

**MICHIGAN
STRATEGIC PREVENTION FRAMEWORK
STATE INCENTIVE GRANT**

ANNUAL PROGRESS REPORT

September 2008

Prepared for

Michigan Department of Community Health
Office of Drug Control Policy

Prepared by



Pacific Institute
for Research and Evaluation

Chapel Hill Center

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Prepared by

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CONTENTS OF THIS REPORT

This report summarizes the Michigan Strategic Prevention Framework State Incentive Grant (MI SPF SIG) activities from inception through June 30, 2008, with a focus on evaluation information from the past year (from July 1, 2007 through June 30, 2008). The report builds on baseline state-level data that were presented in the *First Interim Progress Report* (completed in August 2007 concerning project progress through June 2007), and also provides baseline data on alcohol-related traffic crashes (2003 – 2007) for the MI SPF SIG communities that are funded through this effort.

The remainder of this document consists of seven sections. The Project Background section provides an overview of the SPF SIG initiative and the elements of the Strategic Prevention Framework (SPF) as a planning model. The Evaluation Overview section presents the goals of the evaluation, evaluation questions that are being addressed, evaluation activities that took place during the past year, and the planned future evaluation activities. The section on State Implementation and Capacity Enhancement describes the progress the state has made in implementing the SPF SIG and enhancing its prevention capacity; the section on Community Implementation and Capacity Enhancement describes the progress the communities have made in implementing the SPF SIG and enhancing their prevention capacity. The section on Trends in Alcohol-Related Traffic Crashes and Deaths presents data on state- and community-level alcohol-related traffic crashes and deaths from 2003 through 2007. The Summary of Findings section wraps up the major findings to date and discusses their implications for the future. Finally, the document concludes with a section about Project Expectations and Challenges for 2009 and Beyond, where we discuss future issues as we enter the final phase of the project.

PROJECT BACKGROUND

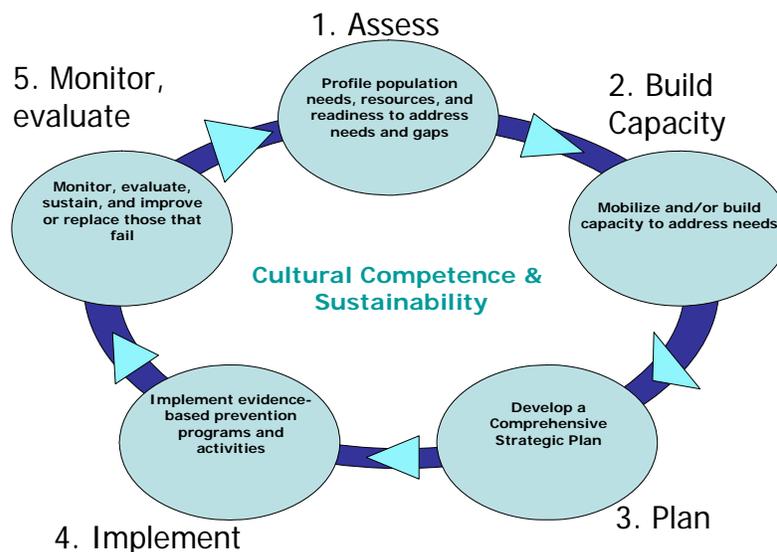
In October 2004, Michigan was one of 21 states and territories to receive a 5-year Strategic Prevention Framework State Incentive Grant (SPF SIG) in the first round of funding from the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The Michigan Department of Community Health's (MDCH) Office of Drug Control Policy (ODCP) administers the MI SPF SIG project.

The national goals of the SPF SIG are the following: (1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; (2) reduce substance abuse-related problems in communities; and (3) build prevention capacity and infrastructure at the state and community levels. The Strategic Prevention Framework itself, depicted below in Figure 1, is a five-step prevention planning model that promotes data driven decision-making, with an emphasis on epidemiological data using a population-based perspective. The five steps of the SPF are as follows:

1. Profile population needs, resources, and readiness to address needs and gaps;
2. Mobilize and/or build capacity to address needs;
3. Develop a comprehensive strategic plan;
4. Implement evidence-based prevention programs, policies, and practices; and
5. Monitor, evaluate, sustain, and improve or replace those that fail.

The SPF also emphasizes the importance of infusing two overarching themes, cultural competence and sustainability, throughout the five steps. The underlying assumption of the SPF SIG is that faithful implementation of the framework, with added attention to cultural competence and sustainability, will build states' and communities' substance abuse prevention capacity, and that this increased capacity will result in greater likelihood of reductions in substance use, consequences, and related problems.

Figure 1. Strategic Prevention Framework



Each SPF SIG state is expected to complete the five step process, with state implementation (step 3) aimed towards funding communities to do the same. Thus, the SPF is intended to be used by states and communities to establish and address their prevention priorities, and CSAP requires states to direct 85% of the SPF SIG funds to communities to carry out the five steps. Each state is also required to convene an advisory board to oversee the project (known in Michigan as the SAC [SPF SIG Advisory Council]), as well as a state epidemiological workgroup (SEW) to compile and manage population-based data relevant for the project.

ODCP, using data compiled by the SEW and with input from the SAC, chose alcohol-related traffic crash deaths (ARTCDs) as the priority issue to be addressed by the Michigan communities. Thus, Michigan SPF SIG funds are now directed primarily towards reducing ARTCDs in communities throughout the state. In Michigan, the state distributes funds to 16 Coordinating Agencies (CAs) which, in turn, target locales within

their regions. The State and communities will have access to SPF SIG funds through September of 2009, with an indication from CSAP that there is likely to be a one-year, no-cost extension through September of 2010.¹

EVALUATION OVERVIEW

Evaluation Goal and Questions

In March 2005, Michigan contracted with the Chapel Hill (NC) Center of the Pacific Institute for Research and Evaluation (PIRE) to provide evaluation services for this project. The PIRE evaluation team is conducting a process and outcome evaluation of the SPF project at both the state and community levels, including a focus on state-level substance abuse prevention system changes, and community-level prevention planning and program/policy implementation. The primary goal of the evaluation is to document and assess the activities, accomplishments, and outcomes associated with the SPF SIG so that state and local stakeholders can use their prevention resources effectively and efficiently during the initiative and after SPF SIG funding has ended.

The evaluation is designed to address the following four questions, both at the state and the community levels:

1. How has Michigan implemented the SPF?
2. Has substance abuse prevention capacity increased as a result of the SPF?
3. Have alcohol-related traffic crash deaths been prevented or reduced as a result of the SPF?
4. Have substance use and its related problems, including those represented by the National Outcome Measures (NOMs), been prevented or reduced?

The first question is the primary process evaluation question. To address this question at the state and community levels, PIRE conducted surveys and interviews with project staff and stakeholders in 2006, and we plan to conduct interviews in each of the final two years of the project. Additional sources of information about the MI SPF SIG project implementation include data collected by the SPF SIG national cross-site evaluation team (and subsequently made available to the state for its own use), including the state-level SPF Implementation Interview and the Community-Level Instrument (CLI). Finally, the evaluation team has been documenting state and community-level implementation activities through regular contact with state project staff, attendance at the SAC meetings, and quarterly interviews with CA staff.²

¹ When discussing timelines in the remainder of this document, we will assume that the project has two more years of funding from CSAP.

² These interviews began in January of 2008 as quarterly interviews; they will change to semi-annual interviews during Fiscal Year 2009.

The three other questions are the primary outcome evaluation questions. To address the evaluation question pertaining to capacity, PIRE will rely on the stakeholder interviews discussed above to document changes in prevention infrastructure and capacity, CA data pertaining to meeting their capacity development goals, and data from the SPF SIG national cross-site evaluation team’s Infrastructure Interview and Community-level Instrument. To assess the project’s progress in preventing and reducing alcohol-related traffic crash deaths and associated substance indicators, PIRE is collecting and analyzing data from state and national publicly available sources (e.g., the Michigan Office of Highway Safety Planning).

Because we are addressing the four evaluation questions at both the state and community-levels, there are actually eight evaluation questions listed in our evaluation work plan (available from ODCP). Table 1 displays the evaluation questions in a manner consistent with the work plan. Throughout this document, we will refer to the evaluation questions using this number system.

Table 1. Evaluation Questions as Shown in the PIRE Evaluation Work Plan with ODCP

State Level Process
1.1. How has Michigan implemented the SPF at the state level?
State Level Outcome
2.1. Has substance abuse prevention capacity at the state level increased as a result of the SPF?
2.2. Have alcohol-related traffic crash deaths across the state been prevented or reduced as a result of the SPF?
2.3. Have substance use and its related problems across the state, including those represented by the National Outcome Measures (NOMs), been prevented or reduced?
Community Level Process
3.1. How has Michigan implemented the SPF at the community level?
Community Level Outcome
4.1. Has substance abuse prevention capacity in the SPF SIG communities increased as a result of the SPF?
4.2. Have alcohol-related traffic crash deaths in the SPF SIG communities been prevented or reduced as a result of the SPF?
4.3. Have substance use and its related problems in the SPF SIG communities, including those represented by the National Outcome Measures (NOMs), been prevented or reduced?

The Michigan SPF SIG evaluation is consistent with the national cross-site evaluation funded by CSAP and conducted by Westat and its partners. The primary evaluation questions for the national evaluation are similar to those for the Michigan evaluation, and the PIRE evaluation team for Michigan has agreed to share and exchange data with the national evaluation team. For instance, the national evaluation team, which collects data about SPF implementation in Michigan (through state-level interviews and the CLI), will make such data available for use by the state evaluators. Conversely, the state evaluation team will pass community-level data, such as community-level fidelity

assessments and community-level crash data, to the national evaluation team. PIRE is one of Westat’s partners for the national evaluation which should help facilitate the exchange of data and other information.

Evaluation Activities During This Past Year

During the past year, PIRE engaged in a series of activities to address the evaluation questions. These activities are summarized in the table below. As per our work plan with ODCP, we did not focus attention on the state-level evaluation questions during the past year; rather, we devoted our primary attention to community-level activities. During the final two project years, PIRE will incorporate more state-level evaluation activities into the work plans.

Table 2. Summary of Past Year’s Evaluation Activity by Evaluation Question

Evaluation Question	Evaluation Activity
State Level Process	
1.1. How has Michigan implemented the SPF at the state level?	<ul style="list-style-type: none"> • PIRE staff attended all SAC and IG (Intergovernmental Group) meetings and post-meeting debriefings. • PIRE staff had monthly contact with state project staff.
State Level Outcome	
2.1. Has substance abuse prevention capacity at the state level increased as a result of the SPF?	As per agreement with ODCP, no evaluation activities took place this past year.
2.2. Have alcohol-related traffic crash deaths across the state been prevented or reduced as a result of the SPF?	As per agreement with ODCP, no evaluation activities took place this past year.
2.3. Have substance use and its related problems across the state, including those represented by the National Outcome Measures (NOMs), been prevented or reduced?	As per agreement with ODCP, no evaluation activities took place this past year.
Community Level Process	
3.1. How has Michigan implemented the SPF at the community level?	<ul style="list-style-type: none"> • PIRE developed a CA level interview protocol, conducted quarterly interviews with staff in each CA (i.e., 16 interviews per quarter), and provided ODCP with summary reports on each round of interviews. • PIRE developed a tool for CAs to document program-level fidelity in their SPF SIG communities. (CAs had not started using this tool because they had not yet started program implementation). • PIRE used the fidelity tool developed by the national cross-site evaluators to assess fidelity to the SPF steps in each community.
Community Level Outcome	
4.1. Has substance abuse prevention capacity in the SPF SIG communities increased as a result of the SPF?	<ul style="list-style-type: none"> • PIRE developed a CA level interview protocol, and conducted and reported on quarterly interviews with staff in each CA (same as 3.1). • PIRE provided technical assistance to some CAs to help them develop logic models for identifying appropriate capacity measures and documentation.

Table 2. Summary of Past Year's Evaluation Activity by Evaluation Question

Evaluation Question	Evaluation Activity
4.2. Have alcohol-related traffic crash deaths in the SPF SIG communities been prevented or reduced as a result of the SPF?	<ul style="list-style-type: none"> • PIRE developed a data analysis plan. • PIRE obtained data from the MI Office of Highway Safety Planning on community-level alcohol-related traffic deaths in the MI SPF SIG communities.
4.3. Have substance use and its related problems in the SPF SIG communities, including those represented by the National Outcome Measures (NOMs), been prevented or reduced?	<ul style="list-style-type: none"> • PIRE reviewed all the CA's needs assessments, strategic plans, and implementation plans to identify measures for the substance use and related problems that will be targeted in each region. PIRE determined that most CAs have not progressed enough to identify these measures. • PIRE provided technical assistance to some CAs to help them develop logic models for identifying appropriate measures.

Future Evaluation Activities

During the next project year, PIRE will continue its work collecting and analyzing data at the community level. In particular, PIRE will actively engage in the following process- and outcome-oriented activities (with the associated evaluation questions in parentheses):

- Conduct semi-annual interviews with CA staff (3.1; 4.1)
- Assess fidelity to the SPF steps in each community (3.1)
- Review program-level fidelity assessments made by CAs (3.1)
- Develop a protocol for CAs to use to assess capacity enhancement (4.1)
- Provide technical assistance to CAs to help them develop logic models for identifying appropriate outcome and capacity measures, and related evaluation plans (4.1 and 4.3)
- Obtain and analyze community-level data on ARTCDs, substance use, and other related problems (4.2; 4.3)

In addition, PIRE will conduct the following process- and outcome-oriented activities at the state-level:

- Attend SAC and IG meetings (1.1)
- Conduct key informant interviews with state-level stakeholders(1.1; 2.1)
- Obtain and organize state-level data on ARTCDs, substance use, and other related problems (2.2; 2.3)

STATE LEVEL IMPLEMENTATION AND CAPACITY ENHANCEMENT

In this section, we describe the progress the state has made in implementing the SPF SIG (evaluation question 1.1) and enhancing its prevention capacity (evaluation question 2.1). First, we briefly summarize progress that was made during the first three years of the project; then we discuss progress made during this past year.

Summary of Years 1 – 3 (October 2004 – June 2007)

During the first three years of the project, the primary focus was on implementation of SPF steps 1-3 at the state level. To help guide this process, the project established the SAC (which is composed of substance abuse prevention system stakeholders from Michigan government agencies and related organizations) and two SAC workgroups – the SEW and the Intergovernmental Workgroup (IG). The SEW took the central role in conducting the state-level epidemiological needs assessment, and the IG Workgroup took steps to advance understanding of the prevention resources in the state.

Needs Assessment

To begin the SPF step 1, the SEW explored the range of available data sources relevant to substance use and abuse and identified indicators for which appropriate and high quality data existed. Based on this input, the SPF SIG Epidemiologist prepared an epidemiological profile with consequence and consumption pattern indicators organized by major substance type (i.e., alcohol, tobacco, and illicit drugs). The SEW then assessed the burden of substance use and abuse by rating each indicator either high, medium, or low based on information about magnitude, rate, demographic differences, trends, comparison to the national rate, and years of potential life lost. This information was used to develop narrative ATOD consequence and consumption problem statements for consideration by the SAC.

The SAC reviewed the ATOD problem statements and rated each based on three “knowledge-based criteria”: preventability/changeability, capacity/resources, and readiness/political will. The SAC, SEW, and IG members then made a final assessment of each ATOD indicator by taking into account the ratings and feedback from both assessment processes (i.e., examination of epidemiological data and the knowledge-based review). They recommended five substance-related problems for consideration by ODCP: alcohol abuse and dependence, alcohol-related motor vehicle crash deaths and driving while intoxicated, alcohol-related hospitalizations of pregnant women, lung cancer deaths, and alcohol/drug-related school suspensions and expulsions. Following ODCP review, alcohol-related motor vehicle crash deaths was selected as the project’s single state-level prevention priority.

Capacity Building

State level progress with SPF step 2 is an ongoing process during the project. During the first years of the project, much of the progress was in developing ODCP, SAC, SEW, and other project partners' understanding and skills concerning the SPF process, particularly concerning needs assessment and strategic planning. In addition, during the series of meetings devoted to the state-level needs assessment and prioritization process, the project identified several data gaps and limitations of existing data sources. The project established data infrastructure as a particular focus for building the capacity of state and local prevention planning and service delivery during the SPF SIG.

Strategic Planning

Following the identification of the state-level priority, the project's efforts focused on SPF step 3. The culmination of the strategic planning step was the creation of the SPF SIG state strategic plan. The purpose of the strategic plan is to outline the project's selected priority and the activities for addressing it. As such, the strategic plan was shaped by the needs assessment process. Accordingly, the strategic plan describes the selected priority (ARTCDs) and provides the details of the needs assessment process that led to the identification of the priority.

A key element of the strategic plan is the state's intentions for supporting communities to implement the SPF process and address the state priority at the community-level. As part of this, the strategic plan included a description of the State's approach for allocating SPF SIG funds to communities. Project stakeholders devoted considerable time and attention to creating the allocation approach. The details of the approach are found in the *Michigan Strategic Prevention Framework State Incentive Grant (SPF/SIG) Strategic Plan*, available from ODCP.

Two aspects of the Michigan Strategic Plan are worth mentioning here. First, funds were made available to all 16 CAs, based primarily on epidemiological criteria.³ That is, CAs were rated as high-, medium-, or low-need based on the magnitude and rates of alcohol use and consequences in the regions. (Funding levels were influenced by capacity considerations, as well). Second, as will be discussed in more detail below, CAs were mandated to carry out the five SPF steps within their regions, including a needs assessment to identify (a) where they would direct funds for reducing ARTCDs, (2) which intervening variables seemed to most influence ARTCDs in the regions, and (3) if desired by the CA, other priority issues within the regions. The state provided guidance to the CAs on the needs assessment, but did not mandate a particular approach, nor did it require the collection of a standard set of data across CAs.

As the State developed the strategic plan, comments and suggestions were provided by CSAP's SEW technical assistance provider. The State submitted the strategic plan to

³ The 16 CAs differ greatly in the square mileage, population, and number of counties they include. For instance, some CAs coordinate services for a single, highly-populated county, while other CAs cover numerous, rural counties.

CSAP for review and, after addressing comments and incorporating revisions, the plan was approved in December 2006.

Implementation

In 2007 the project began SPF step 4 – implementation of the plan activities. As specified in the strategic plan, community-level activities will correspond to the SPF steps and include implementation of evidence-based strategies to address the state-level prevention priority. Communities may identify and address additional, locally-identified priorities that are indicated by local data. The state strategic plan called for community-level SPF implementation to proceed through two phases. Phase I involved a regional needs assessment and selection of a target community or population, and development of a community strategic plan. During this phase, each CA was expected to convene a Community Epidemiology Workgroup (CEW) and Community Strategic Prevention Planning Collaborative (CSPPC). Applications for Phase I funding were submitted by April 30, 2007 and Phase I deliverables (Needs Assessment Summary and Community Strategic Plan) were due August 31, 2007. Phase II began thereafter and it involved further planning for, and implementation of, evidence-based community prevention strategies. Table 3 lists the CAs and their target communities, as of June, 2008.

Table 3. CA's and their Targeted Communities

Coordinating Agency	Entire Region?	Counties/Communities Targeted	Priority Issue				
			ARTCD	UAD	Tob	Mar	PD
Detroit	Yes	City of Detroit (48228 focus)	X	X		X	
Genesee	Yes	Genesee County	X	X			
Kalamazoo	Yes	Barry County	X	X			
		Branch County	X	X			
		Calhoun County	X	X			
		Cass County	X	X			
		Kalamazoo County	X	X			
		St. Joseph County	X	X			
		Van Buren County	X	X			
Lakeshore	Yes	Allegan County	X	X			
		Berrien County	X	X			
		Muskegon County	X	X			
		Ottawa County	X	X			
Macomb	No	Clinton Township	X	X			
		Fraser	X	X			
		Roseville	X	X			
		Sterling Heights	X	X			
		St. Clair Shores	X	X			
		Warren	X	X			
Mid-South	No	Gratiot County		X			
		Hillsdale County	X	X			
		Ionia County	X				
		Jackson County			X		
		Lenawee County	X				
		Newaygo County	X				
Network 180	Yes	Kent County	X	X			
Northern MI	No	Oceana County	X				
		Alpena County					X
		Antrim County					X
		Charlevoix County					X

Table 3. CA's and their Targeted Communities

Coordinating Agency	Entire Region?	Counties/Communities Targeted	Priority Issue				
			ARTCD	UAD	Tob	Mar	PD
		Cheboygan County					X
		Emmet County					x
		Grand Traverse County					X
		Montmorency County					X
		Otsego County					X
		Presque Isle County					X
Oakland	Yes	Oakland County	X	X			
Pathways	Yes	Alger County	X	X			
		Chippewa County	X	X			
		Delta County	X	X			
		Luce County	X	X			
		Mackinac County	X	X			
		Marquette County	X	X			
		Menominee County	X	X			
		Schoolcraft County	X	X			
Riverhaven	No	Arenac County	X	X			
		Bay County (Year 2)	X	X			
		Huron County (Year 2)		X			
		Montcalm County		X			
Saginaw	Yes	Saginaw County	X	X			
SEMCA	Yes	Monroe County	X	X			
		Wayne County (minus Detroit)	X	X			
Thumb Alliance	Yes	Lapeer County	X	X		X	
		Sanilac County	X	X		X	
		St. Clair County	X	X		X	
Washtenaw/ Livingston	No	Dexter	X	X			
		Pinckney	X	X			
Western UP	Yes	Baraga County	X	X			
		Dickinson County	X	X			
		Gogebic County	X	X			
		Houghton County	X	X			
		Iron County	X	X			
		Keweenaw County	X	X			
		Ontonagon County	X	X			

ARTCD = Alcohol-related traffic crash deaths
 UAD = Underage drinking
 Tob = Tobacco use

Mar = Marijuana use
 PD = Prescription drug use

To support community-level activities, the project offered a series of Training of the Trainers (TOT) sessions regarding steps 1-3. The first training occurred January 18, 2007 and pertained to conducting a needs assessment and creating an epidemiological profile. To help further prepare for the needs assessment process, the project also conducted a data website training for the CEW's in May 2007. Additional TOT sessions focused on capacity building (March 2007) and strategic planning (April and May 2007). In addition, several SEW meetings in the latter half of 2006 were devoted to developing logic models to facilitate data-driven planning and implementation of relevant and appropriate prevention strategies to address intervening variables (i.e., causal factors) and alcohol-related traffic crash deaths in the target communities.

Review of Year 4 (July 2007 – June 2008)

State-level activity in Year 4 focused on needs assessment, capacity building, and implementation. To a large degree, this work occurred in the various SAC workgroups. The SEW and the IG continued their work from the previous year. In addition, the Coalition Workgroup (CW) and the Childhood and Underage Drinking Workgroup (CUAD) were launched in the fall of 2007. With the addition of new workgroups, it became clear that some of the efforts of the workgroups might overlap, and that communication between groups and coordination of efforts would be helpful. To this end, a Leadership Group was formed and held its first meeting in February of 2008. This group includes the chairs of each of the workgroups and ODCP staff. The SAC continued to function in an advisory capacity to the project.

Needs Assessment

Much of the work in this step occurred in the SEW and IG workgroups, and is summarized below.

- During the past year, the state continued with assessment efforts begun during the previous year. The IG workgroup revamped and pilot tested the Environmental Scan. The purpose of this tool is to capture a broader picture of the resources and projects housed within other Michigan State governmental agencies that might complement the work of the SPF SIG project and future ODCP efforts. The other purpose is to identify potential partners in other Michigan departments for collaboration with ODCP on the SPF SIG project.
- The SEW prioritized five top data gaps and their list was approved by the SAC in July 2007.
- The SEW created a report entitled *Michigan Strategic Prevention Framework (MI SPF), State Epidemiology Workgroup (SEW) Data Repository Workgroup Data Indicator Collection and Reporting Recommendations* to serve as a guide for the state's data repository. This report was approved by the SAC in the spring of 2008. The SEW is continuing work on the creation of the data repository.
- The CW created and implemented a survey to determine the number of coalitions in the state and the nature of their current work, and to make recommendations to ODCP regarding coalition training and TA needs.

Capacity Building

ODCP identified the state's capacity building needs by reviewing information gathered through the state and community needs assessments, as well as the state and community strategic planning process. State capacity building efforts were aimed at enhancing the capacity among State-level agencies and organizations, as well as enhancing prevention capacity across the state through efforts with the funded SPF SIG communities. We discuss the former in this section and the latter in the section on community-level capacity building.

Capacity efforts at the state level were primarily focused on the creation of the state data repository mentioned above and the provision of training to state-level stakeholders (e.g., SAC members) during the monthly SPF meetings on the SPF components. ODCP continued to use a Train-the-Trainers format for the Learning Communities. CA representatives attending the state SPF meetings received training on various aspects of the SPF process and were in turn, expected to train their CEW, CSPPC and local coalitions.

Implementation

For the most part, state level implementation refers to activities taken by state agencies to support efforts at the community level. To that end, ODCP distributed funds to the CAs for continuing work on the Phase I process, as well as for the Phase II activities. The latter funds were released upon ODCP's approval of the individual CA's Phase I documents. ODCP developed guidance documents and provided consultation to assist the CAs in developing each deliverable. All deliverables were reviewed by ODCP project representatives and feedback was provided to the CAs.

In addition to the provision of funding to the CAs, the project also organized or collaborated on a number of trainings primarily targeting CA representatives attending state SPF meetings, but in a few instances local coalition members as well. These included the following:

- ODCP organized a three-part learning community series on Implementing the SPF/SIG Process. Part I focused on building a foundation for successful implementation and CA readiness. Part II addressed choosing evidence-based strategies and Part III presented lessons learned by two of the CAs. Parts I and II were led by Northeast CAPT and Central CAPT staff.
- A two-day training for CAs and coalitions on core SPF competencies. This was a joint effort between the Office of Highway Safety Planning, the Central Center for the Application of Prevention Technology (CCAPT) and Community Anti-Drug Coalitions of America (CADCA).
- An "Ideas" conference was hosted by the Office of Highway Safety Planning and promoted by ODCP. It focused on implementing strategies and framing the prevention message in the local community.
- The CUAD workgroup created a Resource Kit for CSAP's Town Hall Meetings for use by local coalitions. The CW workgroup is following up with local coalitions after the Town Hall meetings, to assist with local sustainability efforts.
- ODCP offered a learning community on the "Life of an Athlete" program at a state SPF meeting. It is a multi-pronged strategy addressing athletes and substance abuse that CAs might choose to implement.
- PIRE presented at two MI SPF SIG meetings concerning the overall evaluation and expectations for the CAs

COMMUNITY LEVEL IMPLEMENTATION AND CAPACITY ENHANCEMENT

In this section, we describe the progress that communities have made in implementing their SPF SIG projects (evaluation question 3.1) and enhancing their prevention capacity (evaluation question 4.1). As indicated in the prior section on state-level implementation, the state began guiding the CAs through the SPF process at the beginning of 2007. During the first six months of the year, this involved participation in a series of trainings on the first three SPF steps, establishment of the CEWs and CSPPCs, submitting an application for Phase I funding, and beginning Phase I activities. These activities culminated in submission of the needs assessment and strategic plan documents that are described below.

During this past year, CAs began working their way through the five SPF steps. In this section, we summarize the activities of the CAs in each step and describe the extent to which the CAs implemented each step with fidelity to the model. To structure this description, we assessed CA project activities on multiple dimensions for each SPF step using a tool developed by a national SPF SIG cross-site committee of state evaluators. To inform this process, a PIRE evaluator reviewed the following information from each CA: information submitted in response to the state's RFI, needs assessment, strategic plan, implementation plan, and quarterly interviews.

A summary of the overall CA fidelity to the steps and dimensions within each step is provided below. During the time period covered by this report, none of the CAs had begun implementation of their chosen evidence-based strategies. For this reason, our assessment covers the first three SPF steps—needs assessment, capacity building, and strategic planning.

As noted above, the state is allowing for flexibility in the way the CAs carry out the SPF, resulting in variability between them. Some CAs are conducting the SPF steps for their whole region, while others began with the whole region and then chose to target specific counties or towns within their region. Some CAs used data from their whole region to choose priority problems, the target population, and geographic area, but subsequently asked each targeted community and/or coalition to go through the needs assessment process as well. In some cases the choice of intervening variables was determined at the CA level and in others it was left to the targeted area. Similarly, some CSPPCs chose the evidence-based strategies to be implemented throughout the regions, some offered a menu of strategies from which targeted communities could choose, and a few appear to have left the choice of strategies totally open to the local area.

Needs Assessment

Fifteen of the CAs completed the needs assessment phase by the end of June 2008. Overall they did a very thorough job with this phase. This was particularly impressive given the short time period (three months) within which they were initially allowed to complete both their needs assessment and their strategic plan, and the fact that county-level data on the intervening variables were often inconsistent or not accessible. More

time during this phase might have allowed for the development of data collection tools to compensate for these gaps. Because the gathering data from youth about underage drinking often requires a lengthy IRB approval, several CAs said they chose not to gather data from youth. Given the opportunity and funds to host town hall meetings, many CAs did eventually gather information from youth on underage drinking, but the town hall meetings usually occurred well after the needs assessment step had been completed.

Needs Assessment Fidelity Dimensions	Summary
The CA has the requisite skills for data acquisition and data analysis.	<ul style="list-style-type: none"> ▪ Most CAs appeared to have the requisite data skills, either through internal agency sources or through contracts with outside entities. This was evidenced both through CEW membership credentials and through the actual provision and analysis of appropriate data in the Needs Assessment. ▪ In a few cases, it was not clear that CAs had the necessary skills, as evidenced by lack of an epidemiologist, sketchy data and/or the minimal linkages between consumption, consequences, and intervening variables. ▪ One reoccurring issue was the lack of consistent and accessible county-level data for many intervening variables. ▪ Although most CAs provided data and analyses of patterns in consequences, consumption, geographic and/or target population differences, and intervening variables, many of them did not include or paid minimal attention to prevention resources and readiness. ▪ Several CAs were developing plans to address the data gaps.
Needs Assessment results were used to specify the target issue(s) and populations.	<ul style="list-style-type: none"> ▪ On the whole, the choice of targeted issues and populations made sense given the data presented. This process was somewhat constrained since the CEWs needed to follow the SEW's lead on target issues and populations.
Data were used to specify intervening variables.	<ul style="list-style-type: none"> ▪ On the whole, the choice of intervening variables (IVs) made sense given the data presented. ▪ In a few cases, supporting evidence for the choice of IV was not documented in the reports. In conversation with CAs, some said they relied on the expert knowledge of CEW members.
Gaps in prevention resources, infrastructure, and readiness were identified.	<ul style="list-style-type: none"> ▪ Although some of the CAs were very thorough in their assessments in this area, it was also the area that appeared to receive the least documented attention in CA plans. ▪ An assessment of readiness was often missing from many CA needs assessments. In conversation, some CAs said they relied on the expertise of their CEW members, but this was not addressed in the documentation.

Capacity Building

All of the CAs were involved in capacity building to some extent during the past year. Most spent the bulk of their efforts training their CEWs and CSPPCs on the SPF process. A number of CAs also did SPF training with their providers, since it is the providers who will be expected to carry out the evidence-based strategies. A number of CAs extended SPF training to county or community coalitions not currently targeted in their strategic plans, because their goal is to eventually use the SPF for all funding decisions. Because many of the CAs had only completed and received approval for their strategic plans during the second half of this year, most had not yet begun capacity efforts targeting identified gaps in their prevention system.

Capacity Building Fidelity Dimensions	Summary
The CAs directed their capacity building efforts towards identified resource gaps, redundancies, and weaknesses.	<ul style="list-style-type: none"> ▪ Many of the capacity building efforts were still in their infancy, particularly since no CA had received approval of its implementation plan until 2008, with the bulk of them having only recently received approval. ▪ However, knowing that the SPF process will be extended for use in all CA funding decisions, most CAs began efforts in 2007 to educate/train community coalitions and providers on the SPF process.
Community education and recruitment efforts are clearly documented.	<ul style="list-style-type: none"> ▪ This aspect is in development in collaboration with PIRE, although some CAs specified in their strategic plans the efforts they would document and how they would be documented.
Missing partners are systematically identified and recruited, and recruitment/membership procedures are established and observed.	<ul style="list-style-type: none"> ▪ While all CAs appeared concerned about adding missing partners, not all CAs had an established, documented process for on-going recruitment. Many appeared to have realized they needed to establish procedures that do not rely solely on staff after they were further into the process. Only a few had established and documented procedures throughout the entire process.
Coalition meeting infrastructure is established.	<ul style="list-style-type: none"> ▪ While many CAs had agreed upon and then documented processes to support effective meetings, several realized part way into the process that they needed to more formally structure and document such things as participation, member commitment, and decision-making.

Capacity Building Fidelity Dimensions	Summary
Guidance from target populations are sought and used.	<ul style="list-style-type: none"> ▪ One of the primary target populations is youth. Most CAs have begun getting guidance from this group, primarily through the town hall meetings. A few have youth members or a youth sub-committee and have tried to facilitate their participation by meeting at schools and later in the day. Many CAs say there are many difficulties with recruiting and maintaining youth participation. ▪ Those CAs that have targeted particular geographic areas all appear to have actively solicited local input and participation in the SPF process. The targeted areas are guiding many of the decisions about specific evidence-based strategies for their areas. ▪ Many CAs have striven for active participation throughout the SPF steps from the various racial and ethnic groups in their regions. Most feel they had very good representation and participation. Others said it was problematic to some extent, particularly when groups had changes in leadership or no clearly identified leaders. ▪ After completion of the strategic plan, several CAs said they realized they needed to bring several new partners to the table, based on the strategies the CSPPCs had chosen to implement.
The prevention project and outcomes are sustainable.	<ul style="list-style-type: none"> ▪ Many of the CAs have already begun efforts to institutionalize the SPF framework and prevention into all CA funding decisions. Most see this happening within the next 2 - 5 years. ▪ Outcome sustainability may depend on continued sources of funding. Some CAs have clear plans for finding the resources to continue their efforts, but for others the planning appears more ambiguous at this point. ▪ Many CAs have requested TA and/or training on sustainability. ▪ The sustainability of data collection/analysis to support the monitoring of SPF process after the grant ends may be an issue for some CAs. SPF SIG funds were used for the needs assessment phase, and many CAs have said they don't have the resources to continuously update their information. Many CAs will be relying heavily on ODCP's data repository.

Strategic Planning

Fifteen of the CAs completed their strategic plans by the end of this reporting period and fourteen completed their implementation plans. Eleven had received final approval of both plans from ODCP. Overall, the CA strategic planning process was well developed and faithful to the identified dimensions for this step. CAs that were more thorough in the needs assessment phase tended to do a better job with connecting the dots in the strategic planning step. Conversely, CAs that had less depth in their data collection and analyses, or were missing some elements, tended to make greater leaps from the data to the chosen strategies, both for addressing the ARTCDs and for capacity development. This issue was particularly evident in the plans for prevention system capacity and infrastructure development (i.e., there tended to be less data on these issues and therefore the plans did not appear to be as data-driven as did their choice of

strategies). Most of the CAs appeared to put great effort into identifying evidence-based strategies. Many of the CAs chose to offer a menu of strategies to the target communities and to providers, rather than to recommend or require a single strategy. Less clear from the plans were the particular elements or components of a strategy (i.e., specificity beyond naming a broad approach such as prevention efforts to change norms) that would be implemented in the given regions. In most cases it appears that the choice of a strategy and the specification of activities will not occur until CAs develop RFPs for service delivery and then execute contracts with providers. That is, most communities must adhere to a strict RFP process to contract for services and, therefore, the details of implementation must wait until that process occurs.

As was mentioned previously, the level of detail in the strategic plans varied by CA. Many have chosen a few strategies or are offering a menu of options to local coalitions and/or providers. A few CSPPCs did not recommend particular strategies, in part because the local coalition will go through the entire SPF process and make those decisions. In a few cases, it is not clear from the strategic plan which strategies will be implemented or what criteria local communities or counties will use to select their strategies.

Capacity Building Fidelity Dimensions	Summary
The strategic plan (SP) includes a vision for prevention activities.	<ul style="list-style-type: none"> ▪ Most, but not all, CAs had a clear vision for prevention activities, particularly for the incorporation of SPF into all CA funding streams. For a few CAs, no prevention vision was specifically referenced in their documents.
The SP incorporates the needs assessment results.	<ul style="list-style-type: none"> ▪ All CAs referenced assessment results in their strategic plan and most, but not all, CAs drew clear links between their assessment results and the directions chosen in their strategic plan. ▪ For some CAs there were clear linkages between some of their data and strategies chosen, but there was a lack of documented evidence for the choice of other strategies. From interviews with CAs, it appears that some of the decisions about strategies were based on CSPPC expertise, but this was not often documented in a way that established the link. ▪ For one or two CAs, linkages between data and strategies were very limited, if not missing altogether.
The SP includes the State's priorities for prevention.	<ul style="list-style-type: none"> ▪ All of the CAs included the State's priorities for prevention.
The SP includes capacity and infrastructure measures and plans.	<ul style="list-style-type: none"> ▪ This aspect of the strategic plans was less developed than the sections that addressed the priority outcome. In part, this may be due to more limited data on capacity and infrastructure in the needs assessment phase. Those CAs that were comprehensive in the assessment phase tended to be much more detailed in their capacity plans, often including methods for monitoring progress. A few CAs included very ambiguous plans for capacity development, particularly as it relates to systems and infrastructure.

Capacity Building Fidelity Dimensions	Summary
The SP identifies appropriate evidence-based (EB) strategies for addressing priorities.	<ul style="list-style-type: none"> ▪ Most of the CAs identified appropriate EB strategies; however, some of the CAs did not describe strong links between their documented needs assessment data and their intervening variables. ▪ It was not totally clear which strategies were being chosen in a few of the strategic plans.
The CA will implement culturally appropriate strategies with competence.	<ul style="list-style-type: none"> ▪ A number of the CAs included clear mandates and steps to be taken to ensure the provision of culturally appropriate strategies in both their strategic plans and in their contracts with providers. Most say it will be done, but it is not clear how it will be done. A few stated they would consult with the appropriate cultural groups to inform implementation.
Methods and measures for monitoring outcomes are identified.	<ul style="list-style-type: none"> ▪ Much of this is still in development, given that the specifics of the strategies to be implemented are only now being developed. However, at least five CAs have established collaborations, usually with universities, to put in place on-going data collection, analysis, and reports for the purposes of monitoring current and future outcomes related to substance abuse, and informing future planning.
The SP includes the development of a sustainability plan.	<ul style="list-style-type: none"> ▪ Most CAs discussed the creation of a sustainability plan in their strategic plan, but there were few clear action steps moving them toward such a plan or toward sustainability. ▪ A few included plans and/or have established a sustainability sub-committee under their CSPPC. ▪ Many CAs have requested training/TA related to sustainability.

TRENDS IN ALCOHOL-RELATED TRAFFIC CRASHES AND DEATHS

In this section, we present data on trends in state- and community-level alcohol-related traffic crashes and deaths. In our final report, we will analyze these and future data to determine (a) if there are statistically significant changes in rates over time and (b) whether any such changes seem to be attributable to the SPF SIG.

Tables 4 and 5 present data on alcohol-related traffic crash deaths and alcohol-related traffic crashes, respectively, for 2003 to 2007 for the MI SPF SIG communities. The tables include both the number and percentage of incidents (i.e., deaths, crashes) that were alcohol-related. Data are presented by CA and represent information for the SPF SIG target areas within each CA (e.g., in many cases, CA target areas are the entire region, while in other cases the target areas are specific counties or towns). Data for the target areas as a whole (“aggregate target areas”) and for Michigan as a whole are also provided.

As shown in Table 4, during the 2003-2007 time period, approximately one-third of traffic crash deaths (ARTCDs) were alcohol-related in both the aggregate target areas

and in Michigan overall. Although there was a relatively stable trend across the state during the five-year timeframe, changes in ARTCDs within each targeted area during this time period ranged from an 18 percentage point decrease (Thumb Alliance) to a 13 percentage point increase (Lakeshore and Saginaw). Notably, the total number of ARTCDs in Michigan decreased from 399 to 345 (a 14% decrease) between 2003 and 2007, but the percentage of crash deaths that were alcohol related increased slightly from 31 to 32. This indicates that Michigan is making gains in reducing traffic crash deaths overall, but that the relationship between alcohol and those deaths is stable.

Table 4 also highlights some interesting points that will be relevant for the evaluation when we conduct our analyses. First, the number and percentage of ARTCDs between CAs is highly variable in any given year. For instance, in 2007, the number of ARTCDs ranged from 0 for the targeted towns in the Washtenaw/Livingston CA to 37 (Kalamazoo CA), and the percentage ranged from 0 for the targeted towns in the Washtenaw/Livingston CA to 44 (Saginaw CA). Second, the number and percentage of ARTCDs within any given CA are often highly variable between years. For instance, the percentages in Pathways for these five years were 18, 31, 41, 31, and 13. Third, many of these regions have very low, and therefore unstable, numbers of ARTCDs. For example, Northern Michigan had 6, 3, 3, 0, and 1 ARTCDs during this period, translating into rates of 60%, 50%, 50%, 0%, and 50%. Thus, we will need to account for these variations and low numbers in some regions when we analyze the data to assess changes over time and their relationship to the SPF SIG.

This variability between communities and years is illustrated in Figure 2, which shows the percentage of ARTCDs in Michigan, the SPF SIG communities in aggregate, the community that had the greatest percentage point decrease (Thumb Alliance), and one of the communities that had the greatest increase (Lakeshore). As can be seen, the sharp increase in Lakeshore and decrease in the Thumb Alliance were preceded by lows and highs in each community. That is, Lakeshore began the five-year period having one of the lowest rates of ARTCDs, while the Thumb Alliance had one of the highest. Our analyses will take into account the community trends prior to implementation of strategies in the community. Therefore communities with favorable pre-implementation trends such as the Thumb Alliance will be looking to show a greater rate of favorable change once they begin implementation, and communities with unfavorable pre-implementation trends such as Lakeshore will be looking to decrease their rate of unfavorable change.

Table 4. Alcohol-related Traffic Crash Deaths – Number and Percent of All Traffic Crash Deaths in each SPF SIG Target Community*, the Aggregate for all Target Communities, and for the State of Michigan

Coordinating Agency	2003		2004		2005		2006		2007		Percentage Point Change from 2003 to 2007
	N	%	N	%	N	%	N	%	N	%	
Detroit	38	27	39	32	39	36	39	39	32	26	- 1
Genesee	26	50	18	36	23	47	27	45	20	35	- 15
Kalamazoo	34	33	37	34	31	31	41	38	37	33	0
Lakeshore	22	22	20	25	22	24	25	29	32	35	+ 13
Macomb	15	41	15	43	7	30	13	38	13	39	- 2
Mid-South	22	42	9	21	11	24	11	28	9	35	- 7
Network 180	19	25	15	25	15	29	29	51	15	22	- 3
Northern MI	6	60	3	50	3	50	0	0	1	50	- 10
Oakland	27	34	21	28	26	30	23	37	13	27	- 7
Pathways	7	18	8	31	11	41	8	31	3	13	- 5
Riverhaven	6	24	10	50	6	29	4	25	3	25	+ 1
Saginaw	8	31	11	38	7	25	11	33	12	44	+ 13
SEMCA	29	27	30	33	21	28	25	28	35	38	+ 11
Thumb Alliance	24	41	17	41	18	33	10	31	11	23	- 18
Washtenaw/Livingston	0	0	0	0	0	0	0	0	0	0	0
Western UP	8	42	10	50	4	36	11	61	8	38	- 4
Aggregate Target Areas	291	32	263	32	244	31	277	36	244	31	- 1
Michigan	399	31	364	31	360	32	383	35	345	32	+ 1

*Note: Data in the table are presented by CA and represent information for the SPF SIG target areas within each CA. In many cases, CA target areas are the entire region, while in other cases the target areas are specific counties or towns.

Figure 2. Percent of Traffic Crash Deaths that Are Alcohol-Related

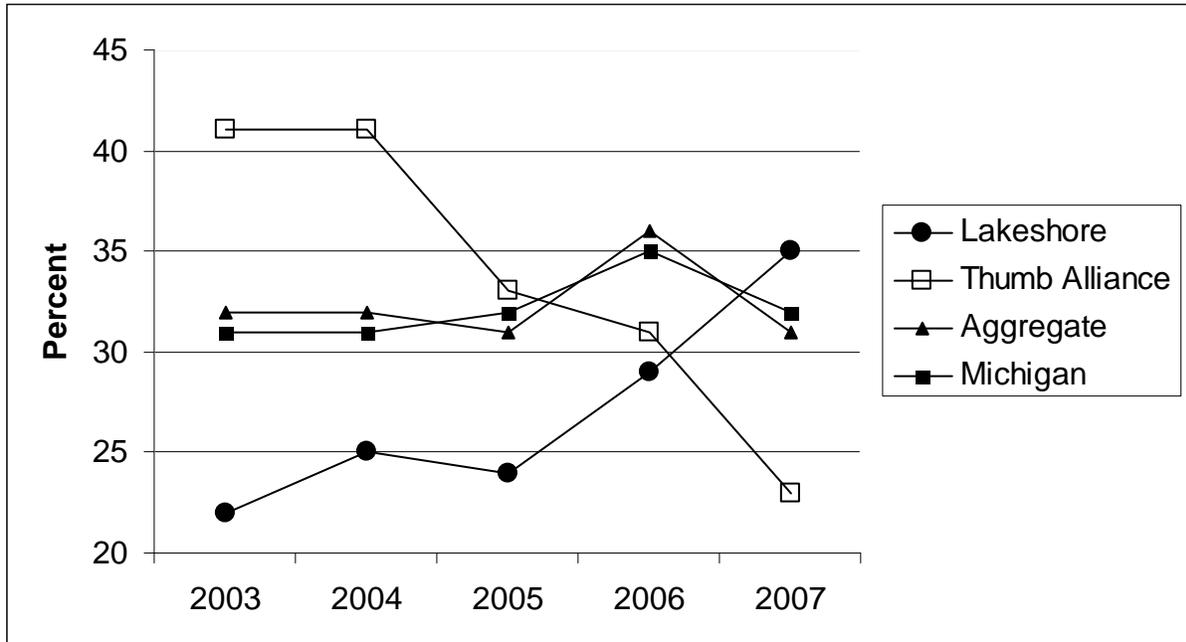


Table 5 shows the five-year trend for alcohol-related traffic crashes. Because the number of alcohol-related traffic crashes is much higher than the number of deaths, the trends for crashes were more stable across communities. For each year from 2003-2007, four percent of traffic crashes were alcohol-related in the aggregate target areas and in Michigan. As with ARTCDs, the number of alcohol-related traffic crashes in Michigan decreased substantially between 2003 and 2007, from 15,093 to 12,185 (a 19% decrease), but the percentage of crashes that were alcohol related stayed at 4%. Again, this indicates that Michigan is making gains in reducing traffic crashes overall, but that the relationship between alcohol and those crashes is stable.

Table 5. Alcohol-related Traffic Crashes – Number and Percent of All Traffic Crashes in each SPF SIG Target Community*, the Aggregate for all Target Communities, and for the State of Michigan

CA	2003		2004		2005		2006		2007		Percentage Point Change from 2003 to 2007
	N	%	N	%	N	%	N	%	N	%	
Detroit	796	2	900	3	682	2	586	2	607	2	0
Genesee	798	5	708	5	655	5	604	5	537	5	0
Kalamazoo	1,154	4	1,153	4	1,122	4	1,080	5	1,008	4	0
Lakeshore	926	4	997	4	919	4	902	5	877	4	0
Macomb	619	4	667	4	570	4	592	4	605	4	0
Mid-South	472	4	410	4	386	4	353	4	334	4	0
Network 180	1,043	4	1,055	4	1,034	5	944	5	931	5	+ 1
Northern MI	75	6	56	5	56	5	48	4	51	5	- 1
Oakland	1,555	4	1,493	3	1,405	3	1,305	4	1,258	3	- 1
Pathways	414	4	354	4	351	4	321	4	288	4	0
Riverhaven	295	6	252	6	258	6	248	6	225	6	0
Saginaw	346	5	294	4	280	4	262	4	248	4	- 1
SEMCA	1,707	4	1,721	4	1,535	4	1,440	4	1,371	4	0
Thumb Alliance	478	4	461	4	406	4	407	4	369	4	0
Washington/Livingston	16	5	9	3	6	3	3	1	12	7	+ 2
Western UP	200	4	194	4	200	5	200	5	188	5	+ 1
Aggregate Target Areas	10,894	4	10,724	4	9,865	4	9,295	4	8,909	4	0
Michigan	15,093	4	14,547	4	13,538	4	12,604	4	12,185	4	0

*Note: Data in the table are presented by CA and represent information for the SPF SIG target areas within each CA. In many cases, CA target areas are the entire region, while in other cases the target areas are specific counties or towns.

SUMMARY OF FINDINGS

During the past year, ODCP and its partners made progress implementing the SPF SIG at the state and community levels. At the state level, the SAC, SEW, and various workgroups continued their efforts to identify data gaps, promote statewide data collection efforts, establish a statewide data repository, and identify state-level partners who have played a role in reducing alcohol-related traffic crashes. All of these efforts are ongoing and will continue into the next project year. ODCP also provided support to CAs to conduct the SPF process locally. Such support took the form of guidance documents, training, and technical assistance to CAs as they moved from needs assessments to capacity building and strategic planning.

Among the CAs, there was considerable community-level activity during the past year. By June of 2008, 15 CAs had submitted their needs assessments, identifying factors that are related to ARTCDs in their regions, target sub-populations, and other priority issues for their regions (if any). In addition, 15 of the CAs had submitted their strategic plans and 14 had submitted their implementation plans. These plans identify the evidence-based strategies that CAs will use to address their priority issues (though many of the details have yet to be specified because more planning is occurring at sub-regional levels). Finally, most of the CAs have taken steps to build community capacity to conduct the SPF and implement evidence-based strategies.

Our baseline outcome data indicate that approximately one-third of traffic crash deaths were alcohol-related in Michigan overall and in the targeted areas in aggregate. During the past five years, the rate was stable for the state as a whole and for the targeted areas in aggregate, but varied considerably between regions. The rates for alcohol-related crashes (not deaths) were stable for the state and communities, and currently stand at about four percent.

PROJECT EXPECTATIONS AND CHALLENGES FOR 2009 AND BEYOND

Up to this point, the project has focused primarily on developing appropriate plans for the State and its communities. During the next year, the main focus of project activity is expected to be on community implementation and associated capacity development. As communities shift from assessment and planning to implementation it is inevitable that they will begin to experience new challenges that call for the project to adapt and respond. Below we describe some possible challenges that may be encountered over the next year and some suggestions for addressing these challenges.

One challenge that the project may face is maintaining adequate communication between the different levels of partners. In many CA regions, there are important SPF processes that are being carried out at both the regional level and again within specific communities. Thus, there are projects that are being carried out based on the needs assessments and plans generated by the State, then by the CA, and finally by the local community. In addition, there are projects for which some aspects will be conducted at

the regional level and other aspects will be conducted at the local level (e.g., needs assessments conducted at the regional level and related strategy selection and implementation at the local level). The multiple levels and parties involved in these processes increases the potential for miscommunications and misunderstandings about the goals, expectations, and history of the project. Because the CAs are the key points of contact between the State and local levels, we suggest that ODCP continue to focus on ways that it can maintain clear and consistent lines of communication with each CA project representative to ensure that what is occurring at the regional and local levels is congruent with the State goals and expectations for the project, and that people working to implement strategies in communities have access to the project support and resources available beyond their region. In addition, we recommend that ODCP and the CAs ensure that appropriate structures (e.g., assurances and communication opportunities) are in place to ensure full fidelity to the SPF process within the targeted communities, particularly when knowledge of earlier steps is necessary to move forward in the most appropriate manner (e.g., understanding regional needs assessment information to select appropriate strategies for targeted communities).

A second challenge that the project may face is ensuring that all target communities implement their strategies before the project ends. Because many of the CAs had only completed and received approval for their strategic plans during the second half of this year, most had not yet begun capacity efforts targeting identified gaps in their prevention system and/or set detailed plans to begin implementation of strategies in their communities. It is clearly important that communities engage in a thorough and comprehensive planning phase; it is equally important, however, that they implement their strategies with enough time to achieve positive outcomes and benefit from their implementation experiences. We suggest that the State and CAs do all they can to support the timely implementation of evidence-based strategies throughout targeted communities.

A third challenge for the project will be to adapt plans to fit the experiences in the communities during implementation. Most of the CA plans identified what appear to be well-chosen and appropriate evidence-based strategies. However, even with well-designed plans, there will certainly be cases where significant adaptations are necessary to respond to new information about what is more and less likely to be effective, and this is even more likely in those cases where the links between documented needs assessment data and the chosen interventions were not as clear. We suggest that the State remain open to changes in community implementation plans during the project and that it promote ways for CAs and their community contract agencies to exchange information with other project personnel about what is, and is not, working and to take advantage of the full SPF project community's insights on how to adapt to difficult circumstances.

A fourth challenge that the project may face is coordinating project activities in communities with non-SPF SIG efforts to prevent ARTCDs and related problems. If these efforts are not well coordinated, then opportunities for the synergistic use of resources could be missed. In addition, the projects probably will be more likely to

sustain their efforts after project resources end if they are well-integrated into the other related efforts in the community. The project is gathering comprehensive information about related State-sponsored efforts through the IG's environmental scan; therefore, we suggest completing the scan and disseminating the findings to the communities in a timely manner so that the community projects have the best chance of benefiting from this information during the life of the project.

In addition to the four broader project challenges described above, there are evaluation challenges that PIRE will need to address. The most noteworthy challenges concern assessment of community outcomes. As noted earlier in the report, regional needs assessments indicated that county-level data on the intervening variables were often inconsistent or not accessible so we anticipate that there will be similar challenges in obtaining intervening variable data for the evaluation (as well as data concerning relevant substance use outcomes beyond ARTCDs). A related challenge that is commonly faced by any outcome analysis is the time lag between data events and data availability, especially when the final evaluation report is completed during the project period rather than after project implementation has ended. When we conduct the analyses for the final evaluation report in the Summer of 2010, we expect to have access to ARTCD and other readily-available data through the end of 2009, but possibly not beyond.

Another outcome evaluation issue noted earlier in the report is that there are low and variable rates of ARTCDs in many of the targeted areas, which could be problematic when assessing changes in individual communities. (Importantly, this is much less of an issue when the communities are considered in aggregate.) Another related outcome evaluation challenge will be determining whether and where analyses of comparison communities are appropriate. Because their goal is to eventually use the SPF for all funding decisions, a number of CAs extended the training on SPF processes to county or community coalitions not currently targeted in their strategic plans. Thus, it may be difficult for us to identify comparison communities that have not been exposed to the SPF. Because of these issues, we may need to consider other evaluation options that will allow us to attribute changes in SPF communities to the SPF funding.

The final community outcome evaluation challenge is that there is wide variation in how much we expect each region to be able to achieve measurable outcomes on the State's priority issue of reducing ARTCDs. There are several reasons for this variability, including the following: CA funds were not necessarily directed to communities with the greatest rates of ARTCDs, communities were not limited to focusing on the State priority, and many communities expect to go through significant periods of capacity development before they move to strategy implementation. The evaluation team will need to determine how best to assess statewide change while taking this challenge into account, and consider analyses of sub-sets of the CA regions based on the degree to which their implementation was directly aimed at reducing ARTCDs within the allotted project time period.