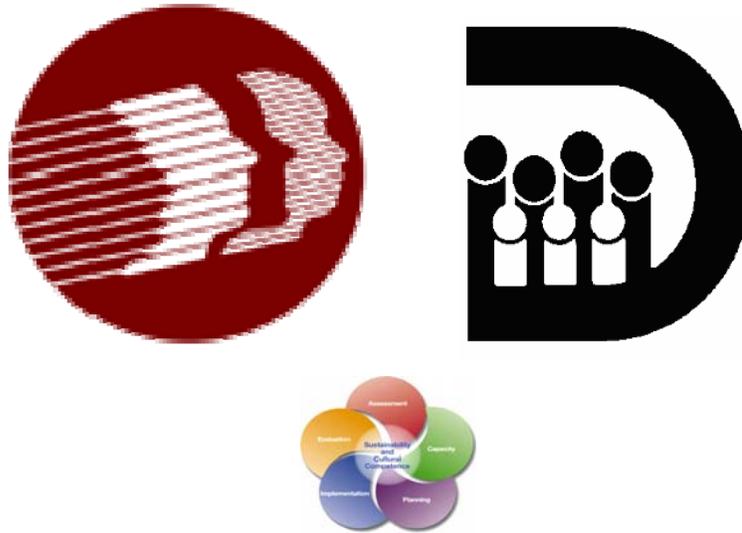


Delaware's Substance Abuse Prevention Strategic Plan

Safe and Healthy Delawareans across the Lifespan



The Strategic Plan is administered by Delaware Health and Social Services' Division of Substance Abuse and Mental Health and the Department of Children, Youth, and their Families' Division of Prevention and Behavioral Health Services.

Funds are provided by the Substance Abuse and Mental Health Services Administration's Substance Abuse Prevention and Treatment Block Grant.

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Section I: Overview

- I. Substance Abuse Prevention and Treatment Block Grant: Prevention Set-Aside Overview
- II. Substance Abuse Prevention and Treatment Block Grant: State Plan at a Glance
 - a. Vision and Mission
 - b. State Prevention Priorities
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- III. Delaware Substate Planning Areas (Demographic Composition)

Substance Abuse Prevention and Treatment Block Grant: Prevention Set-Aside Overview

The Division of Substance Abuse and Mental Health (DSAMH) is the single state agency (SSA) for the State of Delaware who is also responsible for the development and implementation of a state plan for prevention and treatment, coordination of state and federal funding, and development of standards for the certification and approval of prevention and treatment programs. The Substance Abuse and Mental Health Services Administration (SAMHSA), provides funding for DSAMH to implement substance abuse prevention and treatment services in the State of Delaware.

As the SSA, DSAMH receives and administers funding of the Substance Abuse Prevention and Treatment (SAPT) Block Grant from SAMHSA. DSAMH has been a recipient of the SAPT Block Grant since the Federal Fiscal Year (FFY) 1992. DSAMH utilizes the majority of these funds to support a statewide substance abuse treatment system that provides services such as detoxification, outpatient, and inpatient programs for the adult population. The SAPT Block Grant also includes requirements related to prevention services and maintaining compliance with the prevention requirements of the SAPT Block Grant. DSAMH allocates a minimum of 20% of the total award each year to provide substance abuse prevention programs targeting youth and adults in our state.

In 1992, Congress enacted legislation aimed at decreasing youth access to tobacco products. The legislation, known as the Synar Amendment, requires states to enact and enforce laws prohibiting any manufacturer, retailer, or distributor from selling or distributing tobacco products to individuals under 18. In addition to enacting and enforcing a law, states must implement annual random, unannounced compliance inspections to determine the tobacco products sold to youth under the age of 18. If a state's buy rate exceeds 20%, it stands to lose 40% of its federal SAPT Block Grant funds. Over the past five years, Delaware has maintained a compliance rates below 5% and remain in compliance with the SYNAR Amendment. The SYNAR Amendment is an annual reporting requirement aimed at reducing underage youth access to tobacco products. The SYNAR Amendment and subsequent implementation processes are one example of an environmental prevention strategy. Environmental strategies aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse.

Delaware, like most states is witnessing an increase in the incidence and prevalence of substance abuse and its negative, often life altering, impact on its residents. These increases come after a decade of major declines in tobacco use and modest declines in other substance use in Delaware. The data is an indication of the need for renewed prevention efforts in the state. Although small in its geographic size, the need for a comprehensive, statewide, formalized and sustainable substance abuse prevention system across the life span is critical.

Delaware is comprised of three counties [New Castle County- 523,852 residents; Kent County- 127,103 residents; and Sussex County- 175,818 residents]. The State is unique in that the northernmost county, New Castle, is decidedly urban, while the two southern counties, Kent and Sussex, have largely rural characteristics. Delaware's largest city is Wilmington, located in New Castle County, with a population of 72,664. Wilmington and part of New Castle County are included in the Philadelphia Consolidated Metropolitan Statistical Area.

Delaware is divided into four sub-state planning areas designated by SAMHSA's Office of Applied Studies and adopted by Delaware's State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), are the city of Wilmington, the remainder of New Castle County, Kent County and Sussex County.

From 2000-2007 Delaware saw over a 10% population growth and much of it has been driven by increases in minority populations (Delaware Population Consortium 2007). Over the next decade from 2010 to 2020, there is an anticipated 6% growth in both the 0 – 9 year old and 10 – 19 year old populations in the State of Delaware (Kids Count 2008). Recent census data show a decrease by 7% of 20-64 year olds between 2000 and 2030 but an increase of 100% in the 65 and older population and 300% in the 85+ population, with one in four being a minority. Delaware's population as of 2008 includes 80,528 living veterans, 3,249 of whom are under 30 and served in recent overseas conflicts. These demographic trends and Delaware's growing multicultural communities, make the needs of youth and young adults, minorities, veterans and the elderly even more compelling as data suggest these populations are most in need of resources.

Delaware's small geographic size provides advantages to developing, strengthening and sustaining prevention efforts across the State that are relevant to multiple communities and target populations. To better serve Delaware, DSAMH and its state and other partners set out to develop a comprehensive Strategic Plan to address the prevention needs and enhance the prevention infrastructure in the state.

The SEOW completed a needs assessment, which with the support of community stakeholders and additional data and information will determine state prevention priorities and guide decision makers in how to allocate resources, develop policies, and implement evidence based programs and policies designed to reduce risk factors for substance abuse in our state.

Delaware will use the Strategic Prevention Framework as the foundation for the State Substance Abuse Prevention Plan.

- Step 1: Assessment
 - Use data to develop, support, analyze and sustain substance abuse prevention activities.
- Step 2: Capacity Building
 - Develop community capacity that empowers residents to identify their substance abuse priorities, assess their readiness for programming, and create and sustain strategic partnerships that support and help sustain the community's efforts.

- Step 3: Planning
 - Develop a relevant planning model that promotes community participation and ownership through the collection of data; utilization of appropriate evidence-based practices; and self monitoring that result in sustainable programs.
- Step 4: Implementation
 - Implement diverse, culturally competent, evidence-based programs, practices and policies with fidelity that address to the needs of the community.
- Step 5: Evaluation
 - Monitor progress and evaluate effectiveness of programming and services with the direction and oversight of an Evaluation Team at the community level.

Substance Abuse Prevention and Treatment Block Grant: State Plan at a Glance

I. Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Prevention Plan’s Vision and Mission across the lifespan.

Vision

Safe and healthy Delawareans across the lifespan

Mission

Partnering to reduce substance abuse and related problem behaviors by strengthening children, families and communities through prevention and early intervention training, education and services.

II. Prevention Priorities for the State of Delaware

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) State Plan seeks to prevent the onset, use, and abuse of the following Prevention Priorities for Delawareans across the lifespan:

- a. Alcohol**
- b. Marijuana**
- c. Prescription Opiates**
- d. Heroin**

III. State Substance Abuse Prevention Goals

Goal 1: Assessment

Through the state Epidemiological Outcomes workgroup (SEOW), also known as the Drug and Alcohol Tracking Alliance (DDATA), collection and assessment of state and local level substance abuse consumption and consequence patterns in the state will be collected.

Goal 2: Capacity Building

Build state and community capacity to implement and sustain professional development through training and technical assistance for substance abuse prevention programs, policies, and practices through out the goals outlined in the state substance abuse prevention plan.

Goal 3: Planning

Develop and coordinate State and Community-level Strategic Prevention Plans through support and technical assistance to communities in Delaware.

Goal 4: Implementation

Through a competitive Request for Proposal (RFP) process the state will support a comprehensive theory/promising practices and evidence-based prevention strategies through programs, policies and practices.

Goal 5: Evaluation

Monitor and evaluate the effectiveness of programs and services funded through the SAPT BG and utilize outcome measures to drive decision making for prevention services through-out Delaware.

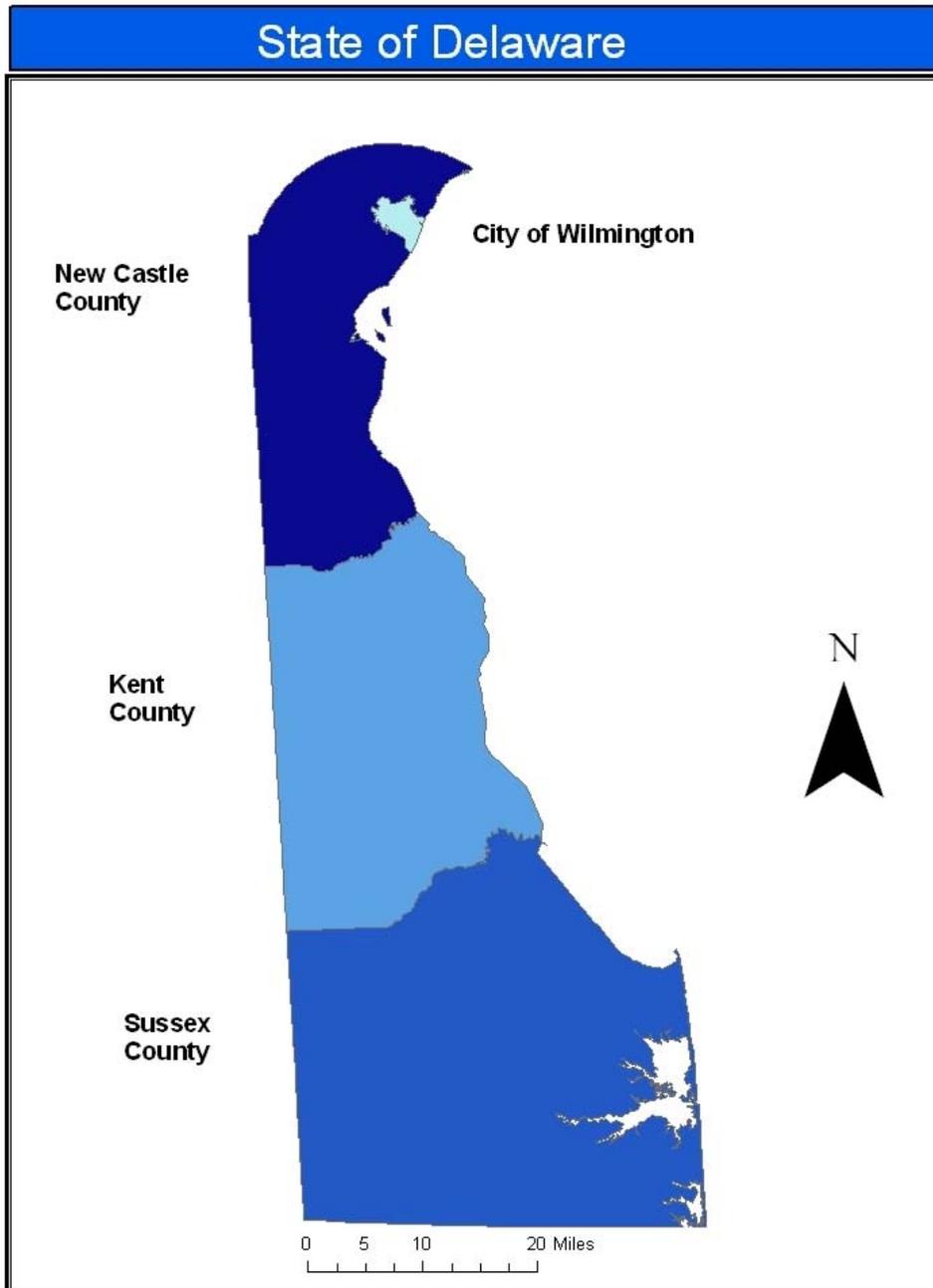
Goal 6: Cultural Competency

Ensure cultural competency through all substance abuse prevention programs, policies, and practices to reduce health disparities among diverse populations related to substance abuse.

Goal 7: Sustainability

The Division of Substance Abuse and Mental Health (DSAMH) will meet regularly with Delaware's Prevention Stakeholders/Partners to develop/monitor a state plan to ensure mobilization of community resources, and ongoing collaboration, which will ensure desired outcomes of programs, policies, and practices developed through the SAPT BG funds, will be sustained. (Sustainability)

**Delaware Sub-State Planning Areas:
New Castle County, City of Wilmington, Kent County,
and Sussex County**



Delaware Demographics by Sub-State Planning Area Population Census Counts for Delaware and Counties, 2008 Estimates

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	%0-19	%20-64	%65+	%Total
Delaware	58,437	55,749	55,355	60,308	520,867	125,237	875,953	26.2%	59.5%	14.3%	100.0%
Male	29,172	28,071	28,369	30,931	254,857	53,703	425,103	13.3%	29.1%	6.1%	48.5%
White	20,555	19,515	19,087	21,009	190,789	46,443	317,398	9.2%	21.8%	5.3%	36.2%
Black	7,569	7,209	7,662	8,461	52,550	6,256	89,707	3.5%	6.0%	0.7%	10.2%
Female	29,265	27,678	26,986	29,377	266,010	71,534	450,850	12.9%	30.4%	8.2%	51.5%
White	20,601	19,145	18,147	20,066	195,794	61,115	334,868	8.9%	22.4%	7.0%	38.2%
Black	7,681	7,257	7,346	7,988	59,296	9,172	98,677	3.4%	6.8%	1.0%	11.3%
New Castle*	30,271	30,062	30,008	32,597	278,848	57,672	459,458	14.0%	31.8%	6.5%	52.4%
Male	15,022	12,056	15,387	16,969	136,168	24,632	222,934	6.7%	15.5%	2.8%	25.4%
White	11,404	11,147	11,037	12,097	105,200	21,417	172,302	5.2%	12.0%	2.4%	19.6%
Black	3,106	3,155	3,381	3,734	23,774	2,554	39,704	1.5%	2.7%	0.2%	4.5%
Female	15,249	15,006	14,621	15,928	142,680	33,040	236,524	6.9%	16.2%	3.7%	27.0%
White	11,514	11,009	10,441	11,674	108,755	28,813	182,206	5.0%	12.4%	3.2%	20.8%
Black	3,216	3,261	3,286	3,487	27,106	3,532	46,888	1.5%	3.0%	5.3%	5.3%
Wilmington	5,744	4,853	4,490	5,397	43,842	8,273	72,599	2.3%	5.0%	0.9%	8.2%
Male	2,934	2,502	2,351	2,757	21,762	2,940	35,246	1.2%	2.4%	0.3%	4.0%
White	949	741	484	601	9,081	1,510	13,366	0.3%	1.0%	0.1%	1.5%
Black	1,800	1,597	1,680	1,947	11,422	1,348	19,794	0.8%	1.3%	0.1%	2.2%
Female	2,810	2,351	2,139	2,640	22,080	5,333	37,353	1.1%	2.5%	0.6%	4.2%
White	892	654	422	522	8,151	2,851	13,492	0.2%	0.9%	0.3%	1.5%
Black	1,740	1,554	1,576	1,925	12,781	2,372	21,948	0.7%	1.4%	0.2%	2.5%
Kent	11,004	10,733	10,742	11,586	91,993	19,241	155,299	5.0%	10.5%	2.2%	17.7%
Male	5,496	5,373	5,482	5,942	44,373	8,170	74,836	2.5%	5.1%	0.9%	8.5%
White	3,889	3,758	3,774	4,097	32,845	6,640	55,003	1.8%	3.7%	0.8%	6.3%
Black	1,418	1,397	1,455	1,629	9,809	1,364	17,072	0.7%	1.1%	0.2%	1.9%
Female	5,508	5,360	5,360	5,644	47,620	11,071	80,463	2.5%	5.4%	1.3%	9.2%
White	3,890	3,726	3,726	3,943	34,115	9,002	58,258	1.7%	3.9%	1.0%	6.7%
Black	1,429	1,421	1,430	1,483	11,526	1,731	19,020	0.7%	1.3%	0.2%	2.2%
Sussex	11,418	10,101	10,115	10,728	106,184	40,051	188,597	4.8%	12.1%	4.6%	21.5%
Male	5,720	5,140	5,149	5,563	52,554	17,961	92,087	2.5%	6.0%	2.1%	10.5%
White	4,313	3,869	3,792	4,214	43,663	16,876	76,727	1.8%	5.0%	1.9%	8.8%
Black	1,245	1,060	1,146	1,151	7,545	990	13,137	0.5%	0.9%	0.1%	1.5%
Female	5,698	4,961	4,966	5,165	53,630	22,090	96,510	2.4%	6.1%	2.5%	11.0%
White	4,305	3,756	3,702	3,927	44,773	20,449	80,912	1.8%	5.1%	2.3%	9.2%
Black	1,233	1,021	1,054	1,093	7,883	1,537	13,821	0.5%	0.9%	0.2%	1.6%

*New Castle County information excludes the City of Wilmington

Section II: Assessment

- I. Assessing the Problem- Epidemiological Profile
 - a. The “Consequences” delineated by the DDATA group
 - b. DDATA Sub-state Area Profile Progress Table, 2009
 - c. State Substance Abuse Prevention Priorities
- II. Assessing the Systems- Infrastructure and Capacity
 - a. Assessing the Systems-Infrastructure
 - b. Delaware Prevention Infrastructure Chart
 - c. Assessing the Systems- Capacity of the Single State Agency
- III. Assessing the Systems- Continued Assessment Efforts

I) Assessing the Problem (Epidemiological Profile)

Delaware began its review of indicators with the establishment of its state epidemiological outcomes workgroup (SEOW), known in Delaware as the Delaware Drug and Alcohol Tracking Alliance (DDATA). DDATA was instituted as part of an SEOW contract with Center for Substance Abuse Prevention (CSAP) through Synectics, prior to Delaware being awarded a SPF-SIG. Support currently comes from the SPF-SIG award. The state plans to continue the SEOW/DDATA activities beyond the SPF-SIG using state resources. DDATA was formulated to and continues to have active participation from many state agencies that have access to data on substance use and abuse and its consequences (DDATA membership can be found at <http://www.udel.edu/delawaredata/members.htm>). Pursuant guidance from CSAP, Synectics and the Pacific Institute for Research and Evaluation (PIRE), DDATA examined data in two overarching categories--drug and alcohol consumption and drug- and alcohol-related consequences with the goal of coming up with a discrete set of priorities that were supported by the existing data. Consequently, DDATA evolved from simply focusing on consumption in its 2007 report, to consumption and consequences in its 2008 report, to consumption, consequences, and comparisons in its 2009 and future reports (2010 Profile is currently being finalized with the availability of new YRBS and NSDUH data for comparisons).

Consumption data was and continues to be derived from several sources. Youth data are collected annually in Delaware public schools with the administration of the Delaware School Survey (DSS) in grades 5, 8 and 11 (one grade per level of school--elementary, middle, and high school) with annual data collection since 1989 and censuses of these grades since 1999. In addition, the Delaware Youth Risk Behavior (YRBS) is administered in middle and high schools in odd-numbered years (since 1995, with weighted data since administration of the survey became the responsibility of the University of Delaware's Center for Drug and Alcohol Studies (CDAS) in 1999) and the Youth Tobacco Survey in even-numbered years since 2000. College student data specific to the University of Delaware, the largest university in the state, was collected from 1997 thru 2004 and revived, revised and expanded with the inception of the College Risk Behavior Survey (initiated with CSAT support) since 2008. Diligent efforts are being made to seek data from other colleges and universities through-out the state of Delaware. Youth surveys and the college survey are all administered by CDAS. Adult data for tobacco and alcohol are collected with the Behavior Risk Factor Surveillance Survey (BRFSS) by the Delaware Department of Health and Social Services, Division of Public Health. In addition to these state based surveys, Delaware also participates in the national administration of the National Survey of Drug Use and Health (NSDUH), a household survey of persons aged 12 and above. SAMHSA's Office of Applied Studies has provided state estimates for adults since 2000 and sub state estimates for each of Sussex County, Kent County, the City of Wilmington, and the remainder of New Castle County -- the four designated Delaware sub state planning areas.

The list of consumption indicators include lifetime, past year, and past 30 day use of alcohol, tobacco, marijuana, illicit prescription drugs, heroin, cocaine/crack, and other specific and aggregate illicit drug categories. Data can be obtained from youth and college surveys in a

timely manner (within months of completed administrations), while adult data would be more delayed depending on the completion of the estimates from the BRFSS and the NSDUH.

DDATA has also developed a list of measures thought to be good potential indicators of consequences of substance abuse in Delaware. One of the major advances in prevention thinking in the last decade has been the move from reliance on consumption data to the recognition that consequence data may provide more potential for change. This is due to the fact that consequences are not self-report data and they are more likely to catch the attention of policy makers (e.g., costs in dollars and deaths) so they consequently have more potential opportunities for prevention efforts.

a. The “Consequences” delineated by the DDATA group are as follows:

Health and Behavioral	Violence	Productivity	Special Populations
Disease Coronary Cancer Asthma HIV/AIDS Accidental Injury (vehicular) Accidental Fatality (vehicular) Mental Health Co-morbidity ADD/HD Addiction Treatment Overdose Gambling Suicide/Self-Injury	Domestic School Street (assaults) Property Damage	School Truancy Academic Performance Workplace Productivity Loss of Work	Prisoner/Detainee (youth & adult) Homeless Sexual Minorities

Consequence data has been further augmented by the availability of up to 41 indicators for states from the State Epidemiological Data System (SEDS), introduced in Year 2007 by the Substance Abuse and Mental Health Services Administration. SEDS has been updated once and it is hoped that CSAP will continue to support updates of this system.

Each of these indicators were considered and subjected to screening criteria to eliminate those that did not meet criteria selected by the DDATA members. The utilization of both consumption and consequence data has extended from the State profiles to the Sub state profiles produced for Delaware, looking at breakdowns for the four designated sub state planning areas. These reports are all available at the DDATA website: www.udel.edu/delawaredata

Delaware’s four sub-state planning areas were developed as a result of assessing limitations of community level data. Through the efforts of DDATA, Sub-state Epidemiological Profiles were developed. In the earlier years of development, these Profiles focused on examining consumption data at the sub-state level. The results of the first reports were as follows:

b. DDATA Sub-state Area Profile Progress Table, 2009

STATE	DELAWARE	
Delaware’s 4 sub-state areas	The geographical 4 sub state planning areas established for Delaware: City of Wilmington, New Castle Count (excluding Wilmington), Sussex County, and Kent County.	
Rationale for 4 sub-state areas.	These are manageable sizes. None are more than 450,000. They include the entire state so no area is left out. They correspond to sub-state data being made available from the NSDUH and the BRFSS. Youth school data for Delaware have been broken down by these areas already.	
Describe your criteria for selection of ATOD indicators included in your Geographic Level Profile	Simply we need to have data that can be broken down into the 4 sub-state planning areas. For youth this includes all the NOMS indicators. For adults it includes what we have currently from NSDUH and BRFSS and what we can get them to provide a part of our Gap Strategy (see DE 9/30 report)	
Provide a list of ATOD indicators to be included in the geographic profile (This can include indicators being considered, but not finalized at this point in time)	<p>YOUTH DATA</p> <p>Child-related Past month use—tobacco, alcohol, marijuana Perceived risk—tobacco, alcohol, marijuana Self-disapproval—tobacco, alcohol, marijuana Age of onset—tobacco, alcohol, marijuana, sex, gambling Binge/heavy use; Hit someone; Carried a weapon Sold/gave drugs; Group fight; Delinquency scale; Depression; Cutting; Sexually active/very active; Youth in treatment</p> <p>Family-Related Single parent/no parent/two parent; Mother’s education/father’s education; Parents know where I am; Get along with parents; Verbal abuse—fights; Drank at home, parents knowing; Smoked marijuana at home; Parents smoke; Get Rx from parents; Supportive; Parents spoke about risks; Parents punish consistently; Parental disapproval—tobacco, alcohol, marijuana</p>	<p>School related Offered drugs at school; Feel safe at school; Carried a weapon to school; Truancy; Suspensions/expulsions; Graduation rates; Fight on school property; Property stolen; Conflict resolution (what would you do if someone hit you?); Verbal abuse—fights; Supportive Rules clear; Punishment consistent; Kids at school disapproval—tobacco, alcohol, marijuana</p> <p>Neighborhood-related Verbal abuse--fights Know where can buy Supportive</p> <p>ADULT DATA Alcohol dependence; Drug Dependence; Marijuana use in past month; Any illicit use in past month; Binge drinking in past month; Cigarette use in past month; Regular smoker; Former smoker; Need treatment for drug use; Adults in treatment.</p>

DDATA has operationally described the four sub-state areas based on the availability of current and future data at the sub-state planning level. This data-driven decision will be

revisited in the state’s substance abuse prevention plan across the lifespan assessment process, in alignment with the efforts of the SPF-SIG priorities and with other state priorities developed in conjunction with the Block Grant or other initiatives.

Since 2009 of the developmental process of epidemiological reporting has led to a more sophisticated understanding of the potential information available from the existing data and the need to look at issues of consumption and consequence in tandem. DDATA focused its attention on areas that had emerged from examining the earlier data. Discussions centered on:

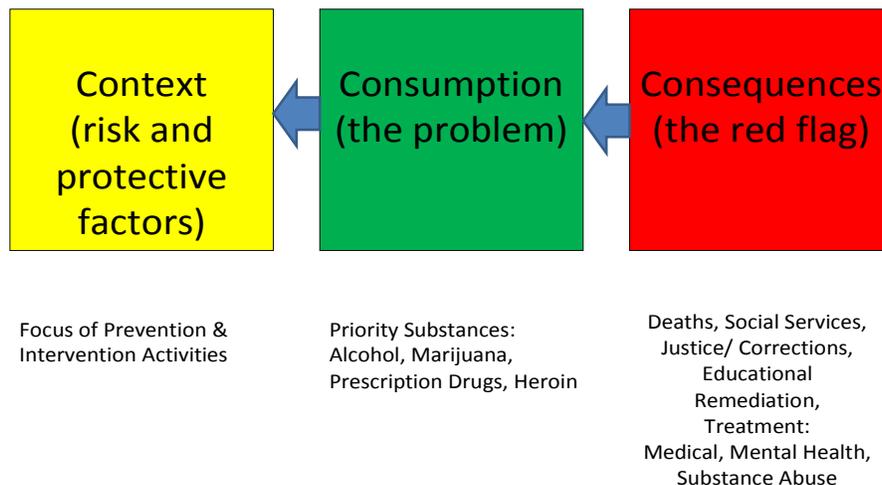
Consumption:

- Past 30 day alcohol use
- Binge drinking
- Past 30 day marijuana use
- Prescription Opiate abuse
- Heroin Use

Consequences:

- Treatment
- Deaths
- Drug/Alcohol related arrests
- Health—no data from Emergency Rooms, FASD; chronic diseases take too long to measure effects; HIV/AIDS

DDATA's understanding of the focus for prevention became the following, a model which provided the basis for the Delaware SPF-SIG application in November 2009.



This model also forms the basis for a radically different way of organizing state data in terms of both demographic divisions and potential impact of the priorities in the Delaware Substance Abuse State Strategic Plan.

In 2008 and 2009 DDATA made recommendations to the State for the SPF-SIG and for the State Plan based on review of the existing data. These recommendations were and will continue to be based on several levels of criteria. First, it was considered important to look at potential variations in consumption and consequences that may occur over different subgroups, including gender, age, and race/ethnicity, as well as geographical location in the state. A major consideration is whether data could be analyzed at the community level and would be in the future. Many sources were and are available only at the State level. Some others were available at county level, and a few at sub-state planning area level (Kent County, Sussex County, the City of Wilmington, and Suburban New Castle County outside of Wilmington). At the current time, only the school survey data are able to be analyzed by zip code. Where the data existed, they were examined within these demographic categories. The potential to look at special populations also was and will be considered, for example the potential for disproportionate consumption or greater consequences in groups such as sexual minority youth or the dually diagnosed.

Beyond demographic distinctions, it was considered important to put the consumption and consequence data into a rating scheme for 1) availability of data; and 2) determination of the importance of the problems associated with a particular substance. First, it was necessary to determine if the data could be acquired in a timely and reliable manner.

Some data sources are one-time collections. If the sources will be unavailable for assessing change, that fact needs to be considered in selecting priorities. Some data have not been collected in Delaware. For example, Emergency Room data is not currently collected, and information about drinking during pregnancy and Fetal Alcohol Spectrum Disorders are not collected. DDATA is working to add data availability in these areas. Truancy data also were not collected until recently, and, when began in 2008, the definition used for truancy did not match the federal definition established by the U.S. Department of Education Office of Safe and Drug Free Schools, rendering it less than useful for national comparisons. Arrest data can not be obtained with information identifying the primary drug identified by the arrestee. Medical examiner data were obtained for illicit prescription drugs, but are not available for illicit street drugs.

In this manner, many desired indicators were simply not available or were eliminated as potential priorities, as they could not be obtained in a timely manner. Others were eliminated because they could not be analyzed below the state level. However, the unavailability of data at the present will not mean that efforts to collect and use these data in the future will not continue.

Beyond availability the, criteria of magnitude of use, comparison with national data, severity of the problem, and trends were considered. Magnitude considered both numbers and rates. After deliberation, the DDATA members concluded that magnitude of the problem should be the primary criterion for inclusion as a priority, with severity being secondary, then national comparisons, and, finally, trends. All were included, though, in suggesting priorities.

The 2009 State and Sub-State Epidemiological Profiles can be found in Appendix 1. This profile was the status of the consideration of potential substance abuse priorities based on available data in Spring 2009. The data used in the State Profile developed in an iterative

process based on the earlier reports produced by DDATA [more detail is available on the DDATA website, www.udel.edu/delawaredata.] The Profile is a lengthy document that will continue to be an updated resource for the state with the most recent information available for a number of indicators. It is not a comprehensive document nor should it be treated as definitive in that the variables were selected, and the selection process needs even more refinement in the future. This Profile does highlight areas where there are perceived policy and programmatic needs, but it also more broadly serves as a source for a large number of constructs and indicators that should be useful to many in the State.

c. State Substance Abuse Prevention Priorities

- i) Delaware is no longer reporting disproportionately higher rates of substance abuse, compared to national indicators, and in year 2008 it has dropped below the national mean on a number of NSDUH indicators. This was not always the case. When the first State NSDUH estimates for 2000 were released by SAMHSA's Office of Applied Studies, Delaware appeared to have the highest youth substance use rates in the country and one of the highest overall rates. Subsequent improvements in sampling (and also an improvement in the actual data) have suggested that on most indicators Delaware now is very near the national average, and does not rank in the top 20% for any of the key NSDUH indicators. The summary table presented in the Conclusion section of the attached Profile compares Delaware to national indicators and indicates where Delaware is lower, higher, or about the same as national estimates.

- ii) There are three areas that can be noted where Delaware remains higher than national estimates on substance abuse: **First**, alcohol use by underage and young adults; **second**, marijuana use, particularly for young adults; and **third**, prescription opiates and heroin use over the life course. The tables and charts documenting these findings are included in the 2009 Profile in great detail. The Profile and the recommendations for priorities incorporated newly available data from NSDUH, SEDS, TEDS, and state sources for as recent as 2008. It added new material on college student substance abuse, consumption and consequences. Most importantly, the report and recommendations were documented as emerging from the available data and presented in a way helpful to making future policy and programmatic decisions. This included looking at both consumption and consequences and looking at these indicators in a framework that allows for assessing how important an issue the data represent. This compendium included, where possible, each of estimates of incidence in the state population, whether the indicator represented a change in trends over time, and how the data compared with regional and national estimates. Examination of data, where available, in these cross-cutting contexts set the stage for DSAMH, DDATA, the SPF-SIG Advisory Council and other state policymakers to now decide 1) what are the current priorities to address in implementing a strategic prevention framework addressing substance abuse; and 2) creating a framework to assess progress in these areas and a means to identify new and changing priorities over time. This plan will consequently be evaluated and updated based on results from future Profiles (results of the 2010 Profile will be available in August 2010, but preliminary examination suggest now data driven reasons to change the currently identified priorities).

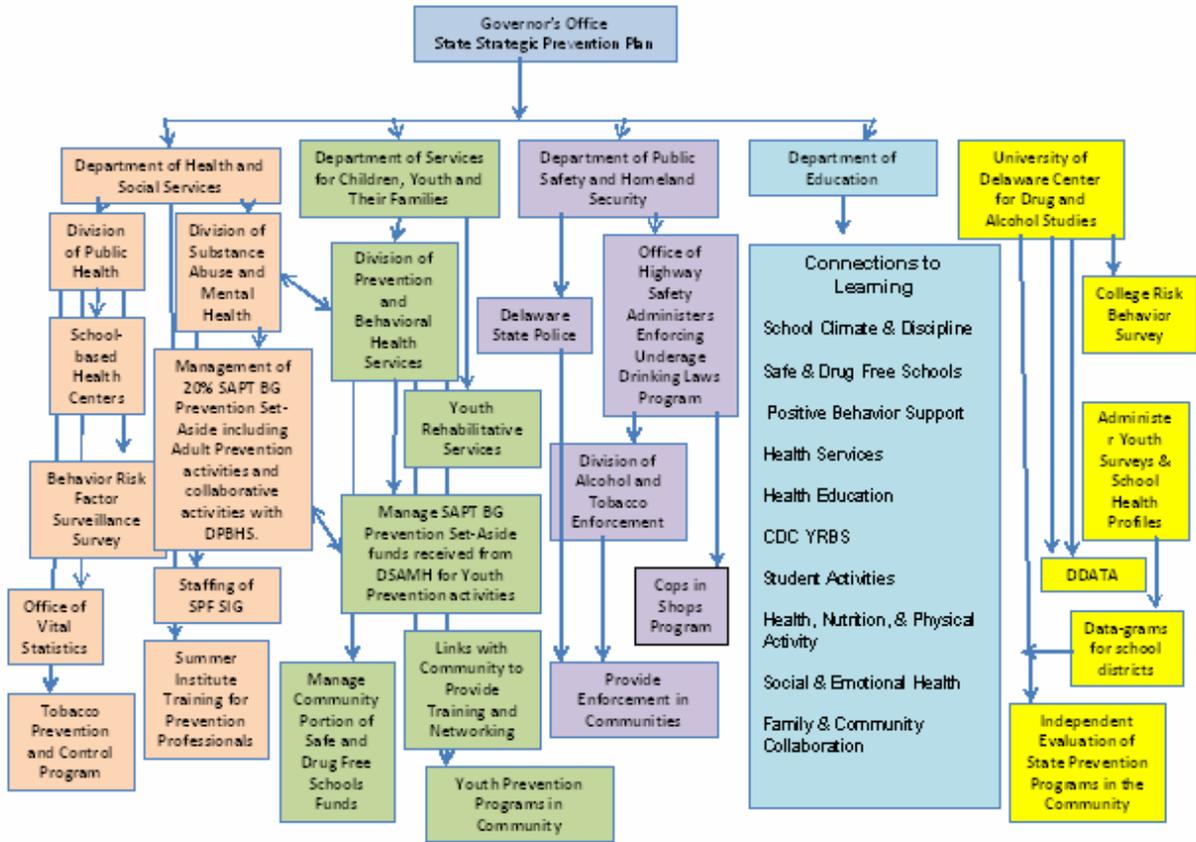
Based on the assessment conducted by the epidemiological work group known as Delaware Drug and Alcohol Tracking Alliance (DDATA) the state priorities identified, which are alcohol, marijuana, prescription opiates and heroin will be address by targeting all Delawareans across the lifespan.

II) Assessing the Systems (Infrastructure and Capacity)

a Assessing the Systems- Infrastructure

Delaware's prevention infrastructure has improved significantly over the past five years. Factors that have impacted Delaware's current status are 1) the level of commitment by the Division of Substance Abuse and Mental Health (DSAMH) and the Division of Prevention and Behavioral Health Services (DPBHS) formerly known as the Office of Prevention and Early Intervention (OPEI) and the Division of Child Mental Health Services (DCMHS). The newly appointed Governor at the time recognized the importance of increasing focus on prevention and be in alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) movement to put prevention at the forefront of health care services. DSAMH and DPBHS will continue to work collaboratively to build community capacity through technical assistance and training initiatives, 2) the recent change in Governor and administrative staffing (2009), and the planned reorganization of State agencies that have prevention mandates; and 3) the current economic recession, which has had a disproportionate effect on the Delaware economy, and brought with it a hiring freeze and severe budget cuts. Despite these factors, and partly because of them, State agencies have worked to develop new bonds with community organizations and with each other. The following diagram illustrates the current organizational chart for the prevention infrastructure in Delaware. Increases in collaboration through the state plan, SPF-SIG process and other partnering agencies at the state and community level will continue to work simultaneously in continuing the momentum of the statewide prevention efforts.

b. Delaware Prevention Infrastructure Chart



Delaware’s small size has both advantages and disadvantages toward impacting the effectiveness of its community infrastructure. While Delaware lacks an elaborate formal infrastructure to integrate and provide services at the community level, it does have a tightly knit community of prevention providers, advocates, and community centers which work closely with state agencies and with large community agencies such as Children and Families First, the YMCA Resource Center, Boys and Girls Clubs and others to provide programs in communities. The distribution of programs has not been data-driven in the past, and the distribution of programs is not even throughout the state. There are added problems of lack of transportation options in Sussex County and, of course problems inherent in the urban community of the City of Wilmington and the rural regions of Kent and Sussex Counties.

This tight-knit community can, however, work effectively on prevention issues, as demonstrated by the Impact Tobacco Coalition’s effect on smoking in Delaware. Delaware has been able to significantly reduce prevalence rates faster than national rates, and has been able to pass landmark legislation, including the indoor smoking ban, long before other states attempted them.

The significant gaps in the current community prevention system in Delaware consist of a lack of systematic, coordinated training and technical assistance, and a lack of awareness of available data and how to use it. There also appears to be a lack of cohesion and consensus as to what the priority problems are, where they are, and how to best address them.

The Division of Substance Abuse and Mental Health (DSAMH), the Single State Agency (SSA) for the State of Delaware, in collaboration with the Division of Prevention and Behavioral Health Services (DPBHS) will work with communities and faith based organizations to collect qualitative data at the community level. With a systematic and coordinated effort DSAMH in collaboration with DPBHS will conduct a focused assessment process by conducting regularly scheduled community assessment focus groups with key leaders/champions and key informants. This will address the lack of awareness at the state level in addressing gaps and engaging community and faith based leaders/champions and key informants. This process will be a two fold advantage to the state. It will serve as a conduit of retrieving information and receiving feedback on what works and what does not work. It can also be a first step in letting Delawareans know that we are listening and engaging them in thinking about prevention of substance abuse and move others toward a commitment to work on the issues around substance abuse prevention across the lifespan.

a. **Assessing the Systems- Capacity of the Single State Agency (SSA)**

Like other Departments and Divisions in Delaware, the Division of Substance Abuse and Mental Health (DSAMH), the Single State Agency, has been challenged in the past year by significant budget cuts, a hiring freeze and major staff turnover following a change in administration. The new Director of the Division of Substance Abuse and Mental Health, Kevin Huckshorn, RN, MSN, CAP has a background in treatment as does the new Assistant Director for Community Mental Health and Addiction Services, Marc Richman, Ph.D., but both have rapidly coming up to speed on prevention issues. DSAMH has one full time Prevention Specialist, Isabel Rivera-Green, M.S.W. Isabel Rivera-Green also serves as the National Prevention Network (NPN) Representative for Delaware, and oversees the adult prevention programs, which are funded through the Substance Abuse Prevention Treatment Block Grant (SAPT BG).

DSAMH's sub-recipient formerly known as the Office of Prevention and Early Intervention has experienced changes in their structure in delivering services. The state legislature has merged the Office of Prevention and Early Intervention (OPEI) with the Division of Child Mental Health Services (DCMHS) into a new Division of Prevention and Behavioral Health Services (DPBHS) as of July 2010. The new Division will continue to focus on front end services to include prevention and early intervention in the child-serving system. Programs and services will be aligned to improve protective factors and resiliency in children, families and communities while promoting health and wellness.

i. SSA Commitment to Implement the Strategic Prevention Framework (SPF) as the State Planning Model

The SSA has committed to building the capacity of the prevention network to respond to state priorities identified by the state epidemiological profile and the SPF-SIG process, and working with other state agencies to leverage existing resources to assist in capacity building and achieving the goal of substance use prevention and reduction through implementation of the strategic prevention framework process through out the state strategic plan across the lifespan.

ii. Training and Technical Assistance Infrastructure

Delaware has few institutionalized procedures for providing prevention training and technical assistance to either professional staff or to the community. DSAMH provides some professional training each year at the Summer Institute, but the focus is largely on treatment and few sessions have historically been available on prevention. Division of Prevention and Behavioral Health Services (DPBHS) formerly known as the Division of Child Mental Health (CMH) and Office of Prevention and Early Intervention (OPEI) has in the past provided an annual Prevention Forum, which offered a variety of prevention trainings to both professionals and to the community at low cost. While the Forum was initially a three-day conference that was accessible to community groups, it has in recent years been reduced to a one-day event, and has not been offered annually, but on an irregular schedule, making it difficult for community groups to schedule or budget for it. DPBHS and DSAMH have on several occasions worked with Northeast Center for the Application of Prevention Technology (NE-CAPT) and Community Anti-Drug Coalitions of America (CADCA) to provide trainings, predominantly on coalition-building.

iii. Transitions in Staffing and Membership

Since Delaware applied for the SPF-SIG, there have been many transitions in staffing across the diverse agencies involved, and potentially more to come. With a new Governor taking office, Delaware has new Cabinet Secretaries in most of the Cabinet level positions, and many new Division Directors as well, as cited above. Membership in our Epidemiological Team known as Delaware Drug and Alcohol tracking Alliance (DDATA) has not changed, despite the fact that some members have also been asked to serve on the Delaware Advisory Committee (DAC). Two new staff members were hired by DSAMH to serve the SPF-SIG: Cecilia Willis, Ph.D. as Project Director, and Erica Melman as Project Manager.

Given training and technical assistance, Delaware communities can implement the strategic prevention framework (SPF). The SPF is the model used by the former Drug Free Communities Coalition, as well as the one in Kent County which is no longer funded. While there have been some trainings by CADCA and NE-CAPT and by University/Schools Alliance in using the model, more will be planned in order to prepare communities to adopt the SPF. Training and technical assistance in the use of the SPF to implement prevention efforts will

be a necessary component of the statewide prevention plan implementation, and will be enhanced by networking of communities and faith based organizations to share resources and lessons learned.

iv. Substance abuse coalitions identified in the state of Delaware

The Epidemiological working group identified existing prevention focused coalitions in the state. Delaware will continue to collaborate and leverage resources with these coalitions to support strategies that will enhance efforts in addressing the identified priorities: alcohol, marijuana, heroin, and prescription opiates.

a. University Schools Alliance (Drug Free Community Coalition)

Delaware has one Drug Free Communities Coalition, the University/Schools Alliance, based in Newark, DE, which is in its ninth year of funding by the program. Another coalition, the Dover Caring Communities Coalition encountered some management difficulties in 2009 and will hopefully be re-applying for funding in 2010. Delaware has had two other coalitions awarded funds from this program in the past who either did not re-apply or who were not re-awarded funds.

b. Delaware Prevention Network Alliance (Community Prevention Coalition)

The Delaware Prevention Network Alliance (DPNA) is a collaboration of community centers and community-based agencies operating in the City of Wilmington and the other two counties for a statewide presence. The eight Wilmington area sites are: Edgemoor Community Center; Latin American Community Center; Neighborhood House; O.A. Herring Community Center; Peoples Settlement Association; Rose Hill Community Center; West End Neighborhood House; and William “Hicks” Anderson Community Center, and then First State Community Action Agency and Delaware Parents Association downstate. The coalition provides a protective factor in that it comprises a multicultural, multilingual and community-based alliance, with previous involvement in CSAP Partnership and Coalition Grants and in delivering SAMSHA model EBPs (e.g., All Stars, Creating Family Lasting Connections). Most of the DPNA agencies also provide alternative activities to youth and families in their communities. They host Town Hall meetings on underage drinking. All of the agencies provide a range of services to communities with high rates of poverty, single parent households, high school dropouts and unemployed adults.

c. Interfaith Coalition (Faith Based Coalition)

The Interfaith Coalition is a group of faith-based leaders and churches in New Castle County working together to coordinate prevention programming and mobilize communities. The Division of Prevention and

Behavioral Health Services (DPBHS) has been providing support, guidance and technical assistance to the Coalition since its inception to build capacity for promoting resiliency and protective factors among our youth, families and communities.

I.) Assessing the Systems- Continued Assessment Efforts

Delaware has developed the capacity to collect, analyze and report data to support data-driven decision making in the state of Delaware. Delaware is working diligently to establish relationships with higher education institutions through out the state to obtain more adult data.

Data on youth surveys are collected annually and reported online at the state and county level and with confidential reports to school districts by CDAS. Adult survey data is also collected regularly and reported online by the Division of Public Health. DDATA has committed to working with other state agencies to provide regular data reports reflecting diverse aspects of not only prevalence of substance use, but also of consequences related to drug and alcohol use and risk and protective factors which influence it. DDATA will continue to produce the epidemiological reports and the community level epidemiological reports, as well as its other publications. The group will continue to meet quarterly and to address the data needs of the state plan. Delaware communities can be provided with technical assistance to enable them to collect, analyze and report data. In past prevention efforts, data collection has been the responsibility of prevention providers or of community center staff, who recognized the necessity of data for reporting to funding agencies as well as for preparing funding requests from local, state and federal sources. While these entities will continue to be active, building capacity at the community level to collect, analyze and report data will enable more communities to participate in prevention work, broadening the impact and outcomes. In turn, sustainability in a service delivery continuum will result.

Section III: Capacity Building

- VI. Capacity Building- Systems Development
 - a. Training and Technical Assistance- Historical Overview
 - b. Workforce Development- Prevention Core Competencies
- VII. Role of the State Epidemiological Outcomes Workgroup
- VIII. Role of State and Community Level Trainers

I. Capacity Building- Systems Development

a. Training and Technical Assistance- Historical Overview

The Division of Substance Abuse and Mental Health (DSAMH) and the Division of Prevention and Behavioral Health (DPBH) has made great strides the past five years in building community capacity at the provider level through multiple trainings and technical assistance initiatives. Past training and technical assistance efforts have focused on the following: included data collection and reporting support, nonprofit Board development, personnel management, strategic planning support and grant writing. Prevention workforce development has been an ongoing concern as well and training opportunities have expanded to include *Prevention 101*, community mobilization techniques, Coalition building and the SPF framework to build prevention subject matter expert capacity within the state.

Training and technical assistance were provided based on a suggested need within a community. However, no formal assessment or training system was in place to evaluate or monitor these trainings or technical assistance opportunities. In addition, no formal evaluation or monitoring occurred for the individuals or providers who received the trainings.

The ultimate goal of the past training and technical assistance has been to develop a coordinated prevention system of public and private entities that supports families and communities, promotes resiliency and wellness using a multi-strategy approach and mobilizes communities to take care of their own. With the development of a formalized prevention workforce development system, Delaware can ensure that prevention oriented entities are able to support the needs of a given community with a standard of effectiveness.

DSAMH will continue to respond to the needs of the communities and support, sponsor, and develop trainings which enhance the capacity of the state.

b. Workforce Development: Prevention Core Competencies

A review of the State's prevention training and technical assistance opportunities resulted in the realization that a formalized system was not currently in place. There are currently no prevention standards or core competencies for professionals implementing substance abuse prevention strategies. While there are some (limited) training opportunities available, there is no consistency or continuity in the overall efforts. Key informants from community prevention partners indicated the need to formalize, prioritize, and institutionalize the training and technical assistance efforts.

In collaboration with the Strategic Prevention Framework – State Incentive Grant (SPF-SIG), the SAPT Block Grant would support the development of an integrated workforce development training system for professionals to develop and enhance the skills necessary for implementing successful prevention programs, practices, and policies.

A formalized workforce development system would help to ensure systematic, effective and sustainable support to communities for the implementation of substance abuse prevention strategies. The development of core competencies for prevention professionals to adhere to, would set a quality standard for these individuals and allow the state to monitor the implementation of prevention programs.

It is the expectation of the state that organizations funded directly through the SAPT Block Grant have the skills and capacity to implement primary prevention strategies throughout the state. In addition to those providers funded through the SAPT Block Grant, Delaware will provide opportunity for other community and state entities providing substance abuse prevention services to build capacity so that they may, if they have not already, develop the standards of prevention outlined by the states set core competencies.

Through the Strategic Prevention Framework (SPF) process DSAMH will work collaboratively with DPBHS, the Delaware Certification Board, and through communication with other National Prevention Network representatives to develop and enhance the workforce development initiative.

Delaware plans to reach out to local colleges and universities to develop an approach for the implementation of this system. Through institutions of higher education that have the structure and facilities to house training and technical assistance opportunities for prevention provider will be a starting point in the development of Delaware's workforce initiative.

The following 8 Domains have been recognized as by the Council on Linkages between Academia and Public Health Practices as Core Competencies for Public Health Professionals and will be adapted in the development of Delaware's prevention workforce system:

1. Analytic Assessment Skills
2. Policy Development & Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Basic Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

II. Role of the State Epidemiological Outcomes Workgroup

By following the Strategic Prevention Framework (SPF) model, the State Epidemiological Outcomes Workgroup (SEOW), also known as Delaware Drug and Alcohol Tracking Alliance (DDATA), will assist the state in completing a comprehensive assessment of Delaware's prevention providers which will establish a baseline as to capacity individuals and agencies in terms of prevention workforce and competencies. With this assessment, DSAMH can better determine the training and technical assistance needs, abilities, and readiness of Delaware and develop a workforce curriculum which not only meets the needs of the state, but sets a standard for professionals and providers. In addition, once a curriculum and workforce system is developed and trainings begin to occur, DDATA will monitor and evaluate the effectiveness of trainings.

III. Role of State and Community Level Trainers

Provide training on an ongoing basis to meet the requirements of Request for Proposals (RFP) through collaboration of trainings sponsored through the SPF-SIG initiatives and partnering state agencies. Trainings may include but are not limited to the following:

- ❖ Strategic Prevention Framework
- ❖ Prevention Basics
- ❖ Cultural Competency
- ❖ Workforce Development
- ❖ Coalition Building
- ❖ Effective Prevention Strategies

In addition, the state will participate in trainings offered by Substance Abuse and Mental Health Services Administration (SAMHSA) on prevention information regularly.

Section IV: Planning

- I. Planning Assessment Data Summary
- II. Community-Based Activities
- III. Goals and Objectives
 - a. Goal I: Assessment
 - b. Goal II: Capacity Building
 - c. Goal III: Planning
 - d. Goal IV: Implementation
 - e. Goal V: Evaluation
 - f. Goal VI: Cultural Competency
 - g. Goal VII: Sustainability
- IV. Allocation Approach of the SAPT BG Funds

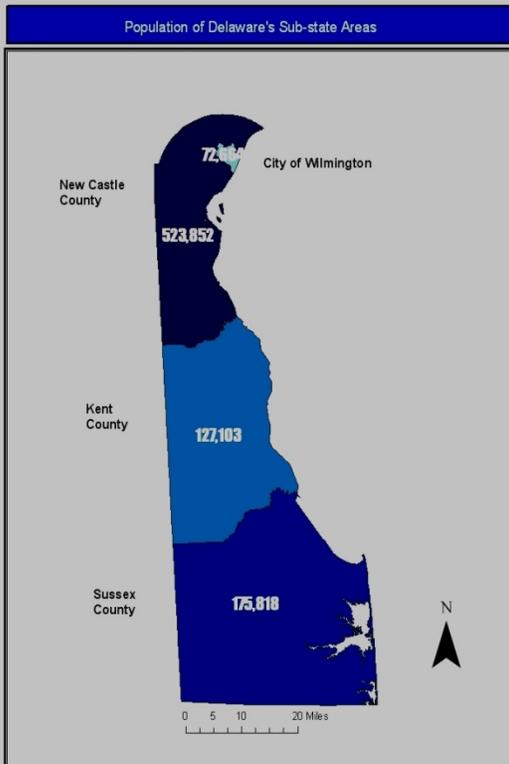
Planning

I. Planning Assessment Data Summary

The state Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA) has noted that Delaware remains higher than national estimates on the following identified priorities:

- alcohol use by underage and young adults
- marijuana use, particularly for young adults
- use and abuse of prescription opiates and heroin

The priorities were identified through newly available data from NSDUH, SEDS, TEDS, and state sources for as recent as 2008. These identified priorities were based on looking at both consumption and consequences and looking at the indicators in a framework that allows for assessing how important an issue the data represent. This compendium included, where possible, each of estimates of incidence in the state population, whether the indicator represented a change in trends over time, and how the data compared with regional and national estimates.



Delaware is comprised of three counties [New Castle County-523,852 residents; Kent County-127,103 residents; and Sussex County- 175,818 residents]. The State is unique in that the northernmost county, New Castle, is decidedly urban, while the two southern counties, Kent and Sussex, have largely rural characteristics. Delaware's largest city is Wilmington, located in New Castle County, with a population of 72,664. Wilmington and part of New Castle County are included in the Philadelphia Consolidated Metropolitan Statistical Area.

Delaware is divided into four sub-state planning areas designated by SAMHSA's Office of Applied Studies and adopted by Delaware's State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), are the city of Wilmington, the remainder of New Castle County, Kent County and Sussex County.

From 2000-2007 Delaware saw over a 10% population growth and much of it has been driven by increases in minority populations (Delaware Population Consortium 2007). Over the next decade from 2010 to 2020, there is an anticipated 6% growth in both the 0 – 9 year old and 10 – 19 year old populations in the State of Delaware (Kids Count 2008).

Recent census data show a decrease by 7% of 20-64 year olds between 2000 and 2030 but an

increase of 100% in the 65 and older population and 300% in the 85+ population, with one in four being a minority. Delaware’s population as of 2008 includes 80,528 living veterans, 3,249 of whom are under 30 and served in recent conflicts. These demographic trends and Delaware’s growing multicultural communities, make the needs of youth and young adults, minorities, veterans and the elderly even more compelling as data suggest these populations are most in need of resources.

According to the US Census 2000, “Veteran Populations in Delaware,” there are a total of 84,289 civilian veterans residing inside Delaware. The population of New Castle County is home to 46,908 civilian veterans. There is a larger veteran population in the City of Wilmington located within the New Castle County boundary is home to 6,020 civilian veterans. Kent County is home to 16,574 civilian veterans. The Dover Air force Base is located in the City of Dover in Kent County. There are 4,397 veterans residing in Dover. Finally, in Sussex County, there are a total of 20,807 veterans.

We can estimate the number of veterans with psychological distress or substance abuse disorder. By applying the national rate to the veteran population in Delaware, you can estimate the local incidence of serious psychological distress and substance abuse. The national study was the National Survey on Drug Use and Health (NSDUH), “Serious Psychological Distress and Substance Use Disorder among Veterans” NSDUH, 2007). The estimated treatment need in the state for veterans are (NSDUH, 2007):

County Name	Serious Psychological Distress (7%)	Substance Use Disorder (7.1%)	Both (1.5%)
New Castle County	3,284	3,330	704
Kent County	1,160	1,177	249
Sussex County	1,456	1,477	312
State	5,900	5,984	1,265

Delaware’s state substance abuse strategic prevention plan across the lifespan will be used to address the priorities identified: alcohol, prescription opiates and heroin use and abuse. The data will drive the decision making of the SAPT BG funds. The data collected through-out the sub-state areas demonstrates the population size and the need of addressing these priorities through utilizing the strategic prevention framework as modeled by the Substance Abuse and Mental Health Services Administration.

II. State and Community Based Activities

Delaware was awarded the Strategic Prevention Framework State Incentive Grant (SPF SIG) in July 2009. Delaware is in its second year of the planning phase of the SPF-SIG. The SPF SIG efforts have resulted in an established Delaware Advisory Committee (DAC). The DAC has created a momentum of community interest in the need to create a prevention infrastructure to address the gaps in service of substance abuse through out the state of Delaware. The development of the SAPT BG state plan has also resulted in Prevention Stakeholders/ Partners to bring to the forefront prevention needs perceived by the community, faith based organizations and

other state partnering agencies. The common theme amongst the prevention stakeholders/partners has been a desire to build our infrastructure on the prevention of substance abuse across the lifespan.

The Division of Substance Abuse and Mental Health (DSAMH) in collaboration with the Division of Prevention and Behavioral Health Services (DPBHS) have held a Health System Needs assessment focus group at the state level as well as facilitated two Health System Needs Assessment focus groups at the community level. (Sutter, L., November 2009). The focus groups conducted by the state and the community resulted in a comprehensive examination of where gaps in service were in the realm of substance abuse prevention. The state's approach was to examine in a comprehensive, public health approach the gaps in service at the state level and at the community level in the efforts of reducing substance use and abuse. The focus groups emphasized assessing systems orientations where members and partners worked together to coordinate a seamless fashion collectively to achieve outcomes that will evolve, adapt, and promote stability at both the state and community level. The assessment process asked stakeholders/partners to assess three important areas ranging from:

- the degree to which state leadership is coordinated across organizational boundaries,
- whether existing capacity is adequate to achieve desired outcomes, and
- whether the most effective processes and practices are being used.

Through scoring and prioritizing both the state and community focus group needs assessments the consensus was as follows: 1. Leadership at the state level, 2. Effective Process at the state level, and 3. Building Capacity that will sustain and support the community in their efforts to implement prevention of substance use and abuse. Through prioritizing indicators identified in the assessment results where: 1. conceptual clarity, 2. strategic planning, 3. training and technical assistance, 4. sustainability, 5. organizational structure, 5. cultural competency, and 6. accountability.

The Division of Substance Abuse and Mental health (DSAMH) in collaboration with Division of Prevention and Behavioral Health Services (DPBHS) conducted at the state level a Health Systems Needs Assessment focus group. At a later date DSAMH and DPBHS facilitated two Health Systems Needs Assessment focus groups which included the community providers and partnering state agencies. DSAMH and DPBHS scored and prioritized the needs and gaps in the state of Delaware. This assessment process was the first steps in developing a prevention of substance abuse infrastructure in the state of Delaware. This process was the beginning of developing a systems development plan.

The development of the state prevention plan will support and enhance the SPF SIG through the SAPT BG 20% set aside for prevention. The set aside will infuse prevention of substance abuse efforts in a seamless approach by building the capacity and leveraging the efforts and resources which will ultimately sustain the SPF SIG efforts long after the grant has ended. The state partnering agencies, community, faith based organizations and other colleges and universities are on board with the movement of building the prevention infrastructure of substance abuse and use through developing our infrastructure through the Division of Substance Abuse and Mental Health (DSAMH) taking the lead as the Single State Agency on the following:

The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) 20% set aside for prevention will be used for staffing of prevention specialist at the Division of Substance Abuse and Mental Health (DSAMH) to monitor the delivery of comprehensive prevention services that are rendered with fidelity to all Delawareans across the lifespan through:

- Building an infrastructure that is comprehensive and inclusive of partnering agencies, stakeholders/partners, community organizations, and faith based organizations.
- Developing a prevention workforce that will meet the needs of providers and potential providers, through training and technical assistance. Training and technical assistance provided to state with the support of our federal project officer Center for Substance Abuse and Prevention (CSAP), community, and staff to ensure primary prevention services are provided with fidelity and in a comprehensive approach utilizing the Institute of Medicine (IOM) model.
- Working collaboratively with state and community agencies to collect and share data sets regards substance abuse consumption and consequence patterns.
- DSAMH in collaboration with DPBHS will create competitive Request for Proposals (RFP) to provide comprehensive ATOD prevention services with fidelity to all Delawareans.
- Continue to support DDATA through SPF-SIG initiative so that they continue to assess the current data that they have.

The Division of Prevention and Behavioral Health Services (DPBHS) will continue to take the lead with collaborative support from the Single State Agency on:

- The Prevention Forum and Teen Summit as a universal strategy to provide current information to prevention providers and children/adolescent through both venues.
- Contracting with KIT Solutions to broaden the collection and tracking of data to meet the gaps in the community where disparities of substance use and abuse are affecting the 4 sub state areas in Delaware across the lifespan.
- Lead an underage drinking campaign through out the 4 sub-state areas.
- Expand and enhance Evidence Based Programming services to children, youth and their families.
- Delaware currently has a Resource Center that is based in DPBHS office. The center is available as a resource for all 3 counties and the city of Wilmington. DPBHS would like to expand this service so that it is conveniently assessable in all 4 sub-state areas.

The Division of Prevention and Behavioral Mental Health Services (DPBHS) currently provides prevention efforts to youth through the implementation of an Evidence Based Program, All Stars. DPBHS also manages the Prevention Resource Center where free prevention materials can be accessed for the community and state agencies to reference. Through competitive Request for Proposals (RFP) The Division of Substance Abuse and Mental Health (DSAMH) and DPBHS will seek to expand EBP in Delaware.

The Division of Substance Abuse and Mental Health (DSAMH) currently contracts with Brandywine Community Counseling Services (BCCS) formerly known as, Brandywine Counseling Incorporated (BCI) and the Latin American Community Center (LACC) which

provide ATOD prevention information and dissemination services through educational activities throughout the state for Delawareans that are 18 and older.

Brandywine Community Counseling Services (BCCS) provides educational workshops in numerous venues such as, colleges, universities, health fairs and transitional shelters. In 2010, BCCS infused a universal approach through a media campaign through media literacy on ATOD and Fetal Alcohol Spectrum Disorder (FASD).

The Latin American Community Center (LACC) has reached out to a broader population in the city of Wilmington by providing ATOD prevention information and dissemination services by making information available in both the English and Spanish Language. They also implement ATOD prevention information and dissemination services through educational workshops, colleges, universities, health fairs, partnering with annual Historic Hispanic Festivals, editorials, public service announcements and partnering with other programs and services at their center. LACC is currently providing a curriculum that is being evaluated for fidelity called Prevention Promoters. The program encourages young adults to learn about the affects of ATOD, HIV and violence and how they can serve as ambassadors of their community to educate others to prevent the onset of the use and abuse of ATOD and other disparities such as HIV and violence in their communities. LACC is working rigorously to see the Prevention Promoters curricula become acknowledged as an Evidence Based Practice Program (EBPP).

DSAMH would like to expand on the adult services being offered in Delaware by implementing Evidence Based Programs and Practices (EBPP) that are effective to the targeted populations experiencing disparities of the identified priorities: alcohol abuse, marijuana, prescription opiates, and heroin. DSAMH also would like to support communities through environmental approaches. DSAMH in collaboration with DPBHS and the support of our Center for Substance Abuse Prevention (CSAP) federal project officer will work toward the development of this process.

The state plan and the SAPT BG prevention set aside will be used to leverage and enhance holistic approach prevention services through-out the state of Delaware long after the SPF SIG funding has ended. The Division of Substance Abuse and Mental Health (DSAMH) as the Single State Agency (SSA) is committed to the success of ATOD prevention services in Delaware.

The Delaware Drug and Alcohol Tracking Alliance (DDATA) will continue to do further needs assessment to address the demographic and population change through-out the state on an annual basis. A data collection system will be implemented to centralize data that can be used to drive decisions on implementation of prevention services through-out the state. Efforts are being made to collect reportable data from Delaware's Historically Black College/University (HBCU), Delaware State University as well as other colleges and universities. Through the development of our prevention infrastructure Delaware is working on a better representation of our state profile.

Based on the assessment of the state, Delaware has derived the following goals and objectives in effort to create a comprehensive and sustainable strategic plan to reduce and eliminate substance abuse across the lifespan.

III. Goals and Objectives

a. Goal I: Assessment

Through the State Epidemiological Outcomes Workgroup (SEOW), also known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), we will collect and assess state and local level substance use and abuse for the priorities to determine the emerging trends in the State of Delaware.

Objectives:

- i. Improve content and communication in existing state data systems to make data accessible to decision makers and “relational” across systems.
- ii. Aggregate data from various sources that will be linked in reality through interfaces in state MIS and other data systems.
- iii. Collect, report, and monitor data on population-level change.
- iv. Maintain cultural competency awareness when collecting data to drive decisions made with SAPT BG funds.
- v. Develop data sharing initiatives with other higher institutions of education throughout the state.

DDATA will continue to work with state, communities and faith based organizations to track the patterns of consumption and consequences of the use and abuse of substance. DDATA will leverage resources to collect data sets from typically under-represented populations. DDATA will begin efforts in collecting data from emergency room data specifically on people entering the emergency room as a result to substance use or abuse. In addition, DDATA will make diligent efforts to work with our Historically Black College/University-Delaware State University as well as the other colleges and universities throughout the state of Delaware.

b. Goal II: Capacity Building

Build state and community capacity to implement and sustain professional development through training and technical assistance for substance abuse prevention programs, policies, and practices throughout the goals outlined in the state substance abuse prevention plan.

Objectives:

- i. Develop a comprehensive prevention workforce system inclusive of a set of core competencies moving towards the credentialing of Certified Prevention Specialist in the State of Delaware.
- ii. Utilize Delaware’s [newly accepted] core competencies to work for credentialing of Certified Prevention Specialists (CPS) in the State.
- iii. Provide training and technical assistance at the local/community level (programmatic assistance and building of a community-level prevention infrastructure).
- iv. Prioritize issues that affect potential for capacity building based on feasibility that impact or confront partnering state agencies, communities and faith based organizations.

- v. DSAMH and DPBHS will facilitate a workforce development working group to meet the needs and gaps in the prevention of substance use and abuse.
- vi. Utilize certified Fetal Alcohol Spectrum Disorder (FASD) trained professional(s) to provide trainings to FASD prevention specialist through out the state.
- vii. If funded for the Building State Capacity for Preventing Youth Substance Use and Violence, the Department of Education (DOE) will provide funding to the Division of Substance Abuse and Mental Health (DSAMH) to support efforts in creating data tools to help school districts determine needs and advocate for services on the onset of substance use.
- viii. Also, if the Department of Education (DOE) is funded by the Building State Capacity for Preventing Youth Substance Use and Violence, DOE will provide funding to the Division of Prevention and Behavioral Health Services (DPBHS) to enhance and expand quality professional development opportunities to teachers and youth service providers on addressing tobacco, alcohol, drug and violence prevention activities.
- ix. Infuse within partnering state agencies a segment of the prevention of substance abuse state plan to leverage service delivery and fill in the gaps identified through partnering agencies. For example: (Within the Comprehensive HIV prevention plan, Division of Aging and Adults with Physical Disabilities service plan, Domestic Violence strategic plan, Division for the Visually Impaired Independent Living Services state plan, etc.).

DSAMH in collaboration with the Division of Prevention and Behavioral Health Services (DPBHS) will congruently build state substance abuse capacity by leveraging our resources to address our state's priorities: Alcohol, Marijuana, Prescribed Opiates and Heroin. At the state level, we will continue to demonstrate continuity of overlapping service delivery through a unified effort to meet the needs of all Delawareans across the lifespan. The state of Delaware will mirror the Substance Abuse and Mental Health Service Administration (SAMHSA) strategies to implement prevention at the forefront.

c. Goal III: Planning

Develop and coordinate State and Community-level Strategic Prevention Plans through support and technical assistance to communities in Delaware.

Objectives:

- i. Identify faith based groups and change agents to participate in prevention efforts.
- ii. Monitor and evaluate state plan twice a year to review benchmarks reached and benchmarks needed to maintain sustainability in the prevention of substance abuse.
- iii. Coordinate regularly scheduled meetings with stakeholders/partners on leveraging resources by infusing prevention in other state and private organization's strategic plans.
- iv. Through the development of a workforce infrastructure, the Division of Substance Abuse and Mental Health in collaboration with the Division of Prevention and Behavioral Health will provide training and technical assistance to develop local community level strategic substance abuse prevention planning.

- v. Support and leverage efforts with Delaware's Prescription Monitoring Program Act signed into law by Governor Jack Markell on 7/15/2010.
 - a) Monitor statistics on the decrease of prescription drugs being sold on the streets to leverage with law enforcement strategies to serve communities through universal strategies; such as, campaigns, media etc..
 - b) Monitor statistics on substance abuse treatment admission involving pain relievers to plan for prevention services.
 - c) Support and leverage resources with Delaware's National Guard efforts in supporting returning veterans with prevention of the use and abuse of alcohol, prescription opiates and heroin.

DSAMH and DPBHS will congruently monitor the state prevention plan goals and objectives to ensure that the procedures continue to work in a fluid manner. Through the leveraging of resources with partnering state agencies, law enforcement, National Guard, and community agencies; Delaware will utilize this state plan as the guidance to our request for proposals, memorandum of understandings and the development of contracts with potential prevention service providers. The state plan will mirror SAMHSA's unified approach with prevention at the forefront of health services.

d. Goal IV: Implementation

Through a competitive Request for Proposal (RFP) process the state will support a comprehensive theory/promising practices and evidence-based prevention strategies through programs, policies, and practices.

Delaware will utilize the Strategic Prevention Framework model which includes 5 steps: assessment, capacity, implementation, evaluation and infusing both cultural competency and sustainability through out the 5 steps to develop Delaware's prevention infrastructure. Delaware will use the Center for Substance Abuse and Prevention (CSAP) 6 strategies in our delivery of prevention services which are:

1. Information Dissemination
2. Prevention education
3. Alternative Activities
4. Community-Based Process
5. Environmental Approaches
6. Problem Identification & Referral

The state plan will drive our process in creating Request for Proposals (RFP) for potential SAPT BG recipients and Memorandums of Understandings (MOU) with partnering agencies. Through the competitive Request for Proposal (RFP) process, the state will implement evidence-based comprehensive prevention strategies throughout the state of Delaware through programming, policies, and practices that are comprehensive.

Delaware Substance Abuse Implementation Plan Year 2010

#1. Through the state Epidemiological Outcomes workgroup (SEOW), also known as the Drug and Alcohol Tracking Alliance (DDATA), collection and assessment of state and local level substance abuse consumption and consequence patterns in the state will be collected. (Assessment)

Activities	Timeline	Roles and Responsibilities	Outputs
Collect and organize data for use by Delaware decision makers (e.g., Prevention Stakeholders/Partners, SPF-SIG-DAC Advisory Council) to assess needs and make decisions on state strategies and program priorities	Revisit Ongoing	DDATA	Data collected will drive the decisions made on SAPT BG funds through competitive RFP's and strategic plan reviews.
Establish relationship with institutions of higher learning to collect data across the state. (e.g., HBCU, community colleges, and universities)	Ongoing	DDATA	Enhance adult data collection in the state by the Summer of 2011.
Aggregate data from various sources linked in reality through interfaces in state MIS and other data systems	Ongoing	DDATA, DSAMH and DPBHS MIS systems, Colleges and Universities in Delaware.	Enhance adult data collection in the state by the Summer of 2011.
Collect, Report, and monitor data on population change	Ongoing on annual basis	DDATA	Delaware's demographic profile will be enhanced with more adult data and other institutions of higher learning.
Maintain cultural competency awareness when collecting data to drive decisions made with SAPT BG funds.	Ongoing	DDATA, DSAMH, DPBHS	Cultural awareness that is considered ongoing in the collection of the data to prevent bias or prejudice consideration to age, gender,

			ethnicity or race.
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#2. Build state and community capacity to implement and sustain professional development through training and technical assistance for substance abuse prevention programs, policies, and practices through out the goals outlined in the state substance abuse prevention plan. (Capacity)

Activities	Timeline	Roles and Responsibilities	Outputs
Develop a comprehensive prevention workforce system inclusive of a set of core competencies moving towards the credentialing of Certified Prevention Specialist in the State of Delaware.	July 2010 Oct 2010 Ongoing	Began the development of Workforce System Application submitted to International Certification & Reciprocity Consortium (ICRC) for credentialing Certified Prevention Specialist in Delaware. Infrastructure System Development (DDATA, DSAMH and DPBHS, Prevention Stakeholders/Partners)	An infrastructure with a prevention workforce system to support prevention professionals to seek certification in the field of substance abuse prevention.
Establish core competencies for Delaware's prevention certification.	October 2010	DSAMH, DPBHS and Delaware Certification Board (DCB)	A comprehensive set of core competencies to implement toward the certification of Prevention Specialist professionals in the state.
Training and technical assistance (programmatic assistance and building of a community-level prevention infrastructure)	Ongoing	DSAMH, DPBHS Calendar for implementation of trainings will be developed through contracted providers, community and federal leveraging opportunities.	Support for state and community prevention specialist to enhance and sustain prevention services.

<p>Prioritize issues that affect potential for capacity building for partnering state agencies, communities and faith based organizations.</p>	<p>Ongoing</p>	<p>DSAMH, DPBHS, Stakeholders/Partners/DDATA</p>	<p>Prioritizing for issues that affect potential to build capacity will provide opportunity for strategic planning as we continue to move forward in meeting benchmarks in the state plan.</p>
<p>Facilitate a workforce development working group to meet the needs and gaps in the prevention of substance use and abuse.</p>	<p>Ongoing on a Quarterly Schedule</p>	<p>DSAMH, DPBHS</p>	<p>The state will achieve an inclusive process through the input of a workforce working group consisting of state, community, stakeholders/partners.</p>
<p>Utilize certified Fetal Alcohol Spectrum Disorder (FASD) trained professional(s) to provide trainings to FASD prevention specialist throughout the state.</p>	<p>Ongoing</p>	<p>DSAMH</p>	<p>DSAMH training professionals will afford prevention specialist to become experts in the process of FASD training and dissemination of information on FASD.</p>

<p>Building State Capacity for Preventing Youth Substance Use and Violence; the Department of Education (DOE) will provide funding to the Division of Substance Abuse and Mental Health (DSAMH) to support efforts in creating data tools to help school districts determine needs and advocate for services on the onset of substance use.</p>	<p>Ongoing</p>	<p>DSAMH, DOE</p>	<p>More data will be available to utilize in decisions to fund SAPT BG prevention services through the managing and facilitation of the data collected by the tools used to determine needs and advocates for services on the onset of substance use and abuse.</p>
<p>The Department of Education (DOE) is funded by the Building State Capacity for Preventing Youth Substance Use and Violence, DOE will provide funding to the Division of Prevention and Behavioral Health (DPBHS) to enhance and expand quality professional development opportunities to teachers and youth service providers on addressing tobacco, alcohol, drug and violence prevention activities.</p>	<p>December 2010</p>	<p>DOE, DSAMH, DPBHS</p>	<p>Leveraging of resources and collaboration of prevention services across state agencies. Also, building capacity in a unified approach.</p>

<p>Infuse within partnering state agencies a segment of the prevention of substance abuse state plan to leverage service delivery and fill in the gaps identified through partnering agencies. For example: (Within the Comprehensive HIV prevention plan, Division of Aging and Adults with Physical Disabilities service plan, Domestic Violence strategic plan, Division for the Visually Impaired (DVI) Independent Living Services state plan, Services state plan, etc.), Division of Public Health and Tobacco Enforcement strategic Plan. National Guard and Nemours.</p>	<p>Summer 2010</p>	<p>DSAMH, DPBHS, HIV Consortium, Division of Services for Aging Adults with Physical Disabilities (DSAAPD), Domestic Violence Strategic Plan, Division for the Visually Impaired (DVI), Division of Public Health Tobacco Enforcement Strategic Plan, National Guard, Nemours.</p>	<p>Prevention of substance use and abuse will fill the gaps in service rendered addressing substance use and abuse.</p>
<p>#3. Develop and coordinate state and community level strategic prevention plans through support and technical assistance to communities in Delaware. (Planning)</p>			
<p>Activities</p>	<p>Timeline</p>	<p>Roles and Responsibilities</p>	<p>Outputs</p>
<p>Identify faith based groups and change agents to participate in substance abuse prevention efforts.</p>	<p>December 2010</p>	<p>DSAMH, DPBHS, Prevention Stakeholders/Partners</p>	<p>Contribute and lobby for substance abuse prevention efforts. (e.g. Social host laws etc.)</p>

Monitor and evaluate state plan twice a year with prevention stakeholders, SPF SIG Advisory committee.	January 2011 and July 2011	DSAMH, DPBHS, Prevention Stakeholders/Partners	Review Benchmarks reached and create new ones as needed.
Coordinate regularly scheduled meetings with state and community providers on leveraging resources by infusing prevention of substance abuse in other state and private organizations' state plans.	December 2010	DSAMH, DPBHS	A holistic approach in the prevention of substance abuse will be attained through collaboration and cross fertilization with prevention of substance abuse services at the forefront.
#4. Through a competitive Request for Proposal (RFP) process the state will support a comprehensive theory/promising practices and evidence-based prevention strategies through programs, policies and practices. (Implementation)			
Activities	Timeline	Roles and Responsibilities	Outputs
Select theory/promising practices and evidence-based policies, programs and practices and environmental strategies based on identified needs of target population.	Summer 2011	DSAMH, DPBHS	Prevention Specialist implementing theory/promising practices and EBP for all Delawareans.
Research Best Practices in the field and benchmark what other states are effectively doing.	Ongoing	DSAMH, DPBHS	Benchmarks will be reached, revised and re-evaluated as lessons learned. New implementation procedures will be implemented as seen appropriate.
Formulate an EBP workgroup to assist in the selection, implementation and oversight of programs, policies and practices at the state and community level.	December 2010	DSAMH, DPBHS	A workgroup will assist in reviewing of effective EBP for implementation of EBP curricula.

#5. Monitor and evaluate the effectiveness of programs and services funded through the SAPT BG and utilize outcome measures to drive decision making for prevention services through-out Delaware. (Evaluation)			
Activities	Timeline	Roles and Responsibilities	Outputs
Utilize DDATA (Epi. Workgroup) to monitor effectiveness and evaluate programs and services.	Ongoing	DDATA	Results of state substance abuse prevention plan developments effectiveness will be determined through evaluation of programs and services.
Enhance DDATA to become inclusive of colleges/universities, community organizations, faith based representation and state policy makers to participate in DDATA evaluation process of programs and services.	Ongoing	DDATA	An inclusive process that will enhance the current DDATA participants.
#6. Ensure cultural competency through all substance abuse prevention programs, policies, and practice to reduce health disparities among diverse populations related to substance use and abuse. (Cultural Competency)			
Activities	Timeline	Roles and Responsibilities	Outputs
Engage faith based resources relevant for the community planning and service delivery of substance abuse prevention.	Ongoing	DSAMH, DPBHS	Reach a broader population in Delaware that is currently under represented in the states demographic profile.
Develop culturally competent training programs for faith based agencies, coalitions and staff of agencies providing services.	Ongoing	DSAMH, DPBHS	Develop culturally competent professionals implementing substance abuse prevention services.
Develop media campaign that promotes prevention strategies that are specific to the community needs.	Ongoing	DSAMH, DPBHS	Universal approach to reach all Delawareans in an effort to bring awareness to substance abuse prevention.

Work with colleges and universities to mentor and recruit bi-lingual students interested in providing substance abuse prevention services.	Ongoing	DSAMH, DPBHS	Enhance an interest in the profession of substance abuse prevention professionals.
Ensure that all prevention material of substance use and abuse are available in multiple languages and multiple forms of communication as needed for the target group.	Ongoing	DSAMH, DPBHS	More diverse audience will be able to obtain information on the prevention of substance use and abuse.
<p>#7. The Division of Substance Abuse and Mental Health (DSAMH) will meet regularly with Delaware's Prevention Stakeholders/Partners to develop/monitor a state plan to ensure mobilization of community resources, and ongoing collaboration, which will ensure desired outcomes of programs, policies, and practices developed through the SAPT BG funds, will be sustained. (Sustainability)</p>			
Activities	Timeline	Roles and Responsibilities	Outputs
To create an infrastructure within the state of Delaware that can sustain its' self for community providers through trainings.	Ongoing	DSAMH	State of Delaware will have the infrastructure to provide support and resources to community prevention professionals to sustain their profession through training ongoing.
Establish core competencies for prevention that are consistent through-out the state.	December 2010	DSAMH, DPBHS	Delaware Prevention Professionals will utilize a uniformed comprehensive structure to implement prevention services.
Provide trainings ongoing as a requirement for prevention providers to sustain their knowledge in the implementation of the work that they do.	December 2010	DSAMH	Enhance the field of prevention of substance abuse services through educational opportunities.

Begin the process of a comprehensive sustainability plan to sustain Delaware's prevention infrastructure.	Summer 2011	DSAMH	An in depth assessment of existing resources and what needs to be done to sustain desired outcomes over time.
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This implementation table illustrates the activities, timelines, roles/responsibilities and desired outcomes. Through the implementation process of this substance abuse prevention plan, Delaware will develop an infrastructure that will target all Delawareans. The implementation process and achieving benchmarks will be reviewed by DSAMH.

e. Goal V: Evaluation

Monitor and evaluate the effectiveness of programs and services funded through the Substance Abuse Prevention and Treatment Block Grant and utilize outcome measures to drive decision making for prevention services through out Delaware.

Objectives:

- i. Utilize DDATA (Epi. work group) to monitor effectiveness and evaluate programs and services.
- ii. Invite new colleges/universities, community organizations, faith based representation and state policy makers to participate in DDATA evaluation process of programs and services.
- iii. Continue to have quarterly DDATA meetings as scheduled.

f. Goal VI: Cultural Competency

Ensure cultural competency through all substance abuse prevention programs, policies, and practices to reduce health disparities among diverse populations related to substance abuse.

Objectives:

- i. Engage faith based resources relevant for the community planning and service delivery of substance abuse prevention.
- ii. Develop culturally competent training programs for faith based agencies, coalitions and staff of agencies providing services.
- iii. Develop media campaign that promotes prevention strategies that are specific to the community needs.
- iv. Work with colleges and universities to mentor and recruit bi-lingual students interested in providing substance abuse prevention services.
- v. Ensure that all prevention materials are available in multiple languages and multiple forms of communication as needed by the target group.

Cultural competency will be implemented through the state plan's goals and objectives. The Strategic Framework Model used for the development of the state plan will ensure cultural competency acknowledgment in all 6 strategies. This approach will provide a comprehensive plan in the development of Delaware's prevention infrastructure. Training

and technical assistance will be provided by state and federal resources to assist communities to ensure cultural competency is integrated in their implementation of substance abuse prevention strategies through the SPF model.

g. Goal VII: Sustainability

The Division of Substance Abuse and Mental Health (DSAMH) will meet regularly with Delaware's Prevention Stakeholders/Partners to develop/monitor a state plan to ensure mobilization of community resources, and ongoing collaboration, which will ensure desired outcomes of programs, policies, and practices developed through the SAPT BG funds, will be sustained.

Objectives:

- i. To create an infrastructure within the state of Delaware that can sustain it-self for community providers through trainings.
- ii. Establish core competencies for prevention that are consistent through-out the state.
- iii. Provide trainings ongoing as a requirement for prevention providers to sustain their knowledge in the implementation of the work that they do.
- iv. Survey, assess and evaluate the 5 steps of the Strategic Prevention Framework to determine if objectives of the identified goals are being met and sustained.

Sustainability of a comprehensive prevention infrastructure will continue to succeed with collaboration of partnering state agencies as well as community and faith based organizations. The Prevention Stakeholders/Partners have begun the process through the developmental stage of Delaware's Substance Abuse Prevention Plan across the lifespan. Through continued rigorous reviews of data, state priorities, and population change it will afford the state to plan comprehensive approaches to enhance the prevention infrastructure; so that it will continue to grow and attract new prevention professionals into the field of substance abuse prevention.

IV. Allocation Approach of the SAPT BG Funds

The SAPT BG is funded through the Substance Abuse and Mental Health Administration, Center for Substance Abuse and Prevention & Center for Substance Abuse Treatment (SAMHSA-CSAP/CSAT). A minimum of 20% must be used for prevention services.

The allocation and appropriation approach of the SAPT BG Funds is determined through assessment, data collection, and evaluation processes. The Division of Substance Abuse and Mental Health (DSAMH) allocates funding for staff to provide prevention oversight to prevention providers contracted with DPBHS. The funding supports the Division of Prevention and Behavioral Health Service's (DPBHS) resource room with the possibility of expanding across all 3 counties for accessibility in the near future.

The Division of Substance Abuse and Mental Health (DSAMH) has a MOU with the Division of Prevention and Behavioral Health Services (DPBHS) which will adhere to the requirements of the SAPT BG for both youth and adult prevention services. The MOU will be used as a guideline between DSAMH and DPBHS in the efforts of implementing prevention services to all

Delawareans. Other MOUs' will be developed as the leveraging of resources and building capacity initiatives will continue to evolve. For example, the Department of Education has created a MOU with the DSAMH for the management of funding to create a data collection tool. If the award that the DOE applied for is granted, it will be another example of state agencies working together to bridge gaps in the delivery of substance abuse prevention services.

DSAMH and DPBHS will create a joint Request for Proposal (RFP) that will be developed by input from data collected from DDATA and from the priorities identified and addressed in the state substance abuse plan. The competitive RFP will seek prevention services for all Delawareans.

Funded communities will be selected by "high need" determined by high consumption patterns, incidence rates and consumption patterns with regards to the identified priorities. Communities will receive funds to implement comprehensive community activities to reduce consumption patterns associated with identified SAPT BG priorities. [Comprehensive community activities are defined as employing multiple strategies within multiple domains. The implementation of comprehensive community activities would entail the combination of activities within following domains: individual/peer, family, and community.] The implementation of community activities throughout the four sub-state planning areas in Delaware should provide population level change at both state and community levels.

Through the SAPT BG, DSAMH plans to contract with providers throughout the state to implement evidence-based and theory driven substance abuse prevention practices to Delawareans ages eighteen (18) and older.

In addition to the reduction of consumption and consequences patterns, the training and technical assistance established for communities will enhance the prevention workforce throughout the state. Training and technical assistance will focus on capacity building and support sustainability of prevention activities beyond the lifespan of the grant.

Historical Overview of Substance Abuse Prevention and Treatment BG Funding

DSAMH has contracted with Brandywine Counseling and Community Services (BCCS) and the Latin American Community Center (LACC) to implement prevention activities throughout the state. BCCS staffs three prevention educators who support theory driven substance abuse and prevention activities. In addition to general substance abuse prevention health and safety education, BCCS implements educational sessions to women of childbearing age on Fetal Alcohol Spectrum Disorder (FASD).

LACC has developed a theory-driven substance abuse prevention program called Prevention Promoters. The goal of Prevention Promoters is to increase knowledge and awareness regarding the social and health consequences related to substance abuse. Prevention Promoters targets the Hispanic population ages 18 and older. LACC, in collaboration with BCCS, will continue to work to adapt Prevention Promoters to the general adult population.

Through extensive evaluation efforts and support of the Northeast Regional Expert Team, Center for the Application of Prevention Technologies, the goal for Prevention Promoters is to become

established as an evidence-based program recognized by the National Registry of Evidence-based Programs and Practices (NREPP).

DPBHS programming and services focuses on youth ages birth through seventeen (17) years old, as well as their families and communities. Although DPBHS focuses a substantial amount of time and resources on substance abuse prevention, other activities support prevention efforts around truancy and delinquency, child maltreatment, violence, suicide and mental health disorders. DPBHS receives funding from a multitude of sources and promotes health, wellness and stability in families and communities. Current substance abuse prevention efforts include contracting with the Delaware Prevention Network Alliance (DPNA). DPNA is a coalition of ten (10) community centers throughout the state. DPNA implements the evidence-based program All Stars to youth ages 9 – 14 years old in both school and community-based settings.

Managed through DPBHS, the SAPT BG supports a Resource Center, which allows for the dissemination of free Substance Abuse related materials to individuals and organizations throughout the state.

In collaboration with community coalitions and prevention providers, DPBHS has hosted annually both a Teen Summit and Prevention Forum. The goal of the Teen Summit is to increase awareness of substance abuse related issues among teens. The Teen Summit provides both a one-day activity for participants, which facilitates dialog and connections among teens and community prevention partners throughout the state. The Prevention Forum is a one-day educational experience for community providers to enhance prevention knowledge and skills to support the implementation of successful substance abuse prevention practices.

DPBHS supports initiatives to reduce Underage Drinking throughout the state, including the development of a contract with a local marketing firm to raise public awareness on Underage Drinking. Media messaging is a part of DPBHS's multi-strategy approach to promoting health and wellness.

With the expiration of the current MOU between DSAMH and DPBHS and current contracts, DSAMH and DPBHS will move towards more collaboration with the SPF-SIG initiative and continue to contract with community agencies to implement evidence-based and theory driven substance abuse prevention programs and practices targeting individuals of all ages throughout the state of Delaware based on the goals and objectives outlined in this Statewide Prevention Plan.

Statewide Prevention Plans for the Future

DSAMH and DPBHS, in collaboration with statewide prevention stakeholders, have developed the Delaware's Statewide Strategic Substance Abuse Prevention Plan across the lifespan. In addition to reducing overall substance abuse throughout the state of Delaware, the Strategic Plan will include efforts to support the reduction of Underage Drinking throughout the state and building capacity to support the expansion of Delaware's prevention workforce and infrastructure. Other Federal and state resources will be leveraged to ensure continuity and sustainability. The onset of the state prevention plan efforts began on March 8, 2010. The Northeast Regional Expert Team (NRET) and JBS International, Inc. provided support and guidance in development of Delaware's state plan. A Health System's Assessment will be conducted by state agency

Stakeholders as well as community, faith based and university stakeholders. Our purpose is to assess the gaps that are identified in the state's perspective and the community perspective.

This State Plan will capture this information and collectively assess and address the identified gaps. The information that has been collected by Delaware's State Epidemiological Outcomes Workgroup, known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), has allowed for a profile to be created of our state. This Profile has provided us with a starting point in our assessment process. The objective for the Plan will be to continue to collect data through DDATA group and new data provided by our new stakeholders including community coalitions, faith based organizations and universities to provide a more comprehensive representation of Delaware.

The State Prevention Plan will sustain and build capacity on the efforts of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) on a continuum. The Plan will be reviewed annually to reassess the needs in our state so that Delaware continues to be current in our planning and implementation efforts. Sustainability and cultural competency will be paramount throughout the process and Delaware will evaluate outcomes and report deliverables in our Substance Abuse and Prevention Block Grant (SAPT BG) which will afford us the opportunity to demonstrate measurable outcomes.

Section V: Implementation

- I. Training and Technical Assistance
- II. Leveraging Prevention Resources within the State

Implementation

I. Training and Technical Assistance

Prior to sub-recipients submitting funding proposals, each sub-state planning areas (Sussex, Kent, New Castle Counties and the city of Wilmington) will host a mandatory information and training session on *Effective Prevention Programming* and *Assessing Community Readiness* supported by the Division of Substance Abuse and Mental Health (DSAMH) and the Division of Prevention and Behavioral Health (DPBH). During the training session, in collaboration with community resources, each community will have an opportunity to assess their readiness to submit a competitive request for funding through the Substance Abuse Prevention Treatment Block Grant (SAPT BG). .

Throughout the lifespan of the grant the Evaluation Team will be responsible for assessing the training and technical assistance needs of Delaware's communities. It is the responsibility of the DSAMH and DPBH to provide capacity building opportunities, or connect community agencies with national opportunities, to enhance the development of the prevention workforce, and specifically for substance abuse professionals.

In cooperation with the Evaluation Team and key community stakeholders, DSAMH and DPBHS will provide relevant training sessions throughout the state, to ensure the accessibility of all.

In addition to a preliminary survey of community capacity building needs, surveys will be distributed throughout the sub-state planning areas to identify geographic accessibility; time for training events; day of the week; identification of key stakeholders; and best location for convening training. The goals of the T/TA will be developed through the input of key stakeholders and participants

Evaluation of effectiveness, success, and recommendations for improvement will be coordinated with the Evaluation Team. The feedback obtained from the participant surveys will be used as the foundation for developing additional training and technical assistance.

II. Leveraging Prevention Resource within the State

The state will continue to work with established community coalitions in an effort to expand to other grass root organizations in the state of Delaware. Continued collaboration efforts, leveraging of resources and building of capacity will continue through out the state. The coalitions listed below are the identified coalitions that have been assessed through our Epidemiological Working Group known as Delaware Drug and Alcohol Tracking Alliance (DDATA).

a. University Schools Alliance (Drug Free Community Coalition)

Delaware has one Drug Free Communities Coalition, the University/Schools Alliance, based in Newark, DE, which is in its ninth year of funding by the program. Another coalition, the Dover Caring Communities Coalition encountered some management

difficulties in 2009 and will hopefully be re-applying for funding in 2010. Delaware has had two other coalitions awarded funds from this program in the past who either did not re-apply or who were not re-awarded funds.

b. Delaware Prevention Network Alliance (Community Prevention Coalition)

The Delaware Prevention Network Alliance (DPNA) is a collaboration of community centers and community-based agencies operating in the City of Wilmington and the other two counties for a statewide presence. The eight Wilmington area sites are: Edgemoor Community Center; Latin American Community Center; Neighborhood House; O.A. Herring Community Center; Peoples Settlement Association; Rose Hill Community Center; West End Neighborhood House; and William “Hicks” Anderson Community Center, and then First State Community Action Agency and Delaware Parents Association downstate. The coalition provides a protective factor in that it comprises a multicultural, multilingual and community-based alliance, with previous involvement in CSAP Partnership and Coalition Grants and in delivering SAMSHA model EBPs (e.g., All Stars, Creating Family Lasting Connections). Most of the DPNA agencies also provide alternative activities to youth and families in their communities. They host Town Hall meetings on underage drinking. All of the agencies provide a range of services to communities with high rates of poverty, single parent households, high school dropouts and unemployed adults.

c. Interfaith Coalition (Faith Based Coalition)

The Interfaith Coalition is a group of faith-based leaders and churches in New Castle County working together to coordinate prevention programming and mobilize communities. The Division of Prevention and Behavioral Health Services (DPBHS) has been providing support, guidance and technical assistance to the Coalition since its inception to build capacity for promoting resiliency and protective factors among our youth, families and communities.

Section VI: Evaluation

- I. Introduction
- II. State-level surveillance, monitoring, and evaluation activities
- III. Community and program level surveillance, monitoring and evaluation activities
- IV. Measuring and Evaluating Expected Changes from SAPT BG Funded Programs, Policies, and Practices
- V. Delaware's assurance that SAPT BG sub-recipients will collect required SAMHSA/CSAP National Outcome Measures data, and how the data will be submitted to both the State and to CSAP

Evaluation

I. Introduction

The Evaluation plan described here is the general framework for the State Strategic Plan. It seeks to build on the collaborative efforts of the State Prevention Partners in coordinating the strategies of the SPF-SIG, the SAPT BG and the overall State Strategic plan for the Prevention of Substance Abuse. In keeping with this approach, the proposed evaluation for the SAPTBG will make use of the same instruments and plans as is being used for the SPF-SIG, as described in the more comprehensive Delaware SPF-SIG Evaluation Guidance Plan. Using the same methodology and standardized instruments for evaluating elements of each of the state and sub state/community evaluation efforts will allow for economies in conducting the state and community surveillance and assessment of change using the Government Level Instrument (GLI) and Community Level Instrument (CLI). Individual evidence-based programs, policies and practices (EBPPPs) being funded with SAPTBG support will be asked to complete the Program Level Instrument (PLI) as well as evaluation instruments associated with specific EBPPPs.

For the duration of the SPF-SIG, the SAPT BG evaluation will make use of the independent evaluation of the Delaware SPF-SIG initiative that is being carried out by the Center for Drug and Alcohol Studies (CDAS) at the University of Delaware. Since 1990 CDAS has extensive evaluation experience in Delaware, including conducting a number of evaluations of SAMHSA initiatives consisting of two statewide and three community level partnership and coalition awards from CSAP. CDAS evaluated the Delaware SIG. More information on CDAS is available at www.udel.edu/cdas. For the past three years, CDAS has coordinated and directed the efforts of the state epidemiological outcome workgroup (SEOW), re-named the Delaware Drug and Alcohol Tracking Alliance (DDATA). DDATA has amassed an impressive array of reports, information sheets, and presentations on Delaware data at both state and sub-state levels (see the repository at www.udel.edu/delawaredata). Now, under the collaborative efforts of the SAPT BG, the SPF-SIG, and other state initiatives, both the evaluation efforts and the ongoing DDATA surveillance activities will be closely coordinated. CDAS will work in partnership with DSAMH, DPBHS, and the Delaware SPF-SIG Management Team to provide reports that are needed at the community, state, or federal level to support prevention efforts in Delaware.

This provides opportunities for synergistic and timely use of data in not only setting priorities but in monitoring progress. For example, CDAS conducts the annual surveys of youth for Delaware that are the source of prevalence estimates described earlier. These include the CDC middle school and high school YRBSs, the CDC Youth Tobacco Survey (YTS), and the state-sponsored annual surveys of 5th, 8th, and 11th graders on substance use and other risk behaviors with trend data back to 1989. The availability of survey data provides a basis for needs assessment and subsequent evaluation of change for both community-based and statewide efforts at education and environmental change as they relate to youth. On the adult side, CDAS has established close ties with major state data gatekeepers through the DDATA group (e.g., treatment, mental health, and criminal justice data, and state sources for liquor licenses, revenues and vital statistics data). CDAS has access to mental health data, vitals statistics, SEDS and TEDS data, and the adult data from the BRFSS and the NSDUH.

CDAS evaluation services will include conducting the SAPT BG/SPF-SIG evaluation at state and community levels. Both evaluation and SEOW/surveillance efforts will be overseen by the Delaware Advisory Council (DAC), with administrative supervision provided by DSAMH and DPBHS. Additional evaluation needed for SAPT BG and other non SPF-SIG funded programs will be supported as determined by DSAMH and DPBHS.

II. State-level Surveillance, Monitoring, and Evaluation Activities

State-level evaluation activities fall into four areas.

- a. The first area of the statewide evaluation is process oriented, and it involves the documentation of planning and implementation. Elements of these activities include evaluation of the SPF-SIG Delaware Advisory Council and the developing SPF-SIG Workgroups, the coordination with state agencies, and the interface of the SPF-SIG Strategic Plan and its implementation with the larger Statewide Strategic Prevention Plan being developed to coordinate SAPT BG and other state funding. The SPF-SIG Evaluation Team will be undertaking this as part of the SPF-SIG Evaluation Plan, and the information will inform both the SPF-SIG and SAPT BG Programs.
- b. National SAPTBG Evaluation: The SPF-SIG Evaluation Team has begun and will continue to make information available to DSAMH/DPBHS in preparing the 2011 SAPT BG Application. Evaluation Team members have participated in both SPF-SIG and other (e.g. Prevention Forum, Teen Summit) state trainings. The data being input into the SPF-SIG systems (currently MRT and GLI and soon to be CLI) will soon be available to Delaware as output files from SAMHSA. The results will then be used to aid in completing the SAPT BG state and community evaluations. These activities will continue throughout the SPF-SIG initiative in Delaware. The DE SPF-SIG evaluation will also make use of the national cross-site evaluation implementation index and infrastructure interview.
- c. Evaluation of SAPT BG Technical Assistance and Trainings: When requested, the SPF-SIG Evaluation Team will develop and administer pre/post evaluation surveys of all trainings offered by the DSAMH/DPBHS as part of the SAPT BG effort. Evaluation results from trainings and technical assistance provided by the NECAPT and JBS will be incorporated in required reporting activities.
- d. State Epidemiological Outcomes Workgroup (DDATA): Delaware has an existing capacity statewide and by sub-state planning area to collect data and to make use of data collected by federal sources (e.g., NSDUH, SEDS, TEDS) and DDATA partners (e.g., school surveys, state criminal justice data, state BRFSS data, state public health data, and existing program assessment data). DDATA and CDAS have particularly strong and useful data collection on youth substance use causes and consequences that can extend to individual school data and which can be augmented to pursue aims of the SAPT BG in Delaware. DDATA as part of its work for SPF-SIG will continue to produce updated State and Sub-state

III. Community and Program Level Surveillance, Monitoring and Evaluation Activities

Tracking of the Delaware SAPT BG prevention efforts will be divided into two main areas:

Sub-state/community level evaluation tied to systems changes and NOMS reporting of the impact of the implementation of any coordinated educational and environmental prevention effort as well as impact on at-risk communities (State and Sub-state); and program-level evaluation of funded EBPPPs resulting from the SAPT BG RFP.

Sub-state/community monitoring and evaluation tracking of process activities will come mostly from the combined SAPT BG and SPF-SIG efforts to work with and build community capacity. This process tracking has begun and will continue to accomplish the following:

1. Document and describe how the strategic prevention framework informing both the SAPT BG and SPF-SIG efforts in Delaware is expanded, refocused, implemented and operated with the specific direction toward the identified priority areas of alcohol abuse, marijuana, prescription drug abuse, and heroin; and
2. Identify factors associated with effective planning and implementation of the prevention strategies. As noted above, the Evaluation Team will track participation in and satisfaction with the Advisory Council and with other aspects of the Delaware SPF-SIG and the relationships of the SPF-SIG with other prevention resources in the state. Changes in collaboration among the state agencies and other DAC members will be tracked using the infrastructure index supplied by the SPF-SIG evaluation.

In addition to documenting the coordination of new and existing funding sources, the SPF-SIG Evaluation Team will examine the success of the new Strategic Prevention Framework and organization infusing both the SAPT BG and SPF-SIG in accomplishing the following:

1. Forming and using criteria for awarding funds for EBPPPs under both the SAPT BG and SPF-SIG;
2. Increasing the quantity and quality of prevention-related Technical Assistance available to communities, organizations, and individuals in the state;
3. Involving new groups in Delaware's prevention efforts;
4. Developing leadership from the community at large as well as from state organizations; and
5. Developing ongoing mechanisms for maintaining organizational structure and working relationships between state agencies and community organizations to support sustainability of efforts after the SPF-SIG has ended.

A critical task will be tracking and documenting the policy changes planned and promulgated in the strategy in order to implement EBPPPs.

Program-level Monitoring and Evaluation:

The program-level process evaluation will focus on tracking the assessment of needs and capacity; as well as the selection of the EBPPPs proposed and those funded for implementation. In addition, as a result of the RFP process and the funding of sub-recipients, DSAMH/DPBHS will provide assistance either through existing staff or an evaluation contractor to work with SAPT BG funded programs to assess fidelity (adherence to), and degree of adaptation of EBPPP models at each implementation site. Contract monitoring will also provide data on program staffing and clients served.

Data will be collected on program implementation and any adaptations developed for the respective SAPT BG funded programs. Data will be provided on at least a quarterly basis in conjunction with pre/post data collection using EBPPP surveys, PLI (the SAMHSA provided instrument that will be used by SPF-SIG RFP funded participants), or other instrument to be provided by the state evaluator. The assessments will provide information needed to: examine program implementation, adaptations, and contextual changes to staff, resources, funding, effort, or location that may have occurred; analyze assessment data including intensity, dosage, mode of delivery, and its relationship to outcomes (desired and actual); assess individual outcomes related to participation in EBPPPs.

All evaluation materials will be culturally competent, developmentally and linguistically appropriate. The SAPT BG will make use of the SPF-SIG Cultural Competence Work Group to review the evaluation materials that the funded programs will use.

IV. Measuring and Evaluating Expected Changes from SAPT BG Funded Programs, Policies, and Practices

The planning and implementation and evaluation process of the Delaware SAPT BG, SPF-SIG, and other prevention efforts in the state expects to elicit change in the state prevention system and in statewide, and sub state/community population levels. At the systems level, there has already been increased collaboration among state agencies for prevention strategic planning, training, and leveraging of existing resources. Of particular note has been the increased integration and dissemination of data sets, reports, and presentations to community groups and decision makers by the DDATA SEOW surveillance system. At the state and sub-state level, measurable change is expected in youth, young adults, older adults, veterans, families, schools, and communities that are correlated with Delaware's SAPT BG prevention priorities. The state youth surveys measure risk and protective factors connected to these domains associated with CSAP's core, GPRA, NOMS, and Communities That Care measures. Outcome evaluation will make use of a combination of statewide school surveys, BRFSS telephone surveys with added questions, the NSDUH (with enhancements planned) and special purpose surveys, as well as social indicator data. These existing data sources provide the basis for long-term NOMS indicators of change at the state and sub state/community levels.

Change at the Program Level, documenting the activities and effectiveness of the projects funded under the SAPT BG RFP, will be assessed in accordance with outcomes described in the RFPs. The procedures may change over time with changes in priorities or kinds of programs funded. For the initial RFP solicitation, the specific expectations will be described in the RFP. They will include pre/post measures of change using the PLI instrument from SAMHSA, any pre/post outcome measures that have been developed as part of the EBPPP being used, and cooperation with any additional instruments and data collections to be developed by the state's evaluation contractor for the SAPT BG. Information from the DSAMH/DPBHS contract monitoring system will also be used to demonstrate program adherence and change in the number of clients served.

V. National Outcome Measures Data Collection Assurance

As stipulated in the Strategic Plan Guidance from SAMHSA and as specified in the SAPT BG reporting requirements, performance data for evaluation will be collected and reported in the NOMS. Data from Delaware's coordinated (SAPT BG/SPF-SIG) annual state and community level surveillance will continue to be a regular part of DDATA reporting and disseminating findings to SAMHSA, to State planning groups and State policymakers, and to the SPF-SIG DAC and community coalitions. Specifically, this will be operationalized as either the non-use/reduction in use of alcohol, marijuana, illicit prescription drugs, and heroin (as determined in the priority process described earlier in determining state priorities) on a lifetime, annual, and in the past 30 days for statewide and sub-state planning areas (from school surveys, NSDUH, BRFSS and state program data sources).

State and Community NOMS data will be submitted to SAMHSA/CSAP in the appropriate format and timeframe as outlined in the Substance Abuse Prevention TBG instructions. All evaluation data findings will be prepared to meet DSAMH/DPBHS and CSAP requirements. Besides, the provision of NSDUH, BRFSS, and the Delaware school survey data for use in SAPT BG reporting, other standardized reports of evaluation activities will be conducted through the CLI and GLI online reporting systems as well. These activities, currently funded through the DE SPF-SIG, are available for use in SAPT BG reporting of NOMS.

At the program level, RFPs issued by the state with SAPT BG support will include requirements and instructions for reporting of Program Level NOMS. Program level recipients will also be asked to complete the SAMHSA PLI for their program participants. It is also expected that Program Level Recipients will use appropriate evaluation instruments.

The Evaluation Contractor for SAPT BG Program Evaluation will work closely with all funded contractors to ensure that sub recipients will collect the required SAMSHA / CSAP National Outcomes Measures (NOMS) data. Training in data collection and reporting will be provided by the Evaluation Contractor, and where necessary and requested by DSAMH/DPBHS will conduct primary data collection.

Section VII: Cross Cutting Components

- I. Cultural Competency
- II. Sustainability

Cross Cutting Components

I) Cultural Competency

Cultural competence is an integral part of all state advisory councils, related workgroups and sub committees related to activities. The State Substance Abuse and Prevention Stakeholders/Partners for the state prevention plan is reflective of the state and its diverse population. Active engagement of agencies, organizations and group that not traditionally participated in State funded prevention activities have been targeted for participation with specific consideration given to the cultural competency of the community and its needs.

Engagement strategies will include an opportunity to participate in the Participatory Action Research Project (PAR) which is currently operating in Wilmington under the auspices of the Hope Commission, and working with Delaware State University, the State's Historically Black University, as well as working with "indigenous" community leaders in Delaware's diverse urban, suburban and rural communities.

The state substance abuse prevention plan will leverage and sustain the efforts of the SPF SIG Cultural Competency Workgroup (CCW). The CCW will review comments on statewide and community strategic plans prior to implementation. Additionally, the CCW will monitor capacity building and implementation to ensure that sub-populations benefit in accordance with documented need.

Additional efforts to ensure cultural competency include a recent survey effort by the Evaluation and Management Team that was disseminated directly to community members and community groups, such as local churches and neighborhood associations as part of the needs assessment, with multiple formats including online access, email commentaries and printed questionnaires in both English and Spanish. This practice will be continued as part of the evaluation to ensure that a wide and representative range of community members are able to voice their opinions on needs, resources and processes. The Evaluation Team is also recruiting additional staff with ties to Delaware communities to assist in the process of supporting community needs assessment and increased community capacity for prevention activities.

II) Sustainability

A sustainability plan will be developed by the state once funds are allocated to ensure all outcomes will be sustained once Substance Abuse Prevention and Treatment Block Grant contracts end.

Trainings will be available on sustainability for Delaware communities, and a requirement of all contracted agencies.

Section VIII: Appendix

- I. State and Community Prevention Plan Partners:
Staff, Stakeholders, and Workgroup Members

I. State and Community Prevention Plan Partners: Staff, Stakeholders, and Workgroup Members

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