



Strategic Prevention Framework/State Incentive Grant (SPF/SIG)

*“An Opportunity to Build Synergy in
the Substance Abuse Field”*

A Guide for Michigan Communities

April 2007

*Adapted from:
Maine's Strategic Prevention Framework Guide to Assessment & Planning
Maine Department of Health and Human Services Office of Substance Abuse*

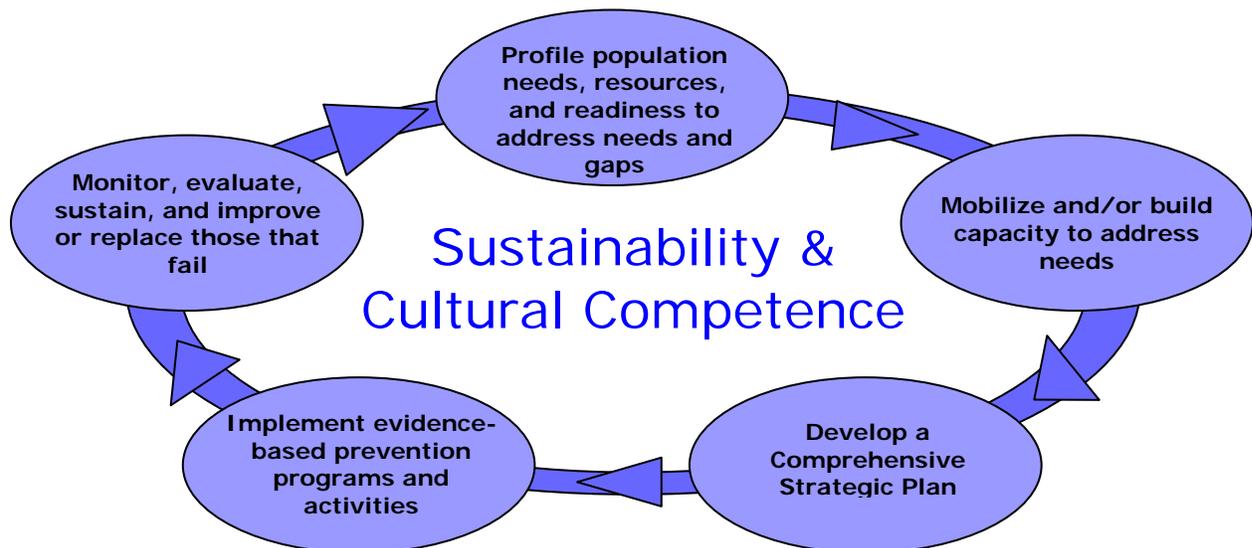
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Introduction

In October 2004, the Michigan Office of Drug Control Policy (ODCP) became one of 21 states to receive a Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA /CSAP) 5-year incentive grant of \$11.75 million (\$2.3 million annually). The overall federal expectation is for states to: build prevention capacity and infrastructure; prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; and reduce substance abuse-related problems in communities.

The approach is not foreign to our state, over the past several years Michigan has attempted to institutionalize a five-step program planning model similar to the Strategic Prevention Framework (SPF). The components include: Step 1 **Assessment** - Determine needs, assets and readiness; Step 2 **Capacity** - Improve organizational, human and fiscal abilities to deliver substance abuse services; Step 3 **Planning** - Develop strategies for communication and service coordination; Step 4 **Implementation** - Put strategies into action; Step 5 **Evaluation** - Document the process and outcomes of grant implementation. The SPF challenge is to move from the moderate success afforded by idiosyncratic program implementation to employing collaborative strategies that yield broader population change. This requires engagement in systemic coordination and sustained effort at both state and community levels. The continuous process has been depicted as follows:



The state has been implementing steps one through three over the past two years. The result of this effort has been the identification of Michigan's priorities to address through the SPF as articulated in a state strategic plan. Michigan's chosen priority problem is *Alcohol-Related Traffic Crash Deaths*.

The State Epidemiological Workgroup (SEW) conducted a comprehensive data review during the first year of the SPF/SIG award. In the second project year, the SEW submitted its findings to the SPF/SIG Advisory Committee (SAC), Inter-Governmental Workgroup (IG) and the Michigan Association of Substance Abuse Coordinating

Agencies (MASACA) which resulted in the identification of *Alcohol-Related Traffic Crash Deaths* as the statewide priority problem. The Office of Drug Control Policy (ODCP) ratified this action. Of course this problem is not the only problem in our state and imposes a burden of varying degree in different communities. Nonetheless, it is supported by data that factors in magnitude, severity and prevalence and (by stakeholder consensus) was determined to be an issue for which there was readiness, capacity and political will to address. In keeping with this process, communities receiving SPF/SIG funding will be required to address Alcohol-Related Traffic Crash Deaths as a priority problem. Later in this document you will see that nine other data supported problems were identified. Accordingly, communities may use the needs assessment process to justify adding one of these problems or to examine other substances that are of significant concern in their strategic plan submission to the State.

Over the next several months, you will:

- Conduct an assessment of the areas where substance prevention efforts are needed, as well as the capacity of your community to engage in evidence-based practices
- Develop a SPF/SIG strategic plan that will increase your ability to effectively prevent substance abuse in your community
- Implement and evaluate the effectiveness and sustainability of your strategic plan.

Many of you have likely conducted some type of needs and resources analysis in the past, however, the SPF/SIG informs the needs and capacity assessment in ways that facilitate systemic modifications that are new to most.

The purpose of this Guide is to assist you through the implementation of the first three steps of the SPF at the community level. You will first be provided a brief explanation of how the SPF/SIG assessment will differ from those you may have done before. The guide will then take you step by step through the activities that you will need to undertake to assess local needs and capacities. Throughout this process, the Guide will help you understand “what” you are assessing and “why”, suggest data sources and provide methods to collect and compile data.

The end result will be an assessment report that outlines substance consumption patterns and related consequences in your community; identifies some of the causal factors; and assesses your community’s readiness and capacity to engage in evidenced-based prevention activities. The report will serve as the foundation upon which you will build your strategic plan for strengthening capacity and implementing evidence-based prevention practices.

To help keep you organized, a detailed checklist of major activities is provided in Appendix A. While the assessment activities are presented in an ordered list, many of them can be performed simultaneously. Keep in mind the following schedule for products:

- On or before **April 30, 2007**, submit to ODCP an Application for Project Management of the SPF/SIG. [Plans for personnel, Community Epidemiology Workgroup and Community Strategic Prevention Planning Collaborative (CEW/CSPPC) partners, Needs Assessment and Budget Detail/Justification]

- On or before **May 30, 2007**, ODCP will send Coordinating Agencies (CA) Notification of Awards for SPF/SIG Phase I.
- On or before **May 30, 2007**, ODCP will send CAs Phase II SPF/SIG Application Guidelines. [Implementation of a communitywide strategic plan.]
- On or before **August 31, 2007**, CEW/CSPPC completion of Phase I. [Assessment Report; gaps analysis of data or resources to be addressed before tackling priority(ies); Strategic Plan for communitywide steps to address priority(ies), strengthen capacity and implement evidence-based prevention strategies; estimate budget for implementation July FY 2008 through FY 2010]

Appendix O provides the format for your assessment report and Appendix P supplies the format for your draft strategic plan. These appendices, when complete, are the products to submit to ODCP.

Taking on the task of organizing and coordinating the development of your region's substance abuse prevention plan can seem overwhelming at first glance. However, with technical assistance and some adaptable tools, all the pieces will fall into place. The ODCP prevention team members are available to answer questions and provide technical assistance to SPF/SIG grantees. The Central Center for Applied Prevention Technology (CCAPT) will provide training and technical assistance (TA) to ODCP staff and state-designated trainers. The SPF/SIG Epidemiologist will be available to assist communities with their assessments. In addition, staff at Pacific Institute of Research & Evaluation (PIRE), the SPF SIG evaluation firm, are available to answer questions and provide technical assistance for planning, implementation and evaluation that will yield measurable results. Telephone numbers and email addresses for resource staff ODCP and PIRE are provided in Appendix B.

We look forward to working with you to assess your community's needs and capacity and to develop a strategic plan that will increase your ability to effectively prevent substance use in your community.

The Strategic Prevention Framework and Its Application in Michigan

How is the Strategic Prevention Framework Different?

The five steps of the framework may not look much different than approaches used in previous prevention planning. Efforts such as CSAP's "Achieving Outcomes", "Getting to Outcomes" and to a large degree, "Guidelines and Benchmarks for Prevention Programming" endorse this program planning approach. However, the SPF/SIG is designed to impact **population level change** and is built on **outcomes-based prevention** focusing on both consequences and consumption. Lastly, it encompasses the life span rather than a particular age group.

What is Population-level Change?

"Population-level change" focuses on change for entire populations. By entire populations, we mean collections of individuals who have one or more personal or environmental characteristics in common.¹ The SPF/SIG expects us to work towards impacting whole communities, not just 20 or 50 individuals. In this way, the framework is a public health approach to prevent and reduce substance-related problems.

What is Outcomes-based Prevention?

"The most effective prevention efforts begin with a solid understanding of the problem to be addressed. Substance abuse prevention planning begins with a clear understanding of the chief consequences of alcohol, tobacco and other drug use."² **Consequences** are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs.³

To understand the magnitude of substance use consequences it is important to understand the substance use, or consumption, itself. **Consumption** includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high-risk groups (e.g., youth, college students, and pregnant women).⁴ "The way in which people drink, smoke and use drugs is linked to particular substance-related consequences."⁵

¹ Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations." New Grantee Workshop.

² Outcomes-Based Prevention: Using Data to Drive Prevention Planning, Implementation, Monitoring and Improvement. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

³ Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

⁴ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop.

⁵ Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

The theory behind outcomes-based prevention is that there are factors that “cause” substance-related consequences and consumption in communities. We call these factors **intervening variables** (see the box below for examples). It is through positively impacting intervening variables that we achieve population-level changes in substance consumption and consequences.

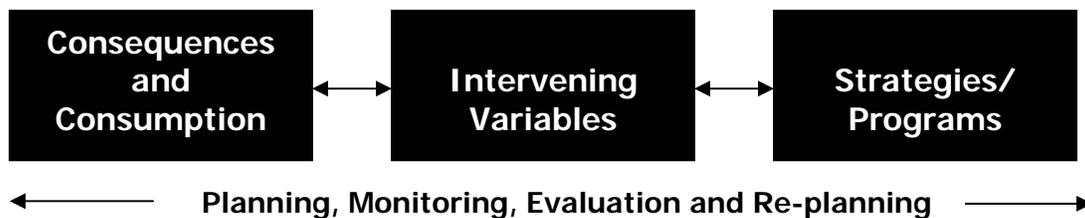
Intervening Variables

- ▽ Availability of substances (price, retail, social)
- ▽ Promotion of substances
- ▽ Social norms regarding use
- ▽ Enforcement

Source: examples from "A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

When intervening variables are identified, only then can we select strategies to address the issues in our communities. It is for this reason that choosing strategies is not discussed in this Guide until we reach the strategic planning phase.

The basic outcomes-based prevention model is as follows:



Your role in outcomes-based prevention in Michigan is to:

- Understand the problem to be addressed;
- Assess intervening variables for planning purposes;
- Prioritize intervening variables for action;
- Choose effective and relevant strategies to address the intervening variables.⁵

This Guide is intended to help you employ outcomes-based prevention to address substance use and abuse in Michigan.

⁵ Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

Why Assess and Plan?

Needs assessment informs prioritization of substance problems; grounds planning in needs and resources; and identifies gaps for implementing solutions to address the needs. The assessment should give you concrete information about your community that will drive the rest of your planning process. Without the breadth and depth of a comprehensive data collection, your prevention plan may overlook some problems and focus the community's resources on inadequate interventions. Conversely, data can illuminate unidentified challenges and resources. The better you understand your community and the more complete your data collection, the more likely your prevention project will be successful.

In addition to increasing understanding of substance use in your community, completing the SPF/SIG assessment of needs and capacity will allow your community to target its resources and maximize its impact on substance use. For example, are you targeting the appropriate age groups? Are there certain towns or geographic areas on which you should focus? Are there certain substances of greater concern than others? Where could your efforts be more effective? These questions are especially important given the current fiscal climate in which resources are scarce and expected to produce results.

The assessment process will function as a tool in a larger effort to strengthen the prevention infrastructure. It is designed to be a community-wide effort and not the sole responsibility of the designated lead agency staff. It will help collaborating organizations to think more deeply about the specific strengths and needs in your community and to engage in a dialogue about how to best address the issues. The SPF/SIG will lead to the implementation of evidence-based strategies that correspond with your needs. These strategies may be new to you or may strengthen the prevention work begun through other initiatives such as the Michigan Coalition to Reduce Underage Drinking (MCRUD). ODCP believes the process will serve to synergize prevention efforts.

As stated, the assessment process entails analyzing need and capacity. These can be accomplished concurrently although they are discussed separately in the Guide. The last portion of the Guide provides a framework within which to develop your strategic plan.

Strategic planning makes it possible to execute an organization's mission and vision in an effective, orderly way. It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their community, and outlines what everyone should be doing to move toward the goals. A good strategic plan will also provide a means of evaluating progress. Moreover, the strategic plan will provide the tools for successfully recruiting the funding that will be needed to carry out future work.⁶

⁶ Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.56

Overview of Assessment and Planning Activities

Assessment of Community Needs

The State of Michigan examined multiple sources of data as part of its “epidemiological analysis” and has identified *Alcohol-Related Traffic Crash Deaths* as its priority problem.

The goal of the needs assessment is to define the substance use problem(s) and related consequences for your community. The more specific details you can gather, the more specifically you can design your strategic plan to target those areas.

The goal of the capacity assessment is to target your resources and readiness to implement and sustain outcomes-based prevention strategies.

Your needs assessment will examine the patterns of consumption and consequences related to the priority problem in your community.

You may examine other substances if they appear to be significant problems in your community, and *add* them to your plan even if they do not emerge as priorities in the State assessment. The following list represents other priorities validated by state level data:⁷

- Alcohol Abuse and Dependence
- Alcohol Related Injuries of Pregnant Women
- Lung Cancer Deaths
- Alcohol/Drug Related Suspension and Expulsions
- Drug Abuse/Dependence (marijuana, cocaine, heroin)
- Abuse and Dependence (juvenile)
- Drug related Hospitalizations
- Alcohol Related Homicide
- Alcohol Related Liver Disease

The major activities in the assessment of needs are to:

- Establish a committee to oversee and assist in the assessment activities;
- Gather and analyze existing assessments and data to begin to identify the patterns of alcohol and drug use and the related consequences in your community. Some of this epidemiological data has been provided to you as a supplement to this Guide. Other existing sources include but are not limited to:
 - the statewide epidemiological analysis
 - past assessments that have been conducted in your county

⁷ Although methamphetamine is potentially an emerging problem in Michigan and has been identified as such in Michigan’s Strategic Plan, you are not required to address it here. Michigan has decided to primarily target Alcohol-Related Traffic Crash Deaths and driving while intoxicated.

- Pinpoint the areas where you need more information (e.g., age groups, other sub-populations, geographic areas, aspects of the substance abuse problem).
- Collect more in-depth, community-specific information to fill in gaps in existing information to address those areas. Possible methods to gather this information include, but are not limited to:
 - holding focus groups
 - interviewing community experts
 - completing environmental scans

Each of these methods for gathering further information is discussed in a later section of this Guide.

Assessment of Capacity

At the same time that you are engaging in the needs assessment, you will be conducting an assessment of capacity in your community. For your capacity assessment, you will work with staff from ODCP and PIRE to examine capacity across various domains.

The goals of the examination of capacity are:

1. To help determine areas where technical assistance may be helpful
2. To assist in the development of a realistic strategic plan.

Development of a Strategic Plan

The good news is that by the time you begin to develop your strategic plan, much of the work will already have been done. You will have identified consequences, consumption patterns and intervening variables, as well as factors that impact those intervening variables. The strategic planning process is a matter of turning that information into measurable objectives and prioritizing your goals based on your capacity and available resources. Your last step in the process will identify evidence-based strategies that address those goals and will lead to a reduction in substance consumption and negative consequences.

The strategic planning section asks you to:

1. Assemble a planning team
2. Review your needs and capacity assessment
3. Develop a vision statement
4. Articulate your problem statement(s)
5. Define your goals

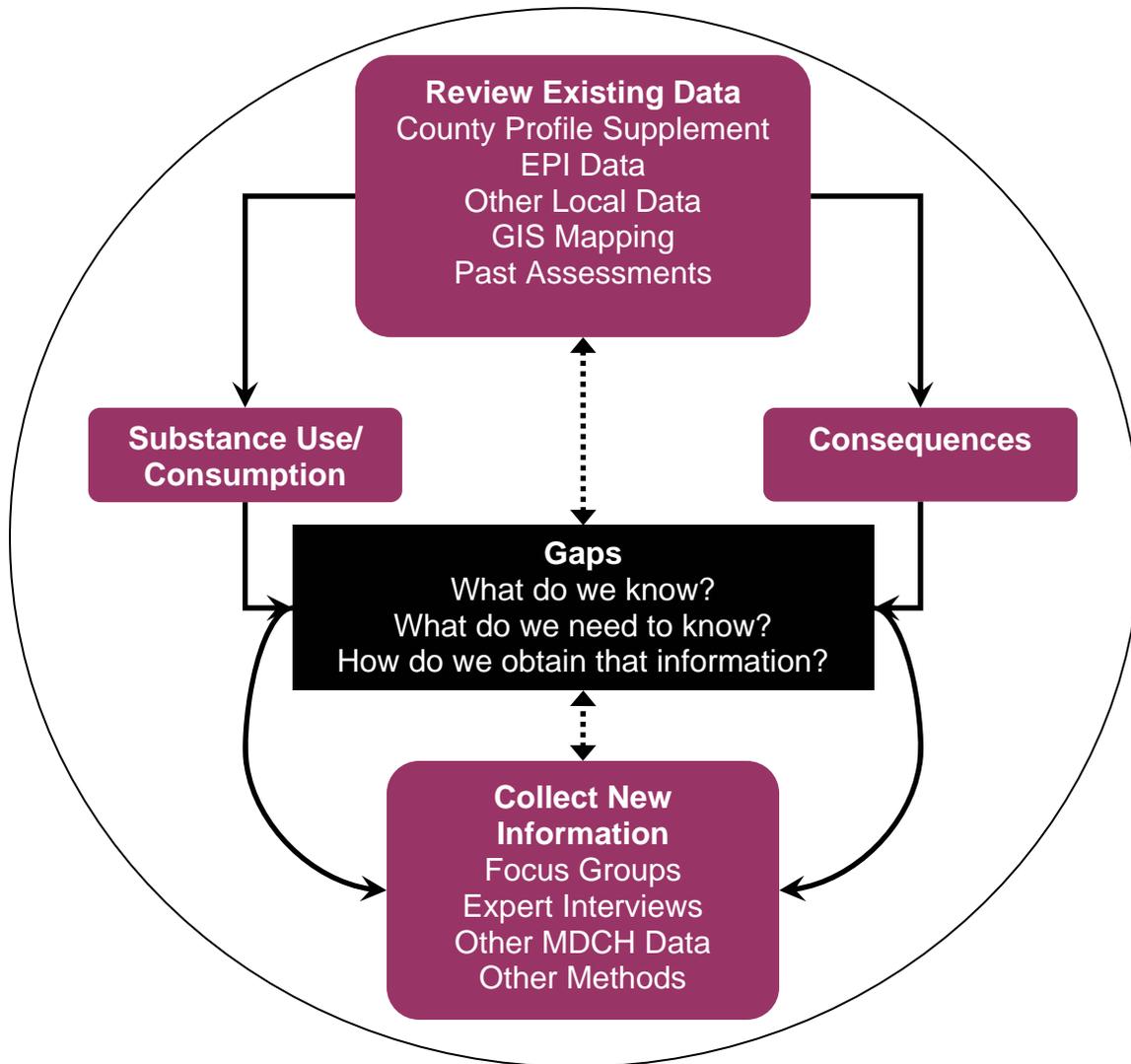
6. Identify measurable objectives for each goal
7. Identify strategies for each objective
8. Develop action steps to achieve each strategy
9. Create a funding plan
10. Write your plan

Needs Assessment Part I: Examination of Existing Information

The data collection portion of your needs assessment will be like a choose-your-own-adventure book. That is, your next actions will be determined by your answers to “what do we still need to know?” and “how do we get that information?” There are many points throughout the process where you will have answered as many questions as you can with the information that you have. In order to answer more questions, or gain a depth of understanding, you will collect additional information - hold focus groups, interview local leaders or re-examine existing data to identify patterns or to understand the reasons the data appear as they do, for example. The tools in the appendices will help you answer the important questions and indicate points where you should pause to identify knowledge gaps. Figure 1 illustrates the process for the needs assessment.



Figure 1. Needs Assessment Process



As the diagram shows, needs assessment can be extensive and time consuming. However, assessing needs and collecting data should be done strategically, to ensure that you are still on track with your strategy and resource allocation, or to identify new needs that may arise. That is, you need a clear plan for collecting the information critical to your assessment in as efficient a way as possible. There is so much information out there that it is easy to get off track. You need to stay focused on the priorities Michigan has identified: *Alcohol-Related Traffic Crash Deaths*.

When to Stop Gathering Data

"The more you know, the more you know you DON'T know!"? It is sometimes hard to gauge when you should stop gathering data and start analyzing what you have collected. Try not to get hung up on one detail or target population if it is keeping you from moving ahead with your analysis. *It is OK if there are still things missing or areas where you want to gather more information.* Remember that your strategic plan can always include longer-term strategies to gather more information about concerns that were not captured by this assessment.

Establish an Assessment Committee

Before you begin to collect or analyze data, you should establish an assessment committee or Community Epidemiological Workgroup (CEW) to oversee and conduct the needs and capacity assessment for your community. Representatives from your collaborating organizations should be included on this committee. You may want to include some members from the community as well. The key is to ensure that you have geographic coverage, members who can speak to the life span focus of the SPF/SIG and members who have an array of experiences so your work can be conducted in a culturally competent way. One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for the assessment. You will need to establish roles and articulate who will be responsible for making sure each portion of the assessment gets completed. Make sure that these agreements are recorded and that everyone understands the goals and objectives of the needs and capacity assessment so that the process runs as smoothly as possible. Appendix C provides a simple table you may wish to use to track roles and responsibilities of your committee members.

 **Action Step:**
Establish a Community
Epi Workgroup (CEW)

Gather Existing Data and Assessments

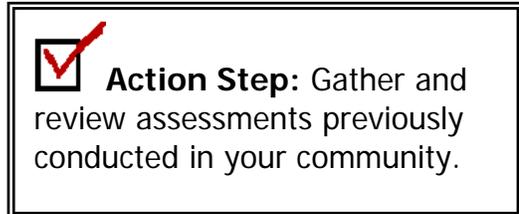
Epidemiological Data

SPF SIG requires data-guided decision making. Your initial reference document will be the State compiled epidemiological profile document entitled "The Burden of Substance Abuse on the State of Michigan". The State's epidemiological study examined substance use and consequence information from the following sources:

- Alcohol Related Disease Impact (ARDI)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Bureau of Juvenile Justice Youth Risk and Behavior Survey (YRBSS)
- Center for Disease Control and Prevention (CDC Wonder)
- Fatality Analysis Reporting System (FARS)
- Michigan Department of Community Health (MDCH) Vital Statistics
- National Survey on Drug Use and Health (NSDUH)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- State Epidemiological Data Sets (SEDS)
- The Kaiser Family Foundation, State Health Facts (KFF)

- The Michigan Substance Abuse Risk and Protective Factors Student Survey
- Treatment Episodes Admissions (TEDS)
- Uniform Crime Reporting System (UCR)
- United States Census Bureau (Census)
- Youth Risk and Behavior Survey (YRBS)

The State requires counties to examine epidemiological data relating to consumption and consequences for their community. To assist you in this endeavor, the SEW, aided by MDCH Epidemiological staff and PIRE has compiled Appendix Q, a profile supplement entitled, *Alcohol-Related Traffic Crash Deaths by CA Regions and County*. This represents the state epidemiological data that is relevant to Michigan's 16 regions as well as additional indicators on substance use. The alcohol or drug-related consequences included will cover such areas as:



- Alcohol or drug-related school suspensions
- Car accidents involving alcohol
- Arrests
- Mortality
- Drug overdoses
- The number of adults seeking treatment for alcohol or drugs

As you review the charts and tables in the CA profile supplements, ask your committee to consider the following questions:

- Does the consumption of one substance appear to be more of a problem than others?
- Does one consequence appear to be more of a problem than others?
- Is there a pattern of consumption among certain grades or age groups that is of particular concern?
- How does your community compare with the State?

In addition, Appendices D, E, F and G (optional) can be used to guide your examination of the consumption and consequence data contained in the County Profile Supplement. The purpose of this exercise is to get you to focus on the consequences of substance use in your community. This will lay the foundation for your strategic plan.

Other Data Sources

You may want to ask around about gaining access to local sources of information. These can include (but are not limited to):

- Police reports
- School incident and discipline reports

- Court records
- Medical examiner data
- Hospital discharge data
- Emergency department data

All these sources of information have pluses and minuses. Many are not computerized and may raise privacy concerns. You may have to reach agreements with the organizations or agencies in order to gain access to the records. However, these records can be rich sources of information to help you pinpoint substance-related consumption and consequences in your community. For example, obtaining the number of emergency room visits that involved the non-medical use of prescription drugs would be an appropriate and data-driven way to identify whether the consumption of prescription drugs is a concern in your community.⁸

Michigan's SPF/SIG Epidemiologist will be available to advise you on how to best gain access to and analyze these local data.

Review Previous Needs and Resource Assessments

ODCP requires you to gather and review any previous needs assessments that have been conducted throughout your community over the last five years and might be relevant to substance abuse issues. Identify the aspects of the assessments that are relevant to substance abuse prevention, particularly to priority consumption patterns and the related negative consequences. What you find will help you determine trends and shape your subsequent data collection efforts. Appendix H provides a table to help you compile the findings from the prior assessments.

⁸ "Data Collection Methods: Getting Down to Basics" June 12, 2006. Center for Application of Prevention Technology. Module #2, "Using Existing Data: Sources of Local Data."

Needs Assessment Part II: Identification of Information Gaps and Collection of Additional Information



By now you have probably come to the conclusion that the data you have reviewed thus far is not enough to give you the whole picture. The next phase of the needs assessment asks you to begin to think about intervening variables. This will build upon what you have learned and help focus further information gathering efforts.

Begin to Identify Intervening Variables and Contributing Factors

Once you have examined available data and considered the assessments that have been conducted in your community, stop and review what you have learned thus far.

- What are the common themes across the data sources?
- What findings from the needs assessments agree or conflict with the data you have examined?
- What do the findings tell you about consumption patterns and consequences in your community?



Action Step:

Review the data and past needs assessments and identify common themes.

At this point, you need to think of the data you have collected in terms of the **intervening variables** that influence the use and consequences of each substance. Remember, intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance use and its consequences. The SPF/SIG is built on the idea that making changes to these variables at the community level will cause changes in substance use and related problems. Some intervening variables already identified as priorities in the State needs assessment include:

- Enforcement
- Retail access/availability
- Social access/availability
- Price and promotion of substances
- Perceptions of risk and harm⁹
- Social norms:
 - Community norms
 - Family norms



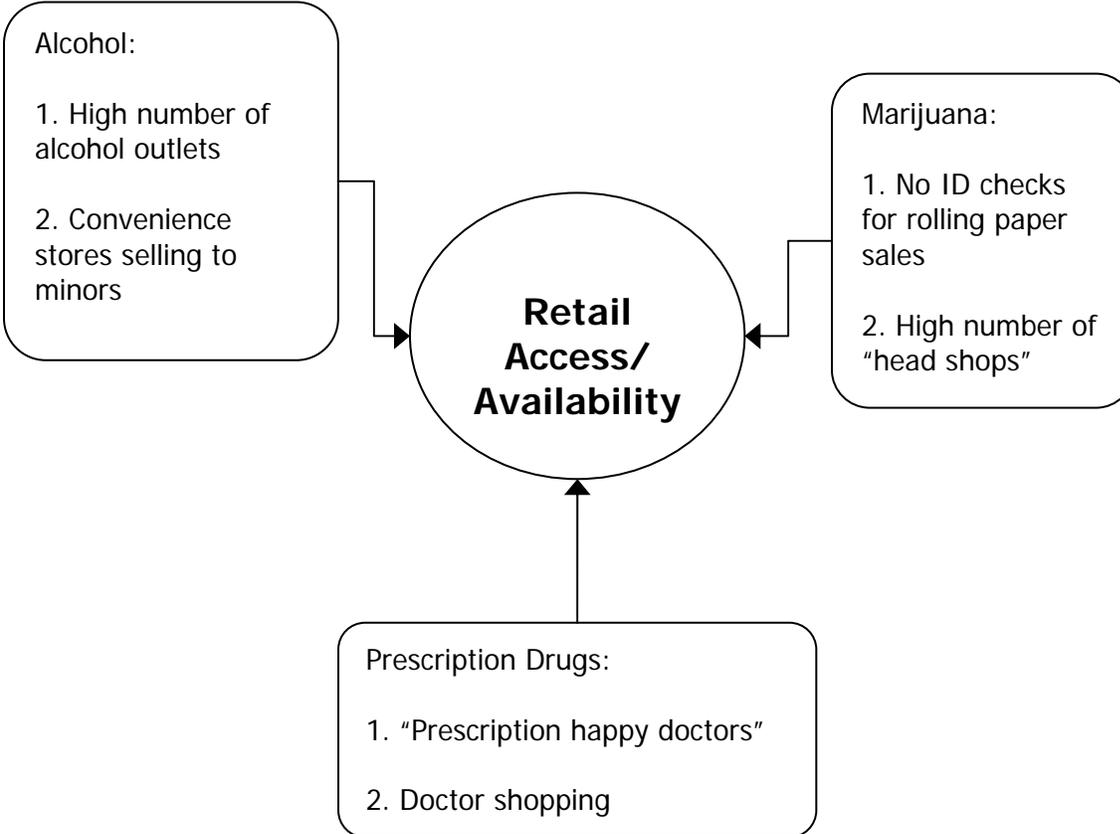
Action Step: Look at the information you have gathered so far in terms of intervening variables and contributing factors.

Intervening variables are broad factors that manifest differently in different communities. It is your job to define what it is about each intervening variable that

⁹ The State Strategic Plan identifies intervening variables for underage drinking. However, prevention research suggests that there are other intervening variables.

contributes to substance use and consumption in your community. Using marijuana as an example: the issue may be that in one community people who use marijuana believe that they will not get caught because even though the police are working hard to enforce the laws, nobody hears about anyone who got caught (perception about enforcement). In another community, police may not in fact spend their time enforcing laws around marijuana use because other substances pose a bigger problem (focus of police enforcement). Both of these factors contribute to the intervening variable of enforcement (perceived or actual) related to marijuana use. Each of the intervening variables (e.g., social access, promotion and community norms) is shaped by **contributing factors** as well. Figure 2 illustrates potential contributing factors for the intervening variable of retail access/availability.

Figure 2: Sample Contributing Factors to the Intervening Variable of Retail Access/Availability



Appendix I provides you with a series of tools similar to Figure 2. These tools are intended to help you brainstorm and identify the contributing factors in your community that are associated with each intervening variable. Use your needs assessment information to inform your selection of contributing factors. Do not dismiss factors simply because you have little to no data to support them. It is these factors and gaps in knowledge which may be used to shape your data collection needs, the focus of the next section of the Guide.

Intervening variables and contributing factors for drug use are more difficult to identify than those for alcohol, due in large part to the illicit nature of the substances. However, Michigan's epidemiological analysis concluded that many of the same indicators and factors that contribute to problem alcohol use also impact prescription drug misuse and marijuana.

Identifying the contributing factors is key to selecting appropriate prevention efforts to employ in your community.

Identifying Gaps in Needs Assessment Information

A “knowledge gap” is a general term for any area where you do not have enough information to answer an important question. To identify knowledge gaps, look at the consumption and consequence data you have gathered and ask yourself:

- *Who* is involved in the problem (age, gender, income, race/ethnicity, area/town)?
- *Where* does the problem occur?
- *When* does the problem occur?
- *Why* is the problem occurring?

If you answer “I don’t know”, you may need to collect more information to fill your knowledge gap. This will add depth to your understanding of the patterns and problems associated with a particular substance. In addition, ask yourself what you know or still need to know about the intervening variables and contributing factors that you brainstormed for your community.



Action Step: Create a plan for information collection. See Appendix J for a suggested format.

Then, you need to develop an information collection plan, an explanation of how you will gather information you need to complete this assessment. Appendix J will help you to document what gaps exist in your assessment and how you will shape your data collection.

Your approach may include multiple methods, such as:

- Focus groups
- Interviews with “community experts”
- A scan of businesses, public areas, local media or other environments and/or
- Surveys.

Each of these data collection methods has benefits and drawbacks. Selecting which methods to use, and how you choose to use them, will be determined in large part by what knowledge gaps you identify after your review of existing data and your preliminary exploration of intervening variables and contributing factors.

| Summary of Data Collection Methods | | |
|------------------------------------|--|--|
| Type | Pros | Cons |
| Focus groups | Supplements data findings with personal experiences and perspectives. | Time consuming to develop questions and arrange groups. It can be difficult to recruit participants. |
| Expert Interviews | Collects on-the-ground knowledge of policies and practices. | Data are based on interviewee's perceptions/biases. |
| Environmental scans | Efficient way to measure availability and promotion. | Difficult to conduct for a large geographic area. |
| Surveys | Collects the information you want; allows for statements such as "20% of residents responded that..." can be compared to other data. | Require technical knowledge to design. Can be very time consuming and too few responses can make results invalid. Can be costly. |

For any of these collection methods, it is important to focus your data collection to obtain information for a purpose. For the SPF/SIG, the main purpose of data collection is to clarify consumption and consequence patterns, to identify priorities and to further define intervening variables and contributing factors.

Collecting Information to Fill in Gaps

MDCH Data

See Appendices K and Q for data and data sources. MDCH is one of the strongest data sources you have at your disposal. These data can be examined by individual question and/or by scale (e.g., laws and norms favorable to drugs). A scale is made up of a set of questions. For example, the *laws and norms favorable to drugs* scale is a set of questions that includes the following:

- If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?
- If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?
- If a kid carried a handgun without permission in your neighborhood would he or she be caught by the police?
- How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to use marijuana? to drink alcohol? to smoke cigarettes?

As you look at the MDCH data, consider questions such as the following:

- How does your community compare with surrounding counties? Your region? The state?
- Do perceived risks from alcohol and drug use vary by grade and/or gender?

- Do perceptions of social norms and attitudes about alcohol and drugs vary by grade and/or gender?

Because SPF SIG focuses on the life span, but MDCH provides limited data, this Guide asks you to complete an *Information Collection Plan* to identify how you will collect information not readily available from existing data sources such as MDCH. Following is an overview of the different methodologies and some tips for employing them you may use to collect additional information.

 **Action Step:** Examine additional MDCH reports pertaining to norms, perceptions and accessibility.

Focus Groups

Focus groups can be used to gather qualitative information from your community about issues and attitudes. They are typically led by a facilitator who presents a small number of targeted questions and facilitates the discussion. Participants share ideas and observations that can clarify issues for you or present new perspectives. Compared with surveys and other methods, focus groups allow you to delve more deeply into a topic area or to probe for more information. Focus groups also can lead you to topics or points that you had not considered. Recruiting and conducting effective focus groups can be challenging and time consuming.

Focus Groups with Youth
You will need to obtain parental permission for youth to participate in your focus group. To make this easier, consider asking the parents of your youth participants to be in your parent group. Then hold the youth and parent focus groups concurrently in order to facilitate participation.

The purpose of your SPF SIG focus groups is generally to gain the community's perspective on substance use and related consequences.

Your questions can be tailored to address specific areas in which you need more information such as intervening variables and contributing factors.

Your focus groups may be targeted to different age groups (see box for tips on holding youth groups) or you may wish to bring people from certain geographic areas or community sectors together. Your assessment committee will be especially useful in making decisions about who to invite and how to encourage them to participate. Below are some focus group guidelines.

Developing Focus Group Questions

When developing a focus group protocol and questions, there are some considerations to keep in mind.

- Rely on a small number of core questions, usually 10 to 12. Focus groups should not last more than 90 minutes and you need to allow enough time for everyone in the group to respond.
- Use broad, open-ended questions. Do not ask questions that elicit a “yes” or “no” response as these tend to end the discussion.
- Ask participants to speak from their own experiences. It is more useful to ask about their experiences than what they or other people think.
- Start with an easy, non-threatening question that everyone should be able to answer. This will break the ice and provide a sense of who is shy and who might dominate the conversation.
- End by asking if participants have anything else to add.¹⁰

Preparing for a Focus Group¹¹

When preparing for a focus group, follow these steps:

- Find someone to lead the focus group. This person should have experience facilitating groups, be a good listener and know something about the topic, but have the ability to appear neutral about participant opinions.
- Find a note-taker to record what is said. Focus groups are often tape-recorded, but only with permission from the group members.
- Decide whom you will invite. The groups should be carefully planned so as to create a non-threatening environment in which participants feel free to express their opinions.
- Determine whether you will need to provide some type of incentive for people to participate.
- Decide when and where the focus groups will be held.
- Review your focus group questions. Are there other questions you want to delete or add? Are there questions you wish to re-word? Develop more probing questions if you feel it is necessary, particularly based on other information you have collected.

¹⁰ “Data Collection Methods: Getting Down to Basics” June 12, 2006. Center for Application of Prevention Technology. Module #3, “Collecting Your Own Data.”

¹¹ State of Michigan Department of Health and Human Services. Office of Substance Abuse. “Guide to Assessing Needs and Resources and Selecting Science-Based Programs” Portland, ME: Hornby Zeller Associates, Inc., 2003.

- Recruit your members. It is suggested that your groups each have between six and ten people. Ensure that you obtain written permission from a parent or guardian for youth to participate.
- Make sure you have all of the materials you will need for the groups ready in advance (e.g., a copy of your questions and probes for the facilitator and the note-taker, pens or pencils).

Conducting a Focus Group

- Thank the participants for agreeing to be a part of the group.
- Have the participants introduce themselves by first name only.
- Explain the purpose of the group and why those in attendance were recruited to participate.
- Explain how the meeting will be structured and the ground rules. Common ones are:
 - Only one person should speak at a time;
 - Be respectful of the opinions of others;
 - Everyone is encouraged to participate; and
 - Participants will not be identified to anyone or in any report and their opinions and responses will be anonymous.
- Make sure all participants have an opportunity to be heard.
- When you have finished with the focus group questions, ask if people have any other comments. Tell the participants how their input will be used and thank them for participating. You may want to prepare a summary of all of the focus groups you conduct and distribute the summary to the participants.¹²

Analyzing Focus Group Results

Soon after each focus group, while the information is fresh in your mind, review the information that was recorded. What are the common themes? Did you hear anything that you want to follow up on or learn more about? Write down your thoughts and keep them with the notes. Appendix L provides a guide for recording and analyzing what you saw and heard in the individual groups. Appendix M provides a tool for you to summarize the findings from all your focus groups.



Action Step:
If you conducted focus groups, summarize what you learned. Appendix M provides a structure to organize your findings.

Interviews with Community Experts

Community expert interviews can provide you the perspectives of people who observe and monitor community functioning. Their perspectives can provide a meaningful assessment of substance use and consequences observed within their areas of responsibility. They can also add to your knowledge of intervening variables and

¹² Adapted from "Community Tool Box." University of Kansas. 29 Aug 2006 <<http://ctb.ku.edu/>> and Needs Assessment & Strategic Planning – Community How to Guide on Underage Drinking Prevention, National Highway Traffic Safety Administration, March 2001.

contributing factors by lending understanding to the “when, why, and where” of substance use and the related consequences. Principals, teachers, school counselors, caseworkers, sheriffs, parks and recreation staff, shelter staff, probation officers, police officials, pharmacists, youth, doctors, hospital staff and emergency responders are examples of community experts. One risk is that you may get a slanted or one-sided perspective on a problem. For this reason it is important to consider what others have to say and what your other data tells you.

Based on the initial data examined and the knowledge gaps that you have identified, you determined what types of experts should be contacted. Your next task is to develop a list of the questions that you would like to ask. Try to limit the number of questions to ten so that you can leave some time for open-ended discussion. Some broad areas you may want to explore include the following:

- Do policies on substance use exist? If so, on what level (formal or informal)?
- Are there clearly defined penalties for violations?
- Are laws and policies enforced? Are they enforced consistently? If not, where are the variations?
- What substance(s) (alcohol, marijuana, prescription drugs or other) pose a threat to the community? Why?
- What consequences of substance use has the interviewee witnessed?

Tip: Expert interviews allow you to ask the interviewee specific questions that may address a specific knowledge gap. Open-ended questions provide general themes for discussion, but allow community experts to introduce their own ideas and issues.

Once you have decided whom you are interviewing and what questions you will ask, follow these steps:

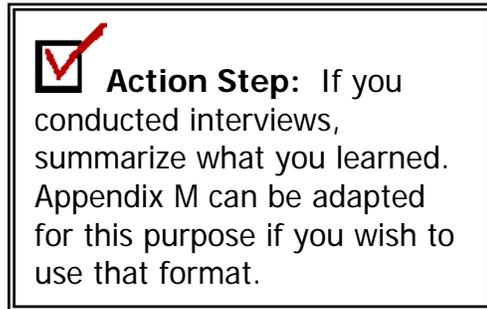
- Obtain the names and contact information for local community experts that represent the perspective you would like to obtain.
- Contact the individuals and ask them if they would be willing to participate in an interview and if not, to designate an alternate.
- Explain the purpose of the interview and briefly discuss the purpose of the SPF SIG assessment.
- Assure the person that the responses to the interview questions will be confidential.
- Schedule a time to meet.

Again, make sure that the interviews are focused on one of your identified knowledge gaps. Keep in mind that by interviewing different types of community experts, you will minimize the risk of obtaining information slanted by strong opinions and will keep the

data more reliable. For example, people representing schools, hospitals or local non-profit agencies may offer perspectives that differ from those provided by judges, district attorneys and law enforcement agencies.

You may use some yes/no or multiple choice questions in your expert interviews, which can be analyzed quantitatively. However, open-ended interview questions need to be analyzed in a way similar to that used for focus groups. The responses need to be carefully reviewed to identify the primary themes among interview participants. The themes should first be identified for a specific group (e.g., law enforcement) and then compared to other

groups (e.g., emergency personnel). In some instances the groups will concur with one another, and in other instances the groups will report variations in opinions.



Environmental Scans

Environmental scanning is a technique often employed in a planning process. Before an organization seeks to develop a vision and goals for its desired future, there is an important advantage in assessing the environment which that it serves. There is an attempt, at least on a macro-basis, to understand the trends and issues in the external environment that are likely to impact organizational operation and direction. For example, you could examine the practices businesses use to promote and sell alcohol products, or you could review the use of public spaces and advertisements in print, radio and television to get an idea of the number of “promotion versus prevention” messages that are in the community. Finally, if you want to find out the extent of alcohol advertising and how much of it promotes substance use and how much of it is dedicated to prevention messages, you may want to do a scan of local media coverage, advertising and public service announcements in print, plus radio and television advertising. Remember, whether or not you conduct a scan and what information you collect should be directly linked to the knowledge goals and/or gaps that you identified. The information, along with a careful audit of performance becomes the basis for analysis, decision and planning.

An environmental scan can be difficult to conduct in a way that represents your entire community, particularly if it covers a wide geographic region. Because may not have the resources to conduct a communitywide scan, one way to focus your efforts is to target areas with a high density of *Alcohol-Related Traffic Crash Deaths*. Appendix N provides a sample of how one might approach community scanning using the state’s priority problem.

Beyond the immediate demands of completing an environmental scan in relatively short order, there are several more significant challenges embodied within this planning process.

- There is a clear emphasis on measures of performance

- The need to work collaboratively on a community basis and being convinced there are advantages that will impact the state goals
- Comparative data raises the bar of measurement, but also exposes institutions and agencies to criticism if their performance is below the norm
- The potential that future funding may be tied to performance
- It is difficult to agree on common measures that we collectively believe have validity
- Consistent standards and comparable statistics are critical to avoid data being misinterpreted or misapplied
- Making a commitment to continually evaluate and refine the process/services

The public sector is not always accustomed to thinking and posturing in a competitive manner. There is, however, a growing recognition of the need for public organizations to prepare the workforce to be increasingly competitive, efficient and sustainable. This ultimately translates into sensitivity to client needs. This SPF planning process emphasizes the opportunities for collaboration and shifts our orientation toward greater cooperation. More specifically, how can we align our resources and capacity to provide better services? We waded into this process for a variety of reasons and motivations. Most of us perceive that it is a grant requirement. We also understand the SPF/SIG is a carrot to move us toward this data guided paradigm. Hopefully the experience will generate a much stronger motivation driven by the belief that completing an environmental scan and strategic plan has strong merit in its own right.

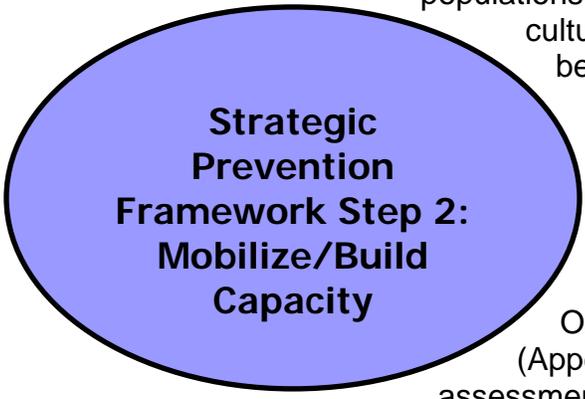
Surveys

Surveys allow you to collect specific information on individual attitudes, beliefs, and behaviors. They are not required as part of this assessment and you may find that you do not have the time or resources to conduct a survey. You may however wish to include this methodology in your strategic plan as a future action. Surveys allow you to make statements such as “Twenty percent of college students surveyed report that ...” Surveys also allow you to make comparisons to national or state data, or to gather information on an issue not included in a standardized survey.¹³ However, conducting a survey requires technical knowledge of survey design and administration and can be costly to administer. Moreover, it can be difficult to get enough people to respond to a survey, and often requires significant follow-up activity. Too few responses can make your results invalid. We recommend that you involve ODCP’s Epidemiologist if you consider collecting your own survey data.

¹³ Adapted from “How Do We Know We Are Making A Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook” Boston, MA: Join Together, 2005.

Capacity Assessment

Step 2 of the SPF SIG process is to mobilize and build capacity. Capacity includes the human, technical, organizational and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels.¹⁴ At this point you are being asked to assess your current capacity.



**Strategic
Prevention
Framework Step 2:
Mobilize/Build
Capacity**

On the last page of your Assessment Report (Appendix O), you are asked to attach your capacity assessment, and to identify strengths and areas needing capacity building. The assessment process will generate a capacity assessment document that will identify these for you. Your strategic plan will include actions to build capacity in the identified areas. Do not hesitate to seek technical assistance for this step.

¹⁴ *Maine SPF/SIG TA Team definition of capacity.*

Reporting Your Needs and Capacity Assessment Findings

It is now time to bring together the findings of your assessment of needs and capacity. Appendix O provides a template for you to complete your Assessment Report. The template has been designed to put your assessment findings into the context of the SPF/SIG and summarize them in a way that will assist in you in identifying priorities and moving into the strategic planning phase of the grant.

Before completing the Assessment Report, revisit the brainstorming activity you completed on identifying contributing factors and make any adjustments given new information collected in Part II of your needs assessment. This review will help you complete the report.



Action Step: Revise the brainstorming activity on contributing factors given what you learned in the second part of your needs assessment.

The Assessment Report begins by asking three questions about what you learned initially, that is, from Part I of the needs assessment, and what knowledge gaps were identified. The report then asks you to link what you have learned about intervening variables to consumption and consequences in your community. The last part of the report pertains to the capacity assessment.



Action Step: Complete the Assessment Report found in Appendix O.

Hopefully, as you compile your information, you will find that results from different methods of information collection (e.g., interviews and focus groups) converge or overlap in a meaningful way. Another strong finding would be when different segments of

the community (e.g., parents and school officials) share common beliefs about substance abuse issues. Finally, if your focus group results, for example, support the epidemiological or other data you reviewed, you also have a strong finding. However, your results may reveal true differences in opinion or conclusions. Then you have two

Things to consider:

- ✓ How much will you weigh the findings from each data source?
- ✓ How will you address contradictory findings?

choices – continue to collect information to see if you find more commonality or accept and explain the conflicting findings and conclusions in your assessment report. The lack of consensus is an important finding and may influence your strategic plan.

Your final Needs Assessment Summary is to be submitted to ODCP by August 31, 2007.

Strategic Planning



Step 3 of SPF SIG is planning. “Planning involves developing a comprehensive, logical and data driven plan to address the problems identified in Step 1 with the current and future capacity developed in Step 2 of the SPF/SIG.”¹⁵

The strategic planning activities will be to:

- Assemble a planning team
- Review your needs and capacity assessment
- Develop a vision statement
- Articulate your problem statement(s)
- Define your goals
- Identify measurable objectives for each goal
- Identify strategies
- Develop action steps to achieve each objective
- Create a funding plan
- Write your plan

A Prerequisite to Getting Started – Forming A Collaborative Team

Just as you convened an assessment committee for the needs and resources assessment, you will need to pull together a planning team. This may be the same as your assessment team. More likely, this will be an opportunity to involve new community members and organizations that were highlighted as important during your assessment.

Action Step: Establish a Community Strategic Prevention Planning Collaborative (CSPPC)

“Moreover, your ability to create a culturally competent substance prevention plan is maximized by involving the various sub-populations present in your community in all phases of the implementation process, as well as in the interpretation of outcomes.”¹⁶ As you assemble the team, be sure that its members represent the various sub populations of particular interest to your community.

In its broadest terms, capacity means having the knowledge and training, the staff, and the funding necessary to get the job done (Osher et al). A pre-step to implementing the SPF/SIG is forming a community-wide team. Comprehensive strategic change begins with a group of mutually committed stakeholders working together over a period of time

¹⁵ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. “SPF SIG Overview and Expectations: New Grantee Workshop”

¹⁶ “21st Century SIG/Prevention Block Grant – Definitions” 29 Aug 2006
<<http://wind.uwyo.edu/sig/definition.asp>>.

laying a foundation for sustained programming and policy. The over-arching SPF/SIG goal is to foster population change for long-term community betterment. This is to be accomplished by substance abuse prevention efforts that cut across economic, gender, ethnic, age, family and professional populations and mobilize citizens around common concerns. The vehicle that Michigan has designed for this dialogue is the Community Strategic Prevention Planning Collaborative (CSPPC). The CSPPC is a representative group of substance abuse professionals, youth and coalition members who will meet routinely to oversee the activities of the SPF/SIG auxiliary workgroups and make recommendations to the regional Coordinating Agency. Whenever possible, CSPPCs will be largely comprised of or work with existing teams (e.g. Multi Purpose Community Collaboratives, Drug Free Community Coalitions, Michigan Coalition to Reduce Underage Drinking) and thus enhance existing capacity. On occasion it may be necessary to a new team if there is no functioning team in a system. The following guidelines are intended to help communities get started so that they can begin to build consensus around ATOD issues related to public health and safety.



Selecting Team Members

In *Safe, Supportive, and Successful Schools: Step by Step*, the authors (Osher et al), contend that knowledge, perspective, technical skills, personal skills, and legitimacy are the five criteria needed to build an effective. We have adapted these recommendations to the SPF/SIG. Your team should be made up of members who are:

- **Knowledgeable** about your community (e.g. public safety, education, the workforce, public health, mental health and ATOD treatment and prevention)
- **Representative** of all segments of your community. Think of the political makeup of your group. (e.g. "Who are the sanctioned leaders, the power brokers, the persuaders, the dealmakers, the peacemakers, and the gatekeepers for support and resources?" Be sure your team includes parents, teachers, students, administrators, clergy, etc.)
- **Equipped** with the technical skills and other talents needed to accomplish tasks. (e.g. "Who has skills in facilitation, evaluation or effective communication?")
- **Respected** by the community they represent. ("Who is important, given the culture, history, and traditions of your community? Who can garner support for your team and the plan?")

As part of the effort to represent the entire community on the team, be aware of other agencies and organizations that share common goals with you and also work with your targeted populations. Where feasible, the CSPPCs will be required to include, but are not limited to, representation from the following prevention partners and stakeholders serving the targeted community:

- Alcohol/Tobacco/Other Drugs (ATOD) Community Coalitions
- Coordinating Agencies (CA)
- Intermediate School Districts (ISD)
- Local Education Administration (LEA)

- Local and/or County Department of Human Services (DHS)
- Drug Enforcement Agency (DEA)
- High Intensity Drug Traffic Area (HIDTA)
- Michigan Liquor Control Commission (MLCC)
- County Public Health Department (PHD)
- Community Mental Health (CMH)
- Michigan Coalition to Reduce Underage Drinking (MCRUD)
- Tobacco and Alcohol Retailer Associations
- Agencies serving Older Adults (e.g. Commission on Aging)
- Local Law Enforcement Departments (e.g. Police/Sheriff Departments)

If inclusion of any of these segments creates a hardship on a community, the CA may request a waiver from ODCP explaining why this requirement cannot be met. Examples of other potential CSPPC members might be:

- Youth centers
- County recreation programs
- Universities and colleges
- Businesses
- Religious leaders and organizations
- Juvenile justice, and the courts
- Parent groups, including PTAs, PTOs and other groups
- Civil rights and advocacy organizations
- Foundations

Review Your Needs and Capacity Assessment

At one of your first planning meetings you will want to review the purpose of the strategic plan and review the findings of your needs and capacity assessment. The Assessment Report you prepared should be sufficient, but you may wish to share more detailed findings as well.

Develop a Vision Statement

While much of the work you have done so far is focused on the past and present conditions in your community, it is now time to develop a vision for the future. A vision statement is a “description of that ideal end-state”; it should “indicate what the group is striving to achieve.”¹⁷

*A vision statement should always be positive, personal and inspirational. The vision statement paints the big picture: where the organization is now, and where it needs to be going. The statement should provide a framework for decision making. Its inspirational nature helps to develop team spirit and to empower the organization.*¹⁸

¹⁷ “Building Drug Free Communities: A Planning Guide”, Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.57

¹⁸ *Ibid.*

What is your vision for your community?

Guidelines for your vision statement:

- The vision statement should capture the dream of how coalition/participating members want their county to be.
- It needs to be concise and clear so that the message is immediately evident.
- Vision statements are positive and often contain a collage of upbeat and positive phrases such as "healthy teens" or "drug-free youth."
- The vision statement must be general; that is, it shouldn't indicate such specifics as how an organization will reach its goal. It also needs to be broad enough to attract support and not offend any group of people.
- A vision statement should be flexible. It is common ground enough so that everyone can agree with it.
- It is inspirational and adapts to fit changes in the community, needs, organization membership and times.
- It can apply to all people in your community and stand as litmus in guiding important decisions.

Source: Adapted from "Building Drug-Free Communities: A Planning Guide"

Articulate Your Problem Statement(s)

By now, you have a pretty good idea of which consequences and consumption patterns are the most imperative in your community based on the information you have collected. Before you start drafting your strategic plan, however, you need to start making some logical connections that will focus your efforts. In other words, what consequences are you concerned with and what substance use patterns contribute to those consequences? Remember, in the SPF/SIG, substance-related consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. In essence, consequences and related consumption patterns are your problem statements. What are your problem statements for your community?

Define Your Goals

"Goals are broad, general statements describing what the project or group wants to accomplish."¹⁹ In the context of the SPF/SIG, your goals should be set around the consumption and consequences.

Goal Example: Reduce non-medical use of prescription drugs among youth and young adults.

What are the goals for your community?

Identify Measurable Objectives

¹⁹ "Needs Assessment & Strategic Planning – Community How to Guide on Underage Drinking Prevention", National Highway Traffic Safety Administration, March 2001.

Just as problem statements and goals relate to consequences and consumption, objectives equate with intervening variables. “Objectives describe the intermediate steps that help accomplish the broader goals”²⁰ and relate to your intervening variables in the SPF/SIG. For example:

Problem Statement: High incidence of emergency department admissions for non-medical prescription drug use. In County X, the emergency department admissions are due largely to misuse of prescription drugs among youth and young adults.

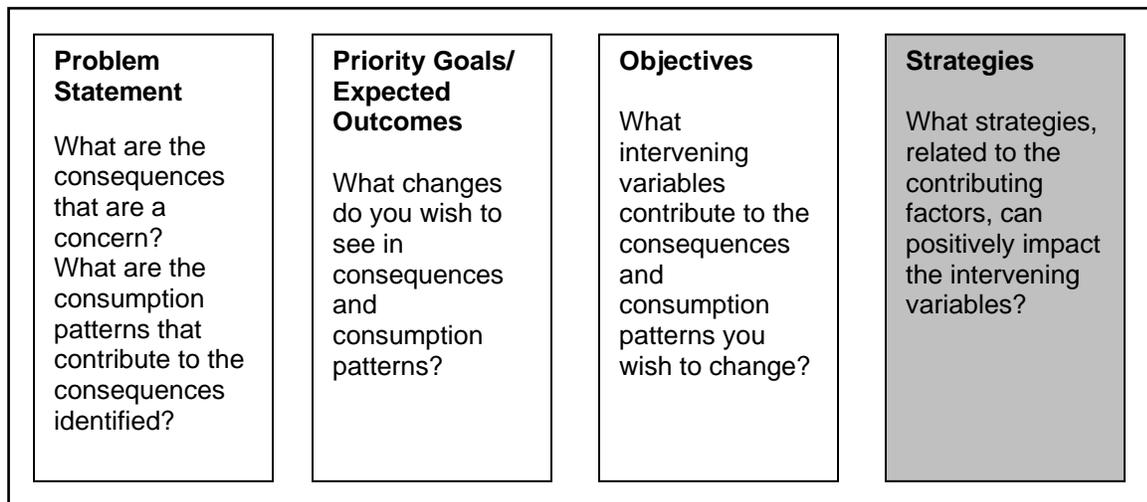
Goal: Reduce non-medical use of prescription drugs among youth and young adults.

Objective 1: Reduce social access to prescription drugs.

Objective 2: Increase perceived risk of harm from non-medical use of prescription drugs.

This is a good point at which to **begin to put your planning model together**. Your planning model (see Figure 3) depicts the decisions you have made at each step and shows how they relate to one another as well as to the strategies which will be identified. The start of a sample planning model is shown in Figure 4.

Figure 3: Planning Model



²⁰ *Ibid.*

Figure 4: Planning Model Example: Non-medical use of prescription drugs



Remember to check your planning. Starting with objectives, ask yourself:

- If I achieve the objectives, will that help meet my goals?
- Will achieving my goals impact consumption patterns and related consequences?

Two other key questions that must be addressed are, what is your capacity to address the components of the planning model and how will you know you have achieved your objectives?

A well-worded objective will be Specific, Measurable, Attainable/Achievable, Realistic and Time-bound (SMART).

Source: "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ."

PIRE will be measuring the impact of SPF SIG on the goals and objectives identified by the State's needs assessment. Where possible this will include the measurement of the project's impact on consequences, consumption and intervening variables at the State and county levels. Your plan will also need to identify measures for your objectives. To select measurements for your objectives, you need to think about how you identified them (your intervening

variables) as problems to be addressed.

What data and information did you examine or collect in your needs assessment that you can use over the next three to five years to measure the success in achieving your objectives?

Prioritizing your Objectives

Given your human and fiscal resources, it is unlikely that you will be able to address each and every intervening variable you identified. It is therefore necessary to prioritize those that you will work on in the next three to five years.

Prioritization should be based on the severity of the problem and your ability to address that problem. Severity can be thought of as the seriousness of the future consequences if no preventive actions are taken. The assessment of severity may be qualitative or quantitative, such as financial loss, number of people affected or political impact, for example. When determining the severity of an intervening variable, ask yourself:

- What are the probable results of failing to positively impact the intervening variable?
- How strong is the link between the consequence and this intervening variable?²¹

Your ability to address the problem is determined in large part by the extent of your community's resources, capacity and community readiness. You need to ask yourself whether your community has the capacity to begin implementing strategies for each intervening variable. Perhaps you have existing collaborations with law enforcement, but not with local businesses. Therefore, you may want to give enforcement a higher priority than retail access and outline what steps will be taken to build your relationships with community business leaders in your strategic plan. Or, if retail access emerges clearly as a high priority, it may justify a greater investment of time and effort to build relationships with retailers. Your capacity assessment should provide you with information that will help you identify short-term priority action steps.

You may find that you have pinpointed a severe need, but your community does not have the ability to address it. Be sure to outline in your strategic plan what steps you intend to take to build that capacity in order to ensure that the prevention strategies in your plan can be implemented effectively.

Identify Strategies

Note: Over the course of Phase I, more information will be provided to you about strategies with an evidence base.

Your next task is to research and identify strategies to address your objectives. Any strategy you select should be evidence-based. Evidence-based means there is sufficient research and evidence to demonstrate the effectiveness of the strategy. Some strategies are called "limited evidence" or "effective" strategies because their positive results are not as strongly proven as others.²²

The first thing you must consider when examining and selecting strategies is whether the strategy is appropriate for your target population and the intervening variables you identified as priorities. To ensure that your strategies are linked to your intervening variables, you need to return to the contributing factors you identified in the needs

²¹ Feathers, Paula . "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ." Southwest Center for Applied Prevention Technologies. February 22, 2006.

²² Feathers, Paula . "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ." Southwest Center for Applied Prevention Technologies. February 22, 2006.

assessment. Your strategies should relate directly to those contributing factors. Let's go back to the example used above of non-medical use of prescription drugs.

Problem Statement: High incidence of emergency department admissions for non-medical prescription drug use. In County X, the emergency department admissions are due largely to misuse of prescription drugs among youth and young adults.

Goal: Reduce non-medical use of prescription drugs among youth and young adults.

Objective 1: Reduce social access to prescription drugs.

Contributing Factor 1: Parents are not monitoring prescription drugs in the home.

Contributing Factor 2: Teens and young adults are sharing pills in party situations, including taking prescription medication without knowing what it is or what the risks are.

Objective 2: Increase perceived risk of harm from non-medical use of prescription drugs.

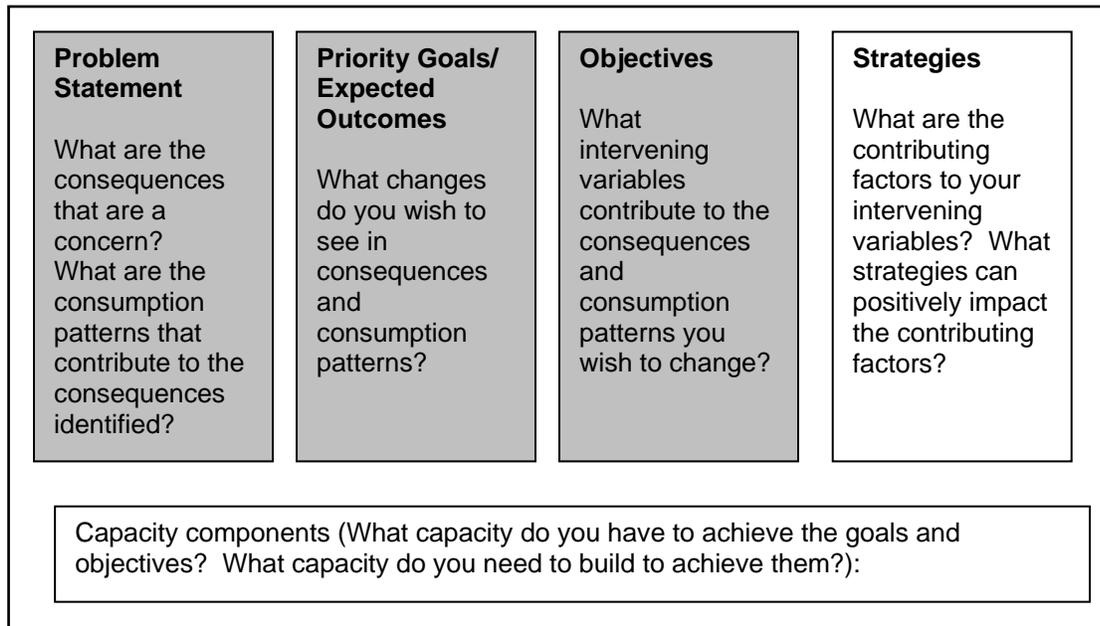
Contributing Factor 1: Lack of knowledge that even though these drugs are prescribed by a physician, they can be harmful if misused.

What strategies will you employ to impact your contributing factors?

As you did with intervening variables in naming your objectives, you also want to consider your community's capacity and level of readiness to implement strategies. Does your community have the infrastructure and resources to put the strategies into practice? To monitor and evaluate success? If not, your plan should include capacity-building steps.

At this point you can complete the last section of your planning model, the strategies you will employ. As you receive feedback on your planning model from your stakeholders, it is suggested that you send your ODCP project officer a draft of the planning model. He or she can also provide valuable feedback.

Figure 5: Planning Model with Capacity Components



Develop Action Steps

Once you know what evidence-based strategies and capacity-building activities you need to achieve your goals and objectives, you should create a plan to implement your strategies and activities. A common format for an action plan is:

 **Action Step:** Complete an action plan for year one of implementation.

| Sample Action Plan Format²³ | | | | | |
|---|-------------------|---|-----------------|---------------------------|-----------------|
| Goals | Objectives | Prevention Activities and Capacity Building Activities | Timeline | Who is Responsible | Measures |
| | | | | | |
| | | | | | |

²³ "Building Drug Free Communities: A Planning Guide", Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.79

Create a Funding Plan

A key component of the Strategic Prevention Framework is the development of a long-term strategy to **sustain** policies, program and practices.²⁴ An incentive grant is intended to assist the grantee in laying a foundation for effective prevention policies with the support of other stakeholders. The SPF SIG does not guarantee long-term funding for you to implement evidence-based strategies. In this step, the question to address is, "Now that you know what you plan to do and when, how do you plan to fund it?"



Action Step: Complete a funding plan for the next three years. (See RFI budget forms)

| Sample Funding Plan Format | | | | |
|---|--------------------------------------|---------------------------|-------------------------|--------------------|
| Planned activities/strategies (pull these from your action plan) | Estimated level of funding necessary | Potential funding sources | Steps to secure funding | Who is responsible |
| | | | | |
| | | | | |

Write Your Plan

Appendix P provides a format for the second product to be submitted to ODCP, the strategic plan. At this point, you should have all the information needed to write it.

Remember, you are encouraged to submit **memoranda of understanding** that have been signed by the SPF SIG grantee and its collaborators. The purpose of this provision is to help leverage commitments from partners to ensure that components of the strategic plan are acted upon. A memorandum of understanding, also known as a memorandum of agreement, is not a legal document and is not enforceable in court.

"Memoranda of agreement are usually used to clarify and/or specify the terms of a cooperative or collaborative arrangement involving two or more organizations. They may have to do, for example, with sharing space, with working together toward common goals, with each organization contributing something toward a common effort, or with agreements to serve on one another's boards."²⁵

Discuss the terms of the agreement with all your collaborators and then circulate a draft of the memoranda for feedback. Being clear and specific in your memoranda helps avoid misunderstandings throughout your collaboration and ensures that everyone's expectations are the same. Once the appropriate parties have signed the agreement, submit a final copy as an appendix to your strategic plan.



Action Step: Write and submit your three year strategic plan to ODCP.

²⁴ US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop"

²⁵ "Community Tool Box." University of Kansas. 29 Aug 2006 <<http://ctb.ku.edu/>>.

CULTURAL COMPETENCY

Cultural competency is a critical part of strategic planning. Michigan intends that all 5-steps of the Strategic Prevention Framework will reflect cultural astuteness. This means that planning and implementation will be inclusive of state and community level key leaders and stakeholders as well as target population input.

Definition: *“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.” {positively affecting outcomes related to ATOD Use}*

Michigan’s cultural competency foci can be summarized as follows:

- State Level: Establish and monitor cultural competence policy statewide
- Community Level: Implement policy and monitor prevention program service delivery
- Program Level: Deliver culturally appropriate prevention services

Categorically our objectives include:

Needs Assessment: Determining population and workforce need and gaps

- Provide data sources and systems that support proactive cultural competence planning at all levels including policy development, program planning and implementation
- Collaboratively conduct regular needs assessments inclusive of specific sub-populations
- Assess resources and capacity to collect/manage/report cultural competence-related information/data
- Assess cross-system process for obtaining client/community input in the development of cultural competence-related plans
- Assess cross-system process for identification and recording population’s and client’s language preferences, level of proficiency, and literacy
- Develop timetable and plan to provide information/data relevant to population gaps
- Assess workforce development opportunities regarding cultural competence-related planning and service delivery
- Systematic and ongoing examination and use of information/data relevant to cultural competence

Capacity and Resources: Providing cross-system leadership, involvement, and policy

- Communication and/or membership on planning committees that represent groups served
- Foster formal and informal alliances/links with community and other partners to address cultural competence issues

- Commit resources and capacity to collect/manage/report cultural competence–related information/data
- Develop a quality assurance mechanism of stakeholder satisfaction regarding cultural competence-related planning and service delivery
- Institutionalize linguistically competent services to foster effective communication with diverse groups
- Ensure that administrators and service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services.
- Establish and monitor cultural competence policy statewide

Planning: Mechanisms and processes for cultural competence planning

- Determine perspective and attitudes regarding the worth and importance of cultural competence, and mutual commitment to providing culturally competent services.
- Collaborative long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers
- Cross-system goal-setting, policymaking, and other oversight vehicles to help ensure the delivery of culturally competent “services.”

Implementation: Intervention, Strategy, and Policy Selection

- Collection and Use of Cultural Competence–Related Information/Data
- Assess Cross-System Infrastructure - The organizational resources required to deliver or facilitate delivery of culturally competent services
- Provide Prevention Best Practice Guidelines that account for differences related to culture in the delivery of prevention services
- Support evidenced-based services/interventions delivered in a culturally competent manner
- Advocate for service delivery adaptations tailored to population in services area (including adaptations to improve access to services)

Evaluation/Monitoring: Systems and activities needed to proactively track and assess level of cultural competence

- Monitor interventions to ensure fidelity/adaptation of evidenced- based programs
- Solicit flow and feedback of cultural competence-related information/data for use in policy, program, operations, and service delivery planning and implementation
- Conduct regular administrative/organizational evaluation regarding cultural competence
- Require/facilitate regular provider assessments regarding cultural competence (client, community, and staff input)
- Incorporate recommendations from monitoring and evaluation reports related to cultural competence

Portions Adapted from: “Generic Logic Model: Cultural Competence in Proficient Prevention Service Delivery in the SPF SIG”

Congratulations!

Working through this assessment and planning process is a huge undertaking and hopefully one that you have found helpful in moving your community forward in its efforts to tackle substance abuse problems. The idea is not that you will have a perfect assessment and strategic plan at the end of this process. Both should be considered “living documents” and part of your agreement with your partners might include setting timelines for revisiting and revising the assessment and plan on a regular basis. But, at this point, you should be ready to implement some effective strategies and see an impact on the problem in your community. Your efforts will be appreciated by the communities, as they will enjoy a better quality of life as a result of your work.

Thank you for all your hard work!

Appendices

Appendix A: Major Activities Checklist

Community Name: _____
Person Completing Form: _____
Completion Date: _____

- Submit Phase I Application for Project Management to ODCP by April 30, 2007
- Establish Community Epidemiological Workgroup (CEW) to oversee and conduct needs assessment
- Gather and review existing information (State EPI profile, CA/County Profile Supplement, other local data)
- Gather and review previous/new conducted assessments
- Brainstorm factors that contribute to the intervening variables
- Identify gaps and plan information collection
- Collect additional information to address identified gaps
- Engage in a capacity assessment with community team/staff
- Complete Needs Assessment Summary and submit to ODCP by August 31, 2007
- Develop a vision statement and problem statement(s) and identify goals, objectives and strategies for your planning model
- Categorically identify a CSPPC Planning Team
- Complete Community Strategic Plan and submit to ODCP by August 31, 2007

Note: Guidance for CA Phase II application will be issued by May 30, 2007.

Appendix B: Contact Information

MDCH Office of Drug Control Policy (ODCP)

| | | |
|---------------------|--------------------|---------------------------|
| SPF SIG Director | Larry P. Scott | scottlp@michigan.gov |
| SPF SIG Coordinator | Carolyn Foxall | foxallc@michigan.gov |
| SEW Staff Liaison | Brenda Stoneburner | stoneburnerb@michigan.gov |

PIRE

| | | |
|----------------------|------------------|-------------------|
| Lead Evaluator | Beth Moracco | moracco@pire.org |
| Associate Evaluators | Annemarie Hodges | hodges@pire.org |
| | Jessica Edwards | JEdwards@pire.org |

Appendix C: Assessment Committee Responsibilities

Community: _____

| Committee Member | Affiliation | Role/Responsibility |
|------------------|-------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Appendix D: Indicator Data for Substance Use Among Middle and High School Students (Community Profile)

| Indicator | Overall Rate of use, 2006 | Group with highest rates, 2006 | Compared to state? | Other notes |
|---|---------------------------|--------------------------------|--|--------------------|
| Lifetime use: alcohol | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Lifetime use: marijuana | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Lifetime misuse: prescription drugs | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day use: alcohol | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day use: marijuana | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day misuse: prescription drugs | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 2-week participation in binge drinking by grade | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 2-week participation in binge drinking by gender | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Age first tried alcohol | | | N/A | Changes over time? |
| Age first tried marijuana | | | N/A | Changes over time? |

Appendix D: Indicator Data for Substance Use Among Middle and High School Students (Community Profile)

Substances of greatest concern in our community:

Subpopulations/age groups of particular concern in our community:

Substances consumed in our community at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

Appendix E: Indicator Data for Substance Use Among Adults (Community Profile)

| Indicator | County/Community: Rate of use | State: Rate of Use | Compared to state? | Other notes |
|---|-------------------------------|--------------------|--|-------------|
| Lifetime use among adults: alcohol | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Lifetime use among adults: marijuana | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Lifetime use among adults: prescription drugs | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day use among adults: alcohol | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day use among adults: marijuana | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 12-month participation in binge drinking | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 30-day participation in binge drinking | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Previous 12-month binge drinking by gender (not available for all counties) | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Individuals crossing the threshold for prescription drugs | Female: Male: | Female: Male: | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |
| Median age of individuals crossing the threshold | | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | |

Appendix E: Indicator Data for Substance Use Among Adults (Community Profile)

Substances of greatest concern in our community:

Substances consumed in our community at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

Consequences of concern in my community among particular subpopulations/age groups:

Appendix F: Indicator Data: Substance Use Consequences Among Youth (Community Profile)

| Indicator | Rate of consequence in most recent year: <u>County/Community</u> | Compared to state? | Trends over time? | Other notes |
|--|---|--|--|-------------|
| Juvenile arrests for alcohol violations | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Juvenile arrests for drug violations | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Suspensions/removals due to alcohol or drugs | N/A | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | N/A | |

Consequences of concern in my community:

Consequences in which my community exceeds the state:

Consequences where we need more information (such as who, what, where, why and when):

Appendix G: Indicator Data: Substance Use Consequences Among Adults (Community Profile)

| Indicator | Rate of consequence in most recent year: <u>County/Community</u> | Compared to state? | Trends over time? | Other notes |
|--|--|--|--|-----------------------------|
| Rates of reported crimes per 1,000 people, by type | | N/A | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Arrests for alcohol violations, age 18 and older | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Adult OUI arrests, age 18 and older | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Arrests for drug violations, age 18 and older | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of total fatal crashes over 5 years that were alcohol-related | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | Compared to other counties? |
| Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Deaths by underlying cause | | N/A | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Overdose deaths | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |

| Indicator | Rate of consequence in most recent year: <u>County/Community</u> | Compared to state? | Trends over time? | Other notes |
|--|--|--|--|-------------|
| Treatment admissions (all ages) | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of total treatment admissions (18 and older) involving alcohol | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of total treatment admissions (18 and older) involving marijuana | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |
| Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties) | | <input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same | <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change | |

Consequences of concern in my community:

Consequences of concern in my community among particular subpopulations/age groups:

Consequences in which my community exceeds the state:

Consequences where we need more information (such as who, what, where, why and when):

Appendix H: Review of Past Needs Assessments

Community Name: _____
 Person Completing Form: _____
 Completion Date: _____

Once you have collected the past assessments that have been conducted in your community, fill out the grid below.

| Who conducted it and when? | What geographic area did it cover? | What age group(s) did it cover? | What type of information is in the assessment? | What were the key findings relevant to substance abuse prevention? |
|----------------------------|------------------------------------|---------------------------------|--|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Appendix H: Review of Past Needs Assessments (cont'd)

List any regions in your community in which an assessment that included substance abuse has not been conducted and why (if known):

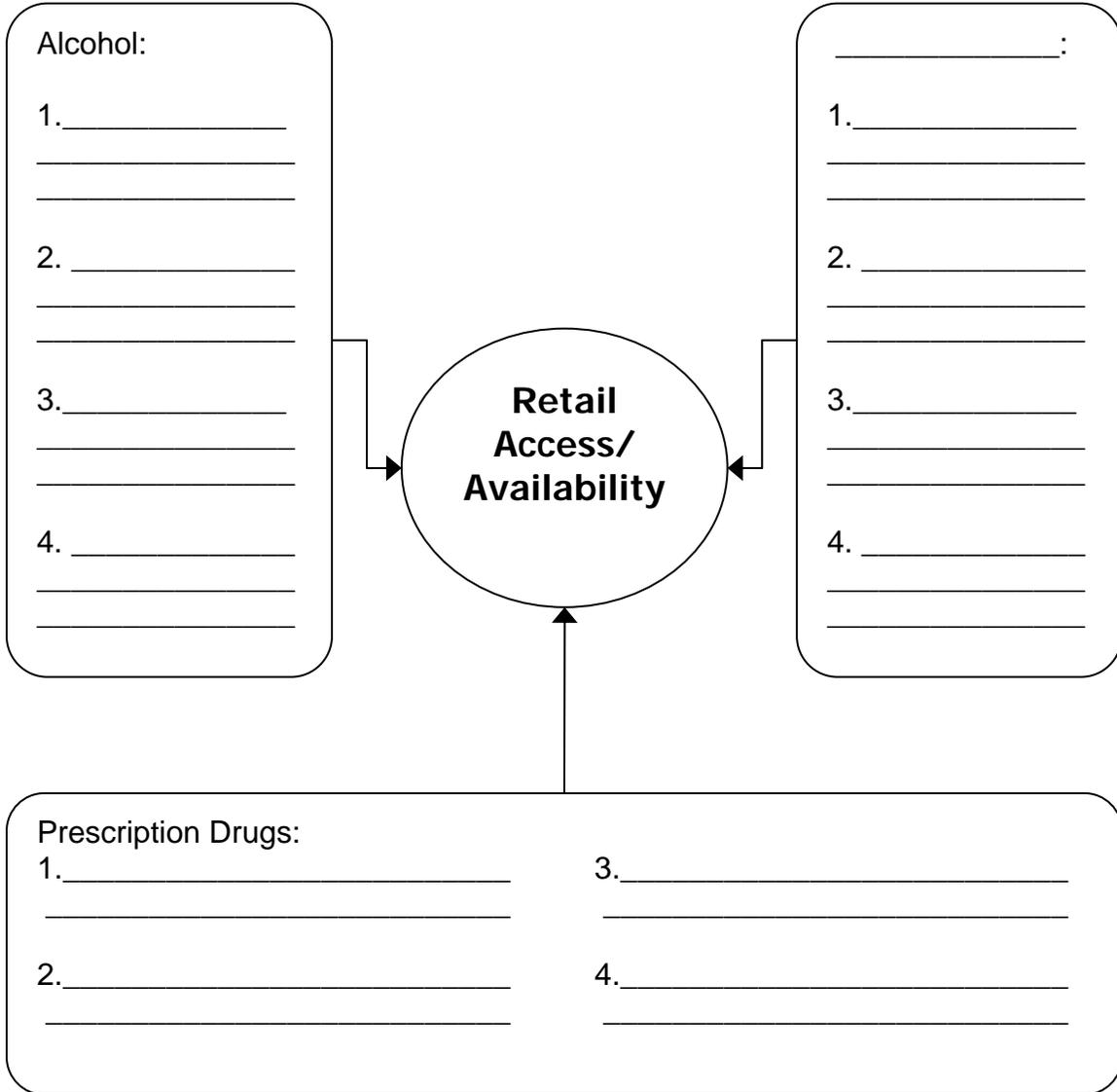
Appendix I: Brainstorming Contributing Factors

Community Name: _____

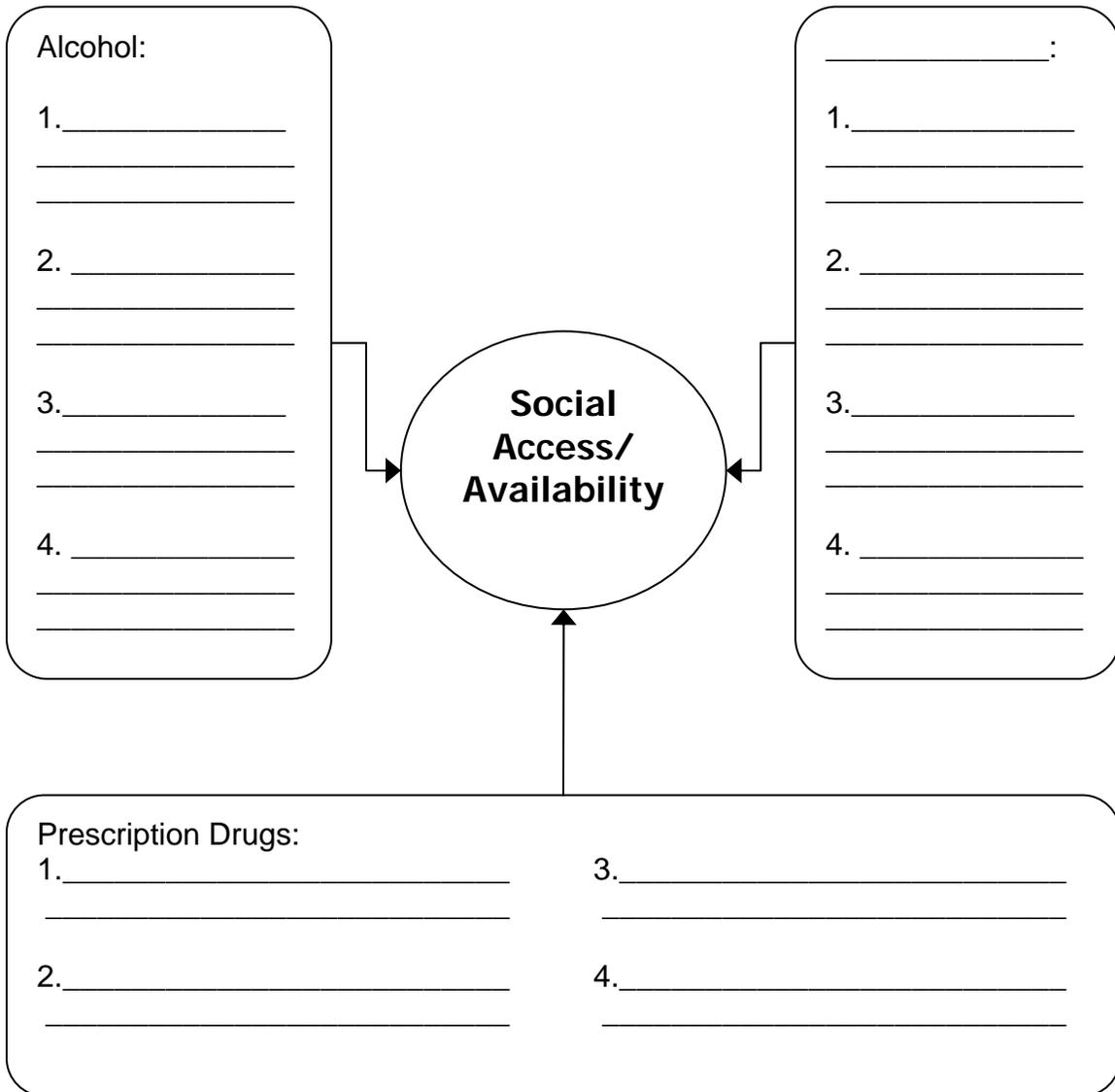
Person Completing Form: _____

Completion Date: _____

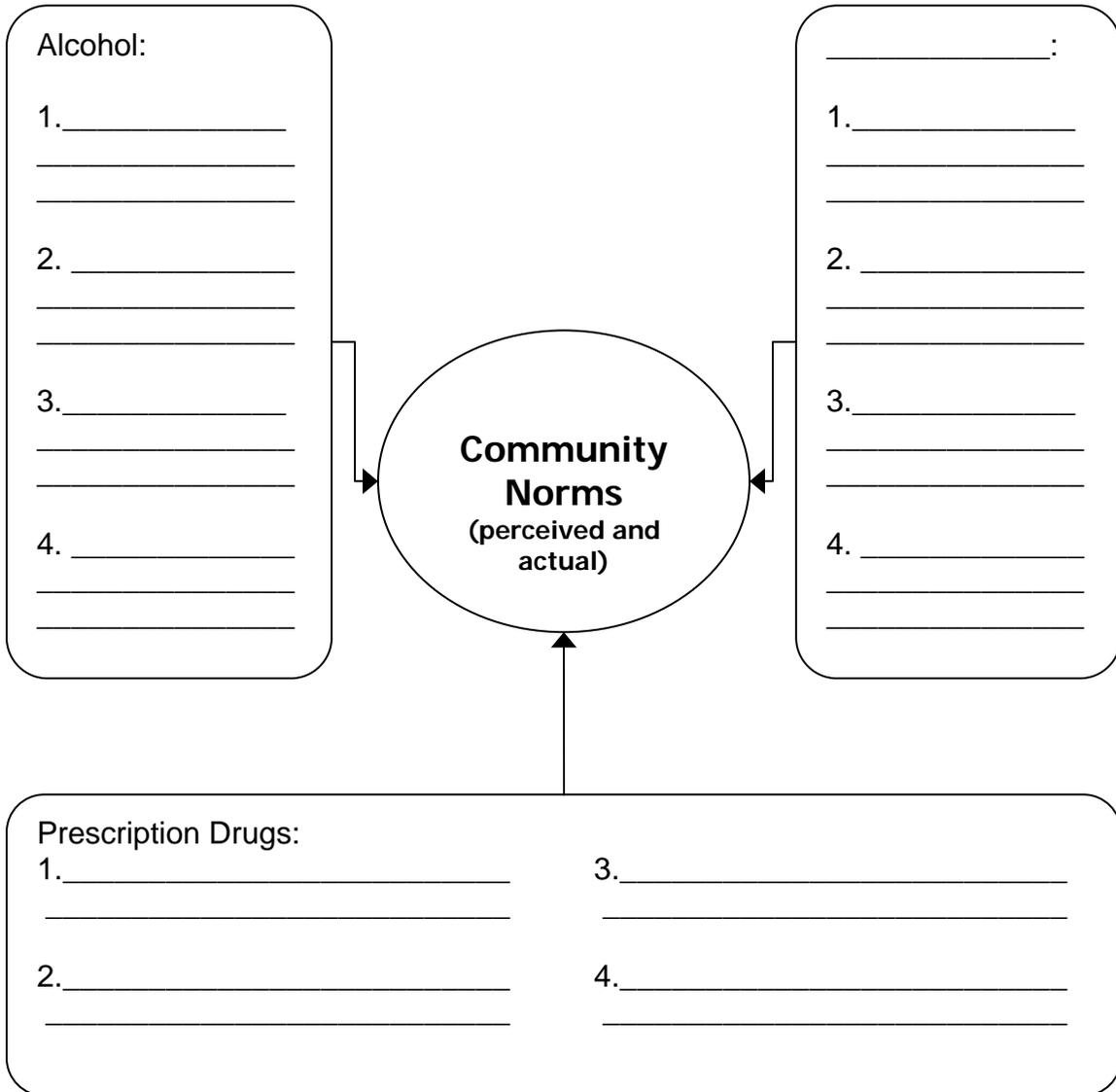
List POSSIBLE factors that contribute to each intervening variable:



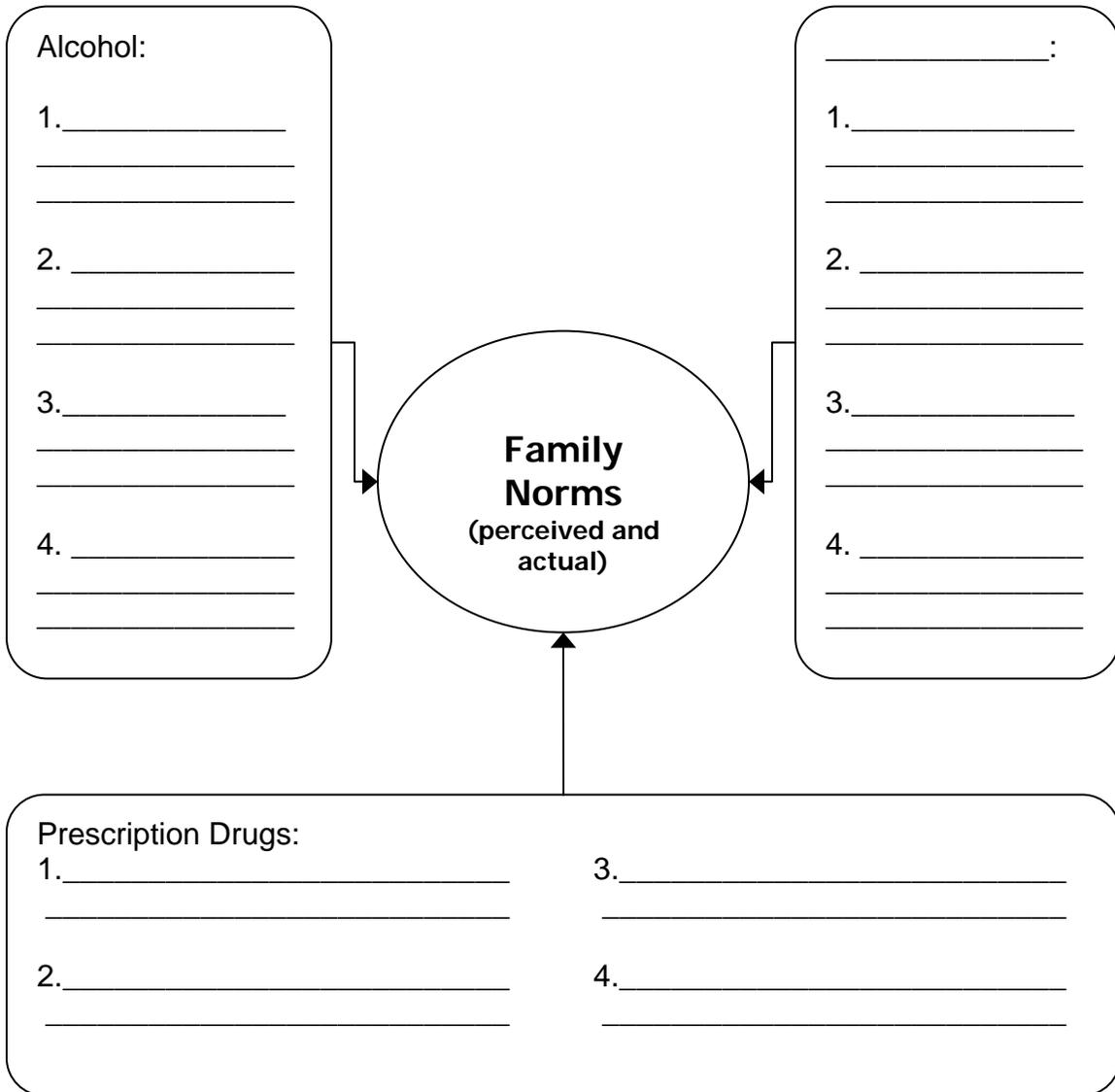
Brainstorming Contributing Factors



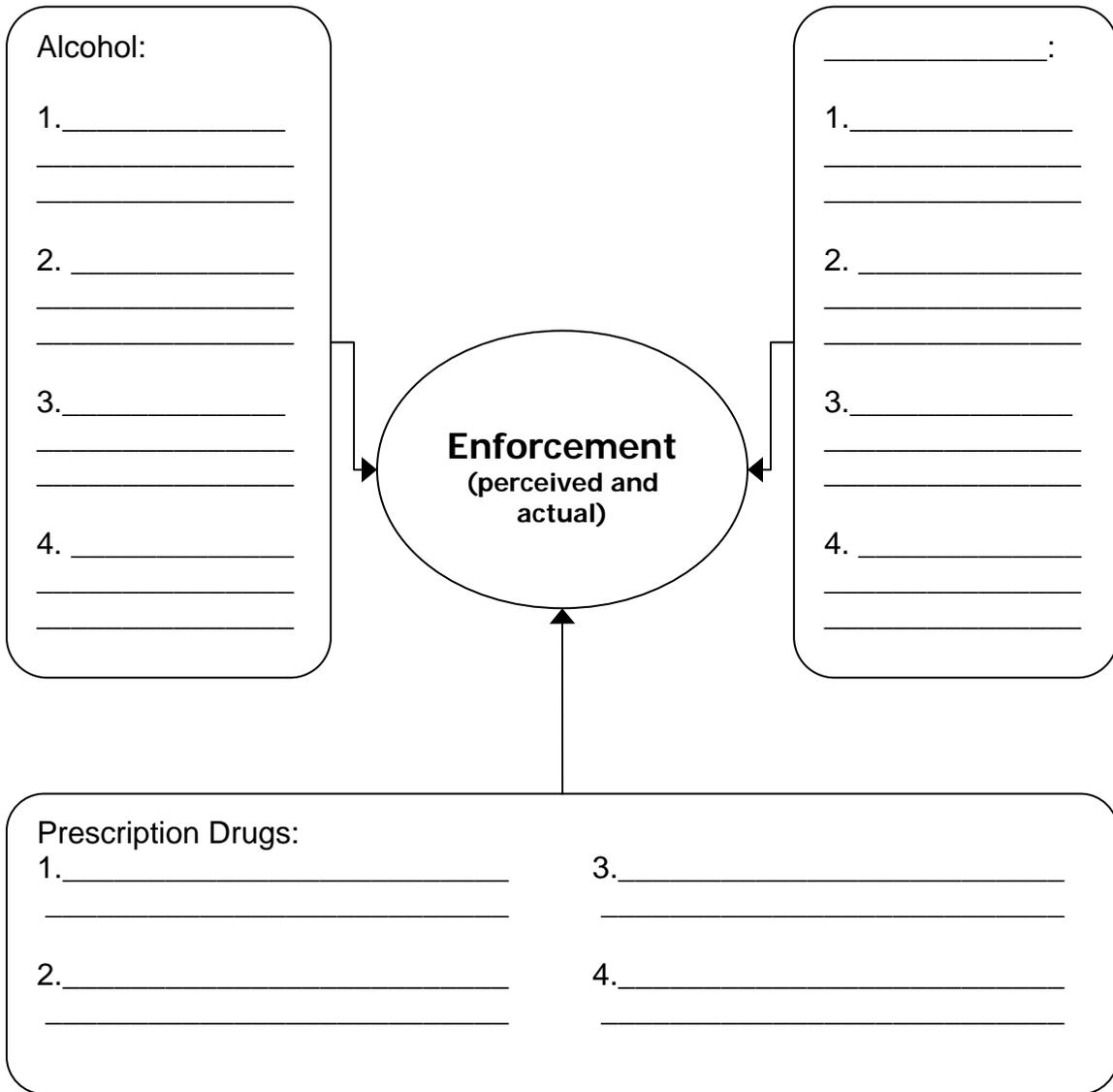
Brainstorming Contributing Factors



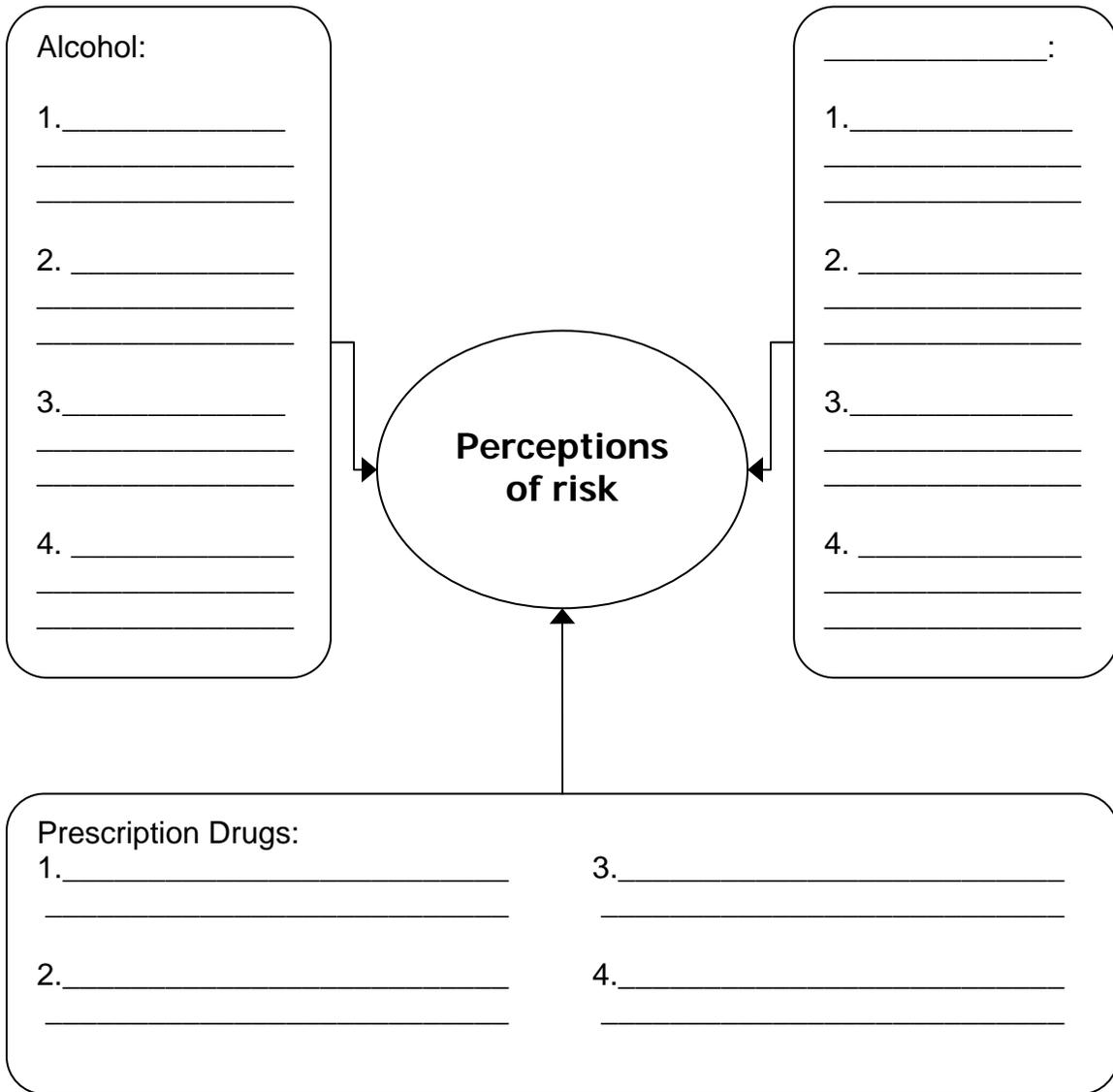
Brainstorming Contributing Factors



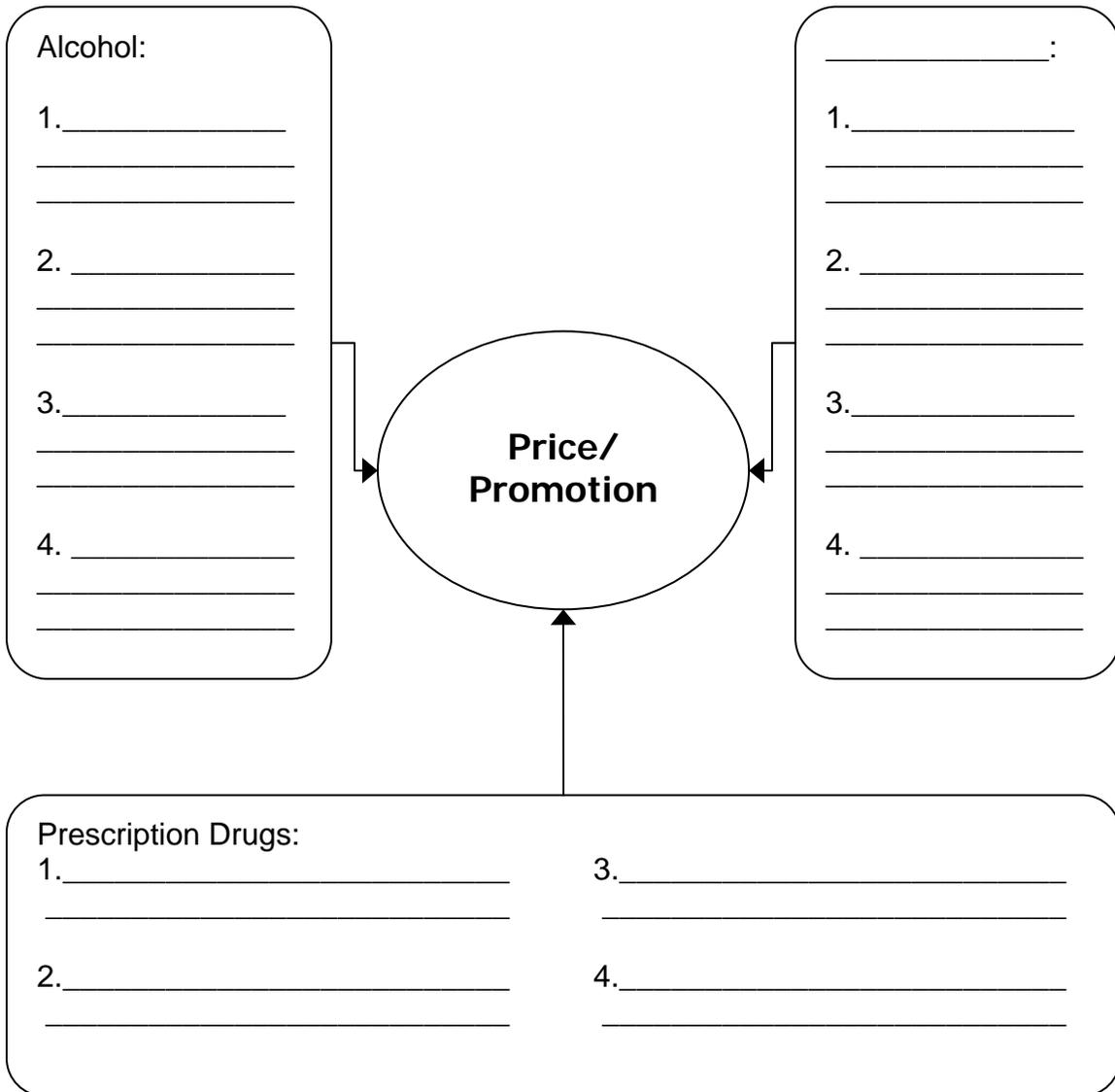
Brainstorming Contributing Factors



Brainstorming Contributing Factors



Brainstorming Contributing Factors



Appendix J: Information Collection Plan²⁶

Community Name: _____

Person Completing Form: _____

Completion Date: _____

| Research Questions | Information Source | Collection Procedure | Timeline | Persons Responsible |
|---|--|---|---|----------------------------------|
| What do else do we need to know? (this should be driven largely by gaps that exist in knowledge that relate to intervening variables and their contributing factors) | From whom or from what will you get the information? | What methodology will be used to collect the information? (e.g., focus groups, interviews) | When will the information be collected? | Who will gather the information? |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

²⁶ Harris, Meena. "Phase III: Designing a Data Collection Plan" "Safe and Drug-Free School Handbook for Program Evaluation: A Guide to Understanding the Process" 60-61, 2 August 2006

Appendix K: Data Sources for Community Needs Assessments

Note: The table below presents data sources and links for several indicators related to the State Prevention Framework/State Incentive Grant (SPF/SIG) priority problem, *Alcohol-Related Traffic Crash Deaths*. These indicators were identified by the State Epidemiological Workgroup (SEW) as relevant for providing information that will aid in assessing the burden of alcohol-related traffic crashes and its related problems, i.e. injuries, deaths, arrests, adjudication, underage drinking, and other consumption problems, on communities. These data sources were included in this table primarily due to state level availability and the ability to access sub-state level data. Coordinating Agencies should utilize these sources as a guide as well as any additional regional and local data to identify communities of impact within their regions. The SEW will continue to forward data sources to CAs for needs assessment purposes as they become available. CAs may also share unique data sources and ideas with other CAs and ODCP throughout the SPF/SIG project.

| Indicator | Data Type | Level of Analysis | Latest Year | Population | Simplicity of data system | Data Source |
|---|--------------------------------|---------------------------|--------------------------------|---|---------------------------|---|
| Alcohol-Related Traffic Crash Deaths and Injuries | # of deaths | County, Township | 2004 | All ages by county only | Simple | Michigan Traffic Crash Facts http://www.michigantrafficcrashfacts.org/Co_Comm.htm |
| Alcohol -Related Traffic Deaths | # of deaths, percent of deaths | National, State, County | 2004 | Total population | Medium | Fatality Analysis Reporting System (FARS) http://www-fars.nhtsa.dot.gov/ |
| Alcohol Use; Current Use, Binge Drinking, Perceived Risk of Use | % use | Region | 1999 – 2004 (collapse rate) | 12 – 17, 18 – 25, 26 or older (1999-2001) All age groups (2002-2004) | Simple | National Survey on Drug Use and Health (NSDUH) http://oas.samhsa.gov/subStateTABS/AgeTabs.htm http://oas.samhsa.gov/substate2k6/substate.pdf |
| Alcohol Use; Binge Drinking, Heavy Drinking | % use | Region, Health Department | 2005 | Total adult population, 18 - 64 | Simple | Behavioral Risk Factor Survey (BRFS) www.michigan.gov/mdch (published reports and surveys) http://www.michigan.gov/mdch/0,1607,7-132-2939_2945_5104_5279_39424_39427-134707--_00.html |

Appendix K: Data Sources for Community Needs Assessments (cont'd)

| Indicator | Data Type | Level of Analysis | Latest Year | Population | Simplicity of data system | Data Source |
|--|-------------------------------------|---|-------------|----------------------|---------------------------|---|
| Alcohol, Tobacco and Drug Use | % use | Region | 2001 | High School Students | Simply | Michigan Substance Abuse Risk and Protective Factor Survey; Office of Drug Control Policy (ODCP) http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_29888-46477--,00.html |
| Liquor License | # of liquor licenses and violations | County | 2006 | Total Population | Medium | Liquor Control Commission (LLC) www.michigan.gov/cis http://www.michigan.gov/cis/0,1607,7-154-10570_15039---,00.html http://www.michigan.gov/cis/0,1607,7-154-10570_12905---,00.html |
| Alcohol and Drug Involved Arrest and Convictions | # of arrests and convictions | County | 2005 | Under 21 and over 21 | <i>Simple</i> | <i>Michigan State Police; Michigan Drunk Driving Audit</i> http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4626-27728--,00.html |
| DUI and other crimes arrest data | # of arrests | County and Township/City Police Departments | 2004 | All age groups | <i>Simple</i> | <i>Michigan State Police; Uniformed Crime Reports</i> http://www.michigan.gov/documents/Cg-arr04_140090_7.pdf |

Appendix K: Data Sources for Community Needs Assessments (cont'd)

| Indicator | Data Type | Level of Analysis | Latest Year | Population | Simplicity of data system | Data Source |
|---|-----------------------|---------------------------------|-------------|--------------------|---------------------------|--|
| Lung Cancer Cases and Deaths | # of Cases and Deaths | County, Local Health Department | 2004 | Total Population | <i>Simple</i> | <i>Lung Cancer Incidence and Mortality Trends, MDCH Vital Statistics</i> http://www.mdch.state.mi.us/pha/osr/chi/cancer/frame.asp?Topic=5&Mode=1 |
| Other ATOD Social Indicators | Rates | County | 2002 | Varying age groups | <i>Simple</i> | <i>Assessing Substance Abuse Prevention Needs in Michigan Counties – A study Using Social Indicators – ODCP</i> http://www.michigan.gov/mdch/0,1607,7-132-2941_4871-59279--,00.html |
| Other ATOD consequences by ICD-10 codes | # of deaths, rates | County | 1999-2002 | All age groups | Medium | CDC Wonder http://wonder.cdc.gov/mortICD10J.html |
| Other Alcohol Related deaths | # of deaths | County | Varying | All age group | Complex | Alcohol-related Disease Impact System (ARDI) http://apps.nccd.cdc.gov/ardi/HomePage.aspx |
| Alcohol and Drug Related Poison Cases | # of Case | County | 2005 | Total Population | Medium | Poison Control Centers http://www.mitoxic.org/pcc/petsplants/ http://www.mitoxic.org/pcc/MPCSSStats.pdf |
| Drug-Related Emergency Department Visits and Deaths | | Metropolitan Areas only | | Total Population | Simple | Drug Abuse Warning Network (DAWN) http://dawninfo.samhsa.gov/ |
| Population Statistics | | County | 2005 | All age group | Medium | US Census Bureau http://quickfacts.census.gov/qfd/states/26000.html |

Appendix L: Capturing Individual Focus Group Information

Community Name:

Person Completing Form:

Completion Date:

Use this summary sheet to summarize your impressions after each focus group.

Facilitator:

Date:

Focus Group:

Number of Participants:

What were the main themes, issues, and reactions you witnessed during this session?

What key points resonated with other information you have collected?

What, if any, key points contradict other information you have collected?

Appendix M: Analyzing Focus Group Information

Community Name: _____

Person Completing Form: _____

Completion Date: _____

*Use this summary sheet to help capture the general themes that emerged from **all** your focus groups, as well as differences that you noticed.*

How many focus groups did you conduct?

How many participants attended in total?

List the categories of people that attended the focus groups:

What were the common themes?

...regarding drinking?

...regarding marijuana use?

...regarding misuse of prescription drugs?

...regarding other substances/topics?

What did you learn about your intervening variables and contributing factors?

Were there any significant differences in among the various focus groups? If yes, please describe.

Appendix N: Environmental Scan

| Alcohol-Related Traffic Crash Trends | | | |
|---|-------------|-------------|-----------------|
| Name of Community/County | 2000 | 2006 | % Change |
| Community A | 9,800 | 10,005 | 2.1% |
| Community B | 325 | 285 | -14.0% |
| Community C | 5 | 5 | 0% |
| Community D | 16 | 20 | 20.0% |
| Community E | 15 | 35 | 57.0% |
| CA Total | 10,161 | 10,350 | 2.8% |
| State of Michigan | 600,000 | 595,001 | -1.0% |
| National | 15,000,000 | 14,700,000 | -2.0% |

Nationwide there was a decrease of -2.0% (severity) in Alcohol-Related Traffic Crash Deaths. This CA shows a net increase of 189 deaths (magnitude) or 2.8%. If the CA wants to decrease the magnitude of deaths in their region some questions might be:

1. Which community is experiencing the most deaths?
2. Which age group is experiencing the most deaths (e.g. underage drinkers (UAD), adults (A), senior adults (SA))?
3. What circumstances contribute or lead to intoxication that relates to these deaths (e.g. underage drinking, cocktail parties, senior poly-drug use)?
4. Other?

The answer to any of these questions may lead to the development of another scan. For example if there are multiple answers showing that the most deaths are occurring in Community "A" among UADs, the next step would be to scan the drinking environment(s) and or circumstances that contribute to underage drinking. A CEW might recommend addressing childhood and underage drinking (CUAD) in all communities within the CA or to target those communities/counties where the problem seems worse or is impacting the state to the greatest degree. Let's assume that Community A is selected as the target community.

Appendix N: Environmental Scan (cont'd)

The following chart “scans” or examines Community A to increase understanding of the CUAD problem.

| Childhood & Underage Drinking in Community A | | | |
|---|--|--|--|
| CA #X | Alc-Related Traffic Crash Deaths Among 12 to 14 yr olds | Alc-Related Traffic Crash Deaths Among 14 to 18 yr olds | Alc-Related Traffic Crash Deaths Among 18 to 21 yr olds |
| Community A | | | |
| Social Events | | | |
| School-Related | | | |
| Sports-Related | | | |
| Other Settings | | | |

The preliminary results of the scan will help Community A strategically plan how they will resolve the problem (e.g. What are the root issues? Where should we focus? Who should we involve?). Remember this is just an example. Your questions may differ from these and each community may have a different set of questions. It may be helpful to refer to the Logic Models developed by the SEW for other potential intervening variable ideas.

Appendix O: Assessment Report

County Name:

Person Completing Form:

Completion Date:

Section 1: What you learned initially

From your initial review of existing data and prior assessments,

1. What consumption patterns are of particular concern in your county? Why? Among which population(s)? Please make sure you list the source of your information.
2. What consequences are of concern? Why? Please make sure you list the source of your information.
3. What knowledge gaps exist?

Note: Before completing Section 2, you must have completed your additional information collection efforts (i.e., Needs Assessment Part II).

Section 2: Putting it all together

Grantees are expected to include in their assessment and strategic plan the priorities identified in Michigan's State Strategic Plan.

The table that follows can be modified to identify community factors that contribute to *Alcohol-Related Traffic Crash Deaths* or other local problems. The areas in which you will be looking for linkages between contributing factors and consumption and consequences are as follows:

- **Enforcement** includes the enforcement of the rules, laws and policies surrounding substance use and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate the rules, laws and policies.
- **Retail access/availability** refers to the accessibility of alcohol, tobacco and drugs from retail sources (i.e., where money is exchanged).²⁷ Examples are: the ability of underage youth to obtain alcohol from stores as well as the ease of purchasing alcohol for adults; and, the sale of drug paraphernalia, such as rolling papers.
- **Social access/availability** refers the access one has to substances through social networks. In this case money is rarely exchanged. For example, parents who throw house parties provide social access to alcohol for youth.
- **Price** refers to economic availability such as special deals and discounts for alcohol in particular, such as "2 for 1" specials or discounted happy hour prices.
- **Promotion** attempts to increase the attractiveness of drinking, smoking or using illicit drugs.²⁸ It can include advertising that promotes excessive, illegal and/or unsafe use as well as sponsorship of events that promote excessive, illegal and/or unsafe use.
- **Perceived risk** - if individuals do not feel substance use poses a great risk, they tend to underestimate the potential consequences. For example, if individuals believe that they won't get in a crash while driving under the influence, they may be more likely to engage in that behavior.
- **Social norms** are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.²⁹

²⁷ A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

²⁸ A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

²⁹ A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

- *Family norms* include parental attitudes towards substances (e.g. kids will be kids), parental monitoring and involvement, parental/sibling use of substances.
- *Community/peer norms* include attitudes of peers and adults in the community towards substance use (e.g. belief that most people drink/use drugs or that social events must include substances), peer/community use of substances, and the perceived social benefits of substance use (the “coolness” factor).

Contributing Factors for:

| In your community, is there a connection between the following intervening variables and your priority problem? | If yes, what is the connection (contributing factors) and how do you know this? |
|--|--|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

Section 3: Capacity Assessment

Attach your capacity assessment to the report you submit to ODCP.

1. Which areas of capacity (strengths) will assist you in the development of your strategic plan?
2. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years and why?

Appendix P: Strategic Plan Outline

- Introduction
- Identification of the priority problem(s) to be addressed;
- A description of the purpose of the proposed SPF/SIG Community Strategic Plan;
- Relationship of this project to other CA and community prevention activities;
- A description of the community to be impacted including demographics, geography etc.;
- A description of how the needs assessment was used to select evidence based programming policies and practices to be implemented and how they were selected;
- A description of how the Community Strategic Plan will address population-based and community level change;
- A description of capacity and resources needed for the plan including a detailed budget;
- A description of training needs;
- A description of barriers to implementing the Community Strategic Plan and how these barriers will be addressed;
- A description of the collaborative relationship among community partners and stakeholders and how to these community partners contributed to the Community Strategic Plan effort, (e.g., joint planning, sharing of resources, joint training, joint funding, memoranda of understanding);
- A plan for the application of cultural competency in the development and implementation of the plan; and
- A description of desired community-level Community Strategic Plan outcomes including timelines and milestones.

(Complete one of these tables for each problem statement)

Problem Statement:

Goal:

| Objective (from intervening variables) | Strategies (to address contributing factors) | Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them?) |
|--|---|--|
| Objective 1: Capacity Building Actions: | 1. 2. 3. | |
| Objective 2: Capacity Building Actions: | 1. 2. 3. | |
| Objective 3: Capacity Building Actions: | 1. 2. 3. | |

Capacity Building Priorities (Describe any additional capacity building priorities beyond those associated with specific objectives in the tables above)

Action Plan (insert and describe your workplan for year one)

Sustainability (Describe your plan for continuing the collaborative strategic planning process beyond the SPF/SIG grant. Describe your funding plan to develop and attain the resources needed to implement the priority strategies identified)

Appendices

Assessment Report (or reference where it can be found)

Planning Model

MOUs

Appendix Q: Alcohol-Related Traffic Crash Deaths by CA Regions and County

| CA Name | County | 2006 | 2004 | 2001-2005 | 2004 | 1999-2001 | 1999-2001 | |
|---------------|--------------|-----------|------------|------------|----------------------------|------------|----------------|-------------------|
| | | CA Region | population | fatalities | fatality rate/1000 persons | ages 15-19 | Binge Drinking | Underage Drinking |
| Detroit = 1 | Detroit | 1 | 951,270 | 229 | 0.2407 | 68,707 | 30.25 | 11.38 |
| Genesee = 2 | Genesee | 2 | 443,947 | 110 | 0.2478 | 31,274 | 41.18 | 16.28 |
| Kalamazoo = 3 | Barry | 3 | 59,371 | 21 | 0.3537 | 4,180 | 42.59 | 15.99 |
| | Branch | 3 | 46,444 | 11 | 0.2368 | 3,330 | 42.59 | 15.99 |
| | Kalamazoo | 3 | 240,724 | 51 | 0.2119 | 20,331 | 42.59 | 15.99 |
| | Saint Joseph | 3 | 62,964 | 20 | 0.3176 | 11,870 | 42.59 | 15.99 |
| | Van Buren | 3 | 78,541 | 32 | 0.4074 | 6,021 | 41.06 | 16.52 |
| Lakeshore = 4 | Allegan | 4 | 112,477 | 27 | 0.2400 | 8,050 | 41.06 | 16.52 |
| | Berrien | 4 | 163,125 | 37 | 0.2268 | 11,714 | 41.06 | 16.52 |
| | Cass | 4 | 51,761 | 20 | 0.3864 | 3,685 | 41.06 | 16.52 |
| | Muskegon | 4 | 174,401 | 35 | 0.2007 | 12,671 | 41.06 | 16.52 |
| | Ottawa | 4 | 252,351 | 29 | 0.1149 | 20,730 | 41.06 | 16.52 |
| Macomb = 5 | Macomb | 5 | 822,660 | 111 | 0.1349 | 48,671 | 41.68 | 18.60 |
| Mid-South = 6 | Calhoun | 6 | 139,067 | 28 | 0.2013 | 10,123 | 45.26 | 17.03 |
| | Clinton | 6 | 68,800 | 20 | 0.2907 | 4,912 | 45.26 | 17.03 |
| | Eaton | 6 | 107,056 | 15 | 0.1401 | 8,035 | 45.26 | 17.03 |
| | Gratiot | 6 | 42,396 | 13 | 0.3066 | 3,394 | 45.26 | 17.03 |
| | Hillsdale | 6 | 47,470 | 21 | 0.4424 | 3,846 | 45.26 | 17.03 |
| | Ingham | 6 | 280,073 | 34 | 0.1214 | 26,229 | 45.26 | 17.03 |
| | Jackson | 6 | 162,973 | 42 | 0.2577 | 10,607 | 45.26 | 17.03 |
| | Lenawee | 6 | 101,768 | 20 | 0.1965 | 7,671 | 45.26 | 17.03 |
| | Ionia | 6 | 64,378 | 24 | 0.3728 | 4,917 | 41.49 | 18.31 |
| Newaygo | 6 | 49,892 | 16 | 0.3207 | 3,645 | 41.49 | 18.31 | |
| Kent = 7 | Kent | 7 | 593,898 | 96 | 0.1616 | 44,270 | 41.49 | 18.31 |
| Northern = 8 | Alcona | 8 | 11,646 | 6 | 0.5152 | 639 | 44.96 | 19.19 |
| | Alpena | 8 | 30,739 | 6 | 0.1952 | 2,356 | 44.96 | 19.19 |
| | Antrim | 8 | 24,500 | 12 | 0.4898 | 1,501 | 44.96 | 19.19 |
| | Benzie | 8 | 17,466 | 3 | 0.1718 | 950 | 44.96 | 19.19 |
| | Charlevoix | 8 | 26,665 | 4 | 0.1500 | 1,749 | 44.96 | 19.19 |
| | Cheboygan | 8 | 27,289 | 12 | 0.4397 | 1,723 | 44.96 | 19.19 |

| | | 2006 | 2004 | 2001-2005 | 2004 | 1999-2001 | 1999-2001 | |
|---------------|----------------|-----------|------------|------------|----------------------------|------------|----------------|-------------------|
| CA Name | County | CA Region | population | fatalities | fatality rate/1000 persons | ages 15-19 | Binge Drinking | Underage Drinking |
| | Clare | 8 | 31,838 | 6 | 0.1885 | 2,141 | 44.96 | 19.19 |
| | Crawford | 8 | 14,870 | 6 | 0.4035 | 1,017 | 44.96 | 19.19 |
| | Emmet | 8 | 33,277 | 8 | 0.2404 | 2,180 | 44.96 | 19.19 |
| | Gladwin | 8 | 27,172 | 6 | 0.2208 | 1,682 | 44.96 | 19.19 |
| | Grand Traverse | 8 | 82,752 | 11 | 0.1329 | 5,558 | 44.96 | 19.19 |
| | Iosco | 8 | 26,873 | 7 | 0.2605 | 1,719 | 44.96 | 19.19 |
| | Isabella | 8 | 64,481 | 14 | 0.2171 | 8,763 | 44.96 | 19.19 |
| | Kalkaska | 8 | 17,204 | 6 | 0.3488 | 1,150 | 44.96 | 19.19 |
| | Lake | 8 | 11,881 | 4 | 0.3367 | 1,000 | 44.96 | 19.19 |
| | Leelanau | 8 | 22,163 | 4 | 0.1805 | 1,412 | 44.96 | 19.19 |
| | Manistee | 8 | 25,090 | 4 | 0.1594 | 1,596 | 44.96 | 19.19 |
| | Mason | 8 | 29,074 | 13 | 0.4471 | 2,029 | 44.96 | 19.19 |
| | Mecosta | 8 | 42,394 | 11 | 0.2595 | 4,285 | 44.96 | 19.19 |
| | Midland | 8 | 84,615 | 22 | 0.2600 | 6,264 | 44.96 | 19.19 |
| | Missaukee | 8 | 15,286 | 4 | 0.2617 | 1,144 | 44.96 | 19.19 |
| | Montmorency | 8 | 10,498 | 7 | 0.6668 | 676 | 44.96 | 19.19 |
| | Oceana | 8 | 28,415 | 20 | 0.7039 | 2,280 | 44.96 | 19.19 |
| | Ogemaw | 8 | 21,919 | 7 | 0.3194 | 1,480 | 44.96 | 19.19 |
| | Osceola | 8 | 23,842 | 9 | 0.3775 | 1,849 | 44.96 | 19.19 |
| | Oscoda | 8 | 9,348 | 7 | 0.7488 | 665 | 44.96 | 19.19 |
| | Otsego | 8 | 24,513 | 4 | 0.1632 | 1,682 | 44.96 | 19.19 |
| | Presque Isle | 8 | 14,306 | 5 | 0.3495 | 997 | 44.96 | 19.19 |
| | Roscommon | 8 | 26,103 | 7 | 0.2682 | 1,535 | 44.96 | 19.19 |
| | Wexford | 8 | 31,494 | 14 | 0.4445 | 2,370 | 44.96 | 19.19 |
| Oakland = 9 | Oakland | 9 | 1,213,339 | 136 | 0.1121 | 74,121 | 44.33 | 16.00 |
| Pathways = 10 | Alger | 10 | 9,760 | 2 | 0.2049 | 642 | 49.37 | 19.27 |
| | Chippewa | 10 | 38,791 | 6 | 0.1547 | 2,816 | 49.37 | 19.27 |
| | Delta | 10 | 38,380 | 6 | 0.1563 | 2,938 | 49.37 | 19.27 |
| | Luce | 10 | 6,850 | 2 | 0.2920 | 467 | 49.37 | 19.27 |
| | Mackinac | 10 | 11,383 | 4 | 0.3514 | 737 | 49.37 | 19.27 |

| CA Name | County | 2006 | 2004 | 2001-2005 | 2004 | 1999-2001 | 1999-2001 | |
|-----------------|-----------------|-----------|------------|------------|----------------------------|------------|----------------|-------------------|
| | | CA Region | population | fatalities | fatality rate/1000 persons | ages 15-19 | Binge Drinking | Underage Drinking |
| | Marquette | 10 | 64,874 | 19 | 0.2929 | 5,542 | 49.37 | 19.27 |
| | Menominee | 10 | 25,174 | 9 | 0.3575 | 1,832 | 49.37 | 19.27 |
| | Schoolcraft | 10 | 8,874 | 2 | 0.2254 | 602 | 49.37 | 19.27 |
| Riverhaven = 11 | Shiawassee | 11 | 73,125 | 18 | 0.2462 | 5,246 | 45.26 | 17.03 |
| | Arenac | 11 | 17,321 | 8 | 0.4619 | 1,223 | 44.96 | 19.19 |
| | Bay | 11 | 109,480 | 31 | 0.2832 | 7,664 | 44.03 | 21.42 |
| | Huron | 11 | 34,948 | 6 | 0.1717 | 2,518 | 42.56 | 21.46 |
| | Tuscola | 11 | 58,646 | 16 | 0.2728 | 4,730 | 42.56 | 21.46 |
| | Montcalm | 11 | 63,627 | 23 | 0.3615 | 4,568 | 41.49 | 18.31 |
| Saginaw = 12 | Saginaw | 12 | 209,062 | 51 | 0.2439 | 15,497 | 44.03 | 21.42 |
| St. Clair = 13 | Lapeer | 13 | 92,510 | 40 | 0.4324 | 6,722 | 43.49 | 21.46 |
| | Saint Clair | 13 | 170,916 | 39 | 0.2282 | 15,497 | 42.56 | 21.46 |
| | Sanilac | 13 | 44,828 | 7 | 0.1562 | 3,343 | 42.56 | 21.46 |
| Southeast = 14 | Monroe | 14 | 152,552 | 39 | 0.2557 | 10,938 | 43.49 | 16.46 |
| | Wayne - Detroit | 14 | 1,064,932 | 97 | 0.0911 | 69,983 | 43.49 | 16.46 |
| Washtenaw = 15 | Livingston | 15 | 177,538 | 44 | 0.2478 | 11,467 | 47.67 | 16.89 |
| | Washtenaw | 15 | 339,191 | 58 | 0.1710 | 28,044 | 47.67 | 16.89 |
| Western = 16 | Baraga | 16 | 8,728 | 7 | 0.8020 | 538 | 49.37 | 19.27 |
| | Dickinson | 16 | 27,345 | 4 | 0.1463 | 1,951 | 49.37 | 19.27 |
| | Gogebic | 16 | 17,029 | 5 | 0.2936 | 1,260 | 49.37 | 19.27 |
| | Houghton | 16 | 35,568 | 10 | 0.2812 | 3,672 | 49.37 | 19.27 |
| | Iron | 16 | 12,587 | 5 | 0.3972 | 856 | 49.37 | 19.27 |
| | Keweenaw | 16 | 2,204 | 0 | 0.0000 | 245 | 49.37 | 19.27 |
| | Ontonagon | 16 | 7,538 | 5 | 0.6633 | 455 | 49.37 | 19.27 |
| Michigan Total | | | 10112620 | 2010 | 0.1988 | 729,389 | 42.56 | 16.86 |

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