



***Strategic
Prevention
Framework -State
Incentive Grant***

-Phase I-

***Needs Assessment
Report***

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

Background of Federal and State Initiative

In October of 2004, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) awarded a Strategic Prevention Framework State Incentive Grant (SPF/SIG) to the Michigan Department of Community Health/Office of Drug Control Policy (MDCH/ODCP). The grant permits approximately \$11.75 Million to be invested in the state over five years to achieve the following federal goals: build prevention capacity and infrastructure at the state and community levels; prevent the onset and reduce the progression of substance abuse including childhood and underage drinking; and reduce substance-related problems in communities.

Michigan is in its third program year of the SPF/SIG project. The initial work has resulted in a statewide review of data and resources and CSAP approval of a Michigan SPF/SIG Strategic Plan emphasizing the data supported priority problem, Alcohol-Related Traffic Crash Deaths. Underage drinking, cultural competency, and sustainability must also be incorporated in the implementation. This framework represents the way state-funded prevention services will be conducted in the future. ODCP requested all Coordinating Agencies (CAs) to participate in this SPF/SIG effort.

Michigan's strategic plan outlines two community level implementation phases:

Phase I represents the completion of regional needs assessment activities, strategic community planning, and selection of a target community or population. To launch the SPF/SIG at the community-level, ODCP issued an RFI Phase I application on April 2, 2007. This application was ODCP's mechanism for authorizing Phase I funding to CAs to administer the grant, convene the Community Epidemiological Workgroups (CEWs) and Community Strategic Prevention Planning Collaboratives (CSPPCs), conduct a needs assessment, and develop a SPF/SIG Community Strategic Plan. Participating CA's were required to address the priority problem, Alcohol-Involved Traffic Crash Fatalities. The parallel state and federal initiative is the reduction of underage drinking. As such, underage drinking was to be included as part of the priority problem whenever local supporting data were available.

In the Application for Project Management and Phase I Activity, MDCH/ODCP required all CAs to include the following components:

- Project Management that spans Phase I activity;
- The Plan for Needs Assessment;
- The Plan for Establishing the CEW and the CSPPC; and
- Budget Detail and Justification

Response to Request for Information (RFI) – Phase I

The Mid-South Substance Abuse Commission (MSSAC), a ten county region serving Calhoun, Clinton, Eaton, Gratiot, Hillsdale, Ingham, Ionia, Jackson, Lenawee, and Newaygo counties, developed a response to the RFI and submitted it to MDCH/ODCP on April 30, 2007. The

response to the RFI contained all the necessary components of the RFI. MDCH/ODCP approved the plan contingent upon modifications on June 13, 2007. These modifications were submitted on July 6th and final approval from MDCH / ODCP was received on September 6, 2007.

Mid-South's administrative infrastructure that has been vital to the success of the region is responsible for the tracking and monitoring of SPF-SIG deliverables. The administrative infrastructure that supports the SPF-SIG project includes the Executive Director; Finance Director, Prevention Coordinator, Prevention Assistant, and one contracted prevention and administrative support staff to assist with SPF-SIG deliverables and offset modified job functions. This infrastructure also includes representatives from each of the ten counties. A recent addition to this infrastructure is the ten county coalition coordinators/staff that have varying experience and expertise in carrying out SPF-SIG related principles, concepts, and processes at the local level. This group of trained individuals is heavily involved in the Community Epidemiology Workgroup (CEW) and Community Strategic Prevention Planning Collaborative (CSPPC).

During Phase I, MSSAC is required to produce two deliverables for submission to ODCP:

- A Needs Assessment Summary; and
- A Community Strategic Plan

In fulfillment of the Mid-South contract with MDCH/ODCP, this report is comprised of the Needs Assessment Summary. Another document submitted to MDCH/ODCP under separate cover is composed of the Community Strategic Plan.

Needs Assessment

Regional Collaborative Processes

Community Epidemiological Workgroup (CEW)

Appendix A is the CEW membership list. The selection process for CEW membership was established by formal motions at each of the 10 county prevention coalitions in the Mid-South region in February and March 2007. The formal motions involved the county designation of one voting member and up to three alternates to represent their county at the Regional CEW meetings. These motions were supported by a formal second and an all-in-favor at a regularly scheduled county coalition meeting. Mid-South only provided guidance on what the CEW tasks were and what knowledge or expertise was necessary to perform those tasks. As a non-voting member of county prevention coalitions, Mid-South staff did not cast a vote in the actual nominations of county representatives.

The CEW membership has been actively involved in the identification of regional and county resources, assets, gaps, capacity, political will, and readiness to act relative to the priorities identified in the needs assessment through active participation in CEW monthly meetings and solicitation of input through the use of a needs assessment county questionnaire. The CEW membership has also been responsible for identifying training and technical assistance needs in the

region and was asked to formally approve this regional needs assessment document before submission to ODCP. CEW Formal approval on the Regional Needs Assessment was received on August 22, 2007.

ODCP has requested specific collaborative involvement in several sectors, including college/university representation. Student/campus groups are represented through the local county prevention coalitions that send county representatives to be involved in the CEW tasks. Eight counties in the Mid-South region that have college / universities within their county boundaries have established formal and/or informal linkages at the county coalition level. College/University representatives throughout the region are directly involved in the local county prevention coalitions and are receiving CEW and CSPPC related information monthly from coalition coordinators, CEW, and CSPPC members.

All county coalitions have been notified that county designee representation and attendance at regular CEW meetings is crucial for the success of the SPF-SIG Project. The CEW member function is to represent their county at the CEW meetings and be involved in the review, analysis, and recommendations in summarizing data to identify high need target areas in the Mid-South region.

Intervening Variables

The theory behind outcomes-based prevention is there are factors that cause substance-related consequences and consumption patterns in communities. These factors are intervening variables. It is through positively impacting intervening variables that population-level changes are made in substance consumption and consequences. Once intervening variables are identified, issues can be addressed in communities. Important parts of this process are to assess intervening variables, prioritize variables for action, and choose effective and relevant strategies to address the intervening variables. The State Epidemiological Workgroup (SEW) has identified several intervening variables that directly relate to traffic crash fatalities. The Regional CEW was asked to brainstorm intervening variables of community norms, enforcement, family norms, and perceptions of risk by means of a needs assessment questionnaire. The combined results for the ten counties are presented in Appendix B. The regional CSPPC will be charged with expanding upon these responses and prioritize the identified variables for strategy development.

The lack of perceived risk of alcohol use by adults, parents, and youth is of serious concern for the Mid-South region as a whole. This can be seen from CEW input via the needs assessment questionnaire which included such statements concerning community norms as “Everybody drinks”, “Most kids my age do it”, “A little alcohol never hurt anyone”, and “Whoever heard of a party where drinks aren’t served?” Alcohol use is seen as a rite of passage, the “cool” and the “in” thing to do.

Concerning family norms about alcohol, CEW input showed that it is acceptable for underage youth to drink at home with parental permission. Many people do not realize that it is illegal to serve or provide alcohol to their underage children or others in their own home. Many parents think it is safer to let kids drink at home rather than drinking and driving. There is also the belief that alcohol use is better than other drug use.

Enforcement of alcohol use is also an issue. CEW members stated alcohol laws are seemingly not enforced as they should be with low conviction rates compared to arrest rates for DUI's. Law enforcement is frustrated with low prosecution rates. Law enforcement is also understaffed and under-funded. This supports a perception to some that enforcement and prosecution is lax concerning alcohol.

In the case of tobacco use, similar intervening variables appear to be operating throughout the Mid-South region. CEW input included statements revealing a lack of perception of risk such as "Most kids smoke", "Chewing tobacco is better than cigarettes", and "My grandfather smoked and he lived to 84". Minimal enforcement of underage tobacco use was also reported by CEW members. This was reported anecdotally and points to gaps in intervening variables data in the Mid-South region.

Cultural Competency

Michigan's Strategic Prevention Framework – State Incentive Grant (SPF-SIG) cultural competency goals are summarized as follows:

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

The Regional CEW incorporated the following objectives as a matter of policy (Appendix C) during the CEW meeting of July 26, 2007 into its needs assessment processes:

- Provide data sources and systems that support proactive cultural competence planning at all levels including policy development, program planning, and implementation
- Collaboratively conduct regular needs assessments inclusive of specific sub-populations
- Assess resources and capacity to collect/manage/report cultural competence-related information/data
- Assess cross-system process for obtaining client/community input in the development of cultural competence-related plans
- Assess cross-system process for identification and recording population's and client's language preferences, level of proficiency, and literacy
- Develop timetable and plan to provide information/data relevant to population gaps
- Assess workforce development opportunities regarding cultural competence-related planning and service delivery
- Systematic and ongoing examination and use of information/data relevant to cultural competence (adapted from "A Guide for Michigan Communities" Strategic Prevention Framework - State Incentive Grant, Office of Drug Control Policy, April 2007)

- To address disparities/inequities of outcomes within populations in planning and processes

This memorandum of policy was drafted and approved by the Regional CEW to ensure cultural competency issues will be addressed within the CEW tasks. These items recognize complex and ever-changing cultural groups that are present and establish a commitment to address data, group, and personal identities. Regional CEW membership will also be reflective of the demographics of the region related to culture and ethnicity.

Special Populations

According to the U.S. Bureau of the Census (2000), the following counties had minority populations of over 5%: (African-American) Eaton (5.3%); Jackson (7.9%); Ingham (10.9%); Calhoun (10.9%) and (Hispanic) Ingham (5.8%) and Lenawee (7.0%). These population totals may be undercounted due to their possible undocumented transient nature and therefore should be viewed as conservative estimates.

Comparing the populations of the ten counties with their representation in treatment (State of Michigan substance abuse public treatment admissions by county of residence, FY 2006), five counties had minority populations that were overrepresented in treatment. These are:

- Calhoun 10.9% African-American; 23.2% of total in treatment
- Clinton 0.6% African-American; 7.1% of total in treatment
Clinton 2.6% Hispanic; 4.3% of total in treatment
- Ingham 10.9% African-American; 26.4% of total in treatment
Ingham 5.8% Hispanic; 8.3% of total in treatment
- Jackson 7.9% African-American; 12.7% of total in treatment
- Lenawee 7.0% Hispanic; 14.6% of total in treatment

An overrepresentation of African-American and/or Hispanic minority populations in treatment may indicate a need for culturally-specific prevention services. In addition, the ten counties also reported other special populations through the completion of the needs assessment questionnaire (Appendix D). These populations may guide or influence prevention efforts in the future.

In addition to the racial/ethnic populations described above, other special populations were described by CEW members about their respective counties. From this input, a summary of special populations is possible. The Mid-South region has a high concentration of federal and state prison systems within its boundaries, for example. Older adults, those over 65 years of age, were noted as a special population by four different counties. Some other populations mentioned were foster care, residential and non-residential college students, and truant youth.

Capacity Assessment

Capacity includes the human, technical, organizational, and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing, and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels. In an effort to assess capacity, a needs assessment questionnaire was produced and completed by CEW members with assistance from their county coalition members in each of the ten counties. The responses are combined in Appendix E.

Most of the CEW counties reported resources, agencies, and leaders in support of prevention efforts, highlighting problems, and the need for intervention. Lenawee county assessed their capacity this way: “We have secured support from executive directors, chief executives, and top level administration from: law enforcement, courts, schools, service providers, human services agencies, colleges, elected officials, county government/administration, media, and many nonprofit community partners. We are moving to secure support from our business and foundation giving partners in the coming year 07-08”. All of the counties reported similar activity.

Within the Mid-South region, it appears that county resources, agencies and key leaders have been actively aligning their prevention efforts and are establishing a level of community readiness that can only enhance the SPF-SIG project goals.

Community Strategic Prevention Planning Collaborative (CSPPC)

The Regional CSPPC is involved in Phase I and will be involved in Phase II deliverables of the SPF-SIG Project. This group is heavily involved in the formulation and approval of strategic and implementation planning for goal, objective, outcome, and strategy development related to the SPF-SIG target priorities. Along with the strategic plan development and approval, the membership of the Regional CSPPC is responsible for building and mobilizing capacity at the local community and county levels surrounding the importance of the SPF-SIG outcomes, concepts, processes, CEW, and CSPPC tasks and deliverables through their local coalitions and networks. They are also responsible for formal recommendations surrounding capacity building and strategic planning training and technical assistance needs in the region. This group may also be enlisted in the development of Mid-South’s 2010-2015 Regional Strategic Prevention Plan.

This initial group of individuals was also asked to make formal recommendations for additional recruitment of future CSPPC participants and members.

Mid-South has included the ten established county substance abuse prevention coalitions (County CSPPC’s) in Phase I capacity building outcomes and SPF-SIG allocation. Mid-South’s ten county coalitions have established membership, meeting times, approved by-laws, and conflict resolution policies; collected local, county, regional, and state substance abuse related data; and produced comprehensive three and four year strategic plans and annual implementation plans since 2004. The County CSPPC’s will be most heavily relied on during Phase II of the SPF-SIG implementation planning process. Within Phase I, the established County CSPPC’s will be responsible for assisting Mid-South and the Regional CSPPC in building and mobilizing capacity

at the local community and county level surrounding the importance of the SPF-SIG outcomes, concepts, processes, CEW, and CSPPC tasks and deliverables. The established County CSPPC's will also continue to build internal capacity and infrastructure in preparation of Phase II implementation planning and development of strategies surrounding the State selected priority alcohol-involved traffic crash fatalities, underage drinking, and other associated risk behaviors identified in the region.

2002 Needs Assessment

Mid-South's last regional needs assessment conducted in 2002 did not include the SPF-SIG target priority (alcohol-involved traffic crash fatalities) or any related traffic data. Additionally, the data that was collected on underage drinking and binge drinking was only by region and limited the capacity to identify specific county needs. Since then the MSSAC Prevention Needs Assessment (PNA) School Survey has been conducted in both 2004 and 2006 to provide local school district and county level ATOD use, prevalence, and risk and protective factor data for use in local, county, and regional strategic planning and evaluation of programming and strategic outcomes. This current dataset has proven very useful in the identification of need surrounding underage binge drinking and 30-day usage of alcohol related to the SPF-SIG target priorities. Mid-South was interested in updating the needs assessment to include these additional indicators to more accurately identify need related to the SPF-SIG target priority (alcohol-involved traffic crash fatalities).

Mid-South's current plan includes the utilization of the SPF-SIG allocation for more than one county or "community". Mid-South has interest in identifying multiple high need counties related to alcohol-involved traffic crash fatalities and injuries, underage drinking, and tobacco use and deaths. The SPF-SIG project has the potential to positively impact several counties in multiple ways within the Mid-South region. In order to determine the counties with high need, a variety of data were collected under the guidance and recommendations of the CEW, and more than one type of analysis was conducted, all with the purpose of ranking the ten counties into high, medium, or low comparative need for substance abuse prevention services.

The items selected were evaluated by the Mid-South CEW based on inclusion of alcohol as a primary substance abuse problem, for adults and youth, risk and protective factors, and tobacco use and consequences; validity of the data, and availability by county for county level analysis. The availability of the data by county is necessary for the eventual comparison of the relative need for substance abuse prevention services among and between counties. It was seen as desirable to include and analyze a broader range of items, as long as the items were valid and available by county.

Institutional Review Board Approval

The Mid-South SPF/SIG needs assessment project was submitted to the Michigan Department of Community Health/Institutional Review Board (MDCH/IRB) on July 2, 2007. Under the authority of the Code of Federal Regulations Title 45 part 46, exemption 46.101(b) (4) was granted for research involving existing data with no identifiers. The expiration date for the approval of the project is July 2, 2008. (Appendix G)

CEW Recommendations

The following three sections include a description of all of the data items the CEW recommended for inclusion. Later, the Epidemiological Summary section will describe how the variables were combined for an overall ranking for all counties into high, medium, and low need for substance abuse prevention services for alcohol (adult), alcohol (youth), youth (general ATOD), and tobacco (adult/youth).

Limitations of the Data

It should be noted that all data has limitations. For example, because alcohol-involved traffic crash fatalities are relatively rare events (less than 10 on average in each of the Mid-South counties, and totaling 46 across the 10 county region), the CEW recommended incorporating the ranking of injury rates and crash rates in the overall ranking of alcohol-involved traffic consequences. This method compensates for the low statistical confidence in comparability for the fatality rates, due to the fortunate rarity of fatal events in the population at the county level. In addition, Prevention Needs Assessment (PNA) data has different limitations in that it is a single point in time (2006) and entirely self-reported, which is subject to biases (over, under-reporting, etc.). Furthermore, other useful data such as older adult usage rates or arrest / conviction data are not available by county. These limitations should be kept in mind when interpreting the results.

Primary Substance Abuse-Related Problems

Alcohol (Adult)

Initial work on the SPF/SIG project at the state level resulted in the specification of the Michigan SPF/SIG priority problem, Alcohol-Involved Traffic Crash Fatalities. The Mid-South CEW began the examination of data items available for inclusion in the needs assessment by including this required item.

Table 1 shows the number of alcohol-involved traffic crash fatalities for each county by population and by million miles traveled for an average of years 2001-2005. A visual representation of the data in Table 1 may be seen in Figures 1 and 2. The final column of the table shows the ranking of the counties by the rate per million miles traveled. It can be seen that the top three counties are Hillsdale (1), Newaygo (2), and Ionia (3).

The Mid-South CEW recommended that alcohol-involved traffic crash injuries for each county by population and million miles traveled be included, which resulted in a ranking of the top three counties by the rate by million miles traveled of Newaygo (1), Hillsdale (2), and Ionia (3) (Table 2). Figures 3 and 4 provide a visual representation for these data.

Finally, the Mid-South CEW recommended that alcohol-involved traffic crashes for each county by population and million miles traveled be included, which resulted in a ranking of the top three counties by the rate by million miles traveled of Newaygo (1); Hillsdale (2), and Lenawee (3) (Table 3). Figures 5 and 6 provide a visual representation for these data.

These three variables, obtained from the Office of Highway Safety Planning (OHSP), appear to have face validity, that is, they appear to be measuring consequences of alcohol use. It can be seen that all three variables (Tables 1-3 and Figures 1-6) produced similar results. This gives confidence in the stability of the data and the substance of the results.

Alcohol (Youth)

Tables 4 and 5 (figures 7 – 14) show the percent having used alcohol in the last 30 days by county and grade level, and the percent having engaged in binge drinking by county and grade level, respectively. These data are from the 2006 Mid-South Prevention Needs Assessment Survey. An analysis was done on these two variables to see if any county was significantly higher in the percent of students who used alcohol in the past 30 days or engaged in binge drinking when compared to the overall percent engaged in these behaviors for the Mid-South region.

It can be seen that, considering 30 day use, Eaton and Hillsdale counties had a significantly higher percent of students engaging in this behavior in the eighth grade, and Hillsdale in the tenth grade. These differences were at the 0.5 level.

Considering binge drinking, Calhoun and Hillsdale counties had significantly greater percent engaged in binge drinking in the eighth grade.

In the tenth grade, Hillsdale had significantly greater percent engaged in binge drinking compared to the Mid-south region overall.

In twelfth grade, Gratiot had significantly greater percent engaged in binge drinking compared to the Mid-south region as a whole.

Risk and Protective Factors (Youth)

Tables 6 and 7 show the percent at risk for substance abuse problems or percent protected against substance abuse problems by county and grade level. A visual representation has been provided through Figures 15-18. These data are from the 2006 PNA Survey. “Risk” or “Protection: is a compilation of eight variables to form either a risk index (Table 6) or a protection index (Table 7). The Figures correlating to these tables are 19-22. The Mid-South CEW preferred to combine these variables rather than use these variables independently. Therefore, the ranking of counties in Table 6 is from *most to least* risk; while the ranking in Table 7 is from *least to most* protection. A county with a combination of high risk and low protection based on many different variables would be a powerful measure of the need for substance abuse prevention services.

Tobacco (Adult/Youth)

Tables 8-10 involve tobacco use and consequences. Table 8 shows the percent having used cigarettes within the last thirty days by county and grade. Figures 23-26 provide visual representation of this data by grade. Table 9 (Figures 27 – 30) illustrate the percent having smoked half a pack of cigarettes or more per day by county and grade. These data are from the 2006 PNA survey.

Analysis of these two variables reveals Ingham had a significantly higher percent using cigarettes in the previous thirty days compared with the Mid-South region in the sixth grade. In eighth grade, Calhoun had a significantly higher percent using cigarettes in the past thirty days compared with the Mid-South region. Finally, in grade twelve, Lenawee had a significantly higher percent using cigarettes in the past thirty days compared with the overall percent of the Mid-South region.

Concerning percent smoked half pack cigarettes per day, in sixth grade, Calhoun and Ingham had a significantly higher percent smoking half pack per day. In eighth grade, Calhoun had a significantly higher percent, in tenth grade, Jackson had a significantly higher percent of students who smoked half pack cigarettes per day compared to the Mid-South region overall.

Table 10 (Figure 31) displays deaths in 2005 attributed to tobacco by population and county. These data were obtained from the Division of Vital Records and Health Records, Center for Disease Control and Prevention, MDCH. Causes of death included heart disease, stroke, respiratory diseases, lung cancer, and other tobacco-related cancers. A rate per population was calculated and a ranking performed from the highest rate to the lowest. The top three counties, ranked highest in tobacco-related deaths per population, are Newaygo (1), Jackson (2), and Calhoun (3).

MSSAC Regional Epidemiological Summary

Table 11a

Mid-South Substance Abuse Commission <i>Epidemiological Summary</i> <i>Need for Prevention Services - Alcohol Adult</i> <i>By County</i>			
County	Epi Score	Epi Summary Ranking	High Need = 1-3 Medium Need = 4-6 Low Need = 7-10
Calhoun	5	8 (tie)	Low
Clinton	4	10	Low
Eaton	5	8 (tie)	Low
Gratiot	6	7	Low
Hillsdale	15	1 (tie)	High
Ingham	7	6	Medium
Ionia	12	3	High
Jackson	10	5	Medium
Lenawee	11	4	Medium
Newaygo	15	1 (tie)	High

Source: Michigan Office of Highway Safety Planning Alcohol Involved Traffic Crash Fatalities, Alcohol Involved Traffic Crash Injuries, Alcohol Involved Traffic Crashes (Tables 1-3).

This table represents a 10 county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.

Table 11a shows every county with their combined epi score based on million miles traveled data from Tables 1-3. A calculation was made of five points for every time a county was ranked “1” or “2”; four points every time a county was ranked a “3” or “4”; three points every time a county was ranked “5” or “6”; two points every time a county was ranked a “7” or “8”; and one point every time a county was ranked a “9” or “10”. For example, Hillsdale received a total score of 15, which represents five points for each Table 1-3. Hillsdale had a rank of either a “1” or a “2” on Tables 1-3. Therefore, Hillsdale’s epi score was 5+5+5=15. This is the highest score that could be achieved, and an indication of high need overall on these measures.

A second step on Table 11a was to take the epi score (calculated above) and rank every county. This resulted in Hillsdale ranked #1, with Newaygo as a tie.

A final step was to evaluate high, medium and low need for substance abuse prevention services (alcohol/adult) by this method: rankings of 1-3 were determined to be high need; 4-6 was determined to be medium need; and 7-10 was determined to be low need.

These steps produced a rating of high need for Hillsdale, Ionia and Newaygo; and a rating of medium need for Ingham, Jackson and Lenawee. A lower need for prevention, at least on these three measures of alcohol (adult), was obtained for Calhoun, Clinton, Eaton, and Gratiot.

Table 11b

Mid-South Substance Abuse Commission <i>Epidemiological Summary</i> <i>Need for Prevention Services - Alcohol Youth</i> <i>By County</i>			
County	Epi Score	Epi Summary Ranking	High Need = 1-2 Medium Need = 3-4 Low Need = 5-10
Calhoun	2	2	High
Clinton	0	5 (tie)	Low
Eaton	1	3 (tie)	Medium
Gratiot	1	3 (tie)	Medium
Hillsdale	4	1	High
Ingham	0	5 (tie)	Low
Ionia	0	5 (tie)	Low
Jackson	0	5 (tie)	Low
Lenawee	0	5 (tie)	Low
Newaygo	0	5 (tie)	Low

Source: 2006 Prevention Needs Assessment Survey. Percent Having Used Alcohol Within 30 Days, Percent Having Engaged in Binge Drinking (Tables 4-5).

This table represents a 10 county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.

Table 11b shows every county with their combined epi score based on data from Tables 4-5. A calculation was made of one point every time a county showed significantly greater percent having used alcohol in the previous 30 days, or percent having engaged in binge drinking compared to the Mid-South region as a whole. For example, Hillsdale scored four points because this county was significantly greater than the Mid-South region on four different occasions (eighth and tenth grades on both measures). Many of the counties showed no significant difference between the county and the Mid-South region as a whole. They were scored a zero. The second step was to rank the counties by the highest score to the lowest. The top three rankings were Hillsdale (1); Calhoun (2); and Eaton and Gratiot tied (3). Finally, the rankings were divided into high, medium and low need for substance abuse prevention services on these measures. This was accomplished by taking the rankings of either “1” or “2” and rating them as “high”; “3” or “4” and rating them as “medium”; and “5” through “10” and rating them as “low”. The result is Calhoun and Hillsdale are rated “high”; Eaton and Gratiot are rated “medium”; and all others rated “low” on the two measures of percent having used alcohol in the previous 30 days, or percent having engaged in binge drinking.

Table 11c

Mid-South Substance Abuse Commission <i>Epidemiological Summary</i> <i>Need for Prevention Services - Youth</i> <i>By County</i>			
County	Epi Score	Epi Summary Ranking	High Need = 1-3 Medium Need = 5-7 Low Need = 8-10
Calhoun	34	1	High
Clinton	22	8 (tie)	Low
Eaton	22	8 (tie)	Low
Gratiot	26	3 (tie)	High
Hillsdale	26	3 (tie)	High
Ingham	24	5 (tie)	Medium
Ionia	12	10	Low
Jackson	24	5 (tie)	Medium
Lenawee	23	7	Medium
Newaygo	27	2	High

Source: 2006 Prevention Needs Assessment Survey. Percent High Risk and Low Protection (Tables 6-7).

This table represents a 10 county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.

Table 11c shows every county with their combined epidemiological score based on data from Tables 6-7. In this case, as in Table 11a, a calculation was made of five points for every time a county was ranked “1” or “2”; four points every time a county was ranked a “3” or “4”; three

points every time a county was ranked “5” or “6”; two points every time a county was ranked a “7” or “8”; and one point every time a county was ranked a “9” or “10”. It should be noted that the two measures are a combination of rankings on risk and protection. The higher the risk, the higher the score; the lower the protection, the higher the score; therefore, counties with the highest risk and the lowest protection would be ranked the highest in the need for substance abuse prevention services. For example, Calhoun received the highest score of 34. This is a combination of being ranked a “1” on risk (sixth. and eighth. grade); “9” on risk (tenth. grade); and “6” on risk (twelfth. grade). The scoring for Calhoun on risk is 5+5+1+3=14.

On protection, Calhoun was ranked a “1” (sixth, eighth. and tenth. grades); and “2” (twelfth. grade). This is a score of 5+5+5+5=20 for protection. Adding risk and protection together, gives Calhoun a score of 34. This is a reflection of high risk and low protection in Calhoun youth measured by the PNA survey.

A final step was to evaluate high, medium and low need for substance abuse prevention services based on the risk and protection measures from the 2006 PNA survey. By this method, rankings of 1-3 were determined to be high need; 5-7 was determined to be medium need; and 8-10 was determined to be low need. Using this method, the counties with the highest need are: Calhoun, Gratiot, Hillsdale, and Newaygo. The counties with medium need are: Ingham, Jackson and Lenawee. The counties with low need are: Clinton, Eaton and Ionia.

Table 11d

Mid-South Substance Abuse Commission <i>Epidemiological Summary</i> <i>Need for Prevention Services - Tobacco</i> <i>By County</i>			
County	Epi Score	Epi Summary Ranking	High Need = 1-3 Medium Need = 4-7 Low Need = 8-10
Calhoun	7	1	High
Clinton	1	10	Low
Eaton	2	8 (tie)	Low
Gratiot	3	5 (tie)	Medium
Hillsdale	4	4	Medium
Ingham	3	5 (tie)	Medium
Ionia	2	8 (tie)	Low
Jackson	6	2	High
Lenawee	3	5 (tie)	Medium
Newaygo	5	3	High

Source: 2006 Prevention Needs Assessment Survey. Percent Having Used Cigarettes Within 30 Days, Percent Having Smoked 1/2 Pack or More Per Day. 2005 Deaths Attributable to Tobacco (Tables 8-10).

This table represents a 10 county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.

Table 11d displays every county with their combined epi score based on data from Tables 8-10. As in Table 11b, a calculation was made of one point every time a county showed significantly greater percent having used cigarettes in the previous 30 days, or percent having smoked half pack cigarettes compared to the Mid-South region as a whole. In addition, on Table 10, a calculation was made of five points for every time a county was ranked “1” or “2”; four points every time a county was ranked a “3” or “4”; three points every time a county was ranked “5” or “6”; two points every time a county was ranked a “7” or “8”; and one point every time a county was ranked a “9” or “10”. For example, Calhoun was given one point for each time it was significantly greater than the Mid-South region overall on percent using cigarettes (eighth. grade); percent having smoked half pack cigarettes (sixth. and eighth. grades); and ranking of #3 on deaths attributed to tobacco. This results in a score of $1+1+1+4=7$.

The second step was to rank the counties by the highest score to the lowest. The top three rankings were Calhoun (1); Jackson (2); and Newaygo (3). Finally, the rankings were divided into high, medium and low need for substance abuse prevention services on these measures. This was accomplished by taking the rankings of either “1-3” and rating them as “high”; “4-7” and rating them as “medium”; and “8” through “10” and rating them as “low”. The result is Calhoun, Jackson and Newaygo are rated “high”; Gratiot, Hillsdale, Ingham and Lenawee are rated “medium”; and Clinton, Eaton and Ionia are rated “low” on the two measures of percent having used cigarettes in the previous 30 days, percent smoked half pack cigarettes, and deaths attributable to tobacco.

Identification of Target Communities for Strategic Prevention Framework Implementation

Table 12

Mid-South Substance Abuse Commission <i>Strategic Prevention Framework - State Incentive Grant (SPF-SIG)</i> <i>High, Medium, and Low Need for Substance Abuse Prevention Services</i> <i>By County (2007)</i>				
County	Table 11a	Table 11b	Table 11c	Table 11d
	Need for Prevention Services - Alcohol Adult	Need for Prevention Services - Alcohol Youth	Need for Prevention Services - Youth	Need for Prevention Services - Tobacco
Calhoun	Low	High	High	High
Clinton	Low	Low	Low	Low
Eaton	Low	Medium	Low	Low
Gratiot	Low	Medium	High	Medium
Hillsdale	High	High	High	Medium
Ingham	Medium	Low	Medium	Medium
Ionia	High	Low	Low	Low
Jackson	Medium	Low	Medium	High
Lenawee	Medium	Low	Medium	Medium
Newaygo	High	Low	High	High

Note: High, medium, or low need for substance abuse services was determined by a combination of alcohol-involved traffic crash fatalities, injuries and alcohol-involved crashes (2001-2005); 30 day alcohol use and binge drinking in youth (2006); high risk and low protection in youth (index of eight variables) (2006); 30 day tobacco use and smoked half pack per day in youth (2006); and deaths attributed to tobacco (2005) in the MSSAC region.

This table represents a 10 county comparison. Low or Medium need does not mean that substance abuse issues are not of concern and do not need to be addressed regarding alcohol, tobacco, and other drugs in these counties. In relation to the SPF-SIG project, the intent is to prioritize need for limited resource allocation.

It may be useful to view these results across every county and measures to determine counties for strategic prevention framework intervention. **Table 12** shows the calculated “high”, “medium” and “low” need for substance abuse prevention services by county across four measures. The first column reflects need from Table 11a; the second column reflects need from Table 11b; the third column reflects need from Table 11c; and the fourth and last column reflects need from Table 11d. We see that Calhoun, Hillsdale and Newaygo scored “high” on three out of four composite measures.

It may also be useful to combine one or more calculations of need for programmatic purposes. For example, combining need from Table 12 columns one and two shows Hillsdale has a problem with alcohol for both adults and youth.

Combining columns two and three, we see some counties, such as Calhoun, Gratiot and Hillsdale may have significantly more alcohol use in youth as well as relatively higher risk and lower protection than other counties, and may be considered for targeted prevention for youth and alcohol. Lenawee may also be considered for targeted prevention due to their “high” rating on high risk and low protection, which does not bode well for the future, although use at this point is relatively low.

Identified below are regional problem statements for CSPPC utilization in the development of a strategic plan:

- High Prevalence of Alcohol-Involved Traffic Crash Fatalities, Injuries and Alcohol-Involved Crashes in Hillsdale, Ionia and Newaygo counties relative to the Mid-South region as a whole due to misuse of alcohol among youth and adults.
- High Incidence of 30 day alcohol use and binge drinking in youth in Calhoun and Hillsdale counties relative to the Mid-South region as a whole.
- High incidence of high risk and low protection in youth in Calhoun, Gratiot, Hillsdale and Newaygo counties relative to the Mid-South region as a whole.
- High incidence of 30 day tobacco use and smoking half pack cigarettes in youth as well as deaths attributed to tobacco in Calhoun, Jackson and Newaygo counties relative to the Mid-South region as a whole.

Targeting communities for strategic prevention framework implementation must also take into account intervening variables and capacity assessment.

For example, information submitted via a needs assessment questionnaire (Appendix B) from Hillsdale County reveals the following intervening variables:

Community Norms

1. “Everybody drinks.”
2. Lack of public transportation.
3. Lack of other non-alcohol related activities.

Enforcement

1. Low conviction rate compared to arrests for DUI.
2. Law enforcement is frustrated with low prosecution rates.
3. Law enforcement is understaffed.

Family norms

1. “It’s only alcohol.”
2. “We all drank during our teenage years.”

3. Considered to be a “Rite of Passage” to adulthood.

Perceptions of risk

1. Lack of understanding re: the dangers of binge drinking.

Capacity assessment for Hillsdale County includes a relatively new Substance Abuse Prevention Coalition consisting of local key stakeholders who attend and participate in regular monthly meetings. Hillsdale County also has an active collaborative body, the Health Services Network (HSN), which has about 30 active members who also attend and participate in monthly meetings and activities.

Strategic Planning – Phase I & II

The Regional CSPPC is responsible in assisting Mid-South and the Regional CEW in the planning, development, and formal approval of the amended 2005-2009 Mid-South Strategic Prevention Plan. The Prevention Coordinator (SPF-SIG Manager), Prevention Assistant and Contracted Consultant will utilize recommendations and formal motions from the CSPPC to produce and draft the amended regional strategic plan for submission to the Office of Drug Control Policy (ODCP) and the MSSAC Board. The Regional CSPPC will meet monthly for the next few months and quarterly in the future to assist in the production and implementation of an amended alcohol goal that is data driven (involving CEW recommendations), represents the cultural diversity of the region and includes measurable outcomes and objectives.

Mid-South convened a Regional CSPPC for the development of an amended Mid-South 2005-2009 Strategic Prevention Plan on July 11, 2007. The CSPPC membership representing the region is comprised of 5 county coordinators and 6 coalition members from the top five coalitions developmentally in the Mid-South region along with the Mid-South Prevention Coordinator (SPF-SIG Manager) and Prevention Assistant. These appointees have been invited by Mid-South to represent the ten county region at the CSPPC meetings. Recommendations to include additional county representation will be utilized in expanding membership throughout the duration of the SPF-SIG grant. The CEW will provide the completed Regional Needs Assessment, including developed problem statements and appropriate recommendations to guide Mid-South, our contracted consultant, and the Regional CSPPC in the strategic planning process and future resource allocation. The Regional CSPPC will be ultimately responsible in assisting Mid-South in the planning and development of an amended 2005-2009 Mid-South Strategic Prevention Plan. The SPF-SIG manager and prevention assistant will utilize recommendations from the CSPPC and meet monthly with the contracted consultant to produce and draft the amended regional strategic plan. The Regional CSPPC will meet monthly in June, July, August, and September to assist in the production of an amended Alcohol Goal (and others) that is data driven, represents the cultural diversity of the region, and follows the recommendations of the CEW. The regional CSPPC will also assist Mid-South prevention staff and contracted consultant in the community level assessment of identified risk and protective factors (intervening variables) and local level capacity within the Mid-South Region. This amended Alcohol Goal (and others) will be added to the

current Mid-South strategic plan for submission to ODCP. Attached is the Regional CSPPC membership list (Appendix F).

Phase II will represent implementation of community prevention services consistent with the SPF/SIG Community Strategic Plan. Mid-South understands that funding for Phase II will be authorized upon ODCP approval of the CA Phase I deliverables (the present Needs Assessment Summary and the accompanying Strategic Plan) and approval of the CA Phase II Terms and Conditions. Mid-South also understands that the Phase II Terms and Conditions will be expected to describe implementation and evaluation associated with the Community Strategic Plan. Mid-South looks forward to continuing this worthwhile effort with MDCH/ODCP to target local communities for strategic prevention framework implementation and to enthusiastically participate in the evaluation associated with the Community Strategic Planning Process.