## Indiana Substance Abuse Prevention Infrastructure Logic Model

### July 2015

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Division of Mental Health and Addiction (DMHA)</td>
<td>The state system supports communities in implementing the Strategic Prevention Framework (SPF) by: * Developing clear guidance and expectations around: ** Evidence based practices ** Environmental strategies ** Using data to guide decision-making ** The role and function of a coalition ** Sustainability planning * Coordinating consistent workforce development opportunities and credentialing * Providing capacity building opportunities for unfunded communities * Modeling using the SPF * Creating a State Prevention Agenda to guide priorities and funding decisions * Building the capacity of state personnel and training/technical assistance providers</td>
<td>Communities have improved understanding of: ** Grant writing skills ** Evidence-based strategies ** Leadership skills for coalition leaders ** Environmental strategies ** And buy-in for the SPF ** Prevention ethics ** Achievable outcomes for specific timeframes ** How to sustain the SPF and outcomes after funding</td>
<td>Communities use a data-driven process for making decisions ** Communities’ strategies are evidence-based ** Communities collaborate with other agencies ** Communities implement comprehensive strategic plans that address multiple domains ** Communities establish strong, effective coalitions ** Communities have ongoing capacity and readiness to address prevention</td>
<td>Decreased alcohol, tobacco, and other drug use in communities</td>
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<td>• Statewide Epidemiological Outcomes Workgroup (SEOW)</td>
<td>• Evidence-Based Practices Workgroup (EBPW)</td>
<td>• Prevention Leaders Group</td>
<td>• Funding</td>
<td>• Local Epidemiological Outcomes Workgroups (LEOWs)</td>
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<td>• Community coalitions</td>
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<td>The state and community systems have improved: ** Capacity to use and interpret data ** Knowledge of data sharing best practices</td>
<td>State and communities gather and analyze data on: ** Key populations to identify and address health disparities ** Shared risk and protective factors ** Community agencies report data more consistently ** The SEOW is integrated into prevention planning</td>
<td>Better quality data available to guide decision-making</td>
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<td>• Indiana Prevention Resource Center (IPRC)</td>
<td>The state system supports using data at the state and community level by: ** Planning for addressing health disparities ** Collecting and compiling assessment data ** Investing in opportunities to fill data gaps ** Including the SEOW in state planning efforts</td>
<td>The state and communities have greater understanding of: ** Shared risk and protective factors ** Mutual benefits and stake in supporting prevention ** Institutionalized collaboration between prevention and: ** Treatment ** Mental health promotion ** Other state agencies</td>
<td>Communities build a comprehensive system of care ** The state elevates prevention and links with other systems ** DMHA leads collaboration with other agencies ** DMHA promotes opportunities for leveraging initiatives with other agencies</td>
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<td>• Indiana Criminal Justice Institute (ICJI)</td>
<td>The state system supports collaboration by: ** Facilitating relationships between treatment and prevention ** Developing a shared language and vision for prevention ** Maintaining the Prevention Leaders Group ** Encouraging blended funding and co-applying for funds between agencies ** Be pleasantly persistent in facilitating ongoing communication with other agencies</td>
<td>The state system has increased: ** Clarity around the scope of work between prevention and treatment ** Buy-in for systems of care spanning from prevention through recovery ** Decision makers’ understanding of prevention and its fit with other systems</td>
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<td>• Department of Health (ISDH)</td>
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<td>• Department of Education (DOE)</td>
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<td>• Indiana Coalition to Reduce Underage Drinking (ICRUD)</td>
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<td>• Centers for the Application of Prevention Technologies (CAPT)</td>
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- Developing clear guidance and expectations around:
  - Evidence based practices
  - Environmental strategies
  - Using data to guide decision-making
  - The role and function of a coalition
  - Sustainability planning
- Coordinating consistent workforce development opportunities and credentialing
- Providing capacity building opportunities for unfunded communities
- Modeling using the SPF
- Creating a State Prevention Agenda to guide priorities and funding decisions
- Building the capacity of state personnel and training/technical assistance providers

*The state system supports using data at the state and community level by:*

- Planning for addressing health disparities
- Collecting and compiling assessment data
- Investing in opportunities to fill data gaps
- Including the SEOW in state planning efforts

*The state system supports collaboration by:*

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- Maintaining the Prevention Leaders Group
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*The state and community systems have improved:*

- Capacity to use and interpret data
- Knowledge of data sharing best practices

*The state and communities have greater understanding of:*

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- Mutual benefits and stake in supporting prevention
- Institutionalized collaboration between prevention and:
  - Treatment
  - Mental health promotion
  - Other state agencies

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- Evidence-based strategies
- Leadership skills for coalition leaders
- Environmental strategies
- And buy-in for the SPF
- Prevention ethics
- Achievable outcomes for specific timeframes
- How to sustain the SPF and outcomes after funding

*Communities use a data-driven process for making decisions*

- Communities’ strategies are evidence-based
- Communities collaborate with other agencies
- Communities implement comprehensive strategic plans that address multiple domains
- Communities establish strong, effective coalitions
- Communities have ongoing capacity and readiness to address prevention

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- Community agencies report data more consistently
- The SEOW is integrated into prevention planning

*Better quality data available to guide decision-making*

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*Communities build a comprehensive system of care*

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- DMHA leads collaboration with other agencies
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*Institutionalized collaboration between prevention and:*

- Treatment
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- Other state agencies