

Strategic Prevention Planning

MSSAC Regional Substance Abuse Needs Assessment Toolkit

Mid-South Substance Abuse Commission
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The Mid-South Substance Abuse Commission is one of 16 Substance Abuse Coordinating Agencies in the State of Michigan that serves a nine-county region. This region includes Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee & Newaygo Counties. MSSAC oversees the Center for Substance Abuse Prevention (CSAP) Block Grant Funds, State Office of Drug Control Policy (ODCP) Funds, County PA-2 (Liquor Tax) Funds and State Medicaid Funds for the provision of Substance Abuse Prevention & Treatment services.

Purpose

- Provide an assessment of community needs for the prevention and/or reduction of substance-related problems in the community.
- Assist communities in conducting future needs and resource assessments.

This Toolkit Contains:

1. Data on community context (p. 6)
2. Notable negative findings for the region on:
 - a. The incidence and prevalence of substance use and abuse (p. 8)
 - b. Consequences of substance use and abuse (p. 8)
 - c. Risk and protective factors (p. 10)
3. SPF-SIG indicators scorecard (p. 12)
4. A set of Excel files with complete data for the region and indicator definitions (MSSAC Region.xls)
5. Power Point slides of the charts and tables from this report (MSSAC Region.ppt)

What is Mid-South Trying to Accomplish in Prevention?

- Fund “Outcome Based” prevention programs, policies and practices. There is a significant state and national movement towards outcome-based prevention practices. The ability to evaluate and measure the effectiveness of substance abuse prevention services is paramount.
- Implement the Mid-South Substance Abuse Commission 2005-2009 Strategic Substance Abuse Prevention Plan (available at www.mssac.com) through corresponding annual Implementation Plans. The Strategic Plan includes six goal areas: Coalition Building, Data- Driven Decision Making, Alcohol, Tobacco, Methamphetamine and Special Populations.
- Utilize the “Strategic Prevention Framework” to create regional and local systems change. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff and other resources) in local communities to create positive, lasting population-level change involving substance use and abuse.
- Engage local communities in Data-Driven Decision Making to reach prevention outcomes. Communities utilize local, regional, state and national data to identify needs, develop plans and allocate resources.
- Work in conjunction with structured, multi-sectoral Substance Abuse Prevention Coalitions. The Mid-South Prevention Department participates, trains and provides technical assistance to all nine county coalitions and their provider networks operating within the Mid-South Region.

Building a Strategic Prevention Framework

This Regional Substance Abuse Needs Assessment Toolkit is an important part of the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) Strategic Prevention Framework Process. CSAP created this 5-step model to guide states and communities through the process of creating a planned, data-driven, effective, and sustainable prevention program. The information presented in this section is taken from CSAP's Strategic Prevention Framework State Incentive Grants (SPF SIG) Request for Application.

Step 1: Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

- **Community needs assessment:** The results of this data will help you to identify needs for prevention. States should consider administering a survey to assess adolescent substance use, anti-social behavior, and many of the risk and protective factors that predict adolescent problem behaviors. While planning prevention services, communities are urged to collect and use multiple data sources, including archival and social indicators, assessment of existing resources, key informant interviews, as well as this data.
- **Community resource assessment:** It is likely that existing agencies and programs are already addressing some of the prioritized risk and protective factors. It is important to identify the assets and resources already available in the community and the gaps in services and capacity.
- **Community readiness assessment:** It is very important for states and communities to have the commitment and support of their members and ample resources to implement effective prevention efforts. Therefore, the readiness and capacity of communities and resources to act should also be assessed.

Step 2: Mobilize and/or build capacity to address needs. Engagement of key stakeholders at the state and community levels is critical to plan and implement successful prevention activities that will be sustained over time. Some of the key tasks to mobilize the state and communities are to work with leaders and stakeholders to build coalitions, provide training, leverage resources, and help sustain prevention activities.

Step 3: Develop a comprehensive strategic plan. States and communities should develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan should be based on documented needs, build on identified resources/strengths, set measurable objectives, and identify how progress will be monitored. Plans should be adjusted with ongoing needs assessment and monitoring activities. The issue of sustainability should be kept in mind throughout each step of planning and implementation.

Step 4: Implement evidence-based prevention programs and infrastructure development activities. By measuring risk and protective factors in a population, prevention programs can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as a prioritized risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance. After completing Steps 1, 2, and 3, communities will be able to choose prevention programs that fit the Strategic Framework of the community, match the population served, and are scientifically proven to work. The Western Center for the Application of Prevention Technology website (www.westcapt.org) contains a search engine for identifying Best Practice Programs.

Step 5: Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail. Finally, ongoing monitoring and evaluation are essential to determine if the outcomes desired are achieved and to assess program effectiveness, assess service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices.

SAMHSA's Strategic Prevention Framework is a systematic, community-based approach in which the community uses findings from public health research along with evidence-based prevention programs to build state and community capacity for prevention. The absence of a common strategic prevention framework has been a barrier to developing a cross-program and cross-system approach to health promotion.

The approach is based on the following **theory of effective change**:

- There are factors that cause substance-related consequences and consumption patterns in communities. By positively influencing these factors, one can make changes in population level patterns of consumption and their consequences.
- Evidence-based programs can prevent substance abuse, promote mental health, and prevent related health and social problems by reducing risk factors and increasing protective factors.
- The most effective approach is to influence population-level change, focusing on consequences and consumption patterns through the entire life span. It is a public health approach to prevent and reduce substance abuse.
- By engaging in a systematic planning process based on accurate data about incidence and prevalence of problems, risk and protective factors, and existing community resources, communities can develop data-driven, effective, and sustainable prevention programs.

Data from this Regional Substance Abuse Needs Assessment Toolkit can be used to help school and community planners assess current conditions and prioritize areas of greatest need.

What is the risk and protective factor model of prevention?

The SAMHSA/CSAP model uses a risk and protective factor approach to the assessment of prevention needs in the community¹. This model focuses on reducing the number of risk factors to which an individual is exposed and increasing the number of protective factors to positively influence consumption patterns.

- **Risk factors** *increase* the likelihood that individuals will engage in alcohol, tobacco or drug use.
- **Protective factors** *decrease* the likelihood that an individual will engage in these (or other) risky behaviors.
- Risk and protective factors fall into five domains: community factors, school factors, and characteristics of the individual, family, and peers.
- The likelihood that an individual will abuse ATOD increases with the **total number** of risk factors in their lives (**cumulative risk**²).
- **Some risk factors are not changeable** (e.g., family structure) but help you assess the level of risk in your community.
- **Other risk and protective factors are amenable to change** (e.g., community or family norms and values) and can be targets for intervention.

All risk and protective factors measured in the Prevention Needs Assessment survey and the social indicators studies have been found by research to be related to the use of alcohol, tobacco, or drugs.

¹Arthur, M.W., Hawkins, J.D., Pollard, J.A., Catalano, R.F., & Baglioni, Jr, A.J. (2002). Risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities that Care Survey. *Evaluation Review*, 26(6), 575-601.

²Rutter, M. (1987). Psychological resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316 – 371.

How to Conduct the Needs Assessment

The needs assessment process focuses on using reliable, valid data to make informed decisions about the problem behaviors and populations to target and to select the types of interventions you will use to address those problems.

The needs assessment process has 9 steps:

1. Define the general problem by reviewing data on the incidence and prevalence of substance use and abuse.
2. Gather and review data on the consequences of ATOD use.
3. Gather and review data about community context and needs.
4. Identify problem ATOD behaviors.
5. Review risk and protective factors by domain.
6. Identify risk and protective factor needs.
7. Prioritize ATOD behaviors and risk/protective factors
8. Identify data gaps
9. Conduct a local prevention resource scan

This report provides you with the data that will support your needs assessment process. It presents information *specific to your region* to help you identify the most prevalent local substance use and abuse problems, consequences resulting from those problems, and risk and protective factors that promote or inhibit those problems.

What data are available in this toolkit?

1. **Community context and needs.** This toolkit provides data about community demographics and economic wellbeing. This information provides a snapshot of the context in which your work will be conducted.
2. **Incidence and prevalence of substance use and abuse.** This toolkit presents data to help you assess the status of your region on incidence and prevalence of substance use and abuse. In this report, we identify areas of substance use and abuse that have grown worse over time or that are poor for the MSSAC region in comparison to the state. In addition, complete data for all indicators of incidence and prevalence of substance use and abuse are provided in the Excel tables.
3. **Consequences of substance use and abuse.** This report provides data on the notable negative consequences of substance use and abuse in the MSSAC region, including consequences that have worsened over time and consequences that are poor in comparison to the state. These are often indicators that can be affected by community planning more readily than the overall incidence and prevalence of substance use and abuse. They provide key information about where your community may want to focus its attention for prevention and treatment. Complete data for all indicators of consequences are provided in the Excel tables.
4. **Risk and protective factors.** Finally, this report presents data about risk and protective factors in the MSSAC region, highlighting those that have grown more problematic over time or are poor compared to the state of Michigan. Because risk and protective factors are often core targets for preventing or reducing substance use and abuse, it is critical to conduct planning around strengthening protective factors and reducing risk factors. Complete data for all risk and protective factors are available in the Excel files.

What were the data sources for this toolkit?

Data come from two sources:

- **Social indicators taken from existing community-level data** (such as crime statistics, census figures, population data from the Michigan Department of Community Health)
- **Surveys of youth in the community** (such as the Prevention Needs Assessment)

Each set of data presented is accompanied by information on the specific source. Complete information on sources, including website addresses, is available in the Excel file that contains data on all indicators.

What are the limitations of this data?

To be useful in planning, data must be representative of the population you are studying, up to date, and comparable from year to year (for example, surveys should ask the same questions). To compare changes in an indicator between the MSSAC region and the state, you must have data from the same years to make a valid comparison. In each section, we describe the limitations of the specific data reported.

What are the indicators and how do we use them?

To study abstract concepts such as “alcohol abuse” or “family strengths” or “risky youth behaviors,” one first has to define what is meant by each concept in a way that it can be measured. Some concepts, like family poverty, have been defined by federal guidelines, but most characteristics or behaviors have several dimensions.

For example, say we want to measure “alcohol use,” but what exactly does that mean? Alcohol use has multiple dimensions and can be measured in several ways. Some possible measures or **indicators** of alcohol use:

- Ever used alcohol
- Used alcohol in the last 30 days
- Ever “binge drinks,” defined as 5 or more drinks at one time.

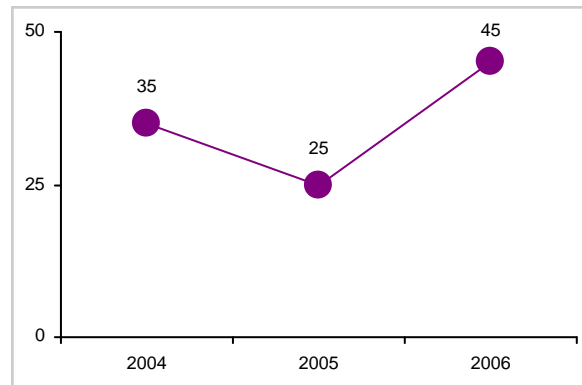
An **indicator** is a specific, measurable characteristic or behavior that allows you to measure change or differences in the concept of interest. Often, we use several different indicators for one concept because this gives us a fuller picture of the behavior or characteristic.

How do I read the tables and charts in this report?

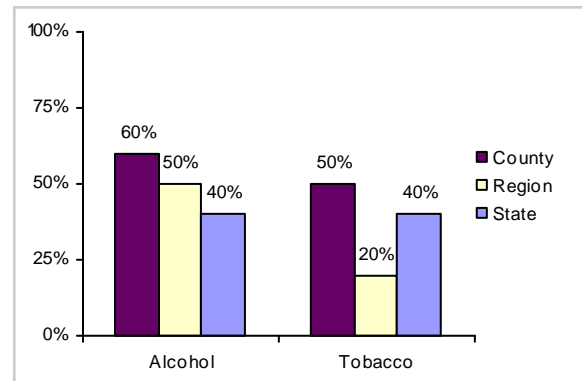
You will find two types of charts in the data sections of this report. Each one shows a different type of comparison.

Trend lines. Show change in an indicator over **several points in time**. Reading from left to right:

- A line going up indicates an increase
- A line going down indicates a decrease



Column Charts. Compare the **MSSAC region to the state** on one or more indicators. A higher column indicates a higher incidence.



Community Context

This section includes data about the region that serves to set the context for alcohol, tobacco and drug use. The general demographics of the region, such as age and ethnic identity of the population, are presented in Table 1. Other charts cover factors that may create a supportive environment for the prevention of ATOD use or may be negatives that encourage use. These data describe:

- School drop out rates
- Community economic stability

Many of these factors may not be easily changed, but they can help you better understand the level of risk in region.

Demographic Characteristics

Table 1 allows you to compare the region to the state on demographic indicators such as age, ethnicity, and mobility of the population. These are not factors you can change, but they do help you understand how the issues your community faces may be similar to or different from the state. For example, do you have a larger proportion of children or of seniors? Is your population more transient?

In the region:

- The percent of children and seniors is comparable to the state.
- The population is less diverse than the state as a whole.

Table 1. Demographic Characteristics		
Demographic Characteristics	2000 ³	
	Region	State
Total population	903,244	9,938,444
Population under age 18	229,686	2,595,767
Total population over age 65	102,134	1,219,018
% Black or African American	6.5%	14.2%
% Asian	1.6%	1.8%
% American Indian	0.5%	0.6%
% White	87.7%	80.2%
% Other ¹	3.7%	3.2%
% Hispanic (any race)	4.2%	3.3%
Net migration ²	12,357	159,662

Definitions: ¹Includes individuals who reported more than one race. ²The number of residents who reported living elsewhere in 1995.

Sources: ³U.S. Bureau of the Census, 2000.

School Dropout Rates

Table 2 shows the percent of regional and state residents aged 25 and over who do not have a high school diploma. These individuals are at greater risk of economic instability.

- In 2000, the percent of the population in the MSSAC region without a high school diploma was slightly lower than the state.

Table 2. School Dropout Rates		
	<i>2000^a</i>	
<i>School Dropout Rates</i>	<i>Region</i>	<i>State</i>
<i>% Adults without a high school diploma</i>	14.1%	16.6%

Definition: Percent of population age 25 and older who did not report a high school diploma or higher.
Sources: ^aU.S. Bureau of the Census, 2000.

Economic Indicators

These indicators (Table 3) give you information about the extent to which the MSSAC region's population is at risk of economic instability.

- As of 2000, indicators of economic stability in the region were comparable to the state, except for the percent of children living in poverty, which was slightly lower in the region than in the state.

Table 3. Economic Indicators		
	<i>2000^a</i>	
<i>Economic Indicators</i>	<i>Region</i>	<i>State</i>
<i>Median household income</i>	\$43,535	\$44,667
<i>% Unemployed</i>	3.3%	3.7%
<i>% Individuals below 100% poverty level</i>	10.0%	10.5%
<i>% Under age 18 in poverty</i>	11.3%	13.4%

Sources: ^aU.S. Bureau of the Census, 2000.

Community Context Highlights

While the MSSAC region is less diverse than the state as a whole, demographics and indicators of economic risk in the MSSAC region are generally comparable to those of the state. There are suggestions that the regional population is slightly more educated and less likely to have children in poverty, but not notably so.

Incidence and Prevalence of Substance Use and Abuse

In this section for the county reports, we highlighted **notable negative indicators** of substance use in each county compared to the MSSAC region. Because this data relies on the Prevention Needs Assessment, which was not given across the state, no comparisons can be made between the region and the state. Please refer to the *Prevention Needs Assessment Survey, 2006 Profile Report for Mid-South Substance Abuse Commission (revised to remove Calhoun County)* report for information on the incidence and prevalence of substance use and abuse for the MSSAC region.

Consequences

In this section, we highlight **notable negative indicators** of the consequences of alcohol, tobacco and drug use. Numbers for all indicators, including those that showed improvement, are provided in your accompanying data tables in the Excel file.

An indicator is notable for one of two reasons:

- Over the two most recent time points, the percent of regional residents with the negative indicator has increased by 5% or, if the information is in rates, the rate of the negative indicator has grown by at least 10%.
- Compared to the state in the most recent year, the percent of regional residents with the negative indicator is at least 5% higher or, if the information is in rates, the regional rate is at least 10% greater.

When the source of data is the Prevention Needs Assessment Survey, comparisons to the state are not possible since the survey was not given statewide. This is also true of some arrest data.

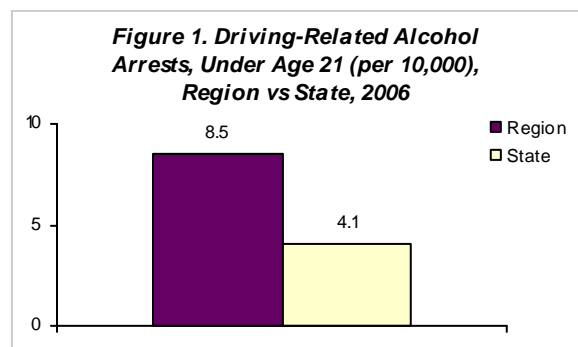
Negative Indicators: Youth

Adolescent Arrests

The following data represent key negative indicators in the rate of adolescent arrests. Many factors can influence arrest rates. More illegal behavior may be occurring, but increases can also be due to increases in the community resources available for policing and changes in enforcement priorities. Because there are few arrests relative to the population, small changes in actual number of arrests can result in large increases in the rate of arrest each year.

The data source is the Michigan Annual Drunk Driving Audit. *Driving-Related Alcohol Arrests, Under Age 21* is the rate of arrests for youth under 21, .02 and over. Rates are calculated per 10,000 residents under age 18.

- Compared to the state (Figure 1), the rate of driving-related arrests for youth under 21 was higher in the region than in the state 2006. Although this is a low-frequency behavior, it is noted because the rate is more than double that of the state.



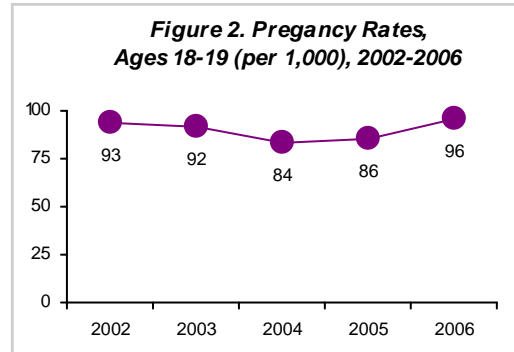
Source: Michigan Annual Drunk Driving Audit, 2006.

Teen Pregnancy Rates

Teen pregnancy can be a consequence of substance use and abuse. Teen pregnancy rates include births, abortions and an estimate of miscarriages per 1,000 females in the age cohort.

In general, the pregnancy rate has been decreasing in both the state and in the region since 2002. However:

- In the region, there was a notable increase in pregnancies among 18- and 19-year-olds between 2004 and 2006 (Figure 2).



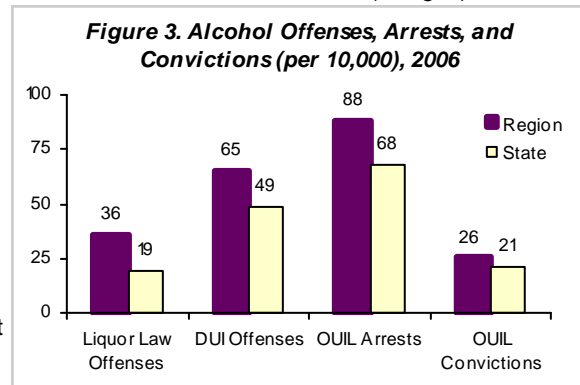
Source: Michigan Department of Community Health, 2002-2006.

Negative Indicators: Adults

Adult³ Arrests

The data source for alcohol-related offenses is the Uniform Crime Report, and the data source for alcohol-related arrests and convictions is the Michigan Annual Drunk Driving Audit. *Liquor Law Offenses* is the rates of unlawful acts reported to a law enforcement agency for liquor law violations (all ages). *DUI Offenses* is the rate of unlawful acts reported to a law enforcement agency for driving under the influence of alcohol or narcotics (all ages). *OUIL Arrests and Convictions* is the rate of OUIL arrests and convictions of residents, 21 or older, of region/state, not related to county of arrest; felonies may be from prior-year arrests. Rates are calculated per 10,000 per residents 18 years or older.

- Compared to the state, the MSSAC region shows higher offense, arrest, and conviction rates compared to the state on several indicators—liquor law and DUI offenses and OUIL arrests and convictions (Figure 3).
- This may be because more illegal behavior is actually occurring, or it may be due to more effective enforcement in the region than in the state as a whole. Community resources and enforcement practices may not be comparable throughout the state, thus influencing arrest and conviction rates.



Sources: Uniform Crime Report, 2006; Michigan Annual Drunk Driving Audit, 2006.

Consequences Highlights

The county reports show great variation in the indicators that suggest areas to target for intervention. In the MSSAC region as a whole, several indicators also are of concern when compared to the state as a whole. These include:

Youth behavior: As of 2006, adolescent arrest rates for driving-related alcohol violations were double those of the state. In addition, pregnancy rates among 18- to 19-year-olds were steadily increasing. This should be monitored to assess whether the trend continues.

Adult alcohol arrests: Several indicators suggest that alcohol may be a significant problem in the region—or that the region is successfully targeting identification of violations. In addition to the elevated youth arrest rates compared to the state for alcohol-related driving violations, adults show higher rates of liquor law and DUI offenses and OUIL arrests and convictions than the state. Regional stakeholders should assess whether these high rates of arrest and conviction are because more residents are abusing alcohol or due to effective law enforcement efforts.

³Some statistics are for both adults and youth combined, but are mostly adults. These are noted.

Risk and Protective Factors

This section presents information about risk and protective factors in the MSSAC region to help identify areas that can be built upon to prevent substance use and abuse. Risk and protective factors can be categorized in several different domains: individual, family, school, and community.

The charts on the following pages show you **notable negative indicators** of risk and protective factors for youth in your community.

An indicator is notable for one of two reasons:

- Over the two most recent time points, the percent of regional residents with the negative indicator has increased by 5% or, if the information is in rates, the rate of the negative indicator has grown by at least 10%.
- Compared to the state in the most recent year, the percent of regional residents with the negative indicator is at least 5% higher or, if the information is in rates, the regional rate is at least 10% greater.

When the source of data is the Prevention Needs Assessment Survey, comparisons to the state are not possible since the survey was not given statewide.

Individual Domain

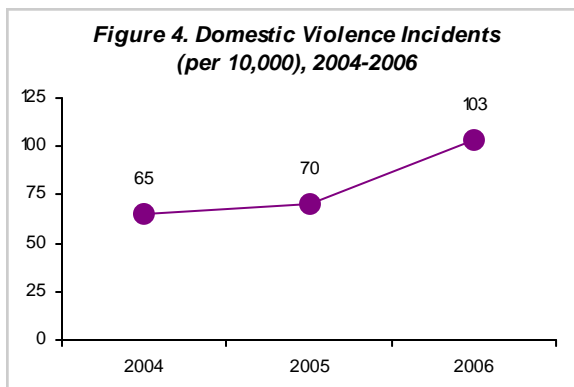
The individual domain includes youth reports of perceived harmfulness of substance use and whether youth think substance use is wrong. Perceived harmfulness of substance use is considered a protective factor because if students think a behavior is harmful, they are less likely to engage in it. Likewise, if students think it is wrong to use a substance, they are less likely to actually use it.

- All individual domain indicators are from the Prevention Needs Assessment survey, which does not have state data for comparison. Please refer to the *Prevention Needs Assessment Survey, 2006 Profile Report for Mid-South Substance Abuse Commission (revised to remove Calhoun County)* report for information these indicators for the region, or see the excel tables.

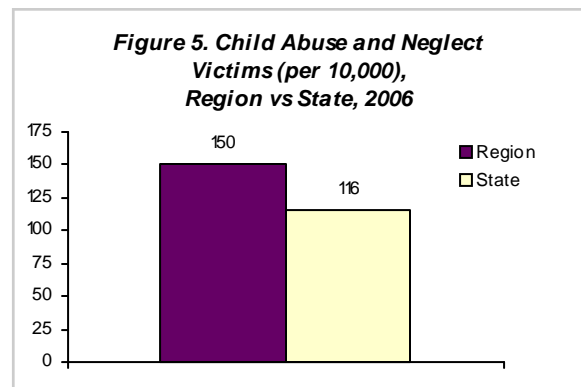
Family Domain

The following figures show risk and protective factors in the family domain related to parental attitudes about substance use and indicators of family stability. *Domestic Violence* is the rate of offenses for acts of domestic violence, per 10,000 residents. *Victims of Child Abuse/Neglect* is the rate of confirmed child victims of abuse or neglect per 10,000 children. These indicators may be affected by other factors besides the actual incidence, such as variations in county policies, resources, and enforcement practices.

- Domestic violence incidents increased markedly in the region between 2005 and 2006 (Figure 4).
- In 2006, the number of victims of child abuse and neglect in proportion to the population was higher in the region than in the state (Figure 5).



Source: Uniform Crime Report, 2004-2006.



Source: Kid's Count in Michigan, 2006.

School Domain

Students who have poor academic performance are particularly at risk for substance use and abuse. MEAP scores are the most standard measure of educational progress that we have for the state. Until 2006-07, MEAP tests were given only in certain grades; they are now given every year. For year to year comparison, we looked at test scores for 4th grade reading and math, 7th grade reading, and 8th grade math. Other indicators of problems in the school domain include truancy, expulsions and school drop out.

- There were no notable negative indicators in the school domain.

Community Domain

Community factors can affect the ability to access substances. These include youth reports of the availability of drugs as well as the numbers of outlets for obtaining alcohol.

- There were no notable negative indicators in the community domain.

Risk and Protective Factors Highlights

Assessment of regional risk and protective factors compared to the state is limited because several of the indicators were assessed using the Prevention Needs Assessment, which was not administered for the state as a whole. However, indicators of risk in the family domain suggested that rates of domestic violence and child abuse and neglect were considerably higher than state rates as of 2006.

SPF-SIG Indicators Scorecard

Below is the Strategic Prevention Framework-State Incentive Grant (SPF-SIG) scorecard for the MSSAC region, which is a snapshot of how the region is doing in regard to the specific SPF-SIG indicators being tracked over time.

- The top section of the table describes indicators of alcohol and cigarette use among youth in 6th through 12 grades for 2006.
- The bottom section gives you statistics on the incidence of traffic crash fatalities and injuries involving alcohol and the rate of lung cancer deaths.

MSSAC Region SPF-SIG Indicators				
	Grade 6	Grade 8	Grade 10	Grade 12
Alcohol Use				
Past 30-day	3.0%	12.8%	31.3%	46.1%
Binge drinking	2.6%	8.6%	18.7%	29.3%
Tobacco Use				
Past 30-day	2.6%	8.1%	14.7%	22.6%
Heavy use	<1.0%	1.4%	2.5%	5.6%

	Incidents	Rate per 1,000	Rate per million miles traveled
Alcohol-related traffic crashes			
Fatalities	40	.044	.43
Injuries	806	.88	8.59
Crashes	1,426	1.55	15.20
Deaths attributable to tobacco	1,020	1.11	N/A

Notes. Population = 919,489; million vehicle miles traveled = 9,379.

Sources: Prevention Needs Assessment, 2006; Michigan Office of Highway Safety Planning, 2005; Michigan Department of Community Health, Division for Vital Records and Health Statistics and Center for Disease Control and Prevention; smoking attributed morbidity, mortality, and economic costs (Sammez), 2005. Smoking-related illnesses include but are not limited to: Heart disease, stroke, respiratory diseases, lung cancer, and other tobacco-related cancers.

This Substance Abuse Needs Assessment Toolkit can become an integral part of the region's ongoing assessment of community needs. The information contained here can be used to help the Substance Abuse Prevention Coalition as well as other school and community stakeholders assess current conditions and prioritize areas of greatest need. Each indicator can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). This data will assist and support the Mid-South region in making decisions regarding the identification of need, strategy development, and the allocation of appropriate resources.

Copies of this report are available from:

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Series: Mid-South Substance Abuse Commission Needs Assessments

The views expressed are solely those of the authors. For more information about this report, contact Laurie Van Egeren at the above address or phone number, or email: vanegere@msu.edu.

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