



STATE PREVENTION SYSTEM

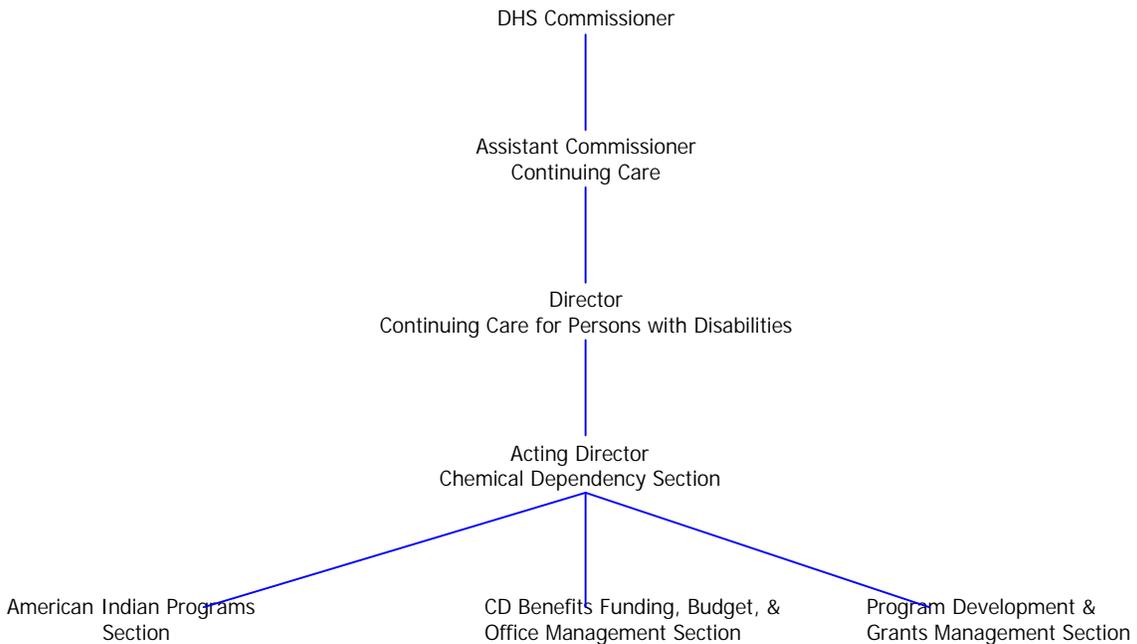
Structure and Organization

The lead State agency for substance abuse prevention in Minnesota is the Chemical Dependency Division (CDD) of the Minnesota Department of Human Services (DHS). The CDD is part of the Continuing Care section of DHS. The Director of CDD reports to the Director of Continuing Care for Persons with Disabilities, who in turn reports to an Assistant Commissioner of DHS.

Key prevention staff at the CDD responsible for prevention services include a full-time planner, a full-time prevention and training coordinator, portions of other program planners, a contracts administrator, and administrative support staff.

Prevention services in Minnesota are provided through a variety of grants to non-profit organizations that include statewide and regional projects, as well as local community-based programs. The State has Prevention Resource Centers (PRCs) that provide state-of-the-art information related to the general population, as well as special populations that include African-Americans, Hispanic-Americans, American Indians, and Southeast Asian-Americans (including Hmong, Cambodians, Laotians, and Vietnamese).

Organizational Chart



STATE PREVENTION INVENTORY - MINNESOTA PROFILE

FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$3,629,305	\$16,076,460	\$3,758,589
1994	1,372,474	17,325,488	3,470,833
1995	1,380,000	18,479,218	3,866,920

Average amount of grant/contract:

- FFY 1993 - \$75,007
- FFY 1994 - \$75,453
- FFY 1995 - \$84,538

Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$710,016	\$711,708	\$762,116
Education	1,921,392	1,305,398	1,302,410
Alternatives	425,121	689,895	795,744
Problem Identification and Referral	100,120	216,950	439,953
Environmental	222,815	159,173	149,544
Community-based Process	379,125	387,709	417,153
Other	0	0	0

Per-capita 20% set-aside spending (population):

- FFY 1993 - \$0.71
- FFY 1994 - \$0.76
- FFY 1995 - \$0.88

Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
 - State: 1 FTE/0 Volunteers
 - Regional: N/A*
 - Local: N/A

- FFY 1994 -
 - State: 1 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A

- FFY 1995 -
 - State: 1.5 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A

*Data not available. Information on FTEs is only collected at the State level.

Resource Spending*	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$272,257	\$378,414	\$279,099
Quality Assurance	31,248	33,537	28,701
Training (post-employment)	293,671	249,997	286,806
Education (pre-employment)	32,200	32,200	32,200
Program Development	382,120	564,173	503,346
Research and Evaluation	131,860	73,485	64,589
Information Systems	179,259	72,697	26,387

* These expenditures fell outside the set-aside.

Substate Entities Receiving Set-aside funds for Prevention Service Delivery

- 2 substate areas
- 10 Indian reservations
- 80 counties

STATE CONTACT

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STATE PREVENTION INVENTORY - MINNESOTA PROFILE

PROGRAMS AND SERVICES

Definition of Prevention:

Minnesota follows the public health model of prevention. The State's prevention programs utilize the six prevention strategies, as identified by CSAP (information dissemination, education, problem identification and referral, alternatives, community-based process, and environmental).

Does the State have prevention plan?

Yes.

Target populations for prevention services:

- High-risk youth under age 21
- Parents
- Senior citizens
- College age population
- Minnesotans of color
- Migrant workers and their families

Total Number served:

- FFY 1993 – N/A*
- FFY 1994 – N/A
- FFY 1995 – N/A

*Data not available. This information is not routinely collected by local, community-based prevention projects.

Programs funded:

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Information dissemination	N/A*	78%**	81%**	Clearinghouse/information resource center; statewide prevention resource center
Education	N/A	88%	89%	School and community-based group discussions; peer leader programs; parenting and family management classes; preschool ATOD prevention programs; cultural education programs
Problem identification and referral	N/A	20%	33%	Employee assistance programs; student assistance programs
Alternatives	N/A	55%	58%	Community- and reservation-based programs that provide cultural, recreational, and after school activities; life skills training activities
Community-based process	N/A	52%	50%	Community and volunteer training; systematic planning; multi-agency coordination; community team building
Environmental	N/A	38%	44%	Promoting the establishment/review of ATOD use policies in schools, businesses, and civic organizations

*Data not available for Federal Fiscal Year 1993.

**In lieu of providing data on the number of prevention programs and the number of individuals served in each strategy area, the State provided data based on the percentage of prevention grants that utilized a specific strategy area. Since a particular grant may target several strategies, the numbers add to more than 100 percent.

DATA COLLECTION ACTIVITIES

Results currently available on prevention programs funded by the 20% set-aside (including needs assessments and data collection):

In 1994, Minnesota developed its Substance Abuse Monitoring System (SAMS). SAMS is a collection of county-level data obtained from multiple sources to help communities, counties, and the State identify the nature and magnitude of substance abuse-related problems, assess services, and measure changes over time. SAMS is a package of tools designed for policy makers, planners, community coalitions, and others interested in prevention.

For each county, SAMS presents data on 23 indicators derived from human services, law enforcement, and health care sources. Data include direct measures of substance use and treatment admissions as well as indicators of risk factors known to correlate with substance abuse, and problems that can occur as a result of substance abuse. Data presentation includes color-coded maps to allow comparisons across counties, and graphs that display standardized scores across individual social indicators. The data can be accessed through the State's on-line statistical information system. In 1996, the State updated these data, with the intent of overseeing future updates at two- to three-year intervals thereafter, depending on the availability of new county-level data.

Data collection activities funded outside the prevention set-aside are described in the Endnotes.

SUPPORT SERVICES

Training and Technical Assistance:

Minnesota does not have a formal prevention training system. Training is provided through conferences, seminars, and courses offered on substance abuse. Much of the training is incorporated into training provided to treatment practitioners. The Minnesota Association of Resources for Recovery and Chemical Health (MAARCH), the professional association in Minnesota for treatment providers and counselors, has a section for school chemical health staff that incorporates some prevention training.

For the past 26 years, the Minnesota Prevention Resource Center (MPRC), under contract with the Chemical Dependency Division and through a cooperative agreement with the Department of Children, Families, and Learning and St. Cloud State University, has provided an annual Program Sharing Workshop. This is a prevention conference which showcases prevention projects throughout the State that are having success. The intent of the Workshop is to share the program elements to allow other organizations to replicate the programs in their communities. The workshop is attended by a combination of school personnel and community activists. MPRC also sponsors (under contract with the Chemical Dependency Division) an annual prevention evaluation research conference and annual post-secondary ATOD prevention conference.

STATE PREVENTION INVENTORY - MINNESOTA PROFILE

Certification Activities:

None of the 20% set-aside funds are used to support prevention certification. Prevention practitioners are not required to obtain certification in order to work in the field. An independent certification Board (the Institute for Chemical Dependency Professionals, or ICDP) had developed a certification track for prevention practitioners. The ICDP is no longer in existence, and the State has enacted statewide licensing for chemical dependency counselors.

Endnotes

In the summer of 1995, Minnesota submitted its proposal in response to the Center for Substance Abuse Prevention's (CSAP) request for applications to conduct State Prevention Needs Assessment Studies. The State proposed the following studies:

- Development of youth risk profiles based on Minnesota Student Survey Data
- Development of a screening instrument for adolescents to be used in primary health care settings (also based on Minnesota Student Survey Data)
- Development of a model to estimate prevention needs at the county level by integrating Adult Household Survey Data with Minnesota Student Survey Data and other county-level data
- Development and testing of a Community Readiness Survey to attempt to measure attitudes and beliefs about the nature of substance abuse and efforts to prevent it

Minnesota was awarded a contract for the period September 30, 1995 through September 30, 1998.

Minnesota conducted a public school student survey of Grades 6, 9, and 12 in 1989, 1992, and 1995. A survey of youth in special populations (e.g., alternative education centers, juvenile correctional facilities, and residential behavioral treatment facilities) was conducted in 1991. Under the Center for Substance Abuse Treatment (CSAT) Treatment Needs Assessment Studies contract, the survey was administered for a second time to youth in special settings in 1995. The Minnesota Student Survey is one of the most comprehensive surveys in the country. Questions cover substance use frequency for tobacco, alcohol, and other drugs, age of onset, reasons for use, patterns of use, and DSM-IV substance use disorder diagnostic criteria. In addition, the survey includes questions about other risk behaviors, risk/protective factors, (including parental discipline and communication), feelings about family functioning, family substance abuse, physical and sexual abuse, school climate and violence, academic aspirations and learning problems, sexual behavior, suicidal behavior, antisocial and violent behavior, gambling, self esteem, and emotional distress. This breadth of information is used to understand the interrelationships among youth risk behaviors, as well as the risk and protective factors that correlate with healthy or unhealthy youth behaviors.

Minnesota Student Survey Data are disseminated in aggregate reports that discuss trends over time and the correlates of problem behavior. Tables of responses to all questions are prepared for each participating school district and for each county. The data are used extensively in the preparation of grant applications and prevention planning at the State and local levels.