Strategic Prevention Framework
State Incentive Grant (SPF SIG)

Overview of State Epidemiological Workgroups

Johanna Birckmayer, PIRE
SE CAPT

Tentative Agenda

- Overview of SEOW work (highlighting some particular issues)
- Issues/Concerns you have
- Collaboration
- Needs
- Challenges

SEOWS and TA

- All States/Jurisdictions/5 Tribes have SEOWs
  - SPF SIG Cohort I and II SEW (FL, KY, TN, NC)
  - SPF SIG Cohort III SEW and SEOW contract (GA, MS)
  - SEOW contract only (VA, SC, AL, PR, VI)
- PIRE SEW TA contract up Sept 2007. Work to transition to CAPTS?

SEW Tasks and Milestones (Year 1)

- Develop SEW that focuses on using data for decision making
- Determine data needs to describe burden of substance abuse in State
- Gather/analyze data to describe burden of substance abuse in State [Profile required of SEOWs and SPF SIG Cohort III]
- *SPF SIG ONLY: Prioritize prevention needs to define targets for prevention efforts*

SEW Structure – Lessons Learned

- Identify decision making structure and roles in the beginning (SEW/SAC/State System) [**Some confusion in transition from SEOW only to SPF SIG SEW]
- **Dedicated staff are needed to do the work (access to data is not really the issue)

Determine Data Needs to describe burden of substance abuse in State

- Start with State level analysis (community level data not essential to determine priorities for SPF SIG)
- Focus on consequences and consumption (not risk and protective/causal factors)
- Need to encourage states to establish criteria for choosing constructs and indicators
  - Focus on key constructs and indicators
  - Focus on population level data sources (caution use of service provision data)
  - Need to chose and document criteria to use to chose indicators and apply consistently

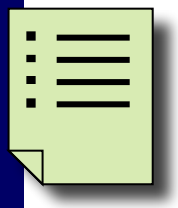
SPF & Outcomes Based Prevention

Substance-Related Consequences and Use ⟷ **Risk & Protective/ Causal Factors** ⟷ **Strategies: Programs, Policies, Practices**

Epi Profile

Determine **State/ Tribe** Priority(s)

Communities: Implement SPF: assess factors that contribute to priorities, and determine and implement strategies to address them



Data –guided State/Tribe Plan allocates SPF SIG $ to address priority(s)

Gather/Analyze Data to describe burden of substance abuse in State

Lessons Learned

- Need designated, trained staff collecting/ analyzing data
- Epi ‘profiles’ are VERY useful as communication tool and as guide to decision making

Prioritize prevention needs to define targets for prevention efforts

Two Step Prioritization Process

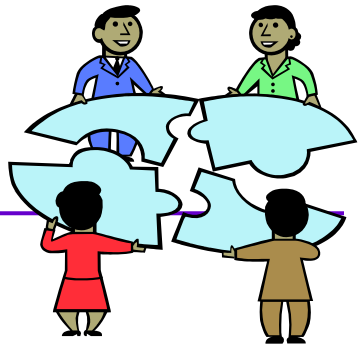
Step 1

- Identify consequence and consumption data
- Analyze and interpret according to certain criteria
- Determine epidemiological data priorities

Step 2

- Identify other data/criteria and apply
- Determine final priorities for the State plan

Prioritization: Some Lessons



- You are identifying priorities (e.g., substances, substance-specific problems) – not necessarily priority indicators.
- How will you prioritize (criteria, process)? Make it manageable, be clear, but no need to be complicated or complex.
- Apply and discover what you learn in steps (i.e., magnitude/size, then changeability) versus merging a set of criteria into an overall process or score.

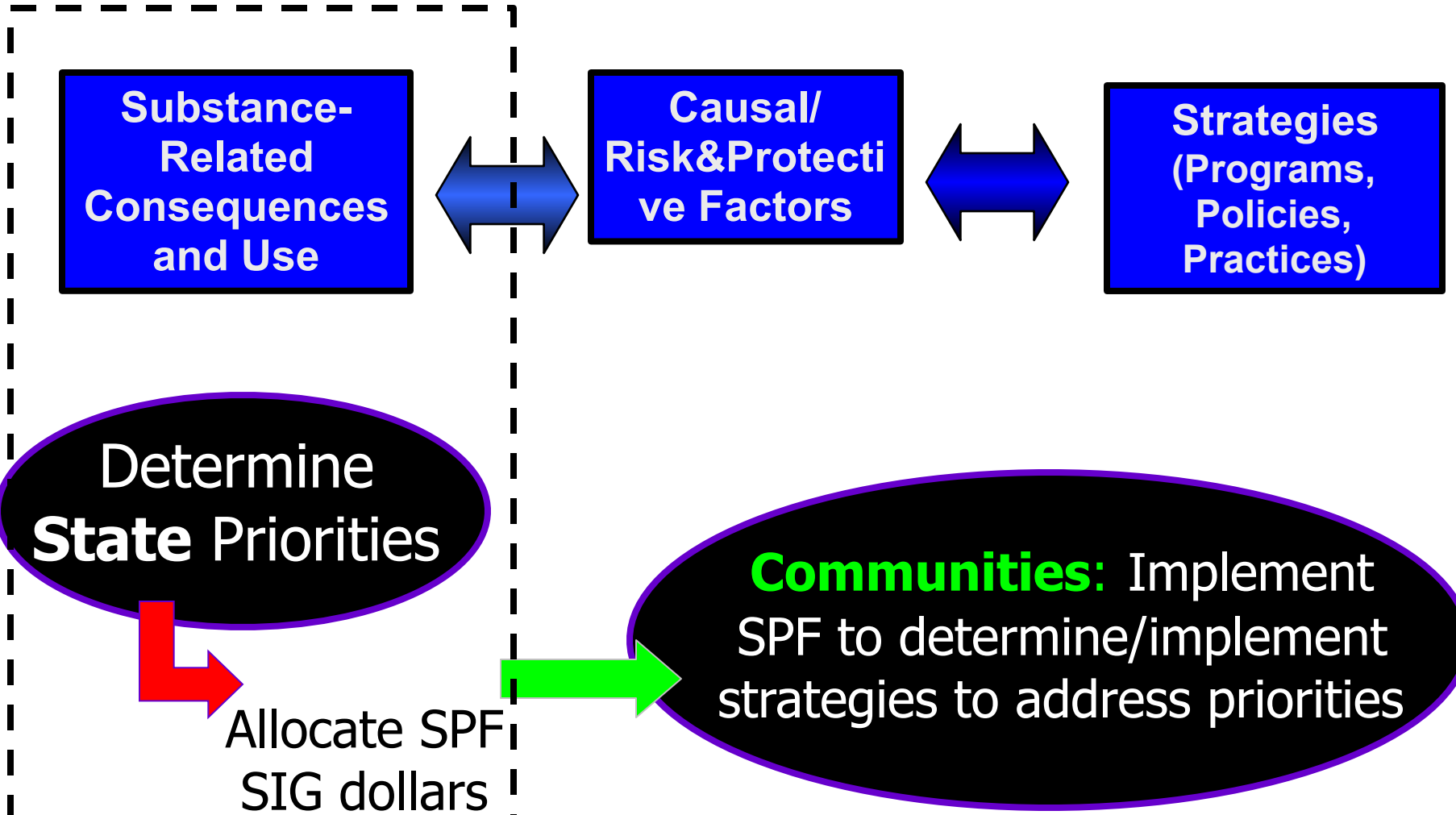
State Examples

Site	State Priority(s)	State Planning Model	Resource Allocation Indicator	Application Process	Grantees	Outcome Expectations
MO	• Risky drinking(binge or underage) (12-25 yrs)	Highest need (within regions)	ARMVC, alcohol-related emergency department visits, juvenile court referrals for alcohol	RFP (with maps/ tables of data for each county). Extra points for coalition w/ prevention history.	5-25 (1-5 per region); 1) 6-month planning contracts ($45K) 2) 6-month GTO pilots ($80K) 3) annual contracts (≤$124K)	Reduce local rates of proxy measures, risky drinking among those ages.
NM	• Alcohol related motor vehicle crashes (15-24 yrs)	Hybrid: Highest need/ contributor	Alcohol related motor vehicle crashes (counties with highest rates and/or numbers)	RFP (Extra points given to counties high rate and/or high numbers)	13 [8 implementation grants ($150000) and 5 one-year capacity grants ($30000)	Reduce funded community and state level ARMVC
TX	• Binge drinking (12-25) • Drinking/ driving (12-25)	Highest contributors	County # alcohol-involved drivers in fatalities (60%) and ages 12-25 pop. (40%)	State RFP required (Only counties with >50 fatalities eligible to apply)	Max of 11 coalitions ($100-200K) in 7 priority counties	Reduce State level # alcohol-involved drivers in fatalities

SEW work after resource allocation

- Work at the community level
- Work on State level monitoring system

Implementing the SPF: Outcome-Based Prevention



Challenges: At Community Level

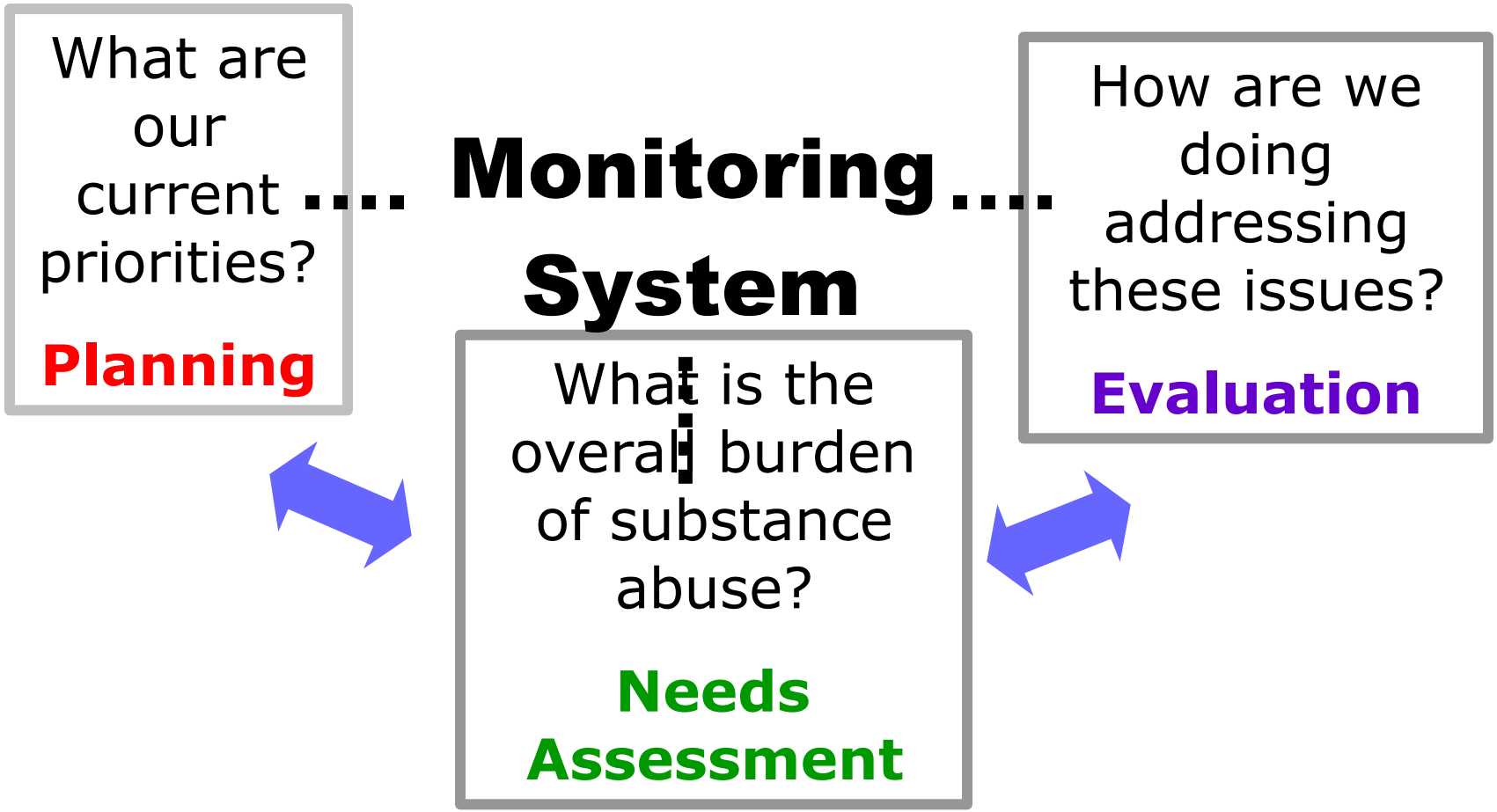
- If the State establishes priorities, does the community reassess needs? (NM, TX…)If the State does not establish priorities, how does the community establish priorities? (CO, FL…)
- How does the community assess intervening/ mediating factors? (NM)
- How will communities match strategies to identified priorities and key intervening variables?

How to ensure data drives decisions?

- What Community Capacity is needed?
- How does the State support Communities?

MONITORING

Consequences and Consumption



Challenges: State Level Monitoring

- Confusion over role of SEW after needs assessment
- What decisions does SEW influence?
- SEW relationship to State decision making
- Capacity/capacity/capacity
  - Who does the work….SEWs aren't always paid
- Confusion over Monitoring vs. Evaluation

Updates

- Cohort III Workshop Slides posted at state-epi.org
- SEDS getting updated (week of Feb 14th?)
  - New years and new PRAMS data