



Division of Mental Health and Addiction

PREVENTION STRATEGIC PLAN

SFY 2025-2028

Substance Misuse Prevention and Mental Health Promotion Bureau

DMHA Prevention Bureau
4-Year Strategic Plan
Workforce Development | Program & Policy Enhancement | Operational Efficiency

INTRODUCTION

The Indiana Division of Mental Health and Addiction (DMHA) is the single state authority for substance misuse prevention and treatment. It is one of six divisions within the Indiana Family and Social Services Administration (FSSA) and sets the care standards for the provision of mental health and addiction services across the state. Governed by stipulations in the Code of Federal Regulations, Title 45 Public Welfare, Section 96.125, DMHA is responsible for managing federal funding allocated for the primary prevention of substance misuse.

The DMHA is guided by three core principles in its administration of statewide services:

- **High Quality:** Emphasizing a person-centered approach that is innovative, data-driven, evidence-based, peer-supported, culturally responsive, and trauma-informed.
- **Seamlessly Integrated:** Aiming for a comprehensive continuum of care that fosters strong partnerships, facilitates smooth referrals, reduces operational silos, collaborates with various funding sources, and encompasses shared populations.
- **Accessible:** Ensuring services are user-friendly and readily available, characterized by minimal administrative burden, transparency, and swift access to care.

Additionally, the DMHA is guided by three priorities: build infrastructure; grow workforce; and, enhance quality.

The Bureau of Substance Misuse Prevention and Mental Health Promotion within the DMHA spearheads substance misuse prevention efforts and allocates funding to bolster community-based substance misuse prevention initiatives. The Prevention Bureau is driven by a mission to reduce substance misuse and enhance behavioral health throughout Indiana's populace by fostering a coordinated, efficient, and culturally responsive prevention and behavioral health promotion system. Its vision is to cultivate sustainable environments conducive to the physical, emotional, and mental well-being of all Indiana residents. The methodology employed by the bureau leverages the public health model for strategic planning and service delivery, encompassing inclusive practices, policies, and programs designed to support individuals, families, and communities in reducing substance misuse and promoting overall wellness. Adhering to the Strategic Prevention Framework (SPF) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), the DMHA Prevention Bureau utilizes a systematic five-step approach to prevention that consists of: assessment, capacity building, planning, implementation, and evaluation, with an additional emphasis on cultural responsiveness and sustainability. This model has proven effective in crafting localized, data-informed strategies that address community-specific needs through a variety of practices, policies, and programs.

METHODOLOGY

The development of the DMHA Prevention Bureau's 4-Year Strategic Plan was grounded in:

- Qualitative guidance provided by prevention researchers, prevention providers, community coalitions, and residents from across the state.
- Quantitative data provided by the State Epidemiological Outcomes Workgroup, Prevention Insights, and other statewide public health research centers, workgroups, and agencies.

Through the strategic plan, the DMHA Prevention Bureau seeks to establish, implement, and fund concrete, measurable, and impactful substance misuse prevention services and interventions. Target areas of the strategic plan include:

- **Workforce Development:** Increasing practitioner and community knowledge of evidence-based prevention programs, services, and policies.
- **Program Enhancement:** Developing, sustaining, and enhancing statewide prevention programs and services.
- **Protocol Enhancement:** Establishing statewide prevention standards and guidelines and improving data collection and communication processes.
- **Operational Efficiency:** Streamlining, sustaining, and standardizing internal DMHA Prevention Bureau processes, policies, and procedures.

The strategic plan is anticipated to be completed over a 4-year (SFY) period beginning July 1, 2024, and concluding June 30th, 2028.

STRATEGIC OBJECTIVES

WORKFORCE DEVELOPMENT

1. **Objective** | Enhance prevention workforce capacities by increasing practitioner and community knowledge of evidence-based prevention programs, services, and policies.
 - a. **Strategy** | *Higher Education*: Fund colleges and universities to implement sustainable prevention specialist certification courses and engage in campus and community prevention activities.
 - i. **Benchmark** | Fund 5 universities to implement 20 prevention specialist certification courses. The courses will be completed by a minimum of 300 students and 5 faculty members and will facilitate at least 120 DMHA-approved prevention activities.
 - **Timeline** | 4 Years (2025-2028).
 - **Estimated Cost** | \$200,000.
 - b. **Strategy** | *Communities*: Promote and incentivize the completion of a free Prevention Specialist Certification Course for community members and practitioners.
 - i. **Benchmark** | Completion of the course by at least 120 community members.

- **Timeline** | 4 Years (2025 – 2028).
- **Estimated Cost** | No additional cost.

PROGRAM ENHANCEMENT

2. **Objective** | Sustain, enhance, and streamline existing prevention provider programming.
 - a. **Strategy** | **Providers:** Fund impactful and efficient community prevention provider services and interventions and improve application and reporting processes.
 - i. **Benchmark** | Fund a minimum of 20 statewide prevention providers to facilitate strategic prevention activities in communities across the state through the prevention allocation of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG).
 - **Timeline** | Biennial (2024-2028)
 - **Estimated Cost** | \$175,000 per provider, per year.
 - ii. **Benchmark** | Review and simplify the funding proposal application process, modify funding reporting requirements, and standardize training eligibility requirements.
 - **Timeline** | Annual (2024-2028)
 - **Estimated Cost** | No additional cost.
 - b. **Strategy** | **Colleges:** Fund prevention services on college campuses.
 - i. **Benchmark** | Fund a minimum of 3 colleges to implement substance misuse prevention programming on their campuses through the prevention allocation of the SUBG.
 - **Timeline** | Biennial (2024-2028)
 - **Estimated Cost** | \$70,000 per school per year.
3. **Objective** | Fund technical assistance and evaluation teams to assist community coalitions and service providers with implementing and evaluating prevention programs and services.
 - a. **Strategy** | **Subrecipients:** Fund a technical assistance (TA) team to provide ongoing guidance and support to subrecipients of prevention funding from the SUBG.
 - i. **Benchmark** | Fund a TA team to serve all SUBG subrecipients in each 2-year SUBG grant cycle.
 - **Timeline** | Biennial (2025-2028)
 - **Estimated Cost** | \$465,000 per year.
 - b. **Strategy** | **Subrecipients:** Fund an evaluation team to evaluate the work and outcomes of subrecipients of prevention funding from the SUBG.
 - i. **Benchmark** | Submission of an annual evaluation report containing trends in services provided and recommendations for improvements in prevention programming in Indiana.

- **Timeline** | Biennial (2025-2028)
 - **Estimated Cost** | \$240,000 per year.
- c. **Strategy** | **Providers:** Fund a TA team to assist community coalitions and prevention organizations with identifying and applying for non-DMHA funded prevention grant opportunities.
 - i. **Benchmark** | Train a minimum of 20 community organizations that submit at least 10 external funding applications.
 - **Timeline** | 1 Year (2025-2026)
 - **Estimated Cost** | \$100,000.
- d. **Strategy** | **Colleges:** Fund a technical assistance (TA) team to provide ongoing guidance and support to funded (SUBG) and unfunded colleges and universities across Indiana and to build community capacity to address underage drinking.
 - i. **Benchmark** | Fund a TA team to serve Indiana colleges, universities, and communities.
 - ii. **Benchmark** | Host Indiana Collegiate Action Network Prevention Conference.
 - **Timeline** | Biennial (2025-2028)
 - **Estimated Cost** | \$500,000 per two years.
- 4. **Objective** | Apply for additional federal funding to support and expand statewide prevention programs and services.
 - a. **Strategy** | **Internal:** Apply for the federal Partnership for Success (PFS) grant.
 - i. **Benchmark** | Development and submission of PFS application.
 - **Timeline** | 1 Year (2025-2026)
 - **Estimated Cost** | No additional cost.
- 5. **Objective** | Monitor tobacco retail compliance for underage sales.
 - a. **Strategy** | Provide retailer training and education to support tobacco retailer compliance with minimum age for purchase laws and state compliance with Synar regulations.
 - i. **Benchmark** | Distribute a training newsletter and promotion of Prevention Insight retailer trainings.
 - **Timeline** | Quarterly (2024-2028)
 - **Estimated Cost** | No additional cost.
 - b. **Strategy** | Provide training and technical assistance to communities implementing local policy change strategies.
 - i. **Benchmark** | Provide a minimum of four community trainings per year.

- **Timeline** | Annual (2024-2028)
 - **Estimated Cost** | No additional cost.
6. **Objective** | Partner with the Governor’s Office to implement special prevention projects.
- a. **Strategy** | **Communities:** Utilize Opioid Settlement Funds to implement prevention interventions with high-risk populations.
 - i. **Benchmark** | Develop and implement a strategic plan to provide evidence-based prevention programs to high-risk populations.
 - **Timeline** | 4 Years (2025-2028)
 - **Estimated Cost** | \$2,000,000-4,000,000.
7. **Objective** | Support statewide youth substance misuse prevention initiatives.
- a. **Strategy** | **Community:** Fund statewide community workgroups focused on preventing youth substance misuse.
 - i. **Benchmark** | Fund one statewide organization to work on developing and/or implementing community strategies to prevent substance misuse (contingent upon available funds).
 - **Timeline** | Biennially (2025-2028)
 - **Estimated Cost** | Variable.

PROTOCOL ENHANCEMENT

8. **Objective** | Establish statewide prevention standards and community practice guidelines.
- a. **Strategy** | **Schools, Colleges, & Providers:** Develop substance misuse prevention standards and guidelines for schools, colleges, and universities.
 - i. **Benchmark** | Develop and disseminate a prevention policy and practice guidance document for middle and high schools.
 - **Timeline** | 4 Years (2025-2028).
 - **Estimated Cost** | \$10,000-\$30,000.
 - ii. **Benchmark** | Develop and disseminate a policy and practice guidance document for colleges and universities.
 - **Timeline** | 4 Years (2025-2028).
 - **Estimated Cost** | \$10,000-\$30,000.
 - iii. **Benchmark** | Develop and conduct a statewide university and college mental and behavioral health services assessment.
 - **Timeline** | 4 Years (2025-2028).
 - **Estimated Cost** | \$10,000-\$30,000.
 - iv. **Benchmark** | Develop standard evidence-based prevention program (EBPP) evaluation criteria and a public EBPP registry.
 - **Timeline** | 2 Years (2026).

- **Estimated Cost** | \$30,000.
9. **Objective** | Enhance statewide data collection capacities and data communication processes.
- a. **Strategy** | **Internal:** Implement survey standards that produce accurate and representative data regarding statewide youth mental and behavioral health trends.
 - i. **Benchmark** | Require a representative and random sample for the Indiana Youth Survey.
 - **Timeline** | Biennial (2024-2028).
 - **Estimated Cost** | \$458,000 per two years.
 - ii. **Benchmark** | Review the utility, implementation standards, and response rates for the Indiana College Substance Use Survey.
 - **Timeline** | 2 Years (2026).
 - **Estimated Cost** | No additional cost.
 - b. **Strategy** | **Interagency:** Collaborate with the DMHA school-based services team to develop and implement a prevention service mapping system that tracks statewide prevention services and activities in schools and communities.
 - i. **Benchmark** | Develop and implement a community-based prevention activity survey.
 - **Timeline** | 1 Year (2025)
 - **Estimated Cost** | No additional cost.
 - ii. **Benchmark** | Develop and implement a school-based prevention activity survey.
 - **Timeline** | 1 Year (2025)
 - **Estimated Cost** | No additional cost.
 - iii. **Benchmark** | Develop an annually updated digital prevention service mapping tool that is publicly available.
 - **Timeline** | Annual (2024-2028)
 - **Estimated Cost** | No additional cost.
 - c. **Strategy** | **Internal:** Evaluate the State Epidemiological Outcomes Workgroup (SEOW) and refine SEOW processes and products based on internal feedback and community input.
 - i. **Benchmark** | Conduct an internal survey on SEOW processes and products.
 - ii. **Benchmark** | Host a community listening session on the SEOW.
 - iii. **Benchmark** | Development and implement an SEOW strategic plan based on the internal and community feedback.
 - **Timeline** | 2 Years (2024-2025)
 - **Estimated Cost** | No additional cost.

OPERATIONAL EFFICIENCY

10. **Objective** | Evaluate, streamline, and enhance internal DMHA Prevention Bureau processes, policies, and procedures.

- a. **Strategy** | *Internal*: Review internal onboarding processes, trainings, administrative procedures, files, and reporting forms.
 - i. **Benchmark** | Develop standard on-boarding training for all new prevention bureau employees.
 - ii. **Benchmark** | Develop a standard on-boarding document for every prevention bureau role.
 - iii. **Benchmark** | Standardize prevention site visit reporting forms.
 - iv. **Benchmark** | Consolidate prevention file repositories.
 - **Timeline** | Annual (2025-2028)
 - **Estimated Cost** | No additional cost.

11. **Objective** | Maintain interagency and community feedback loops to inform Prevention Bureau strategic planning efforts.

- a. **Strategy** | *Interagency*: Facilitate the Prevention Leadership Group.
 - i. **Benchmark** | Facilitate quarterly Prevention Leadership Group meetings.
 - **Timeline** | Quarterly (2025-2028)
 - **Estimated Cost** | No additional cost.
- b. **Strategy** | *Interagency*: Participate in interagency workgroups associated with substance misuse prevention and mental health promotion.
 - i. **Benchmark** | Regular attendance at a minimum of 3 interagency workgroups by Prevention Bureau staff.
 - **Timeline** | Monthly (2025-2028)
 - **Estimated Cost** | No additional cost.
- c. **Strategy** | *Community*: Participate in external, community workgroups associated with substance misuse prevention and mental health promotion.
 - i. **Benchmark** | Regular attendance at a minimum of 3 external, community workgroups by Prevention Bureau staff.
 - **Timeline** | Monthly (2025-2028)
 - **Estimated Cost** | No additional cost.
- d. **Strategy** | *Community*: Host an annual prevention town hall.
 - i. **Benchmark** | Host an annual prevention town hall with a minimum of 100 participants.
 - **Timeline** | Annual (2025-2028)
 - **Estimated Cost** | No additional cost.