

Mid-South Substance Abuse Commission 2005-2009 Strategic Substance Abuse Prevention Plan Fact Sheet

This information, as well as the full plan, can be found online at www.mssac.com (click on the "Prevention Info" box

This plan represents a collaborative effort among the regional and county staff and partners who share an interest in creating a more effective response to substance abuse in their communities. Individual providers will be guided by this plan to engage in collaborative work that will maximize community involvement and interest in addressing this important but often neglected issue. MSSAC will work to assure that each county establishes a county-wide coalition to address the six goals outlined in this plan. These goals focus on the two salient areas of **Systems Outcomes** (Coalition Development and Data Driven Decision-Making) and the other **Behavioral Outcomes** (Alcohol, Tobacco, Methamphetamine, and Special High Risk Populations). These six goals are:

Goal 1 Coalition Development

By 2009, each of the counties in the region will have an independent, formalized, multi-sector county-wide coalition with a mission of coordinating planning, funding and evaluating a comprehensive county-wide strategy to address locally determined risk and protective factors and achieve changes in substance use behaviors prioritized by the county, its communities and MSSAC.

Goal 2 Data Driven Decision-Making

By 2009, each of the counties in the region will have a comprehensive data collection process that relies on local reliable survey measures and archival indicators measuring youth risk and protective factors, substance abuse behaviors among youth and other prioritized and underserved populations (e.g. Hispanics, people with disabilities, elderly, adults in the workplace, children of substance abusers) as identified by MSSAC, and an assessment of the level and reach of substance abuse prevention services in each county.

Goal 3 Alcohol

By 2009, there will be reductions in youth use of alcohol, use of alcohol by underage college students, and misuse and abuse of alcohol by adults in counties in the region.

Goal 4 Tobacco

By 2009, there will be a reduction of cigarette smoking and chewing tobacco use rates and an increase in age of initiation of smoking and chewing tobacco and a decrease in smoking prevalence among youth (10-17) in counties in the region.

Goal 5 Special Targeted Drug – Methamphetamine

By 2009, there will be reduced methamphetamine availability and use in selected counties in the region as measured by social indicator proxy measures (e.g. arrests for methamphetamine production, methamphetamine lab seizures and methamphetamine related treatment admissions).

Goal 6 Special High Risk Populations

By 2009 counties in the region will utilize localized data to assess the needs of specific populations at highest risk for substance use/abuse, address prioritized needs through the implementation of evidence based strategies, and evaluate the outcomes of the interventions, changes in related factors that influence the targeted substance using behaviors, and changes in substance using behaviors by the target population.

Salient Guidelines

It will take several years to implement this data-driven system and support for substance abuse prevention planning and decision-making in each county in the region. Therefore, 2005 will be a transition year as the providers mobilize county coalitions and initial data gaps are addressed in order to provide better measures for benchmarking and local planning. Providers will complete an implementation plan for 2005 and each county coalition, during the summer of 2005, will submit a four-year (2006-2009) strategic plan, which will be assessed and reviewed annually. These decision-making, overarching coalitions shall not be smaller than a county, however where a city is larger than 25,000 the county plan may lay out different activities for that geographic area.

Other guidelines will require Providers to:

- ✓ submit a one-year implementation plan for the county in which a majority of the provider organization's prevention staff works; if more than one provider is located in that county, a federated application is required.
- ✓ budget 60% of the allotted resources to target goals one and two of the Strategic Substance Abuse Prevention Plan and 40% of resources to target goals three, four, five and six. PA 2 dollars may be used for alternative activities for high risk populations. No funds may be used to support billboard, radio or TV campaigns, or stand alone information dissemination campaigns that are not designed to directly support another strategy.
- ✓ mobilize/establish county coalitions that will have the ability in 2005 to develop a four-year strategic plan that will be implemented from 2006-2009.
- ✓ be responsible for establishing the coalition in the county in which the providers reside, but may purchase services from other entities or providers, wherever these reside, to complete the scope of work of the other 2005 objectives under goals 2-6.

Additional guidelines for MSSAC will be to:

- ✓ modify allocation of funding percentages, because although the plan's goals will remain constant for the next five years, the outcomes may be modified as new data emerges about drug use behavior, problems, populations at risk, and system changes across the region.
 - ✓ work with the providers and the established county coalitions to obtain the commitment of 60% of all school systems within the region to participate in the MSSAC funded youth survey.
- Within each goal there are objectives for the MSSAC and the Providers, these objectives are split into two time periods:
 - 2005 - Implementation Plan
 - 2006-2009 - Four Year Strategic Plan
 - The outcomes are divided into three different classifications:
 - Immediate (2005)
 - Intermediate (2006-2009)
 - Long Term (by 2009)
 - Evidence Based Prevention for all Education Programs Beginning FY 05-06
 - Conceptually sound and internally consistent
 - Program activities related to conceptualization
 - Reasonably well implemented & evaluated

- Prevention Programming Proposals which are submitted to the MSSAC Board for consideration must go to the local coalition where services will be provided prior to their submission to the Commission. These proposals must meet required prevention standards for need based on data.
- Two implementation plans have been developed. One for the MSSAC (2005-2009) and one for the providers (2005).