

FY23-26

STRATEGIC PLAN

OFFICE OF PREVENTION

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List of Acronyms

AARP	American Association of Retired Persons
ABC	Alabama Alcoholic Beverage Control Board
ADMH	Alabama Department of Mental Health
ADPH	Alabama Department of Public Health
AEOW	Alabama Epidemiology Outcomes Workgroup
ASR	Annual Synar Report
ASU	Alabama State University
CADCA	Community Anti-Drug Coalitions of America
CCI	Community College Initiative
CSAP	Center for Substance Abuse Prevention
DMHSAS	Division of Mental Health and Substance Abuse Services
EBP	Evidence Based Practices
HBCU	Historically Black Colleges and Universities
JJI	Juvenile Justice Initiative
LGBT	Lesbian, gay, bisexual, transgender
LGBTQ	Lesbian, gay, bisexual, transgender, questioning
MHFA	Mental Health First Aid
OD2A	Overdose Data to Action
OOP	Office of Prevention
PFS	Partnerships For Success
QPR	Question, Persuade, Refer
RFP	Request for Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SABG	Substance Abuse Block Grant
SIG	State Incentive Grant
SMVF	Service Members, Veterans, and Their Families
SOR	State Opioid Response
SPAB	State Prevention Advisory Board
SPF	Strategic Prevention Framework
SPF Rx	Strategic Prevention Framework for Prescription Drugs
SPF-SIG	Strategic Prevention Framework-State Incentive Grant
STR	State Targeted Response
SUPTRS	Substance Use Prevention, Treatment, and Recovery Services
UAD	Underage Drinking

Section 1: Strategic Planning

The Office of Prevention (OOP) developed a strategic planning process that enables it to carry out its mission, vision, and achieve its goals. The process is aligned closely with the office goals and deliverables process and results in a three-year strategic plan that is updated annually. Beyond the annual planning process, a formal review is conducted quarterly for leadership and staff to provide status updates on the goals, objectives, and actions undertaken to accomplish the plan. Recommendations and revisions are made as needed.

This statewide strategic prevention plan was initially created as a need and in response to a Center for Substance Abuse Prevention (CSAP) Core Technical Review potential enhancement recommendation (September 2011). Specifically, the state was 'encouraged to continue to develop the infrastructure plan' and to "create a comprehensive state strategic plan." The purpose of the plan is to communicate goals, action steps, distinguish responsibility, targets, and metrics to guide the prevention system. This plan seeks to assist the enhancement of the prevention system in its leadership, capacity, and processes. The plan incorporates: system organization; workforce development and capacity building; implementation; evaluation; and Synar. This strategic plan was informed by planning initiatives already underway such as: Substance Abuse and Mental Health Block Grant (SABG) application, currently known as the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant; Substance Abuse and Mental Health Services Administration (SAMSHA) Interim Strategic Plan November 2022; Alabama Department of Mental Health Strategic Priorities; Alabama Epidemiological Profile; State Prevention Advisory Board (SPAB); Alabama Epidemiological Outcomes Workgroup (AEOW); Substance Use Prevention Workforce survey results and more. The goals of this statewide strategic prevention plan are consistent with the aforementioned documents and from input from the referenced groups and OOP staff. The plan seeks to support the mission and vision of the OOP, which are as follows:

OOP Mission

Encourage, support, and sustain culturally relevant prevention prepared communities statewide for Alabamians to attain optimal health, wellness, and independence.

OOP Vision

Vision: Build emotional health, prevent, or delay onset of, and mitigate symptoms and complications from substance use and mental illness through evidence-based prevention strategies which promote healthier decisions and healthier lives for individuals and families to thrive in their communities.

This plan will allow enhancements in the prevention system organization and implementation, workforce development and capacity building, implementation, and evaluation. Through implementation of this plan, the OOP is striving to accomplish the OOP goals.

Section 2: 2019-2022 Accomplishments

By the end of FY'22, the OOP was proud to have several accomplishments that helped move forward in supporting its mission. Accomplishments include, but are not limited to:

Promote a data driven Strategic Prevention Framework (SPF)

- The SPF remains within the administrative code.
- The SPF remains within the provider prevention plan template.
- Embedded into the Prevention Newcomer's Guide.
- Educated the providers of the SPF.

Build emotional health, prevent, or delay onset of, and mitigate symptoms and complications from substance use and mental illness through coordinated services

- Prevention provider representation is within all 67 counties with the inclusion of additional prevention funding opportunities in 16 counties via Opioid SOR; 7 counties via UAD Initiative; 7 counties via HBCU initiative; 7 counties via CCI; 4 counties via SPF Rx; 4 counties via OD2A; 7 counties via SMVF initiative; 6 counties via JJI; and 2 counties via CADCA initiative.
- Increased usage of Problem Identification and Referral Strategies. In FY19 the PIDR was implemented in 7 counties. Through training and technical assistance, prevention providers expanded PIDR to 11 counties in FY20 resulting in a 57.14% increase. In FY22, PIDR was expanded to 15 counties which resulted in a 114% increase from FY19.
- Incorporated Disparity Impact Statements within local communities statewide.
- Participated in and coordinated 9 statewide Prevention Observances (at the state level) that includes National Drug and Alcohol Facts Week, National Prevention Week, and Red Ribbon Week.
- Participated in and developed the statewide Suicide Prevention Plan.
- Participated in statewide Suicide Prevention efforts.
- Established the 988 Alabama Coalition with an expansion of 50 members.
- Coordinated efforts with the Alabama Department of Agriculture and provided MHFA, QPR, and suicide prevention trainings reaching more than 260 individuals in the agricultural community.

Improve organizational business management systems at the state agency level

- Developed and implemented Intervention Work Plans.
- Implemented Disparity Impact Statements statewide.
- Developed and implemented a statewide young adult survey.
- Sustainability of the Funding Allocation Model guided by the SPF.
- Ensured prevention planning correlated with national efforts, SABG, currently SUPTRS goals, Discretionary Grant goals, statewide needs assessment and epidemiological profile.
- Identified data gaps related to epidemiological profile and expanded data sources.
- Educated providers on data usage and needs assessment.
- Updated and disseminated an epidemiological profile.
- Updated the website for the OOP.
- Coordinated efforts with the ADMH Office of Public Information.

Prevent or reduce consequences of underage drinking

- Collaborated with and supported the Alabama Alcoholic Beverage Control Board (ABC) in execution of compliance checks and the minor operative program.
- Successfully concluded the Strategic Prevention Framework Partnerships For Success Grant (SPF PFS) sub-recipients who implemented Underage Drinking (UD) initiatives.
- Sustained the (SPF PFS) sub-recipients who implemented Underage Drinking (UD) initiatives in 8 counties.
- Implemented the Community College Initiative (CCI) sub-recipients who implemented Underage Drinking (UD) initiatives.
- UD was a focus of effort in prevention planning in 63 counties

Coordinated services across the lifespan with an emphasis on adolescents and baby boomers

- Prevention plans took a comprehensive approach to addressing prevention across the lifespan with an emphasis on children from birth through age 25 across strategies. In addition, particular focus had been placed on the 18+ population and coordination was secured with the American Association of Retired Persons (AARP).

Prevent or reduce illicit or prescription drug misuse, use, and abuse

- Prescription drug misuse, use, and abuse was a focus of effort in prevention planning.
- Supported, promoted, and expanded the Prescription Drug Take Back efforts.
- Sustained the My Smart Dose initiative.
- Implemented the Opioid SOR discretionary grant in 16 counties.
- Sustained Opioid Training Institute (OTI) training opportunities.

- Implemented the Strategic Prevention Framework for Prescription Drugs (SPF Rx) discretionary grant in 9 counties.
- Implemented the HOPE statewide media campaign to promote prescription drug education and awareness.
- Implemented the Overdose Data to Action (OD2A) discretionary grant in 6 counties.
- Prescription drug and illicit opioid prevention was a focus of effort in prevention planning in 50 counties.

Prevent or reduce tobacco use

- Collaborated with ABC, Alabama Department of Public Health (ADPH), and the Youth Access to Tobacco Advisory Board.
- Supported Synar efforts to ensure submission of ASR and compliance with Synar regulations.
- Promoted tobacco-free initiatives.
- Tobacco prevention was a focus of effort in prevention planning in 28 counties.

Prevent substance-related suicides and attempted suicides

- Updated suicide prevention planning efforts to reinforce the association of primary substance use. (SAMHSA System Review Recommendations - 2016)
- Participated and collaborated with the Alabama State University (ASU) Suicide Prevention Task Force.
- Participated and collaborated with the Department of Education's Suicide Prevention Task Force.
- Participated and collaborated with the Department of Veterans Affairs' Alabama Challenge for Preventing Suicide among Service Members, Veterans, and their Families (SMVF)
- Collaborated with the Department of Agriculture and Industries' A Healthy You, A Healthy Farm initiative.
- Presented at the ADPH Suicide Prevention Conference.
- Participated and facilitated Mental Health First Aid trainings.
- Educated providers on the shared risk and protective factors of substance use and suicide.
- Educated providers on National Suicide Prevention Lifeline, currently the 988 Suicide and Crisis Lifeline, and Question Persuade Refer training.
- Secured two 988 discretionary grants.
- Suicide prevention and its relationship to substance use was a focus of effort in prevention planning in 48 counties.

FY'19-22 Office of Prevention Priorities

- Promote emotional health and wellness, prevention or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues;
- Prevent and reduce underage drinking and young adult problem drinking, prescription drug and illicit opioid misuse and abuse;
- Prevent and reduce prescription drug and illicit opioid misuse and abuse among older adults;
- Prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, and American Indians and Alaska Natives).

Section 3: Vision for 2023-2026

The OOP seeks to impact the alcohol and/or drug related motor vehicle crashes, substance use treatment admissions, graduation rates, poverty, and substance-related suicides through the implementation of the six CSAP strategies with focused efforts on high-risk populations, college students, transition-age youth, American Indian/Alaska Natives, ethnic minorities experiencing health and behavioral health disparities, service members i.e. veterans and their families, LGBTQ (lesbian, gay, bisexual, transgender and questioning) individuals, older populations, and other data driven populations through the priorities provided.

Priority

- Promote emotional health and wellness, prevention or delay the onset of complications from substance use and mental illness and identify and respond to emerging behavioral health issues;
- Prevent and reduce underage drinking and young adult problem drinking;
- Prevent and reduce substance-related attempted suicides and deaths by suicide (emphasis on populations at high risk, especially military families, LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, and American Indians and Alaska Natives); and/or
- Prevent and reduce prescription drug and illicit opioid misuse and abuse.

Outcomes

More specifically, this plan would allow us to achieve population level outcomes in the State of Alabama in the following ways. Beginning FY2023 with and by 2026, we attempt to:

- reduce the percentage of past year use of illicit drugs such as (Marijuana and Prescription Drugs) by 3%;
- reduce the percentage of treatment admission rates by 3%;

- reduce the alcohol and/or drug related motor vehicle crashes by 3%;
- increase the graduation rates by 3%; and
- reduce the substance-related suicide completions by 3%.

Outcomes from the previous plan (FY22) demonstrate lowered percentages among all indicators captured (See *Population Level Indicators page 14*) with the exception of Alcohol use and Suicides.

The decrease in the number of treatment admissions could be attributed to the number of available resources. In addition, the number of promotion and awareness activities as it relates to accessing treatment services and associated resources could also be indicative of the decrease.

The collaborative and planning efforts of substance use prevention and suicide prevention has increased to establish comprehensive strategies to address associated risk and protective factors seeking to reduce the substance-related suicide completions statewide.

The outcomes will be based on 22 catchment areas in the state representing 67 counties and the baseline are established by this configuration. See *Appendix, County Level Indicators for the State of Alabama*.

Section 4: Status of the OOP - Assessment

The SPAB assisted in the proposed priorities, outcomes, goals and deliverables through review, feedback, and identification of additions, deletions, and edits in the development of this strategic plan. The SPAB is well versed in the SPF model through training and continuous discussions about the SPF in meetings. The Prevention Director provided the draft Strategic Plan and Prevention Goals and Deliverables to the SPAB for input data and detail were provided from various sources to include SAMHSA Strategic Plan the Epidemiological Profile and others.

The prioritization process involved a discussion of what funds and resources were already being utilized to address specific issues. In addition to that discussion, the group reviewed trends, time between implementing strategies and the impact on the issue, years of potential life loss, and readiness/political climate. OOP staff members participate regularly in the SPAB meetings and will share updates. At this point in time, the SPAB has had the opportunity to review the plan.

Alabama has identified an Evidence-based Practices (EBP) Workgroup, to use the SPF to identify needs and appropriate interventions for the communities. The EBP Workgroup is comprised of substance use prevention experts with backgrounds in community-level prevention, academic research, and governmental administration. The EBP Workgroup, along with sub recipients have been trained in understanding the core concepts related to selecting an EBP. The key elements are to understand the two main types of prevention strategies; Reinforce the understanding of contributing factors, intervening variables, and risk and protective factors; How to apply “good fit” components to EBPs and Understand the Alabama SPF EBP Approval Process.

The Evidence-Based Practice Approval Process determines the legitimacy of selected EBPs. A step-by-step guide, to include an EBP Test Fit Form, has been provided to sub recipients to determine level of appropriateness. An actual flowchart has been developed to illustrate the EBP approval process.

At the State level, we require that all SPF programming and interventions be submitted and approved by the OOP, EBP Workgroup and State Evaluator. All programming and interventions are monitored and evaluated by the OOP. The State Evaluator provides continual training and technical assistance on logic modeling and/or prevention planning and ensure specific items and baselines are identified. If adjustments are needed, the State Evaluator communicates with the OOP and sub recipients. All programmatic services provided through SPF are evidence-based.

Funding Allocation Model

A hybrid funding allocation model combining population and highest need is utilized to support the prevention system in the state of Alabama. For Alabama's funding allocation process, the total population estimates from the United States Census Bureau, 2020 Population Estimates were used. Alabama consists of sixty-seven counties. These counties are contained in 22 catchment areas.

The second component used in the allocation of funding was need. The first step of assessing the counties in Alabama was to determine the criteria for inclusion for need. To help determine need as in relation to substance use the OOP looked at substance use indicators as well as social and economic indicators within a county. The process for choosing indicators was determined by:

- Availability of indicators on the county level
- Relative importance
- Current and updated periodically (On at least an annual basis)

Based off the criteria, the following indicators were selected to assess Epidemiological Need:

- Alcohol Use
- Illicit Drug Use
- Substance Abuse Treatment Admission
- Graduation Rates
- Poverty
- Suicides

To learn in-depth about this allocation model, please refer to the Prevention Funding Allocation Model Strategic Plan which is published on our website at:

<https://mh.alabama.gov/wp-content/uploads/2019/03/FINAL-Funding-Allocation-Strategic-Plan-January-2019.pdf> **The updated link will be forthcoming**

Section 5: Capacity

The OOP has seen tremendous growth since 2011 in personnel largely due in part to additional SAMHSA funding. Currently the office has six full time staff and contractual technical assistance and evaluation services for its system. The core SUPTRS staff will have responsibility and oversight of ensuring the success of this strategic plan. Specific roles and responsibilities are outlined in personnel appraisals and within the prevention goals and deliverables. Capacity exists at the state level to engage this plan.

Community collaborative efforts will assist in ensuring adequate capacity at the community level. The prevention system RFP will facilitate a more collaborative process between historically funded agencies that will now see some mergers and contractual agreements between agencies.

Fiscal capacity is an ongoing challenge at the state and community level. The state continues to pursue discretionary grants in an attempt to support and sustain the system beyond the SUPTRS. Since 2015, OOP has secured the following funding opportunities: Partnerships For Success (PFS) – five-year funding opportunity; Strategic Prevention Framework for Prescription Drugs (SPF Rx) – five-year funding opportunity; Opioid State Targeted Response (STR) – two-year funding opportunity; State Opioid Response (SOR) - two-year funding opportunity; SPF Rx 2.0 -five-year funding opportunity; 988 State Planning Grant Initiative – one-year funding opportunity; and 988 State Cooperative Agreement – two-year funding opportunity.

At the community level the prevention system is dependent upon the SUPTRS, formerly known as SABG, and despite continuous educational attempts to influence capacity building beyond this sole source, minimal efforts have been solidified. To further influence this, the OOP included a weighted scoring system within the prevention system RFP that rewards communities that have garnered funds outside of the SUPTRS. OOP has acquired additional funding opportunities that extend beyond the scope of the SUPTRS, however, there remains minimal effort within the community level prevention system to influence capacity building beyond OOP's efforts and/or offerings. In addition, OOP is coordinating efforts with Community Anti-Drug Coalitions of America (CADCA) to train and provide technical assistance to expand upon the current six (6) Drug Free Communities grant recipients within the state.

Section 6: Planning

To effectively initiate this strategic plan, it was necessary to disseminate the prevention goals and deliverables for review, additions, and edits. The plan is introduced and open to feedback from the prevention system as well as through the SPAB / AEOW. These introductions are facilitated through the quarterly meetings and through email exchange. After incorporation of those edits, the plan was finalized, and OOP staff began working towards accomplishments of their roles and responsibilities. To ensure consistent engagement with the plan, the OOP on a quarterly basis updates the progress towards accomplishment of the plan. The quarterly updates are reviewed by the Prevention Director and when

necessary, suggestions are made toward progress. As appropriate, the progress is also aligned with SABG reporting.

Section 7: Implementation

To accomplish the OOP Strategic Plan the following are the intended implementation activities.

Implementation Activity	Responsible	Timeline
Disseminate – Strategic Plan disseminated to OOP staff, AEW, SPAB, and posted to OOP website.	Office of Prevention AEOW SPAB	January 2023
Goals and Deliverables – Ongoing implementation with quarterly progress updates.	OOP	Ongoing
Monitoring – Site Visit; SABG & ADMH Monitoring Visit and tools	OOP	Ongoing

Section 8: Evaluation

Evaluation of this plan will include assessment of the process, the outcomes, and the long-term impacts of implementation at both the state and community levels. The current prevention infrastructure includes a Prevention System Evaluator and an evaluation plan. To learn in-depth about this evaluation plan, please refer to the Alabama Block Grant Evaluation Plan which is published on our website at:

https://mh.alabama.gov/wp-content/uploads/2023/01/Alabama-Block-Grant_Evaluation-Plan21.pdf

Section 9: Sustainability

The OOP has been working on ways to sustain the entire prevention system. We recognize that the current system is not prepared to handle any significant reductions in SABG and other funding opportunities as it comprises more than 90% of the funding for this office. As we continue to navigate financial changes and uncertainty, the OOP has repeatedly engaged the local communities in the SPF model, specifically addressing sustainability. Thus, the SPF model is the foundation for community ownership and collaboration. Collaborations are being established in communities with city, county officials, and various entities that should contribute to sustainability through local government allocations, existing grants, and additional grant opportunities of stakeholders. Our office appraises the prevention system of funding opportunities and support response to these opportunities through letters of support and collaboration. Further, the collection of annual data through the Annual Prevention Plan Monitoring Form will allow agencies to communicate successful efforts to key groups and individuals, particularly decision makers who can allocate funding.

Section 10: 2023-2026 Strategic Goals

To achieve the OOP's vision and mission, we will strive to achieve the following strategic goals during FY2023-2026.

OOP Goals

1. With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance use and mental illness through coordinated services;
2. Improve organizational business management systems at the state agency level;
3. Increase the capacity for workforce to address population needs;
4. Promote emotional health and wellness, prevent or delay the onset of and complications from substance use and mental illness, and identify and respond to emerging behavioral health issues;
5. Prevent and reduce underage drinking and young adult problem drinking;
6. Prevent and reduce prescription drug and illicit opioid misuse and abuse;
7. Prevent and reduce tobacco use;
8. Prevent and reduce substance-related attempted suicides and deaths by suicide among populations at high risk;
9. Develop a comprehensive evaluation system; and
10. Implement Synar¹ in the State of Alabama.

These goals are fully illustrated in the table that follows.

¹ Synar refers to the Synar amendment, which requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under the age of 18 and to enforce those laws effectively.

Appendices

Population Level Indicators for the State of Alabama

Indicators	Alabama
% of Illicit Drug Use in the Past Month ages 12 and older (2015-2016)	7.10
% of Alcohol Use in the Past Month ages 12 and older (2015-2016)	40.8
No. of Treatment Admissions (ADMH, 2017)	25185
% of Persons Killed & Driver Blood Alcohol Concentration (.08+) in Crash 2016 (FARS, 2016)	27
Poverty (U.S. Census, 2016)	17.2
No. of Suicides (2015)	748

Indicators	Alabama
% of Illicit Drug Use in the Past Month ages 12 and older (2016-2018)	10 (2.09 % decrease)
% of Alcohol Use in the Past Month ages 12 and older (2016-2018)	45 (5.02 % decrease)
No. of Treatment Admissions (ADMH, 2020)	16535
% of Persons Killed & Driver Blood Alcohol Concentration (.08+) in Crash 2018 (FARS, 2018)	25 (2.00% decrease)
Poverty (U.S. Census, 2020)	14.9 (2.3% decrease)
No. of Suicides (2020)	793

County Level Indicators for the State of Alabama

		Population	Pop %	Illicit Drug Use	Alcohol Use	Traffic Fatality	Suicides	Graduation Rates	% in Poverty	ADMH Tx
	Period	2021		2016-2018	2016-2018	2020	2020	2018-2019	2020	2020
310 Board										
	United States			11	52	11,654	45,979	86%	11.9	-
	Alabama	5,039,877		10	45	236	793	92%	14.9	16,535
1	Colbert	57,474	1.140	9*	39*	4	8	93%	14.4	237
1	Franklin	32,013	0.635	9*	39*	4	-	93%	17.2	50
1	Lauderdale	94,043	1.866	9*	39*	2	19	94%	13.9	588
2	Lawrence	33,090	0.657	9*	39*	-	5	91%	15.4	11
2	Limestone	107,517	2.133	9*	39*	6	15	92%	10.4	209
2	Morgan	123,668	2.454	9*	39*	6	22	93%	14.4	261
3	Madison	395,211	7.842	9*	39*	15	54	95%	10.5	1,688
4	Fayette	16,148	0.320	9*	39*	-	-	93%	16.5	26
4	Lamar	13,689	0.272	9*	39*	1	-	93%	17.4	39
4	Marion	29,246	0.580	10*	44*	1	9	92%	16.8	272
4	Walker	64,818	1.286	9*	39*	2	10	94%	16.4	274
4	Winston	23,652	0.469	9*	39*	1	6	93%	17.4	146
5	Blount	59,041	1.171	9*	45*	5	13	95%	13.1	89
5	Jefferson	667,820	13.251	9*	45*	28	83	91%	14.4	3,135
5	Shelby	226,902	4.502	9*	45*	4	30	95%	7	135
6	Cherokee	24,996	0.496	9*	39*	2	-	92%	14.7	156
6	DeKalb	71,813	1.425	9*	39*	6	15	94%	15.2	543
6	Etowah	103,162	2.047	9*	45*	3	24	94%	15.6	534

7	Calhoun	115,972	2.301	9*	45*	5	28	93%	14.5	516
7	Cleburne	15,103	0.300	9*	45*	2	-	98%	14.2	-
8	Bibb	22,477	0.446	9*	45*	-	-	92%	17.8	-
8	Pickens	18,801	0.373	9*	45*	1	-	98%	22.7	21
8	Tuscaloosa	227,007	4.504	9*	45*	5	26	90%	14.4	637
9	Clay	14,190	0.282	9*	45*	-	-	88%	14.2	-
9	Coosa	10,450	0.207	9*	45*	1	0	-	17.4	12
9	Randolph	21,989	0.436	9*	45*	6	-	95%	17.5	22
9	Talladega	81,524	1.618	9*	45*	4	7	95%	16.9	216
10	Choctaw	12,533	0.249	9*	41*	1	-	93%	20.4	-
10	Greene	7,629	0.151	10*	44*	2	-	88%	27.9	-
10	Hale	14,754	0.293	10*	44*	1	-	93%	21.9	-
10	Marengo	18,996	0.377	10*	44*	2	-	91%	18.3	31
10	Sumter	12,164	0.241	10*	44*	1	-	88%	29.2	10
11	Chilton	45,274	0.898	9*	45*	2	11	88%	13.9	57
11	St. Clair	92,748	1.840	9*	45*	5	13	93%	10.5	365
12	Chambers	34,541	0.685	10*	44*	4	9	87%	16.3	177
12	Lee	177,218	3.516	10*	44*	5	21	91%	17.9	358
12	Russell	58,722	1.165	10*	44*	3	12	94%	20.3	140
12	Tallapoosa	41,023	0.814	10*	44*	4	9	92%	15.2	22
13	Dallas	37,619	0.746	10*	44*	2	-	93%	26.7	50
13	Perry	8,355	0.166	10*	44*	-	-	98%	30.7	-
13	Wilcox	10,446	0.207	9*	41*	1	0	88%	22.2	-
14	Autauga	59,095	1.173	10*	44*	2	7	89%	11.2	99
14	Elmore	89,304	1.772	10*	44*	5	16	91%	11.5	112
14	Lowndes	9,965	0.198	10*	44*	1	0	98%	21.9	20
14	Montgomery	227,434	4.513	10*	44*	11	22	87%	20.4	493

15	Bullock	10,320	0.205	10*	44*	2	0	93%	30.8	-
15	Macon	18,895	0.375	10*	44*	4	-	88%	27.9	10
15	Pike	32,991	0.655	10*	44*	2	7	93%	19.7	61
16	Mobile	413,073	8.196	9*	41*	17	55	86%	17.6	1,566
16	Washington	15,147	0.301	9*	41*	1	-	93%	17.5	-
17	Clarke	22,760	0.452	9*	41*	1	-	91%	19.5	10
17	Conecuh	11,328	0.225	9*	41*	-	-	93%	22.9	10
17	Escambia	36,699	0.728	9*	41*	4	7	90%	20.4	130
17	Monroe	19,648	0.390	9*	41*	1	-	91%	22.5	24
18	Butler	18,884	0.375	9*	41*	5	-	93%	20.6	24
18	Coffee	54,174	1.075	9*	41*	1	13	95%	13.9	29
18	Covington	37,524	0.745	9*	41*	-	10	96%	17.1	112
18	Crenshaw	13,083	0.260	9*	41*	-	-	93%	16.8	20
19	Barbour	24,964	0.495	9*	41*	1	5	85%	25.5	37
19	Dale	49,342	0.979	9*	41*	2	11	96%	15.5	302
19	Geneva	26,701	0.530	9*	41*	3	-	96%	21	124
19	Henry	17,459	0.346	9*	41*	-	5	98%	16.2	-
19	Houston	107,458	2.132	9*	41*	8	16	90%	14.8	721
20	Jackson	52,773	1.047	9*	39*	3	9	92%	15.3	272
20	Marshall	98,228	1.949	9*	39*	3	23	94%	15.4	585
21	Baldwin	239,294	4.748	9*	41*	7	51	90%	8.9	323
22	Cullman	89,496	1.776	9*	39*	6	21	95%	12.5	346

FY23-26 Prevention Goals and Deliverables²

Prevention System Organization and Implementation

Goal 1 With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance use and mental illness through coordinated services.

Objective: Build and develop prevention prepared communities.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Establish sufficient distribution of prevention strategies throughout the state.		Erin	Beverly				Ongoing	Percentage distribution should be greater emphasis on Environmental followed by CBP, Alternatives, and other strategies.	
2. Increase PIDR, community-based strategies and alternative activities.		Erin	Beverly				FY23-FY26	Increase the FY23 strategy distribution over the FY22 distribution.	
3. Issue RFP to ensure prevention services and strategies are represented throughout the state.		Beverly	Brandon				FY23	Statewide RFP issued in FY23.	

<p>4. Promote collaborative relationships between prevention providers, coalitions, drug free communities, tribes, and multiple community sectors, including education, business, justice, housing, healthcare, and other relevant fields that are culturally representative and inclusive of the LGBTQ community, military members/veterans and their families, rural and underserved populations.</p>		<p>Team</p>					<p>FY23-26</p>	<p>Increase the number of collaborations across entities and disciplines.</p>	
<p>5. Apply for and secure additional funding thorough grants such as SPF Rx, 988, Suicide</p>		<p>Beverly</p>	<p>Team</p>				<p>FY23-26</p>	<p>Make successful application for additional funding in FY24.</p>	

Prevention and SOR.									
6. Increase services in underserved areas of the state.		Beverly	Team				Ongoing	Statewide RFP issued in FY23.	
7. Expand the reach of prevention funds.		Beverly	Team				Ongoing	Statewide RFP issued in FY23.	
8. Implement funding allocation model to assist in the distribution of SABG.		Beverly	Team				FY23	FY23 RFP scored, and providers identified.	

Goal 2 Improve organizational business management systems at the state agency level.

Objective: Develop sound management practices within the Office of Prevention.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Ensure prevention planning correlates with national efforts, SUPTRS goals, results of statewide needs assessment, and epidemiological profile.		Beverly	Team				FY23-26	Prevention goals correlate with national efforts, SUPTRS goals, results of statewide needs assessment, and epidemiological profile.	

2. Develop Continuity practical guidelines.		Team					FY23-26	Each quarter of the FY, develop at least 1 Continuity practical guideline per Office of Prevention staff member.	
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Objective: Increase collaborative role of the AEW and SPAB

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Promote engagement between AEW, SPAB and their role in the prevention system.		Brenae'	Beverly				FY23	Increase engagements of AEW & SPAB members with the prevention system efforts	

Objective: Produce and disseminate data/ information to appropriate audiences (e.g., community prevention planners, state and local officials, policy makers and the general public).

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Perform a comprehensive update of the epidemiological profile to include state and county level data. (Every two years)		Brenae'	AEW				FY24	Comprehensive Epi profile published Oct. 2023 for state and inclusive of county data.	
2. Develop topic-specific fact sheets using Epidemiological profile.		Brenae'	AEW				FY23	Two topic specific fact sheets each FY posted to ADMH website.	

Workforce Development and Capacity Building

Goal 1 Increase the capacity for workforce to address population needs.

Objective: Develop prevention workforce.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Conduct workforce development opportunities.		Beverly	Erin				FY23-26	Quarterly occurrence of WFD.	
2. Promote/provide prevention theory study groups for certification prep.		Consultant					FY23-26	Eight groups conducted in a FY.	

Implementation

Goal 1 Promote emotional health and wellness, prevent or delay the onset of and complications from substance use and mental illness, and identify and respond to emerging behavioral health issues.

Objective: Promote emotional health and wellness within the prevention system.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Educate providers on emotional health and wellness integration.		Consultant					FY23-26	Deliver 2 education sessions each FY.	

2. Ensure prevention plans take a comprehensive approach to addressing emotional health and wellness across strategies.		Consultant	Beverly				FY23-26	Increase the FY23 focus of effort distribution over the FY22 distribution.	
3. Prevent or delay the onset of complications of substance use and mental illness.		Team	System				FY23-26	Reduce the percentage of persons reporting substance use in the past 30 days and reporting major depressive episodes in the year.	

Goal 2 Prevent and reduce underage drinking and young adult problem drinking.

Objective: Promote the prevention of underage drinking and young adult problem drinking.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Ensure prevention plans take a comprehensive approach to addressing underage drinking across strategies to include mobilizing communities		Consultant	Beverly				FY23-26	Increase the FY23 focus of effort distribution over the FY22 distribution.	

through town hall meetings.									
2. Collaborate and support the ABC compliance checks and the minor operative program.		Beverly	Team				FY23-26	FY23-26 funding to ABC.	
3. Educate the prevention system on underage drinking and young adult problem drinking.		Consultant	ABC				FY23-26	Deliver 2 education sessions each FY.	
4. Prevent and reduce underage drinking and young adult problem drinking and its negative consequences.		Team	System				FY23-26	Decrease the percentage of youth aged 12-20 engaged in underage drinking and reporting alcohol use or binge drinking in the past 30 days.	
5. Enhance SPF sub-recipients' sustainability, implementation and evaluation.		Brandon	SPF Rx Specialist				FY23-26	Increase the number of education sessions and TA on these topics.	

Goal 3 Prevent and reduce prescription drug and illicit opioid misuse and abuse.

Objective: Promote the prevention or reduction of illicit and prescription drug misuse and abuse.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Ensure prevention plans address illicit and prescription drug misuse, use, and abuse across strategies.		Brandon/Satavia	SPF Rx Specialist				FY23-26	Increase the FY23 focus of effort distribution over the FY22 distribution.	
2. Support planning and implementation of prescription drug take-back program.		Satavia	Brandon				FY23-26	Sustain the # of participating agencies and/or the # of pounds collected statewide.	
3. Expand participation in prescription drug take-back program.		Satavia	Brandon				April of each fiscal year	Increase the # of participants in FY23 over FY22.	
4. Educate the prevention system on prescription drug and illicit opioid misuse and abuse.		Consultant					FY23-26	Deliver 2 education sessions each FY.	
5. Prevent and reduce prescription drug and illicit opioid misuse and abuse.		Team	System				FY23-26	Reduce the number of opioid overdoses, overdoses-related deaths, and prevalence of opioid dependence.	

Goal 4 Prevent and reduce tobacco use.

Objective: Promote the prevention of tobacco use among youth and persons with mental and substance use disorders.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Collaborate with ABC, ADPH, and the Youth Access to Tobacco Advisory Board.		Beverly	Team				FY23-26	FY23-26 funding to ABC & ADPH and attendance at YATAB.	
2. Support SYNAR efforts.		Beverly	Brenae' Consultants				FY23-26	FY22 Coverage Study completion. FY23-26 ASR completion. FY Synar Workshop attendance.	
3. Promote tobacco-free initiatives in mental health, substance use treatment, and community-based prevention efforts.		Team					FY23-26		
4. Educate the prevention system on tobacco use.		Consultant					FY23-26	Deliver 2 education sessions each FY.	
5. Prevent and reduce tobacco use among youth and persons with mental and substance use disorders.		Team	System				FY23-26	Reduce the percentage of youth aged 12-17 and persons with mental and substance use disorders reporting tobacco use in the past 30 days.	

Goal 5 Prevent and reduce substance-related attempted suicides and deaths by suicide among populations at high risk.

Objective: Promote the prevention of attempted suicides and deaths by suicide among those at high risk (white non-Hispanic males, elderly-70+, American Indian, military, etc.) for suicide.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Participate and collaborate with the Suicide Prevention Task Force.		Maegan	Beverly				FY23-26	Attendance at ASPARC, SPNA, SPRC, and 988 meetings.	
2. Educate the prevention system on suicide and effective practices and resources for the prevention of suicide as it relates to substance use.		Maegan	Beverly				FY23-26	Participation in 2 Information Dissemination or Education sessions each FY.	
3. Ensure prevention plans address suicide and its relationship with substance use.		Consultant	Maegan				FY23-26	Increase the FY23 focus of effort distribution over the FY22 distribution.	
4. Prevent and reduce substance-related suicides among populations at high risk.		Team	System				FY23-26	Reduce the number of suicide attempts and deaths by suicide.	

Evaluation

Goal 1 Develop a comprehensive evaluation system.

Objective: Utilize evaluation to inform decision making in the prevention system of Alabama.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Secure evaluation services.		Beverly					FY23	Contracted Evaluator Services	
2. Develop a plan for evaluation.		Evaluator					FY23	Evaluation plan	
3. Collaborate with Evaluator and IT staff to improve collection of prevention information to include performance indicators to measure and document success.		Evaluator	IT, Brandon				FY23-26	Evaluator secured in FY23. Ensure performance measures established in FY22 RFP are sufficient.	
4. Develop or secure a statewide survey.		Evaluator	Team				FY26	Statewide survey	

State Synar Program Compliance

Goal 1 Implement Synar in the State of Alabama.

Objective: Achieve compliance in accordance with federal standards.

Action Step	Status	Primary POC	Secondary	Start Date	End Date	Total # of Days	Target Date	Metrics	Progress
1. Collaborate with ADPH and ABC.		Beverly	ADPH, ABC				Ongoing	Contract with ABC.	
2. Support provider efforts around compliance checks.		Team					Ongoing	# of providers with compliance checks within strategy.	
3. Conduct coverage study.		Consultant	Brenae'				FY24	Completed coverage study.	
4. Develop Annual Synar Report		Brenae'	Beverly				FY23-26	Submitted ASR to SAMSHA.	

²Quarterly updates monitor progress toward prevention goals and deliverables and provide information for midcourse adjustments, if applicable.