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# City of Detroit Community Strategic Prevention Plan

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## *Introduction*

The Community Strategic Plan is a deliverable that was created by the collaboration of the Detroit CA Community Epidemiology Workgroup (CEW) and the Detroit CA Community Strategic Prevention Planning Collaborative (CSPPC) committees. The goal of the committees was to provide enough data and associated information that would allow for the creation of a strategic plan that was going to be effective in creating and implementing programs. The needs assessment process began in September, 2007. With the significant contributions and assistance of Keisha Houston, contracted epidemiologist, the needs assessment data collection was completed and forwarded to the strategic plan committee for recommended strategies for addressing the burdens on the Detroit community.

The following statement is the vision of the City of Detroit:

*The Detroit CA will develop and maintain the capacities of its community to reduce the number of alcohol-related motor vehicle crash deaths, underage drinking incidences, and other substance use/abuse related issues in the City of Detroit. The capacities will be culturally competent, in that, they will allow people and organizations to work effectively with diverse racial, ethnic, and other unique social attributes that will allow diversity to occur.*

## *Identification of the priority problem(s) to be addressed*

Based on the burdens identified in the Needs Assessment Data Collection, the following priority problems will be utilized for the purpose of the Strategic Plan:

- Alcohol consumption by people age 21-34 years old, including underage drinking, especially among those that are in their high school and college years age (14-20 yrs. old) is relatively lower in Detroit, as a whole, compared to other parts of Michigan but it is something that is going to be addressed because of the prevalence in some zip codes within the City of Detroit geographical limits.
- Other substance abuse issues, especially marijuana use by those that are 21 years old and younger are relatively higher in the City of Detroit compared to the rest of the State of Michigan.

The problem that the City of Detroit will primarily address is the problem of **alcohol-related traffic crash deaths**, especially within the zip code of “48228” (targeted area within the Detroit CA).

### ***Purpose of the proposed SPF/SIG Community Strategic Plan***

The purpose of the proposed SPF/SIG Community Strategic Plan is to identify the City of Detroit key stakeholders (agency Executive Directors, prevention program managers/coordinators, etc.) for the use of the Community Strategic Plan that will relate to the activities of their agency and/or citywide programs that are established and utilized for the prevention of alcohol-related motor vehicle crash deaths, underage drinking, and other substance abuse issues, specifically marijuana use. The strategic plan will be used to aid in the building and restoring of the necessary infrastructure support that will facilitate the implementation and subsequent evaluation of the programs that for the reduction of the problems stated above. The target areas, which are identified below, will receive necessary services and programs based on goals and objectives that are created by the recommendations of the strategic plan. Lastly, the strategic plan will be developed to facilitate grant funding opportunities for Detroit CA service providers so they can create and/or sustain programs that will address the priority problems that have been identified for the City of Detroit.

### ***Relationship of this project to other CA and community prevention activities***

One of the goals of the SPF/SIG process is to enhance the projects and activities of existing agencies by providing additional capacity and strategies. To support this goal, the Detroit CA (Bureau of Substance Abuse Prevention, Treatment, and Recovery) will work on the priority problems in collaboration with existing agencies. As far as alcohol-related motor vehicle crash deaths and underage drinking, this project will collaborate with the following:

- Safe & Drug Free School and Community programs
- Parent Awareness Month Coalition
- Prevention Network
- Partnership for a Drug-Free Detroit
- Michigan Coalition to Reduce Underage Drinking (MCRUD)
- Detroit Parent Network
- Mothers Against Drunk Driving (MADD)-Wayne County chapter

In relation to the other substance abuse priority problem, marijuana use, this project will collaborate with the following:

- Safe & Drug Free School and Community programs
- Empowerment Zone Coalition
- Partnership for a Drug-Free Detroit
- Detroit Weed and Seed-Detroit Skillman Foundation for Youth
- Spectrum Human Services
- Neighborhood Service Organization
- National Council on Alcoholism and Drug Dependence (NCADD)
- True Love Christian Ministries
- Black Caucus Foundation of Michigan

The programs that will be collaborative will focus on **education** and **increased knowledge** about the issues of alcohol-related motor vehicle crash deaths, underage drinking, and marijuana use in the City of Detroit. There will be **trainings/development workshops** that are focused on information and topics that will lead to the decrease of the priority problems.

A prevention activity that the SPF/SIG program will use to collaborate with other community prevention activities is the **Prevention Roundtable meetings**. Monthly, a group of various community members and agencies convene for a meeting that focuses on issues in the community, upcoming prevention events/trainings, and other topics related to the drug and alcohol issues in Detroit. The meetings are very diverse with individuals/agencies representing different backgrounds. This is very important in making sure that all population types are being addressed. The SPF/SIG will be an agenda item, allowing the prevention community to be kept abreast of the progress of the SPF/SIG process and allowing potential collaborations to take place.

Another prevention activity that will be used to mobilize capacity is to have **regularly scheduled CSPPC meetings**. This will allow various agencies to regularly discuss their prevention activities and their successes and challenges and to identify their capacities, for mobilization of services and capacities. It will also provide them with an opportunity to demonstrate how their program/project is maintaining its relationship to the SPF/SIG process and ultimately addressing the issues of alcohol-related motor vehicle crash deaths, underage drinking, and marijuana consumption.

***Description of the community to be impacted, including demographics, geography, etc.***

The Detroit CA is unique in the State of Michigan because it is the only Coordinating Agency that only represents **one** city. The City of Detroit is the largest city in Michigan, based on population. According to the 2000 United States census, there was a population of 951,270 individuals that resided in the City of Detroit. According to census data, there was an estimated 2006 population of 871,121 in Detroit. The population is significantly homogenous based on the numbers. African American/Black people account for the majority of the population (approximately 82% of the population), followed by White people (11%), Hispanic/Latino people (5%), and other races and/or multiple races (6%). The estimated median household income of Detroit residents is \$29,526, compared to \$47,182 for the State of Michigan. Regarding education trends, approximately 69.6% of Detroit residents who are 25 years old and older have received a high school diploma, compared to 87.2% for the State of Michigan and approximately 11.0% of Detroit residents received a bachelor's degree, compared to 24.5% for the State of Michigan, based on 2006 data information.

***Targeted Areas (“Hotspots”)***

Zip code “48228,” which is located on the western portion of the city, has been identified to be the key “hotspot” area to begin targeting intervention strategies for many reasons. The specific area within this zip code that will be targeted is the area surrounding the intersection of Greenfield Road and Plymouth Road. This area contained three (3) of the top 10 alcohol

involved crash incidents in 2002-2006. Another reason that this area is being selected as a “hotspot” is because, according to the Detroit Public School administrative office, there are nine (9) Detroit elementary public schools located within that zip code area. In addition, there are 72 licensed liquor-related businesses that are also located within the zip code area, according to the Michigan Liquor Control Commission. Because of the relationship of the number of schools compared to the number of liquor stores located in the same area, it is imperative to further research this area and develop strategies that will deter alcohol-related issues, such as underage drinking and motor vehicle crash deaths. Finally, due to the population density of this zip code (65,051 people in 2006) being the largest in the city, it is imperative to target the neighborhoods and communities within this zip code.

Another potential hotspot that the CA is going to target in the future is zip code “48221,” which is the north central area of Detroit. This zip code area is also going to be researched due to profound data. This zip code is one of the only Detroit areas (total=2) that showed an **increase** of alcohol-involved crashes, specifically at the intersection of Livernois Avenue and West McNichols Road, compared to the **decrease** that occurred in the majority of the top ten Detroit intersections that had alcohol-involved crashes, from 2002-2006. According to the Detroit Public School administrative office, there are seven (7) Detroit elementary and middle public schools located within the zip code. There are 29 licensed liquor-related businesses that are located in this area. A unique feature of this zip code is that there are two colleges (Marygrove College and University of Detroit Mercy) in the vicinity of the zip code. It is important that potential strategies are developed in this area that specialize in underage drinking, especially for the ages of 14-20 years old because of the population of youths and young adults that reside and/or are significantly exposed to this area on a regular basis.

***Description of how the needs assessment was used to select evidence-based programming policies and practices to be implemented and how they were selected***

The needs assessment was created by a contracted epidemiologist (Keisha Houston). Upon the completion of the needs assessment, it was then presented to the Community Strategic Prevention Planning Collaboration (CSPPC) for review. After the committee reviewed the needs assessment, there was discussion regarding the priority problems for the City of Detroit. After the extensive discussion, the committee democratically voted on the priority problems based on the data that was produced by the needs assessment. Once the priority problems were selected and prioritized, the committee used the data to create goals and objectives for the priority problems. Next, the committee reviewed descriptions of existing evidence-based programs for possible strategies applicable to potential programs they wanted to create for the City of Detroit to increase prevention of the priority problems. The existing evidence-based programs for review came from SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP), Northeast Center for the Application of Prevention Technologies (CAPT) Prevention Programs, and other national research-based lists. The programs that aligned with the committee’s goals and objectives were further explored and examined for the purpose of creating similar programs that would be most effective and appropriate for addressing the identified priority problems. The committee also utilized the MDCH/ODCP SPF/SIG criteria to help in selecting effective population-based strategies by considering the severity of the priority problems and the community’s ability to address the problem.

***Description how the Community Strategic Plan will address population-based and community-level change***

The strategic plan will address population-based and community-level change by the programs that are implemented. The basic premise of each activity will be to effectively deliver quality information that will lead to the reduction of alcohol-related motor vehicle crash deaths and other substance abuse problems in the general population of the City, specifically in the targeted “hotspots” communities. To begin, the question that will be asked in regards to ensuring massive general changes on the community and population levels is “Does this Strategic Plan activity address the problems of alcohol-related motor vehicle crash deaths, underage drinking, and underage marijuana use in the community, as a whole, especially the target populations or will it only impact select individuals?” The answer to this question will make certain that the appropriate strategies are created and implemented for the purpose of the SPF/SIG goal-- population change.

As the implementation phase begins, one of the main duties of the CSPPC committee will be to compare what the components of the program are and how they relate to the overall vision, goals, and objectives of the SPF/SIG plan. They will also study the program components to make sure that they will target community change, not individual change. This will allow evidence-based programs to be effectively utilized for the program.

During the evaluation phase, each program will undergo an extensive review and be “graded” on its effectiveness in reducing the priority problem(s), their objectives and how well they are being met, and other components of the evaluation relative to community-level change. It will address these issues to ensure that their objectives will educate and increase the knowledge of the communities within the City of Detroit, targeting the identified target “hotspots” populations.

***Description of capacity and resources needed for the plan, including a detailed budget***

The strategies that will be used to implement the plan will be based on evidence-based programs that have been developed and proven to be effective for communities. A few of the example programs that will be used as a guide for developing our own community and population-based programs are the following:

- **Communities Mobilizing for Change Alcohol:** a community organizing effort designed to reduce access to alcohol by changing community policies and practices.
- **Community Trials Intervention to Reduce High-Risk Drinking (RHRD):** a multicomponent, community-based program that is developed to alter alcohol use patterns of people of all ages and related problems.
- **Saving Lives:** a comprehensive, multi-strategy approach that addresses multiple city departments and citizens in an effort to reduce alcohol-impaired driving and its consequences (risks, crashes, injuries, and deaths).

- **Across Ages:** a community/population-based program that promotes positive development of communities and education that prevents the people from engaging in high-risk behaviors, like alcohol-related crash deaths and substance abuse.

Each of the strategies listed above have a range of capacities and resources that will be instrumental in implementing the relative programs for the community.

The resources that are needed for the SPF/SIG activities are financial resources. The financial resources will be used to develop tools that will be applicable to the general population, especially the targeted “hotspots” that were designated for this project. The tools will be educationally and culturally sensitive to the citizens of the City of Detroit to ensure that they understand the messages and themes that are being implemented for the project. The financial resources will also be used to cover the administrative cost of the CA, allowing necessary work required of the SPF/SIG project to be completed by the applicable staff.

The budget for the various strategies will vary, based on the scope of services. As a whole, the budget will cover approved agency programs that will address the general population, applicable training opportunities, and other essential components to ensure the process is positively functioning. The budget will also include CA Administration costs. That amount is \$101,709, which will be used over the next three years.

### *Description of training needs*

Initially, the agencies that receive SPF/SIG funding will participate in an overall master developmental training session. This will provide them with an overview of the SPF/SIG process, program requirements, pertinent timelines, outcomes examples, and other key topics that will ensure success for the agencies regarding the SPF/SIG process.

The training needs of the project will be focused on the service agencies that we fund to deliver activities and programs. We will establish and maintain an ongoing “suggestion box” type of openness, where the agencies can let the Detroit CA (BSAPTR) know what topics they need strengthening in, new knowledge about, and overall education. As the implementation phase of the grant is being executed, there will be more training opportunities relevant to more pertinent topics, such as strategy implantation, resource utilization, community diversity, etc.

Another component of the trainings that will be needed will be focused on cultural competency. The purpose of these trainings will be to ensure that applicable people (staff, volunteers, coalition members, etc.) are effectively delivering activities and programs that are culturally competent and based on diversity. The goal of the cultural competency trainings will be to educate people so they can acknowledge and accept others, despite their differences in cultural beliefs, behaviors, and values.

Regarding initial internal technical assistance, the Detroit CA is requesting technical assistance that will strengthen the knowledge of the SPF/SIG process, allowing us to be able to go forward and pass the knowledge on to the agencies. The BSAPTR is requesting technical assistance

regarding the components of the “Implementation” phase so the agency reporting requirements will be completely clear to the CA.

Another potential training that is needed is one that will aid the CA in selecting evidence-based programs that are directed towards community change versus individual change.

Overall, the Detroit CA will be receptive to any technical assistance opportunities that the State believes will be beneficial to create and maintain an optimal process.

***Description of barriers to implementing the Community Strategic Plan and how they will be addressed***

One of the main barriers that will affect the implementation of the strategic plan is the lack of financial resources. Because of federal cuts in various departmental budgets, they directly and indirectly affect state and local communities. Therefore, because of the lack of significant funding that already exists, this will cause the Detroit CA to go to significant lengths to make sure that effective collaborations occur. For example, if two or more agencies have programs/activities that are very similar in content, audience, etc., they will be encouraged to collaborate so the funds can be used more appropriately. There will be regular agency reviews to make sure that the established collaboratives are continuously effective and appropriate for the good of the program/activity.

Another barrier that will affect the implementation of the strategic plan is the difficulty in identifying targeted populations to whom the strategies are geared towards. Review of treatment data and anecdotal information shows that it is difficult to identify every community of people who are driving while intoxicated and causing deaths because of crashes, underage drinking, or those that are smoking marijuana. To overcome this barrier, various community members and coalitions, including youth peer groups, will be empowered to utilize what they know is necessary to massively reach out to as many people in their community as possible. They would be encouraged to create outreach activities to effectively spread the information that is critical to their area. They would also be encouraged to develop peer-mediated groups to discuss and brainstorm ideas that will effectively target certain areas or populations.

Another barrier that will affect the implementation of the strategic plan is the high number of licensed liquor-related businesses in the Detroit CA. The number of existing businesses can not be reduced but one of the strategies that will be utilized is the continuous education and trainings of the businesses to ensure that they know about the laws that affect the issues related to alcohol-sales, different techniques that will decrease the attempts of intoxicated and underage alcohol purchasing, and overall effective practices that will allow them to be positive agents in the reducing of alcohol-related motor vehicle crash deaths.

***Description of the collaborative relationship among community partners and stakeholders and how these community partners contributed to the Community Strategic Plan effort, (e.g. joint planning, sharing of resources, joint training, joint funding, memoranda of understanding)***

The Detroit CA SPF/SIG process, consisting of the CEW and CSPPC committees, was made up of agency representatives and community members that worked primarily in the field of substance abuse prevention. The members were representative of many diverse backgrounds such as law enforcement, epidemiology, social services, educational institutions, alcohol-related agencies, and empowerment agencies. In addition, they were also diverse because the committees represented various racial and ethnic backgrounds, gender identity, and other unique characteristics and cultural values. The SPF/SIG staff will continue to work diligently to identify and recruit members of the population who broadly represent the community and who will be an asset to the CSPPC workgroup committee. The goal is to have members from agencies (prevention and treatment), community stakeholders, educational leaders, law enforcement agents, faith-based program leaders, neighborhood block club members, etc.

Many of the community partners that were active in the CEW and CSPPC committees were members of other coalitions within the communities located in the City of Detroit. A large number of the partners are also members of the Prevention Roundtable members, Michigan Coalition to Reduce Underage Drinking (MCRUD), Merchant Initiative, and other local collaborations. This is imperative because people can bring various community information, attitudes, beliefs and other diverse attributes together to create and implement activities that will address the population as a whole and not target a few, specific individuals.

Because of limited resources that are available for the project, the funded programs will have to implement activities that are strongly committed to educating the population about the problems related to alcohol-related motor vehicle crash deaths, underage drinking, and other substance abuse problems. They will be encouraged to create community advertisements that will be targeted towards the general public within the “hotspots” and gradually spreading out towards the entire city population. They will also be strongly encouraged to create collaborations that will educate and serve the communities, geared towards making population-based changes.

The trainings that will be conducted for the SPF/SIG project agencies will be a large overview that addresses all of the requirements of the program. All of the funded agencies will have to be present to receive the vital information.

### ***Plan for the application of cultural competency to the plan***

As stated earlier, there will be regularly scheduled trainings required for grant funded agencies to attend that will assist the employees and their programs to better address cultural differences.

In addition to the trainings, an objective program review will be developed that will be applicable to all SPF/SIG grant funded agencies. The purpose of the review is to ensure that cultural competency is being applied to all of the agency’s components. The review will include the following indicators (Hernandez-Alarcon, CADCA, 2004):

1. **Collaboration**-staff and diverse community members work together and share responsibility for addressing substance abuse problems

2. **Cultural Concepts**-inclusive language is used and cross-cultural concepts are understood
3. **Leadership**-leadership is supportive and committed to cultural competence
4. **Outreach**-outreach to diverse groups is encouraged and is part of the organizational plan
5. **Staff Composition**-staff reflects the diversity of the community
6. **Training/Staff Development**-organization provides/facilitates training on cultural diversity issues
7. **Vision/Mission**-diversity is integral to the program vision/mission

Upon review, if a funded agency does not reflect the adequate amount of cultural competence, a corrective action plan will be created to assist the agency in being more culturally competent. The following interventions would be incorporated into the plan to ensure appropriate training is being administered to the organization. They will include:

- Increasing the number of diverse persons in the organization
- Developing educational plans for administrators, employees, volunteers, and coalition members to improve competencies required for effective cross-cultural work
- Identifying and re-writing policies, practices, and structures that limit the full participation of diverse communities
- Holding educational events that explores the diverse group's history, cultural issues, and strengths
- Assuring that diverse voices are "at the table" and contributing valuable assets
- Establishing, communicating, and modeling how the vision, mission, goals, and objectives of the coalition align with and serve a diverse membership and inclusive practices

***Description of desired community-level Community Strategic Plan outcomes, including timelines and milestones***

This information is found in Attachment E, in the "Attachment" section.