

# *M*ichigan's

Approach to  
A STRATEGIC PREVENTION  
FRAMEWORK MODEL

## Foreword

Dear Citizens, Leaders, and Stakeholders:

In October 2004, Michigan was one of 21 states and territories to receive a five-year Strategic Prevention Framework, State Incentive Grant (SPF/SIG) from the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS) administered the Michigan SPF/SIG project through sixteen state designated regional coordinating agencies (CAs), identified on the following page. The official project period was October 2004 through September 2009. CSAP granted the state a no-cost extension through September 2010.

The goals of the grant were to be achieved by employing the following five steps and infusing the two overarching themes, sustainability and cultural competence, throughout:

1. **ASSESSMENT**  
Using data to determine needs, inform of gaps, and guide each step
2. **CAPACITY**  
Building human, fiscal technical, and organizational abilities
3. **PLANNING**  
Identifying mutual concerns, strategizing, leveraging resources
4. **IMPLEMENTATION**  
Employing evidence-based activities
5. **EVALUATION**  
Monitoring, assessing, improving, replacing, repeating

The umbrella national goals were threefold: (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. These goals were accomplished by using the SPF as a planning model, thus promoting data-driven decision making, with an emphasis on epidemiological data using a population-based perspective.

The Pacific Institute of Research and Evaluation (PIRE) was hired as the process and outcome evaluator for the project. According to PIRE, there was a preponderance of evidence gathered from all analyses that supports the view that the SPF/SIG project, together with other statewide efforts to decrease drinking and driving, contributed to a measurable decrease in alcohol-related crashes across the state during the initial period of community-level strategy implementation. It also appeared that desired changes in the SPF/SIG communities were more robust than in a set of “comparison” communities, indicating that the SPF/SIG added value to the state’s existing efforts to reduce alcohol-related traffic crashes.

We are pleased to provide you with a final report of Michigan’s effort to implement evidence-based environmental strategies to reduce underage drinking and alcohol-related traffic crash deaths in Michigan.

Sincerely,

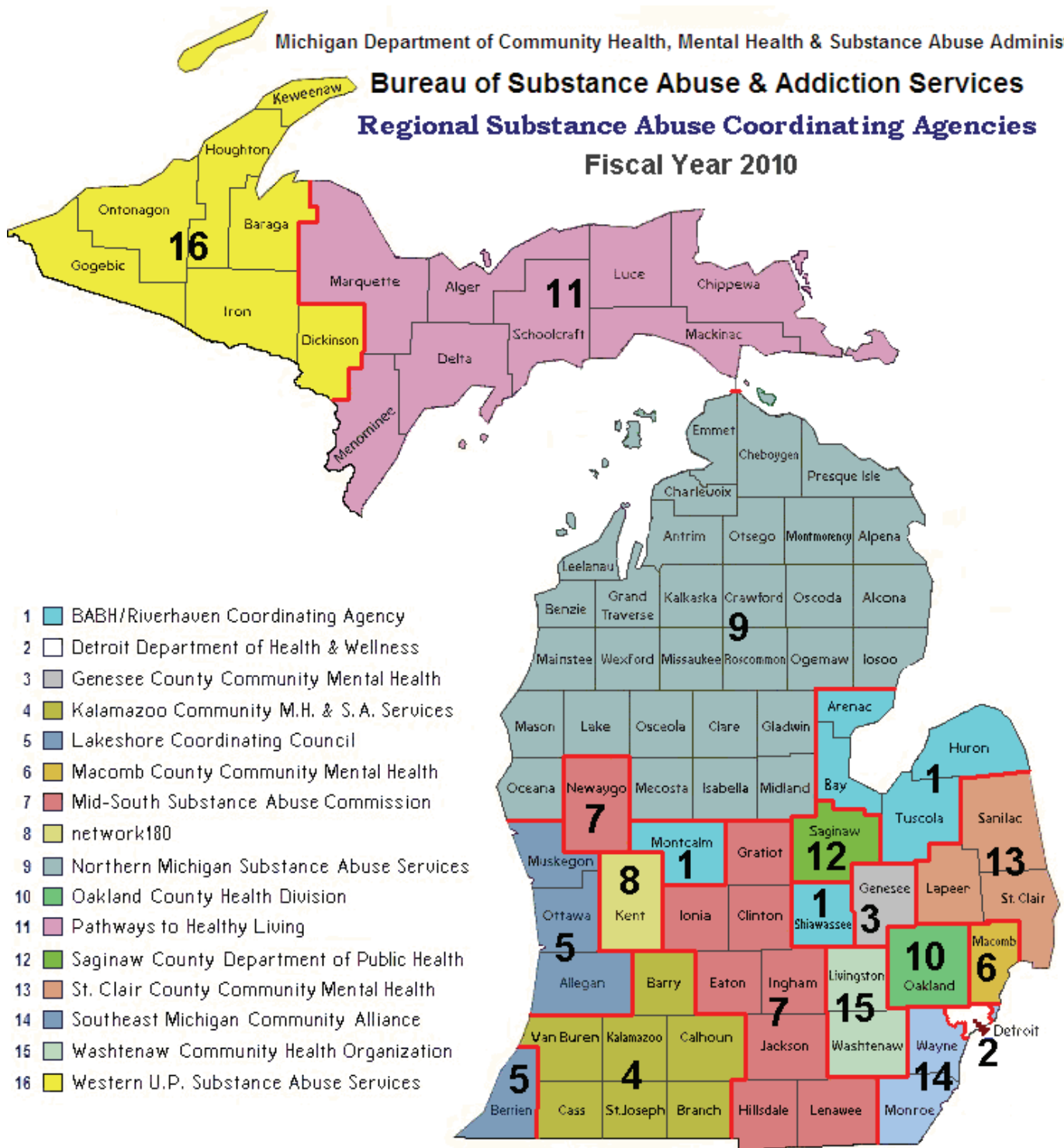
Deborah J. Hollis, Director  
Bureau of Substance Abuse and Addiction Services



# MICHIGAN'S COORDINATING AGENCIES

Michigan Department of Community Health, Mental Health & Substance Abuse Administration

## Bureau of Substance Abuse & Addiction Services Regional Substance Abuse Coordinating Agencies Fiscal Year 2010



## Strategic Prevention Framework Model



## What is SPF/SIG?

*“It is about partnerships that lead to improved and innovative services.”*

The Strategic Prevention Framework, State Incentive Grant (SPF/SIG) expanded from being a grant award, limited to the prevention of alcohol-related traffic crash deaths and underage drinking, to a planning process that used multiple data to identify priority problems and other emerging substance abuse issues. BSAAS established partnerships at the state and local levels to decrease problems related to alcohol, tobacco and other drugs (ATODs) and improve social behaviors, education, employability, law enforcement, insurance costs, and family relationships. The five steps illustrated on page 2 emphasize that sustainability and cultural competence are central influences to planning.

The implementation of the Strategic Prevention Framework (SPF) model led to increased communication, collaboration and coordination between state and community stakeholders. As a result, several workgroups were formed, including a training cadre. These workgroups and the training cadre were effective in disseminating information through evidence-based and best practice interventions to reduce alcohol-related traffic crash deaths and underage drinking. For example, a coalition workgroup was formed to facilitate and build community mobilization efforts. The SPF model underscores the importance of using reliable data to determine the scope of problems, developing logic models or community grids to identify risks that increase the likelihood of substance use disorders, and implementing strategies to reduce contributing and residual factors.

Michigan met the goals of the grant by using a public health approach that was designed to impact large numbers of the population. Based on a review of the SPF/SIG Quarterly Reports, CA Implementation Status Reports, and the Annual SPF/SIG Evaluation Progress Reports, Michigan demonstrated achievements in three categories: **reduction in underage drinking and binge drinking, reduction in statewide alcohol-related traffic crash deaths, and increased prevention capacity and infrastructure at the state and community levels.**


## Accomplishments

SPF/SIG services impacted 553,698 persons. This total is reflective of 121 strategies that were implemented in the 16 CA sub-state regions. Approximately 240,258 persons were directly served with evidence-based programs. The environmental reach, which is the capacity of Public Service Announcements, marketing and education efforts through information dissemination campaigns, calculates that an additional 313,440 persons were served as a result of the programs implemented by the SPF/SIG grant.

### Goal #1:

#### **Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking:**

- BSAAS allocated SPF/SIG funds to the 16 CAs for the prevention of substance abuse, including reduction of childhood and underage drinking. There are now 70 evidence-based programs implemented within the CA regions, at the community level, to address childhood and underage drinking.
- Preliminary 2009 Michigan Youth Risk Behavior Survey results indicate a reduction in underage drinking and binge drinking rates among middle and high school students, compared to rates reported in 2007. In 2009, 19 percent of the students had their first drink of alcohol before age 13, down from 21 percent reported in 2007, and 37 percent of the students had at least one drink on one or more occasions in the past 30 days, down from 43 percent in 2007. The same 2009 survey also indicated that 23 percent of students reported participating in binge drinking on one or more of “the past 30 days,” slightly down from 25 percent in 2007.



**MADISON HEIGHTS  
COMMUNITY FAMILY COALITION**

**STOP**  
**THINK**  
**CHOOSE**

**DON'T CRUISE WITH BOOZE**  
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## APPROACH

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BSAAS uses a public health approach that is designed to impact large numbers of the population. Based on data entries, 240,258 persons were served with evidence-based programs.

Artwork provided by  
Tri-Community Coalition

## Accomplishments

A significant portion of the programming implemented with SPF/SIG funding was geared toward reducing underage drinking. The SPF/SIG approach can take some credit for the downward trend in underage and binge drinking.

- All CAs issued request for proposals to initiate the implementation phase, and 15 had contracts in place with providers by June 30, 2009. A few CAs continue to work with newly formed coalitions to create implementation plans. As a result of these contracts, several sub-recipients launched marketing and media campaigns that included: billboards (with a website for more information), direct mail, radio spots, videos, and ads that ran prior to movies in the theaters. Most of these efforts targeted underage drinking. Several CAs have also made greater efforts to include youth in the implementation of strategies.

### Goal #2:

#### **Reduce substance abuse-related problems in communities (statewide reduction in alcohol-related traffic crash deaths, 2007-2009):**

- According to the 2010 SPF/SIG Annual Progress Report, submitted by the Pacific Institute for Research and Evaluation (PIRE), there has been a reduction statewide, in the number of alcohol-related traffic crash deaths from 2007 to 2009 in the target areas identified by the CAs. These numbers do not indicate conclusive evidence that SPF/SIG programming was responsible for the reduction, given that most of the programming did not commence until 2008. However, PIRE's use of meta-analyses (a kind of comparative analysis) to summarize findings across communities revealed the following: there were statistically significant reductions (ranging from 12 percent to 26 percent) in alcohol-related crashes in four of the 12 regions that they tested; and that there was a statistically significant reduction of 10 percent in alcohol-related crashes overall across the 12 tested regions.
- The same report also indicated a reduction in alcohol-related traffic crashes during the same time period. Again, this outcome data does not indicate conclusive evidence that SPF/SIG programming was responsible for the reduction, given that most of the programming did not commence until 2008. However, PIRE examined monthly data, using a more sophisticated and precise time-series analyses to determine whether there were changes in key indicators prior to

## Accomplishments

the start of interventions in each community and after the start of the interventions in each community. They also used meta-analyses to summarize findings across all communities. Subsequently, it appeared that desired changes in the SPF/SIG communities were more robust than in a set of “comparison” communities, indicating that the SPF/SIG did, indeed, reduce alcohol-related traffic crashes.

The SPF has been institutionalized as a planning model at the CA level.

### Goal # 3:

#### Build prevention capacity and infrastructure at the state and community levels:

- The state implemented the SPF/SIG Advisory Committee to assist in charting a course for achieving SPF/SIG project goals.
- BSAAS established the State Epidemiological Workgroup (SEW), which played a major role in selecting the state’s priority substance abuse problem, Alcohol-related traffic crash deaths (ARTCDs), and provided input to the publication of the *Burden of Substance Abuse in Michigan* document. This document was used by CAs to develop strategic plans for combating the priority substance abuse problem. The SEW updated this document in September 2010.
- Based on the work of the SEW, a state-level strategic plan was developed to address Michigan’s priority substance abuse problem. The strategic plan, which included a funding formula and implementation plan, was approved by CSAP.
- The SPF/SIG had a positive impact on approximately 46 communities in the state with a total population of 8,940,413.
- The state established an Evidence-Based Practice Workgroup for the purpose of identifying and providing consultation on various evidence-based programs and practices best suited for various communities in our state.



# Accomplishments

The following evidence-based programs have been sustained. They have been implemented in a culturally competent matter to promote education and skills necessary to help youth and adults from diverse populations avoid substance use disorders.



- Law Enforcement - Random BAC Testing American Community
- Communities Mobilizing for Change (CMCA)
- Social Norms Marketing
- Media Literacy
- Nurturing Parents Program
- Choices Program
- Smoke Free Michigan Initiative



- SMART MOVES
- Town Hall Meetings
- Media Campaigns
- Crossroads
- Sticker Shock

**MORE THAN 85% OF FWB HS STUDENT SHAVENEVER DRIVEN WHILE HIGH ON WEED**

**CONTROL THE WAY YOU CRUISE**

SPONSORED BY: **TMC**  
OVER 300 11TH AND 12TH GRADERS WERE SURVEYED IN OCTOBER 2009

- Operating While Impaired (OWI) Enforcement
- Beverage Server Training
- Alcohol Retailer Compliance Checks
- Drive Sober, Drive Safe Campaigns
- Community Trials to Reduce High-Risk Drinking
- Reducing Underage Drinking and Driving Program

- Prom Promise and Project Prom
- Peer to Peer Education
- Positive Action
- Prime for Life for Native Americans
- Project Northland
- Parents Who Host, Lose the Most (PWHLM)

## Success Stories



Artwork courtesy of Madison Heights Community Family Coalition

## SUCCESS

### Primary Project Activities

SPF/SIG activities resulted in 25 positive changes, that impacted 10 CA regions.

These success stories are presented to emphasize some achievements of the SPF/SIG in Michigan; there are many others.

**Ingham County:** The Ingham Substance Abuse Prevention Coalition received a Drug Free Communities Grant utilizing the SPF. The coalition was founded in 2004, and started with capacity assessment/building by identifying key stakeholders and recruiting membership from multiple sectors of the community. They conducted a county prevention needs and resource assessment, which led to an understanding of what was already being done, as well as gaps in services. Ingham County analyzed data, from youth use, adult use, and youth perception of parental disapproval of use, to law enforcement arrest records and emergency room data related to substance abuse. Based on that data, Ingham wrote a county strategic plan addressing alcohol, tobacco and other drug use for youth and adults. They were able to prioritize data, develop problem statements, build logic models, and form workgroups around the logic models. The logic models became the heart and soul of the coalition work. Ingham County was led by workgroups addressing youth use, adult use and adult involvement in youth use, community norms, and family management.

## Success Stories

**Lakeshore Coordinating Council and network180:** Two CAs worked together on a media campaign to consolidate their resources. All media forms directed individuals to an interactive website that gave kids a chance to provide feedback on which prevention strategies worked, and gave parents a resource ask questions and raise issues. People from all over the world accessed the site, and the CAs tracked new (on average 30 per day) and repeat visitors.

**Bay-Arenac Behavioral Health/Riverhaven Coordinating Agency (BABH):** The SPF/SIG activities for this CA encompassed four counties. Groups began education and awareness campaigns with community events designed to promote name recognition of coalitions in Bay, Arenac, and Montcalm Counties. In addition to working with law enforcement, BABH implemented a double fencing policy, to deter youth access at the Arenac County Fair, and scheduled Training for Intervention Procedures for retail beverage servers in Montcalm County. Activities were selected from the Community Trials to Reduce High-Risk Drinking (RHRD) and Communities Mobilizing for Change on Alcohol model programs. Education and awareness materials were supported by guidance from the RHRD intervention.



Artwork courtesy of Bay County Prevention Network

## Defining the Framework: Assessment

**Assessment:** Gather and analyze data to help understand community needs, resources and readiness to address needs and gaps.

### PURPOSE

*“Where were we?”* Good quality data allowed community assessments to consist of:

- Drug and crime trends
- Drop out rates
- Targeted and changing populations
- Adult misuse or modeling
- Anti-social behaviors
- Alcohol-related driving
- Strategies that were used
- Political will
- Stage of community readiness

### ACTION STEPS

*“How did we get answers?”* The Epidemiology Workgroup:

- Reviewed data from a variety of sources
- Determined the current extent of the problem
- Clarified the population’s need
- Developed a guidance document for future community/ state goals
- Assessed readiness to address prevention needs/gaps
- Compiled outcome data for goals that were met

### OUTCOMES/ACHIEVEMENTS

- Increased understanding of risk and protective factors
- Assessed existing and emerging needs
- Documented needs profiles
- Written needs assessments became part of grant proposals
- Formed or reconfigured teams from full-term to ad hoc

### NEXT STEPS

*“Where do we go from here?”*

- Formation of a Central Data Repository to increase access to local, state and national data and provide structure for data collection and reporting
- Pursuit of additional funding opportunities
- Sharing of needs assessment trend documents with stakeholders to increase the likelihood of continued support

## Defining the Framework: Capacity

**Capacity:** Mobilize human, organizational, and financial resources to meet project goals. Training and education to promote readiness are critical aspects of building capacity.

### PURPOSE

*“What did we know?”* The state needed the following information to build capacity:

- Quantity and effectiveness of existing projects
- Potential for partnerships
- Availability of human and fiscal resources to meet state priorities
- Methods to effectively communicate grant/prevention goals to community stakeholders

### ACTION STEPS

*“What did we do to increase capacity?”* The Coalition and Childhood Underage Drinking (CUAD) workgroup:

- Surveyed coalitions and underage drinking prevention affiliates
- Requested reports from other workgroups to inform BSAAS of workforce and coalition preparedness and/or needs to meet knowledge requirements
- Made training and technical assistance recommendations to BSAAS for CUAD programs

### OUTCOMES/ACHIEVEMENTS

- Environmental Scan Tool (ES) summarized prevention programs, services, resources and community processes across the state
- Gap and assessment summary across the state was created based on above ES, the Coalition Workgroup (CW) and CUAD workgroup survey tools, and SEW recommendations
- Developed blueprint for CUAD strategic planning
- Fostered collaborative processes across state agencies
- Formed a Training Cadre that offered training to sub-state providers, community coalitions and diverse array of stakeholders, to meet the goal of expanding the planning framework for multi-strategic decisions

### NEXT STEPS

- Expand training across multiple disciplines to incorporate mental health and treatment professionals
- Make greater use of PowerPoint voiceover and webinar technologies to provide consistent messaging and promote easy access learning
- Follow PIRE recommendations to increase collaborative opportunities and continue with annual follow-up and invitations

## Defining the Framework: Planning

**Planning:** Create a comprehensive plan with goals, objectives and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models, evidence-based policies and programs, and determine resources for effective implementation.

### PURPOSE

*“Why plan?”* Without a plan entities were not effective in addressing problems. The state and communities:

- Synthesized everything that was learned from the needs assessment and capacity building
- Developed a road map with the right mix of partners for a given project
- Connected knowledge with appropriate strategies to address the identified need

### ACTION STEPS

- Described the vision for the community or initiative
- Developed the mission
- Stated objectives and timelines of the group
- Identified strategies to be used
- Described the specific community/system changes being sought that would result in the accomplishment of goals and objectives, and planned actions to be taken

### OUTCOMES/ACHIEVEMENTS

- Michigan Guidance Document was developed to provide step-by-step instruction on how to implement the planning framework
- Statewide logic model templates were developed for adults and adolescents
- Provided details about the state’s target priorities and plans to address the priority throughout Michigan communities
- CAs completed strategic plans and designed implementation plans
- The SPF was incorporated into the Substance Abuse Prevention and Treatment Block Grant for sustainability

### NEXT STEPS

- CAs are taking steps to train non-funded communities in the model
- Regions will continue to convene Community Epidemiology Workgroups (CEW’s) to maintain the processes of collecting and using data
- Regions will continue or reconfigure community collaboratives to ensure input from multi-sector organizations and cultural groups

## Defining the Framework: Implementation

**Implementation:** Carry out the various components of the prevention plan, as well as identify and overcome any potential barriers.

### PURPOSE

*“How did we get there?”* The strategic planning activities were followed by details about evidence-based programs and implementation. This information provided communities with a map of how to achieve goals identified during the planning stage. Answered practical questions, including:

- Was there representative programming?
- Was the logic model in alignment with state data-directed needs?
- What evidence-based strategies were likely to have the most impact on the causal or contributing factors in the state/community?
- Who implemented the strategies and what steps were taken to implement them well?

### ACTION STEPS

- Analyzed documented evidence-based strategies with a proven record of success
- Offered a menu of strategies to the target communities and to providers
- Provided fidelity templates and showed CAs how adaptations could be made without sacrificing intent
- Provided education to make sure strategies were culturally appropriate and sustainable
- Distributed funds to 16 CAs and supported efforts for coordination, training, technical assistance, and the development of guidance documents

### OUTCOMES/ACHIEVEMENTS

- An Evidence-Based Workgroup was formed to provide guidance on matching evidence-based interventions to identified problems

### NEXT STEPS

- Select “best fit” prevention interventions
- Understand readiness to implement, giving attention to: community support, adequate funding, cultural relevance, effectiveness, measurability, and sustainability
- Understand risk factors and solutions
- Implement environmental strategies and population-based approaches to impact large audiences

## Defining the Framework: Evaluation

**Evaluation:** Recognize what has been done well and what areas need to be improved by measuring the impact of programs and practices. Evaluation efforts influence future planning efforts and impact sustainability.

### PURPOSE

- Guided communities through each step of the process
- Helped communities decide what kind of information was needed
- Kept communities from gathering information that was not needed
- Helped communities identify the best possible ways to get the needed information
- Helped communities develop a reasonable and realistic timeline for evaluation
- Helped communities improve their program and initiatives



### ACTION STEPS

- Monitored progress and provided feedback
- Determined community-level indicators
- Observed process and outcome measures
- Conducted member satisfaction surveys, behavioral surveys, and interviews

### OUTCOMES/ACHIEVEMENTS

- Evaluator worked with each CA to develop evaluation plans for their regions
- CAs included student survey compliance checks, focus groups, and key informant interviews as their planned methods for collecting post-intervention data
- Evaluator informed state regarding successes and barriers to implementation
- Statistically significant reductions were reported in the state's priority problem
- Provided guidance instructions and tools in the Michigan Guidance Document

### NEXT STEPS

- Continue to incorporate evaluation procedures as prescribed through Training Cadre seminars and the Michigan Guidance Document
- Explore ways to fund state-level and community-level evaluations
- Advocate for college and university involvement in evaluation processes



## State-Level Achievements 2005-2010

- Established five workgroups: State Epidemiological Workgroup (SEW), Inter-Governmental Workgroup (IG), Childhood & Underage Drinking Workgroup (CUAD), Coalition Workgroup (CW), and Evidence-Based Practices Workgroup (EBPW)
- State approved **data-supported** priority: *Alcohol-Related Traffic Crash Deaths* (ARTCD)
- SEW developed the *Burden of Substance Abuse in Michigan* document in 2008 and updated in 2010
- CW and CUAD developed Adult and Adolescent Logic Models (ARTCD Specific)
- Funded 16 CA regions to begin community-level SPF process
- CW inventoried community-level prevention initiatives
- IG developed “Talking Points” and “SPF/SIG Made Simple” presentation
- CW and CUAD promoted and sponsored Town Hall Meetings
- *Michigan Guidance Document* tool for drafting strategic plans was written in 2007, and updated in 2010
- IG piloted an Environmental Scan (ES) in 2008, developed a Web-based ES, and conducted a networking forum in 2009; final report was issued in 2010
- Convened SPF/SIG Advisory Committee (SAC)
- SEW collected and interpreted data, prioritized in concert with all workgroups
- SAC recommended five priority problems
- CSAP approved Michigan’s SPF/SIG Plan
- Conducted/sponsored 24 “Learning Communities”
- Engaged services of project evaluator for monitoring and annual reporting

## A Final Word

**We are stronger as a team.** Every experience is an education. We are taking what we have learned, even when it points to a shortcoming, and using it as an opportunity to build upon our outcomes. Michigan continues to use the five-step planning process to prevent and reduce substance abuse, and sustain healthy functioning programs and policies.

*For more information contact:*

Bureau of Substance Abuse and Addiction Services

(517) 373-4700

[mdch-bsaas@michigan.gov](mailto:mdch-bsaas@michigan.gov)

*See our website at:*

[www.michigan.gov/mdch-bsaas](http://www.michigan.gov/mdch-bsaas)

