.

- Survey population
- Administration schedule
- Year of most recent administration
- Geographic area covered by survey
- Cost for most recent survey administration
- Inclusion of National Outcome Measures (NOMs)

The Evaluation Team began the resource assessment process by contacting DFC program directors, as these grantees are required to field a youth survey to collect core measures for the program. This ensured that the potential respondents would have at least one survey to enter into the resource assessment. A list of DFC grantees funded for fiscal year 2011 was downloaded from the Office of National Drug Control Policy (ONDCP) website. This list included the contact information for 27 DFC-funded grantees in Ohio.

Before deploying to all DFC-funded grantees in Ohio, the resource assessment was pilot tested by two DFC program directors. Minor changes were made to incorporate their feedback into the final instrument. On June 1, 2012, an email was sent to remaining 25 DFC program directors requesting their participation in the resource assessment. Periodic email reminders were sent to non-respondents and follow-up requests were made by the Ohio Prevention Program Specialists from ODADAS. The DFC portion of the resource assessment concluded on July 6, 2012 with 16 of the 27 DFC program directors submitting information on local-level surveys.

- Almost all of the DFC coalitions (15 of 16) reported contracting with an outside organization for some part of the survey process for their core measures survey.
- Three of the DFC coalitions reported conducting the required DFC core measures survey every year with middle school and high school surveys implemented in alternating years (e.g., middle school in even years and high

school in odd years). The majority reported conducting their survey every other year while one conducted their survey every three years.

- DFC coalitions were asked to upload an electronic version of local-level surveys collecting substance use data in their areas. A total of 17 surveys were provided by respondents. Among these are 12 youth surveys used to collect the required DFC core measures and five other youth or adult surveys conducted in their area.

To collect information on areas not covered by the DFC-funded coalitions a plan was developed to expand the resource assessment to ADAMHS and ADAS Boards. Due to time constraints, this portion of the resources assessments will be conducted by telephone. Initial emails will be sent to the executive directors of ADAMHS and ADAS Boards requesting their participation in the resource assessment. This email will describe the project and ask for the individual with the most knowledge of local-levels surveys to contact the SPF SPE evaluation team about a brief telephone interview. Follow-up calls will be conducted with boards that do not respond to the initial request. Periodic email and telephone follow-up contacts will be made to schedule interviews until August 17, 2012.

Ohio Resource Assessment: Institution of Higher Education Prevention Data Collection Strategies

The Ohio SPF SPE Evaluation Team collected and compiled data and information on which Ohio institutions of higher education implement student surveys that include measures of alcohol and other drug (AOD) use. The purpose was to obtain information on the availability of data as well as on the overlap between the measures used and the National Outcome Measures (NOMs).

First, the Evaluation Team developed a listing of colleges and universities in Ohio, which included the 25 largest universities by enrollment, as well as 24 two-year community and technical colleges in the state (http://en.wikipedia.org/wiki/List_of_colleges_and_universities_in_Ohio). The smallest enrollment four-year university on the list had an estimated enrollment of just over 3,000 students.

Next, the Evaluation Team searched the websites of the institutions to determine who to contact that would be familiar with AOD surveys implemented by the institution. Third, they developed a script to be used to ask the contacts about any surveys their institution regularly conducts that asks students about AOD use. Fourth, they conducted calls starting in mid-June 2012 to collect and compile the information. They used an Excel spreadsheet to track contacts, and a separate Excel spreadsheet to compile the final information. The Team also attempted to obtain copies of all surveys implemented.

The initial focus was on contacting the universities (starting in mid-June), and then moved to contacting the community and technical colleges (in late June). After contacting the institutions and leaving messages at least two times without success in collecting the needed information, the follow-up strategy was to email the most likely best contact to explain the purpose of the information collection and to request that the person either send the information via email or tell us when they can be called.

The Evaluation Team also gathered from the website of the Higher Education Research Institute at UCLA information on what Ohio colleges and universities implemented two surveys (College Senior Survey, and Your First College Year Survey), as well as in what years since 2008 they implemented these surveys. Finally, they developed a table of the measures in the main surveys (College Senior Survey, Your First College Year Survey, NCHA, and Core) to allow comparison with National Outcome Measures (NOMs).

By July 24, 2012, they had collected and compiled information on surveys conducted in 19 of the 25 universities (76%) and on surveys conducted in eight of the 24 two-year community and technical colleges (33%). However, all colleges and universities on the list had been contacted at least once, and most had been contacted multiple times. In addition, every four-year university that had not responded had been sent an email. Attempts to contact all institutions of higher education in Ohio will continue until mid-August. At that time, data collection will be closed and the Excel spreadsheet will be finalized.

An Excel spreadsheet contains the key information we gathered from the colleges and universities about their AOD surveys of their students. The following summarizes some of the main interim results.

Universities

- The most commonly reported surveys that are used broadly (e.g., with a sample of undergraduates within the university) are: (1) the American College Health Association's National College Health Assessment (NCHA), and (2) the Core Institute's Core Alcohol and Drug Survey.
- Regarding how often these surveys are conducted, the modal responses are either every two years or every three years.
- These surveys seem to be implemented most commonly as web surveys, and somewhat less commonly, as paper and pencil surveys with students in a random sample of classrooms.

Community and Technical Colleges

Due to the smaller number of these institutions with complete information collected to date, these results should be interpreted with caution.

- It appears that a smaller proportion of community and technical colleges (compared to universities) implement surveys that ask about AOD use.

Measures in Four Main College Surveys

- All AOD measures were provided within the following surveys: (1) College Senior Survey, (2) Your First College Year Survey, (3) National College Health Assessment, and (4) Core Alcohol and Drug Survey (long form).

While the Team was primarily interested in those surveys that are implemented broadly within the universities and colleges, they also asked about other surveys that are typically implemented with sub-groups within the institutions. They found that surveys that are part of online prevention programs, such as AlcoholEdu and eChug, are often implemented in four-year universities. Most often, they are implemented with subgroups such as all incoming students, or students who are mandated to take such surveys due to violations, etc.

B. Planning

SPE Consortium Overview

This section provides a detailed discussion of how Ohio used Substance Abuse Mental Health Services Administration (SAMHSA), Strategic Prevention Framework (SPF) Strategic Prevention Enhancement (SPE) grant funds to convene a cross-system, consortium of key stakeholders including state agencies, foundations, universities, prevention providers and other community members to develop a five-year strategic plan to foster more responsive, interactive State and local systems to better address and adjust to the complexities of evolving health care initiatives.

Ohio focused SPE efforts toward achieving the following outcomes:

- Strengthening and enhancing current prevention infrastructure to support more strategic, collaborative and comprehensive systems of community-oriented prevention.
- Assessing the current state of the overall prevention infrastructure, identifying gaps and developing a long-term, data-driven strategic plan to enhance and further strengthen the state prevention system to better meet the emerging needs of all populations across communities.
- Fostering a more responsive, interactive Ohio state prevention system that can better address and adjust to the complexities of evolving health care initiatives and its fiscal implications for the state and communities.
- Through stronger, more strategically aligned prevention infrastructures, Ohio will be better positioned to apply the Strategic Prevention Framework (SPF) process to implement data-driven, evidence-based prevention programs, policies and practices across its communities.

SPE Consortium Structure

The State of Ohio has built a solid foundation, upon which to establish the ideal prevention infrastructure. The SPE Policy Consortium was formed in December, 2011 to provide oversight to the grant and to participate in the development of Ohio's comprehensive five-year Strategic Plan. Ohio has worked across divisions and departments to ensure a representation from State agencies and other entities that are involved in the prevention of substance use and associated problems.

The Ohio SPE Consortium is comprised of the following entities: the Ohio Departments of Alcohol and Drug Addiction Services, Health, Mental Health, Education and Youth Services, the Ohio National Guard, the University of

Cincinnati, the Ohio Suicide Prevention Foundation, the Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP) Federation, juvenile court and the Ohio Children's Trust Fund for child abuse prevention.

ODADAS contracted with the Invitation Institute, the Ohio University and the Pacific Institute of Research and Evaluation (PIRE) to support various components of the work of the SPE Consortium. Having the variety of disciplines at the table enhanced the creation of the comprehensive plan aimed at closing service system gaps, building capacity and enhancing and aligning policy and process across systems. Names of current SPE Policy Consortium members are provided below.

Consortium Members	**Staff & Consultants**
Mindy Vance, Ohio Department of Mental Health	SPE Project Evaluation Team- OU/PIRE
Jill Jackson, Ohio Department of Education	Molly Stone, ODADAS
Judi Moseley, Ohio Department of Health	Nicholas Martt, ODADAS
Laura Rooney, Ohio Department of Health	Tammy Collins, Ph.D. ODADAS
Cheryl Holton, Ohio Suicide Prevention Foundation	
Keith King, Ph.D. University of Cincinnati	Tracy Johnson, Invitation Institute
CPT. Matt Toomey, Ohio National Guard	Jacy Seehutter, Ph.D. Invitation Institute
Craig Comedy, Franklin County UMADAOP	Steven Dent, Partnering Intelligence
Kristi Oden, Ohio Department of Youth Services	
David Edelblute, President, Ohio Urban Juvenile Court Administrators Association	
Kristen Rost, Executive Director, Ohio Children's Trust Fund	

Strategic Planning Process

Under the facilitation of the Invitation Institute, the group explored system collaboration needs and was able to formulate the foundation for the plan, including a vision and mission, strategic priorities and action steps. The work of the group also included examining how these efforts could be implemented and sustained across systems.

The discussion included available and planned resources, key personnel and stakeholders and concrete action steps and milestones for completion. Utilizing the expertise from all members of the Consortium will enable the 5-year plan to promote an integrated, community based, holistic approach to substance abuse prevention. This integration will better prepare Ohio's communities for recognition of substance abuse prevention as a part of primary health care.

Strengthening interagency and intersystem working partnerships has allowed the SPE Policy Consortium members to explore the opportunity to: a) embed substance abuse prevention within their infrastructure at both the state and community levels, b) share resources and cross train staff; and c) explore cost saving opportunities as Ohio prepares for the behavioral health role in the evolving health care delivery system. Through these efforts there will be increased substance abuse prevention system capacity and support for effective prevention services.

Invitation Health Institute (formerly the Minnesota Institute of Public Health) and Steven Dent, Principal of Partnering Intelligence, facilitated and recorded the process of engaging key stakeholders in the strategic planning process. The Ohio SPE Consortium strategic planning process included four, face-to-face meetings, teleconferences and email communications between meetings. A structured open-ended participatory evaluation process was used throughout the process asking participants to identify aspects of the process that they liked (pluses) and aspects of the meeting that they might like to change in future meetings (deltas).

Strategic Planning Activities

The following activities and accomplishments of the Ohio SPE Policy Consortium through May 31, 2012 led to development of the SPE Strategic Plan.

State prevention staff initiated the strategic planning process by providing an overview of the grant and explanation of how the SPE Policy Consortium members were chosen to represent different areas of prevention across systems. They also reviewed SPE funding highlights and described how this will allow the partners to more effectively establish benchmarks, demonstrate collaboration, and utilize Evidence Based Practices (EBP's). The introductory

comments also clarified the importance of community-level needs assessment and using a planning process to ensure that community need drive the selection and delivery of prevention programming. The State staff also reviewed the Strategic Prevention Framework (SPF) and demonstrated their support for using the SPF framework in Ohio.

A member of the Invitation Health Institute (IHI) team provided members of the SPE Policy Consortium an overview of the Federal SPE Grant and SAMHSA's Initiatives for FY2012. Currently, the Federal Government is working collectively to identify key areas where all systems can work together, one such example is with SAMHSA in which all three (3) of its Centers, Center for Mental Health Services (CMHS), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) are working on specific strategies called the SAMHSA Strategic Initiatives (SSI). www.samhsa.gov. The eight identified strategic initiatives area as: Prevention of Substance Abuse and Mental Illness, Trauma and Justice, Military Families, Recovery Support, Health Reform, Health Information Technology, Data, Outcomes, and Quality, and Public Awareness and Support.

IHI consultants presented the purpose of the planning process, creation of team norms, clarification of roles and expectations, a description of the collaborative strategic planning process and attaining consensus as initial steps in the planning process. Key outcomes in the process were identified as trust and commitment. Key elements of the planning process included:

- Assessing your needs (what do you need out of this partnership) and identifying your own vision or mission
- Exploring who are the right partners. Natural partners (state agencies, public safety, military) and others.
- Developing a mutual vision. A shared vision was identified as the most important organizational force. You have to have an idea of where you want to go together.
- Initiating actions to build trust and demonstrate commitments

An IHI consultant previewed stages of developing a working partnership. Form, Storm, Norm and Perform were briefly explained. Form is stage in which trust with each other is initiated. Storm is the stage in which members are willing to push boundaries. Norm is the stage in which the group forms boundaries and group members agree how they are going to work with each other. Then the perform stage is when the group produces its intended products and outcomes.

During the first face to face meeting, the Consortium members reviewed the strategic planning framework and were invited to participate in a discussion about other planning initiatives, and share their hopes for the SPE strategic planning process. Members were also asked to identify other essential representatives that may need to be included in the Ohio SPE Consortium. As a result of these processes, Consortium members developed a list of possible areas in which to focus upon in the development of the strategic plan (See Table 1) and a list of additional representatives that should be recruited into the Ohio SPE Consortium (See Table 2).

Table 1
Possible Areas of Focus

Meaningful data that we need and can use	Provide EBP for students and CBE for parents
Improve school climate	Strengthen our community
See beyond our own past practices	RE-DEFINE prevention in education settings
Comprehensive system of learning, as well as collecting data and identifying needs.	Stigma reduction
Greater access to VA resource for non-deployed service members	Larger preventive wellness network, more hippies
Lower cost to assessment/ treatment services=benefit for self- referral for the military	National Guard HAS data to share
Development and/or access to Vet Courts	Increase presence of substance abuse prevention at the state and local level
Increase workforce prevention	Increase funding for prevention
Development of statewide survey for youth/communities	Using data to make evidence based decision at an interagency level
Data system reporting and fidelity	Educating workforce around the current ATOD prevention strategies
Understanding of prevention outside of CSAP/ATOD	Assessing/inventory of community based services

Creative partners	Community level data
Improve and ease data collection between state partners	Development of a strong sustainable active partnerships in Ohio
Data driven decisions- what data do we have/ not have/would like/	Buy-in from community level decision makers
Build on current work	Integration of physical and behavioral health promotion initiatives
Continuum of care—let's not be threatened by everyone's professions.	Increase and enhance mental health wellness initiatives through state, county, community partners
Improve outcomes for children and youth living with mental illness (graduation, workforce)	Children, crisis, housing, and forensics.
Data and information sharing that is easy to understand	Evaluation of program data collection that eliminates duplication and eases dissemination.
Understanding that suicide is a public health problem! Outcome of failure of public health services.	We are too busy protecting our resources and not paying attention to collaboration.
Less silos more collaboration	Identification of data sources that may be applicable to outcomes relevant to SPE team.
Create sustainability and buy-in to SPE related activities.	Inventory of the epi systems

Table 2
Possible additional representatives to the SPE Policy Consortium

Treatment/Recovery Support (community member)	Drug Free Action Alliance
Faith-based community-already invited-	Department of Youth Services
Hospitals /Ohio Hospital Association	Physicians/nurse practitioners
Early childhood center	ODJFS
Legislators and judges	Youth and young adults and other special populations (LGBT)
Colleges and Universities	Customers
Ohio Citizens Advocates/NAMI	Children's Hospital
Crisis hotline	RSC- Susan Pugh
ADAPAO	Boards/Provider representation
MACC-Charlotta Tavares	Pharmacy Board
Public health organizations	ODPS/OCJS
Media Representation	VA
Consumer Operated Service Agency (OSU or OACBHA)	Policy Analyst
Working Partners	Board of Regents
College Student Health Assoc	SOPHE
Local public health departments	Office of the Attorney General
Department of Rehab and Corrections	Governor's Office
SPF Community data people	Area Aging
Higher up/Attorney/Legislative Liaison	FCF (state or community)
State Assoc. of School Superintendents	Dept of Developmental Disabilities

An IHI consultant provided an overview of the planning process including the creation of the following elements.

1. Vision statement (group's ultimate aspirations for the outcome of the strategic planning process and the wellness of the people in their state
2. Mission statement (a description of how the Consortium will achieve its vision)
3. Strategic directions (areas of focus)
4. Tactics (activities that move toward achieving the strategies)

In addition, the Consortium members identified a set of expectations that included:

- Offer professional contributions to the group
- Focus on improving outcomes for all Ohioans
- Identify prevention efforts will satisfy agency specific needs (i.e. soldiers' needs)
- Look at prevention roles of all state agencies in Ohio
- Develop a plan that allows for collaborative process
- Seek buy-in from directors to enable collaboration and sustainability
- Agree upon common and shared definition of prevention

- Develop a plan that actually guides prevention and that eliminates silos
- Is different from other plans so actual movement takes place
- Ensure that all things put into plan should be evidence-based and data-driven

SPE Policy Consortium members and the IHI consultants agreed to create a positive vision, mission and plan that would result in Ohio being recognized for being on the cutting edge. The Consortium members identified potential barriers including the challenge of eliminating silos, sustainability of prevention efforts given time limited funding, and capacity building. The group agreed to consider efforts to reduce barriers as they developed the Ohio plan. The discussion also included emphasis on developing a plan that can positively impact the citizens of Ohio.

Each Consortium member shared his/her vision and mission statements, and through a structured and facilitated process, common words and themes were identified and vision and mission statements were developed using a consensus approach.

Vision Statement: All Ohioans are able to live in a state of physical, social, and emotional wellness.

Mission Statement: The SPE consortium promotes and advances prevention capacity and alignment of state and local agencies to afford Ohioans increased wellness and productivity.

The Ohio SPE Consortium Vision and Mission Statements emerged from comments and discussions among the group members that formed the basis for constructing and agreeing upon the following statements.

A subsequent face-to-face meeting was designed to create strategic priorities or objectives and goals for Ohio prevention efforts. The following definitions were used to guide the SPE Policy Consortium.

Strategic priorities: Broad areas that help to define and focus the plan and related strategies.

Goals: General outcomes the consortium expects the strategic plan to achieve

Activities: Actions that move toward achieving the strategies

The group developed goals for the Consortium using an exercise to identify common words and themes among the individual goals. IHI consultant Stephen Dent facilitated a discussion related to goals, objectives or strategic priorities, and activities or tactics to identify terminology the group was comfortable using for statewide goals. Four broad goal constructs were identified.

1. Broad recognition of prevention as effective and cost saving.
2. To ensure consistently effective outcomes and streamline operations.
3. Working together to ensure the best use of resources to meet identified needs.
4. Programs, practices, and strategies are data-driven and effective.

The Consortium's efforts to condense strategic priorities resulted in the following priorities consistent with the broad goals described above.

1. Champion Prevention
   - Marketing
   - Publications

2. Develop and promote evidence-based, culturally competent, policies and practices that support and integrate prevention at multiple levels across systems.
   - Standardize

3. Promote and support formalized collaboration and systems integration at the local and state level for the sharing of resources and program implementation.
   - Systems integration

- Sharing/Collaboration

4. Use relevant data to access community strengths to select programs, practices, and strategies and help evaluate their effectiveness.

- Data-driven

Feedback from the Prevention Field on Strategic Priorities

The Ohio SPE Evaluation Team (Ohio University and PIRE staff) developed a short survey to collect feedback on the goals and strategic priorities and to solicit ideas for the associated action steps. To facilitate the deployment of the web survey, ODADAS provided a list of individuals registered for the alcohol and other drug prevention and treatment portion of the ODADAS Spring Conference. As such, e-mail invitations were sent to 277 preregistered conference attendees asking for their participation in the web survey. The personalized e-mail described the purpose of the survey and included a link to the web-based survey. The survey was also deployed via a posting on the ODADAS Prevention List-serv. Because the survey link was not unique to the individual respondents and the fact the survey was deployed using a Listserv, it is not possible to calculate a response rate because the total number of individuals exposed to the survey is unknown. By the closing of the survey on May 14, 2012, 156 respondents had completed the survey.

The SPE Evaluation Team prepared an Executive Summary and detailed report of findings. The findings affirmed the importance of the goals and provided concrete action steps for consideration in the final stage of developing the Strategic Plan. Survey participants were asked to list up to five action steps for each of the four goals and their associated strategic priority. Results by goal area follow.

Goal 1 – Broad recognition of prevention as effective and cost saving.

Strategic Priority 1 – Champion Prevention

- When asked to rate the importance of Goal 1, 86.4 percent of survey respondents indicated that it was *very important*, and 9.7 percent indicated that it was *somewhat important*.
- When asked to rate the importance of Strategic Priority 1, 75.7 percent of survey respondents indicated that it *was very important*, and 15.1 percent indicated that it was *somewhat important*.
- The top three themes for the Strategic Priority 1 action steps are as follows:
    - Make more ATOD prevention information available to public / stakeholders including through media / media campaigns
    - Strategic Planning and Related Topics
    - Increase Capacity / Collaboration / Advocacy / Community Involvement

Goal 2 – To ensure consistently effective outcomes and streamline operations.

Strategic Priority 2 – Develop and promote evidence-based, culturally competent policies and practices that support and integrate prevention at multiple levels across systems.

- When asked to rate the importance of Goal 2, 60 percent of survey respondents indicated that it was *very important*, and 30.7 percent indicated that it was *somewhat important*.
- When asked to rate the importance of Strategic Priority 2, 60.9 percent of survey respondents indicated that it was *very important*, and 25.8 percent indicated that it was *somewhat important*.
- The top three themes for the Strategic Priority 2 action steps are as follows:
    - Provide Training and Technical Assistance for the Prevention Workforce
    - Develop a Multi-disciplinary Approach to Prevention
    - Create a Resource Library of EBP and Culturally Competent Practices

Goal 3 – Working together to ensure the best use of resources to meet identified needs.

Strategic Priority 3 – Promote and support formalized collaboration and systems integration at the local and state level for the sharing of resources and program implementation.

- When asked to rate the importance of Goal 3, 72.3 percent of survey respondents indicated that it was *very important*, and 18.2 percent indicated that it was *somewhat important*.
- When asked to rate the importance of Strategic Priority 3, 69.1 percent of survey respondents indicated that it was *very important*, and 16.8 percent indicated that it was *somewhat important*.
- The top three themes for Strategic Priority 3 action steps are as follows:
    - enhance and improve opportunities and support for collaboration at state and local levels
    - Enhance the frequency and effectiveness of communication about prevention at the state and local levels
    - Use Media to Implement Strategic Priority and to Enhance Prevention

Goal 4 – Programs, practices, and strategies are data-driven and effective.
Strategic Priority 4 – Use relevant data to access community strengths to select programs, practices, and strategies and help evaluate their effectiveness.

- When asked to rate the importance of Goal 4, 57.9 percent of survey respondents indicated that it was *very important*, and 34.5 percent indicated that it was *somewhat important*.
- When asked to rate the importance of Strategic Priority 4, 57.5 percent of survey respondents indicated that it was *very important*, and 30.8 percent indicated that it was *somewhat important*.
- The top three themes for Strategic Priority 4 action steps are as follows:
    - Collection of substance use-related data
    - Data access and sharing
    - Technical Assistance and/or Training

C. Capacity

Training/Technical Assistance

Ohio has many workforce development efforts coming up in the remainder of 2012. ODADAS provided SPF-SIG carry over funds to organizations for workforce development efforts this fall. ODADAS and the Prevention and Wellness Roundtable will host a Prevention Policy Summit October 10, 2012. The Summit will focus on building awareness of the field about IOM report recommendations and how to implement environmental strategies and population-based interventions. Anthony Biglan, Ph.D. and Dennis Embry, Ph.D. will be providing the training along with local community groups that have successfully implemented IOM recommendations.

The annual Ohio Prevention Education Conference, "Prevention Without Boundaries" will be December 4-6, 2012. The focus on the conference will be population-based strategies and coalition building for community engagement in prevention.

Ohio Resource Assessment: Workforce Development Survey

The changes in the behavioral healthcare field due to the Affordable Care Act implementation and a new understanding of the science behind behavioral health will require a whole new set of competencies for the prevention in Ohio. Role delineation and minimum standards for various Certified Prevention Specialist levels will be a focus of Ohio's revitalized Workforce Development Workgroup. To inform these efforts, ODADAS staff will look at how other states are changing their services systems and ODADAS has contracted with the SPF SPE Evaluation Team to create a web survey to help understand workforce development needs in Ohio. This survey will be fielded in late July and August 2012 with individuals holding a current prevention or treatment credential. The survey will close mid-August in order to meet reporting requirements. The two key objectives to the survey are the following.

1. To provide data to profile the prevention workforce in Ohio and to inform workforce development efforts with Ohio's prevention workforce, and
2. To understand how Ohio's prevention workforce views the importance of the Essential Public Health Services.

Instrumentation. The 2012 Workforce Development Survey included two modules of questions. Module 1 focuses on training and workforce development needs and was administered with all sampled individuals. Module 2 focuses on the perceived importance of the Essential Public Health Services (EPHS) to prevention in Ohio and was administered with individuals holding an OCPS II credential. The SPE evaluation team used an iterative approach to design the questionnaire used for the 2012 Workforce Development Survey.

The first module on workforce development is designed to provide Ohio with a data-informed profile of the prevention workforce and to inform planning for future workforce development and training efforts. The questions in this module were adapted from a 2008 survey fielded with prevention professionals in Maine by the Edmund Muskie School of Public Service at the University of Southern Maine (Hartley, et al., 2008). Draft versions of the survey were reviewed by the SPE Evaluation Team, prevention services staff at ODADAS, and by Ohio's Prevention and Wellness Roundtable. This review process provided extensive feedback that resulted in a survey instrument that better fit the context of Ohio and the upcoming challenges and changes to the prevention system.

The second module on perceived importance of the ten Essential Public Health Services (EPHSs) was adapted from the State Public Health System Performance Assessment Instrument that was created as part of the National Public Health Performance Standards Program (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007). The ten Essential Public Health Services represent the spectrum of public health services that should be provided by states and local communities. The SPE evaluation team used the State Public Health System Performance Assessment Instrument to develop 44 questions measuring the perceived importance of Essential Public Health Services 1 to 5 and 8 to 10. EPHSs 6 and 7 were omitted from the instrument because they do not directly relate to the focus of the SPF-SPE grant. As with the first module, the SPE evaluation team used an iterative process to review and refine the questions and used feedback and suggestions from SPE evaluation team members and ODADAS staff to improve the questions and to tailor them to prevention in Ohio. This second module of questions on the EPHS was administered only to respondents who indicated that they held an OCPS II credential. As described below, in order to minimize survey burden, OCPS II respondents were randomly assigned to receive questions on only two of the eight EPHSs included in module 2 of the survey.

Sampling. The target population for the 2012 Workforce Development Survey is prevention practitioners and workers in the state of Ohio who held one of 19 different prevention or treatment credentials or who were Registered Applicants (and working to obtain a prevention credential). Under Ohio Revised Code, the Ohio Chemical Dependency Professionals Board (OCDPB) is required to maintain a database containing the names and contact information of all Registered Applicants and credentialed prevention and treatment professionals. The sampling frame for this survey was drawn from the 6,347 individuals listed in the OCDPB database who either had an active prevention or treatment credential or who were considered active Registered Applicants. Prior to beginning fieldwork for the survey, Evaluation Team members reviewed the information in the sampling frame. In a few cases, there were minor errors in either individual's names or contact information. Evaluation Team members made these minor corrections prior to the start of fieldwork to maximize the accuracy and efficiency of the sampling frame. As noted above, the first module of questions on training and workforce development will be administered to all 6,347 individuals listed in the OCDPB. Module 2, which focuses on the EPHS, will be administered to at least 135 individuals who currently held an OCPS II certification.

Next Steps. Fieldwork for the 2012 Workforce Development Survey will begin in late July 2012 and will be completed in mid-August 2012. The survey will be fielded using Qualtrics and is designed so that personalized survey invitation emails will be sent to each sampled respondent. The personalized e-mail describes the purpose of the survey and includes a link to the web-based survey. In keeping with best practices, we will deploy three reminder emails for the survey.

D. Implementation

Alignment of Ohio's Substance Abuse Prevention Service System with Other Service Systems

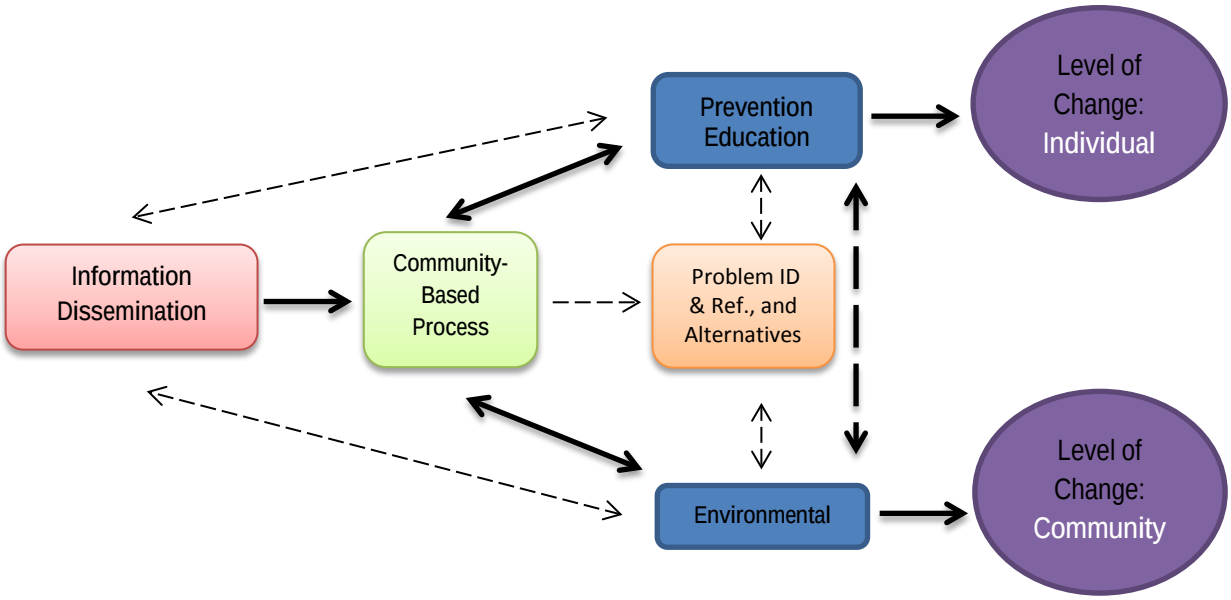
Ohio has updated its Prevention Continuum of Care Taxonomy, and has re-conceptualized the model for how CSAP's six prevention strategies are to be implemented for the greatest impact in Ohio communities. The goal of prevention services in Ohio is to facilitate change in individuals and/or communities. The following graphic provides a visual representation of how the six CSAP Strategies contribute to individual and community-level change. This new model provides a foundation for how substance abuse prevention funded through CSAP intersects with other prevention efforts funded through other federal and state funding streams. The focus on intended level of change and a further definition of strategies allows for the strategies of multiple systems to be integrated into one conceptual model. This will be the focus of one of the projects in the SPE Strategy Action Plan provided in the next section.

Prevention Education and Environmental strategies are seen as the primary prevention strategies and have the strength to influence attitude, behavior and status on their own. The other four strategies support the implementation of these two primary strategies. All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach.

Information dissemination creates awareness and builds knowledge which provides a foundation for Community-Based Processes utilized to engage and mobilize communities into action.

Although Prevention Education interventions can be implemented without the foundational reinforcement of Information Dissemination and Community-Based Process, these interventions tend to lack the benefits resulting from broad-based community support and opportunities for expansion and quality improvement. Community-based processes are essential to effectively implementing an Environmental Strategy.

The Problem ID &Referral Strategy is only implemented as an adjunct when an individual enrolled in a direct service is identified as possibly needing or being able to benefit from services that exceed the scope of prevention.



Alternative Activities are implemented as a celebration of individual or community success and must be an activity that will, through evidence, also contribute to addressing risk/protective factors and/or intervening variables identified in initial program development.

Integrated Prevention Assessment and Planning Infrastructure

The SPE Consortium and the Prevention and Wellness Roundtable suggested a structure for linking standing and ad hoc prevention committees and workgroups to carry out the work of the SPE Strategic Action Plan.

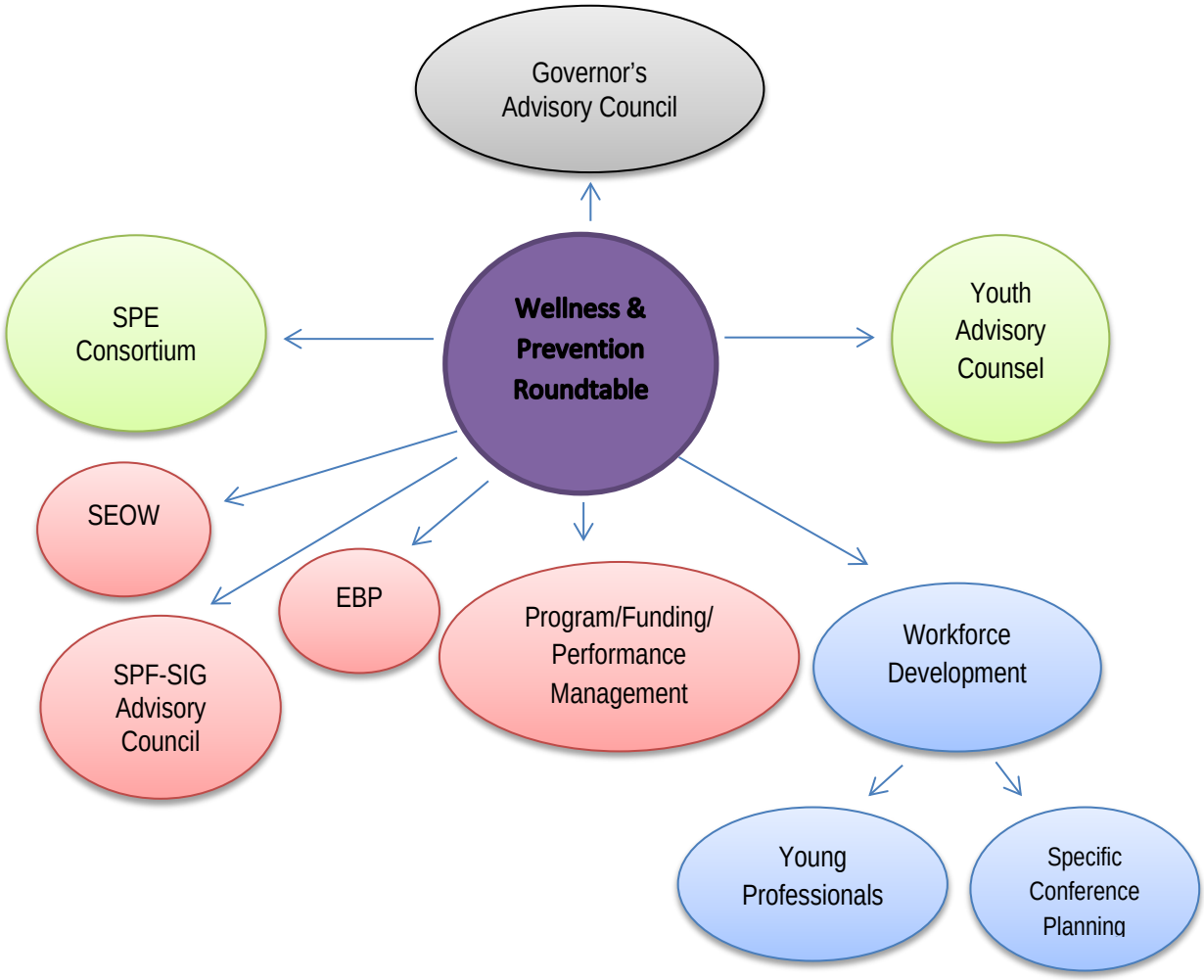
The SPE Consortium will focus on interagency alignment of prevention-related policies and practices. The Prevention and Wellness Roundtable was created in 2012 to assist in addressing the policy concerns and implementation issues related to how AOD prevention services are provided locally across Ohio. This group is a solution-oriented, policy think-tank that discusses and analyzes how state and federal prevention-related matters impact the prevention field and provides feedback to ODADAS and other key stakeholders to help set statewide prevention priorities and address other emerging policy issues. It consists of 15 of the most highly educated, trained and experienced prevention specialists in Ohio.

Among other issues, the Roundtable will address the following.

1. The AOD Prevention Roundtable will ensure that Ohio's Prevention System is prepared for the changes in Behavioral Health related to Health Care Reform.
2. The AOD Prevention Roundtable will investigate standardization of outcomes for prevention related to the National Outcome Measures. They will provide recommended changes necessary to address a changing environment.
3. The AOD Prevention Roundtable will explore ways of eliminating barriers related to the provision of prevention services. These barriers may include but are not limited to: communication, funding, staff development, etc. The AOD Prevention Roundtable will convene Ad Hoc committees when necessary to address specific issues.

The Roundtable agreed to act as the hub of the prevention committee/workgroup organizational structure with the following workgroups being connected through each other through the Roundtable. This structure provides a mechanism for multi-directional information flow (bottom-up, top-down and side-to-side) for all key stakeholder groups. It also provides a forum for the improvement of prevention policy, data and practice by providing a single entry point for input and feedback from all key areas of the field. Information can then be provided to the Governor's Advisory Council.

Other workgroups will inform the policy work of the Roundtable and the SPE Consortium. For example, a sub-set of the Workforce Development Workgroup will focus on Young Professionals and another on specific conference planning such as the annual Ohio Prevention Education Conference. The graphic below provides an illustration of how the prevention infrastructure will be integrated.



As Ohio merges the Departments of Alcohol and Drug Addiction Services and Mental Health, one of the top priorities for consolidation work is to develop a method for allocating prevention service funds that will provide the most value for our citizens. As a first step in this process, Ohio brought in a national speaker on the Ethics of Allocation in an Environment of Scarcity in July 2012 to provide information to the behavioral health leadership at the state and board levels. Dr. Michael Gillette provided an introduction to some of the most interesting and difficult ethical issues in the provision of behavioral health services in an environment of scarce financial resources. He demonstrated a practical approach to ethical reasoning that can be applied to a variety of sub-topics including prioritization and micro-allocation, macro-allocation and budgeting across service areas, along with an overview of a draft budgeting algorithm. This information will be foundational as we select an updated allocation method for funding behavioral health services in Ohio.

F. Evaluation

Performance Management

Ohio is developing a new, web-based system to manage all prevention programmatic, budgeting, billing, performance management and reporting requirements. The new system will fulfill all CSAP Block Grant Reporting requirements and will allow for performance management at both the outcome and process level. The objectives of the new system are to provide the following.

- Establish a secure and centralized online grant and allocation application functionality for prevention that can be utilized by both authorized internal staff and community stakeholders.
- Automate funding to streamline the grant and allocation process and improve efficiency, accountability and service delivery.
- Promote prevention and stakeholder ability to monitor progress and performance.
- Support prevention compliance with state and federal reporting requirements.
- Position ODADAS for emerging health system transformation by adopting a continuous quality improvement grants management partnership that leverages our collective resources and extends our collective capacity.

The new system has each step of the SPF imbedded in various components. A logic model approach taking into account the link between need, target population, intervening variables, strategy selection and prevention intervention selection is being used to gather outcomes. Data will be synthesized using Dr. David Julian's results continuum for categorizing and aggregating varied programmatic outcomes. Dr. Julian is Director of Community Planning and Evaluation at The Ohio State University Center for Learning Excellence. The results continuum includes the following levels.

- Provides a setting
- Provides knowledge
- Changes attitude(s)
- Provides a new skill(s) or increases proficiency in skill
- Changes behavior
- Changes status

The Niatx process improvement model will be used the process evaluation component of the system. ODADAS staff in the Division of Planning, Outcomes and Research have worked with Niatx staff over the last year to modify the process for prevention as well as treatment services. A module of the new system will allow reporting of Niatx project results and learnings.

Evaluation of SPF-SPE Goals

The Ohio SPF SPE Evaluation Team has volunteered graduate students from their respective universities, Ohio University and University of Cincinnati, to assist with the development of an evaluation to measure progress toward the identified SPE Strategic Action Plan goals. Ohio will use results of the State Prevention Enhancement Grants (SPE Grants) Evaluation Activities Survey and the Prevention Workforce Development Survey as baseline data.

Goal 1 – Broad recognition of prevention as effective and cost saving.

Goal 2 – To ensure consistently effective outcomes and streamline operations.

Goal 3 – Working together to ensure the best use of resources to meet identified needs.

Goal 4 – Programs, practices, and strategies are data-driven and effective.

III. Comprehensive Strategic Prevention Action Plan

A. Alignment with SAMHSA Goals

Ohio's SPE plan provides a comprehensive interagency systems integration plan to addresses the four goals listed in SAMHSA Initiative #1: Prevention of Substance Abuse and Mental Illness; and two other SPE-specific goals (i.e., workforce development and policy development) as listed below.

SAMHSA Initiative #1 Goals

Goal 1.1**:** 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.
Goal 1.2**:** Prevent or reduce consequences of underage drinking and adult problem drinking.
Goal 1.3**:** Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, or American Indians and Alaska Natives.
Goal 1.4**:** Reduce prescription drug misuse and abuse.

Additional SPE-Specific Goals

1) Enhance State/Tribal workforce development (e.g., training, support for licensure, credentialing, or accreditation).
2) Enhance State/Tribal Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, development/revision of credentialing, licensure, or accreditation requirements).

B. Five-Year Strategic Action Plan

Ohio's SPE strategic plan addresses the items provided in SAMSHA's SPE Strategic Plan Checklist. However, since ODADAS is in the process of merging with the Ohio Department of Mental Health, we chose to prioritize putting systemic processes in place that will serve as the foundation of interagency work on behavioral health under a public health framework.

Action steps are provided for each project under the Strategic Priority Areas. Lead stakeholders are identified for each project and a timeline is provided for each action step. The Consortium also aligned its Strategic Priorities and projects with the **10 Essential Public Health Services** (EPHS) to promote the integration of substance abuse prevention with public health in Ohio and the **EPHS Model Standards** to facilitate future evaluation.

10 Essential Public Health Services List

The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Project	Action	Timeframe	Lead	EPHS	EPHS Model Standard
Strategic Priority 1 : Champion Prevention!					
Project 1: Mobilize stakeholders.	a. Use relevant media sources to inform stakeholders.	On-going	SPE	3	
	1. Identify potential media sources.	Sep-12	ODADAS		Planning & Implementation
	2. Develop and maintain a list (including name, agency affiliation and email) of key stakeholders at both the local and state levels as a primary vehicle for integrated communication.	Sep-12	ODADAS		Planning & Implementation
	3. Infuse prevention in behavioral health e-updates with at least one article highlighting prevention quarterly. Agencies will rotate providing state and local information for the spotlight so everyone has an article at least once a year. Agencies will also provide links to calendars and events for inclusion in the e-update.	On-going	SPE		State-Local Relationships
	4. Use results of assessments, cost and reach analyses and evaluation to inform stakeholders.	On-going	SPE		Performance Management & Quality Improvement
	5. Develop a sustainability plan including developing relations with media outlets to keep prime messaging opportunities viable				Planning & Implementation
	b. Define and promote a common language for prevention across systems.	Nov-12	SPE & Roundtable	3	
	c. Identify at least one champion at every level in every system to convey prevention messages.	Sep-12	SPE, ADAPAO	3	
Strategic Priority 2: Promote and support formalized **collaboration and systems integration** at the local and state level for the sharing of resources and program implementation.					
Project 2: Identify existing and needed processes and policies to support prevention at all levels.	a. Assess current policies and processes at state and local levels including ODADAS and ODMH research areas, program management, quality improvement, outcomes and community plan processes.	August - December 2012	SPE	5	
	1. Conduct focus groups/listening sessions to assess policy needs.	August - December 2012	SPE & Roundtable		Planning & Implementation
	2. Identify policy and process improvements that are culturally competent and evidence-based.	August - December 2012	SPE & Roundtable		Performance Management & Quality Improvement
	3. Inform state-level policy makers and field of recommendations. Provide the field with information to inform community policy-makers.	August - December 2012	SPE & Roundtable		State-Local Relationships
	4. Evaluate impact/effectiveness of policy change.	On-going	SPE & Roundtable		Performance Management & Quality Improvement
Project 3: Monitor state and community status to identify and solve behavioral health issues.	a. Facilitate Wellness and Prevention Roundtable as the hub where all the information is routed.	On-going	Roundtable	1, 2	
	b. Continue to collect county level consumption data for all 88 counties, and build on work of SEOW to share data consumption and consequence data with state and communities to utilize as they look at patterns, changes, trends, etc.	On-going	SEOW	1, 2	
	1. Expand the workgroups and the data set by marketing SEOW to all stakeholders by identify partners and a prevention contact with each agency including, ODH, ODE, ODJFS, ODA, ODD, ODRC, ODYS, probation, OCTF, FCFC, ODADAS ODMH.	On-going	SEOW		Planning & Implementation
	2. Take inventory of available data at state and community levels.	Aug-12	SPE Evaluation Team		Planning & Implementation
	3. Identify information needed (target population, domains, NOMs, cost, etc.).	Aug-12	SEOW		Planning & Implementation
	4. Develop a mechanism to collect, analyze and report.	On-going	SEOW		Planning & Implementation
	5. Conduct listening sessions at conferences and meetings and use existing community forums (i.e. FCFCs) for support/assistance.	On-going	SEOW		Planning & Implementation
	6. Develop online surveys to gather information and feedback.	On-going	SEOW		Performance Management & Quality Improvement
	7. Create county level report that summarizes the counties consumption trends and possible influences on community plans	On-going	SEOW		Planning & Implementation
	d. Encourage prevention specialists to assist with identifying and collection county and community data.	On-going	SEOW	1, 2, 4	
	e. Develop an expansion plan for SEOW that will lead to sustainability.	On-going	SEOW	1, 2, 4	
	f. Request federal TA on systems integration from various systems.	On-going	SPE	4	

Strategic Priority 3: Develop & promote **evidence-based,** culturally competent, policies & practices that support & **integrate** prevention at multiple levels across systems.					
Project 4: Encourage use of the Strategic Prevention Framework (SPF).	a. Encourage use of the Strategic Prevention Framework.	On-going	SPF-SIG Advisory	5, 8, 10	
	1. Determine the "What's in it for me" for communities and develop a fact sheet for distribution.	August - December 2012	SPF-SIG Advisory		Planning & Implementation
	2. Identify a SPF champion.	August - December 2012	SPF-SIG Advisory		Public Health Capacity & Resources
	3. Develop and recommend a funding allocation system that support SPF processes.	August - December 2012	SPF-SIG Advisory		Planning & Implementation
	4. Develop a technical assistance/training consortium for SPF.	On-going	SPF-SIG Advisory		Public Health Capacity & Resources
	5. Use SPF SIG Sub-recipients to mentor, train and to disseminate SPF to other areas	On-going	SPF-SIG Advisory		Public Health Capacity & Resources
Project 5: Identify and define multi-faceted prevention services that are cost-effective and feasible for Ohio.	a. Identify and define multi-faceted prevention services that are cost-effective and feasible for Ohio.	On-going	SPF-SIG Advisory	9, 10	
	1. Conduct a literature review to assess expected outcomes versus cost.	August - December 2012	EBP Workgroup		Planning & Implementation
	2. Assess necessary resources to implement recommendations.	August - December 2012	EBP Workgroup		Public Health Capacity & Resources
	3. Recommend best practices and evidenced-based practices for Ohio.	August - December 2012	EBP Workgroup		Planning & Implementation
	4. Provide evidence of outcomes and continue to streamline programs.	On-going	EBP Workgroup		Performance Management & Quality Improvement
Project 6: Review and promote culturally competent policies and practices, using a multi-level approach.	a. Review and promote culturally competent policies and practices, using a multi-level approach.	On-going	EBP Workgroup	5, 8, 9, 10	
	1. Identify, review, revise and promote current culturally competent policies and practices	January - June 2013	EBP Workgroup		Planning & Implementation
	2. Provide information to all stakeholders for review	January - June 2013	EBP Workgroup		State-Local Relationships
	3. Utilize existing or develop training curriculum, and train field.	January - June 2013	EBP Workgroup		Public Health Capacity & Resources
Project 7: Provide workforce development regarding population-based strategies at multiple levels.	a. Provide workforce development regarding population-based strategies at multiple levels.	On-going	Workforce Development Workgroup, OCDB Prevention Committee	5, 8	
	1. Assess current future workforce needs	Aug-12	SPE Evaluation Team		Planning & Implementation
	2. Determine minimum level knowledge level of current state of science for prevention specialists.		Workforce Development Workgroup, OCDB Prevention Committee		Planning & Implementation
	3. Provide standardized prevention education to prevention personnel, and conduct other workforce development efforts.		Workforce Development Workgroup, OCDB Prevention Committee		Public Health Capacity & Resources
Strategic Priority 4: Use relevant **data** to assess community strengths to select programs, practices, and strategies and help evaluate their effectiveness.					
Project 8: Implement a statewide youth survey that provides county-level data.	a. Implement a statewide youth survey that provides county-level data.			1, 2	
	1. Find a champion among all the groups needing data from a statewide youth survey at the state and local levels.	August - December 2012	SPE & SEOW		State-Local Relationships
	2. Examine process across other states and assess their fit for Ohio	Aug-12	SPE Evaluation Team		Planning & Implementation
	3. Find a funding mechanism that is mindful of healthcare reform and political will.	January - June 2013	SPE & SEOW		Planning & Implementation
	4. Involve local level (grassroots)	January - June 2013	Roundtable		State-Local Relationships
Project 9: Seek opportunities to extend existing adult data collection to include prevention.	b. Seek opportunities to extend existing adult data collection to include prevention.			1, 2	
	1. Find a champion among all the groups needing data from a statewide survey at the state and local levels.	August - December 2012	SPE & SEOW		State-Local Relationships
	2. Inventory all adult data collection tools.	Aug-12	SPE Evaluation Team		Planning & Implementation
	3. Inform stakeholders about the importance of collecting prevention data across lifespan.	August - December 2012	SPE & SEOW		Public Health Capacity & Resources
	4. Modify current systems.	January - June 2013	SPE & SEOW		Planning & Implementation
	5. Share data to inform policy	January - June 2013	SPE & SEOW		Planning & Implementation
Project 10: Evaluate action plan.	c. Evaluate action plan.			9	
	1. Develop a system for collecting and analyzing program-related information from the field so good information can go back out to the field for quality improvement.	June - December 2012	ODADAS, PIPAR Workgroup		Planning & Implementation
	2. Use OCPSII survey regarding EPHS as baseline to measure change in knowledge and attitude.	Aug-12	SPE Evaluation Team		Public Health Capacity & Resources