



THE BUREAU OF SUBSTANCE ABUSE PREVENTION, TREATMENT AND RECOVERY, DETROIT

SPF/SIG ACTION & IMPLEMENTATION PLAN

SEPTEMBER, 2009

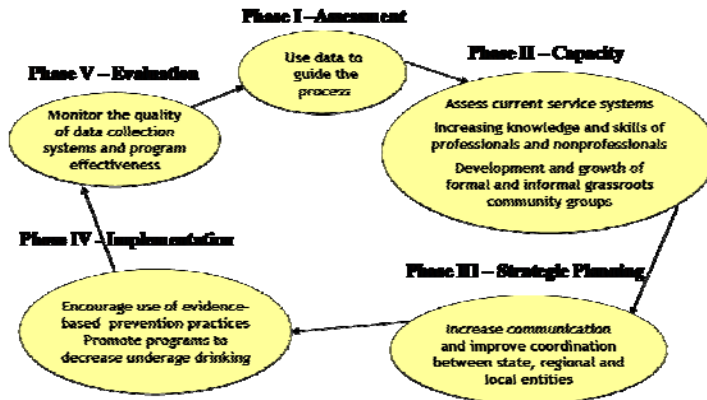
Had we not joined forces and brought these opportunities about, our community would not even be aware of the kinds of resources that are available to them in the city of Detroit. We will give them a message that we are here and that we are working on violence and substance abuse in our community and that our intention, at a community level, is to reach the 100,000 clients we currently serve.

Substance abuse and alcohol related deaths are vital issues in our community and we want to ensure that the widest audience possible is educated about the facts, the consequences, the resources and the programs that are available through the BSAPTR. Therefore, we will build capacity to reach our clients through relevant, thorough and easily accessible platforms.

These multi-substance approaches are particularly advantageous given the limited resources and time available in schools to devote to substance-abuse prevention education. We (BSAPTR) are the primary source for reaching and teaching the Detroit community about resources for prevention, treatment and recovery.

Education does not mean teaching people to know what they do not know; it means teaching them to behave as they do not behave.

THE FIVE PHASE ACTION AND IMPLEMENTATION PLAN



PHASE I:

Assessment: Using data to guide the process

Description of our consumers/clients

Our consumers are youth and young adults who may have substance abuse addiction, or may need prevention and/or intervention/treatment. We will become a community hub for parents, educators, law enforcement, faith based organizations and the community at large to receive the latest information on drug trends, ATOD facts, community events, outcomes, current data and treatment/recovery success stories, services and resources, and relevant features from law enforcement, education and agencies.

The Detroit Community Epidemiological Workgroup (CEW) worked extensively to identify the needs of Detroit as it relates to the State's priority issue (alcohol related traffic crash deaths and underage drinking). Additionally, data has been reviewed and analyzed to determine a supplementary issue that is related to the States priority & unique to the city of Detroit. Trend data from the 2003-2005 Michigan Drunk Driving audit show that Wayne County has consistently ranked number 1 (among all Michigan Counties) for alcohol-involved automobile crashes and fatalities. The burden of Detroit on the numbers for Wayne County, are influential. Between 2000 and 2006 Detroit made up 37% of Wayne County alcohol-involved crashes and, 69% of Wayne County alcohol related crash fatalities. The data also illustrated that the population greatest at risk for driving drunk, and alcohol crash fatalities was those between the ages of 21 and 34 years.

The CEW also concluded that marijuana consumption and consequences, among those under 21 years of age, to be an additional priority issue to be addressed. Marijuana was one of the top three non-alcohol illicit substances involved in hospital admissions during 2006. 2002-2005 SAMHSA data reveals that Detroit is significantly higher (17%) than the National percentage for persons aged 12 or older reporting past month use of any illicit drugs. In addition, the rates for marijuana treatment in Detroit were above the rates for Wayne County in all age categories. Trend data was examined to determine the prevalence of marijuana treatment by age population. The highest rate was among those 13-20 years, and the rates for Detroit within that age group receiving treatment were 9 times higher than the County.

Our Consumers' Needs

Our consumers need an online source where they can read, learn and talk about issues that may be difficult to discuss with their parents, friends or school counselors: a place to share stories, ideas and creative expression. According to the Pew Internet-Teens and Technology - Youth are leading the transition to a fully wired and mobile nation report, 45% of American teens have used IM to send photos or documents, 31% have sent music or video files via IM and nearly 50% of IM-using teens have included a link to an interesting or relevant article or website via instant message.

Based on needs assessment information, our goal is to become a cutting edge source of ATOD information for teens and young adults. Teens and young adults are the most frequent users of the Internet and they are now more likely to seek information, connect with peers who suffer from similar problems, seek health information, find community resources and learn about programs in Detroit that will lead them to follow healthier lifestyle choices, reduce their substance abuse, and to be part of something bigger than themselves – a community of consumers and providers with common needs and goals. We intend to be the country's flagship of a unique, comprehensive and viable way to serve an urban, diverse population.

The BSAPTR is the premiere substance abuse prevention, treatment and recovery agency in Michigan. BSAPTR also has the most comprehensive and successful treatment and recovery services in the State of Michigan. Consumers trust our leadership and expect answers, resources and referrals to assist in the enhancement of their lives when needed. The development of an Online Prevention Community will enhance and broaden our services to reach consumers in a user friendly environment.

The usage of digital media as a source to drive client interactivity within a single site is paramount in the engagement of our consumers. BSAPTR'S strategic plan incorporates digital media, social interactivity and a consumer content driven platform to engage and enhance the quality of services we provide while satisfying a need and a creative way to deliver services to our target populations.

The value of the Online Prevention Community speaks directly to how systems (MDCH, OHSP, DOC, DHS) can share data efficiently and in one easily accessible platform. On the Social Networking link on the site, there will be communication space through blogging and features to identify mutual needs and services; an advanced means for integrating short term and long term planning services and publishing those for Prevention Providers and all relevant agencies. The standard means for assessing the effectiveness of the platform is measuring hits and following up with the coalition of Prevention Providers to support and teach them to present their programs and services for all Online Community users.

In a focus group with our Prevention Providers, all participants enthusiastically endorsed the direction this leads us. Too many residents are not aware of all the services and resources available to them and in the particular age group of 12 – 30 year olds, social networking is not a hobby, it is a way of life.

A second powerful draw to the Online Prevention Community is that communication and coordination will be a natural result of the "one stop shop" concept with which we operate. There can be featured information and news about state and community stakeholders as well as links to those organizations they represent.

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 team consists of the CEW and CSPPC committees, agency representatives and community members that worked primarily in the field of substance abuse prevention. The members were representative of diverse backgrounds such as law enforcement, epidemiology, social services, educational institutions, alcohol-related agencies,

empowerment agencies, neighborhood block club members, diverse racial and ethnic backgrounds, gender identity, and faith based organizations. The SPF/SIG staff continues 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. 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 has proved to be imperative as people bring critical community information, attitudes, beliefs and subsequently become a grass roots based power dedicated to a common goal.

PHASE II:

CAPACITY: Assess systems, increase knowledge, build grassroots organizations

BSAPTR has assessed our current substance abuse service systems and found that though the systems are operating, they are inefficient and really unable to reach their constituents in any regularly available site. The current system is constrained by financial costs, inadequate staffing to sponsor and advertise outreach activities and lack of coordination between agencies where services overlap and could be made more efficient and relevant.

Additionally, the Online Prevention Community will have a library of professional reference materials, descriptions of all relevant professional development activities and conferences. It is our intention that the professional expertise of our providers (professional and non-professional) will be based on a continuous improvement model. The Online Prevention Community will not have to rely on emails for announcements and updates of critical information. The blogging feature will provide the opportunity for ongoing conversation and education regarding all topics critical to expert service. Blog hosts will be experts in their subject area and will be able to respond to our providers with state of the art prevention techniques. The ability to communicate between agencies and experts in the field will prove invaluable. There is no more powerful infrastructure tool than a web platform that links services, clients, stakeholders and prevention professionals.

Facilitating coalition development and growth is a responsibility we take very seriously. We serve 100,000 Detroit youth and young adults in the span of our providers. We know from research findings that a large percentage of those youth with substance abuse problems do not

seek help or treatment. The breadth of the online community platform and the proven effectiveness of grass roots nets marketing (led by President Barack Obama) will increase the number of those who need information and guidance on how to get help for a substance abuse (including alcohol) problem. Underage drinking initiatives will be promoted in the community; they will updated regularly as we develop more and more initiatives to address this serious Detroit dilemma. Since radio advertising and television exposure have not produced the involvement we want, we are taking the step to meet the client where the client is – and our clients are consistent and adept users of the Internet as their source for information.

The Online Prevention Community is not to be confused with a website. A website is a static location. Social networking is organic, current, widely popular with our target audience and represents a clear step toward the modernization and capacity of our Bureau.

Memorandums of Understanding have been established with all partners who will participate in the Online Prevention Community. Efforts are currently in process to include the City of Detroit Police Department as a primary partner, since they are a critical piece of safeguarding populations, whether it is violence or substance abuse or alcohol-related crashes. Other partners will include the Detroit Public Schools, the Wayne County Sheriff's organization, the Greater Detroit Regional Chamber of Commerce and all of our providers, whether they be prevention specialists, treatment or recovery professionals.

PHASE III:

Strategic Planning

The SPF/SIG Community Strategic Plan identifies key stakeholders in the City of Detroit (agency Executive Directors, prevention program managers/coordinators, etc.) for promoting and strengthening the activities and initiatives of individual agencies and organizations and/or citywide programs that are utilized for the prevention of alcohol-related motor vehicle crash deaths, underage drinking, and other substance abuse issues, specifically marijuana use. The strategic plan is the framework for building, strengthening of the necessary infrastructure support that will facilitate the implementation, operation and evaluation of the programs dedicated to reduction of identified problems among the 12-30 year old youth in our community.

We will increase BSAPTR visibility within the community, drive down drunk driving fatalities and ATOD use among our target populations, attract new consumers and encourage key

stakeholders and local businesses to support our efforts through promotional giveaways, product discounts, media exposure and referrals.

Our primary focus is to expand and educate our consumer base. We will launch a campaign that speaks the language and culture of our target population. Our second focus will highlight the key features and benefits of utilizing the OPC as a web based tool for resources, ATOD information, community events, services, funding, giveaways, downloadable videos and podcasts, providers location tools etc. Our third focus is to continue providing services, data, and resource tools for our current consumers and prevention providers and the community at large.

The proposal for our identified target area is to revitalize the area by providing intervention strategies to reverse negative social and economic trends that are impacting a stable neighborhood. Important to the alcohol traffic crash problems in all areas of Detroit, the strategies include increased patrols (gives room to improve alcohol enforcement) and public lighting (creates visible street lightning). Efforts will be made to elevate the alcohol traffic crash problem in all areas (a standard feature of the Online Prevention Community that will be updated weekly/monthly): associated risk factors will be considered as the target populations rebuild their communities and support their youth in education and recovery efforts. Curriculum will be provided to our network to host focus groups and also to school and after school programs that will aid in building sustainability and promoting healthy lifestyles.

Description of the community in which services will be provided:

Detroit is predominantly African American (approximately 82% of the population in 2006) so the information that is offered will be culturally competent. The Online Prevention Community will ensure that the information and messages that are being delivered to the community as a whole, are conducive to affecting behavior change. In regards to education, only approximately 69.6% of Detroit residents who were 25 years old and older received their high school diploma (2006). This indicates that the services will have to be at an educational level that allows the majority of the community to understand and comprehend the information that is being delivered. The Online Prevention Community includes a plethora of information focused on 12 – 30 year olds; additionally, it includes resources for professionals and community members throughout Detroit. There are other significant populations in our city, including Chaldean, Native American and Latino. The Online Prevention Community will include subjects relevant to each of those cultures.

Description of the process for selecting evidence-based programs, strategies, and interventions, including capacity-building activity:

During the strategic planning stage, the CSPPC committee researched and selected evidence-based strategies that were proven to be effective in our community. The strategies reviewed were from SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), the National Implementation Research Network (NIRN), and other applicable sources. They were selected based on the similarities to the Detroit CA's goals, objectives, target populations, etc. Capacity-building activities developed by other CA's in Michigan and other states were reviewed to use as a model for the Detroit CA to utilize to aid in building capacity within the city.

The CSPPC decided that the focus of the services will be the prevention and intervention of alcohol-related motor vehicle crash deaths aimed at the age group of 21-34, the reduction of underage drinking (specifically ages 14-20 years old), and the reduction of marijuana use of adolescents and young adults (specifically 21 years old and younger). Additionally, since we are approaching our challenge with a Health Awareness strategy, we have added Tobacco and Violence to the subject matter of the Online Prevention Community since co-occurring problems link all four subjects: Alcohol, Marijuana, Tobacco and Violence.

An RFP was created and a review panel assembled and has met weekly to chart the course of the progress, offer input when needed and evaluate the relevance and veracity of the content. All responders to the RFP were interviewed and vetted for their knowledge of evidence-based programs, cultural competency knowledge, and professional capacity for delivering the outcomes stipulated. The committee ensures that the proposed programs/interventions are population-based, not individual-based.

Programs that concentrate on the target population, especially focusing on community readiness and change, were selected. The prevention strategies that are created for the project will focus on achieving population-level reductions in alcohol-related motor vehicle crash deaths, underage drinking, and marijuana use. Another component of the process of selecting programs, strategies, and interventions is the measurement of change. The programs have to be able to measure quantifiable change based on realistic objectives. This will indicate if the community is being positively affected by the evidence-based programs/interventions that have been developed.

Since the BSAPTR has concentrated on increasing their capacity, their reach, their leadership in prevention and treatment, the decision was made that an Online Community would be the most

viable, do-able, exciting way to meet the goals of SPF/SIG. Our social networking site will galvanize quality communication for strategic prevention messaging, including texting, email blasts, blogging, webinars, a video library, instant messaging, a reference library for in depth study and a direct means for speaking with community prevention specialists. KEEPPUSHIN.ORG will attract a wide audience between the ages of 12 and 30 who have been difficult to reach through traditional means, and; it will provide critical information, resources, activities and support for young people seeking to live a violence and substance-free life. This is a home, a community, a support network, a one stop shop for all issues and solutions connected to leading a healthy lifestyle. Using grass roots net marketing is not only the direction that all businesses, schools are pursuing, it answers a particular need in the Detroit community for changing the traditional methods of delivery – since our population is not being served at the level we want to see. It is past time for municipal bureaucracies to be in conflict over how to reach the most consumers in an efficient way. That knowledge was the lynchpin of planning for an Online Prevention Communities.

PHASE IV: IMPLEMENTATION

KeepPushin.org will provide unique opportunities for all community members to learn valuable information, teach each other, talk to each other, support each other to look at and overcome environmental issues that may lead to alcohol and drug abuse, teen violence, or dropping out of school.

The health of our city depends on creating and sustaining healthy lifestyles among our future leaders, employees and entrepreneurs.

KeepPushin.org is an innovative leap in the quality and delivery of our services. We pledge to post and promote programs, initiatives, calendar items, enrollment information for professional conferences, materials for use by Prevention Providers and schools. Partner information will also be highlighted, strengthening the collaboration among Detroit agencies that have the common goal of reducing substance abuse and alcohol related crashes and promoting healthy lifestyle choices through activities, education, resource support and followup strategies.

Immediate Focus:

1. Reduction of Alcohol related crashes and deaths
2. Reduction of underage drinking
3. Reduction of ATOD usage and abuse

Target Population:

Detroit Residence between the ages 12 and 40 years old

- Target Sites:
- Middle Schools
- High Schools
- Prom Sites
- Barber Shops/Salons
- NCAA Final Four Events
- City Hot Spots, i.e. Belle Isle, Clubs, Bars

Inputs**S.M.A.R.T. Campaign-Safety Measures Approach for Reducing Tragedies****Activities:****1. S.M.A.R.T. Tour**

- Preventative car crash presentation consisting of a severely damaged car combined with a story that ends tragically as a result of driving under the influence and circulation of facts about the penalties associated with driving under the influence

Outcome # 1

10,000 signature commitments from **S.M.A.R.T. Tour** attendees to not drink and drive, not drink if they are under the legal age and share what they have learned with others, i.e. family, friends etc.

Timeline

April 4, 2009 NCAA Final Four S.M.A.R.T. Display

April – June-S.M.A.R.T Tour of Middle/High Schools and Prom Sites

June-August-S.M.A.R.T. Tour of City Hot Spots

2. Change the Game Tour

- Tour of simulated virtual drunk driving experience that use the Wii gaming system and driving video games combined with high tech goggles that produce a sensation that simulates driving under the influence

Outcome # 2

7,000 signature commitments from **Change the Game Tour** attendees to not drink and drive, not drink if they are under the legal age and share what they have learned with others, i.e. family, friends etc.

Timeline

April-June-Change the Game Tour of Middle/High Schools/Prom sites

June-September-Summer Camps/Summer Programs/School kickoff

3. Real Talk Tour

- Real Talk is a virtual live discussion of issues surrounding the reduction of ATOD usage and abuse at the neighborhood and community level. Discussion will be hosted by local barbers and hair stylist that want to impact community change within the boundaries of where their establishments are located. Local community leaders, media and radio personalities, trained prevention specialist will facilitate discussions. Host of Real Talk discussions will commit to displaying promotional items to prevent ATOD usage and abuse.

Timeline

June-September-Real Talk Tour

Outcome # 3-Three pronged

- 100 sites display promotional items that promote the goals of ATOD reduction.
- 5000 signature commitments from Real Talk Tour participants to not drink and drive, not drink if they are under the legal age and share what they have learned with others, i.e. family, friends etc.
- 100 commitments from barber shop/Salon owners and other business owners to contribute to ATOD reduction effort

4. Reality Check Tour

Theme centered filmed focus groups with intergenerational populations to discuss the realities relevant to the persistence of marijuana usage among the communities of Detroit.

Outcome # 4

Anecdotal analysis of community perspective on why marijuana usage persist in the communities of Detroit

Analysis that contribute to the development of a comprehensive usage reduction model

Documentary that catalogues significant discussions relevant to increasing knowledge set of issues surrounding the goal of reducing marijuana usage in Detroit

5. Launch an Online Prevention Community in the City of Detroit.

There is no other current, urban initiative in the country that is offering all of the information and a platform where prevention providers, clients, parents, educators, mental health professionals, city officials and departments responsible for the prevention of drug and alcohol abuse can communicate, educate and practice the principles of prevention.

Capacity Building

The services that will be provided will be based on community needs. Special attention will be paid to the 48228 zip code: we have established a partnership with the City of Detroit Police Department to reduce incidents of alcohol-related motor vehicle crash deaths in the targeted community, specifically at targeted intersections that are key places for accidents.

For the purpose of raising awareness and introducing the Online Prevention Community, forums, such as town hall meetings, will be presented to the community. The town hall meetings will be in collaboration with local police precincts and the city council.

In addition, the CA will increase the focus on underage drinking and marijuana use reduction through our prevention service providers' network. There will also be youth-oriented programs created for schools and after school locations such as the Boys and Girls Club, YMCA, Detroit Police Department Explorers Club, etc. to provide knowledge and education regarding underage drinking and marijuana use and provide effective interventions to reduce underage drinking and marijuana use. The capacity building power of an Online Community is indisputable: when one looks at the growth of sites such as FaceBook or MySpace, it is clear that a strategy that does not address young people in the environment they choose (cyber-based), it would be short sighted and too traditional for the audience we serve and seek. Coalitions happen online: they happen between youth, between agencies, between parents, between municipalities and state level organizations. Since they are in "real time," the coalitions will not be static: they will be able to access each other in one place with a number of means to share information, strategies barriers, groundbreaking programs, etc. The following description of Detroit youth who struggle with substance abuse issues and have not sought treatment is clear evidence that our grasp and our reach do not coincide in helping our youth.

83,361 12-15 Year-olds: 2,887
Have a serious alcohol problem:
Don't get treatment: 88%
Need alcohol treatment and don't get it: 2,541 out of **2,887**

68,707 16-17 Year-olds:
Have a serious alcohol problem: 8,985
Don't get treatment: 83%
Need alcohol treatment and don't get it: 7,458 out of **8,985**

65,654 18-20 Year-olds:
Have a serious alcohol problem: 11,419
Don't get treatment 84%
Need alcohol treatment and don't get it: 9,592 out of **11,419**

217,722 Young People in Detroit, MI:
Have a serious alcohol problem: 23,291
Don't get treatment 84.5%
Need alcohol treatment and don't get it: 19,590 out of **23,291**

It is clear that we could double our current population of 100,000 Detroit youth; the statistics show that our population is about half of those we need to reach.

The drivers for the establishment of the web-based prevention community are based on our review and research into the literature of reaching youth in a broad based platform:

1. Today, being good is no longer good enough, agencies must be relevant.
2. Marketing is no longer something we do to youth but something we must do with them. We have included youth in our focus groups and used their feedback to improve our plan and strengthen our outcomes commitments.
3. All agencies are struggling to leverage word of mouth for reaching clients; however the best advocates are the employees and stakeholders who are empowered to spread the word: the Online Prevention Community will empower all providers to get information, reminders and online resources to their clients immediately. Reinforcements and new information are built in to the design of the Online Prevention Community.
4. Two timeless and culturally-independent requests youth are “can you help me belong? “ and “can you help me be significant? “ The social networking opportunity

is a natural “belonging zone” and the strategy that focuses on their needs and their particular issues makes them significant – we want

5. Good youth marketing is focused on share of customer not share of market. Our market is our community youth population and our “customers” are those 100,000+ young people who need our services.
6. When the question of “how do we engage youth?” comes up, the answer lies in plans that meet them where they are and we know they use computers daily. Though campaigns are important, they can be quickly forgotten. Creating something that is dynamic and interactive and youth appropriate will ensure that messages are constant, that prevention strategies need to happen daily.
7. Youth don’t care that you know, unless they know that you care. The Online Prevention Community, which will provide direct access to prevention professionals and counseling is just one strategy for expressing care and concern. The fact that the information is focused on youth issues and needs underscores that our efforts are not only relevant to them, they are the focus.

Attention to the needs of the target populations, as well as a sustained and creative effort to engage them in an environment that is already familiar to them will build capacity in multiple ways: growing numbers of social networking users, involvement of schools and law enforcement in using our platform to promote their messages, initiatives and resources;

The Detroit CA will sustain capacity by implementing the SPF/SIG model process within the existing prevention provider network. There will also be a reinforcement of the SPF/SIG process in regards to the RFP process within the prevention component of BSAPTR, assuring ongoing use of the components of the SPF/SIG project.

Relationship of this project to other CA and community prevention activities

One of the outcomes of the Online Prevention Community is the enhancement and strengthening of programs and activities of existing agencies. 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. Alcohol Related Motor Vehicle partners are:

- 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

Substance Abuse agency and program partners are:

- 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 SPF/SIG implementation process began on Thursday, March 13, 2008 during which the monthly Prevention Roundtable meeting's focus was on SPF/SIG. A training presentation regarding the SPF/SIG basics was conducted for the prevention funded program representatives by a Bureau employee. There will be more SPF/SIG training opportunities for the prevention agencies available at future Prevention Roundtable meetings.

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

6. Vision/Mission-diversity is integral to the program vision/mission.

PHASE FIVE: EVALUATION

An assessment of training and technical assistance needs of the CA, CEW, and CSPPC related to implementation of evidence-based programs, strategies, and interventions, as well as capacity building:

Regarding the CA, there are not any technical assistance needs necessary at this point..

Regarding the CEW, there are not any technical assistance needs necessary at this point.

Regarding the CSPPC, the evaluation process is a necessary technical assistance need. The committee would like in-depth information regarding evaluations, including effective evaluation tools, such as pre and post tests and objective surveys, to ensure that they do everything necessary to select the most efficient evaluation procedures that effectively evaluate the prevention services that are being implemented in the community. The committee requires technical assistance on the most pertinent process that should be followed to make the evaluation process effective and efficient. We will need technical assistance on investigating data details regarding alcohol-related motor vehicle crash deaths, such as victims, drivers, residences of both groups, etc. Finally, we need technical assistance on the ability to identify best practices that need to be utilized by the CA.

Description of the criteria for the selection of training and technical assistance consultants:

The criteria for training and technical assistance consultants will be decided by the CSPPC committee. The Project Manager developed a survey that asked the committee members to prioritize the topics that they think need to be addressed within the CA. There is a list of topics and the committee members will individually ranked them on a scale of "1" to "5," with "1" being "Not Necessary At All" and "5" being "Strongly Necessary."

After a review of the surveys, the answers were tabulated and the top scoring topics were selected for training and/or technical assistance. Research was done to find consultants that have relevant expertise. The consultants have been chosen based on their area of expertise

and commitment to established goals. The Project Manager has solicited assistance from the Office of Drug Control Policy to aid in the proper selection of training and technical assistance consultants.

Description of the criteria for the selection of service providers:

Comment [MSOffice1]: Match criteria with OPC RFP

The criteria for service provider selection is manifold: proof of cultural competency; demonstration of the history and the means with which they have provide culturally competent services to their constituents; capacity for delivering effective prevention programs, strategies, and interventions.

Because of the population-focus component of the grant, it is important for the service providers to be able to present knowledge and education to entire communities and not simply to individuals. In addition, a milestone time line that reflects the key activity/interventions, the associated milestones, the time frame of the activity, and the responsible staff who are associated with the project. This will aid in the evaluation of the activities to ensure they are being delivered to the community in a timely fashion.

During the evaluation phase, each program (in the provider network) will undergo an extensive review and be “graded” on its effectiveness in reducing the priority problem(s) it is funded to address, the objectives and how well they are being met, and other components of the evaluation, relative to community-level change.

The potential providers were selected on their proven success and how they have positively impacted their audiences. The potential service providers responded to an RFP that was created by the committee. Based on the RFP submissions, the committee reviewed them and based on several factors, including reliability, validity, necessary services delivery, etc. The programs that were selected satisfactorily meet all of the criteria. Ideally, the project will fund no more than five (5) service providers. To date, we are funding three.

Listing of providers:

- InDepth Learning, Ann Arbor MI www.indepthlearning.org
- VisionMoore Concepts, Detroit MI
- Beautiful Imagination, Detroit MI
- Q Productions
- Golden Opportunity

Evidence that the CA has secured the active involvement in the period of existing, local Drug-Free Communities Grants awardees and other existing coalitions:

The Detroit CA secured active involvement by the local Drug-Free Community Grants awardees and other existing coalitions by recruiting them to be members of the CEW and CSPPC committees. Agencies were sent orientation letters that gave a summary of the SPF/SIG process and why their attendance was critical to the process. Regular meeting notices and agendas were sent as followup information. At the meetings, we have encouraged input from all of the participants, including the members who represented coalitions and Drug-Free Communities Grants awardees. The members represented various, diverse coalitions and Drug-Free Communities Grants awardees, Latino Family Services, Inc., the Chaldean American Association, Partnership for a Drug-Free Detroit Communities Grantee, Empowerment Zone Coalition, Inc., and other essential agencies that promote coalition building.

Role of the CEW, CSPPC, and Community Service Providers:

Throughout the SPF/SIG process, the CEW will facilitate the assessment of intervening variables within the targeted community. They will be responsible to review the service data and ensure that the risk factors are decreasing and the protective factors are increasing in the community with regards to behavioral change. Based on a review of the intervening variables, recommendations will be made on modifying existing strategies or establishing new strategies to ensure that they are at their optimal state. The CEW will also make recommendations that will address any data and system gaps within the process.

The CSPPC will be responsible for making recommendations to the State regarding any training and/or technical assistance that is necessary for the Detroit CA during the SPF/SIG process. They will get feedback from the community service providers and the community regarding training needs. Representatives from the CSPPC will also participate in the evaluation process to ensure that the strategies are being met effectively. A Conflict of Interest statement was signed by the RFP Panel. This committee will ensure that diverse and cultural competent representation is taking place.

The Detroit CA will evaluate the project utilizing the Community-Level evaluation that is facilitated Pacific Institute for Research and Evaluation.

The community service providers' primary role is to disseminate information and services that will serve the targeted community. Written communication via newsletters or posters or word of mouth is no longer effective. All agencies funded through BSAPTR will provide essential services that will serve as a catalyst to community change regarding alcohol-related motor vehicle crash deaths, underage drinking, and marijuana use among youths in Detroit. The services that the community service providers perform will be data guided and evidence-based. They will reduce the use and delay the onset of substance use and abuse, including childhood and underage drinking, reduce primary substance abuse related problems in the community (marijuana use in youth will be the focus), and help build prevention capacity and infrastructure at the Detroit CA level. The service providers will ensure that the programs and services that they have established are culturally competent and diversely serve the community. Finally, they will participate in the SPF/SIG community-level evaluation process as specified by the CA. Our provider network understands that their reach is limited without the introduction of a more powerful and relevant means to communicate with each other and with their clients. They will play a crucial role in the reviewing, informal evaluation, and the leadership required by each to bring their clients with them as they deploy all the opportunities available on the Online Prevention Community.

Description of how the CA plans to sustain capacity to implement the Community Strategic Plan and the SPF/SIG planning model beyond the SPF/SIG:

The Detroit CA is going to sustain capacity to implement the Community Strategic Plan by implementing the SPF/SIG model process within the existing prevention provider network. There will also be a reinforcement of the SPF/SIG process in regards to the RFP process within the prevention component of BSAPTR, assuring ongoing use of the components of the SPF/SIG project. We are also seeking community partners who will directly benefit from the OPC, e.g. The Skillman Foundation which can promote and describe their programs on the Online Prevention Community or the Greater Regional Chamber of Commerce where the engagement of entrepreneurs in providing incentives and support for Detroit's youth will not only benefit them as business owners, but will increase the span of our community presence and programs dramatically.

Comment [MSOffice2]: Development team resources, OPC power of extending our reach, engaging community partners, providing platform for community

The ongoing SPF/SIG implementation process began on Thursday, March 13, 2008 during which the Prevention Roundtable meeting's focus was on SPF/SIG. A training presentation regarding the SPF/SIG basics was conducted for the prevention funded program representatives. More SPF/SIG training opportunities for the prevention agencies will be standard agenda items at future Prevention Roundtable meetings.

Description of how cultural competency will be infused in all implementation activity:

The BSAPTR based its commitment to cultural competency based on the following premises and practices:

- Becoming culturally competent is an ongoing journey that capacity builders choose to take because they know it is key to transformative change
- Unlike diversity awareness, cultural competence requires that we change our awareness along the way.

We define the parameters of cultural competence in all practices by a continuous improvement model that asks:

1. Do our programs have clear, forceful policy statements about our commitment to inclusion? Has the leadership made verbal and written statements about cultural competence?
2. Do our employees (including the provider network) reflect the ethnic and cultural mix of the community and children they serve?
3. Are we actively practicing inclusion by inviting members of all cultures to participate in training and public forums that promote the breadth of our programs?
4. Is our program accessible and appealing to a broad range of community members?
5. Are our facilities warm and inviting to people of various cultures?
6. Does our printed material show a broad mix of people from various cultures? People from culturally diverse backgrounds need to know that our messages are not addressed exclusively to them. We believe that they need to see that other people besides themselves are concerned with building a culturally diverse organization.
7. Are we collecting and maintaining demographic data that aids the planning and evaluating of our efforts? This includes:

- i. Data on the gender, age, and ethnic composition of the children your program serves.
- ii. Data on the demographic composition of your community.
- iii. Data on the gender, age, and ethnic composition of your staff, volunteers, and board members.

There will also be strong support of evidence-based services and interventions that deliver information with a culturally competent approach. The service providers will be provided with a Prevention Best Practice Guidelines document that accounts for differences related to culture in the delivery of prevention services. In addition, if it appears that a service provider is not providing sufficient or effective cultural competence in their activities, they will be given a training or technical assistance regarding cultural competency and how it applies to the communities that they are serving.

Within the Detroit CA liquor and party store retail community, there is historical negativity based on language barriers, prejudices, lack of education, and a misunderstanding of cultural issues that are always at play. It is imperative that cultural competence is taught not only to the buying community, but also to the retail community. The selected service providers will be responsible for their programs to be culturally competent to the entire community. Objectives of the service providers will include addressing the retail community in their service area(s) by educating them about productive work in a diverse community. The Online Prevention Community will be the platform where retailers, providers, parents and other community members can meet to discuss the issues, the needs, the dilemmas the proposed strategies needed for decreasing alcohol-related motor vehicle crash deaths, underage drinking, violence and substance abuse. The online community will have a chance to communicate honestly and quickly. Building a coalition through the Online Prevention Community of all of the stakeholders involved in wanting to improve life in the City of Detroit is a natural outcome of our plan.

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 other substance abuse issues to 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. Without the review, programs may be utilized that are not effective for the goal of this specific program: population-based change, not individual change.

During the evaluation phase, each program will undergo an extensive review and be “graded” on their effectiveness in reducing the priority problem(s) it is funded to address, the 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 the objectives that the programs are supposed to meet will educate and increase the knowledge of the communities within the City of Detroit.

Description of capacity and resources needed for the plan

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 multi-component, 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.
- **Tobacco Cessation Program**
- **SMART (description provided above)**
- **Change the Game Tour**
- **Real Talk**
- **Reality Check Tours**

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: funds are being used to develop tools that will be applicable to the general population. 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 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.

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 collaborative 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.

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 consisted of the CEW and CSPPC committees and included of agency representatives and community members that worked primarily in the field of substance abuse prevention. The members were from diverse backgrounds such as law enforcement, epidemiology, social services, educational institutions, alcohol-related agencies, and empowerment agencies.

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 contribute vital community information, attitudes, beliefs and challenges to create and implement an Online Prevention Community ties that will address the population as a whole.

Because of limited resources that are available for the project, the funded programs will be 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 also be required to form collaborations that widen the reach of their programs, so that change is measured by improved quality of life for clients and even more important, community-wide change that has been supported by a grass roots net marketing approach to empower providers, citizens, youth and families, entrepreneurs, schools and non-profit agencies.

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 priority problem of other substance abuse problems, 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