

Texas Behavioral Health Strategic Prevention Plan

This plan was created from a process that included the following:

- Examination of the recommendations made by a federal expert team that conducted the most recent system review of Texas' prevention and Synar program;
- A review of Texas' needs assessment, surveys, other available data, trends and relevant planning documents;
- Several meetings and electronic and telephonic communications with various managers and staff from divisions of the Department of State Health Services (DSHS); and
- An inclusive stakeholder meeting held January 25, 2012 in which many state agency and organizational representatives participated.

Goal 1: Strengthen and enhance Single State Agency (SSA)* infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and strategies.

Objective 1.1: Enhance infrastructures to systematically support Texas communities in their efforts to attain priority substance abuse prevention and behavioral health promotion outcomes.

Objective 1.2: Develop and align prevention resources with priority needs.

*Note: The Single State Agency (SSA) is the established or designated authority to administer or supervise the administration of the Substance Abuse Prevention and Treatment (SAPT) Block Grant in a state or US territory. The Division of Mental Health and Substance Abuse Services (MHSA) serves as the SSA in Texas.

Goal 2: Texas Prevention Resource Centers (PRCs), Community Coalition Partnerships (CCPs), prevention programs and allied partners will collect data and utilize data-driven planning.

Objective 2.1: Identify local, regional and state level data about substance use consumption patterns, consequences, risk factors and diverse populations, and data about assets that protect against substance use and that promote emotional wellbeing and make it available to PRCs, CCPs, prevention programs and allied partners.

Objective 2.2: Texas PRCs, CCPs, and prevention programs will utilize local, regional, and State-level needs assessment data (including adult data) to drive prevention planning to address prevention priorities.

Goal 3: Increase the capacity and competency of Texas' substance abuse prevention workforce and other stakeholders to effectively plan, implement, evaluate and sustain comprehensive, culturally relevant individual and environmental prevention strategies and programs.

Objective 3.1: Expand prevention workforce Strategic Prevention Framework (SPF)-capacity building opportunities throughout Texas' geographically diverse communities

(e.g. racial and ethnic minorities, military populations/families, colonias, rural and urban etc.).

Objective 3.2: Enhance workforce knowledge of and capacity to implement environmental prevention strategies.

Objective 3.3: Increase preparedness and readiness of the Texas prevention system for health care reform.

Objective 3.4: Attract, develop and retain a diverse, high quality, adaptable prevention workforce.

Goal 4: Support implementation of prevention programs and strategies that decrease 30-day alcohol use, binge drinking, and marijuana and prescription drug use by youth and young adults aged 12 to 25.

Objective 4.1: Reduce the percentage of youth (7-12th grade) who report it is “*somewhat easy*” or “*very easy*” to get alcohol (2010 Baseline: 62.2%), marijuana (2010 Baseline: 38.4%). Note: No data available on youth access to prescription/OTC medications.

Objective 4.2: Increase the percentage of youth (7-12th grade) who report it is somewhat or very dangerous for kids their age to use alcohol (2010 Baseline: 77.9%) and marijuana (2010 Baseline: 38.4%); and increase the percentage of 18-25 year olds that report a perception of great risk associated with smoking marijuana once a month (06-07 NSDUH Baseline: 30.4%).

Objective 4.3: Increase the percentage of 18-25 year olds who report perceptions of great risk from having five or more drinks of an alcoholic beverage once or twice a week (06-07 NSDUH Baseline: 37.2%).

Goal 5: Evaluate and sustain Texas’ substance abuse prevention system.

Objective 5.1: Collect and analyze performance and outcome data to determine the ongoing effectiveness of Texas’ substance abuse prevention and behavioral health promotion system.

Objective 5.2: Develop and implement a plan for sustaining effective substance abuse prevention and behavioral health promotion programs, policies, and practices in Texas.

Prevention Plan: Prevention System Infrastructure and Leadership

Problem Statement/Conditions: The Texas Division of Mental Health and Substance Abuse (MHSA) serves as the Single State Agency (SSA) in Texas and, as such, is charged with administering the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Although Texas has significant and unique challenges related to alcohol and other substance abuse, SAPT Block Grant prevention resources have historically been concentrated in efforts that reach a very small percentage of the population. ¹ Despite the documented efficacy of public health approaches that can support population-level outcomes and significantly reduce health disparities related to substance abuse, the SSA's ability to transition prevention resource allocations and efforts toward these more comprehensive approaches is hampered by varying levels of readiness, capacity, and political support among policy makers, prevention workforce members, and stakeholders. ² The federal discretionary prevention funds (SPF) that helped to establish the SPF framework among some geographic areas of Texas ended in September of 2010 further reducing already scarce prevention resources.

Environmental Context: SAMHSA, the federal agency that manages the SAPT Block Grant, is asking State SSAs to redesign prevention systems (and treatment services) to be more accountable for improving the caliber and performance of services funded and to take a broader approach in reaching beyond the populations they have historically served through their block grants. ³ Additionally SAMHSA expects SSA prevention subrecipients to implement the five steps of the Strategic Prevention Framework (SPF) or other equivalent planning process to achieve population-level reductions in the incidence and prevalence of substance abuse and related problems and consequences (mental illness, injuries, violence, etc.). ⁴

Strengths: The SSA has a well-established structure for monitoring, supporting, and providing TA to its more than 200 prevention subrecipients, 11 Prevention Resource Centers and 23 coalitions. The SSA leadership is invested in—and has a clear vision for—prevention and SSA prevention staff members have had a long and stable tenure. The SSA has a number of partnerships and alliances that can significantly extend its reach and ability to advocate for continued and increased support for behavioral health prevention. ⁵

Goal 1: Strengthen and enhance SSA infrastructure and leadership to manage, lead and sustain effective substance abuse prevention and behavioral health promotion programs and

Outcomes:

- By 10/1/2014, MHSA will have in place expanded state-level infrastructure elements to include: (1) a statewide data collection/evaluation entity; and (2) a resource allocation mechanism that reaches a larger percentage of the population. (Evidence: An executed statewide data collection/evaluation contract; The ratio of prevention recipients served, compared to direct prevention funds spent, will be larger between 2014-2018 than the

<p>strategies.</p>	<p>prior 5 year contract period).</p> <ul style="list-style-type: none"> • By 10/1/2014 increase by at least 25% the number of coalitions (CCPs) focused on the prevention and reduction of substance use and related factors in underserved Texas communities. (<u>Evidence:</u> # of coalitions pre-and-post FY 2014 RFP grant award. 2012 Baseline = 23 coalitions). • By 10/1/2014, MHSA will have in place optimized functions and structures required to support communities as they continue to develop comprehensive strategies to achieve outcomes. (<u>Evidence:</u> Job descriptions of PRC Data Analyst reflecting “data hub” duties and routine collaboration with Department of State Health Services (DSHS) Center for Health Statistics and with CCPs). • MHSA infrastructure is enhanced to support the collection, interpretation and analysis of relevant community–level data. (<u>Evidence:</u> Texas SAPT Block Grant application needs assessment narrative will reflect greater use of local data by prevention subrecipients). • MHSA will play a strategic role in shaping the direction and implementation of Texas’ statewide prevention system to be more aligned with SAMHSA’s prevention mission. (<u>Evidence:</u> Texas SAPT Block Grant application needs assessment narrative will reflect greater alignment with SAMHSA mission). • MHSA will utilize a more strategic deployment of prevention resources. (<u>Evidence:</u> Texas SAPT Block Grant application needs assessment narrative will reflect a greater funding ratio of higher need communities - e.g., communities with high 30-day substance abuse rates, high binge drinking rates, high rates of substance abuse-related mortality, high RVR rates etc.). • Enhanced, more strategically aligned substance abuse infrastructures will reduce the impact of substance abuse and mental health disorders in Texas. (<u>Evidence:</u> Various Texas Surveys will reflect downward trajectories on substance abuse and mental health risk factors over FY 2014-2018 contract periods).
--------------------	---

Objective 1.1: Enhance infrastructures to systematically support Texas communities in their efforts to attain priority substance abuse prevention and behavioral health promotion outcomes.	
Strategies	Success Measures
Strategy 1.1.1: Allocate a portion of the 2014 MHSR Substance Abuse Prevention RFP funds to expand statewide data collection/evaluation infrastructure to assist communities with collection, interpretation and analysis of relevant data.	<ul style="list-style-type: none"> • MHSR RFP prevention contract is developed and posted to support a statewide data/evaluation contractor. • MHSR RFP for PRC contracts will reflect scope of work for region-specific data collection hubs and staff dedicated to evaluation functions and collaboration with DSHS and CCPs. • The SSA will be able to report accurately on numbers served with SAPT prevention funds.
Strategy 1.1.2: Utilize FY 2014 prevention RFP to facilitate PRC development as region-specific data collection hubs to support prevention planning, implementation and evaluation of effective prevention programs and strategies.	
Strategy 1.1.3: Earmark specific PRC funds from the FY 2014 prevention RFP to support a dedicated staff at each PRC to work with the statewide data collection/evaluation contractor.	
Strategy 1.1.4: Utilize the FY 2014 prevention RFP to increase by 25% the number of coalitions (CCPs) focused on the prevention and reduction of substance use and related factors in <i>underserved</i> Texas communities.	
Strategy 1.1.5: Leverage greater assistance from the Texas Department of State Health Services, Center for Health Statistics to obtain region-specific data on: substance use consumption patterns, consequences, and risk factors; emotional and behavioral prevalence data; population and cultural-specific impacts; and data about assets that protect against substance use and promote emotional wellbeing.	
Strategy 1.1.6: Identify existing/or create a new state-level team or advisory group to provide oversight/assistance to the newly developed infrastructure.	

Objective 1.2: Develop and align prevention resources with priority needs.	
Strategies	Success Measures
Strategy 1.2.1: Allocate prevention resources (e.g. FY 2014 prevention RFP funds) to target high need communities (e.g., communities with high 30-day substance abuse rates, high binge drinking rates, high rates of substance abuse-related mortality, 5 or more days poor mental health, suicide risk, attempts injury or death etc.) and priority needs (e.g. applicant’s proposed use of resources must align with identified priority needs).	<ul style="list-style-type: none"> • The FY 2014 prevention RFP application will reflect SPF requirements and priorities and promote implementation of environmental strategies. • The RFP will reflect data-driven funding allocation methods that increase funding awards to high need communities (i.e., equity, highest contributor, highest rate and hybrid models). • Prevention entity reports will reflect an increasing numbers of Texans are being impacted by a comprehensive array of prevention programs and environmental strategies.
Strategy 1.2.2: Allocate prevention resources (e.g. FY 2014 prevention RFP funds) to support a more comprehensive array of strategies to serve more people (e.g. increased funding of environmental strategies).	
Strategy 1.2.3: Explore strategic deployment of prevention resources to areas with higher tobacco retailer violation rates (RVRs).	
Strategy 1.2.4: Employ fiscal strategies and controls that ensure the most effective use of limited MHSA prevention resources.	
Strategy 1.2.5: Continue MHSA’s efforts to enhance accountability in contracting.	

Prevention Plan: Needs Assessment and Data-Driven Planning

Problem Statement/Conditions: The State Epidemiological Outcomes Workgroup (established under the SPF grant) is not currently active. Texas PRCs, CCPs, school and community-based providers do not have sufficient and systematic access to available county-level data, particularly associated with contributing factors, for identifying priority populations in the prevention and reduction of substance abuse and the promotion of emotional well-being. Risk and protective factor data (e.g. access mechanisms, social norms etc.) and other data needed to inform the selection of environmental strategies are not systematically available for all substances, issues, and age groups.⁶ School or county-level data cannot be disaggregated from the *Texas School Survey of Substance Use* due to sampling difficulties resulting from the vast number of Texas counties (254).⁷ Although Texas has a strategic tobacco plan, it lacks a mechanism for identifying areas of the State where tobacco retailer violation rates (RVRs) are higher to maximize targeting of resources.⁸

Eleven (11) PRCs are in place to determine State and regional capacity resources on an annual basis to support the work of funded community coalitions. While each of Texas' 11 regions is served by a DSHS-funded PRC to connect local communities with prevention resources, prevalence data on emotional and behavioral conditions and mental health promotion factors (especially county-level data) are not widely or systematically available to communities. Texas has limited State-specific sources for adult substance abuse needs assessment data that can guide substate and local-level planning to address the needs of all persons across the lifespan.⁹ Some Texas adult consumption and consequence data is only captured in the 18-29 year age bracket as opposed to 18-25, the more widely used "young adult" bracket rendering it less useful in needs assessment and planning for the young adult population.

Environmental Context: The SAPT Block Grant includes requirements that State SSAs conduct a needs assessment and develop a plan that will identify and analyze the strengths, needs, and priorities of the state's behavioral health system, thereby painting a more complete picture of their behavioral health system.¹⁰ SAMHSA has encouraged states to develop a long-term, data-driven strategic plan to restructure, enhance and further strengthen their State system to better meet the emerging needs of populations throughout their communities.¹¹ SAMHSA recommends data-driven community epidemiological profiles that are part of a sound, functioning and well organized community prevention infrastructure. The profiles must incorporate all substance abuse related components and indicators, including evidence of associated problems (e.g., school dropouts, delinquency, depression, suicide, and violence).¹² Increased availability of community-level data will be needed to maximize such an effort in Texas.

Strengths: As part of its move to incorporate the SPF into all allocation processes for the 20-percent prevention set-aside, MHSA requires that each of its 23 DSHS-funded coalitions, with the assistance of the DSHS-funded PRC in its region, update its community needs assessment annually. PRCs are also required to determine State and regional capacity resources on an annual basis to support the work of funded community coalitions and school and community-based prevention programs. Other SAPT Block Grant funded prevention subrecipients must also conduct an assessment of capacity resources within their communities and regions.

MHSA makes good use of the data it does have. The *Texas School Survey of Substance Use* provides current and long-term trend data on substance use among youth that is used to guide prevention efforts.¹³ The CDC implements the Behavioral Risk Factor Surveillance System (BRFSS) State-based telephone survey of the civilian, noninstitutionalized adult population aged 18 or older annually and also gathers bi-annual state-level substance use estimates for Texas through the administration of the Youth Risk Behavior Survey (YRBS). Other surveys are conducted and most recently include the 2011 college tobacco survey conducted by Texas A & M. DSHS/Tobacco and Prevention Control Program (TPCP), along with key tobacco control and prevention partners, has developed a statewide strategic plan for tobacco control and prevention that includes reducing the RVR as an outcome. Consequence data such as alcohol-related deaths are collected and available at the county level and other data such as suicide, teen pregnancy and other data are available at the region level.

Goal 2: Texas PRCs, CCPs, prevention programs and allied partners will utilize data-driven planning.

Outcomes:

- By 10/1/2015, the Texas SSA will have a more complete picture of their behavioral health prevention system. (Evidence: Texas SAPT Block Grant application needs assessment narrative will reflect greater behavioral health prevention needs description).
- By 10/1/2015, 100% DSHS-funded coalitions and school and community-based prevention programs will have access to local/regional data on: consumption, consequences and contributing and protective factors of substance abuse; prevalence of behavioral and emotional problems; and factors that promote emotional well-being. (Evidence: Each Coalition will have a completed local logic model and a strategic plan based on the data elements specified above).
- By 10/1/2015, the SSA will be able to report relevant data as part of SAMHSA’s SAPT Block Grant Needs Assessment and Synar requirements (Evidence: Texas SAPT Block Grant application will report accurate needs data and areas of the state with higher RVRs).

Objective 2.1: Identify local, regional and state level data about substance use consumption patterns, consequences, risk factors, and diverse populations, and data about assets that protect against substance use and that promote emotional wellbeing, and make it available to PRCs, CCPs, substance abuse prevention and treatment programs and allied partners.	
Strategies	Success Measures
Strategy 2.1.1: Update epidemiology planning tools to include instruments that capture baseline and ongoing data on the social, economic, and behavioral health and public health consequences of consumption, consequences, contributing factors, and gaps for diverse populations (e.g. racial and ethnic minorities, military populations, colonias, etc.) across the lifespan.	<ul style="list-style-type: none"> • Community-level data will be systematically available on substance use, emotional and behavioral problem prevalence, consequences and risks and assets for diverse populations across the lifespan. • Community-level data baselines will be established from which ongoing measurement and monitoring of conditions can occur. • MHSA prevention RFP funds are dedicated for PRC level staff to work with the selected statewide data/evaluation contractor. • MHSA PRC contracts and scopes of work (SOW) contain language to enhance the roles of the Texas PRCs to become a region-specific data collection hub. • The SSA will have adult substance abuse needs assessment data needed for SAPT Block Grant reporting. • MHSA’s funded subrecipients will utilize data to distinguish between the needs of various sub-populations of diverse races, ethnicities and ages. • A functioning Epidemiological Workgroup will be in place. • The <u>contributing factors</u> to prescription drug use (e.g. access factors and norms) will be known.
Strategy 2.1.2: Initiate contract and scope of work (SOW) language that requires PRCs to develop formal collaborative relationships with all DSHS-funded prevention entities (e.g. coalitions, programs, universities, health centers, maternal/child health programs) and relevant others to maximize region-specific data for use in prevention planning, implementation and evaluation.	
Strategy 2.1.3: Increase the availability of substance abuse prevention and mental health promotion data, particularly county and regional level data, collected by the Texas Department of State Health Services Center for Health Statistics for use in MHSA planning.	
Strategy 2.1.4: Contractually require the data collection/evaluation contractor to formally collaborate with the Texas Department of State Health Services, Center for Health Statistics (per Scope of Work) and with PRCs and CCPs to maximize access to needed data.	
Strategy 2.1.5: Explore expansion of constructs on the	

<p>Texas School Survey to include more risk and protective factors (contributing factors), including those specific to prescription drugs.</p>	
<p>Strategy 2.1.6: Incorporate language in the FY 2014 prevention RFP to encourage applicants to work with their Educational Service Centers to promote greater participation of schools in the Texas School Survey process.</p>	
<p>Strategy 2.1.7: Continue, and when possible expand, implementation of the Texas School Survey at local/regional levels.</p>	
<p>Strategy 2.1.8: Ensure needs assessment processes are in place to capture the needs of diverse populations including Native American tribal communities, colonias, members of military families, emerging populations and others.</p>	
<p>Strategy 2.1.9: Expand collection of school incidence data to include mental health and health indicators (e.g. suicide risk, injuries, violence, healthy living etc.) including the associated contributing factors.</p>	
<p>Strategy 2.1.10: Utilize the FY 2014 prevention RFP as a mechanism to include in PRC contracts and scopes of work (SOW) language to enhance the roles of the Texas PRCs to become region-specific data collection hubs.</p>	
<p>Strategy 2.1.11: Explore reinstatement of a Texas epidemiological workgroup.</p>	

Objective 2.2: Texas PRCs, CCPs, and prevention programs will utilize local, regional, and State-level needs assessment data (including adult data) to drive prevention planning to address prevention priorities.	
Strategies	Success Measures:
Strategy 2.2.1: Incorporate SPF requirements into all prevention contracts (including FY 2014 prevention RFP).	<ul style="list-style-type: none"> • The FY 2014 prevention RFP contains requirements for community-level plans to be more relevant to community needs and reflect identified priorities. • Community RVR data will identify communities needing additional compliance assistance. • A more deliberative mechanism will be in place by which the SSA can coordinate and collaborate with its Synar partners.
Strategy 2.2.2: Utilize the FY 2014 prevention RFP to require prevention applicants to base their local work plans on assessment of community data for identifying priority populations and for implementing specific strategies and services to meet planned objectives.	
Strategy 2.2.3: Include a logic model template in the FY 2014 prevention RFP that requires CCP applicants to include data-driven priorities as evidenced by the State Epidemiology Profile and additional local data to logically identify priority target populations/communities and approaches or environmental strategies.	
Strategy 2.2.4: Utilize the FY 2014 prevention RFP to require subrecipient communities to complete a comprehensive strategic plan based on a data-driven SPF planning model.	
Strategy 2.2.5: Collect community-level data on RVRs and provide it to local programs in a useful manner to be used for targeting prevention strategies.	
Strategy 2.2.6: Share Synar data with other agencies and partners to enhance collaboration and planning around youth access prevention.	

Prevention Plan: Mobilizing and building Texas' capacity and workforce to address prevention needs.

Problem Statement/Conditions: While Texas' former SPF subrecipients, and some non-SPF subrecipients, implement the five steps of the Strategic Prevention Framework (SPF), Texas does not have statewide (workforce) capacity to implement the SPF to achieve population-level reductions in the incidence and prevalence of substance abuse and related problems and consequences.¹⁴ Vast geographic distances and expanses of rural and frontier areas in Texas, combined with limited funds and other resources, make it challenging to maintain equity in professional development opportunities for behavioral health providers in all areas of the State. At this time, training is not consistent from one area to another.¹⁵

Environmental Context: One of SAMHSA's optimal State prevention infrastructure requirements is a functioning State/Tribal training and technical assistance system that is responsive to current and emerging State and community needs (e.g. data-driven planning, evidence-based programs and strategies, process and outcome evaluation).¹⁶ State and Tribal systems will need to be better prepared to address and adjust to the complexities of evolving health care initiatives and their fiscal implications for communities of high need. A workforce prepared to implement SPF can provide the foundation for assuring that behavioral health plays an essential role in responding to the Nation's rapidly evolving health care delivery system. SAMHSA's States and Tribes have a pivotal, strategic role to play at this time in helping to shape the direction and implementation of their statewide systems in support of SAMHSA's overall prevention mission.¹⁷

Strengths: MHSa uses a variety of agencies to provide training and technical assistance (T/TA) to its prevention workforce. They include Prevention Training Services (PTS), the substance abuse prevention training arm of the statewide Coordinated Training Services (CTS) contract; and the former Southwest Center for the Application of Prevention Technologies, now called Southwest Regional Expert Team (SWRET).¹⁸ All CCPs have implemented environmental strategies such as (ordinances, policies, social norms media campaigns), and many other prevention programs have increasingly implemented environmental strategies. Texas Statewide Prevention Initiatives for Higher Education, uses environmental management approaches to decrease alcohol abuse on higher education campuses, and the Ysleta del Sur Native American tribe has successfully utilized a youth curfew to curtail youth risk behavior including alcohol and drug use.¹⁹ Still the SSA recognizes a need to identify and build core competencies among staff and providers related to public health approaches—including expansion of community-based work and environmental strategies—that will enable the State to better address the needs of all Texas residents.²⁰

The SSA established contractual expectations for professional development and training in cultural competency, risk and protective

<p>factors/building resiliency, child and/or adolescent development, strategies for strengthening families, and prevention across the lifespan.²¹ The SSA requires that subrecipients have in place a written, culturally-based staffing plan that ensures that prevention staff members reflect the cultural characteristics of the community and are capable of communicating in the language(s) of the community.²⁰ The SSA requires that directors of its funded prevention programs attain the International Certification & Reciprocity Consortium’s Certified Prevention Specialist (CPS) designation within 2 years of the start dates of their contracts. ²²</p>	
<p>Goal 3: Increase the capacity and competency of Texas’ substance abuse prevention communities, workforce and other stakeholders to effectively plan, implement, evaluate and sustain comprehensive, culturally relevant individual and environmental prevention strategies and programs.</p>	<p>Outcomes:</p> <ul style="list-style-type: none"> • By 9/30/15, statewide capacity to implement the 5-stages of SPF will be brought to scale. (<u>Evidence:</u> The number of SPF Strategic Plans approved for implementation in Texas). <p>By 9/30/15, the DSHS-funded prevention workforce will have achieved or will be pursuing the Associate Prevention Specialist (APS) designation or the Certified Prevention Specialist certification as per the 2014 MHSA RFP requirements.</p>
<p>Objective 3.1: Expand prevention workforce SPF-capacity building opportunities throughout Texas’ geographically diverse communities (e.g. racial and ethnic minorities, military populations/families, colonias, rural and urban etc.).</p>	
Strategies	Success Measures
<p>Strategy 3.1.1: Implement contract and scope of work (SOW) language with all DSHS-funded CCPs to require demonstrated capacity to work with communities to access, share and use data to design, support, evaluate and sustain programs and environmental prevention strategies in diverse communities.</p>	<ul style="list-style-type: none"> • Technical assistance and training reports reflect that regions and communities are systematically supported in their plans to attain priority outcomes. • Peer-to-peer training/TA on SPF process and environmental strategies is in place. • Texas’ prevention T/TA resources are leveraged and maximized through collaboration. • Increased alignment between subrecipient readiness, capacity and T/TA content is reflected in T/TA reports and associated pre/post tests. • Logic models on file for all MHSA- funded prevention subrecipients reflect alignment between proposed
<p>Strategy 3.1.2: Utilize 2014 MHSA RFP funds or existing T/TA contracts to develop a regional mechanism to identify and respond to ongoing prevention capacity-building/training needs of diverse communities, including the needs of tribal communities, colonias and military families.</p>	
<p>Strategy 3.1.3: Implement an equitable statewide peer-to-peer training and technical assistance (T/TA) effort designed to address</p>	

<p>beginning, intermediate and advanced-level capacity building needs to implement SPF and environmental strategies.</p>	<p>implement efforts and supporting needs data and also align with SSA and local priorities.</p>
<p>Strategy 3.1.4: Develop, disseminate and implement statewide prevention planning tools and templates to guide and standardize local data-driven prevention planning, implementation, evaluation and sustainability efforts.</p>	<ul style="list-style-type: none"> • Increased partnership development is reflected in subrecipient reports.
<p>Strategy 3.1.5: Increase the focus of DSHS-funded training and other workforce development activities on equitably expanding the capacity of PRCs, coalitions and prevention programs to utilize data-driven programs and strategies (e.g. strategies that target intervening variables and underlying conditions such as availability of ATODs, social norms regarding use, enforcement of policies and laws, and perceptions of risk and harm of substance abuse).</p>	
<p>Strategy 3.1.6: Utilize 2014 MHSA RFP requirements to enhance prevention capacity through increased partnerships among families, schools, courts, mental health and health care providers, suicide prevention coalitions and local programs (including tribal programs).</p>	

Objective 3.2: Enhance workforce knowledge of and capacity to implement environmental prevention strategies.	
Strategies	Success Measures
Strategy 3.2.1: Utilize web-based technologies, training of trainers, and experiential education strategies to increase capacity for SPF implementation and for implementing environmental strategies.	<ul style="list-style-type: none"> • T/TA reports will reflect greater use of web-based technologies, TOT and environmental strategies training content. • T/TA reports will reflect that prevention training content on needed core competencies (e.g. capacity to implement SPF and environmental strategies) is more consistently delivered across the state. • Environmental strategies are showcased in meeting and conferences.
Strategy 3.2.2: Develop Technical Assistance protocols for assistance with logic models, capacity building, action plans, evaluation planning tools and environmental strategies.	
Strategy 3.2.3: Implement technical assistance and training to ensure subrecipients are given the most current information on evidence-based programs and strategies, including environmental strategies.	
Strategy 3.2.4: Showcase successful environmental prevention strategies at statewide meetings and conferences.	
Strategy 3.2.5: Showcase successful efforts to better integrate substance abuse prevention and mental health promotion strategies.	
Objective 3.3: Increase preparedness and readiness of the Texas prevention system for health care reform.	
Strategies	Success Measures
Strategy 3.3.1: SSA will play a lead role in helping to develop, enhance and maintain strategic allied partnerships at State, regional and local levels to help the prevention system increase integration efforts with the health care system where relevant and appropriate.	<ul style="list-style-type: none"> • Prevention communities participate in strategic health care and other allied partnerships to explore integrated behavioral health and health care opportunities.
Objective 3.4: Attract, develop and retain a diverse, high quality, adaptable prevention workforce.	
Strategy 3.4.1: Support the recommendations from the Workforce Development and Prevention Training Subcommittee of the Drug Demand Reduction Advisory Committee (DDRAC) for developing strong workforce policies and providing a holistic approach to	<ul style="list-style-type: none"> • A more standardized prevention workforce will emerge that is capable of more holistic prevention approaches.

substance abuse prevention and mental health service delivery.	
Strategy 3.4.2: Continue to support standardization of prevention professionalism, the existing Certified Prevention Specialist workforce and promote acceptance and roll out of the Associate Prevention Specialist designation.	

Prevention Plan: Support implementation of effective programs, policies and environmental strategies aligned with priorities.

Problem Statement/Conditions:

Youth Consumption: ✓ **Alcohol** is the leading drug being abused in all of the 11 PRC regions.²³ According to Texas alcohol consumption data, alcohol is still the most prevalent substance among Texans.²⁴ ✓ 20.3% of Texas 12-17 year olds surveyed reported having five or more drinks of alcohol at one time during the past 30 days.²⁵ ✓ A 2008 survey of Texas Secondary students documented 12% of these youth respondents reported drinking 5 or more beers at a time and 13% reported binge drinking using hard liquor.²⁶ ✓ **Cannabis (marijuana)** is the second leading drug being used in all of the 11 PRC regions.²⁷ Marijuana is the most widely used illegal drug among Texans.²⁸ Cannabis abuse and cannabis addiction is the top substance *admission* for youth treatment admissions.²⁹ A Texas survey documented the percentage of students who used marijuana in the past month was 11.4%.³⁰ ✓ **Prescription drug misuse** is the third leading drug abuse issue in each of the 11 PRC regions. The number of adults admitted for treatment in Texas claiming opioids as the primary substance used, has, for the most part, been increasing compared to cocaine and amphetamines which reduced by approximately 40% since 2007. Moreover, adult opioid use at time of admission is projected to continue increasing through 2014 while cocaine and amphetamines use will continue to decrease during this period. This increase could contribute to an increase in access and use of opioids by youth that have contact with these adults.^{31, 32} Approximately 12.3 percent of Texas teens in 2010 reported using codeine cough syrup (Lean, Nods, AC/DC) nonmedically in their lifetime, and 4.8 percent did so in the past month. Both rates were similar to those in 2008. Codeine is a mild narcotic painkiller similar to but less potent than morphine. It is addictive, and can be found as an ingredient in a number of cough syrups and cold medicines.³³ Seniors were six to nine times more likely than seventh graders to report nonmedical use of oxycodone or hydrocodone products in their lifetime.³⁴ A Texas survey that queried the percentage of students who have taken a prescription drug without a doctor's prescription one or more times during their life, showed all age groups reported using: 15 years and younger (15.8%); 16 or 17 years (25.1%); 18 years or older (26.3%).³⁵

Youth Access and Norms: Easy availability of alcohol from both commercial and social sources and easy availability of marijuana from family and friend sources: ✓ An excessive number of youth reporting alcohol is "Somewhat Easy" or "Very Easy" to get. ✓ Overall 62.2% reported alcohol was easy to get. ✓ By grade 12, 75.3% reported ease of obtaining alcohol.³⁶ ✓ Access at parties (29.2%), through friends (21.6%) or through other means (14.7%) are the major alcohol access points for underage youth.³⁷ ✓ 38.4% of Texas youth surveyed reported marijuana is "Somewhat Easy" or "Very Easy" to get.³⁸ 37.5% of Texas youth 12-17 year olds surveyed reported a perception of great risk associated with smoking marijuana once a month.³⁹

Young Adult Consumption: ✓ The age group 18-25 has the highest rate for binge drinking compared to 12-17 and age 26 and older.

⁴⁰ ✓ Survey data on alcohol binge drinking showed the 18-29 year old age group as the highest risk - 22.3% (or 21.4% for 18-24 year olds) compared to age group 30-44 at 17.7% risk, 45-64 years at 12.8% risk, and 65+ age group at 3.3% risk. ⁴¹ ✓ Past month binge drinking among 18-25 year olds is 39.3%. ⁴² ✓ Past month use of marijuana among 18-25 year olds is 11.1%. ⁴³ ✓ 9.6% of 18-25 year olds surveyed reported nonmedical use of pain relievers in past year. ⁴⁴

Young Adult Access and Norms: ✓ Only 37.2% of 18-25 year olds surveyed reported perceptions of great risk of having five or more drinks of an alcoholic beverage once or twice a week. ⁴⁵ ✓ Only 30.4% of 18-25 year olds surveyed reported a perception of great risk associated with smoking marijuana once a month. ⁴⁶ ✓ Texas does not currently collect data from young adults about how they access alcohol nor how they access marijuana or prescription drugs.

Consequence Data: ✓ In 2008, there were approximately 190,000 emergency rooms visits nationally by persons under age 21 for injuries and other conditions linked to alcohol ⁴⁷ ✓ In Texas among 0-17 year olds: there were 149 homicides; 78 suicides; 117 cardiovascular events in 2011. ⁴⁸ ✓ There were 25,045 alcohol-involved vehicle crashes in Texas (1075 were fatalities) ⁴⁹ and injuring more than an estimated 60,000 people. ✓ Substance use as a factor in child maltreatment is on the rise in Texas' child welfare system. ⁵⁰ ✓ 15.7% of 18-25 year olds reported serious psychological distress in past year; 7.9% 12-17 year olds and 8.2% for 18-25 year olds having at least one major depressive episode in past year. ⁵¹

The Texas SSA is committed to move the needle on the problems identified above and to utilize its 2014 prevention RFP as one mechanism for this effort. The current scope and reach of the primary prevention set-aside of the SAPT Block Grant is very small relative to the large population and significant ATOD issues in Texas⁵² however incremental steps will be taken to transition Texas' prevention system to strive for population-level change.

Environmental Context: SAMHSA expects States to utilize the Strategic Prevention Framework (SPF) or other equivalent planning process and to achieve population-level reductions in the incidence and prevalence of substance abuse and related problems and consequences.⁵³ There is an increasing nationwide emphasis on implementing EBPs and strategies that utilize an integrated approach to impact multiple co-occurring common risk factors such as substance use and mental health (including suicide prevention), teen pregnancy, juvenile crime and related problems. Moving the needle to achieve population-level change, will require Texas' prevention subrecipients to more directly address the contributing factors to both substance abuse, mental health and associated consequences. Despite the documented efficacy of public health approaches that support population-level outcomes and significantly reduce health disparities associated with substance abuse, Texas' SSA is experiencing difficulty in moving toward these more comprehensive approaches.⁵⁴ Increased use of environmental strategies can interrupt the chain of causality leading to substance abuse and related problems and consequences.⁵⁵ **Strengths:** The SSA has prioritized the use of evidence-based prevention strategies and 100 percent of direct service prevention strategies funded in FFY 2007 met evidence-based criteria. ⁵⁶ The SSA is working to infuse the Strategic Prevention Framework into SAPT Block Grant-funded activities.⁵⁷ All prevention strategies funded by the SSA are evidence-based, and the SSA has established strong monitoring protocols to ensure fidelity.⁵⁸ Prevention

subrecipients have worked with the developers of evidence-based programs to create cultural adaptations for Hispanic/Latino populations.⁵⁹ The SSA may be able to leverage these established relationships with developers to enlist their assistance in more directly addressing the contributing factors to both substance abuse and its consequences thereby achieving greater population-level change.

<p>Goal 4: Support implementation of prevention programs and strategies that decrease 30-day alcohol, marijuana and prescription drug use by youth and young adults aged 12 to 25.</p>	<p>Outcomes:</p> <ul style="list-style-type: none"> • By 2018, 30-day alcohol and drug use by Texas youth/young adults aged 12 to 25 will reduce by 5%. (<u>Evidence:</u> 2015 NSDUH) • By 2018, past 30-day binge drinking by Texas youth/young adults aged 12 to 25 will reduce by 5%. (<u>Evidence:</u> 2015 NSDUH) • By 2018, 30-day marijuana use by Texas youth/young adults aged 12 to 25 will reduce by 5%. (<u>Evidence:</u> 2015 NSDUH) • By 2018, 30-day prescription drug misuse by Texas youth/young adults aged 12 to 25 will reduce by 5%. (<u>Evidence:</u> 2015 NSDUH)
<p>Objective 4.1: Reduce the percentage of youth (7-12th grade) who report it is “<i>somewhat easy</i>” or “<i>very easy</i>” to get alcohol (2010 <u>Baseline:</u> 62.2%), marijuana (2010 <u>Baseline:</u> 38.4%). Note: No data available on youth <u>access</u> to prescription/OTC medications (only consumption).</p>	
<p>Strategies</p>	<p>Success Measures:</p>
<p>Strategy 4.1.1: Direct 2014 MHSA prevention funds to support implementation of evidence-based prevention programs, policies and environmental strategies to reduce retail and social access (e.g. ID checks, party patrols, increase social hosting ordinances, shoulder tap operations, enforcement) to alcohol, marijuana, prescription drugs and OTC medications.</p>	<p>Prevention entities receiving MHSA prevention funds will report the following:</p> <ul style="list-style-type: none"> • By 2018, reduce by 5% the percentage of youth (7-12th grade) who report it is “<i>somewhat easy</i>” or “<i>very easy</i>” to get alcohol. • By 2018, reduce by 5% the percentage of youth (7-12th grade) who report they get alcoholic beverages from friends. • By 2018, reduce by 5% the percentage of youth (7-12th grade) who report they get alcoholic beverages at parties. • By 2018, decrease by 5% the percentage of youth 7-12th grade who report having 5 or more drinks at one time during the past 30 days. • By 2018, reduce by 5% the percentage of youth (7-12th grade) who report it is “Somewhat Easy” or “Very Easy” to get marijuana.
<p>Strategy 4.1.2: Ensure that programs, policies and environmental strategies that</p>	

<p>are approved for funding by MHSA address under age alcohol access and social access to marijuana and prescription drugs and are evidence-based.</p>	<ul style="list-style-type: none"> • By 2018, decrease by 5% the percentage of youth (7-12th grade) who report using prescription drugs without a doctor’s prescription. • By 2018, 5% of parents of youth ages 12 to 20 will have increased knowledge about the problems and consequences associated with underage drinking. • By 2018, the use of evidence-based programs policies and strategies that address retail access to alcohol and prescription drugs/OTC medications and social access to alcohol, marijuana and prescription drugs/OTC medications will increase by 5%.
<p>Objective 4.2: Increase the percentage of youth (7-12th grade) who report it is somewhat or very dangerous for kids their age to use alcohol (2010 <u>Baseline</u>: 77.9%) and marijuana (2010 <u>Baseline</u>: 38.4%); and increase the percentage of 18-25 year olds that report a perception of great risk associated with smoking marijuana once a month (06-07 NSDUH <u>Baseline</u>: 30.4%).</p>	
<p style="text-align: center;">Strategies</p>	<p style="text-align: center;">Success Measures:</p>
<p>Strategy 4.2.1: Direct 2014 MHSA prevention resources to support age-relevant implementation of social norms/social marketing campaigns (including media campaigns) and other prevention efforts to reduce social norms favorable to alcohol, and marijuana use and prescription drugs/OTC medications misuse.</p>	<ul style="list-style-type: none"> • By 2018, increase by 5% the percentage of youth (7-12th grade) who report it is somewhat or very dangerous for kids their age to use alcohol. • By 2018, increase by 5% the percentage of youth (7-12th grade) who report it is somewhat or very dangerous for kids their age to use marijuana. • By 2018, decrease by 5% the percentage of youth 7-12th grade who report using prescription drugs without a doctor’s prescription. • By 2018, increase by 5% the percentage of 18-25 year olds that report a perception of great risk associated with smoking marijuana once a month. • By 2018, 5% increased use of evidence-based programs policies and strategies that address social norms favorable to alcohol and marijuana use and misuse of prescription drugs and OTC medications.
<p>Strategy 4.2.2: Ensure that programs, policies and environmental strategies that are approved for funding by MHSA address social norms favorable to alcohol and marijuana use and misuse of prescription drugs and OTC medications and are evidence-based.</p>	

Objective 4.3: Increase the percentage of 18-25 year olds who report perceptions of great risk from having five or more drinks of an alcoholic beverage once or twice a week (06-07 NSDUH <u>Baseline</u> : 37.2%).	
Strategies	Success Measures:
<p>Strategy 4.3.1: Direct 2014 MHSA prevention resources to support age-relevant implementation of social norms/social marketing campaigns (including media campaigns) and other prevention efforts to reduce social norms favorable to binge drinking.</p>	<ul style="list-style-type: none"> • By 2018, decrease by 5% the percentage of 18-25 year olds grade who report having 5 or more drinks at one time during the past 30 days. • By 2018, the number of policy makers from higher education institutions who are knowledgeable about the benefits of—and approaches to—decreased alcohol availability at community and school-related events will increase by 5%.
<p>Strategy 4.3.2: Direct MHSA prevention resources to support implementation of prevention programs and strategies to address binge drinking among young adults 18-25 (e.g., Alcohol Wise, Alcohol Edu, Responsible Beverage Server Training RBS training, parental notification of campus alcohol/drug infractions, substance-free housing, ordinances, enforcement/DUI patrols, workplace programs etc.).</p>	

Prevention Plan: Evaluate and sustain Texas' prevention system.

Problem Statement/Conditions: DSHS uses a Prevention Outcome Monitoring System, a data management tool to monitor the performance of providers funded to implement programs and strategies for universal, selected and indicated populations (YPU, YPS and YPIs).⁶⁰ DSHS-funded direct services providers administer pre- and posttests to youth who participate in the evidence-based programs. Additionally, providers complete and submit a Quarterly Evaluation and Quality Improvement Plan to report on program activities within the six CSAP strategies. These instruments reflect program successes, shortfalls, and curriculum fidelity.⁶¹ Through its collection of required National Outcome Measures (NOMs), MHSA has documented positive movement over time among youth (see strengths section below) however among adults, there are fewer significant positive NOMs trends. Also MHSA has had difficulties reporting the NOMS data submissions for forms P12a and P12b in some SAPT Block Grant applications and some applications reflect discrepancies in totals among categories for both individual- and population based strategies. The SSA is not able to document many outcomes in terms of reductions in substance abuse consumption or related problems and consequences from the use of SAPT Block Grant or other prevention funds.⁶² Outcomes reporting is a necessary pre requisite of sustained funding.

Environmental Context: A significant sustainability planning model from the substance abuse prevention field was precipitated by a federal initiative, the State Incentive Grant (SIG) program funded by the Center for Substance Abuse Prevention (CSAP).⁶³ Texas has successfully leveraged its initial SIG funding to develop ongoing implementation and infrastructure associated with this sustainable prevention model. One of SAMHSA's optimal State prevention infrastructure requirements is the ability to establish a well functioning process for conducting State and community-level process and outcome evaluation.⁶⁴ SAMHSA's National Outcome Measures (NOMS) are an effort to develop a reporting system that will create an accurate and current national picture of substance abuse and mental health services and they serve as performance targets for state- and Federally-funded programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. NOMs serve as benchmarks to monitor progress of substance abuse prevention and mental health promotion efforts key to sustainability. Also, funding diversification and increased public/private partnerships will help to sustain services needed to address substance abuse problems in the state. Cooperation between state and local agencies will prove necessary to maximize and leverage financial resources promoting sustainable substance abuse services.

Strengths: Texas has strong evidence that its substance abuse prevention system is contributing to significant reductions in alcohol and drug use among its youth and such reductions position Texas for positive improvements in its ongoing reporting on the SAPT NOMs. According to the Texas School Survey of 7-12th graders, the percentages of youth who have used alcohol, tobacco or illicit drugs during the past 30 days between 1998 and 2010 decreased from 38% to 29% for alcohol, 26.3 to 12.5% for tobacco and 17%

to 13.1% for illicit drugs. The SSA has a well-established system for monitoring and conducting process evaluation among its subrecipients. The SSA has now transitioned to a new data management information system (Clinical Management Behavioral Health Services - CMBHS) system that can house data for Substance Abuse and Mental Health Services. ⁶⁵

Goal 5: Evaluate and sustain Texas' substance abuse prevention system.

Outcomes:

- By 2018, Texas will have a strong State-supported substance abuse prevention evaluation process and methodology. (Evidence: Annual reports from Statewide Evaluation contractor will reflect the implemented evaluation process and methodology).
- By 2018, Texas will have a completed statewide substance abuse prevention evaluation. (Evidence: Annual reports from Statewide Evaluation contractor will reflect progress towards outcomes and any recommendations for performance improvement needed).
- By 2018, evaluation findings, monitoring reports and T/TA scopes of work will reflect opportunities to strengthen sustainability. (Evidence: A statewide sustainability plan will be in place that reflects integration of evaluation findings, monitoring reports and T/TA scopes of work).
- Throughout the lifetime of their SAPT funding, Texas will consistently be able to collect, track and report multiple prevention measures such as all NOMs, as well as consumption, consequences and contributing factors from substance use. (Evidence: SAPT Block grant application and copies of statewide evaluations reflecting these data).

Objective 5.1: Collect and analyze performance and outcome data (including NOMs) to determine the ongoing effectiveness of Texas' substance abuse prevention and behavioral health promotion system.

Strategies

Success Measures:

Strategy 5.1.1: Develop a plan for the ongoing measurement of process and outcome data (including NOMs) of DSHS-funded programs, policies, and practices for effectiveness.

- Subrecipient prevention entities will have process and outcome evaluation plans.
- Evaluation protocols will be formalized.
- NOMS and other outcome targets will be finalized.

Strategy 5.1.2: Establish data collection protocols

to include reports by “cycle” timeframe.	<ul style="list-style-type: none"> • Fidelity monitoring tools will be developed that can be utilized by most/all program and strategy types. • Field testing of protocols will take place and suggested revisions will be completed. • Evaluation report templates will be developed and disseminated. • Selected evaluation instruments will be culturally relevant to populations served. • Monitoring mechanism to access evaluation progress will be established. • MHSA prevention subrecipients will report data collection. • Feedback received from meetings with strategic partners/stakeholders will result in executed mid-course corrections.
Strategy 5.1.3: Establish outcome targets to include NOMs and other cross system (cross-program) core outcomes.	
Strategy 5.1.4: Establish or approve fidelity monitoring tools for DSHS-funded programs, policies, and practices.	
Strategy 5.1.5: Field test data collection instruments and protocols to ensure that they are appropriate, clear and accurate.	
Strategy 5.1.6: Establish or approve evaluation report formats and timelines for DSHS-funded programs, policies, and practices.	
Strategy 5.1.7: Ensure instruments used by DSHS-funded entities are culturally appropriate to the intended target population(s).	
Strategy 5.1.8: Develop and implement mechanisms to facilitate DSHS-funded entities to document their implementation process and results.	
Strategy 5.1.9: Develop and implement mechanisms to monitor implementation.	
Strategy 5.1.10: Collect and analyze statewide evaluation data.	
Strategy 5.1.11: Periodically convene strategic partners/stakeholders to discuss key outcomes and determine if any mid-course corrections or contract modifications are needed.	
Strategy 5.1.12: Facilitate implementation of any corrective actions needed for system improvement.	

Strategy 5.1.13: Incorporate evaluation feedback into system improvement.	
Objective 5.2: Develop and implement a plan for sustaining effective substance abuse prevention and behavioral health promotion programs, policies, and practices in Texas.	
Strategies	Success Measures:
Strategy 5.2.1: Convene new statewide evaluation contractor, PRCs, CCPs and statewide T/TA contractors to develop a sustainability plan to address sustainability of the prevention workforce, maximizing community support, strategic planning, achieving desired outcomes and obtaining diverse funding and leveraging opportunities.	<ul style="list-style-type: none"> • Sustainability planning meetings take place in which a plan for sustainability is developed. • Good examples/models of sustainability are promoted through T/TA for replication. • An increase in prevention programs that target common risk factors is documented. • New behavioral health champions promote the benefits and necessity of substance abuse prevention and mental health promotion. • MHSA statewide evaluation findings and MHSA monitoring visits that identify opportunities to strengthen prevention efforts are incorporated in QA and T/TA efforts.
Strategy 5.2.2: Identify good sustainability models and promote replication opportunities using coaching and other technology transfer methods.	
Strategy 5.2.3: Identify opportunities to promote sustainability through leveraging of prevention efforts that share common risk factors such as preventing suicide-related prescription drug use.	
Strategy 5.2.4: Identify and involve in sustainability efforts, key champions that support behavioral health prevention.	
Strategy 5.2.5: Incorporate statewide evaluation results and MHSA monitoring findings into ongoing quality assurance and T/TA efforts to ensure that only effective prevention efforts are implemented and sustained.	

References

1. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p.2
2. Ibid, p. 24
3. SAMHSA Revises Mental Health and Substance Abuse Block Grants: SAMHSA E-mail Updates 06/23/2011
4. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 1
5. *Ibid, p.42*
6. Input from Stakeholder workgroup meeting held on January 25, 2012
7. Ibid
8. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*p. 51
9. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 43
10. SAMHSA News Release, 4/11/11
11. http://www.samhsa.gov/grants/2011/sp_11_004.aspx, p. 6
12. Ibid, p.10
13. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 10
14. Input from Stakeholder workgroup meeting held on January 25, 2012
15. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 11
16. http://www.samhsa.gov/grants/2011/sp_11_004.aspx, p. 11
17. Ibid, p. 6
18. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 13

19. Input from Stakeholder workgroup meeting held on January 25, 2012
20. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 15
21. Ibid, p. 13
22. Ibid, p. 11
23. FY12 PRC regional survey data from FY12 PRC Needs Assessment.
24. 2012-2013 SAMHSA Block Grant Application, Needs Assessment, Pages 8-9, DSHS). 29% of 7th -12th graders reported “Past Month Alcohol Use” while 20.3% reported “Past Month Binge Drinking” .
25. Texas School Health Survey of Substance Abuse Use among students in Grades 7-12, DSHS, p. 15
26. Alcohol and Your Child, Texas Alcoholic Beverage Commission, p. 1.
27. FY12 PRC regional survey data from FY12 PRC Needs Assessment.
28. Texas School Health Survey of Substance Abuse Use among students in Grades 7-12, DSHS.
29. FY 11 CMBHS Report on funded youth admissions to SA treatment.
30. Texas School Survey 2010, p. 24.
31. PRC regional survey data from FY12 PRC Needs Assessment.
32. 2012-13 SAMHSA Community Mental Health & Substance Abuse Block Grant Application: NEEDS ASSESSMENTS, p. 5.
33. Prevalence use of prescription-type drugs based on 2008 and 2010 Texas School Survey of Substance use among students in Grades 7-12, DSHS.
34. Ibid
35. Texas YRBSS 2011.
36. Texas School Survey pg. 16.
37. Texas School Health Survey of Substance Abuse Use among students in Grades 7-12, DSHS, p.22

38. Texas School Survey 2010, p. 32.
39. 2006-2007 NSDUHs.
40. Texas School Health Survey of Substance Abuse Use among students in Grades 7-12, DSHS.
41. Texas BRFSS 2010.
42. NSDUH 2006-2007.
43. NSDUH, 2006-2007.
44. NSDUH, 2006-2007.
45. SAMHSA Office of Allied Studies 2008-2009 data at [http://www.oas.samhsa.gov/2k9State/WebOnly Tables/stateTabs.htm](http://www.oas.samhsa.gov/2k9State/WebOnlyTables/stateTabs.htm)
46. NSDUH, 2006-2007.
47. <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>
48. 2012-13 SAMHSA BG Needs Assessment, p.9.
49. Data gathered as of 2/3/2-12 by county data sources and rolled up to regions and state totals by the MHSa/DSHS Decision Support Unit.
50. Comparison of AFCARS data from 2006-2007 (most recent available data)
51. NSDUH, 2006 and 2007.
52. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. p 20
53. Ibid, p. 1
54. Ibid, p. 24
55. Ibid, p. 24
57. Ibid, p.20
58. Ibid, p.20
59. Ibid, p.20

60. *Substance Abuse Prevention and Synar System Review Report: Texas, May 11-13, 2010*; p. 28

61. Ibid

62. Ibid

63. *Evaluation and Program Planning* 27 (2004) 135–149; Building capacity and sustainable prevention innovations: a sustainability planning model Knowlton Johnson, Carol Hays, Hayden Center, Charlotte Daley

64. http://www.samhsa.gov/grants/2011/sp_11_004.aspx, p. 11 and 12