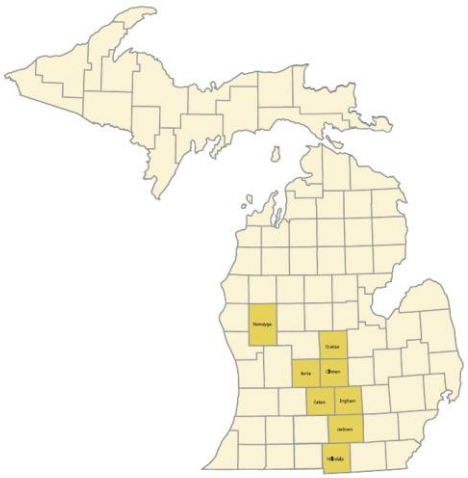
Strategic Prevention Planning 2014



Ingham County Substance Abuse Outcome Evaluation Monitoring Tool

Community MENTAL HEALTH
CLINTON • EATON • INGHAM

MICHIGAN STATE UNIVERSITY

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Section 1. Building a Strategic Prevention Framework

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.

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

- **Community needs assessment:** The results presented in this report will help you identify needs for prevention in the goal statements outlined in the Regional Prevention Plan—alcohol, tobacco, and prescription drugs—and in the additional area of marijuana.
- **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.
- **Communityreadiness 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: Capacity Building. **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: Strategic Planning. **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.

Step 4: Implementation. **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.

Step 5: Evaluation. **Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail.** Ongoing monitoring and evaluation are essential to determine whether 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.

Section 2. 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 identified in the Regional Prevention Plan and to select the types of interventions you will use to address those problems.

The needs assessment process has 9 steps:

1. Review data about local community context and needs.
2. Review data on the consequences of ATOD use in your community.
3. Review data on the incidence and prevalence of substance use and abuse in your community.
4. Identify problem ATOD behaviors in your community.
5. Review risk and protective factors by domain in your community.
6. Identify risk and protective factor needs in your community.
7. Prioritize ATOD behaviors and risk/protective factors to focus on in your community.
8. Identify data gaps for your community that need to be filled.
9. Conduct a local prevention resource scan.

What data are available in this report?

1. **Community context and needs.** This report provides data about community demographics and economic well-being. This information provides a snapshot of the context in which your work will be conducted.
2. **Consequences of substance use and abuse.** This report also provides data on the consequences of substance use and abuse in your county in the areas identified in the Regional Prevention Plan. 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.
3. **Consumption patterns of substance use and abuse.** This report presents data to help you assess the status of your county on incidence and prevalence of substance use and abuse in the areas outlined in the Regional Prevention Plan. In this report, we provide baseline data and trends for priority indicators of substance use and abuse for your county as well as for selected other indicators. In addition, complete data for all indicators of incidence and prevalence of substance use and abuse are provided in the Excel tables.
4. **Risk and protective factors.** Finally, this report presents data about key risk and protective factors in your county. 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 in this report are available in the Excel files.

What were the data sources for this report?

Data for this report are identified from multiple 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 Michigan Profile for Healthy Youth, or MiPHY)

Each set of data presented is accompanied by information on the specific source. Complete information on sources, including website addresses, and definitions of indicators is available in the Excel file that contains data for 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 each year). To compare changes in an indicator between the sub-region or the state and your county, 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. You should also be aware of how indicators are defined. The excel file provides notes about specific definitions. Finally, the original sources sometimes update data from previous years after it has already been reported. When earlier data have been revised, the most updated data are provided in this report.

What are the indicators and how do we use them?

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

An **indicator** is a specific, measurable characteristic or behavior that allows you to measure change or differences in the concept of interest. **Priority indicators** are measures identified as important for tracking progress of substance use and abuse prevention and treatment efforts in support of the Regional Prevention Plan.

MiPHY. The source of much of this data is the Michigan Profile for Healthy Youth, or MiPHY. The first data were collected for the MiPHY in 2008, and the MiPHY was expanded statewide in 2010 and collected most recently in 2014.

- Your county has data since 2008. The sample for each year is detailed in Table 1.
- Note that the sample is not the same from year to year, and this may account for some differences over time. Public school district participation increased each year from 27% in 2008 to 60% in 2012, but declined in 2014. Between 10% and 43% of public school buildings have participated, depending on the year and school level.

Table 1. Ingham County: Michigan Profile for Healthy Youth (MiPHY) Sample, 2008-2014																
	2008				2010				2012				2014			
	District		Building		District		Building		District		Building		District		Building	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Middle school	4	27%	4	11%	5	33%	11	31%	9	60%	15	43%	7	39%	13	34%
High school	4	27%	4	10%	5	33%	7	18%	9	60%	13	33%	7	39%	11	26%
7th-graders	561				1198				2041				1280			
9th-graders	355				1053				2495				1592			
11th-graders	344				869				2022				1290			

Note: District and building data are for public school districts and buildings. Student numbers may include private school and public school academy students, but most are public school students

Section 3. Community Context

Other charts cover factors that may create a supportive environment for the prevention of ATOD use or may be negatives associated with use and poor physical and mental health. These data describe:

- School dropout rates
- Community economic stability
- Teen pregnancy and infant mortality rates
- Indicators of family disruption, including divorce, domestic violence, child abuse and neglect, and children in foster care
- Suicide rates
- Levels of alcohol availability through retail outlets and gross sales
- Methamphetamine lab seizures and incidents

Economic Indicators

Table 4 provides information about the extent to which your county's population is at risk of economic instability.

- Median household income increased between 2000 and 2010 at a higher rate than the state.
- As of 2010, the percent of county individuals and children in poverty was around 20%. This represents an increase since 2000, especially for children. Poverty among individuals is higher in the county than the state, while poverty for children is similar to poverty for children across Michigan.

Table 4. Ingham County: Economic Indicators, 2000-2010				
	Ingham County		State	
Economic Indicators	2000[a]	2010[b]	2000[a]	2010[b]
Median household income	**$40,774**	**$45,038**	$44,667	$46,861
% Unemployed	**3.9%**	**6.5%**	3.7%	8.1%
% Individuals below 100% poverty level	**14.6%**	**19.5%**	10.5%	15.7%
% Under age 18 in poverty	**14.6%**	**22.4%**	13.4%	21.8%

Sources: [a]U.S. Bureau of the Census. [b]American Community Survey.

Suicide

Table 6 shows five-year average rates of suicide for the county and state. Figures 6 describes trends in the percent of county and sub-regional youth who report considering and actually attempting suicide.

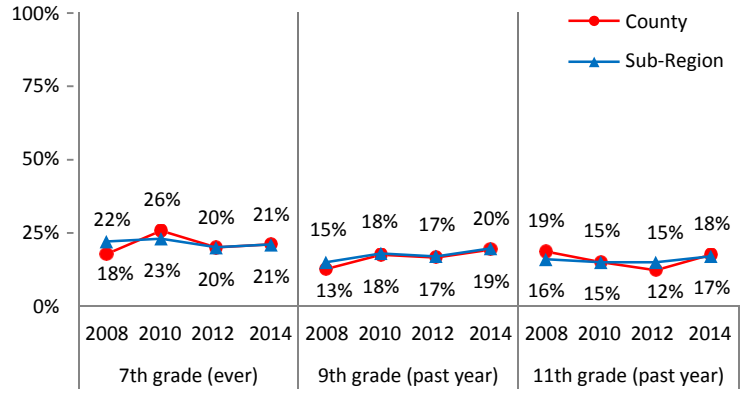
- **Completed suicide.** County rates have remained stable among adults, but increased among youth.
- **Ideation and attempts.** 18% to 21% of youth report considering attempting suicide and about 10% report having attempted suicide. Since 2012, ideation has increased among 11th graders. County and sub-regional numbers are comparable.

Table 6. Ingham County: Suicide Rates (Five-Year Averages per 100,000), 2003-2012

	Ingham County						*State*					
	2003-07	*2004-08*	*2005-09*	*2006-10*	*2007-11*	*2008-12*	*2003-07*	*2004-08*	*2005-09*	*2006-10*	*2007-11*	*2008-12*
Youth (<25 years)	**1.5**	**1.7**	**1.5**	**2.6**	**3.5**	**4.2**	3.9	4.0	4.0	4.3	4.6	5.0
Adults (25+ years)	**14.4**	**14.1**	**15.3**	**15.3**	**13.9**	**13.8**	14.7	15.0	15.2	15.7	15.9	16.1

Source: Michigan Department of Community Health.

Figure 6. Ingham County: Youth Suicide: Considering Attempt, 2008-2014



Section 4. Alcohol

Consequences, Consumption Patterns, and Risk/Protective Factors

Regional Prevention Plan Goal: To reduce alcohol-involved traffic fatalities, injuries, and crashes due to the use/misuse of alcohol by youth and adults in the sub-region.

The Regional Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of alcohol use and abuse:

- *Community Norms:* To correct the misperceived community norms involving alcohol use/misuse.
- *Enforcement and Adjudication:* To support and/or enhance the effective enforcement and adjudication of alcohol-involved violations.
- *Social Availability:* To reduce youth social access to alcohol, and to impact adult social access to alcohol.

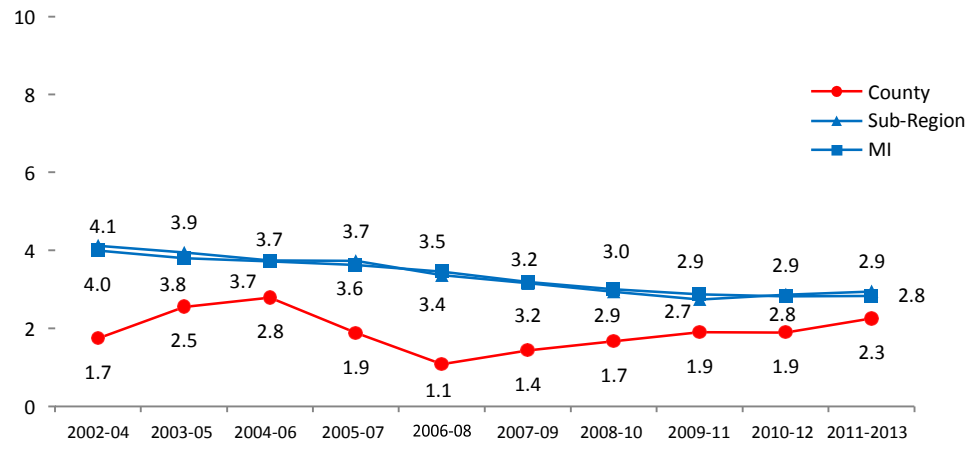
- *Retail Availability:* To reduce youth retail access to alcohol, and to impact adult retail access to alcohol.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce alcohol misuse.

Alcohol: Consequences

Figures 11 provides information on three priority consequences of alcohol abuse: traffic crash fatalities involving alcohol, traffic crash injuries involving alcohol, and traffic crashes involving alcohol. In your county:

- **Fatality** rates declined in the mid-2000s and have slowly increased since then. They are approaching sub-regional and state rates.
- **Injury** rates have increased after years of decline. They are currently similar to sub-regional and state rates.
- **Crash** rates have stabilized. They are close to sub-regional rates, but slightly lower than state rates.

Figure 11. Ingham County: Alcohol-Related Traffic Crash Fatalities (3-Year Average Rates per 100,000), 2002-2013

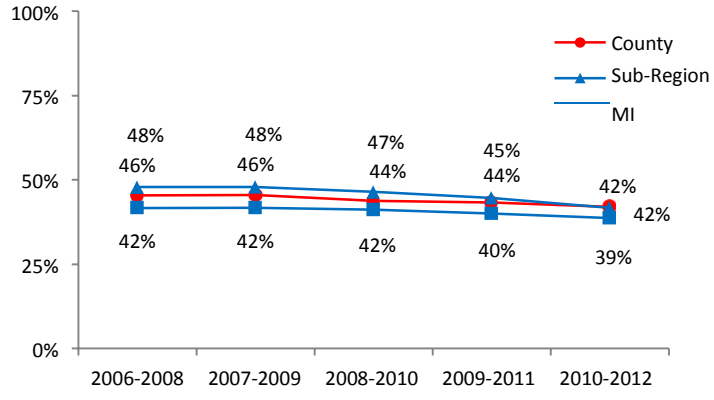


Source: Michigan Annual Drunk Driving Audit.

Alcohol treatment admissions. Figure 14 provides information on the percent of individuals entering treatment facilities with alcohol as a primary drug being treated.

- In your county, alcohol abuse has declined just slightly over time as the primary reason for treatment.
- In recent years, 42% of county admissions targeted alcohol treatment, similar to state and sub- regional numbers.

Figure 14. Ingham County: Alcohol is Primary Drug at Treatment Entry (3-Year Average Percent), 2006-2012



Source: Michigan Department of Community Health

Section 5. Tobacco

Consequences, Consumption Patterns, and Risk/Protective Factors

Regional Prevention Plan Goal: To reduce tobacco-related death due to tobacco use and exposure to secondhand smoke by youth and adults in the sub-region.

The Regional Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of tobacco use and abuse:

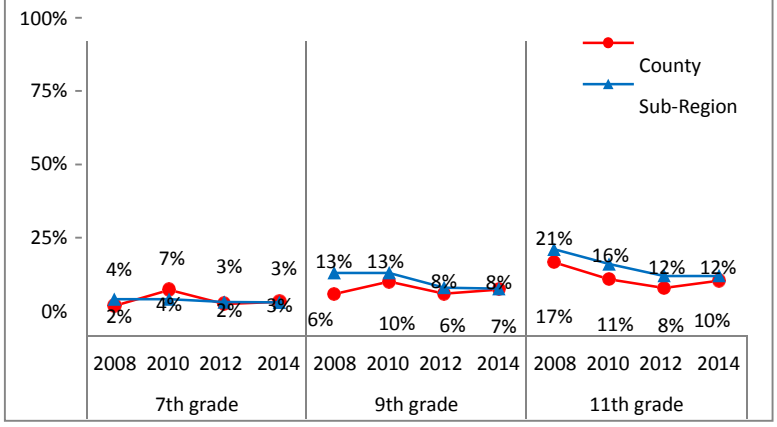
- *Community Norms:* To correct the misperceived community norms involving tobacco use and exposure.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce tobacco use and exposure.
- *Promotion:* To reduce the product promotion of tobacco.
- *Social Availability:* To reduce youth social access to tobacco, and to impact adult social access to tobacco.
- *Retail Availability:* To reduce youth access to tobacco, and to impact adult retail access to tobacco.

Tobacco: Consumption Patterns

Youth. Figures 30 provides data for two priority indicators of youth tobacco consumption: the percent of students who report smoking at all in the past 30 days and the percent who report heavy use—that is, smoking cigarettes on 20 or more of the past 30 days.

- **30-day use.** As of 2014, in your county, 3% of 7th graders, 7% of 9th graders, and 10% of 11th graders reported smoking in the past 30 days. Use has stabilized among all grades. County and sub-regional rates are comparable.
- **Heavy use.** As of 2014, in your county, 0% of 7th graders, 2% of 9th graders, and 3% of 11th graders reported heavy smoking. Numbers are stable and similar for county and sub-regional students.

Figure 30. Ingham County: Youth Tobacco 30-Day Use, 2008-2014



Definition: Percent of students who smoked cigarettes during the past 30 days.
Source: Michigan Profile for Healthy Youth

Section 6. Prescription Drugs/Painkillers

Consequences and Consumption Patterns

Regional Prevention Plan Goal: To reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse by youth and adults in the sub-region.

The Regional Prevention Plan outlines the following objectives for meeting the goal of reducing consequences of over-the-counter and prescription drug misuse and abuse:

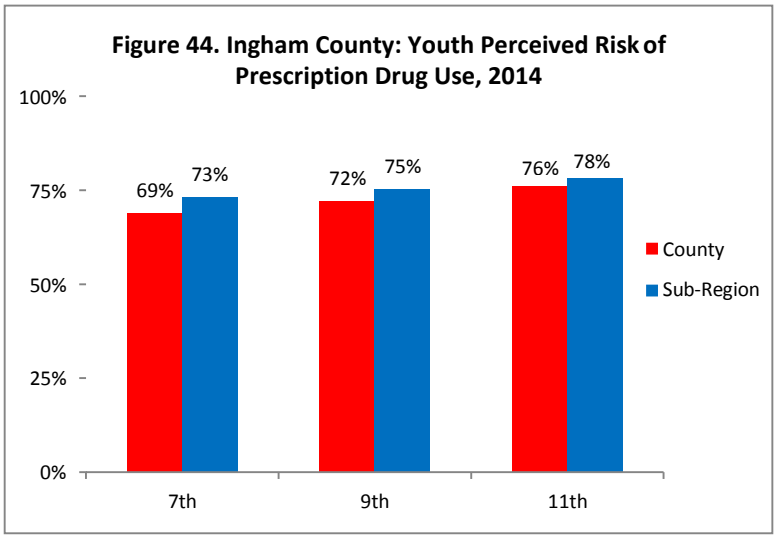
- *Social Availability:* To reduce youth and adult social access to over-the-counter and prescription drugs.
- *Promotion:* To impact the promotion, prescribing, and distribution practices of over-the-counter and prescription drugs.
- *Community Norms:* To correct the misperceived community norms related to over-the-counter and prescription drug misuse and abuse.
- *Laws and Policies:* To support and/or enhance laws and policies that reduce over-the-counter and prescription drug misuse and abuse.

Risk/Protective Factors

Individual Domain

Risk. Figure 44 presents data regarding youth perceptions of risk associated with prescription drug use. As of 2014, in your county:

- 69% of 7th graders, 72% of 9th graders, and 76% of 11th graders reported that people have a moderate or great risk of harming themselves if they use prescription drugs that are not prescribed to them. This was the first year the question was asked.



Definition: Percent of students who reported people are at moderate or great risk of harming themselves if they use prescription drugs that are not prescribed to them.
Source: Michigan Profile for Healthy Youth

Section 7. Marijuana

Consumption Patterns and Risk/Protective Factors

Reducing consequences of marijuana use and abuse was not a specific goal of the Regional Prevention Plan. However, in this section, we present indicators of marijuana use: consumption patterns among youth and risk/ protective factors for youth.

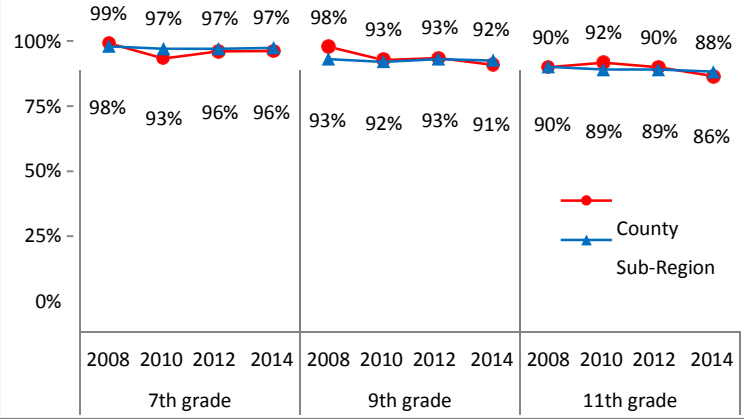
Risk/Protective Factors

Family Domain

Parents' views of marijuana use. Figure 48 shows students' perceptions of their parents' beliefs about marijuana use. As of 2014, in your county:

- 96% of 7th graders, 91% of 9th graders, and 86% of 11th graders reported that their parents view marijuana use as wrong.
- These numbers are steady for 7th and 9th graders and have declined for 11th graders.
- They are comparable to sub-regional perceptions.

Figure 48. Ingham County: Youth Perceptions That Parents View Marijuana Use as Wrong, 2008-2014



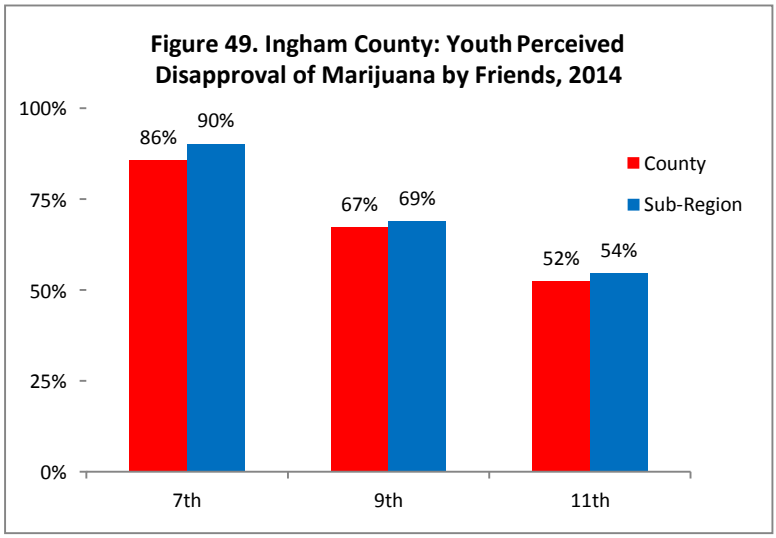
Definition: Percent of students who report that their parents feel that smoking marijuana is wrong or very wrong. *Source:* Michigan Profile for Healthy Youth.

Peer Domain

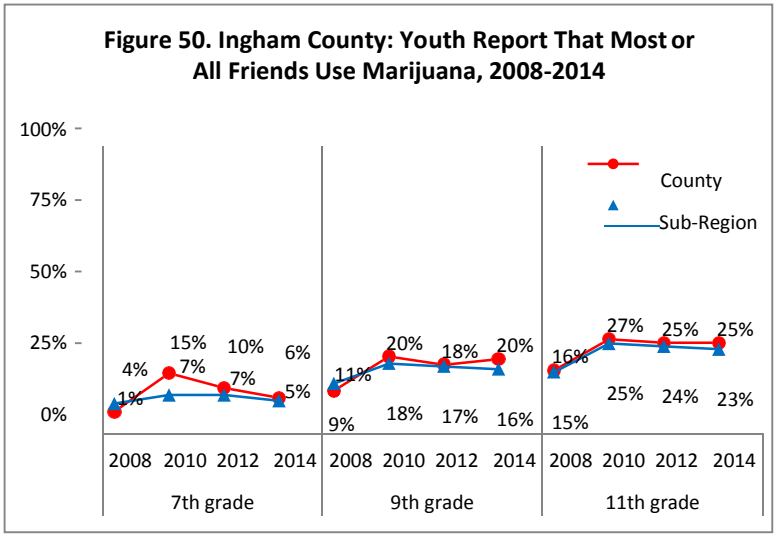
Figure 49 shows the percent of students who think their friends would consider their marijuana use wrong. Figure 50 presents data on youth reports of whether most or all of their friends use marijuana.

- **Friends think marijuana use is wrong.** In 2014, in your county, 86% of 7th graders, 67% of 9th graders, and 52% of 11th graders reported that their friends would think it was wrong for them to smoke marijuana. These numbers were lower than sub-regional numbers among 7th graders.
- **Friends use marijuana.** As of 2014, in your county, 5% of 7th graders, 20% of 9th graders, and 25% of 11th graders reported that most or all of their closest friends use marijuana. Since 2010, they have been steady for high school students while dropping for 7th graders.

Figure 49. Ingham County: Youth Perceived Disapproval of Marijuana by Friends, 2014



Definition: Percent of students who report that their friends feel that it would be wrong or very wrong for them to smoke marijuana. *Source:* MiPHY

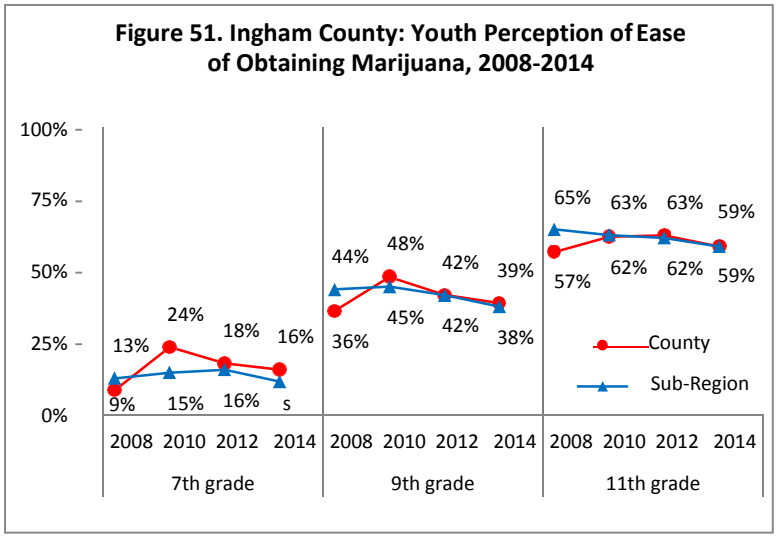


Definition: Percent of students who thought that most or all of their closest friends had used marijuana in the past 30 days. *Source:* MiPHY

Community Domain (Access)

Ease of obtaining marijuana. Figure 51 describes youth perceptions of how easy marijuana is to obtain. As of 2014, in your county:

- 16% of 7th graders, 39% of 9th graders, and 59% of 11th graders reported that it was sort of easy or very easy to get marijuana.
- These numbers have increased since 2008 but been stable or gone back down since. County 7th graders re- port that marijuana is easier to get than do sub-regional students.



Definition: Percent of students who reported that it is sort of easy or very easy to get marijuana. *Source:* Michigan Profile for Healthy Youth.

This Substance Abuse Outcome Evaluation Monitoring Tool can become an integral part of your county's ongoing assessment of community needs. The information contained here can be used to help the Substance Use Disorder Coalition, as well as other school and community stakeholders, assess current conditions and prioritize areas of greatest need. This document is available electronically via our website at www.ceicmhca.org or www.ceicmh.org.

- The information in this document is linked to the Regional Prevention Plan and is intended to support your county's work in meeting the objectives outlined by the local coalition.
- Each indicator identified within this document can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s), and/or reducing consumption patterns and their related consequences.
- More detailed information for each indicator in this report, as well as some additional indicators, are available in the accompanying Excel file.
- An additional long-term function of this report will be to assist communities in evaluating the overall effectiveness in addressing and ultimately impacting the prioritized substance abuse disorder and behavioral health needs of communities within our sub- region.

Overall, this document will assist and support the sub-region as a whole in prioritizing needs, identifying and selecting evidence-based strategies, and evaluating those strategies' effectiveness over time. An additional benefit of this document is to enhance the capacity for Substance Abuse Disorder and Behavioral Health professionals to ultimately speak to the overall contribution of our work surrounding the reduction of mental health disorders, substance use and abuse and their related consequences.

Copies of this report are available from:

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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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