



Department of Mental Health and Addiction Services
A Health Service Agency



Prevention & Health Promotion Division System of Services 2013

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“Prevention offers the potential for avoiding widespread human suffering as well as saving costs associated with treatment and lost productivity.”

- Muehrer & Koretz

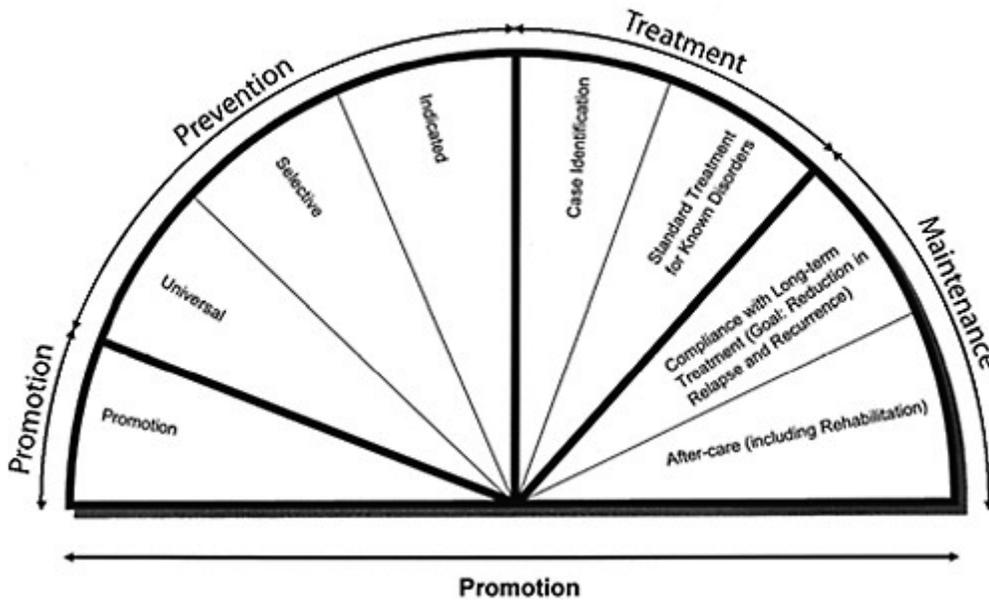
Source: Issues in Preventive
Intervention Research: *Current
Directions in Psychological Science*

Table of Contents

PREVENTION & HEALTH PROMOTION DIVISION	1
❏ What is Prevention and Promotion?	1
❏ Prevention Framework	2
❏ Comprehensive Behavioral Health Prevention System	3
MANAGEMENT AND ORGANIZATION	4
❏ Structure and Organization	5
❏ Sub-State Organization	6
❏ State Advisory Councils	6
❏ Strategic Action Plan	7
DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS	8
❏ DMHAS Prevention & Wellness Infrastructure	9
❏ Introduction to Infrastructure and Programs	10
❏ Statewide Service Delivery Agents & Training Collaborative	11
❏ Best Practice Initiative	12
❏ Local Prevention Councils	13
❏ Connecticut Suicide Prevention Initiative	14
❏ Tobacco Prevention and Enforcement Program – Synar, FDA	15
❏ Strategic Prevention Framework-State Incentive Grant	18
❏ Underage Drinking/Partnerships for Success	19
❏ Statewide Healthy Campus Initiative	20
PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION	21
❏ Needs Assessment	22
❏ Resource Allocation	25
❏ Data Collection	26
INTERAGENCY COORDINATION	28
❏ Introduction to Interagency Coordination	29
❏ Interagency Boards, Committees, Coalitions, Collaboratives, Partnerships and Workgroups	30
QUALITY ASSURANCE, MONITORING AND WORKFORCE DEVELOPMENT	36
❏ System Oversight and Program Reporting	37
❏ Monitoring, Corrective Action and Technical Assistance	37
❏ Staff Credentialing and Operating Standards	37
❏ Workforce Development	38
❏ Connecticut Intermediate Outcomes	39
❏ Research-Based Best Practice Strategies, Practices and Programs	40
DMHAS PREVENTION AND HEALTH PROMOTION SERVICES: AT A GLANCE	42

What Is Prevention & Promotion?

Prevention means creating conditions that promote good health. It is achieved by reducing those factors that are known to cause illness and problem behaviors and encouraging those factors that buffer individuals and promote good health. Prevention promises a reduction in the incidence of new cases of illness and problem behavior. When properly done, a good preventive intervention is long lasting and focused on reducing vulnerability and enhancing wellness.



Substance Abuse and Mental Health Intervention Spectrum

Adapted from: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

Prevention and promotion are the first two steps in the substance abuse and mental health continuum of care and promotion is encouraged across the spectrum. Interaction with the prevention system often serves as a catalyst for individuals to seek intervention and treatment services. Prevention practitioners are trained to identify and refer individuals with problems to appropriate intervention and treatment services.

Prevention can help decrease hospital stays, long-term residential treatment, suicide, violence and aggression. It provides for long-term cost savings and can create better quality of life for individuals and safe and resilient communities.

In the field of mental health, promotion includes efforts to enhance individuals' ability to achieve developmentally appropriate tasks (developmental competence) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity.

Prevention Framework

Prevention programs fall into three categories based on the Institute of Medicine's (IOM) Spectrum of Behavioral Health Disorders: universal, selected and indicated. Universal prevention programs target the general public or a whole population that has no known risk factors. Selective prevention interventions are targeted to individuals or a segment of the population whose risk for developing substance abuse or a mental health disorder is significantly higher than average. Indicated prevention programs target high-risk individuals who have started exhibiting problems. There is an array of best practice universal, selective and indicated prevention interventions directed at individuals and families in their schools, neighborhoods, places of worship and workplaces which have proliferated across the country in the last twenty years. These interventions have evolved from several generations of programs, theoretical models and approaches that address individuals across the lifespan. Over the years, these approaches have been researched across target populations and fields of practice, with consideration given to developmental appropriateness, gender and sexual orientation factors. This has resulted in new knowledge and lessons learned about the impact and effectiveness of prevention, which has assisted planners and program developers in creating extremely promising prevention systems.

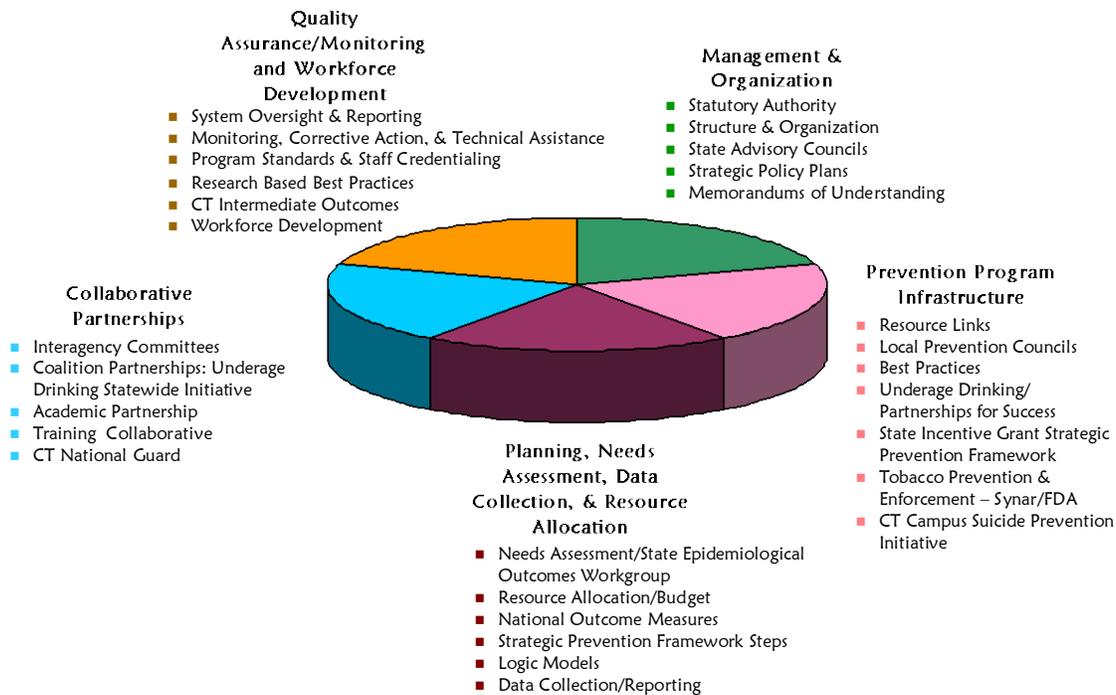
There are several state and local agencies within Connecticut with prevention systems that use a variety of theoretical models. The Connecticut Department of Mental Health and Addiction Services (DMHAS) is the single state agency (SSA) for mental health and substance abuse services. The DMHAS' Prevention and Health Promotion Division is strategically aligned with the SAMHSA's Strategic Prevention Framework (SPF). The Division's work is guided by the SPF five steps which comprise of conducting needs assessments, mobilization and capacity building, planning, implementing evidenced based strategies, monitoring and evaluation. The division is organized to provide accountability-based, developmentally appropriate and culturally sensitive behavioral health services based on scientific models and best practices, through a comprehensive system that matches services to the needs of the individuals and local communities.

This comprehensive system includes the following five areas aligned with the federal Substance Abuse Mental Health Services Administration/Center for Substance Abuse Prevention's (SAMHSA/CSAP) concepts of performance management:

PREVENTION & HEALTH PROMOTION DIVISION

DMHAS System	SAMHSA/CSAP concepts
<i>Management and Organization</i> of DMHAS' Prevention System	<ul style="list-style-type: none"> Organizational /system performance outcomes are established Resources are allocated based on established goals
<i>Prevention Program Infrastructure</i> including concepts, strategies and activities, program functions, and targets.	<ul style="list-style-type: none"> Cultural issues are approached systemically Workforce development needs are assessed and capacity is increased Outcomes, plans and strategies are monitored and evaluated
<i>Prevention Planning, Needs Assessment, Resource Allocation and Data Collection.</i>	<ul style="list-style-type: none"> Data informs adjustments in policy and strategy direction Data informs decisions that improve public health quality
<i>Coordination with Other Agencies.</i>	<ul style="list-style-type: none"> Data frames reports regarding successful outcomes Practices, resources and partnerships sustain long term outcomes
<i>Quality Assurance and Improvement.</i>	<ul style="list-style-type: none"> Budget decisions are based on results Sub recipients are accountable for outcomes

Comprehensive Behavioral Health Prevention & Health Promotion System



MANAGEMENT & ORGANIZATION

- ❖ *Structure & Organization*
- ❖ *Sub-state Organization*
- ❖ *State Advisory Councils*
- ❖ *Strategic Action Plan*

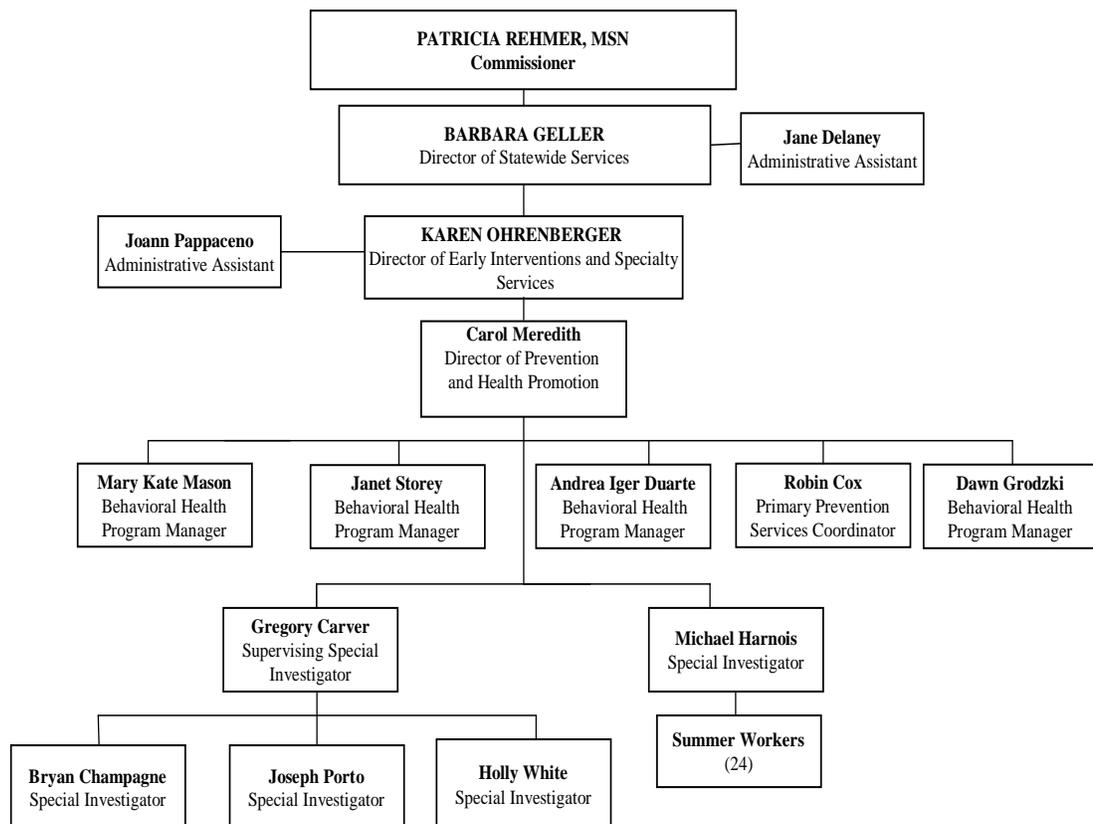
MANAGEMENT AND ORGANIZATION

Structure and Organization

The Department of Mental Health and Addiction Services (DMHAS) was formed in July 1995 by a merger of the Addiction Services Division of the Department of Public Health and Addiction Services, and the Department of Mental Health. Alcohol, tobacco, and other drug (ATOD) prevention services are placed under the Division of Prevention and Health Promotion within the DMHAS.

Prevention services are within the Office of the Commissioner and under the management of the Director of Prevention Services who reports to the Executive Assistant to the Commissioner of DMHAS. The Prevention & Health Promotion Division oversees and administers the prevention set-aside funds for the Substance Abuse Prevention and Treatment (SAPT) block grant as well as the implementation of the Synar amendment. The Table below illustrates the staff and the relationships among the various sub-units within the Prevention Division.

CT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
PREVENTION AND HEALTH PROMOTION ORGANIZATIONAL CHART



MANAGEMENT AND ORGANIZATION

Sub-State Organization

The Connecticut legislature has established 5 human service regions for the purpose of providing state health and human services. DMHAS uses 13 subdivisions of these regions as the geographic basis for prevention services. The prevention services within these regions are comprised of 8 major components: (1) five Statewide Service Delivery Agents that support prevention programs statewide, known as the Prevention Infrastructure; (2) fourteen Best Practices Projects aimed at applying the 5-step Strategic Prevention Framework (SPF) to address state and local needs; (3) 130 plus Local Prevention Councils providing primary prevention strategies; (4) Tobacco Prevention and Enforcement Initiatives aimed at reducing underage access and use of tobacco products; (5) thirteen Regional Action Councils that build capacity of individuals and communities to deliver prevention services; (6) twenty-eight coalitions implementing the SPF five steps; (7) the Partnerships for Success Initiative addressing underage drinking at the state and community levels; and (8) the CT Youth Suicide Prevention Initiative comprised of seventeen high schools, four CT State Universities, a hospital, a middle school, two training entities, and a statewide awareness campaign.

State Advisory Councils

The *Connecticut Alcohol and Drug Policy Council* (ADPC) was established by the Governor through executive order in 1996 to address substance abuse issues within the state and to implement the recommendations of its predecessor Blue Ribbon Task Force on Substance Abuse. The ADPC and its Prevention, Treatment and Criminal Justice committees developed a multi year, interagency statewide plan for substance abuse that has been annually updated and evaluated and which provides for policy and budgetary direction for substance abuse prevention and treatment annually.

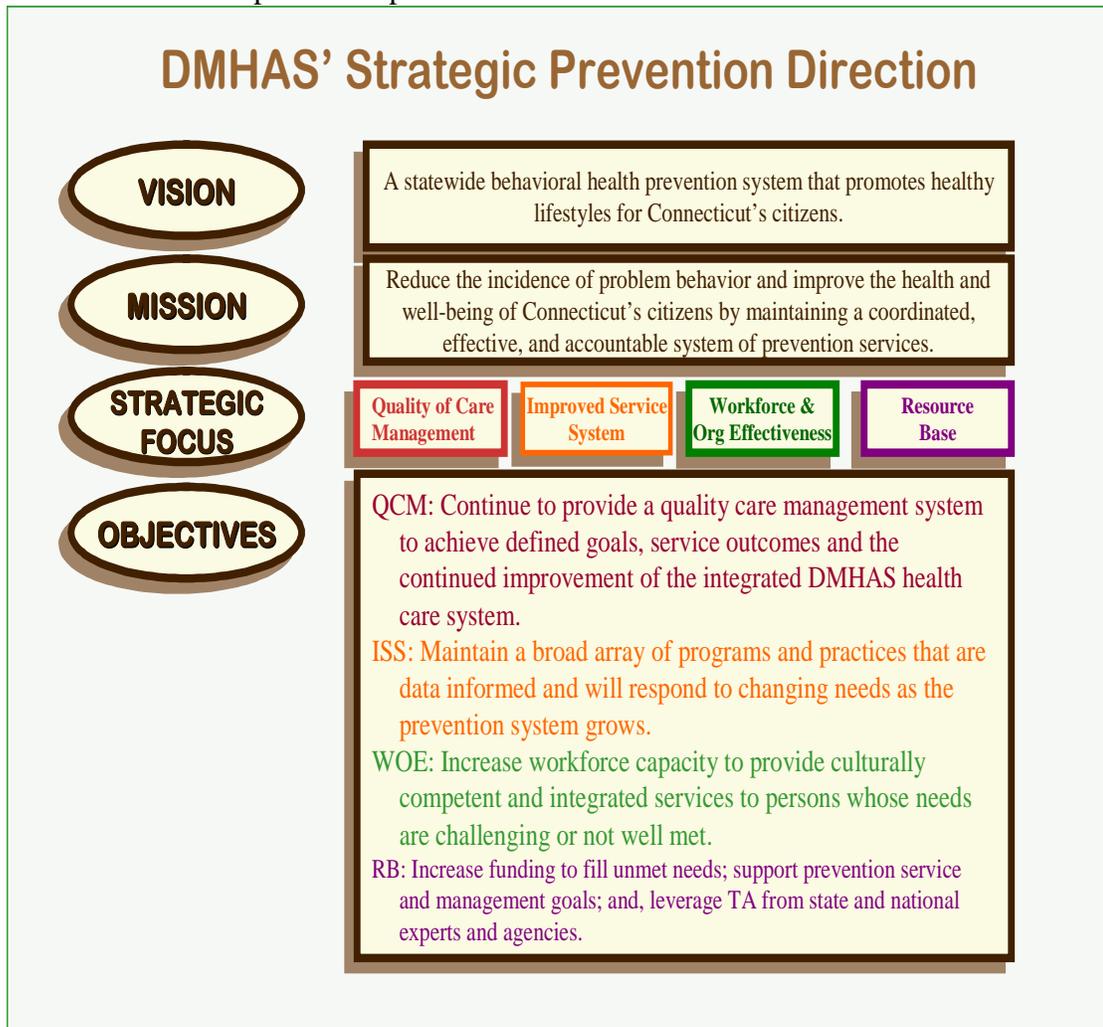
The *Connecticut Suicide Advisory Board* was established January 2012 through the merger of the CT Youth Suicide Advisory Board and the Interagency Suicide Prevention Network. The purpose of the merger was to create one state-level Suicide Advisory Board that would address suicide across the lifespan while continuing to fulfill the requirements of the legislation that supported the YSAB. The 1989 legislation requires the existence of an advisory body to inform the Commissioner of DCF on strategies for the coordination of youth suicide prevention throughout Connecticut. The goals are: 1) Increase public awareness of the existence of youth suicide and means of prevention; 2) Make recommendations for statewide training in youth suicide prevention; 3) Develop a strategic youth suicide prevention plan; 4) Recommend interagency policies and procedures for coordination of services; 5) Implement suicide prevention procedures in schools and communities; 6) Establish a coordinated system for data collection and utilization; 7) Make recommendations concerning the integration of youth suicide prevention and intervention strategies into youth prevention and intervention programs.

MANAGEMENT AND ORGANIZATION

Connecticut Healthy Campus Initiative- This statewide initiative, funded through the CSAP Partnership for Success and the US Department of Education Grants for Coalitions, is composed of 46 member universities and colleges of higher education is committed to substance abuse prevention in the target 18 to 25 year old college student population. The Initiative provides leadership on substance abuse prevention through engagement of senior college administrators and implementation of evidence based policies, practices and strategies.

Strategic Action Plan

The Prevention & Health Promotion Division has used state policy plans and recommendations, agency strategic plans and SAMHSA goals to guide the prevention direction. The table below identifies the Prevention Division's role in implementing DMHAS' current operational plan.



DMHAS PREVENTION & HEALTH PROMOTION INFRASTRUCTURE AND PROGRAMS

- ❖ *DMHAS' Prevention & Wellness Infrastructure*
- ❖ *Introduction to Infrastructure and Programs*
- ❖ *Statewide Delivery Agents & Training Collaborative*
- ❖ *Best Practice Initiative*
- ❖ *Local Prevention Councils*
- ❖ *Connecticut Campus Suicide Prevention Initiative*
- ❖ *Tobacco Prevention and Enforcement Initiatives – Synar, FDA*
- ❖ *Strategic Prevention Framework Initiative*
- ❖ *Underage Drinking/Partnerships for Success*
- ❖ *Statewide Healthy Campus Initiative*

DMHAS PREVENTION & HEALTH PROMOTION INFRASTRUCTURE AND PROGRAMS

Introduction to Infrastructure & Programs

Prevention activities within DMHAS have historically been based on the public health model. Programs have also used the empowerment model as promulgated by the SAMHSA/CSAP, and the creation of conditions to promote general well being as described in the research of William Lofquist and David Hawkins. Capacity building at the community level is an important element of the state's prevention activities. In recent years, DMHAS has also employed environmental strategies, especially in the area of reducing underage drinking. Prevention services have been organized to promote local capacity building and provider agencies are directing their efforts to achieve capacity building for communities.

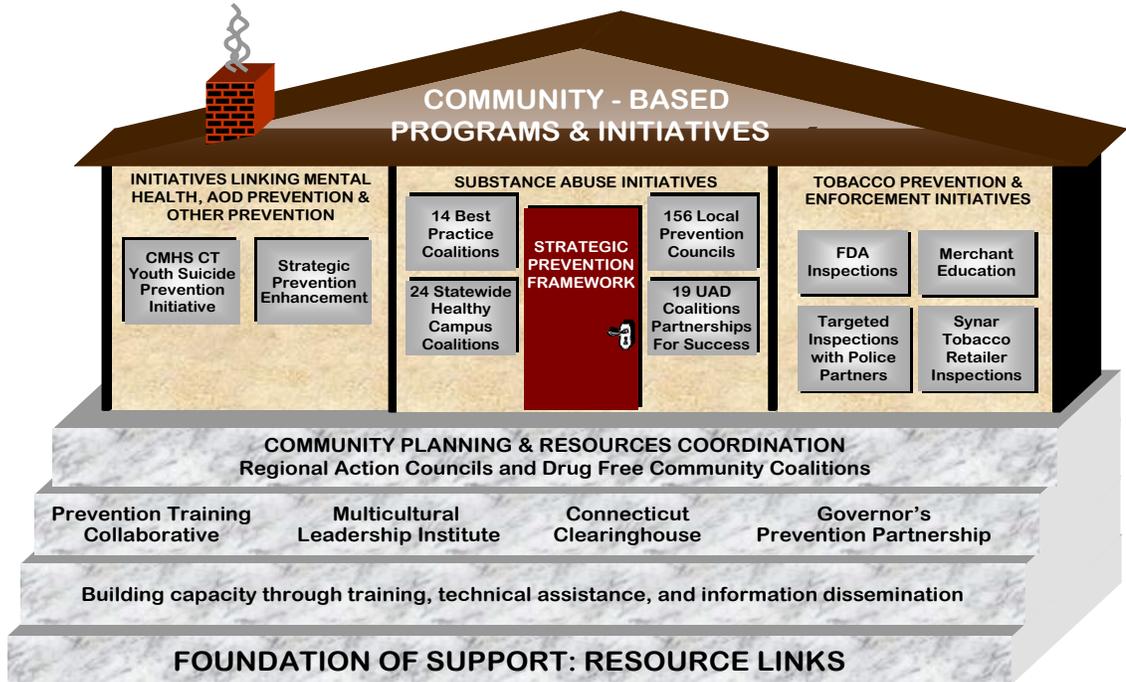
Among the state agencies with prevention resources, the mission for prevention is to build a systems approach to strengthen local capacity and to support local empowerment in meeting the needs and implementing prevention programs. DMHAS fosters the development of comprehensive culturally appropriate programs based on scientifically defensible principles and targets both individuals and the environments within which they live. DMHAS has taken deliberate efforts to shift the prevention paradigm in Connecticut towards the SPF. Utilizing the SPF model at both the state and community level DMHAS has implemented a statewide data driven needs assessment process, spearheaded by the State Epidemiological Workgroup, across the prevention continuum of care related to substance abuse, suicide and gambling. The paradigm shift to the SPF has resulted in strategic planning including logic model development based on needs assessment, increased capacity to address needs identified through data analysis and identification and implementation of evidence-based programs, strategies and policies. Evaluation of these efforts is ongoing and will result in mid-course corrections as needed.

DMHAS' prevention concepts and direction are communicated to provider agencies through the Request for Proposals process and the DMHAS prevention web-site. Prevention staffs also sponsor learning communities and information dissemination exchanges for provider agencies.

DMHAS prevention programs are organized into four major categories: (1) Statewide Service Delivery Agents that under gird and support prevention programs statewide, known as the Prevention Infrastructure; (2) community and evidence based substance abuse prevention projects which include: Best Practices Programs aimed at implementing prevention strategies with specific populations; Local Prevention Councils providing primary prevention strategies within communities; and the SPF and PFS data driven environmental strategies targeting underage drinking; (3) community and evidence based suicide prevention efforts funded through the Center for Mental Health Services (CMHS); and (4) programs aimed at reducing access of tobacco products to underage youth. Other non-categorical prevention programs are funded as part of the infrastructure. These programs are smaller in nature and funded to address local needs.

DMHAS PREVENTION & HEALTH PROMOTION INFRASTRUCTURE AND PROGRAMS

Connecticut's Prevention Infrastructure



DMHAS PREVENTION & HEALTH PROMOTION INFRASTRUCTURE AND PROGRAMS

State Service Delivery Agents and Training Collaborative

Purpose:

The Statewide Services Delivery Agents (SSDA) also known as the DMHAS Resource Links, are regional and statewide entities funded by DMHAS to support prevention efforts within the state by building the capacity of individuals and communities to deliver prevention services. Since 2006, these SSDAs have provided distinct services to move CT's prevention system to align with the Strategic Prevention Framework (SPF) five steps.

The Prevention Training Collaborative (PTC) provides prevention practitioners and others in the field of prevention the training needed to obtain and maintain certification status and provide support to individuals looking to increase their knowledge and skills in the prevention area.

Funded Programs & Services:

The SSDA and PTC partners consist of the following entities:

- ***Connecticut Clearinghouse (SSDA)*** – is a statewide library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness and other related topics.
- ***DMHAS Prevention Training Collaborative*** – is a collection of non-profit providers contracted to provide training workshops that focus on prevention skills development, application of these skills, mental health promotion, and violence and substance abuse prevention.
- ***Multicultural Leadership Institute, Inc. (SSDA)*** – is a coalition dedicated to promoting culturally and linguistically proficient services regarding the prevention of ATOD and other related problems among African origin and Latino populations.
- ***Governor's Prevention Partnership (SSDA)*** – is a statewide organization comprising of public/private partnerships designed to change the attitudes and behaviors of Connecticut youths and adults toward substance through its School, Campus, Workplace and Media Partnerships.
- ***Regional Action Councils (SSDA)*** – 13 public/private sub-regional planning and action councils that have responsibility for the planning, development and coordination of behavioral health services in their respective region.

Target Population(s):

Local communities, individuals, and agencies providing prevention programming; regional and statewide service agencies; societal organizations and institutions, e.g. corporate, medical, religious and recreational entities.

Strategy Type:

The State-wide Service Delivery Agents utilizes multiple strategies to promote the health and well being of all Connecticut's residents throughout their life span. They include, but are not limited to, information & public awareness, education, community development, capacity building and institutional change, and social policy.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Best Practice Initiative

Purpose:

The Best Practice Initiative consists of 14 multi-focused, SAPT Block Grant-funded programs across the state. They were originally created in the mid-1990 to apply science and research based innovations to populations across the lifecycle. In 2009, the funded agencies were refocused to apply the Strategic Prevention Framework and apply related strategies to address underage drinking and other substances data-identified as problems in chosen communities.

Target Population(s):

All Best Practice agencies are required to reduce underage drinking and related consequences. Additional targets for the agencies with more than \$75K in funding will be informed by local needs assessments and prioritization process informed by a community coalition (planned July 2010).

Strategy Type:

The population-level approach requires Best Practice agencies to utilize environmental strategies endorsed by the Center for Substance Abuse Prevention such as law and policy development and enforcement, and media and marketing campaigns.

Future Direction:

The Best Practice agencies will continue with the SPF five steps and apply epidemiological data to identify needs, gaps and evidence-based programs, policies, and practices to guide future services within their respective geographical areas.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Local Prevention Councils

Purpose:

This initiative supports 130 plus local, municipal-based alcohol, tobacco and other drug (ATOD) abuse prevention councils. The intent of this grant program is to facilitate the development of ATOD abuse prevention initiatives at the local level with the support of the Chief Elected Officials. The specific goals of Local Prevention Councils (LPCs) are to increase public awareness of ATOD prevention and stimulate the development and implementation of local prevention activities primarily focused on youth.

Funded Programs:

130 plus Local municipalities and town councils throughout the state

Target Populations:

Universal targets in selected communities in the 169 cities and towns throughout Connecticut.

Strategy Type:

LPC programs utilize at least two of the six CSAP identified prevention strategies (information dissemination, education, community-based processes, alternative programming, environmental, and program identification and referral) in their community programs.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Connecticut Suicide Advisory Board (CTSAB)/CT Suicide Prevention Initiative (CSPI)

Purpose:

This three-year (August 2011-July 2014), \$1.4 million grant was awarded under the federal Garrett Lee Smith Memorial Act, which created a suicide prevention grant program at the federal Substance Abuse and Mental Health Services Administration/Center for Mental Health Services in 2004. This program helps states, tribes, and colleges/universities to develop and implement youth, adolescent and college-age early intervention and prevention strategies to reduce suicide.

The goal of the CCSPI is to bring sustainable evidence-based, culturally competent suicide prevention and behavioral health promotion practices to scale at institutions of higher education and communities statewide for youth and young adults age 10-24. The project is a collaborative effort involving DMHAS and the CT Departments of Children and Families (DCF), Public Health, Higher Education, Veterans Affairs, and the CT State University System, CT Community College System, University of CT Health Center, True Colors, Multicultural Leadership Institute, United Way of CT, Wheeler Clinic and the Veterans Administration CT Healthcare System.

It is our expectation that this strong collaboration among state, community, and academic partners will ultimately result in successful suicide prevention and mental health promotion services that will be sustained and expanded throughout Connecticut.

Priority Populations:

- Campus faculty, staff, students and their community partners.
- Communities at large and their citizens.

Strategy Types:

- Infrastructure Development: training, policy development, and engaging in partnerships/collaborations.
- Data Collection, Evaluation, and Performance Measurement and Assessment: federal cross-site and state-level evaluation.
- Mental Illness Prevention and Mental Health Promotion Activities: awareness campaigns, activities, screening, outreach, referral, social networking, and social media campaigns.

Tobacco Prevention and Enforcement Program

Synar Tobacco Compliance Initiative

Purpose:

Compliance inspections of tobacco retailers increase awareness of youth access laws and enforce adherence with such laws. The Synar initiative promulgated by the Federal Synar Amendment is to achieve a tobacco retailer violation rate of not more than 20% by conducting random, year-round, unannounced inspections of tobacco outlets.

Target Population(s):

Tobacco merchants throughout the State

Strategies:

TPEP Investigators implement the following enforcement strategies

- ***Synar Non-compliance Rate Inspections*** – Unannounced inspections conducted on a statically drawn sample of establishments to specifically determine Connecticut's Non-compliance Rate as required under the federally mandated Synar Amendment.
- ***Police Partnership Inspections*** – Unannounced inspections conducted in concert with State and local law enforcement authorities having a Memorandum of Agreement with DMHAS to enforce the criminal statutes of Connecticut's tobacco youth access laws. There are targeted inspections of establishments that have a previous violation or a complaint from the public.
- ***Eighteen Month Inspections*** – Unannounced inspections of establishments that have not been inspected in the past eighteen months to ensure that the majority of Connecticut tobacco merchants receive an inspection with an eighteen-month period.
- ***Merchant Education Inspections*** – Announced inspections initiated by the Investigators to personally meeting establishment owners and/or staff to information them about Connecticut laws, provide merchant education materials, and review and updated license information.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Food and Drug Administration (FDA) Tobacco Compliance Initiative

Purpose:

The Family Smoking Prevention and Tobacco Control Act grants the FDA the authority to regulate tobacco products in the US and all relevant territories. The Tobacco Control Act places special emphasis on the prevention of tobacco use by children and adolescents. DMHAS entered into a contract with the FDA to enforce applicable provisions of the Tobacco Control Act and its implementing regulations in Connecticut.

Target Population(s):

Tobacco merchants throughout the State: FDA tobacco compliance initiative requires the implementation of a statewide enforcement program with an emphasis directed toward special populations located within urban areas

Strategies:

- ***Undercover Buy Inspections*** – Unannounced inspections conducted to monitor the sale of tobacco products to youth under the age of 18, and that photo identification is requested from individuals appearing younger than 27.
- ***Advertising and Labeling Inspections*** – Announced inspections conducted to monitor tobacco labels, store signage, and the sale of non tobacco products with tobacco brand names to mention a few.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Merchant Campaign and Community Education Initiative (TMCEI)

Purpose:

The purpose of the merchant education campaign is to inform tobacco retailers about the provisions of the state's youth access laws to encourage voluntary compliance. Through the TMCEI, the Merchant Education Program produces and distributes educational materials to approximately 4,500 establishments to help merchants and their employees comply with Connecticut's tobacco youth access laws. The purpose of community education activities is to increase public awareness of youth tobacco issues.

Target Population(s):

Tobacco Merchants, underage youth, and service providers

Strategies:

- *The Tobacco Merchant Education Campaign* provides awareness materials for licensed tobacco retailers throughout Connecticut. The materials inform retailers about youth access laws, provide specific strategies for compliance with such laws, and emphasize the health effects of tobacco use.
- *Tobacco Merchant & Community Education Steering Committee* is a key component of a statewide tobacco prevention community services campaign. The Steering Committee guides and informs the campaign process resulting in the most effective campaign materials and activities, leading to reductions in sales of tobacco products to youth under 18.
- *The Connecticut Tobacco Information Meeting & Webinar* is an interactive annual event that provides results on Connecticut's tobacco compliance inspections and allows merchants, prevention professionals, and community representatives an opportunity to ask questions and receive answers about tobacco prevention and enforcement activities throughout the State.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Strategic Prevention Enhancement (SPE) Initiative

Purpose:

The purpose of this initiative is to enhance and expand the statewide prevention infrastructure to reduce the likelihood of mental disorders, substance abuse, and their related consequences. The SPE requires the establishment of a Policy Consortium, the conduct of a thorough gap analysis, and the development of a 5-year state Strategic Prevention Plan which will include a Capacity Building/Infrastructure Enhancement Plan.

Process:

The involvement of State agencies and key stakeholders is a crucial aspect of the CT SPE. The SPE Policy Consortium comprises representatives from the following CT Departments; Children & Families, Office of Policy & Management, Public Health, Social Services, Veterans Affairs, Education, Consumer Protection, Transportation, Emergency Services & Public Protection, Motor Vehicles, Pardons & Parole, Judicial, and Corrections. Other agencies representing key populations are involved on the Consortium.

Outcomes:

- Coordination of alcohol, tobacco and other Drugs (ATOD) Prevention Efforts across the state with broad based strategic planning and coordinated implementation of ATOD activities.
- An integrated & strengthened service delivery infrastructure well prepared for Health Care Reform that includes joint funding of projects/programs and a comprehensive system for training and workforce development.

Underage Drinking/Partnerships for Success

Purpose:

The Partnership for Success Grant (PFS) is a five year 11.5 million dollar grant awarded through a competitive bid to four states, including Connecticut. It will allow Connecticut to continue successful community-based approaches that prevent underage drinking through the use of the *Strategic Prevention Framework*. This data-driven public health approach will build on existing successes of over twenty community based coalitions that specifically address underage drinking, including several other state and federally funded Coalitions and community based programs currently in place covering each region of the state.

Goals:

- Reduction of past month alcohol use rates for individuals aged of 12 – 20.
- Preventing the onset and reducing the progression of childhood/underage drinking.
- Strengthening capacity and infrastructure at the State and community level to implement data driven evidenced based policies, practices and programs.
- Collaborative approach aligning state and community strategies, redirection of existing services, leveraging human and fiscal resources to sustain efforts.

Strategy Types:

Twenty funded community coalitions throughout the state will: use a public health approach in over 30 municipalities and statewide across college campuses to decrease alcohol consumption in youth age 12 to 20; build on existing resources to implement environmental strategies known to be effective in reducing youth alcohol use rates, such as curtailing retail and social access, policy change, enforcement, media advocacy, and parental and merchant education; and measure changes in underage drinking utilizing student survey and social indicator data.

DMHAS PREVENTION INFRASTRUCTURE AND PROGRAMS

Statewide Healthy Campus Initiative

Purpose:

To develop a comprehensive prevention system that is responsive to the needs of young adults, ages 18-25 attending four public universities throughout Connecticut. The Initiative is based on a 3-in-1 Framework recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The goal is to change the culture of drinking and other substance use/abuse using broad-based and comprehensive, integrated programs with multiple complementary components that target: (1) individuals, including at-risk or alcohol-dependent drinkers, (2) the student population as a whole, and (3) the college and the surrounding community. Objectives of the initiative are to:

- Address gaps in substance abuse prevention and early intervention services;
- Support culturally responsive, age appropriate, and evidence-based approaches for young adults;
- Further develop Connecticut's prevention data infrastructure and capacity to collect and analyze outcome data and report on key performance measures.

Target Population(s):

The primary target population is college students ages 18-25. Secondly, programs may target family members, peers, schools and communities at large.

Strategy Types: This initiative requires that programs use multiple strategies within the 3-in-one framework.

Contact Information:

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PREVENTION PLANNING, NEEDS ASSESSMENT, DATA COLLECTION AND RESOURCE ALLOCATION

- ❖ *Needs Assessment/SEW*
- ❖ *Resource Allocation/budget*
- ❖ *Data Collection/Reporting*

PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION

Needs Assessment

Using epidemiological and other relevant data and information, the Prevention and Health Promotion Unit regularly explores substance use and abuse patterns unique to Connecticut's communities and use these data to paint a picture of the nature and burden of the problem throughout the State.

Collectively, the groups and processes described below inform funding decisions by 1) assessing the prevalence of risk factors based on gender, race, age, socio-economic status and geographic location; 2) analyzing trends as well as the number of individuals needing services; 3) assessing the adequacy and appropriateness of prevention services; 4) matching prevention needs to resources; and 5) predicting where future substance abuse problems are likely to arise.

The State Epidemiological Outcomes Workgroup

The State Epidemiological Outcomes Workgroup (SEOW) is charged with compiling indicators of substance abuse and related consequences, tracking data trends over time, and promoting the use of data to continually focus and strengthen ATOD prevention efforts statewide. In addition to DMHAS, it is comprised of representatives from the Departments of Children and Families, Consumer Protection Liquor Control Unit, Corrections, Education, Motor Vehicles, Public Health, Public Safety, Social Services, and Transportation; the Judicial Branch Court Support Services; Multicultural Leadership Institute; Office of Policy and Management, and researchers from the University of Connecticut Health Center. It meets quarterly to examine new sources of prevention and treatment need indicator data.

Regional Action Councils

DMHAS Regional Action Councils (RACs) legislative mandate is to (1) determine the extent of the substance abuse problems within their subregions; (2) determine the status of resources to address such problems; (3) identify gaps in the substance abuse service continuum; and, (4) identify changes to the community environment that will reduce substance abuse (Connecticut Statute Sec. 17a-671). Furthermore, the legislation requires that their membership be comprised of diverse members of the community, including, chief elected official, the chief of police and the superintendent of schools of each municipality within the subregion; one representative designated by the Commissioner of Mental Health and Addiction Services from each treatment facility operated by the department and serving such subregion; business and professional leaders; members of the General Assembly; service providers; representatives of minority populations; religious organizations; representatives of private funding organizations; and the media.

Needs Assessment Continued

Subregional Prevention Priority Reports

Every two years, RACs produce Sub regional Prevention Priority Reports to describe 1) the burden of substance abuse, problem gambling, and suicide in the subregions, 2) prioritized prevention needs, and 3) the capacity of the subregions' communities to address those needs. These reports are based on data-driven analyses of issues in the subregion, with assistance from key community members.

The reports and accompanying data are used as a building block for state and community-level processes, including capacity and readiness building, strategic planning, implementation of evidence-based programs and strategies, and evaluation of efforts to reduce substance abuse and promote mental health.

Sub regional Priority Setting Process

The sub regional priority setting process conducted by the RACs involves the following tasks:

1. Compile sub regional socio demographic and indicator data using data provided by the SEOW and additional community-level data and information, such as student survey focus group results;
2. Produce eight one-page sub regional epidemiological profiles describing magnitude, impact, and response capacity;
3. Convene their Community Needs Assessment Workgroups to conduct the priority ranking process.

Community Needs Assessment Workgroups

DMHAS is committed to supporting an inclusive, comprehensive assessment process at the local, sub regional, regional, and state levels. Accordingly, RACs convene Community Needs Assessment Workgroups to participate in the development of the Subregional Prevention Priority Report and to support the work of community prevention coalitions. The role of the workgroup is to 1) contribute additional data and information; 2) assist in interpreting data and information; and 3) participate in the priority setting process.

Each RAC Director ensures that the Community Needs Assessment Workgroup comprises diverse community stakeholders, including youth; parents; school personnel; staff from youth-serving organizations; researchers; local government officials; healthcare professionals, nonprofit agency staff; and representatives from the business community, law enforcement, faith community, and prevention coalitions. Sub-populations (i.e., those of various racial/ethnic, sexual orientation, gender, language, disability, and culture) and members of historically underrepresented populations are also represented.

PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION

Needs Assessment Continued

Prevention Training Needs Assessment

A web-based Training Needs Assessment Survey is developed and distributed each year through Survey Monkey. Responses are collected to questions on a variety of Prevention topics including specific drugs, underage drinking, cultural and gender specific issues. The results, ranked in order of highest interest, were used to develop the Prevention Training Catalog. The course offerings are also based on current trends, new practices, past attendance at similar workshops, and suggestions for workforce development. A sampling of past courses includes Community Organizing and Environmental Change, Understanding and Preventing Depression, Environmental Strategies in the Prevention of Underage Drinking, Prescription and Over the Counter Drug Abuse and The Entanglement of Family Violence and Substance Abuse.

Other Studies/Surveys

DMHAS also utilizes results of other local, state and national studies and surveys in its program decisions. Some of these studies and surveys are the DMHAS Ecstasy Prevention Initiative (2003), DMHAS CT Youth Suicide Prevention Initiative (2010), CT Department of Public Health's Connecticut School Health Survey, American College Health Association National College Health Assessment, Penn State Center for the Study of Collegiate Mental Health Pilot Study, University of Michigan's Monitoring the Future Study; SAMHSA National Survey on Drug Use and Health; Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey, core survey of alcohol and drug use on campus and a host of other studies conducted statewide.

PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION

Resource Allocation

The majority of DMHAS’ prevention funding is obtained from the Substance Abuse, Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP). Funds comprise of the stipulated 20% of the Substance Abuse Prevention & Treatment Block Grant set aside for prevention services and competitive grants. A smaller portion of funds comes from the State’s General and Drug Asset Forfeiture Funds. Allocation of these funds is based on funding mandates, priority setting reports, State Epidemiological/Outcomes Workgroup and other advisory groups’ recommendations, and is made through competitive requests for proposals (RFPs). The allocation approach used in the CT ensures that all funded policies, practices, and programs support community-level ATOD consumption and consequences.

PREVENTION RESOURCE ALLOCATION SFY 2010

<u>Funding Streams</u>	<u>Amount</u>	<u>Programs Supported</u>
SAMHSA Center for Mental Health Services	\$400,000	Connecticut Suicide Prevention Initiative
SAMHSA Center for Substance Abuse Prevention	\$2,879,844	Strategic Prevention Framework
SAMHSA Center for Substance Abuse Prevention	\$2,300,000*	Partnerships for Success
State Drug Assets Forfeiture Revolving Account	\$246,350	Regional Action Councils
State Pretrial Alcohol Education Services	\$499,996	Regional Action Councils
Federal Substance Abuse Prevention & Treatment Block Grant	\$4,772,719	Best Practices Initiative, Grandparents Program, Local Prevention Councils, CT Clearinghouse, Regional Action Councils, Statewide Services Delivery Agents, Tobacco Prevention & Enforcement Program, Training Collaborative.
Social Services Block Grant	\$17,272	CT Clearinghouse
Other State Funds	\$1,664,496	Regional Action Councils, Governor’s Prevention Partnership, CT Clearinghouse, Tobacco Prevention & Enforcement Program
Total Prevention Funding	\$12,780,677	

**received in FFY 2010*

PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION

Data Collection

Interagency Data Workgroup

Standing legislation requires DMHAS to establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch. The Interagency Operational Data Collection Workgroup was created in response to this legislation. At the core of this legislation is the desire to have a comprehensive understanding of those individuals receiving substance abuse education, prevention, intervention and treatment services, as they move through an array of state-sponsored services. This initiative is meant to create a fully integrated substance abuse services data system. A system which can not only provide client demographic data across state agencies, and reveal trends in those receiving services, but also indicate the full breadth of whether the services resulted in positive client outcomes, and determine the cost benefit to the state. Having this policy-relevant and program development information at hand will lead to better approaches to preventing, delaying or treating substance use or abuse.

There are several agencies serving on this workgroup that have resources in prevention. They include Departments of Children and Families, Motor Vehicles, Transportation, Social Services, Education, the Judicial Branch, and the Office of Policy and Management as well as DMHAS' prevention staff.

The State Epidemiological Outcomes Workgroup

The State Epidemiological Outcomes Workgroup (SEOW) is charged with compiling indicators of substance abuse and related consequences, tracking data trends over time, and promoting the use of data to continually focus and strengthen ATOD prevention efforts statewide. In addition to DMHAS, it comprises representatives from the Departments of Children and Families, Consumer Protection Liquor Control Unit, Corrections, Education, Motor Vehicles, Public Health, Public Safety, Social Services, and Transportation; the Judicial Branch Court Support Services; Multicultural Leadership Institute; Office of Policy and Management, and researchers from the University of Connecticut Health Center. It meets quarterly to explore new sources of prevention and treatment need indicator data.

Prevention Data Infrastructure (PDI)

In response to the SAPT Block Grant requirement to collect and report National Outcome Measures (NOMS) for prevention, which comprise eight domains (abstinence, employment/ education, crime and criminal justice, stability in housing, access/capacity, retention, social connectedness, perception of care cost effectiveness, and use of evidence-based practices), DMHAS has enhanced its Prevention Data Infrastructure. With technical assistance from SAMHSA, all States will:

- Standardize operational definitions and outcome measures, and link records to support pre- and post-service comparisons.
- Develop benchmarking strategies to determine acceptable levels of outcomes.

PREVENTION PLANNING, NEEDS ASSESSMENT, RESOURCE ALLOCATION & DATA COLLECTION

- Produce routine management reports to direct technical assistance and science-to-services program to implement interventions designed to result in improved outcomes.
- Achieve full State reporting by the end of fiscal year (FY) 2007. In the interim, each year more States will report with standard definitions until all States are on board.

Currently, the PDI consists of four major components that collect data on seventeen direct service programs, thirteen Regional Action Councils, five Statewide Service Delivery Agencies, and two Prevention Training Collaborative Agencies. These components are:

- Qualitative data from program monitoring activities and provider reports for (e.g. quarterly reports, quarterly monitoring phone calls with providers, and site visits). This information is kept either in electronic document files or in paper documents. A database for collecting at least some of this data should be developed.
- Process data on numbers served, types of services provided, and program participant demographics, collected on a group level basis using CSAP's web-based Minimum Data Set (MDS) application. This is now housed at a remoter server hosted by a CSAP subcontractor, but must be brought into DMHAS PDI in 2006.
- Data from the Tobacco Prevention and Enforcement Program (TPEP) activities (e.g. compliance checks and merchant education activities).
- Prevention training activities (e.g. participant transcripts and listings of trainings offered), collected using the homegrown, Access© based Training Collaborative Database.

In 2005, the DMHAS Prevention Unit implemented two other components of the PDI:

- State and Community Level epidemiological data to profile population needs related to substance use consumption and consequences, resources, and readiness to address problems and gaps in service areas. This is now housed at the UConn Health Center but should be brought into DMHAS PDI.
- Outcome data on selected direct service programs collected on an individual level basis using CSAP's web-based Database Builder (DbB) application. This is now housed at a remoter server hosted by a CSAP subcontractor, but must be brought into DMHAS PDI in 2008.

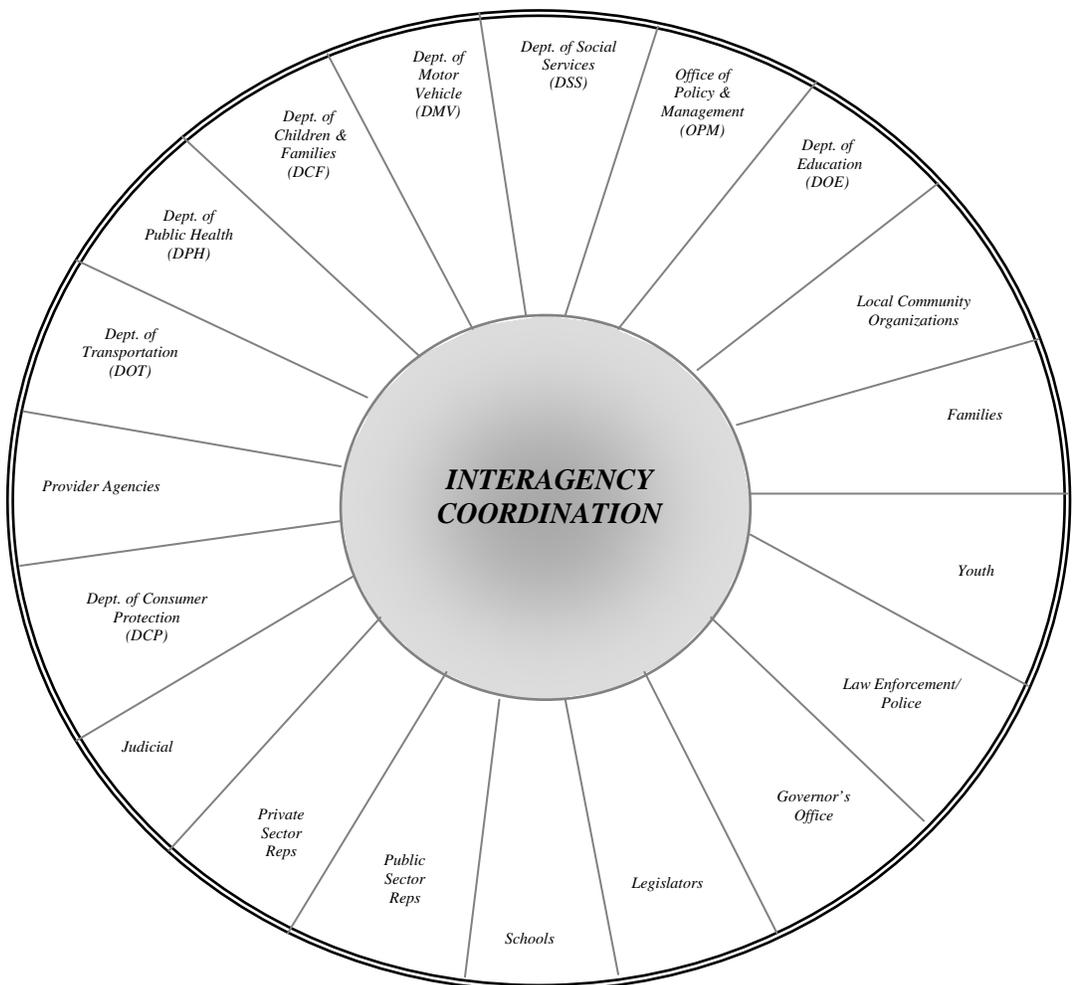
INTERAGENCY COORDINATION

❖ *Interagency Boards, Committees, Coalitions, Collaboratives, Partnerships and Workgroups*

INTERAGENCY COORDINATION

Introduction to Interagency Coordination

There is a growing understanding in Connecticut of the importance of a coordinated approach to both substance abuse prevention service delivery and fiscal policy. Government leaders have recognized the limited capacity that one agency has on its own in reducing substance abuse and have worked hard to foster relationships that could support and enhance the state's substance abuse prevention system. The chart below shows the participants in the state's efforts to implement a plan to improve cost-efficiency, interagency coordination, and the effectiveness of the prevention and intervention system. The interagency committees described on the following pages are those in which staff from the DMHAS Prevention Unit are involved.



INTERAGENCY COORDINATION

Interagency Boards, Committees, Collaboratives, Partnerships and Workgroups

Academic Partnership

Partners:

University of CT School of Social Work University of CT Health Center
The Consultation Center at Yale University

Purpose:

This partnership was created to provide consultation and evaluation support to several federally funded prevention initiatives: the Connecticut Youth Suicide Prevention Initiative, Governor’s Prevention Initiative for Connecticut State Universities, and Tobacco Prevention & Enforcement Program. Interagency Boards, Committees, Coalitions, Collaboratives, Partnerships and Workgroups

Connecticut Alcohol & Drug Policy Council

Partners:

Office of Policy and Management	Department of Education
Department of Children and Families	Department of Transportation
Department of Social Services	Department of Public Health
Judicial Branch	Department of Corrections
Department of Public Safety	Department of Motor Vehicles
Department of Consumer Protection	Department of Insurance
Board of Parole	Office of the Chief Public Defender
Legislators	Chief State’s Attorney
UCONN Health Center	Department of Higher Education
Private Sector Representatives	

Purpose:

The Connecticut Alcohol and Drug Policy Council was created by legislation charging it with examining and improving the statewide substance abuse system and developing a plan and action strategies to reduce the harmful effects of this complex and challenging problem.

INTERAGENCY COORDINATION

Connecticut Cancer Partnersip - Prevention Subcommittee

Partners:

Over 200 groups and individuals that are key stakeholders in cancer prevention and control in Connecticut

Purpose:

To coordinate a statewide comprehensive approach to cancer prevention and control, through the development, implementation, and evaluation of a statewide Comprehensive Cancer Control Plan.

Connecticut Inhalant Prevention Task Force

Partners:

Youth Service Agencies	Police Departments
Connecticut Safe Kids	Connecticut Poison Control Center
Governor's Prevention Partnership	Connecticut Clearinghouse (RADAR),
Regional Substance Abuse Action Councils	Other Community Organizations
State Agencies	

Purpose:

The Taskforce has two primary goals: 1) Increase awareness of inhalant abuse statewide and 2) Research, recommend and implement effective prevention strategies.

These goals will be carried out through activities that include: the collection of data on inhalant use, related injuries, and deaths, training of trainers for the purpose of expanding the knowledge base in Connecticut, National Inhalant Prevention Week kits for CIPTF members (March), and dissemination of print materials to parents, educators, and youth serving agencies.

Connecticut Prescription Drug Abuse Task Force

Partners:

Youth Service Agencies	Police Departments
State Agencies	Connecticut Poison Control Center
Governor's Prevention Partnership	Connecticut Clearinghouse
Regional Substance Abuse Action Councils	Other Community Organizations

Purpose:

The Taskforce has two primary goals: 1) Increase awareness of prescription drug abuse statewide and 2) Research, recommend and implement effective prevention strategies.

INTERAGENCY COORDINATION

Connecticut Suicide Advisory Board - CT Campus Suicide Prevention Initiative Advisory Committee

Partners:

Jordan Matthew Porco Memorial
Foundation
United Way of CT & National
Suicide Prevention Lifeline Crisis
Center
Wellness & Recovery & National
Suicide Prevention Lifeline Crisis
Center
Veterans Administration CT
Healthcare System-Suicide
Prevention Program
University of CT School of Social
Work

Veterans Affairs
True Colors
CT State University System
CT National Guard
Office of the Child Advocate
CT Community College System
University of CT Health Center
Multicultural Leadership Institute
Wheeler Clinic Center for Prevention
Graduate students, and parents
Children and Families

Purpose:

The Connecticut Suicide Advisory Board was established January 2012 through the merger of the CT Youth Suicide Advisory Board and the Interagency Suicide Prevention Network. The purpose of the merger was to create one state-level Suicide Advisory Board that would address suicide across the lifespan while continuing to fulfill the requirements of the legislation that supported the YSAB. The 1989 legislation requires the existence of an advisory body to inform the Commissioner of DCF on strategies for the coordination of youth suicide prevention throughout Connecticut. The goals are: 1) Increase public awareness of the existence of youth suicide and means of prevention; 2) Make recommendations for statewide training in youth suicide prevention; 3) Develop a strategic youth suicide prevention plan; 4) Recommend interagency policies and procedures for coordination of services; 5) Implement suicide prevention procedures in schools and communities; 6) Establish a coordinated system for data collection and utilization; 7) Make recommendations concerning the integration of youth suicide prevention and intervention strategies into youth prevention and intervention programs.

DMHAS Prevention System Learning Communities

Partners:

Community Prevention Providers

Purpose:

Learning communities are meetings where providers gather together to provide mutual support for learning and program performance. Providers are encouraged to organize into functioning communities with a general goal of supporting each other in their learning. The functions of guidance and control will be distributed among all group participants.

INTERAGENCY COORDINATION

DMHAS Police Partnership Program

Partners:

Municipal Police Agencies
Connecticut State Police

Purpose:

This program is a partnership between Connecticut police agencies and DMHAS to facilitate the enforcement of criminal laws that prohibit the sell of tobacco products to individuals less than 18 years of age. DMHAS investigators work in concert with law enforcement and infractions are issued to non-compliant vendors, merchant education materials are distributed, and press releases are publicized. There are approximately 100 Connecticut cities and towns that have Memorandum of Agreement with DMHAS. The Connecticut State Police work with DMHAS in town that do not have municipal police department.

Interagency Data Sharing Initiative

Partners:

Office of Policy and Management	Department of Education
Department of Children and Families	Department of Social Services
Department of Transportation	Department of Public Health
Department of Motor Vehicles	Judicial Branch

Purpose:

This workgroup was created in response to legislation requiring DMHAS to establish uniform policies and procedures across the state for collecting, standardizing, managing, and evaluating data. Data will include: 1) the use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; 2) client demographics and substance use, abuse and addiction information; and 3) the quality and cost effectiveness of substance use, abuse and addiction services.

Juvenile Justice Advisory Committee Subcommittee on Combating Underage Drinking

Partners:

Office of Policy and Management	Local Law Enforcement Agencies
Department of Children and Families	Department of Transportation
Public Safety	Department of Judicial Branch
Court Support Services Division	

Purpose:

The purpose of the Juvenile Justice Advisory Committee (JJAC) is to prevent delinquency and improve Connecticut's juvenile justice system. It was established in accordance with the Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974 as

INTERAGENCY COORDINATION

amended, and it is responsible for overseeing the distribution and use of federal juvenile justice funds to support youth development programs and improvements to Connecticut's juvenile justice system.

Mobilize Against Tobacco for Connecticut's Health (MATCH Coalition Inc.)

Partners:

American Cancer Society	American Lung Association
American Heart Association	Connecticut Association of Directors of Health
American Academy of Pediatrics	State Agencies
Parents and Youth	Non-profit organizations/agencies

Purpose:

MATCH advocates for resources for public health policies to reduce the use of tobacco among children and adults, and collaborates with programs furthering those goals.

National Prevention Network

Partners:

Prevention Leaders from the Single State Authorities for Alcohol and Other Drug Abuse representing each of the 50 states, the District of Columbia and 8 U.S. Territories

Purpose:

As a component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) the National Prevention Network provides culturally appropriate guidance and leadership to national, state and local prevention efforts to reduce the incidence and prevalence of alcohol, tobacco and other drug problems.

INTERAGENCY COORDINATION

Connecticut Poverty and Prevention Council

Partners:

Governor's Office of Policy and Management	Department of Children and Families
State Department of Education	Department of Public Health
Judicial Branch-Court Support Services Division	Department of Mental Retardation

Purpose:

The SPPC was created in 2001 through prevention legislation (PA 01-121) and is charged with evaluating and promoting prevention work in the state of CT. SPPC goals are to: increase the awareness of the value of prevention; strengthen state and local networks' involvement in prevention; improve data collection on prevention programs to enhance system measurement capabilities; and share & implement best practices through effective prevention programs.

Tobacco Merchant & Community Education Steering Committee

Partners:

Wheeler Clinic's Connecticut Clearinghouse	State Agencies
New England Convenience Store Association	Regional Action Councils
Convenience Stores and Large Chain Stores	Ledge Light Health District
Independent Connecticut Petroleum Association	J. Polep Distribution Services

Purpose:

A key component of a statewide tobacco prevention community services campaign, to guide and inform the campaign process resulting in the most effective campaign materials and activities, leading to reductions in sales of tobacco products to youth under 18 years of age

QUALITY ASSURANCE, MONITORING AND WORKFORCE DEVELOPMENT

- ❖ *System Oversight and Program Reporting*
- ❖ *Monitoring, Corrective Action and Technical Assistance*
- ❖ *Staff Credentialing and Program Standards*
- ❖ *Workforce Development*
- ❖ *CT Intermediate Outcomes*
- ❖ *Research-Based Best Practice Strategies, Practices and Programs*

QUALITY ASSURANCE, MONITORING and WORKFORCE DEVELOPMENT

System Oversight and Program Reporting

Each DMHAS Prevention provider is required to submit a quarterly report that provides information on program activities and progress in addition to reports on the numbers of populations served by strategies. These reports provide information that assists DMHAS in assessing program effectiveness, planning, program development, resource allocation and ensuring access to services.

Monitoring, Corrective Action and Technical Assistance

Prevention staffs in conjunction with DMHAS Regional Teams visit all funded prevention programs annually to review compliance with DMHAS operating standards, contract language and program mandates. Major problems found during monitoring visits are brought to the provider's attention and programs are given the opportunity to implement corrective action. Prevention staffs provide technical assistance. Technical assistance is also available through the statewide service delivery agents or Resource Links. The purpose of the site visit is to ensure compliance with Prevention Standards, DMHAS contract and federal requirements enhance accountability and ensure that prevention programs are implemented consistently throughout the state. Site visits include an administrative review (administration), a program review (set up & operation), and records/document review. Our feedback loop to the Agency includes an entrance conference to explain focus of visit, an exit conference to discuss findings, a written report with recommendations or corrective action plan, and additional feedback to agencies through management meetings and independent evaluations. Our follow up entails Prevention staff monitoring for completeness of corrective action plan and overall progress.

Staff Credentialing and Operating Standards

DMHAS, in conjunction with Connecticut prevention provider agencies and organizations, developed the *Cultivating Programs That Work: Operating Standards for Prevention and Health Promotion Programs* for prevention programs funded by DMHAS. The standards, guidelines, and supporting documents link state-of-the-art prevention theory to effective, comprehensive, and accountable prevention practice and implementation of the standards should result in positive outcomes for programs, staff and participants.

The purpose of these standards is to provide assurances to the public that alcohol and drug abuse prevention and early intervention programs are regulated under a set of minimum standards established by DMHAS. These standards establish a minimum level of program operation intended to reflect quality substance abuse prevention programs. The operating standards articulate a service philosophy that promotes the concept of health promotion as a means of building on the strengths and positive resources of

QUALITY ASSURANCE, MONITORING and WORKFORCE DEVELOPMENT

individuals, families, schools, and communities throughout the State of Connecticut to prevent the use, misuse, or abuse of legal or illegal substances. To support prevention staff training and certification, the Prevention Training Collaborative provides a wide range of prevention training across the state. There are three levels of prevention certification for paraprofessionals, and volunteers and prevention program staffs with and without four-year degrees.

Workforce Development

Towards the prevention goal of promoting the overall health and wellness of individuals within communities through effective practices, the Prevention Unit facilitates the provision of a broad spectrum of workforce development and capacity building trainings to social service agencies, community members, prevention professionals and volunteers.

Training courses offered by the Prevention Unit are consistent with the SAPT Block Grant, which requires that continuing education be provided for employees who deliver prevention services to individuals and communities. DMHAS is committed to developing its workforce at the state, regional and local levels including grant funded programs.

The design of training courses is informed by an annually administered provider survey, emerging federal and state behavioral health prevention issues, as well as the strategic direction of federal and state policy plans. In recent years, workforce development plans at the SSA and grantee level have been strategically aligned with the federal Strategic Prevention Framework and National Outcome Measures as well as cultural competence and the NPN Workforce Development Strategies. Following our annual prevention training needs assessment, DMHAS prepares workforce development plans which culminates in our publication and dissemination of our annual Prevention Training Catalog. The Training Catalog is available in hard copies and on the DMHAS and Connecticut Clearinghouse web sites.

There are a number of mechanisms by which individuals receive prevention knowledge and information. The centerpiece of the trainings provided by the Prevention Unit is through the DMHAS Prevention Training Collaborative and Learning Communities.

The Training Collaborative is a component of the DMHAS Prevention Infrastructure. Comprised of several agencies, its function is to provide prevention practitioners and others in the field of prevention the training needed to obtain and maintain certification status and deliver prevention services in an effective and efficient manner. It also provides support to individuals looking to increase their knowledge and skills in the prevention area. Intensive cutting edge training are provided statewide by leaders, practitioners and experts in the field including the Northeast Center for the Application of Prevention Technologies (NECAPT). These trainings cover all core areas of prevention as required by the International Certification and Reciprocity Consortium (ICRC) for alcohol and other drug abuse prevention certification and focus on substance abuse, mental health and other related problems. They include coursework, seminars,

QUALITY ASSURANCE MONITORING and WORKFORCE DEVELOPMENT

conferences, lectures and group activities, and allow for networking with prevention professionals and volunteers. In recent years, the main focus on workforce development has centered on the five steps of the Strategic Prevention Framework comprising core competencies in performance management, data driven planning and needs assessment, evidenced based selection of strategies, logic model development, the CSAP minimum data set (MDS and MDS data base builder) and evaluation. Training topics cover the lifespan and related domains of prevention practice including skills and resource needed to promote behavioral health and wellness in individuals and their communities.

Providers trained through the Collaborative apply the knowledge gained to their work with the target populations served. Additionally, Learning Communities are conducted by the DMHAS Prevention staff and offer forums for information exchange for funded providers. DMHAS employees and providers alike have opportunities to develop professionally through participation in annual national prevention conferences and regional prevention schools.

Another source of training is the New England School of Addiction Studies. The school was formed back in 1970 to provide training opportunities in support of substance abuse service system development and workforce development across New England. Each year the NEIAS offers an intensive weeklong experience for participants to further their knowledge, skills and experience in the field of substance abuse prevention. The school has a comprehensive curriculum of best practice courses for all skill levels, taught by regional and national experts.

In addition to the ongoing statewide prevention workforce development, the Director and Assistant Director of Prevention at DMHAS serve as members of the National Prevention Network's (NPN) Workforce Development Committee. In this capacity, the leadership at DMHAS has worked with CSAP staff and other state NPNs in the development of a framework that aims to enable NPN members, SSA/state staff to develop skills necessary for planned change. Core components and priorities of the NPN/CSAP have served as a blueprint for workforce development within Connecticut's SSA to include: organization and infrastructure development, substance abuse prevention data systems/ NOMS, program standards, the SPF five steps, planning and managing for outcomes, leadership and resource development, and other core competencies in supervision, fellowship/mentoring, and cultural competence.

Connecticut Intermediate Outcomes

The vision for Connecticut is the quantifiable reduction of substance use and promotion of mental health through a statewide prevention system that allows its citizens to live healthy, productive and rewarding lives. An Intermediate Outcomes document was developed by the State Agency Workgroup for use by the providers to drive the goals and objectives of their prevention programs. Intermediate outcomes are short-term indicators to measure progress toward a long-term goal. These outcomes are based on research about what factors increase or decrease the likelihood of substance use and are referred to

QUALITY ASSURANCE MONITORING and WORKFORCE DEVELOPMENT

as risk or protective factors. To take it one step further, state agency prevention partners are in the process of developing an outcome monitoring system for mental health, violence and substance abuse across state agencies.

Research-Based Best Practice Strategies, Practices and Programs

Over the past few years there has been increased emphasis in the field of prevention to implement programs that have been evaluated and proven effective. Congress wants to demonstrate to taxpayers that the money going into prevention is addressing societal concerns by funding programs that are known to show positive results. Therefore all federal agencies that currently fund prevention efforts have included a requirement that programs must be researched and shown to produce positive outcomes.

As a result, DMHAS has been involved with a variety of science-based initiatives over the past ten years that have been evaluated by our academic partners at the University of Connecticut (UConn) Health Center Department of Community Medicine, UConn Center for Public Health and Health Policy-Institute for Public Health Research, UConn School of Social Work, and Yale University:

- 1999-2003 CSAP State Incentive Grant: Governor's Prevention Initiative for Youth
- 1999-2003 CSAP Family Strengthening Program Series
- 2000-2003 CMHS Partnership Resource Infrastructure- Violence Prevention Initiative
- 2001-2005 CSAP Achievement Through Mentoring
- 2002-2006 CSAP Ecstasy and Other Club Drug Prevention Intervention
- 2004-2008 CSAP State Incentive Grant Enhancement Initiative: Governor's Prevention Initiative for Connecticut State Universities
- 2004-2010 CSAP Strategic Prevention Framework State Incentive Grant
- 2006-2010 CMHS CT Youth Suicide Prevention Initiative
- 2009-2014 CSAP Underage Drinking/Partnerships for Success
- 2009-2015 CSAP Partnership for Success
- 2010-2012 DOE Grants for Coalitions
- 2011-2012 CSAP Strategic Prevention Enhancement Grant
- 2011-2014 HHS/FDA Tobacco Compliance Initiative
- 2011-2014 CMHS CT Campus Suicide Prevention Initiative



Prepared by the:

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