

Delaware
Strategic Prevention Framework
State Incentive Grant

Strategic Plan



From Philosophy to Science

Delaware Strategic Prevention Framework – State Incentive Grant Strategic Plan

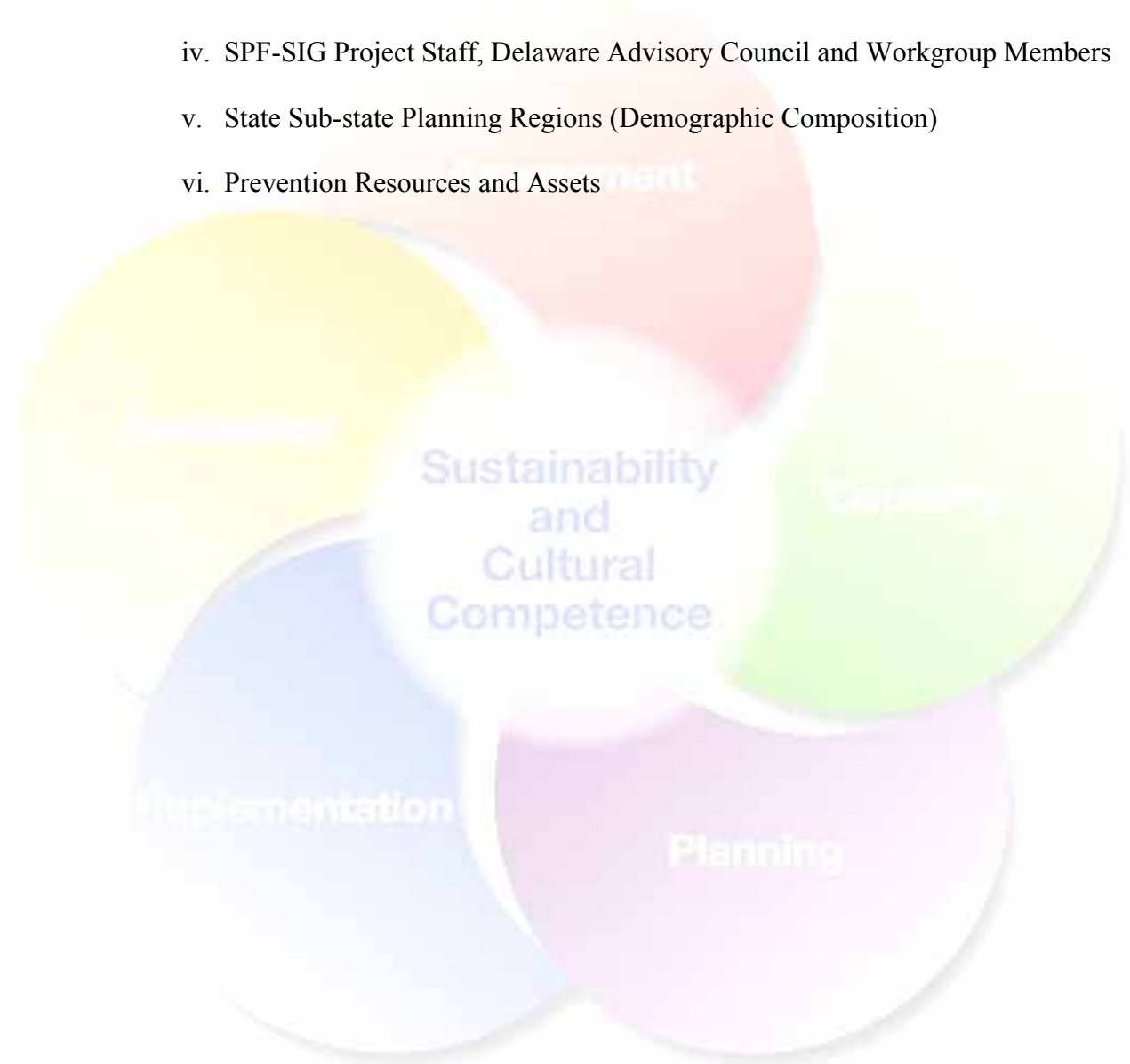
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Section I: Overview of the State and the Project

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- ii. Delaware SPF-SIG Priorities
- iii. Vision and Mission
- iv. SPF-SIG Project Staff, Delaware Advisory Council and Workgroup Members
- v. State Sub-state Planning Regions (Demographic Composition)
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Overview of the State and the Project

Overview of the State

Delaware, like most states is witnessing an increase in the incidence and prevalence of substance abuse and its negative, often life altering, impact on its residents. These increases come after a decade of major declines in tobacco use and modest declines in other substance use in Delaware. The data is an indication of the need for renewed prevention efforts in the state. Although small in its geographic size, the need for a comprehensive, statewide, formalized and sustainable substance abuse prevention system across the life span is critical.

Delaware is divided into four sub-state planning regions: New Castle County- 523,852 residents; Kent County-127,103 residents; Sussex County- 175,818 residents and the City of Wilmington – 72,664 residents. The State is unique in that the northernmost county, New Castle, is decidedly urban, while the two southern counties, Kent and Sussex, have largely rural characteristics. Delaware’s largest city is Wilmington, located in New Castle County.

From 2000-2007 Delaware saw over a 10% population growth and much of it has been driven by increases in minority populations (Delaware Population Consortium 2007). Over the next decade from 2010 to 2020, there is an anticipated 6% growth in both the 0 – 9 year old and 10 – 19 year old populations in the State of Delaware (Kids Count 2008). Recent census data show a decrease by 7% of 20-64 year olds between 2000 and 2030 but an increase of 100% in the 65 and older population and 300% in the 85+ population, with one in four being a minority. Delaware’s population as of 2008 includes 80,528 living veterans, 3,249 of whom are under 30 and served in recent overseas conflicts. These demographic trends and Delaware’s growing multicultural communities, make the needs of youth and young adults, minorities, veterans and the elderly even more compelling as data suggest these populations are most in need of resources.

Delaware’s small geographic size provides advantages to developing, strengthening and sustaining prevention efforts across the State that are relevant to multiple communities and target populations.

Overview of the Project

The Strategic Prevention Framework – State Incentive Grant (SPF-SIG) funding is provided by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA/CSAP). The Delaware SPF-SIG is a cooperative agreement between the Office of the Governor of the State of Delaware and SAMHSA/CSAP. Delaware’s Department of Health and Social Services, Division of Substance Abuse and Mental Health (DHSS/DSAMH) administers the SPF-SIG on behalf of the Governor.

The purpose of the SPF-SIG program is to provide funding to States in order to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Building prevention capacity and infrastructure at the state and community-level.

The SPF-SIG is built on a community-based approach to prevention and a series of implementation principles that can be operationalized at the state and community level. SPF-SIG provides an effective, comprehensive prevention process and common set of goals to be adopted and integrated at all levels. Research has shown that to effectively change attitudes, perception, and ultimately behavior, prevention strategies must include a comprehensive approach that addresses both the individual and the environment.

All SPF-SIG Prevention activities will be implemented with the Strategic Prevention Framework as the Planning Model. The Five Steps of the Framework are:

1. *Assessment*: Profile population needs, resources, and readiness to address needs and gaps in service delivery;
2. *Capacity Building*: Mobilize and/or build capacity to address needs;
3. *Planning*: Develop a comprehensive Strategic Plan;
4. *Implementation*: Implement evidence-based prevention programs, policies, and/or practices;
5. *Evaluation*: Monitor and evaluate programs, policies, and practices.

Sustainability and Cultural Competency are incorporated into each step of the framework.

Delaware’s SPF-SIG promotes a system-based approach intended to fund substance abuse prevention programs, policies, and practices that have a demonstrated evidence base and that are appropriate at the local level. An evidence-based practice (EBP) refers to prevention or treatment based approaches or strategies that are validated by some form of documented research. The SPF-SIG is intended to help build a prevention infrastructure in the state that can support the implementation of a broad array of EBP’s. Delaware SPF-SIG efforts will have both short- and long-term effects in reducing the state’s substance related consumption and consequence patters.

Delaware Strategic Prevention Framework – State Incentive Grant Priorities

Delaware’s SPF-SIG will focus on the following priority as outlined by the Delaware Advisory Council (DAC):

Statewide Priority: (all successful applicants must address this priority)

- ◆ Reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age. Indicators of change may include, but are not limited to: a decrease of underage and binge drinking (consumption); and decrease in alcohol related traffic crashes¹, death, and/or injuries (consequences).

Secondary Priority:

- ◆ Communities that want to focus on an additional substance abuse priority must provide relevant data to support its approval.

STATEWIDE PRIORITY

All successful applicants must address the following statewide priority:

- ◆ **Reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age. Indicators of change may include, but are not limited to: a decrease of underage and binge drinking (consumption); and decrease in alcohol related traffic crashes², death, and/or injuries (consequences).**

The magnitude of alcohol abuse exceeds all other drug abuse in Delaware, and is above national norms for young adults (National Survey on Drug Use and Health, NSDUH), with University of Delaware student’s binge drinking at rates 50% above the national norm and rising.

Alcohol abuse results in significant consequences including fatal vehicular crashes (44% of alcohol-involved crashes are fatal, as are 50% of crashes in which an alcohol-involved pedestrian is struck), personal and property crimes, and mental health (Delaware is in the top quarter of states for alcohol use and binge drinking among women of child-bearing age, and 17th in the nation for rates of mental retardation).

Alcohol was also the most frequently mentioned drug on the Community Survey fielded by the State Epidemiological Outcomes Workgroup (SEOW).

The Division of Prevention and Behavioral Health Services (DPBHS) has resolved to focus its share of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) on the problem

¹ The Office of Highway Safety and the National Highway Traffic Administration (NHTSA) no longer uses the term traffic “accidents;” these events are referred to as “crashes” because approximately 80% of them are preventable.

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of Underage Drinking, joining the Office of Highway Safety, which implement's Delaware's share of the Enforcing Underage Drinking Laws Program, providing other resources to support this priority.

While alcohol is an entrenched problem with documented generational ties (parents provide to youth, who are more likely to be heavy users and supply other youth), it is hoped that a concerted effort with SPF-SIG support will have a measurable impact on alcohol use by those 12-25, including delayed onset and reduction of use in binge drinking and alcohol related consequences.

Key measures for this priority and targets for reductions over the SPF-SIG reflect both the indicators delineated by the SEOW and those problem areas most mentioned related to alcohol in the preliminary results of the Delaware Community Survey (Appendix 5) – a statewide community-level assessment of perceived community problems relating to alcohol and drugs. Alcohol related problems mentioned most frequently by both the state group and community opinions include DUI, people going to prison, youth dropping out of school, unsafe neighborhoods, and deaths. Key measures that we have now in October 2010 and can track in a timely manner are as follows:

Reduce past 30 day underage alcohol use:

Benchmarks: Delaware School Survey 8th grade 22%, 2009
Delaware School Survey 11th grade 39%, 2009
NSDUH adults 18-25 67%, 2008

Reduce Binge drinking:

Benchmarks: Delaware School Survey 8th grade 10%, 2009
Delaware School Survey 11th grade 24%, 2009
NSDUH adults 18-25 47%, 2008

Reduce Alcohol Abuse and Dependency:

Diagnostic and Statistical Manual of Mental Disorders (DSM) estimates following the SAMHSA Office of Applied Studies (OAS) survey question format.

Benchmarks: Delaware School Survey 11th grade 23%, 2008
NSDUH adults 18-25 21%, 2008

Reduce Alcohol-related crime:

Benchmarks: Underage possession (Office of Highway Safety/Delaware State Police) 1401 incidents, 2008
Overall alcohol-related crime (Delaware State Police) 4826 incidents, 2008
Aggravated assault (Crime in Delaware Report, Statistical Analysis Center) 3,976 incidents, 2008 [SEDS recommends this as an alcohol-related indicator]

Reduce Alcohol-related traffic impact:

Benchmarks: DUI-Alcohol arrests (Office of Highway Safety) 1691 incidents, 2009
Alcohol-positive fatalities (Office of Highway Safety) 52 incidents, 2008

Alcohol-related injuries (Office of Highway Safety) 782 incidents, 2008

Reduce Alcohol-related school suspensions and expulsions:

Benchmarks: Alcohol possession and use (Department of Education) 101 incidents,
2008-2009

It should be noted that these indicators include some that were not previously available to the SEOW when initial recommendations were made for priorities in 2009 (see Appendices 3 and 4). Once the DAC had decided to focus on alcohol, more indicators were found in data available from state partners in the Delaware Drug and Alcohol Tracking Alliance (DDATA) workgroup.

The proposed reductions are based on past demographic trends and comparisons with targets promulgated by other states. Through discussions with the Center for the Application of Prevention Technologies (CAPT), it has been indicated that no states in Cohorts I and II have met their targets; therefore, no specific target reductions have been set.

Nevertheless, a reduction in the listed indicators is expected, and is both realistic and obtainable. The expected reductions for youth are more ambitious due to the availability of additional resources (e.g., Highway Safety, the youth component of the Prevention Block Grant, existing SDFC grant, and the new U. S. Department of Education Building State Capacity for Preventing Youth Substance Use and Violence Program Grant). In addition, the potential for environmental efforts are more possible with youth. Proposed reduction of alcohol abuse and misuse for young adults is also meaningful and obtainable.

Other alcohol related measures of consumption and consequence are available and will also be tracked. Many of these indicators are described in Appendix 10.

SECONDARY PRIORITY:

- ◆ Communities that want to focus on an additional substance abuse priority must provide relevant data to support its approval.

With the support of the Evaluation Team and locally identified evaluators, the Delaware SPF-SIG will provide support to communities to build capacity to adequately identify substance abuse problems through the use of relevant data (see Evaluation Plan and Guidelines Documents in Appendix 9).

Training and technical assistance shall be provided to increase knowledge, skills, and abilities to collect and analyze data, develop strategic plans, and select and implement culturally appropriate evidence based programming.

Building capacity will support communities in the identification of their specific substance abuse concern, serving as the catalyst to address problems. Identified local or community priorities will allow communities to focus on the drug use problem, supported through data that most negatively impacts their community, while contributing to a reduction in overall drug rates and a measurable increase in community capacity.

Delaware Strategic Prevention Framework- State Incentive Grant Vision and Mission



Vision

Delaware's statewide substance abuse prevention system will be created utilizing the Strategic Prevention Framework.

Mission

The mission of the Delaware Strategic Prevention Framework – State Incentive Grant (SPF-SIG) is to create a culturally competent, evidence-based, statewide, substance abuse prevention system that is relevant to and sustainable at the community level.

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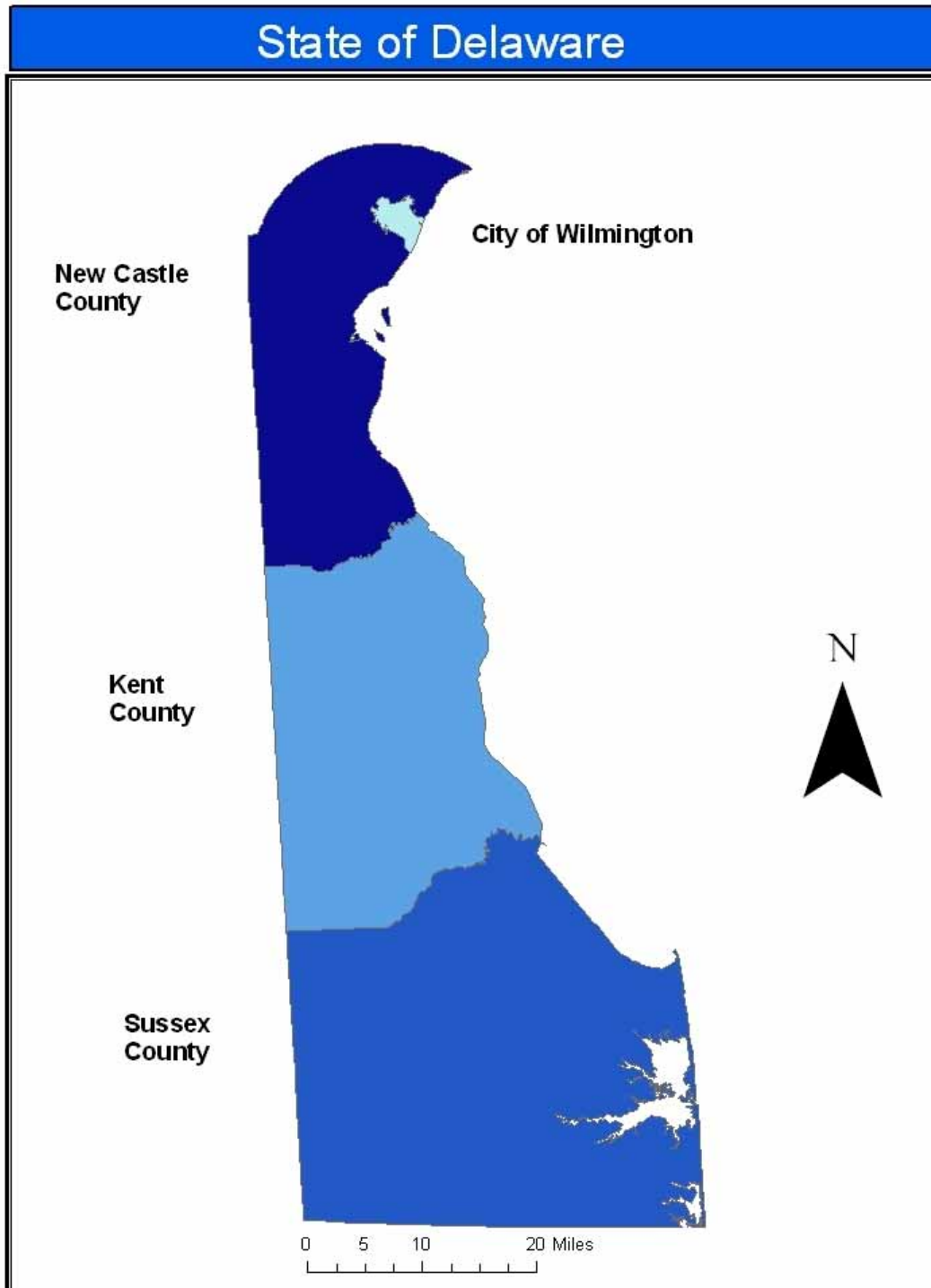
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Delaware

Sub-State Planning Regions:

New Castle County, City of Wilmington, Kent County, and Sussex County



Delaware Demographics by Sub-State Planning Regions

Population Census Counts for Delaware and Counties, 2008 Estimates

Area/Sex/Race	0-4	5-9	10-14	15-19	20-64	65+	Total	%0-19	%20-64	%65+	%Total
Delaware	58,437	55,749	55,355	60,308	520,867	125,237	875,953	26.2%	59.5%	14.3%	100.0%
Male	29,172	28,071	28,369	30,931	254,857	53,703	425,103	13.3%	29.1%	6.1%	48.5%
White	20,555	19,515	19,087	21,009	190,789	46,443	317,398	9.2%	21.8%	5.3%	36.2%
Black	7,569	7,209	7,662	8,461	52,550	6,256	89,707	3.5%	6.0%	0.7%	10.2%
Female	29,265	27,678	26,986	29,377	266,010	71,534	450,850	12.9%	30.4%	8.2%	51.5%
White	20,601	19,145	18,147	20,066	195,794	61,115	334,868	8.9%	22.4%	7.0%	38.2%
Black	7,681	7,257	7,346	7,988	59,296	9,172	98,677	3.4%	6.8%	1.0%	11.3%
New Castle*	30,271	30,062	30,008	32,597	278,848	57,672	459,458	14.0%	31.8%	6.5%	52.4%
Male	15,022	12,056	15,387	16,969	136,168	24,632	222,934	6.7%	15.5%	2.8%	25.4%
White	11,404	11,147	11,037	12,097	105,200	21,417	172,302	5.2%	12.0%	2.4%	19.6%
Black	3,106	3,155	3,381	3,734	23,774	2,554	39,704	1.5%	2.7%	0.2%	4.5%
Female	15,249	15,006	14,621	15,928	142,680	33,040	236,524	6.9%	16.2%	3.7%	27.0%
White	11,514	11,009	10,441	11,674	108,755	28,813	182,206	5.0%	12.4%	3.2%	20.8%
Black	3,216	3,261	3,286	3,487	27,106	3,532	46,888	1.5%	3.0%	5.3%	5.3%
Wilmington	5,744	4,853	4,490	5,397	43,842	8,273	72,599	2.3%	5.0%	0.9%	8.2%
Male	2,934	2,502	2,351	2,757	21,762	2,940	35,246	1.2%	2.4%	0.3%	4.0%
White	949	741	484	601	9,081	1,510	13,366	0.3%	1.0%	0.1%	1.5%
Black	1,800	1,597	1,680	1,947	11,422	1,348	19,794	0.8%	1.3%	0.1%	2.2%
Female	2,810	2,351	2,139	2,640	22,080	5,333	37,353	1.1%	2.5%	0.6%	4.2%
White	892	654	422	522	8,151	2,851	13,492	0.2%	0.9%	0.3%	1.5%
Black	1,740	1,554	1,576	1,925	12,781	2,372	21,948	0.7%	1.4%	0.2%	2.5%
Kent	11,004	10,733	10,742	11,586	91,993	19,241	155,299	5.0%	10.5%	2.2%	17.7%
Male	5,496	5,373	5,482	5,942	44,373	8,170	74,836	2.5%	5.1%	0.9%	8.5%
White	3,889	3,758	3,774	4,097	32,845	6,640	55,003	1.8%	3.7%	0.8%	6.3%
Black	1,418	1,397	1,455	1,629	9,809	1,364	17,072	0.7%	1.1%	0.2%	1.9%
Female	5,508	5,360	5,360	5,644	47,620	11,071	80,463	2.5%	5.4%	1.3%	9.2%
White	3,890	3,726	3,726	3,943	34,115	9,002	58,258	1.7%	3.9%	1.0%	6.7%
Black	1,429	1,421	1,430	1,483	11,526	1,731	19,020	0.7%	1.3%	0.2%	2.2%
Sussex	11,418	10,101	10,115	10,728	106,184	40,051	188,597	4.8%	12.1%	4.6%	21.5%
Male	5,720	5,140	5,149	5,563	52,554	17,961	92,087	2.5%	6.0%	2.1%	10.5%
White	4,313	3,869	3,792	4,214	43,663	16,876	76,727	1.8%	5.0%	1.9%	8.8%
Black	1,245	1,060	1,146	1,151	7,545	990	13,137	0.5%	0.9%	0.1%	1.5%
Female	5,698	4,961	4,966	5,165	53,630	22,090	96,510	2.4%	6.1%	2.5%	11.0%
White	4,305	3,756	3,702	3,927	44,773	20,449	80,912	1.8%	5.1%	2.3%	9.2%
Black	1,233	1,021	1,054	1,093	7,883	1,537	13,821	0.5%	0.9%	0.2%	1.6%

*New Castle County information excludes the City of Wilmington

Needs Assessment of Delaware based Prevention Resources and Assets

The following agencies participated in the Prevention Resources and Assets assessment: The Division of Public Health; The Department of Health and Social Services- Division of Substance Abuse and Mental Health; The Department of Services for Youth, Children, and Their Families- Division of Prevention and Behavioral Health Services; and The Office of Highway Safety.

The table below indicates substance abuse prevention programs funded by the state.

Division of Public Health	Division of Substance Abuse and Mental Health	Division of Prevention and Behavioral Health Services	Office of Highway Safety
<p>School-Based Wellness Centers serve adolescents (ages 14-18) in high schools statewide. This program served approximately 27,245 students.</p> <p>Data reflects Delaware State Fiscal Year 2009 (FY09).</p> <p>The Tobacco Prevention Community Contract, funds mini-grants to approximately 30 organizations statewide. This mini-grant program, funded by the Delaware Health Fund and managed by the American Lung Association of Delaware brings the message of tobacco prevention and cessation to approximately 200,000 Delawareans since 2006.</p>	<p>The Latin American Community Center (LACC) Drug and Alcohol Prevention program serves the Hispanic community in Wilmington for adults 18-25 years old. 2095 people have been served through this program.</p> <p>The Brandywine Counseling, Inc. (BCI) Drug and Alcohol Prevention Program serves adults 18 to 25 year olds in New Castle County. 24 people have been served through this program.</p> <p>The BCI Fetal Alcohol Spectrum Disorder serves women of Childbearing age in New Castle County.</p> <p>Data reflects Delaware State Fiscal Year 2009 (FY09).</p>	<p>The Delaware Prevention Network Alliance implements the All Stars program which serves youth (ages 11 to 14) statewide. 720 people have been served.</p> <p>Jewish Family Services (JFS) implements Project Towards No Drug Abuse which serves youth (ages 14 to 19) statewide. 91 people have been served.</p> <p>JFS implements the Media Matters program for adjudicated youth (ages 13-18) statewide. 91 people have been served.</p> <p>LACC and West End Neighborhood House (WENH) implement Too Good for Drugs and Violence which serves youth (ages 2 to 18). 158 people have been served.</p> <p>Data reflects Delaware State Fiscal Year 2008 – 2009 (FY08/09).</p>	<p>The Youth to Eliminate Loss of Life Program serves the youth in 42 high schools statewide for more than 10 years.</p> <p>The SCOPE program has served over 100 youth in Sussex County in 2008 & 2009.</p> <p>The Police Athletic League has served 200 youths in the lower Wilmington Area in 2008.</p> <p>The American Legion Post 25 Baseball Program serves youth in the Middletown area. 30 people have been served in 2008.</p>

These agencies identified gaps in services including: mental health and obesity services; the collection and evaluation of adult data; a need for more services in Kent and Sussex Counties; the need for more services around consequences and prevention; and more collaboration between agencies.

Section II: Assessment

- i. Assessing the Problem (Epidemiological Profile)
- ii. Assessing the Systems (Capacity and Infrastructure)
- iii. Criteria and Rationale for SPF-SIG Priorities
- iv. Description of SPF-SIG Priorities



Assessment

The Assessment Component is divided into the following elements:

- I. Assessing the substance abuse related problems*
- II. Assessing the substance abuse related systems in place in your communities*
- III. The criteria and rationale for determining the SPF-SIG Plan Priorities*
- IV. Description of the SPF-SIG priorities*

I. Assessing the Problem (Epidemiological Profile)

Using an array of appropriate data and information, this section describes the substance abuse related problems in Delaware.

- a. Overview of the development of the State Epidemiological Outcomes Workgroup and appropriate data indicators on substance use and substance related consequences you have used to assess need in your State and portray and detail the nature and extent of the problem, assess needs and other relevant information**

Delaware began its review of indicators with the establishment of its State Epidemiological Outcomes Workgroup (SEOW), currently known in Delaware as the Delaware Drug and Alcohol Tracking Alliance (DDATA). DDATA was instituted as part of an SEOW contract with CSAP through Synectics, prior to Delaware the July 2009 SPF-SIG award. DDATA was formulated to and continues to have active participation from most state agencies that have access to data on substance use and abuse and its consequences. As per guidance from the Center for Substance Abuse Prevention (CSAP), Synectics, and the Pacific Institute for Research and Evaluation (PIRE), DDATA examined data in two overarching categories—drug and alcohol consumption patterns and drug- and alcohol- related consequences with the goal of coming up with a discrete set of priorities that were supported by the existing data.

Consequently, DDATA evolved from simply focusing on Consumption in its 2007 report, to consumption and consequences in its 2008 report, to consumption, consequences, and comparisons in its 2009 and future reports (2010 Profile is currently being finalized with the availability of new YRBS and NSDUH data for comparisons).

Consumption data was and continues to be derived from several sources. Youth data are collected annually in Delaware public schools with the administration of the Delaware School Survey (DSS) in grades 5, 8 and 11 (one grade per level of school—elementary, middle, and high school) with annual data collection since 1989 and censuses of these grades since 1999. In addition, the Delaware Youth Risk Behavior (YRBS) is administered in middle and high schools in odd-numbered years (since 1995, with weighted data since administration of the survey became the

responsibility of the University of Delaware Center for Drug and Alcohol Studies (CDAS) in 1999) and the Youth Tobacco Survey in even-numbered years since 2000. College student data specific to the University of Delaware, the largest university in the state, was collected from 1997 thru 2004 and revived, revised and expanded with the inception of the College Risk Behavior Survey (initiated with CSAT support) since 2008. As of 2009, CDAS has been working with a consortium of other institutions of higher education in the state with the intent to administer the College Risk Behavior Survey. Though details have not been finalized, there is hope that by 2011 at least one other institution will participate in this survey.

Youth surveys and the college survey are all administered by CDAS. Adult data for tobacco and alcohol are collected with the Behavior Risk Factor Surveillance Survey (BRFSS) by the Delaware Department of Health and Social Services, Division of Public Health. In addition to these state-based surveys, Delaware also participates in the national administration of the National Survey of Drug Use and Health (NSDUH), a household survey of persons aged 12 and above. SAMHSA’s Office of Applied Studies has provided state estimates for adults since 2000 and sub-state estimates for each of Sussex County, Kent County, the City of Wilmington, and the remainder of New Castle County -- the four designated Delaware sub-state planning regions.

The list of consumption indicators include lifetime, past year, and past 30 day use of alcohol, tobacco, marijuana, illicit prescription drugs, heroin, cocaine/crack, and other specific and aggregate illicit drug categories. Data can be obtained from youth and college surveys in a timely manner (within months of completed administrations), while adult data would be more delayed depending on the completion of the estimates from the BRFSS and the NSDUH.

DDATA has also developed a list of measures thought to be good potential indicators of consequences of substance abuse in Delaware. One of the major advances in prevention thinking in the last decade has been the move from reliance on consumption data to the recognition that consequence data may provide more potential for change. This is due to the fact that consequences are not self-report data and they are more likely to catch the attention of policy makers (e.g., costs in dollars and deaths) so they consequently have more potential opportunities for prevention efforts.

The “Consequences” delineated by the DDATA group are as follows:

Health and Behavioral	Violence	Productivity	Special Populations
Disease	Domestic	School Truancy	Prisoner/Detainee (youth & adult)
Coronary	School	Academic Performance	Homeless
Cancer	Street (assaults)		

Asthma	Property Damage	Workplace Productivity	
HIV/AIDS		Loss of Work	
Accidental Injury (vehicular)			
Accidental Fatality (vehicular)			
Mental Health Co-morbidity			
Addiction Treatment			
Overdose			
Gambling			
Suicide/Self-Injury			

Consequence data has been further augmented by the new availability of up to 41 indicators for states from the State Epidemiological Data System (SEDS), introduced in 2007 by the Substance Abuse and Mental Health Services Administration. SEDS has included the following indicators for states:

- Deaths from chronic liver disease, from suicide, from homicide, from alcohol related vehicle deaths, from illicit drug use
- % of persons age 12 and above meeting DSM-IV criteria for alcohol abuse or dependence; same for drug abuse or dependence
- # of violent crimes reported to police
- Past 30 day use of alcohol for adults and students, past 30 day binge drinking by high school students, past 30 day heavy drinking for adults
- Past 30 day use of marijuana by high school students
- Past 30 day use of any illicit drug by persons age 12 and over
- Drinking and driving for high school students and adults
- Age of initial use of alcohol and marijuana reported by high school students

Each of these indicators were considered and subjected to screening criteria to eliminate those that did not meet criteria selected by the DDATA members. The utilization of both consumption and consequence data has extended from the State profiles to the Sub-state profiles produced for Delaware, looking at breakdowns for the four designated sub-state planning regions. These reports are all available at the DDATA website: www.udel.edu/delawaredata.

The Sub-state Profile was the beginning of DDATA’s development of an orientation toward the potential for and limitations of community level data. In the earlier Sub-state Profiles, the strategy of moving toward examining data at the sub-state level was first addressed and reported as follows:

**The Delaware State Epidemiological Outcome Workgroup (DDATA)
Community Level Profile Progress Table for Year 2**

STATE:		Delaware
How have you defined ‘Community’ in your Profile?	We have defined community in terms of the four sub-state planning regions established for Delaware: City of Wilmington, New Castle County (excluding Wilmington), Sussex County, and Kent County.	
Briefly describe your rationale for defining ‘Community’	Each of the four selected geographic areas does not exceed a population base of 425,000. The community designation is reflective of the entire state, additionally; the areas correspond to sub-state data being made available from the NSDUH and the BRFSS. Youth school data for Delaware have been broken down by these areas already. Each sub-state planning region is distinct in character, with Wilmington described as urban; New Castle County described as suburban and home to the University of Delaware; Kent County described as predominantly rural and hosting the Dover Air Force Base and Delaware State University; and Sussex County being again predominantly rural and home to the beach communities and large tourist industry.	
Describe your criteria for selection of ATOD indicators included in your Community Level Profile	The primary criteria for the selection of ATOD indicators are: data that can be collected and analyzed into the four sub-state planning regions. For youth this includes all the NOMS indicators. For adults it includes what we have currently from NSDUH and BRFSS and what we can get them to provide a part of our Gap Strategy (see DE 9/30 report)	
Provide a list of ATOD indicators to be included in the community level profile (This can include indicators being considered, but not finalized at this point in time)	<p>YOUTH DATA</p> <p><u>Child-related</u> Past month use—tobacco, alcohol, marijuana; Perceived risk—tobacco, alcohol, marijuana; Self-disapproval—tobacco, alcohol, marijuana; Age of onset—tobacco, alcohol, marijuana, sex, gambling; Binge/heavy use; Hit someone; Carried a weapon; Sold/gave drugs; Group fight; Delinquency scale; Depression; Cutting; Sexually active/very active; Youth in treatment</p> <p><u>Family-Related</u> Single parent/no parent/two parent; Mother’s education/father’s education; Parents know where I am; Get along with parents; Verbal abuse—fights; Drank at home, parents knowing; Smoked marijuana at home; Parents smoke; Get Rx from parents; Supportive; Parents spoke about risks; Parents punish consistently; Parental disapproval—tobacco, alcohol, marijuana</p>	<p><u>School related</u> Offered drugs at school; Feel safe at school; Carried a weapon to school; Truancy; Suspensions/expulsions; Graduation rates; Fight on school property; Property stolen; Conflict resolution (what would you do if someone hit you?); Verbal abuse—fights; Supportive Rules clear; Punishment consistent; Kids at school disapproval—tobacco, alcohol, marijuana</p> <p><u>Neighborhood-related</u> Verbal abuse--fights Know where can buy Supportive</p> <p>ADULT DATA Alcohol dependence; Drug Dependence; Marijuana use in past month; Any illicit use in past month; Binge drinking in past month; Cigarette use in past month; Regular smoker; Former smoker; Need treatment for drug use; Adults in treatment.</p>

DDATA has operationally described the 4 sub-state regions based on the availability of current and future data at the sub-state planning level. This data-driven decision will be revisited in the state’s substance abuse prevention plan across the lifespan assessment process, in alignment with the efforts of the SPF-SIG priorities and with other state priorities developed in conjunction with the Block Grant or other initiatives.

Since 2009 of the developmental process of epidemiological reporting has led to a more sophisticated understanding of the potential information available from the existing data and the need to look at issues of consumption and consequence in tandem. DDATA focused its attention on areas that had emerged from examining the earlier data. Discussions centered on:

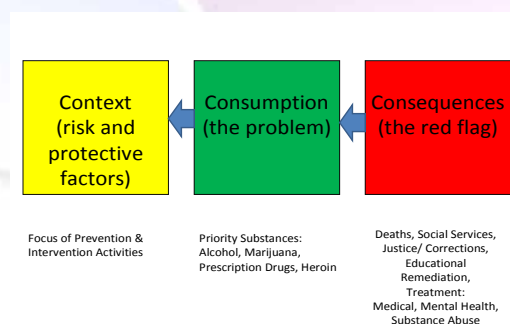
Consumption:

- Past 30 day alcohol use
- Binge drinking
- Past 30 day marijuana use
- Prescription Drug abuse
- Heroin Use

Consequences:

- Treatment
- Deaths
- Drug/Alcohol related arrests
- Health—the need for data from Emergency Rooms was recognized and discussion begun with hospitals on making these data available), FASD not yet available ; chronic diseases take too long to measure effects; HIV/AIDS existed and were comprehensive
- DSM estimates—available on youth through DSS and adults through NSDUH

DDATA's understanding of the focus for prevention became the following, a model that provided the basis for the Delaware SPF-SIG application in November 2008.



This model also formed the basis for a radically different way of organizing state data in terms of both demographic divisions and potential impact of the priority areas, organizational approaches that are encapsulated in the Year 3 State Profile from April 2009 that has become the jumping off point for the Needs Assessment in the Delaware Strategic Prevention Framework for the SIG.

b. Discussion of policies, procedures, and processes that were considered or were utilized to identify and collect these indicators

In 2008 and 2009 recommendations were made to the State for the SPF-SIG based on several levels of criteria, which were determined by DDATA over the course of several meetings. First, it was considered important to look at potential variations in consumption and consequences that may occur over different subgroups, including gender, age, and race/ethnicity, as well as geographical location in the state. A major consideration is whether data could be analyzed at the community level and would be in the future. Many sources were and are available only at the State level. Some others were available at county level, and a few at sub-state planning region level (Kent County, Sussex County, the City of Wilmington, and Suburban New Castle County outside of Wilmington). At the current time, only the school survey data are able to be analyzed by zip code. Where the data existed, they were examined within these demographic categories. The potential to look at special populations was also considered, for example the potential for disproportionate consumption or greater consequences in groups such as sexual minority youth or the dually diagnosed. Additional data are being collected that will focus on the consumption and consequences among specific populations known to be more at risk for substance use and abuse, including sexual minorities, prisoners/detainees, and the homeless. Sexual minority data for youth are available from Delaware's added questions to both the middle school and high school YRBS instruments. The Delaware Department of Corrections members on DDATA are working with the state correctional MIS system (DACS) to get data on prisoners/detainees with alcohol and other drug problems on an annual basis. This information will be made available in future state profiles and also promulgated as a DDATAGRAM in the fall. Data on the homeless are more difficult to capture, but state estimates of numbers and percentages with substance abuse problems will be estimated with DHSS assistance.

Beyond demographic distinctions, it was considered important to put the consumption and consequence data into a rating scheme for 1) availability of data; and 2) determination of the importance of the problems associated with a particular substance. First, in terms of availability, it was necessary to determine if the data could be acquired in a timely and reliable manner.

Some data sources are one-time collections and there are not good prospects for repeated measures. More promising and in most cases probable are new sources being developed by DDATA. Some data have not been collected in Delaware in the past (i.e., information about drinking during pregnancy and Fetal Alcohol

Spectrum Disorders). While efforts to collect Emergency Room have not been successful in the past, the Evaluation Team is developing a strategy for developing the necessary collaborations to assist in obtaining these data. This includes directly working with Christiana Care Health Systems, the largest health care provider in Delaware, initially and then moving to getting data from the other smaller hospital systems. Another area where data will be available in the near future is related to school behavior: suspensions, expulsions and truancy. Suspension and expulsion data are now provided by the state by school on an annual basis (published in June 2010). Due to an inconsistency in definition of truancy, data were not collected until 2008 when the U.S. Department of Education Office of Safe and Drug Free Schools, established a national definition. These data are now available.

Other potential data sources remain elusive. Arrest data could not be obtained with information identifying the primary drug identified by the arrestee. Medical examiner data were obtained for illicit prescription drugs, but not for illicit street drugs. Treatment data appeared to be reliable and timely, and will continue to be collected and distributed by DDATA in the state epidemiological profiles. However, with the reality of today's economic times, treatment slots have become even more limited and preference is often given to admissions for heroin over alcohol and other illicit substances. Moreover, treatment data are not the best indicator for a prevention project and results are difficult to interpret. For example, more people than ever are in treatment for nicotine addiction in the US at a time when use has declined dramatically. With regard to the potential for monitoring outcomes for the SPF-SIG grants, these data were not considered reliable as sources for primary outcome indicators.

Finally, there are the data from the State Epidemiological Data Systems (SEDS). SEDS data, while it was helpful in describing magnitude, national comparisons and trends to a point, is uniformly several years delayed. Unless current data could be accessed to bring the information up to date, the indicators would not meet the criteria of being timely. Without being timely, indicators would not serve to measure change during the time spanned by the SPF-SIG.

The criteria of magnitude of use, comparison with national data, severity of the problem, and trends were considered. Magnitude considered both numbers and rates. After deliberation, the DDATA members concluded that magnitude of the problem should be the primary criterion for inclusion as a priority, with severity being secondary, then national comparisons, and, finally, trends. All were included, though, in suggesting priorities.

- c. **A profile of all substance use and substance related consequences in your State, communities, and their populations (i.e. tribal and ethnic communities) as determined by your Epidemiological Outcomes Work Group Findings. Describe in appropriate detail relevant consumption patterns and consequences, populations, geographic areas. Note: This grant requires assessing the substance abuse problem across the lifespan, and also with respect to underage drinking issues**

The 2009 State and Sub-State Epidemiological Profiles can be found in Appendix 1. These Profiles indicate the status of the consideration of potential substance abuse priorities based on available data in October 2008. The data used in the State Profile were developed in an iterative process based on the earlier reports produced by DDATA [more detail is available on the DDATA website, www.udel.edu/delawaredata]. The Profile is a lengthy document that will continue to be an updated resource for the state with the most recent information available for a number of indicators. It is not a comprehensive document nor should it be treated as definitive in that the variables were selected, and the selection process needs even more refinement in the future. This Profile does highlight areas where there are perceived policy and programmatic needs, but it also more broadly serves as a source for a large number of constructs and indicators that should be useful to many in the State.

The Profile's conclusion as to trends and priority areas:

1. For the most part, Delaware is no longer reporting disproportionately higher rates of substance abuse, compared to national indicators, and in the last year has dropped below the national mean on a number of NSDUH indicators. This was not always the case. When the first State NSDUH estimates for 2000 were released by SAMHSA's Office of Applied Studies, Delaware appeared to have the highest youth substance use rates in the country and one of the highest overall rates. Subsequent improvements in sampling (and also an improvement in the actual data) have suggested that on most indicators Delaware now is very near the national average, and does not rank in the top 20% for any of the key NSDUH indicators. The summary table presented in the Conclusion section of the attached Profile compares Delaware to national indicators and indicates where Delaware is lower, higher, or about the same as national estimates.

2. The Profile noted three areas where Delaware remains higher than national estimates on substance abuse: First, alcohol use by underage and young adults; (please refer to Epidemiological Profile page 67); second, marijuana use, particularly for young adults; (please refer to Epidemiological Profile page 80, 81, 82 & 89) and third, illicit prescription drug use over the life course (please refer to Epidemiological Profile page 83). The tables and charts documenting these findings are included in the Profile in great detail. The process for determining the DDATA/SEOW priority recommendations that would be presented to the Delaware Advisory Council (DAC) for consideration for SPF-SIG priorities is described below and detailed in the Table that forms Appendix 4.

The Profile and the recommendations for potential priorities to be considered by the DAC and in the SAPTBG process incorporated newly available data from NSDUH, SEDS, TEDS, and state sources for as recent as 2008. It added new material on college student substance abuse, consumption and consequences.

Most importantly, the report and recommendations were documented as emerging from the available data and presented in a way helpful to making future policy and programmatic decisions. This included looking at both consumption and consequences and looking at these indicators in a framework that allows for assessing how important an issue the data represent. This compendium included, where possible, each of estimates of incidence in the state population, whether the indicator represented a change in trends over time, and how the data compared with regional and national estimates. Examination of data, where available, in these cross-cutting contexts set the stage for DDATA, the DAC and other state policymakers to now decide what are the priorities to address in implementing a strategic prevention framework addressing substance abuse.

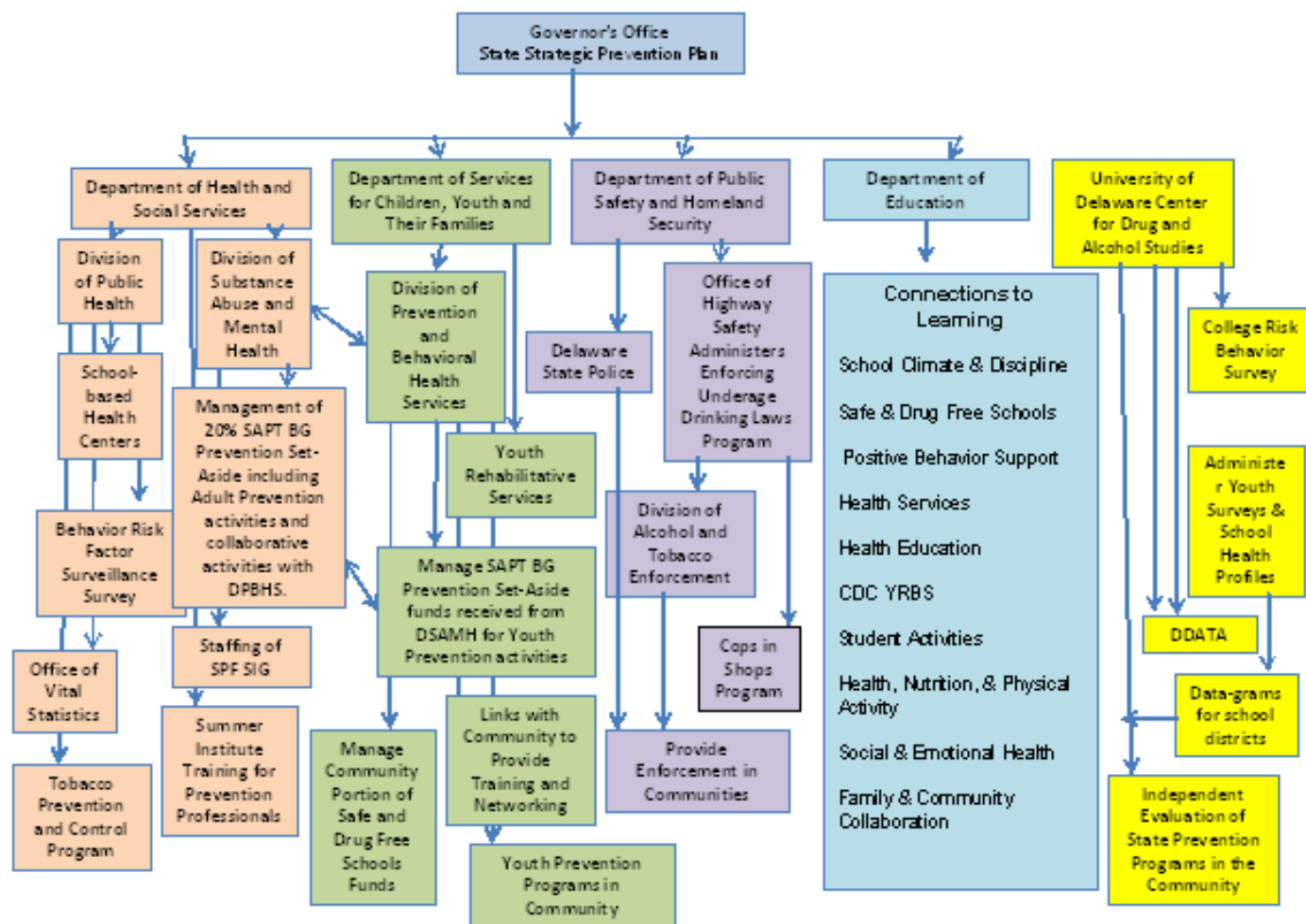
II. Assessing the Systems (Capacity and Infrastructure)

Using appropriate data and information, this section describes the substance abuse related systems that are place in communities throughout your State.

a. The community prevention infrastructure in place (i.e., Coalitions, Resource Centers, capacity building, etc.)

Delaware's prevention infrastructure has improved significantly over the past five years. Factors that have impacted Delaware's current status are 1) the level of commitment by the Division of Substance Abuse and Mental Health (DSAMH) and the Division of Prevention and Behavioral Health Services (DPBHS) formerly known as the Office of Prevention and Early Intervention (OPEI). The newly appointed Governor at the time recognized the importance of increasing focus on prevention and be in alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) movement to put prevention at the forefront of health care services. DSAMH and DPBHS will continue to work collaboratively to build community capacity through technical assistance and training initiatives, 2) the recent change in Governor and administrative staffing (2009), and the planned reorganization of State agencies that have prevention mandates; and 3) the current economic recession, which has had a disproportionate effect on the Delaware economy, and brought with it a hiring freeze and severe budget cuts. Despite these factors, and partly because of them, State agencies have worked to develop new bonds with community organizations and with each other. The following diagram illustrates the current organizational chart for the prevention infrastructure in Delaware. Increases in collaboration among state and community partners are anticipated from the SPF-SIG process.

Delaware Prevention Infrastructure



An explanation of the Delaware Prevention Infrastructure can be found in Appendix 2.

b. The effectiveness of the community prevention infrastructure in place

Delaware's small size has both advantages and disadvantages toward impacting the effectiveness of its community infrastructure. While Delaware lacks an elaborate formal infrastructure to integrate and provide services at the community level, it does have a tightly knit community of prevention providers, advocates, and community centers which work closely with state agencies and with large community agencies such as Children and Families First, the YMCA Resource Center, Boys and Girls Clubs and others to provide effective, sustainable, community-based programs.

The distribution of programs has not been data-driven in the past, and the distribution of programs is not even throughout the state. There are added problems of lack of transportation options in Sussex County and, of course problems inherent in the urban community of the City of Wilmington and the rural regions of Kent and Sussex Counties.

This network of community providers have worked effectively on prevention issues, as demonstrated by the Impact Tobacco Coalition's effect on smoking in Delaware. Delaware has been able to significantly reduce prevalence rates faster than national rates, and has been able to pass landmark legislation, including the indoor smoking ban, long before other states attempted them.

c. Significant gaps in the current community prevention systems in your State

Significant gaps in the community prevention system in Delaware consist of a lack of systematic, coordinated training and technical assistance, and a lack of awareness of available data and how to use it.

It is the intent of the SPF-SIG process to develop sustainable community capacity that will assist individual communities; the four sub-state planning regions and the state overall to identify their substance concerns, collect data to support those concerns and develop a strategic approach (including a formalized training and technical assistance system) to implement, monitor, evaluation and sustain healthy solutions to the concerns.

i. Capacity Needs in the Single State Agency (SSA)

Like other Departments and Divisions in Delaware, the Division of Substance Abuse and Mental Health (DSAMH), the Single State Agency, has been challenged in the past year by significant budget cuts, a hiring freeze and major staff turnover following a change in administration. The new Director of the Division of Substance Abuse and Mental Health, Kevin Huckshorn, RN, MSN, CAP has a background in treatment as does the new Assistant Director for Community Mental Health and Addiction Services, Marc Richman,

Ph.D., but both are rapidly coming up to speed on prevention issues. DSAMH has one full time Prevention Specialist, Isabel Rivera-Green, M.S.W. Isabel Rivera-Green also serves as the National Prevention Network (NPN) Representative for Delaware, and oversees the adult prevention programs, which are funded through the Substance Abuse Prevention Treatment Block Grant (SAPT BG).

ii. SSA Commitment to Implement SPF as the State Planning Model for SPF-SIG and SAPT Block Grant

The SSA has committed to building the capacity of the prevention network to respond to state priorities identified by the state epidemiological profile and the SPF-SIG process, working collaboratively with other state agencies to leverage existing resources to assist in capacity building and achieving the goal of substance use reduction through implementation of the strategic prevention framework process.

iii. Training and Technical Assistance Infrastructure

Delaware has few institutionalized procedures for providing prevention training and technical assistance to either professional staff or to the community. DSAMH provides some professional training each year at the Summer Institute, but the focus is largely on treatment and few sessions have historically been available on prevention. DPBHS has in the past provided an annual Prevention Forum, which offered a variety of prevention trainings to both professionals and to the community at low cost. While the Forum was initially a three-day conference that was accessible to community groups, it has in recent years been reduced to a two-day event, and has not been offered annually, but on an irregular schedule, making it difficult for community groups to schedule or budget for it. DPBHS and DSAMH have on several occasions worked with Northeast Regional Expert Team (NE RET) and Community Anti-Drug Coalitions of America (CADCA) to provide trainings, predominantly on coalition-building.

In an effort to strengthen the prevention workforce and infrastructure, a training survey was distributed (electronically) to all DAC members; SAPT BG Stakeholders; DDATA members; and all participants who had attended SPF-SIG sponsored training events. The training survey (which can be found in Appendix 7) was designed using the Institute of Medicine (IOM) model of Universal, Selective and Indicated criteria. The results will be analyzed and prioritized to develop a master training calendar. Whenever possible, training will be coordinated with the DSAMH and DPBHS training offices to avoid duplication. In an effort to strengthen community capacity, training will be offered in multiple sites and when appropriate facilitated by local training experts.

iv. Transitions in Staffing and Membership

Since Delaware applied for the SPF-SIG, there have been many transitions in staffing across the diverse agencies involved, and potentially more to come. With a new Governor taking office, Delaware has new Cabinet Secretaries in most of the Cabinet level positions, and many new Division Directors as well, as cited above. Membership in DDATA has not changed greatly, despite the fact that some members have also been asked to serve on the DAC. Two new staff members were hired by DSAMH to serve the SPF-SIG: Cecilia Douthy Willis, Ph.D., as Project Director, and Erica Melman as Project Manager.

A new proposal before the State Legislature merged the Office of Prevention and Early Intervention with the Division of Child Mental Health Services into a new Division of Prevention and Behavioral Health Services for the State Fiscal Year 2011. The new Division will focus on front end services to include prevention and early intervention in the child-serving system. Programs and services will be aligned to improve protective factors and resiliency in children, families and communities while promoting health and wellness.

d. The capacity of communities in your States to implement the strategic prevention framework

The availability and accessibility of developmentally appropriate, culturally competent training and technical assistance will assist communities to effectively develop, implement and sustain SPF-SIG activities beyond the lifespan of the federal funding. Utilizing the SPF model, communities will be able to incorporate lessons learned with viable action steps and the creation of strategic partnerships, implement community-based, substance abuse prevention activities.

The Epidemiological working group identified existing prevention focused coalitions in the state. Delaware's SPF-SIG will continue to collaborate and leverage resources with these and additional coalitions to support strategies that will enhance efforts in addressing the identified priorities.

i. University/Schools Alliance (Drug Free Communities Coalition)

Delaware has one Drug Free Communities Coalition, the University/Schools Alliance, based in Newark, DE, which is in its ninth year of funding by the program. Another coalition, the Dover Caring Communities Coalition encountered some management difficulties in 2009 and will hopefully be re-applying for funding in 2010. Delaware has had two other coalitions awarded funds from this program in the past who either did not re-apply or who were not re-awarded funds. It is the intent of the SPF-SIG grant to increase the

capacity of the state to reinstate drug free coalition activity, as appropriate. The leadership of each of the coalitions will be invited to a meeting to discuss collaboration and partnership activities.

ii. Delaware Prevention Network Alliance (Community Prevention Coalition)

The Delaware Prevention Network Alliance (DPNA) is a collaboration of community centers and community-based agencies operating in the City of Wilmington and the other two counties for a statewide presence. The eight Wilmington area sites are: Edgemoor Community Center; Latin American Community Center; Neighborhood House; O.A. Herring Community Center; Peoples Settlement Association; Rose Hill Community Center; West End Neighborhood House; and William “Hicks” Anderson Community Center, and then First State Community Action Agency and Delaware Parents Association downstate. The coalition provides a protective factor in that it comprises a multicultural, multilingual and community-based alliance, with previous involvement in CSAP Partnership and Coalition Grants and in delivering SAMSHA model EBPs (e.g., All Stars, Creating Family Lasting Connections). DPNA serves communities with high rates of poverty, single parent households, high school dropouts and unemployed adults. Seven DPNA agencies serve Wilmington zip code areas (19801, 19802 and 19805) and two in areas on the city boundaries. DPNA also provides alternative activities throughout the year to both youth and their parents. In addition to providing safe and healthy alternatives for youth in their communities, the goals of these activities are to increased knowledge and awareness of the consequences of the use and abuse of alcohol, tobacco, and other drugs. In the past, DPNA has sponsored Teen Summits, Underage Drinking Town Hall Meetings, day and evening outings at local venues such as roller skating rinks, amusement parks, movie theatres, etc. As an established statewide coalition, DPNA has one of the broadest organizational infrastructures operating at the community level within the state of Delaware.

Although there is currently not a formalized relationship with SPF-SIG, it is anticipated that DPNA will assist in building the community, prevention infrastructure through strengthening strategic partnerships; providing technical assistance and/or administrative oversight (where appropriate); collaborate on the implementation of evidence-based practices. In order to preserve the integrity of the SPF-SIG competitive process, all existing coalitions will be invited to community forums that will discuss in detail the potentiality of funding adhering to the state RFP process.

iii. Interfaith Coalition (Faith-based Coalition)

The Interfaith Coalition's strategic focus is on developing and sustaining a coordinated effort of neighborhoods and faith-based organizations to work with youth in at-risk environments, and their families, in order to minimize the likelihood that they will become involved in delinquent and criminal behavior and to set them on a developmental path towards higher achievement.

The Interfaith Coalition Building Blocks for Wilmington (ICBBW) is a group of faith-based leaders and churches in New Castle County working together to coordinate prevention programming and mobilize communities. Since the spring of 2005, ICBBW has been developing and implementing a comprehensive set of strategies to develop and sustain a caring community of individuals and institutions to reduce violence, restore hope, and instill a more holistic and spirit lifting approach to addressing concerns and opportunities in our neighborhoods and communities. ICBBW is based on the fundamental belief that all individuals have within them an intrinsic desire to realize their higher potential and purpose in life.

DPBHS has been providing support, guidance and technical assistance to the Coalition since its inception to build capacity for promoting resiliency and protective factors among our youth, families and communities.

The Interfaith Coalition is currently not an active partner with the SPF-SIG process. However, it is important to note that there is consistent participation by members of the faith communities who are members of the DAC and have attended all SPF-SIG and related trainings. It is anticipated that the Coalition will become more organized through the development of a strategic plan and formalizing their membership.

In order to preserve the integrity of the SPF-SIG competitive process, all existing coalitions will be invited to community forums that will discuss in detail the potentiality of funding adhering to the state RFP process.

e. The capacity of communities in your State to collect, analyze and report on data.

Delaware is in the process of assisting communities (through the Evaluation Team), develop the capacity to collect, analyze and report data to support data-driven decisions associated with SPF-SIG, as well as in other projects. Data on youth surveys are collected annually and reported online at the state and county level and with confidential reports to school districts by CDAS. Adult survey data is also collected regularly and reported online by the Division of Public Health. DDATA has committed to working with other state agencies to provide regular data reports reflecting diverse aspects of not only prevalence of substance use, but

also of consequences related to drug and alcohol use and risk and protective factors which influence it. DDATA will continue to produce the epidemiological reports and the community level epidemiological reports, as well as its other publications. The group will continue to meet quarterly and to address the data needs of the SPF-SIG.

Delaware communities can be provided with technical assistance to enable them to collect, analyze and report data. In past prevention efforts, data collection has been the responsibility of prevention providers or of community center staff, who recognized the necessity of data for reporting to funding agencies as well as for preparing funding requests from local, state and federal sources. While these entities will continue to be active, building capacity at the community level to collect, analyze and report data will enable more communities to participate in prevention work, broadening the impact and outcomes. In turn, sustainability in a service delivery continuum will result.

III. Criteria and Rationale for SPF-SIG Priorities

This section describes and discusses all criteria Delaware used in arriving at, ordering and/or weighting targeted priorities.

During the SEOW process that preceded the SPF-SIG, DDATA followed an ordered process of gathering all available data, presenting it to the DDATA group for discussion and arriving through a consensus process at the priority problem areas that could be identified in the data. This process was described above in Section 1 of the Assessment. This process led to the initial determination of three priority areas: 1) underage drinking and alcohol abuse; 2) marijuana use by youth and young adults, and 3) prescription drug misuse across the life course. Other areas considered strongly but not rising to the top three criteria were heroin use, and cocaine use. With notification of the SPF-SIG award in July 2009, DDATA revisited and formalized the criteria used in establishing the priorities to be forwarded to the DAC for consideration for the SPF-SIG. This process followed CSAP guidelines. In August 2009, a summary chart of drug issue and criterion was compiled and discussed by DDATA. This matrix was the starting point for determining SPF-SIG priorities. It is presented in Appendix 3. As a result of feedback and technical assistance, Delaware's SPF-SIG refined its statewide priority as follows: Reduction of past month alcohol misuse and abuse of Delaware resident's ages 12-25 years of age (outlined in more detail below). Additionally, applicants may identify an additional substance abuse priority supported by relevant epidemiological data.

a. The criteria the State is using to define ‘critical need’ based on substance related consequence and consumption data presented in the State’s epidemiological profile

All of these criteria were used in the process of reexamining priorities by the SEOW in August and December 2009 and were subsequently considered by the SPF-SIG Advisory Council in a series of Meetings at the end of 2009 and through 2010. The Delaware SEOW initial recommendations for SPF-SIG Identification of Priorities can be found in Appendix 3. In setting the preliminary list of priorities to be considered by the DAC, the SEOW group used a score sheet for the selection of priorities in December 2009. This score sheet is shown in Appendix 4 and represents the comparison data available in December 2009. The DAC made use of the DDATA information but sought additional input from key informants and from community members. This led to the creation of the Community surveys (English and Spanish versions) that are available on the web and have also been distributed to over 400 community members at local meetings. Results from these surveys (Appendix 5 and 6) are still being collected, and an online version of the survey is about to be publicized by DSAMH.

b. Any additional criteria (e.g., program resources, readiness, capacity) that the State is using to determine priority targets

No other additional criteria were formally used in determining overall targeted priorities, although such issues were discussed by DDATA and the DAC. It was decided that such issues may have more immediate relevance in the next stage of the strategic planning process where communities will do their local needs assessment and draft their own local prevention strategies within the overall state priorities.

c. The rationale for use of each additional criterion

Not applicable

d. A description of the procedures and/or processes that were utilized in the application of these additional criteria.

Not applicable

IV. Description of SPF-SIG Priorities

- a. **A detailed description of the SPF-SIG Plan priorities the State has identified as a result of this assessment and prioritization process.**

The following priorities to be addressed through the Delaware SPF-SIG and are a reflection of revisions made by the Delaware Advisory Council at its May 7, 2010 meeting and then revised and approved in a subsequent email vote by Full (voting) Members of the DAC in October, 2010:

Statewide Priority

- ◆ **Reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age. Indicators of change may include, but are not limited to: a decrease of underage and binge drinking (consumption); and decrease in alcohol related traffic crashes³, death, and/or injuries (consequences).**

Secondary Priority

- ◆ **Communities that want to focus on an additional substance abuse priority must provide relevant data to support its approval.**

Related indicators to monitor change in the selected priorities will include both short term and longer term outcomes. As described above on page 7, core indicators of consumption and consequences and targets for the primary state alcohol priority will be:

Reduce past 30 day underage alcohol use:

Benchmarks: Delaware School Survey 8th grade 22%, 2009
Delaware School Survey 11th grade 39%, 2009
NSDUH adults 18-25 67%, 2008

Reduce Binge drinking:

Benchmarks: Delaware School Survey 8th grade 10%, 2009
Delaware School Survey 11th grade 24%, 2009
NSDUH adults 18-25 47%, 2008

Reduce Alcohol Abuse and Dependency:

Benchmarks: Delaware School Survey 11th grade 23%, 2008
NSDUH adults 18-25 21%, 2008

Reduce Alcohol-related crime:

Benchmarks: Underage possession (Office of Highway Safety/Delaware State Police) 1401 incidents, 2008

³ The Office of Highway Safety and the National Highway Traffic Administration (NHTSA) no longer uses the term traffic “accidents;” these events are referred to as “crashes” because approximately 80% of them are preventable.
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Overall alcohol-related crime (Delaware State Police) 4826 incidents, 2008
Aggravated assault (Crime in Delaware Report, Statistical Analysis Center) 3,976 incidents, 2008 [SEDS recommends this as an alcohol-related indicator]

Reduce Alcohol-related traffic impact:

Benchmarks: DUI-Alcohol arrests (Office of Highway Safety) 1691 incidents, 2009
Alcohol-positive fatalities (Office of Highway Safety) 52 incidents, 2008
Alcohol-related injuries (Office of Highway Safety) 782 incidents, 2008

Reduce Alcohol-related school suspensions and expulsions:

Benchmarks: Alcohol possession and use (Department of Education) 101 incidents, 2008-2009

The proposed reductions are based on past demographic trends and comparisons with targets promulgated by other states. Through discussions with the Center for the Application of Prevention Technologies (CAPT), it has been indicated that no states in Cohorts I and II have met their targets; therefore, no specific target reductions have been set.

Targets are more ambitious for youth where patterns are less established, other resources more available (e.g., DPBHS component of the Block Grant, school programs, Office of Highway Safety programs), and the potential for larger impacts from environmental efforts are more possible. Other complementary indicators of alcohol consumption and consequences will be used in the evaluation of the SPF-SIG (see Appendix 10), both other measures coming from these aforementioned sources and other sources (e.g., BRFSS, College Surveys, and Department of Revenue), but the measures shown above are the core indicators and targets.

Other alcohol related measures of consumption and consequence are available and will also be tracked.

For the community capacity building, the related indicators will involve: 1) process measures of community participation and actions, attitudinal surveys of community members; and 2) outcome measures designed to indicate increase in community capacity over time and change in the community's alcohol abuse and other chosen substance abuse priority area. These measures will be introduced in community responses to the RFP and developed by communities who receive planning grants. The Evaluation Team will provide technical assistance to the communities to the extent allowed by the state's RFP process. More detail on this

process is encompassed in the DE SPF-SIG Evaluation Plan and Guideline document (Appendix 9).

b. The procedures and processes that were utilized in order to determine the final SPF-SIG priorities: A historical review

The DAC convened a Strategic Plan Workgroup with the purpose of reviewing the available information from the Epidemiological Profile, the SEOW recommendations from DDATA, and the initial responses from the ongoing community survey being administered in paper and online versions. The Strategic Plan Workgroup met multiple times to discuss what priorities should be presented to the Delaware Advisory Council (DAC). At the beginning of each discussion, the management team emphasized that the Strategic Plan Workgroup needs to make every effort to be inclusive in the data process and collection (e.g., data collection from community informants, from Historically Black Colleges and Universities).

The Management Team and the Strategic Plan Workgroup discussed if the three proposed priorities recommended by the DDATA, the State Epidemiological Outcomes Workgroup, reflected what the Workgroup wanted to present to the DAC. The DE SPF-SIG Management Team voiced some hesitation about the DDATA recommended priorities because of concerns that the process followed by DDATA had not been inclusive enough of community concerns, and had not represented a full array of diversity in the State. DDATA representatives acknowledged the limitations of the existing data and its data collection methodology. There are undoubtedly communities in the state where the DDATA recommendations would not be the priorities chosen. The DDATA representatives did assert: 1) the available data suggested three priorities be considered as high need for Delaware; 2) for the purposes of this CSAP Cooperative Agreement, it is important to establish substance abuse priorities with baseline of data so the State has the capacity to demonstrate change over the next five years; and 3) the available SPF-SIG resources, though substantial, could not address all substance abuse problems, necessitating prioritization.

Initial SEOW Priority Recommendations

Priority	Additional Information
Prescription Drug Abuse	Throughout the lifespan
Underage and Binge Drinking	Throughout the lifespan
Marijuana Use	In youth and young adults

Discussion involved the dilemma of the level of community involvement in the SPF-SIG process without creating conditions that would preclude some communities from funding due to having an unfair advantage following discussions, while at the same time addressing priorities that would have measurable statewide impact and capacity to change state use rates. The Delaware SPF-SIG Management Team and the Strategic Plan Workgroup proposed that it

could consider modifying the priorities a year into the project if the previously chosen priorities do not reflect the issues and problems that different communities are encountering in the area of drug and alcohol use and misuse. Another suggestion voiced by the Strategic Plan Workgroup was to allow each community choose their own priority if they do not fit into one of the predetermined priorities.

The Strategic Plan Workgroup voted on what priorities would be recommended to the DAC. First, each Workgroup member stated what they thought should be included in the priority list. Second, each member of the Workgroup voted on what should be included. Each Workgroup member in attendance had one vote and, based on the previous discussions and voting, the recommended priorities from highest to lowest decided on by the Workgroup were reducing: 1) Alcohol (binge and underage drinking across the life course; 2) Prescription drug abuse across the lifespan; and 3) Illicit drug use in general (including marijuana, crack cocaine, heroin, etc). These first two priorities were similar to the ones that the DDATA (SEOW) group discussed and recommended to the DAC. The third priority was added to allow communities with a demonstrated need in another substance abuse area the ability to address issues through SPF-SIG support.

Strategic Plan Workgroup Priority Recommendations (highest to lowest)

Priority	Additional Information
Alcohol Abuse	Throughout the lifespan. Alcohol abuse is inclusive of underage drinking in addition to binge drinking
Prescription Drug Misuse/Abuse	Throughout the lifespan
Illicit Drug Use/Abuse	Throughout the lifespan. Includes marijuana, crack cocaine, and heroin

- c. The individual (s) or group who made the final decisions regarding these SPF-SIG priorities.**

DAC Voting on Priorities

The full voting members of the Delaware Advisor Council (DAC) met on March 5, 2010 to vote on the priorities and goals for Delaware. There were eight (8) full voting DAC members in attendance. Full voting DAC membership required participation by parties who would not be competing for or benefit from subsequent allocation of SPF-SIG funds. The DAC has approved a hybrid model (high need and consumption) as the basis for SPF-SIG funding. The eligible participants will be determined through data provided by the Evaluation Team and the Epidemiological Profile. The Delaware SPF-SIG Management Team emphasized to the DAC voting members that it is important to take into account CSAP’s desire that priorities must be set with the potential to demonstrate a measurable statewide change over the SPF-SIG grant period. In preparation for

voting on the priorities, the Delaware SPF-SIG Management Team described the three top priorities as selected by the Strategic Plan Workgroup: 1) Alcohol abuse; 2) Prescription drug misuse; 3) Illicit drug use.

As a result of a discussion by the DAC voting members it was determined the priorities identified by the Strategic Plan Workgroup were too broad. Based on these voting guidelines, two priorities were initially chosen in the following order: 1) prescription and over-the-counter drug misuse; and 2) alcohol abuse. After this decision, members of the DAC requested that the number of priorities be expanded from two to three. Therefore, the list of two priorities was expanded to include a third priority: Illicit drug use. This addition was based on the same rationale as given by the Strategic Workgroup in the previous meeting. The DAC felt the need to not preclude any community from being allowed to make their case for a need to address a substance abuse issue salient to their community. They felt that this was appropriate as a mechanism to increase community capacity to address a problem of concern and therefore would be appropriate to support under the SPF-SIG initiative. The examination of the RFP responses after the community needs assessment process would then determine the mix of funded activities for the Delaware SPF-SIG.

Proposed Priorities for Initial DAC Vote 3/5/10	Number of Votes
Prescription and Non-Prescription Drug Misuse	6
Alcohol Abuse	5
Illicit Drug Use	2
Underage Drinking	1
Death/Injuries Related to Illicit Drug or Alcohol Abuse	1

In response to the feedback received from the review of the Strategic Plan, statewide priorities were reconsidered relative to measurability, validity, able to obtain and sustain across the lifespan. Full (voting) Members of the DAC on May 7, 2010 discussed and decided to decrease the number of priorities for the SPF-SIG initiative from three to two, with the emphasis on alcohol abuse and its related causes, a problem area documented to be high need statewide and not restricted to any geographical area or community.

Following the May 7, 2010 DAC meeting, an electronic vote was held to determine the final Delaware SPF-SIG Priorities. The following table represents the outcome of the priority vote (inclusive of the 11 Full Members who participated in the vote):

SPF-SIG Proposed Priorities (Revised) Electronic Vote- May 14, 2010	Number of Votes
Alcohol misuse and abuse throughout the lifespan. Indicators include, but are not limited to the following: underage drinking; binge drinking; and alcohol related crashes, injuries, and deaths	10

Increase Community Capacity to assess and address substance abuse related issues.	10
Abstained from Vote.	1

Of the 11 members eligible to participate in the vote, there was a unanimous vote to support the changes in the SPF-SIG priorities of those who participated; one Full Member abstained from the vote.

Finally, in October 2010, after discussions with CSAP, the DAC and the SPF-SIG Management team considered a further refinement in Priority 1, limiting the target population age range from 12-25. This refinement would allow activities to focus on raising the age of initial use, increasing abstention, preventing onset to heavy use and binge drinking, and reducing alcohol consequences (e.g., arrests and highway accidents) in the high prevalence group of youth and young adults.

The statewide priority will focus on alcohol abuse and its related causes within the age range of 12-25. Communities that want to identify an additional priority must provide relevant data to support its approval. The collection and identification of data will be accomplished through technical assistance from the SEOW and the Evaluation Team

Funding Process for Priorities

Data provided by the Evaluation Team and the EPI Profiles, will serve as the basis for the implementation of an equity funding model for applicants from communities within the four sub-state planning regions. Based on the eligible applicants through a competitive RFP Process, successful applicants will be invited to attend an Informational Community Forums that will focus on the goals and objectives of the SPF-SIG and receive technical assistance for relevant and ongoing training and capacity building.

Successful SPF-SIG applicants must address the Statewide Priority and will have the option to address a secondary priority supported by relevant data. Given the EPI data does not provide adequate documentation that would support a high need, high consumption model, an equity model will be implemented for both the planning and the implementation applicants.

Section III: Capacity Building

- i. Areas Needing Strengthening
- ii. State and Community-level Activities
- iii. Role of the State Epidemiological Outcomes Workgroup



Capacity Building

In this section Delaware will provide a synopsis of its proposed approach for ensuring ongoing capacity building at the State and local levels through the SPF-SIG. The building of State and community capacity should align with the priorities that were established from the assessment steps of the strategic planning process.

This component includes three elements:

- 1. Areas Needing Strengthening;*
- 2. State- and Community-level Activities;*
- 3. Continuing development of the SEOW.*

We provide guidance for each element below.

1. Areas Needing Strengthening

Identification and description of areas in which Delaware needs to strengthen its capacity in order to effectively implement the SFP SIG.

a. Training and Technical Assistance

A review of the State's prevention training and technical assistance (T/TA) opportunities resulted in the realization that a formalized system was not currently in place. While there were training opportunities available, there was no consistency or continuity in the overall efforts. In an effort to strengthen the prevention workforce and infrastructure, a training survey was distributed (electronically) to all DAC members; SAPTBG; DDATA members; and all participants who had attended SPF-SIG sponsored training events. The training survey (appendix) was designed using the Institute of Medicine (IOM) model of Universal, Selective and Indicated criteria. The results will be analyzed and prioritized to develop a master training calendar. Whenever possible, training will be coordinated with the DSAMH and OPEI training offices to avoid duplication. In an effort to strengthen community capacity, training will be offered in multiple sites and when appropriate facilitated by local training experts.

The formalized system would help to ensure systematic, effective and sustainable support to communities through the SPF-SIG grant and following the grant experience. The system would be a component within the statewide prevention system reflecting the needs identified through SPF-SIG data, the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), DSAMH- the Single State Agency, and DPBHS within the Department of Services for Children, Youth and their Families.

Prior to Delaware's SPF-SIG award in July 2009, Delaware's prevention infrastructure had made improvements over its post-SIG status, but remained fragmented. DPBHS has made great strides the past five years in building community capacity at the provider level through multiple trainings and technical assistance initiatives, which included data collection and reporting support, non-profit Board development, personnel management, strategic planning support and

grant writing. Prevention workforce development has been an ongoing concern as well and training opportunities have expanded to include *Prevention 101*, community mobilization techniques, Coalition building and the SPF framework to build prevention subject matter expert capacity within the state. The ultimate goal of the past training and TA has been to develop a coordinated prevention system of public and private entities that supports families and communities, promotes resiliency and wellness using a multi-strategy approach and mobilizes communities to take care of their own.

Other factors that have impacted Delaware's current status are 1) the recent change in Governor and administrative staffing, and the planned reorganization of State agencies that have prevention mandates; and 2) the current economic recession, which has had a disproportionate effect on the Delaware economy, and brought with it a hiring freeze and severe budget cuts. Despite these handicaps, and partly because of them, State agencies have worked to develop new bonds with community organizations and with each other.

To ensure sustainability beyond the lifespan of the SPF-SIG funding, DSAMH and DPBHS will develop a set of Core Competencies for Prevention Professionals, moving towards the credentialing of those professionals as Certified Prevention Specialists is a priority moving forward in the state of Delaware. DSAMH and DPBHS in collaboration with SPF-SIG Staff will work closely to develop a set of core competencies that meet the standards of the Delaware Certification Board (DCB). In conjunction with technical assistance provided by the NE RET, Delaware will develop a curricula for both prevention focused state personnel and community organizations to meet the requirements set by the agreed upon prevention competencies. This would provide an excellent capacity enhancing community capability to the existing cadre of SPF-SIG and SAPT BG state staff.

The diagram included in the Assessment Section (page 32) illustrates the current organizational chart for the prevention infrastructure in Delaware. Increases in collaboration are anticipated from the SPF-SIG process.

b. Stakeholders

Delaware's SPF-SIG planning efforts mirror the concerns expressed by key stakeholders, DAC members and administrative staff. There is a general lack of meaningful and sustained participation by ethnic minority community leaders. The overarching and consistent rationale for this concern is based on a perceived apathy, sometimes translated as lack of trust and a lack of organizational skills to effectively plan, implement and monitor activities that would be funded through the grant.

The initial response to these concerns was the formation of a SPF-SIG Cultural Competency Workgroup with the primary goal of assisting in the development of effective strategies of engagement and sustainability relative to diverse

community leadership. Second, three cultural competency trainings were arranged through the NE RET and convened on August 9 – 11, 2010. Trainings were facilitated by Central Regional Expert Team Associates. Finally, technical assistance will be provided through SPF-SIG Project Management and identified experts to ensure the incorporation of cultural competence in the planning of community and statewide prevention strategies.

2. State- and Community-level Activities

Description of the SPF-SIG capacity building activities that will be conducted at the State-wide level and those that may occur at the local community level(s).

a. State Capacity Building:

In consultation with the liaison from the Northeast Regional Expert Team, an expanded list of tasks and activities will be developed relative to the development and sustainability of State and community capability building:

Task/Step	Timeline (completed by)
Establish the following workgroups: <ul style="list-style-type: none"> ◆ Evidence-based Practices Workgroup ◆ Cultural Competency Workgroup ◆ Strategic Plan Workgroup 	December 1, 2009
Initial community-based training (i.e., Cultural Competency)	June – August, 2010
A comprehensive assessment of training and technical assistance programs, services and opportunities will be completed	September 2010
Information Sessions – description of SPF-SIG process delivered in each of the four sub state planning regions	October 2010
Develop a comprehensive, coordinated T/TA plan with the assistance of the Northeast Regional Expert Team (NRET); Key informant survey; DDATA members; and the Evaluation Team.	October 2010
Increase the participation of the DDATA to help increase knowledge of behavioral health trend data and prevention strategies that can be used to help ensure the fidelity of the grant’s development of programs.	October 2010; and throughout the lifespan of the grant
Ongoing utilization of the expertise and strategic partnerships established by the Cultural Competency Workgroup (CCW) to coordinate and help ensure appropriate trainings.	Ongoing, throughout the lifespan of the grant.

b. Community Level Activities

The following table illustrates the tasks and timelines associated with Community-level Capacity Building:

Task/Step	Timeline (completed by)
Increase community readiness and capacity through focused T/TA coordinated with appropriate state and community agencies and the NE RET.	Ongoing
<p>In cooperation with the DSAMH prevention team, the SPF-SIG leadership will convene prevention information sessions describing upcoming grant opportunities and its relationship to communities, SPF-SIG and the Substance Abuse Prevention and Treatment Block Grant (SAPT BG).</p> <p>Following community level grant awards, additional trainings and forums will take place focusing on strategic planning; implementation; monitoring; replication; and sustainability.</p>	<p>October 2010</p> <p>To be determined following community level awards.</p>
In cooperation with the Evaluation Team, SPF-SIG leadership will convene community forums focused on describing the SPF-SIG and its relationship to communities, as well as data collection, analysis and utilization.	December 2010

c. Sub-State Planning Regions

Sub-state planning (Sussex, Kent, New Castle and the City of Wilmington) data profiles currently exist (see Appendix A) and will continue to be utilized along with other sources to determine trends and patterns related to substance abuse consumption and consequence indicators. This is a continuing effort of DDATA in support of the State's developing overall Substance Abuse Prevention Plan. The information related to alcohol use and abuse will be extracted from the overall Sub-state Profile to create a document aligned with the SPF-SIG Statewide and Secondary Priorities. State and Sub-state Profiles focused on alcohol will be created, initially to be used for determining need and consumption patterns and to provide resource material for the RFP process. This task is to be completed by the Evaluation Team in October 1, 2010, concurrent with development of the RFP. The Evaluation Team will develop a template for demonstrating community need that will be part of the planning and implementation grant applications will address the Statewide and Secondary priorities. In these cases, it is anticipated that communities will have a perceived need, and those selected for funding will be guided by the Evaluation Team and the local evaluators who will provide technical assistance in the development of the planning grant applications.

These specific community profiles will be particularly useful in the identification of specific community consumption and consequence patterns, as well as the identification of risk/protective factors and needs for the target populations.

State, Sub-state, and community profiles will include (but are not limited to) the following accessible and existing data indicators:

- Demographics/census
- DUI arrests
- Alcohol related car crashes
- Treatment admissions
- Illegal sales of alcohol sales to underage drinkers
- 30 day prevalence from school survey
- Perception of harm from school survey
- Problems noted in the Community Surveys
- School safety

Cultural competency will be ensured through the collection and reporting of relevant data at the community level and through the inclusion of community collaborators in the evaluation process as it relates to the sub-state regions and to smaller communities. As the RFP and the inclusion of communities are being developed by the SPF-SIG Management Team and the DAC, the Evaluation Team is working closely to include the means to evaluate the efforts. Again, this process is being included in the overall Evaluation Plan Guidance (approval pending) that will be integral to implementing the Delaware SPF-SIG Strategic Plan.

3. Role of the SEOW

Description of the expected role of the State Epidemiological Outcomes Workgroup (SEOW) in the remaining years of the grant, and how the State plans to strengthen this Workgroup. Description of how Delaware will continue to collect and analyze data in order to identify emerging priority areas and monitor substance abuse consequences and consumption patterns over time.

Current Function

DDATA, the Delaware SEOW, has been a dynamic and effective workgroup for the past 3 years, and the State will seek to continue this productive group effort both as it relates to the SPF-SIG and as it serves the overall State Substance Abuse Strategic Plan. DDATA has created and sustained an organization of Delaware data administrators and produced a comprehensive series of State and Sub-state Profiles, presentations, reports and, most accessible, a continuing series of almost 40 DDATAgrams, modeled on Cesarfaxes but here each on a data driven issue is directly relevant to Delaware. More information on DDATA, its people products and plans for sustainability are available at www.udel.edu/delawaredata.

Through the joint efforts of DDATA and the SPF-SIG Evaluation Team, Delaware will continue to collect and analyze data in order to identify emerging priority areas and monitor substance abuse consequences and consumption patterns over time. This process will be greatly facilitated by the shared duties of staff with both the evaluation and the SEOW efforts. Delaware's CSAP-funded SPF-SIG State Strategic Plan and the proposed community strategic plans pose a number of challenges and opportunities for developing, implementing, and completing a rigorous evaluation. The Statewide Evaluation Plan will address all necessary data elements that can establish effective program implementation and program outcomes related to the State's main priority of reducing alcohol abuse and its consequences through the lifespan. For this priority, it is necessary to provide an effective process evaluation of the evidence-based interventions and environmental strategies supported by the SPF-SIG. Even more critical is the establishment of the key indicators of change for outcome analysis, involving monitoring of a variety of consumption and consequence indicators. The planned process and outcome means and measures are detailed below. This will be a shared responsibility of the Evaluation Team and DDATA, and a subset of DDATA members are being organized to work directly on the SPF-SIG Statewide Priority.

In response to communities that want to address the Secondary Priority, The Evaluation Team will develop an Evaluation Guidance document will delineate how the evaluators will work with communities involving both the alcohol priority and/or the secondary priority of increasing community capacity. In the case of communities, the challenges of using data will be much greater than in the statewide evaluation. In many cases what would be considered key outcome indicators are often not currently available. Many indicators are not being collected, and the collection may not to be specific to the community. Moreover, the need for process evaluation and early and timely feedback can be crucial to a community that is implementing a new program and needs

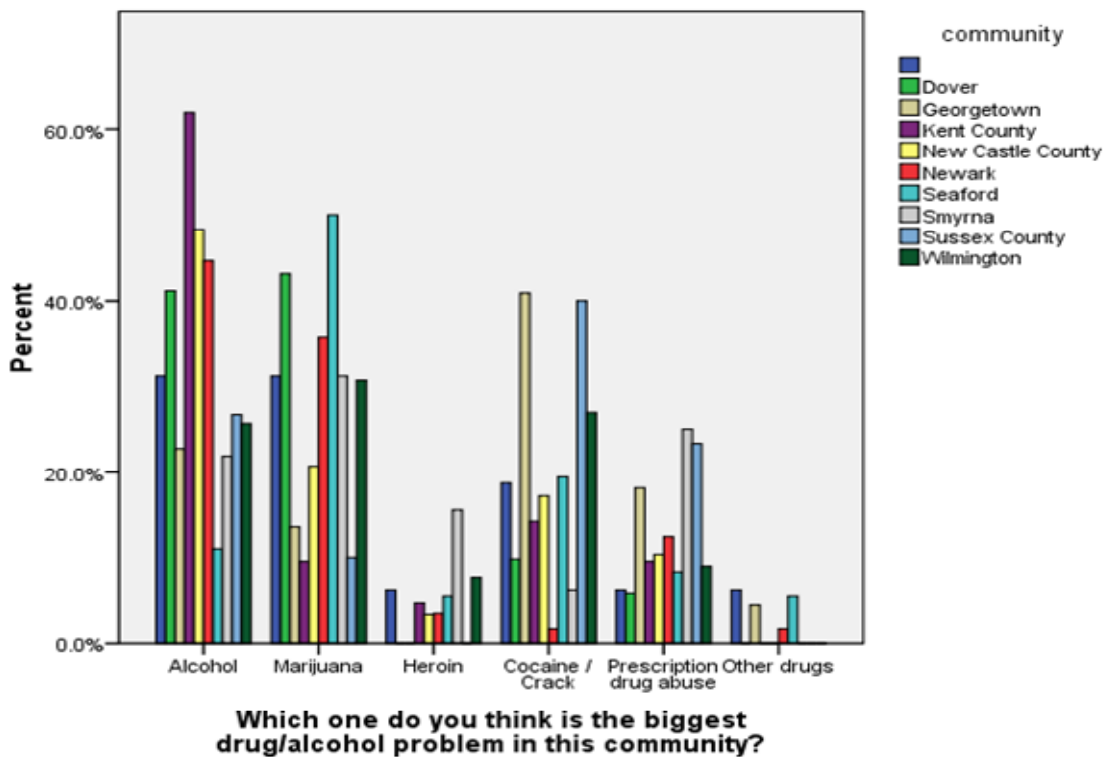
constructive feedback on implementation and fidelity of program delivery. Working with communities will involve a less pre-ordained and more iterative process.

The Evaluation Team promotes the philosophical belief that evaluation is a collaborative effort. The Evaluation Team engages participants at state, sub-state and community levels; increases the availability and dissemination of data and associated knowledge; and promotes sustainability through ongoing T/TA, and the identification and utilization of indigenous community leaders.

In response to experience gained and lessons learned in Year I and the move to community-level planning and programming in Year II, assessment and evaluation efforts will be enhanced. The Evaluation Team (ET) will develop a process evaluation methodology that will capture the activities of the DAC, grant workgroup meetings, community readiness, implementation, and monitoring activities.

The Evaluation Team will continue to code and assess the data compiled from the Community Member Needs Assessment Survey (both on-line and hard copy responses). The surveys can be viewed at <http://udsurveys.org> and <http://espanol.udsurveys.org> for both English and Spanish language versions and copies are included in Appendix 5. A similar process will be followed with the Organization-Based Resource Assessment Survey (the English and Spanish language versions (<http://community.udsurveys.org> and <http://comunidad.udsurveys.org>) and copies are included in Appendix 6. The information will be presented to the DAC as part of the priority selection process in the Community level strategic plans. Results will also be used for documenting the substance related needs and problems identified at the baseline of Delaware SPF-SIG activities. A preliminary table from the first 400 community surveys received is presented below.





Source: Delaware Community Survey, University of Delaware Center for Drug and Alcohol Studies 2010.

The Evaluation Team will conduct multiple “town hall” style focus group meetings in different communities and with key informants in Delaware. During the focus groups, the evaluators will ask those in attendance to describe the problems/issues with drugs and alcohol that they perceive in their community. The evaluators will then report on the data compiled by the state epidemiological workgroup and, finally, will engage in a dialogue with the group on whether they notice discrepancies with the compiled data and their life experiences. The plans for this process are being worked out in conjunction with the SPF-SIG Management Team and will be described in detail in the Evaluation Guidance document under development.

The Evaluation Team will regularly work with the SEOW (DDATA) to produce updated State and Sub-state Profiles and other special reports. The Team will participate in the SPF-SIG Evidence Based Workgroup and take a lead role in the evaluation of programs and practices. The Evaluation Team will also collect process information from other groups (e.g., Cultural Competence Workgroup).

Additionally, the Evaluation Team will be meeting with community organizations that plan to apply for funding from the SPF-SIG to assess the training and technical assistance (T/TA) needs of the organization, similar to the Drug Free communities Program. While working with the community groups/organizations, the Evaluation Team will assist the communities in drafting versions of their strategic plans. It is anticipated that the Evaluation Team and the Community Evaluators will work closely with communities who receive initial planning awards (prior to applying for larger implementation awards).

At the subsequent implementation award stage, the Evaluation Team will work with local evaluators to conduct an evaluation of funded community coalitions. Key to generating successful outcomes related to the State's priorities will be assessing the capacity and strengths of funded coalitions, whether they are working on the State's alcohol priority or on another substance abuse priority germane to their community. Community coalitions and programs will be asked to and assisted in:

- Understanding of the CSAP Strategic Prevention Framework
- The ability to succeed in completing each of the 5 SPF steps
- Development of a comprehensive needs assessment and local measures of change
- Use of local and state data in the planning of local prevention strategies and planning
- Cultural Competency of SPF planning and implementation in their community

Finally, the Evaluation team will work with CSAP Trainers and TA and with the local evaluators to develop a user-friendly interview tool for assessing coalition development and success. Data will be collected annually with selected community coalition members and other key community stakeholders.

In summary, the Evaluation Team has the outline of an evaluation approach to the SPF-SIG that will cover all stages of the strategic plan and will encompass both process and outcome evaluation at each of state, sub-state, and community levels. The team has contacts at the state level (through DDATA and its members, with TA at the NE RET with whom members of the Evaluation Team have worked for more than the last decade), and at the national level (through Office of Applied Studies, NIDA, and CDC). The Lead Evaluator has been invited by the Office of Applied Studies to be part of a panel advising on future changes in the National Survey on Drug Use and Health in April 2010 which will allow the Evaluation Team to provide feedback on the inclusion or exclusion of specific alcohol and drug related questions on the survey. Finally, the Evaluation Team will cooperate with all elements of the national cross-site evaluation and participate in any requested regional or national meetings.

The following table illustrates the tasks and timelines associated with the SPF-SIG process evaluation activities:

Task/Step	Timeline (completed by)
Process Evaluation for the following activities: <ul style="list-style-type: none"> ◆ DAC Meetings ◆ Evidence-based Practices Workgroup Meetings ◆ Cultural Competency Workgroup Meetings ◆ Strategic Plan Workgroup Meetings ◆ Community Readiness Activities ◆ Program Implementation ◆ Monitoring & Evaluation 	Quarterly throughout the lifespan of the grant.
Sub-state Profile Development	September 15, 2010
Community Survey Data Collection and Assessment	August 31, 2010
Community Forums	September 30, 2010
Cross-site Evaluation	Throughout the lifespan of the grant (when applicable)

Functionality of the SEOW:

To ensure the timeliness, accuracy and statewide reflection of data, it is proposed that a formalized SEOW be created. The members of the SEOW will convene for the sole purpose of providing currently, accurate and culturally appropriate data to be utilized during the SPF-SIF process. The membership would ideally be extracted from the current members of DDATA. The proposed modification would implemented by December, 2010.

Section IV: Planning

- i. State Planning Model
- ii. Community-based Activities
- iii. Allocation Approach
- iv. Implications of Allocation



Planning

In this section Delaware will describe the proposed approach to developing and deploying the SPF-SIG grant resources and the programmatic mechanisms to address SPF-SIG priorities.

This section will include the following planning components:

- 1. State Planning Model;*
- 2. Description of community-based activities;*
- 3. Allocation Approach; and*
- 4. Implications of Allocation Approach.*

I. State Planning Model

Description of the planning model Delaware will use to determine how to allocate SPF-SIG funds.

Delaware will implement an equity funding model in response to Statewide and sub-state planning region substance abuse trends and patterns. Although the Epidemiological Profiles do not support a high need model, there are data supported high risk populations (i.e. sexual minority youth, college students, criminal justice populations). Indicators of need will be identified by priority consequence or consumption patterns and risk or protective factors linked to those specific consequences or consumption patterns within a community. The Profiles will help communities address the Statewide Priority, as well as the Secondary Priority.

Community is defined as an organization, group, or partnership with a common purpose. A group may be defined (but not limited) by age, culture, ethnicity, faith, gender, geographic location, race, sexual orientation, or socio-economic status.

DSAMH may award Planning and Implementation Grants to provide primary prevention services targeting individuals ages 12-25 in all four sub-state planning areas: the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County.

Up to four (4) Planning Grants⁴ will be awarded in each sub-state planning region; each Planning Grant may be awarded up to \$50,000. [Approximately \$800,000 will be awarded statewide for Planning Grants].

One (1) Implementation Grant⁵ may be awarded in each sub-state planning region; Implementation Grants will be awarded up to \$200,000 each. [Approximately \$800,000] may be awarded statewide for Implementation Grants].

⁴ If planning regions do not submit sufficient Planning Grant applications, funds will be distributed equitably to other regions demonstrating need contingent upon DSAMH's competitive RFP process.

⁵ If planning regions do not submit sufficient Implementation Grant applications, funds will be distributed equitably to other regions demonstrating need contingent upon DSAMH's competitive RFP process.

Planning Grants*

	Number of Grant Awards (Maximum)	Grant Award Amount (Maximum)	Total Grant Award per County (Maximum)
City of Wilmington	4	\$50,000	\$200,000
New Castle County	4	\$50,000	\$200,000
Kent County	4	\$50,000	\$200,000
Sussex County	4	\$50,000	\$200,000
<i>Total (Maximum)</i>	<i>16</i>		<i>\$800,000</i>

* If planning regions do not submit sufficient Planning Grant applications, funds will be distributed equitably to other regions demonstrating need contingent upon DSAMH’s competitive RFP process.

Implementation Grants*

	Number of Grant Awards (Maximum)	Grant Award Amount (Maximum)	Total Grant Award per County (Maximum)
City of Wilmington	1	\$200,000	\$200,000
New Castle County	1	\$200,000	\$200,000
Kent County	1	\$200,000	\$200,000
Sussex County	1	\$200,000	\$200,000
<i>Total (Maximum)</i>	<i>4</i>		<i>\$800,000</i>

* If planning regions do not submit sufficient Implementation Grant applications, funds will be distributed equitably to other regions demonstrating need contingent upon DSAMH’s competitive RFP process.

DSAMH may award Planning and Implementation Grants through a competitive RFP process.

II. Community-based Activities

Description of the community-based activities (e.g., further needs assessment; capacity-building; implementation of programs, practices and policies, etc.) that the SPF-SIG allocations are expected support.

Delaware SPF-SIG will support all five steps of the Strategic Prevention Framework (SPF) within funded communities. Funded SPF-SIG communities will be asked to repeat the SPF process (i.e. Needs Assessment, Capacity Building, Strategic Planning, Implementation, and Evaluation) within their communities based upon the state identified priorities.

Following notification of award of SPF-SIG funds, initial activities will support the completion of a community level needs assessment and capacity building activities [the first two steps of the SPF].

The Evaluation Team will support continued community-level assessment throughout the lifespan of the grant. Community Surveys will be distributed and analyzed to determine the needs and readiness within Delaware’s communities. The Evaluation Team will host “Town Hall” style focus group meetings as an additional method of assessing community need. In addition, once funds are distributed, the Evaluation Team will support communities with the assessment and development of Sub-state/community level Profiles, inclusive of the

identification of risk and protective factors attributing to the identified state priority a community wishes to address.

Through the development of a specific Community Profile, communities will determine specific training and technical assistance needs to build capacity to support the implementation of SPF-SIG funds (i.e., strategic planning, programmatic implementation, and evaluation). SPF-SIG Project Staff, with the support of the DAC and the NE RET will coordinate comprehensive Training and Technical Assistance as needed to build community capacity in the planning and implementation of evidence-based programs and practices. In addition, the Cultural Competency and Evidence-based Workgroups will ensure all programs and practices are implemented true to fidelity in a culturally competent and appropriate manner.

Based on activities associated with Assessment and Capacity Building communities will develop a focused Strategic Plan that outlines the approach by which their community will address the stated priorities. Strategic Plans must be approved by the DAC prior to the implementation of any evidence-based programs, practices, or policies. Funded activities must contribute to efforts addressing the Statewide Priority: reduce past month alcohol misuse and abuse of Delaware residents 12-25 years of age. In addition, communities that want to focus on an additional substance abuse priority must provide relevant data [as outlined in their community profile] to support the issue.

The community-level process evaluation will focus on tracking the assessment of needs and capacity; as well as the selection and implementation of the Evidence Based Programs, Practices, and Principles (EBPs). In addition, the Evaluation Team will work with communities to assess program implementation (i.e. fidelity, compliance, and degree of adaptation of EBPs) at each implementation site. Assessments will be completed quarterly in conjunction with pre/post outcome analysis. The assessments will enable the DAC and the SPF-SIG Management to: examine program implementation, adaptations, and contextual changes to staff, resources, funding, effort, or location that may have occurred; analyze program implementation data including intensity, dosage, mode of delivery, and its relationship to outcomes (desired and actual); assess individual outcomes related to participation in EBPs. All evaluation materials will be culturally competent, developmentally and linguistically appropriate.

III. Allocation Approach

Description of Delaware's allocation approach, including how the following items were factored into the approach:

- a) How the community-based activities address your Delaware's definitions of "high need" based on consequence and consumption data.*
- b) How these activities address priorities that may emerge from applying additional criteria (e.g.; resources, capacity, etc.) to areas of high need.*
- c) How Delaware expects to allocate SPF-SIG grant dollars to support these activities and the mechanism(s) that Delaware expects to use. Indication how many sub-recipient grants/contracts the State expects to make and the process by which sub-recipient grantees will be chosen.*
- d) How these mechanisms enable Delaware to address the priorities that were identified.*

- e) How Delaware ensures that relevant and appropriate policies, practices and programs are funded at the sub-recipient level.*
- f) How Delaware ensures that all activities funded at the sub-recipient level are culturally competent and culturally inclusive.*
- g) How Delaware ensures that activities funded at the sub-recipient level are sustainable once grant funding has ended.*

As noted above, Delaware will implement an equity model of funding that addresses the Statewide and data supported Secondary Priorities in response to consequence and consumption patterns throughout the State. As outlined in the 2009 Epidemiological Profile, alcohol abuse and misuse does not have delineated geographical areas of high need. There are populations more at risk (e.g., sexual minority youth, college students, criminal justice populations), but the levels of consumption and consequence are such that allocation of funds may come more from a demonstrated capacity to address the problem rather than a high localized need.

The State and Substate Epidemiological Profiles provide help communities in deciding target populations as well as what aspects of the alcohol problem to address. Concomitantly, the Evaluation Team will work with communities who have another substance issue to address to seek to develop appropriate means to measure. Indicators of need will be identified by priority consequence or consumption patterns and risk or protective factors linked to those specific consequences or consumption patterns within a community.

- a) How the community-based activities address Delaware’s definitions of “high need” based on consequence and consumption data.*

Successful applicants will be required to choose community-based activities to effectively address the Statewide Priority.

The Evaluation Team will assist applicants at the community-level with process evaluation which will focus on tracking the assessment of needs and capacity; as well as the selection of the Evidence Based Programs, Practices, and Principles (EBPs) proposed for implementation. In addition, the Evaluation Team will work with communities to assess fidelity and degree of adaptation of EBP models at each implementation site.

Rationale for chosen activities will be based on the predicted outcomes to reduce the targeted SPF-SIG priorities in each funded community.

- b) How these activities address priorities that may emerge from applying additional criteria (e.g.; resources, capacity, etc.) to areas of high need.*

Not applicable- no additional criteria will be applied.

- c) *How Delaware expects to allocate SPF-SIG grant dollars to support these activities and the mechanism(s) that you expect to use. Indicate how many sub-recipient grants/contracts Delaware expects to make and the process by which sub-recipient grantees will be chosen.*

The State of Delaware requires the use of a competitive Request for Proposal (RFP) process for the distribution of funds for the purposes of contracting. The Delaware SPF-SIG will follow the state RFP and procurement procedures for issuing SPF-SIG funding to successful applicants. The language of the RFP will be driven by the approved SPF-SIG strategic plan goals and objectives. Applicants will have an opportunity to compete for funding by submitting a proposal to address one or more areas of the strategic plan. A mandatory capacity-building training and SPF-SIG strategic plan overview will be built into the RFP process.

Using standardized review criteria, the Review Team, including members of the Delaware Advisory Council, will determine the successful applicants to receive SPF-SIG funding. Funds will be allocated based on need, capacity, and readiness to implement programming.

As per the criteria stated in the proposed RFP, the allocation process will be implemented as follows:

DSAMH will award Planning and Implementation contracts to provide primary prevention services targeting individuals ages 12-25 in all four sub-state planning regions: the City of Wilmington, the remainder of New Castle County, Kent County, and Sussex County.

Successful Planning Grant applicants, who must address the Statewide Priority, will be contracted with the goal of building capacity, to complete Steps 1 – 3, resulting in an approved Strategic Plan, at the end of the contract term.

Successful Implementation Grant applicants, who must address the Statewide Priority, will be contracted to implement all five steps of the Strategic Prevention Framework, i.e. completing a local level assessment; build organizational and community capacity/readiness; develop a comprehensive and sustainable strategic plan; implement primary prevention services; and complete comprehensive process and program evaluation.

- d) *How these mechanisms enable your State to address the priorities that were identified.*

The competitive RFP process (completed in accordance with State of Delaware regulations and laws) will determine community eligibility and scope of work. Through the RFP, applicants will be asked to state how they plan to address the statewide, and potentially a secondary, priority.

Once funds are awarded, through appropriate monitoring by the DAC, Evidence-Based Practices Workgroup, and the SPF-SIG Project Management team, communities are awarded the latitude to develop and implement appropriate programs based on scope of work and community need.

- e) *How the State ensures that relevant and appropriate policies, practices and programs are funded at the sub-recipient level.*

Successful applicants will be required to address the Statewide Priority and develop a community-level Strategic Plan to ensure relevant and appropriate policies, practices, and programs are funded at the community level.

With the support of the Evaluation Team, additional data will be collected to create a community profile, which will detail the specific risk and protective factors within a given community. In addition, this data will be used to determine appropriate and effective strategies to address the community need.

Community-level Strategic Plans will detail the rationale for the selection of community priorities based on particular risk and protective factors as outlined in the community profile. Evidence-based policies, practices, and programs will be identified based on their approach to address selected risk and protective factors.

The DAC will review and approve each successful applicant's strategic plan prior to their implementation. In addition, an annual review of the community level strategic plans and progress will be conducted, and continued funding will be dependent on a successful review.

- f) *How the State ensures that all activities funded at the sub-recipient level are culturally competent and culturally inclusive.*

It is the charge of the Cultural Competency Workgroup (CCW) to provide the state and SPF-SIG applicants with assistance on infusing cultural competency in each step of the SPF.

Upon the award of SPF-SIG funds, the DAC and the CCW will provide support to all community applicants. Technical Assistance will be provided as requested and/or as deemed necessary by the CCW.

Successful applicants will be required to incorporate cultural competency in all aspects of their Strategic Plans.

- g) *How the State ensures that activities funded at the sub-recipient level are sustainable once grant funding has ended.*

Successful applicants will be required to address sustainability in their Community-level SPF Strategic Plans. Throughout the lifespan of the grant the state will provide training to build the capacity of the funded communities to ensure sustainability of SPF-SIG funded programs.

Successful applicants will be required to provide updates to their Strategic Plans annually, addressing specifically implementation goals and objectives and sustainability efforts.

IV. Implications of Allocation Approach

Description of the implications of the allocation approach described above for addressing the scope and nature of the problems identified.

Description of non SPF-SIG resources Delaware is planning to direct or is currently directing towards the problem priority areas identified in the Plan.

Given the State data reports no clear process for the identification of “high need” communities, the allocation approach will be implemented through an equity model. Successful applicants will receive funds to implement comprehensive community activities to reduce consumption pattern associated with the identified SPF-SIG Statewide and Secondary Priorities.

The implementation of comprehensive community activities would entail the combination of activities within the following domains: individual, family, peer, school, community, and society/environmental. The implementation of community activities throughout the four sub state planning regions in Delaware should provide population level change- at both state and community levels.

Successful applicants will be asked to select strategies that coordinate, and complement other state level prevention initiatives such as efforts supported by the Governor’s Office, the Division of Substance Abuse and Mental Health, and Division of Prevention and Behavioral Health Services.

In addition to the reduction of consumption and consequence patterns, the training and technical assistance established for communities will enhance the prevention workforce throughout the state. Training and technical assistance will focus on capacity building and support sustainability of prevention activities beyond the lifespan of the grant.

In addition to SPF-SIG resources, the Substance Abuse Prevention and Treatment Block Grant (SAPT BG), managed by the Division of Substance Abuse and Mental Health (DSAMH) and Division of Prevention and Behavioral Health Services (DPBHS)⁶, will support substance abuse prevention activities throughout the State of Delaware.

The SAPT BG is funded through the Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention & Center for Substance Abuse Treatment (SAMHSA-CSAP/CSAT).

⁶ In the State of Delaware, changes have been suggested that positively affect the field of prevention. For the first time in the child-serving system, prevention will be recognized at a divisional level. Subsequent to legislative approval, effective July 2010 Division of Prevention and Behavioral Health Services (OPEI) and the Division of Child Mental Health Services (CMH) will merge to create the Division of Prevention and Behavioral Health Services. Prevention activities not only increase the health and wellness of our communities, but provide long-term cost-savings to both individuals and the State.

Through the SAPT Block Grant, DSAMH contracts to providers throughout the state to implement evidence-based and theory driven substance abuse prevention practices to Delawareans ages eighteen (18) and older.

Currently, in State Fiscal Year 2010 (SFY10), DSAMH has contracts with the Brandywine Counseling and Community Services (BCCS), formerly known Brandywine Counseling, Inc. (BCI) and the Latin American Community Center (LACC) to implement prevention activities throughout the state. BCCS staffs three prevention educators who support theory driven substance abuse prevention activities. In addition to general substance abuse prevention health and safety education, BCCS implements educational sessions to women of childbearing age on Fetal Alcohol Spectrum Disorder (FASD).

LACC has developed a theory-driven substance abuse prevention program called Prevention Promoters. The goal of Prevention Promoters is to increase knowledge and awareness regarding the social and health consequences related to substance abuse. Prevention Promoters targets the Hispanic population ages 18 and older. LACC, in collaboration with BCI, will work to adapt Prevention Promoters to the general adult population.

Through extensive evaluation efforts and support of the Northeast Regional Expert Team, Center for the Application of Prevention Technologies, the goal for Prevention Promoters is to become established as an evidence-based program recognized by the National Registry of Evidence-based Programs and Practices (NREPP).

As Division of Prevention and Behavioral Health Services (DPBHS) integrates with the Division of Child Mental Health Services, the vision and mission will be influenced by the need in the Department of Services for Children Youth and their Families for population based prevention. Areas identified as enhancements are the increased ability to gather, aggregate, analysis and track data related to prevention goals. Including a continuum prevention services that extends from universal prevention interventions to specific and intensive treatment interventions will be an on-going process of aligning priorities and meeting federal requirements. DPBHS' partner divisions—Division of Family Services and Division of Youth Rehabilitation Services—will have input regarding selected/targeted interventions.

Planning to support community based prevention efforts, supporting grant applications and organizing media or other universal campaigns will include a broad range of staff focused on meeting the specific needs of children and their families in Delaware. Some of the current prevention interventions, for example, gang violence prevention and substance abuse prevention efforts are of interest to our juvenile justice division. Substance abuse prevention efforts targeting middle school aged children are a priority of the child mental health division.

The development of Core Competencies for Prevention Professionals, moving towards the credentialing of those professionals as Certified Prevention Specialists is a priority moving forward in the state of Delaware. This would provide an excellent capacity enhancing community capability to the existing cadre of SPF-SIG and SAPT BG state staff.

As new organizations become contracted providers to both DPBHS and DSAMH funded through the SAPT BG, substance abuse prevention strategies in Delaware will be enhanced. These activities will be implemented to not only provide comprehensive prevention services throughout the state, but also to sustain the efforts of the Delaware SPF-SIG.

Integration of the prevention and behavioral health services in the Department of Services for Children, Youth and their Families is an exciting challenge and a great opportunity to create a tangible, dynamic link between the potential of Delaware children and their families and the services necessary to support that potential in arriving at a healthier Delaware.

Through the merging of Office of Prevention and Early Intervention and the Division of Child Mental Health Services, the new division will accomplish the following:

- Implement universal interventions that will integrate well with Department mechanisms and supports for awareness and education;
- Integrate data systems to enhance the capability to monitor, track, analyze and report on critical prevention targets;
- Increase support and collaboration with community based efforts—grant writing, goals, data driven decision making;
- Implement interventions that are informed by the expertise of a range of community partners—Child Protection Accountability Commission (CPAC), Department of Education, etc.

Currently (SFY10), DPBHS programming and services focuses on youth ages birth through seventeen (17) years old, as well as their families and communities. Although DPBHS focuses a substantial amount of time and resources on substance abuse prevention, other activities support prevention efforts around truancy and delinquency, child maltreatment, violence, suicide and mental health disorders. DPBHS receives funding from a multitude of sources and promotes health, wellness and stability in families and communities. Current substance abuse prevention efforts include contracting with the Delaware Prevention Network Alliance (DPNA). DPNA is a coalition of ten (10) community centers throughout the state. DPNA implements the evidence-based program All Stars to youth ages 9 – 14 years old in both school and community-based settings.

Managed through DPBHS, the SAPT Block Grant supports a Resource Center, which allows for the dissemination of free Substance Abuse related materials to individuals and organizations throughout the state.

DPBHS contracts with the Channing Bete Company to stock and distribute materials for the Office of Prevention Resource Center (OPRC). The mission of Channing Bete is “to strengthen individuals, families, and communities by reinforcing healthy behaviors and commitment to positive social values.” Channing Bete accomplishes this by creating research-based, reliable resources in formats for readers of all ages, cultural backgrounds, and reading levels. Channing Bete provides DPBHS will appropriate and relevant substance abuse related resources which are available at the OPRC (located at the DPBHS office), displayed in wire racks at schools and

community centers throughout the state, and available for distribution upon request by individuals, community organizations, physician offices, etc.

The Delaware SPF-SIG will support and enhance the current OPRC efforts. DPBHS currently has plans to modify and upgrade the OPRC systems by enhancing technologies for information dissemination. With the support of the SAPT BG and SPF-SIG, the OPRC hopes to develop website and online library to provide increased access to substance abuse related materials.

In collaboration with community coalitions and prevention providers, DPBHS hosts annually both a Teen Summit and Prevention Forum. The goal of the Teen Summit is to increase awareness of substance abuse related issues among teens. The Teen Summit provides both a one-day activity for participants, which facilitates dialog and connections among teens and community prevention partners throughout the state. The Prevention Forum is a one-day educational experience for community providers to enhance prevention knowledge and skills to support the implementation of successful substance abuse prevention practices.

DPBHS supports initiatives to reduce Underage Drinking throughout the state, including the development of a contract with a local marketing firm to raise public awareness on Underage Drinking. Media messaging is a part of DPBHS's multi-strategy approach to promoting health and wellness.

With the expiration of the current contracts, DSAMH and DPBHS will move towards more collaboration with the SPF-SIG initiative and continue to contract with community agencies to implement evidence-based and theory driven substance abuse prevention programs and practices targeting individuals of all ages throughout the state of Delaware.

Statewide Prevention Plans for the Future

In State Fiscal Year 2010, DSAMH and DPBHS, in collaboration with statewide prevention stakeholders, will develop Delaware's Statewide Strategic Substance Abuse Prevention Plan across the lifespan. In addition to reducing overall substance abuse throughout the state of Delaware, the Strategic Plan will include efforts to support the reduction of Underage Drinking throughout the state and building capacity to support the expansion of Delaware's prevention workforce and infrastructure. Other Federal and state resources will be leveraged to ensure continuity and sustainability. The onset of the state prevention plan efforts began on March 8, 2010. The Northeast Regional Expert Team (NE RET), formerly known as the Center for the Application of Prevention Technologies (CAPT) and JBS International, Inc. will assist and provide guidance with the State Prevention Plan with a projected completion date of September 2010. A Health System's Assessment will be conducted by state agency Stakeholders as well as community, faith based and university stakeholders. Our purpose is to assess the gaps that are identified in the state's perspective and the community perspective.

The State Plan will capture this information and collectively assess and address the identified gaps. The information that has been collected by Delaware's State Epidemiological Outcomes Workgroup, known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), has allowed for a profile to be created of our state. This Profile has provided us with a starting point in our assessment process. The objective for the Plan will be to continue to collect data through

DDATA group and new data provided by our new stakeholders including community coalitions, faith based organizations and universities to provide a more comprehensive representation of Delaware.

The State Prevention Plan will sustain and build capacity on the efforts of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) on a continuum. The Plan will be reviewed annually to reassess the needs in our state so that Delaware continues to be current in our planning and implementation efforts. Sustainability and cultural competency will be paramount throughout the process and Delaware will evaluate outcomes and report deliverables in our Substance Abuse and Prevention Block Grant (SAPTBG) which will afford us the opportunity to demonstrate measurable outcomes.



Section V: Implementation

- i. Training and Technical Assistance Mechanisms
- ii. Implementation Procedures
- iii. Drug Free Community Program Support



Implementation

The Implementation component focuses on the approach Delaware will take in implementing State level capacity and infrastructure activities as well as community level SPF-SIG policies, programs and practices.

1. Mechanisms that will be put in place to determine training and technical assistance needs of the community

Description of how Delaware will support the work of the community grantees

Training and Technical Assistance

Post 30 days of funding notification, each sub-state planning regions (Sussex, Kent, New Castle Counties and the city of Wilmington) will host a mandatory information and training session on Effective Prevention Programming and Assessing Community Readiness supported by SPF-SIG staff and the Northeast Regional Expert Team, Center for the Application of Prevention Technologies. During the training session, in collaboration with community resources, each community will have an opportunity to assess their readiness to submit a competitive request for funding through the SPF-SIG grant.

In cooperation with the SPF-SIG administrative staff and Evaluation Team, each sub-recipient will develop a strategic plan that will be used as a model for operationalizing their SPF-SIG grant award. A series of trainings and technical assistance sessions are scheduled to convene 30 days post award and will continue throughout the life span of the grant. Specific trainings will require mandatory attendance. Throughout the life span of the grant, T/TA needs will be assessed and implemented.

The following list of T/TA opportunities is a sample of topics to be provided during the lifespan of the SPF-SIG grant. An expanded list of topics will be developed through feedback from the Training Assessment Survey (Appendix 7) distributed electronically in August 2010. Additionally, a list of mandatory trainings for applicants will be developed. The primary goal of the training and technical assistance is to serve as a foundation for substance abuse prevention workforce development. A training calendar will be developed and distributed no later than November 1st to coincide with the approval of applicants for the SPF-SIG funds. Trainings may include, but are not limited to the following:

- Evidence-based Prevention Programs
- Creating Strategic Partnerships
- Engaging Stakeholder
- Strategic Planning
- Fiscal Management
- Developing Culturally Competent Prevention Programs
- Data collection, Analysis, Management and Reporting

2. Procedures that will be put in place to ensure that needed training is provided to communities and is successful

Description of how Delaware will support the work of the community grantees

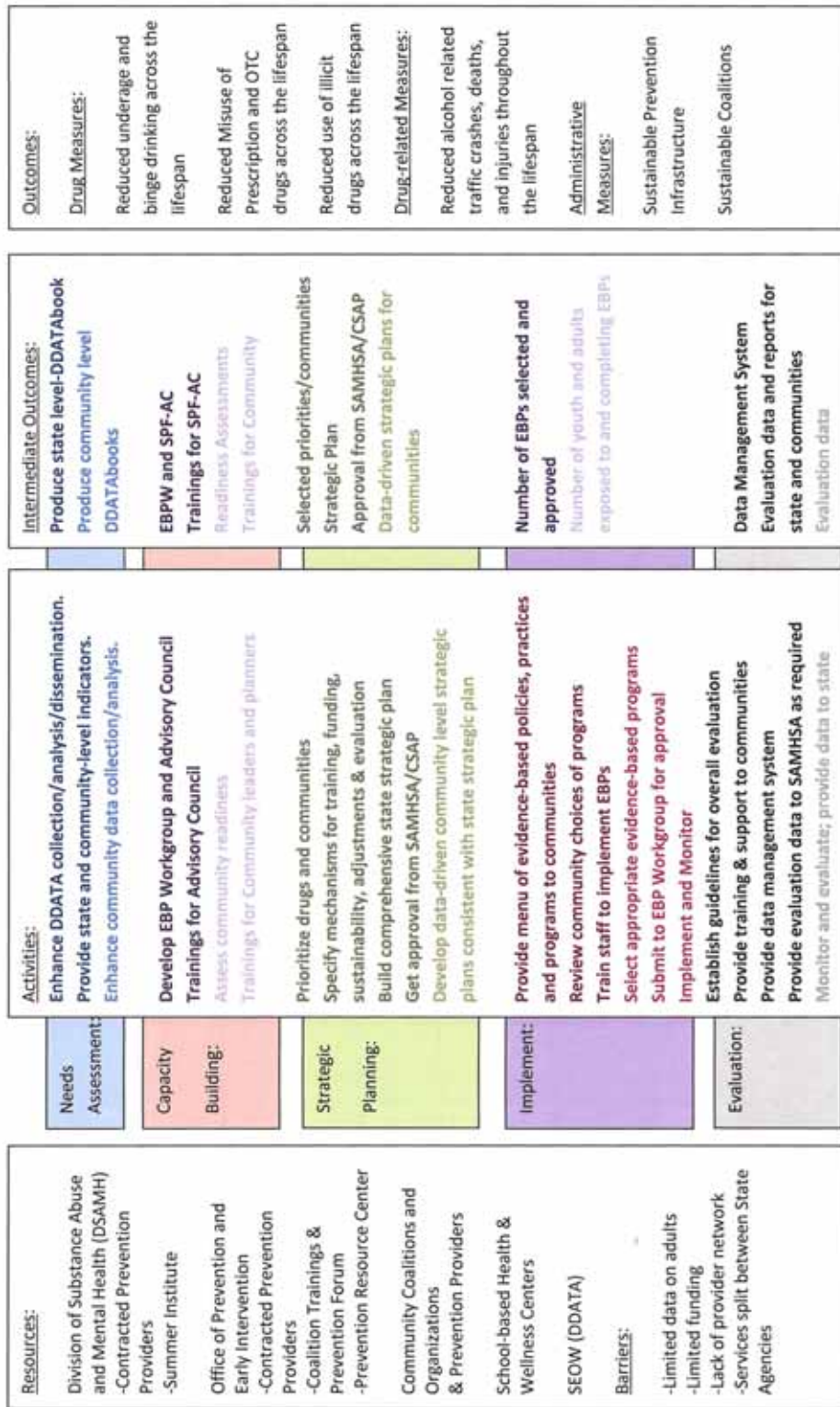
In cooperation with the SPF-SIG administrative staff, Evaluation Team, and key community stakeholders, relevant training sessions will be convened with accessibility as a primary goal. The results of the Training Assessment Survey (Appendix 7) will serve as the basis for the development of the master training calendar. As appropriate, local training experts will facilitate training sessions. In an effort to create strategic partnerships, an assessment of current training opportunities will be coordinated with slots made available for SPF-SIG applicants to attend. This process is intended to eliminate duplicated efforts and strengthen the State's training system. The survey will also include questions regarding geographic accessibility; time for training events; day of the week; identification of key stakeholders; and best location for convening training.

To ensure ongoing quality improvement, participant evaluation of training and technical assistance will be distributed and collected at the end of each event and will be analyzed for future use in developing training topics and relevant learning objectives.

3. Description of how Delaware will ensure that if SPF-SIG plans to fund coalitions as grantees will not fund duplicative sub-state anti-drug coalition infrastructures.

Currently, the State of Delaware does not fund any community or sub-state planning regions focused on developing, implementing or evaluating substance abuse prevention activities. It is the intent of the Delaware SPF-SIG to create a firm infrastructure for prevention activities using a strategic partnership model. In coordination with the Evaluation Team and SPF-SIG administrative staff, the proposed model will ensure implementation readiness and sustainability of qualified applicants. Additionally, the identified applicants will be responsible for the following: a community-level needs assessment; development of a strategic plan; identification of evidence-based programming; monitoring of identified activities for compliance to program priorities; and the completing and collection of required data. Funding will be limited to four planning grants and implementation grant for each of the sub-state planning.

Delaware SPF-SIG Logic Model



Section VI: Evaluation

- i. State-level Surveillance, Monitoring, and Evaluation Activities
- ii. Evaluation Activity Tracking
- iii. Chance Expectations
- iv. SAMHSA/CSAP National Outcomes Measures Data Submission



Evaluation

To complete this component, grantees should provide only a brief preliminary narrative. (States will be asked to provide updates to CSAP on evaluation and monitoring SPF-SIG at a later date)

In your brief narrative, please include the following considerations:

- 1. Given the SPF-SIG allocations described in your plan, discuss the State-level surveillance, monitoring, and evaluation activities you anticipate implementing.*
- 2. Describe what you are expecting to track and how you plan to do the tracking.*
- 3. Discuss what you are expecting to change.*
- 4. Describe how you will ensure that your sub recipient communities will collect required SAMHSA/CSAP national outcome measures data, how the data will be then submitted both to the State and to CSAP.*

The Evaluation Team has submitted a preliminary Guidance Document that will be reviewed and revised to ensure consistency with SPF-SIG goals, objectives, and priorities. The Evaluation Guidance document will also provide a more comprehensive description of the available alcohol indicators that will be tracked over time beyond the key indicators described above. This developing guide to indicators is included below as Appendix 9.

The independent evaluation of the Delaware SPF-SIG initiative will be carried out by the Center for Drug and Alcohol Studies (CDAS) at the University of Delaware. Since 1990 CDAS has extensive evaluation experience, including conducting a number of evaluations of SAMHSA initiatives consisting of two statewide and three community level partnership and coalition awards from CSAP. More information on CDAS is available at www.udel.edu/cdas. An independent evaluation is required by CSAP for the SPF-SIG, and this includes regular narrative reports as well as completing process evaluation data for the quarterly MRT reports, the baseline GLI and later the PLI reports. CDAS will also work in a participatory and collaborative process with Delaware SPF-SIG Management Team to jointly design other reports that are needed at the community, state, or federal level to support project operations.

For the past three years, CDAS has coordinated and directed the efforts of the State Epidemiological Outcome Workgroup (SEOW), known in the Delaware as the Delaware Drug and Alcohol Tracking Alliance (DDATA). DDATA has amassed an impressive array of reports, information sheets, and presentations on Delaware data at both state and sub-state levels (see the repository at www.udel.edu/delawaredata). Now, under the SPF-SIG initiative, both the evaluation efforts and the ongoing surveillance activities of DDATA will be closely coordinated.

This provides opportunities for synergistic and timely use of data in not only setting priorities but in monitoring progress. For example, CDAS conducts the annual surveys of youth for Delaware that are the source of prevalence estimates described earlier. These include the CDC middle school and high school YRBSs, the CDC Youth Tobacco Survey (YTS), and the state-sponsored annual surveys of 5th, 8th, and 11th graders on substance use and other risk behaviors with trend data back to 1989. The availability of survey data provides a basis for needs assessment and subsequent evaluation of change for both community-based Evidence Based Programs/Practices/Principles (EBPs) and statewide efforts at education and environmental change as they relate to youth. In addition, CDAS has, through DDATA, worked with the

Division of Prevention and Behavioral Health Services (DPBHS) – formerly known as the Child Mental Health (CMH) to obtain data on juvenile treatment. On the adult side, CDAS has established close ties with major state data gatekeepers through the DDATA group (e.g., treatment, mental health, and criminal justice data, and state sources for liquor licenses, revenues and vital statistics data). CDAS has access to mental health data, vitals statistics, SEDS and TEDS data, and the adult data from the BRFSS and the NSDUH.

CDAS evaluation services will include conducting the SPF-SIG evaluation at state and community levels. Both evaluation and SEOW/surveillance efforts will be overseen by the Delaware Advisory Council (DAC), with administrative supervision provided by DSAMH.

1) State-level surveillance, monitoring, and evaluation activities

- a.** The first area of the statewide evaluation is process oriented, and it involves the documentation of planning and implementation. Elements of these activities include the evaluation of the Delaware Advisory Council, the developing SPF-SIG Workgroups, the coordination with state agencies, and the interface of the SPF-SIG Strategic Plan and its implementation with the larger Statewide Strategic Prevention Plan being developed to coordinate SAPTG and other state funding. The Evaluation Team has and will continue to participate in and gather meeting minutes from the DAC and the Team plans to implement some short meeting evaluation ratings at the end of DAC and other committee meetings in the future after the statewide planning process is completed. The Team will participate in the SPF-SIG Evidence Based Workgroup and take a lead role in the Evaluation Workgroup. The team will also collect process information from other groups (e.g., Cultural Competence Workgroup). Beginning in October 2010, a yearly written survey of DAC, Cultural Competency, and Evidenced-Based Workgroup members will be initiated to assess organizational functioning (e.g., satisfaction, decision making, and conflict).
- b.** National Cross-Site Evaluation: The Evaluation team has begun and will continue to make information available to the national cross-site evaluation. Evaluation Team members have participated in the requested trainings in the instruments (e.g., MRT, GLI) and will continue to participate in new trainings as scheduled (e.g., the upcoming PLI training). Data have been input into the MRT and GLI systems. These activities will continue throughout the SPF-SIG initiative in Delaware. The DE SPF-SIG evaluation will also make use of the national cross-site evaluation implementation index and infrastructure interview. The Evaluation Team will participate in and meet all the planned requirements of the SPF-SIG Cross-Site Evaluation as requested by CSAP.
- c.** Evaluation of SPF/Technical Assistance Trainings: The Evaluation Team will develop and administer pre/post evaluation surveys of all trainings offered by the Delaware SPF-SIG. Additionally, the pre/post evaluation activities will be replicated at community level trainings. Evaluation results from trainings and

technical assistance provided by the NE RET will be incorporated in required reporting activities.

- d. State Epidemiological Outcomes Workgroup (DDATA): Delaware has an existing capacity statewide and by sub-state planning region to collect data and to make use of data collected by federal sources (e.g., NSDUH, SEDS, TEDS) and DDATA partners (e.g., state criminal justice data, state BRFSS data, state public health data, and program assessment data). DDATA and CDAS have particularly strong and useful data collection on youth substance use causes and consequences that can extend to individual school data and which can be augmented to pursue aims of the SPF-SIG in Delaware. The Evaluation Team will focus future data collection efforts on youth, young adults, older adults, and veterans to produce updated State and Sub-state Epidemiological Profiles and other special reports.

2) Description of what Delaware is expecting to track and how the State plans to do the tracking

Tracking of the Delaware SPF-SIG project will be divided into two main areas:

- a. State and sub-state-Level evaluation tied to systems changes and NOMS reporting of the impact of the implementation of a coordinated educational and environmental prevention effort as well as impact on at-risk communities (*State and Sub-state*); and
- b. Program-level evaluation assessing the impact of the implementation of targeted EBPs at the community level (*Community Level*).

Tracking of process and outcome results will be done at each of the state, sub-state, and community levels.

- a. State and Sub-state

Tracking of process activities will include not only the SPF-SIG structure, organization, focus, and operation, but also the development and implementation of the State and communities' needs assessment process, followed by appropriate prevention programs' goals, objectives, and activities to meet these needs.

This process tracking has begun and will continue to accomplish the following:

- i. Document and describe how the SPF-SIG is expanded, refocused, implemented and operated with the specific direction toward the identified priority areas of alcohol abuse, prescription drug abuse, and other illicit drug use; and
- ii. Identify factors associated with effective planning and implementation of the prevention strategies. As noted above, the Evaluation Team will track participation in and satisfaction with the DAC and with other aspects of the Delaware SPF-SIG. This will include reporting on the process and products, outcomes from all trainings and DAC organizational functioning over time. Changes in collaboration among the state agencies and other DAC members will be tracked using the infrastructure index supplied by the national cross-site evaluation.

Besides documenting the coordination of new and existing funding sources, the Evaluation Team will examine the success of the new Strategic Prevention Framework and organization in the following:

- i.** Forming and using criteria for awarding funds for EBPs;
- ii.** Improving TA and resource development
- iii.** Involving new groups in the effort;
- iv.** Developing leadership from the community at large; and
- v.** Developing ongoing mechanisms for maintaining organizational structure and working relationships between state agencies and community organizations to support sustainability of efforts after the SPF-SIG has ended.

A critical task will be tracking and documenting the policy changes planned and promulgated in the strategy in order to implement EBPs. Tracking the SPF-SIG process will involve the regular monitoring of the Project design and implementation, with a particular emphasis on the interactions among the key state agency representatives, the DAC, the collaborating community coalitions, and the EBP providers. The interactions among Program Staff, DDATA, the DAC, the Evidence Based Workgroup, the Cultural Competency Workgroup, and participants in the developing needs assessment groups in the collaborating community coalitions will be tracked and documented.

b) Community-level Tracking

The community-level process evaluation will focus on tracking the assessment of needs and capacity; as well as the selection of the Evidence Based Programs, Practices, and Principles (EBPs) proposed for implementation. In addition, as a result of the RFP process and the funding of applicants, the Evaluation Team will work with communities to assess fidelity (adherence to), and degree of adaptation of EBP models at each implementation site.

Data will be collected on program implementation and any adaptations developed for the respective community EBPs. Assessments will be completed quarterly in conjunction with pre/post outcome analysis. The assessments will enable to: examine program implementation, adaptations, and contextual changes to staff, resources, funding, effort, or location that may have occurred; analyze assessment data including intensity, dosage, mode of delivery, and its relationship to outcomes (desired and actual); assess individual outcomes related to participation in EBPs.

All evaluation materials will be culturally competent, developmentally and linguistically appropriate.

3) What is the Delaware SPF-SIG expecting to change?

The planning, implementation, and evaluation process of the Delaware SPF-SIG expects to elicit change at each of system, statewide, and community population levels. At the systems level, there has already been increased collaboration among state agencies for prevention strategic planning, training, and leveraging of existing resources. Of particular note has been the increased integration and dissemination of data sets, reports, and presentations to community groups and decision makers by the DDATA SEOW surveillance system. At the state and sub-state level, measurable change is expected in youth, young adults, older adults, veterans, families, schools, and communities that are correlated with Delaware's SPF-SIG priorities. The state youth surveys measure risk and protective factors connected to these domains associated with CSAP's Core, GPRA, NOMS, and Communities That Care measures. Outcome evaluation will make use of a combination of statewide school surveys, BRFSS telephone surveys with added questions, the NSDUH (with enhancements planned) and special purpose surveys, as well as social indicator data. These existing data sources provide the basis for long-term NOMS indicators of change and for testing the impact on schools, communities, Counties or Statewide of educational and environmental change impact.

The Evaluation Team proposes to change and improve how data are used in Delaware to assess need, document program planning and implementation, improve the ability to report both short- and long-term outcomes, and disseminate findings. Ultimately, the evaluators are expecting to document meaningful changes in some of the identified DE SPF-SIG program priority areas, an evanescent outcome in the field of prevention.

It is the overall intent of the SPF-SIG is expecting to create and develop a sustainable prevention infrastructure which engages, builds capacity, supports and collaborates with community-based training, planning, implementation, and evaluation efforts.

4) Delaware's assurance that sub-recipient communities will collect required SAMHSA/CSAP National Outcome Measures data, and how the data will be submitted to both the State and to CSAP

As stipulated in the RFP and in the Strategic Plan Guidance document, required performance data for evaluation will be collected and reported to SAMHSA. Data from the Delaware SPF-SIG efforts will become a regular part of DDATA reporting and disseminating findings to the DAC, the community coalitions, and to other State strategic planning groups and State policymakers.

At the program level, the Evaluation Team has used versions of the GPRA data instrument for both its MOSAIC Program and for its NIDA CJ-DATS studies. Consequently, the experience and ability are in place to collect the NOMS data including statewide, program and client data. Specifically, this will be operationalized as either the non-use/reduction in use of alcohol, illicit prescription drugs, and other illicit drugs (as determined in the priority process used by the DAC) on a lifetime, annual, and in the past 30 days for statewide and sub-state planning regions (from school surveys, NSDUH,

BRFSS and state program data sources).

The Evaluation Team will work closely with all partners and funded community coalitions to ensure that sub recipient communities will collect the required SAMSHA / CSAP National Outcomes Measures (NOMS) data.

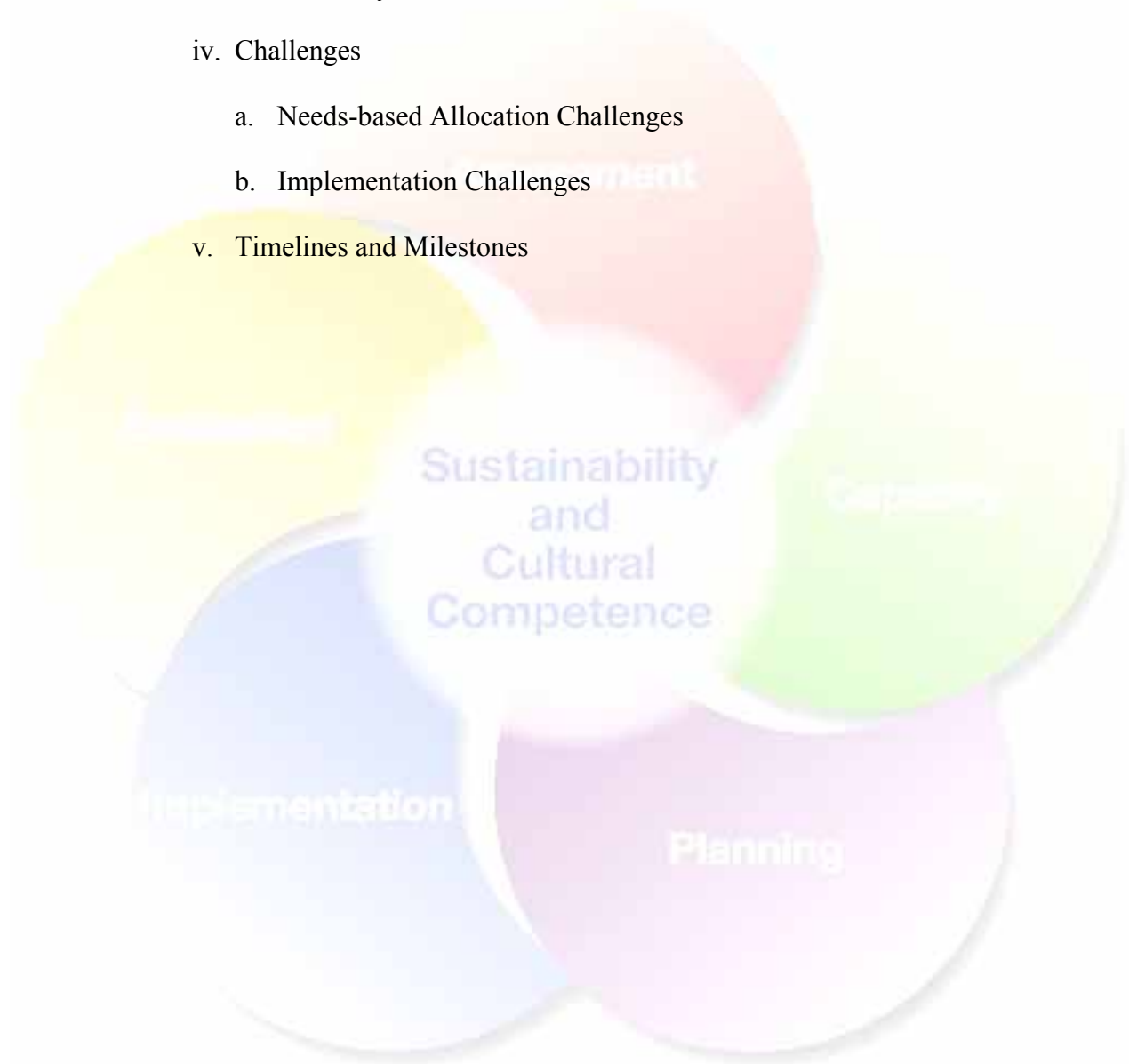
NOMS data will be submitted to SAMHSA/CSAP in the appropriate format and timeframe as outlined in the approved grant award.

All evaluation data findings will be prepared to meet DSAMH and CSAP requirements. Monthly reports will be prepared for DSAMH using a format under development by DSAMH. These reports will include both DDATA activities and SPF-SIG evaluation activities. Specific products (e.g., DDATAgrams, presentations, state and sub-state profiles, instruments, and reports) will be provided in the month produced. These monthly reports and products will be shared with the CSAP Project Officer as well. Monthly reports will include a financial narrative to support Evaluation Team budget requests. Quarterly reports on evaluation activities will be provided to CSAP and DSAMH through the MRT reporting system. Other standardized reports of evaluation activities will be conducted through the CLI and GLI online reporting systems as well. Finally, an annual year-end report will be prepared with an emphasis on aggregated statewide and comparison group findings. Presentations on aggregated statewide findings will also be provided as specified by DSAMH.

The annual Evaluation Findings Report will include aggregated statewide findings on process and outcomes, as well as information related to the implementation of the evaluation and specific challenges, successes and lessons learned. Annual Evaluation Findings Reports will be made available to DSAMH and CSAP and posted on the DDATA and SPF-SIG websites. They will serve as the foundation for community presentations and published reports.

Section VII: Cross Cutting Components and Challenges

- i. Cultural Competency
- ii. Underage Drinking in Delaware
- iii. Sustainability of Delaware SPF-SIG
- iv. Challenges
 - a. Needs-based Allocation Challenges
 - b. Implementation Challenges
- v. Timelines and Milestones



Cross-Cutting Components and Challenges

Your plan should include a discussion of 3 areas of major focus that cut across all steps of the strategic prevention framework.

The three cross-cutting components that will be evident across all steps

Describe how your State's Strategic Plan will ensure the inclusion of cultural competence in State and community level SPF steps, and address underage drinking in your State.

I) Cultural Competence in the State and Community level SPF steps

Cultural competence is an integral part of all state advisory councils, related workgroups and sub committees related to SPF-SIG activities. The DAC is reflective of the state and its diverse population. Active engagement of agencies, organizations and group that have not traditionally participated in State funded prevention activities will be targeted for participation with specific consideration given to the cultural competency of the community and its needs.

Engagement strategies will include an opportunity to participate in the Participatory Action Research Project (PAR) which is currently operating in Wilmington under the auspices of the Hope Commission, and working with Delaware State University, the State's Historically Black University, as well as working with "indigenous" community leaders in Delaware's diverse urban, suburban and rural communities.

One of the primary responsibilities of the SPF-SIG Cultural Competency Workgroup (CCW) described will be to provide review comments on statewide and community strategic plans prior to implementation. Additionally, the CCW will monitor capacity building and implementation to ensure that sub-populations benefit in accordance with documented need.

Additional efforts to ensure cultural competency include a recent survey effort by the Evaluation and Management Team that was disseminated directly to community members and community groups, such as local churches and neighborhood associations as part of the needs assessment, with multiple formats including online access, email commentaries and printed questionnaires in both English and Spanish. This practice will be continued as part of the evaluation to ensure that a wide and representative range of community members are able to voice their opinions on needs, resources and processes. The Evaluation Team is also recruiting additional staff with ties to Delaware communities to assist in the process of supporting community needs assessment and increased community capacity for prevention activities.

II) Underage Drinking in Delaware

Prevention of underage and binge drinking is a key element of the Statewide Priority of the Delaware SPF-SIG. Preventing underage drinking will also be addressed through a combination of efforts of the SAPTBG and the SPF-SIG, as well as the coordinated activities of partner organizations to the DAC (i.e., the Office of Highway Safety (OHS); the Division of Alcohol and Traffic Enforcement (DATE)). The portion of the SAPT BG mandated to be allocated for juvenile prevention will focus on underage drinking through the implementation of evidence based programs and advocacy for evidence based practices and policies. Currently, Division of Prevention and Behavioral Health Services is working with CSAP to develop a video on underage drinking specific to Delaware which will set the tone for focusing attention in this area. Also, DPBHS and DSAMH will continue to support Town Hall Meetings on Underage Drinking, which have been increasing in number over the past several years as another strategy to raise public awareness about this problem. Twenty-one of these Town Meetings are planned for Spring 2011.

Within the SPF-SIG, underage drinking will be addressed as part of the priority targeting alcohol abuse and misuse targeting Delawareans 12-25 years of age. Sub-recipient communities focusing on alcohol abuse will be required to address underage drinking as a condition of their funding. They will be asked to employ multiple strategies across multiple domains to reduce risk factors and increase protective factors.

III) Sustainability of Delaware SPF-SIG Efforts

Sustainability will be addressed through all phases of the Strategic Prevention Framework. Trainings in sustainability will be required of sub-recipient communities and offered to other communities within the first six months of implementation and updated annually to build capacity statewide at the state and community levels to incorporate sustainability into planning and implementation of efforts. Delaware recognizes that the SPF-SIG is not an end unto itself, but rather is an important mechanism to build an infrastructure to provide prevention services that will outlive the Grant.

Long term sustainability will only come from using DDATA information and accountability data and Delaware SPF-SIG Program support and capacity expansion to first establish organizational and programmatic “institutionalization” of prevention programming. Both state and community groups have to see the value of the prevention efforts in terms of level of involvement and accomplishments. With demonstrable success, it will be possible to look for a variety of funding streams that are ongoing to which Delaware can link ongoing data products and prevention programming (e.g., NOMS requirements, Block Grant accountability, State surveillance needs, Health Fund Tobacco Settlement Programs). Sustainability will require continued efforts to develop strategic partnerships, collaborations, and opportunities that dovetail with the SPF-SIG mission (e.g., collaborative programming in Delaware with groups such as the Nemours Foundation).

IV) Challenges

Describe:

- a) *The challenges you have encountered in applying a “need-based” allocation process.*
- b) *The challenges you expect during implementation of the State’s Plan.*

a) Needs-based Allocation Process

To date, the SPF-SIG process has not encountered challenges related to applying a “needs-based” allocation process. It is the intent of the SPF-SIG to utilize a hybrid allocation process which would include the criteria (as reviewed and approved by the DAC) of high need and high consumption. The primary goal of the implementation of the model is to build capacity, increase resources and readiness as well as to support programming directed toward reducing substance abuse consumption and consequences.

b) Implementation of the State’s Plan

There are inherent challenges with the implementation of any statewide effort. Those challenges often include: identification of leadership; readiness; needs assessment; monitoring; evaluation; engagement of target population; data collection and appropriate use of data; cultural competence; selection and implementation of evidence-based program models; financial management and sustainability.

Delaware’s SPF-SIG will be no exception to encountering some and possibility all (in some iteration) of the abovementioned challenges to implementation. Therefore, the focus will be to be proactive in communication with communities and their selected leadership and offer ongoing opportunities for determining need and creating community readiness to implement prevention activities. This will be accomplished through a series of training and technical assistance activities available in each of the four sub-state planning regions (Sussex, Kent, New Castle counties and the City of Wilmington). A comprehensive schedule of events will be developed and disseminated statewide to ensure that target communities are aware of the opportunities.

c) Evaluation Challenges

As specified by a number of SPF-SIG evaluators and the national cross-site evaluation team (WESTAT and PIRE) at the SPF-SIG National Meetings, there are a number of challenges to evaluating the SPF-SIG initiative. These are challenges that affect the internal and external validity of the Community and State level SPF-SIG evaluation efforts and have confounded the efforts of the Cross-Site evaluators to draw national conclusions from the SPF-SIG efforts of Cohorts 1 and 2. Threats to the validity of the entire SPF-SIG evaluation can be summarized as follows:

- Lack of reliable, generalizable core measures on alcohol consumption and consequences at the community and sub-state level;

- Shift of evaluation paradigm from measuring pre-post changes in curriculum based programs to measuring public health ATOD indicator and related health data;
- Inability of evaluators to collect reliable data (or any data) at the community or sub-state level;
- Measurement of intervention fidelity as related to environmental strategies;
- Time lag between SPF-SIG interventions and population based indicator data availability; and
- Lack of available tools and measures to capture impact of environmental strategies

The Evaluation Team at CDAS will work to address each of these issues through regular communication with the NE RET and the Cross Site evaluation team, CSAP evaluation plans, Delaware local evaluators, and the Delaware DDATA epidemiology work group.

Each funded community will have a local evaluator who will be involved in resolving issues related to core measures on alcohol consumption and consequences at the local and county level. Through intense but collaborative training, local evaluators will learn how to go from measuring pre-post changes in curriculum based programs to measuring public health ATOD indicator and related health data. Every method available will be employed to reconcile gaps in uniform data at the community or county level. This will include possible over-sampling of some state data measure collection and the collection of new survey data, where resources permit, to fill the gaps. Measurement of intervention fidelity as related to environmental strategies will be assessed by the local evaluators using a tool designed by the statewide Evaluation Team.

Potential time lag problems between SPF-SIG interventions and population based indicator data availability will be monitored by the Evaluation Team. Data elements related to key indicators will be gathered as soon as they are released for public dissemination, and the Evaluation Team will work with DDATA members and the Office of Applied Studies to access data prior to public release. For example DDATA will be helpful in working directly with various state departments (e.g. Public Safety, Highway Safety, and Public Health) to access data (e.g., DUI) more quickly for the purpose of the SPF-SIG evaluation. Finally, the lack of available tools and measures to capture impact of environmental strategies will be addressed by use of appropriate tools including the Environmental Strategies Instrument to be developed and adapted by the Evaluation Team from those used in earlier SPF-SIG cohorts.

V) Timelines and Milestones

The timelines and milestones the State has developed for implementing the activities in the State’s Plan.

The following tables indicate the proposed state, community, and SEOW activities (inclusive of training and technical assistance) developed for implementing the Delaware’s SPF-SIG Strategic Plan.

State Capacity Building (make sure the charts are identical)

The following table illustrates the tasks and timelines associated with State Capacity Building:

Task/Step	Timeline (completed by)
Establish the following workgroups: <ul style="list-style-type: none"> ◆ Evidence-based Practices Workgroup ◆ Cultural Competency Workgroup ◆ Strategic Plan Workgroup 	December 1, 2009
Initial community-based training (i.e., Cultural Competency)	June – August, 2010
A comprehensive assessment of training and technical assistance programs, services and opportunities will be completed	September , 2010
Develop a comprehensive, coordinated T/TA plan with the assistance of the Northeast Regional Expert Team (NRET); Key informant survey; DDATA members; and the Evaluation Team.	October, 2010
SPF-SIG Information Sessions	October, 2010
Increase the participation of the DDATA to help increase knowledge of behavioral health trend data and prevention strategies that can be used to help ensure the fidelity of the grant’s development of programs.	October 2010; and throughout the lifespan of the grant
Ongoing utilization of the expertise and strategic partnerships established by the Cultural Competency Workgroup (CCW) to coordinate and help ensure appropriate trainings.	Ongoing, throughout the lifespan of the grant.

Community Level Activities

The following table illustrates the tasks and timelines associated with Community-level Capacity Building:

Task/Step	Timeline (completed by)
Increase community readiness and capacity through focused T/TA coordinated with appropriate state and community agencies and the NE RET.	Ongoing
<p>In cooperation with the DSAMH prevention team, the SPF-SIG leadership will convene prevention information sessions describing upcoming grant opportunities and its relationship to communities, SPF-SIG and the Substance Abuse Prevention and Treatment Block Grant (SAPT BG).</p> <p>Following community level grant awards, additional trainings and forums will take place focusing on strategic planning; implementation; monitoring; replication; and sustainability.</p>	<p>October 2010</p> <p>To be determined following community level awards.</p>
In cooperation with the Evaluation Team, SPF-SIG leadership will convene community forums focused on describing the SPF-SIG and its relationship to communities, as well as data collection, analysis and utilization.	December 2010

The following list of T/TA opportunities is a sample of topics to be provided during the lifespan of the SPF-SIG grant. An expanded list of topics will be developed through feedback from the Training Assessment Survey (Appendix 7) distributed electronically in August 2010. Additionally, a list of mandatory trainings for applicants will be developed. The primary goal of the training and technical assistance is to serve as a foundation for substance abuse prevention workforce development. A training calendar will be developed and distributed no later than November 1st to coincide with the approval of applicants for the SPF-SIG funds. Trainings may include, but are not limited to the following:

- Evidence-based Prevention Programs
- Creating Strategic Partnerships
- Engaging Stakeholder
- Strategic Planning
- Fiscal Management
- Developing Culturally Competent Prevention Programs
- Data collection, Analysis, Management and Reporting

DDATA Activities

The following table illustrates the tasks and timelines associated with the DDATA:

Task/Step	Timeline (completed by)
DDATA meetings	Quarterly throughout the lifespan of the grant and beyond.
SEOW meetings	Quarterly
SEOW/DAC meetings	Monthly
Completion of Annual State Profile	July - annually
Completion of Annual Sub-state profile	July - annually
Presentation of profile data to DAC	September - annually
New data related to SPF-SIG Statewide Priority	September – annually
New data related to community-level data	September - annually
DDATAgrams	Monthly
Presentations	As needed and new data warrant
Annual Report to SPF-SIG Management Team	August - annually

Functionality of the SEOW:

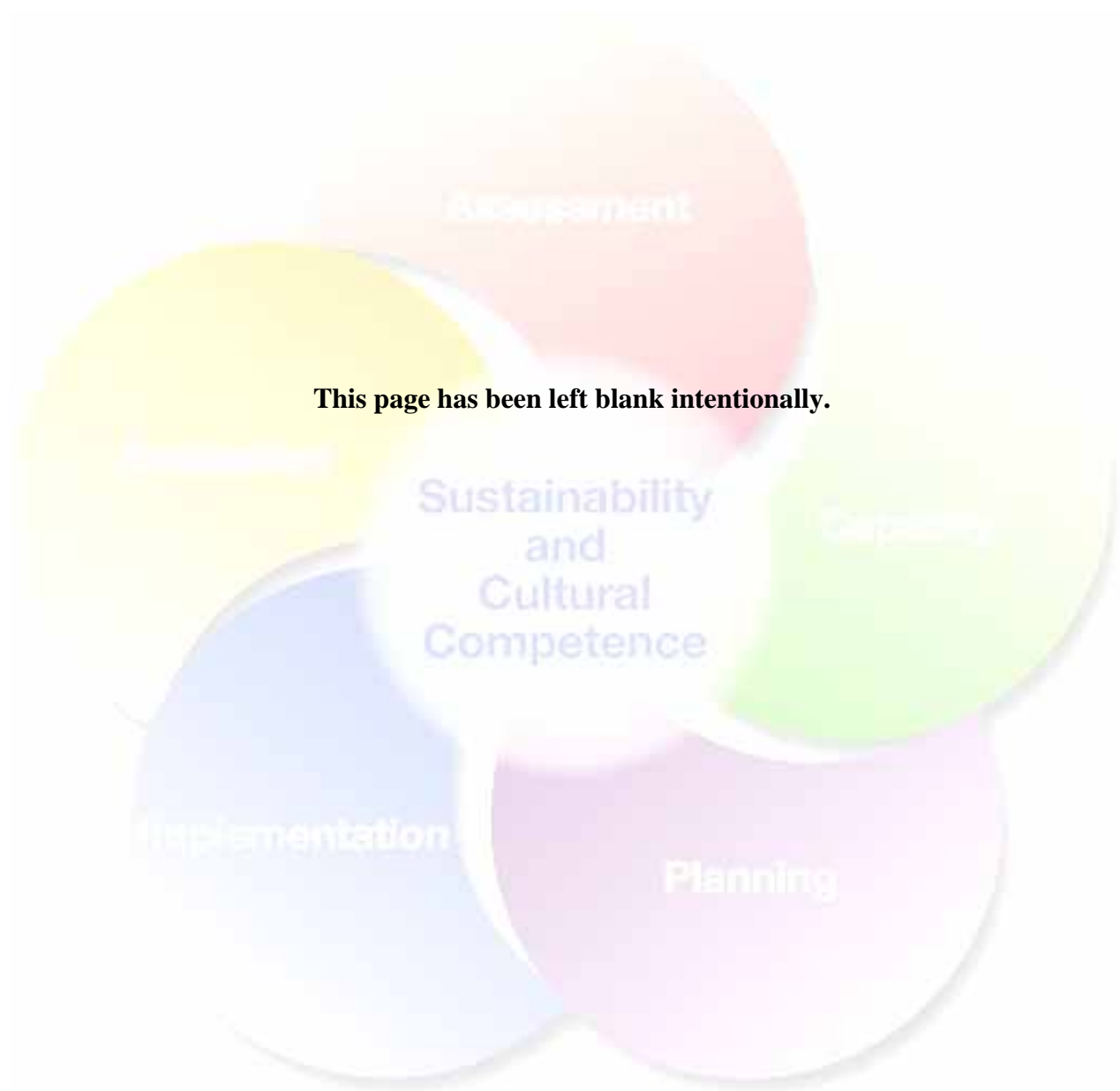
To ensure the timeliness, accuracy and statewide reflection of data, it is proposed that a formalized subgroup of DDATA identified specifically as the SEOW. The members of the SEOW will convene for the sole purpose of providing currently, accurate and culturally appropriate data to be utilized during the SPF-SIF process. The membership would ideally be extracted from the current members of DDATA. The proposed modification would implemented by December 2010.

Section VIII: Appendices (check for correct numbers and content)

- i. Appendix 1: 2009 State and Sub-State Epidemiological Profiles
- ii. Appendix 2: Explanation of Community Prevention Infrastructure
- iii. Appendix 3: DDATA Recommendations for SPF-SIG Identification of Priorities Matrix
- iv. Appendix 4: DDATA Score Sheet for Selection of Prevention Priorities December 2009
- v. Appendix 5: Community Member Needs Assessment Survey
 - a. English
 - b. Spanish
- vi. Appendix 6: Organization-Based Needs Assessment Survey
 - a. English
 - b. Spanish
- vii. Appendix 7: Training Assessment Survey and Results
- viii. Appendix 8: ATOD Frequently Used Acronyms
- ix. Appendix 9: SPF-SIG Evaluation Plan
- x. Appendix 10: Measurement Matrix of Alcohol Indicators

**Appendix 1:
2009 Epidemiological, State and Sub-State Profiles**





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APPENDIX 2: Explanation of Community Prevention Infrastructure

I. Governor's Office as recipient of the SPF

In 2008, Delaware elected a new Governor, Governor Jack Markell, whose major campaign focus was to deal with the state's current and dire economic crisis. With an economy supported by the banking industry and two major automobile plants, Delaware was particularly hard-hit when banks' profits dropped and both automobile plants, along with several other local industries, closed down. While the Governor's Office has indicated support of social issues, funding and other resources have been scarce.

Governor Markell's Office is the recipient of the Strategic Prevention Framework State Incentive Grant, and has assigned the Department of Health and Social Services' Division of Substance Abuse and Mental Health, as the Single State Agency for substance use, responsibility for the SPF-SIG in Delaware. The Director of the Division of Alcohol and Tobacco Enforcement in the Department of Public Health and Homeland Security was appointed by the Governor's Office to head the Delaware Advisory Council (DAC) in March 2010.

II. Department of Health and Social Services

a. Division of Substance Abuse and Mental Health (DSAMH)

As the SSA, DSAMH has responsibility for management of the SPF-SIG and also the SAPTBG. While the bulk of their programs are treatment oriented, they also provide support for two community-based adult prevention programs (SFY10) through the Latin American Community Center and Brandywine Counseling and Community Services. DSAMH is also instrumental in providing training for prevention providers through the Department's Summer Institute. DSAMH has a staff person dedicated to prevention, and also houses the two staff persons dedicated to the SPF-SIG.

b. Division of Public Health

The Division of Public Health is responsible for the administration and dissemination of information from the **Behavior Risk Factor Survey** to assess adult levels of alcohol and tobacco use. There is one staff person assigned this responsibility.

c. The Office of School-based Health Centers

The Office of School-based Health Centers oversees the Wellness Centers which are found in all but one of Delaware's non-charter public high schools. The Wellness Centers are staffed with social workers and nurse practitioners, and offer prevention counseling and programs in the schools.

d. The Office of Tobacco Programs

The Office of Tobacco Programs coordinates tobacco programming in the state, supports the IMPACT Tobacco Coalition, and serves as a conduit for CDC support for the Youth Tobacco Survey. IMPACT Tobacco Coalition and

Delaware's coordinated tobacco programming (and impressive successes in reducing smoking rates, changing laws, and enacting environmental strategies were used as a model in Delaware's SPF-SIG application.

e. The HIV Program

The HIV Program Office coordinates HIV surveillance and programming and the assessment of HAART and Ryan White Funding in the State. The Office provides updated data on substance abuse involvement in HIV clients and offers a base for evaluating evidence based programming in Delaware.

f. The Office of Vital Statistics

The Office of Vital Statistics provides data on substance related morbidity and mortality in the State. They will assist in obtaining hospital data, and staff from Vital Statistics is active members of DDATA.

III. The Department of Services for Children, Youth, and Families

a. Division of Prevention and Behavioral Health Services (DPBHS)

DPBHS is responsible for youth and family prevention programs. With three full-time staff and 9 part-time prevention staff, DPBHS funds and oversees five prevention programs statewide, which directly serve almost 1800 youth with evidence-based programs funded through the SAPTBG and Safe and Drug Free Schools funds. DPBHS provides training and support for community coalitions, including the Delaware Prevention Network Alliance and the Faith-based Coalition. It has historically housed the National Prevention Network representative from Delaware, although that responsibility has recently been shifted to the Single State Agency (SSA), DSAMH. In addition, DPBHS, an active partner of DSAMH, helps implement the SPF-SIG.

Additionally, the DPBHS is responsible for youth treatment of substance abuse and mental health disorders, and works closely with its partners in the Department, for prevention, child welfare and youth rehabilitative services. Prevention programming is aimed at youth in crisis and not targeted toward substance use, although it may include it.

IV. Department of Homeland Security

a. The Office of Highway Safety

The Office of Highway Safety oversees the administration of the U.S. Department of Justice Office of Juvenile Justice and Delinquency Preventing Underage Drinking Laws program. These funds support the Cops in Shops program, the SADD/YELL programs in public, private and diocesan schools, and other prevention programs throughout the state, as well as an Underage Drinking Task Force.

b. The Division of Alcohol Tobacco Enforcement

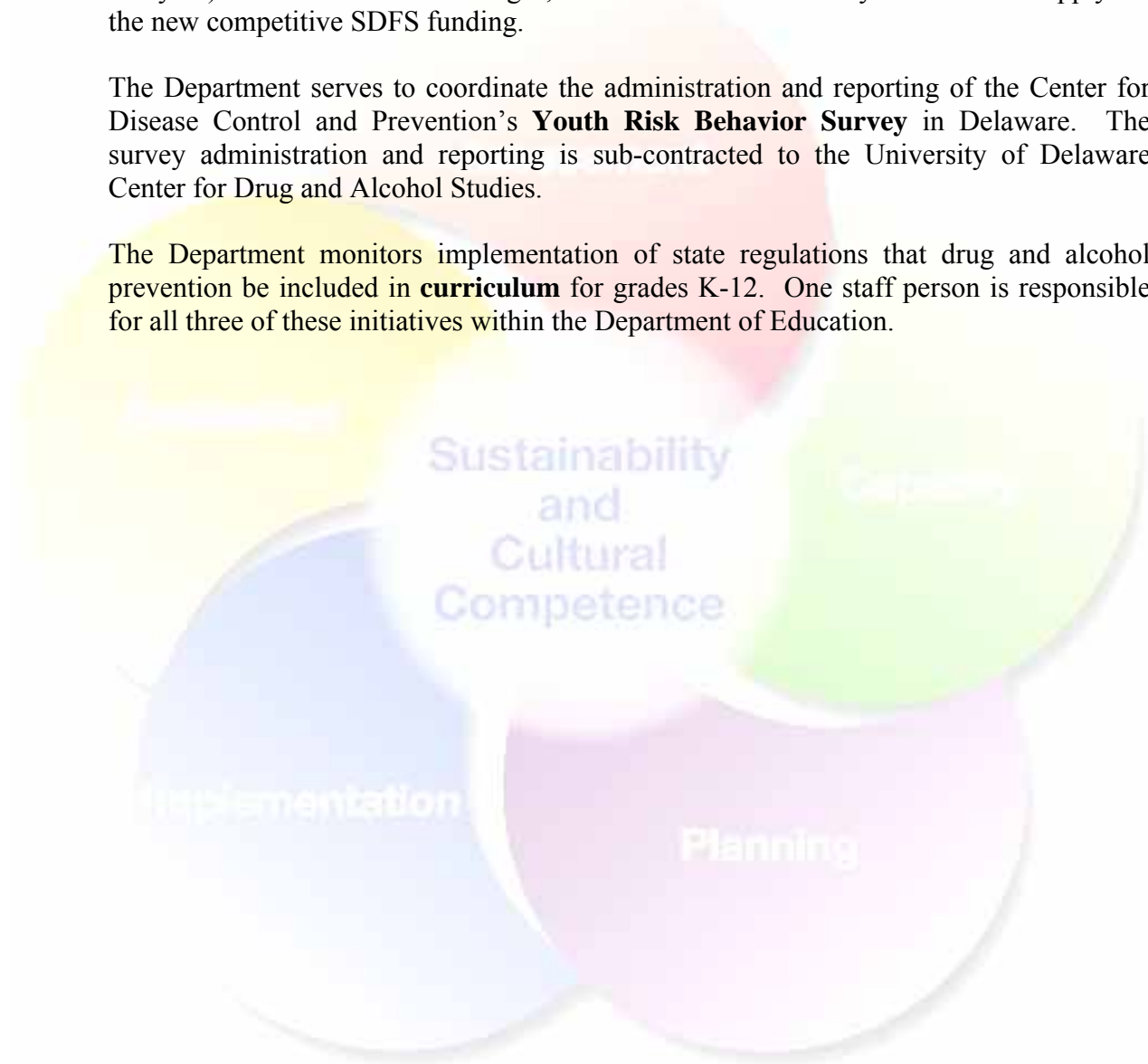
The Division of Alcohol and Tobacco Enforcement provides enforcement of Delaware’s alcohol and tobacco laws and regulations and collaborates on prevention efforts.

V. Department of Education

The Department provides oversight for the **Safe and Drug Free Schools program** from the U.S. Department of Education (which will be discontinued at the Federal level after this year). Because of staff shortages, the State DOE has initially chosen not to apply for the new competitive SDFS funding.

The Department serves to coordinate the administration and reporting of the Center for Disease Control and Prevention’s **Youth Risk Behavior Survey** in Delaware. The survey administration and reporting is sub-contracted to the University of Delaware Center for Drug and Alcohol Studies.

The Department monitors implementation of state regulations that drug and alcohol prevention be included in **curriculum** for grades K-12. One staff person is responsible for all three of these initiatives within the Department of Education.



Appendix 3

Initial DDATA Recommendations for SPF-SIG Identification of Priorities Matrix

August 2009 (prior to organization of the DAC)

Alcohol

Prevalence	<ul style="list-style-type: none"> ○ 22% of 8th grade students report past month alcohol use; 10% of 8th graders report binge drinking⁷ (DSS) ○ 41% of high school students drank alcohol in the past month and 26% report binge drinking (DSS) ○ 23% of 18-20 year olds binge drank in the past month, compared to 19% nationally (BRFSS) ○ 86% of University students drank alcohol in the past month, 70% of 18 year olds progressing to 92% of 20 year olds; 64% of University students binge drank in the past month (CRBS) ○ Among women aged 18-44 (child bearing age), 55% drink and 17% binge drink (BRFSS) ○ 57% of adults drank in the past month; 18% binge drank and 6% were heavy drinkers⁸ (BRFSS)
Prevalence Comparison ⁹	<ul style="list-style-type: none"> ○ Of 39 participating states, Delaware ranked 7th for past 30 day use of alcohol and 9th for the percentage saying they started drinking before age 13 (YRBS) ○ University students binge drink at a rate nearly 50% higher than the national rate of 45% (CRBS) ○ Delaware is in the top quartile for drinking and binge drinking among women aged 18-44 (child bearing age) (BRFSS) ○ Alcohol sales were 41% higher per capita than national sales (SEDS)
Costs & Consequences	<ul style="list-style-type: none"> ○ 8% of 8th graders and 16% of 11th graders report selling/giving alcohol to someone else (DSS) ○ 17% of high school students drove under the influence of alcohol in the past year and 33% rode in the car with someone else who was drinking (DSS) ○ High school students who drink are four times more likely to be arrested and twice as likely to skip classes and be suspended; among binge drinkers, one in ten has been arrested, half skip classes and one in six has been suspended; among heavy drinkers one in five has been arrested, three in five skip classes, and one in five has been suspended (DSS) ○ High school students who drank in the past year were more than twice as likely to hit someone, 7 times as likely to use marijuana and five times as likely to use other illegal drugs ○ High school students who drink are 67% more likely to be sexually active and nearly three times as likely to have been raped

⁷ Binge drinking is defined as 3 or more drinks at a time in the past 2 weeks for a high school student (DSS), 5 or more drinks in a row in the past month (YRBS) for high school students, 5 drinks for a man and 4 drinks for a woman for those over age 18 (CRBS and BRFSS).

⁸ Heavy drinker is defined as more than 2 drinks daily for a man or more than one drink daily for a woman.

⁹ Prevalence Comparison: Delaware Prevalence Rate compared to the National Prevalence Rates.

	<ul style="list-style-type: none"> ○ University students who binge drank were nearly twice as likely to be assaulted (CRBS) ○ University students who binge drank were more than twice as likely to have unprotected sex, and females were three times as likely to be the victim of sexual assault—more than half of those sexually assaulted said they had consumed alcohol before the incident occurred. (CRBS) ○ 16% of University students report driving under the influence of alcohol in the past year ○ Alcohol-related physical assaults are 132 per 100,000, which is 57% higher than national average of 84 per 100,000 (SEDS) ○ Alcohol-related robbery rate is estimated to be 16% higher than national average (SEDS) ○ Rate of sexual assaults related to alcohol is 55% higher than national average (SEDS) ○ Alcohol positive fatal vehicle accidents (all ages) are 11% above national average. (SEDS) ○ Prior to 2008, alcohol always accounted for the largest numbers of adult admissions to treatment (DSAMH) ○ 322 alcohol induced deaths between 2001-2005 (DPH)
Gender Differences	<ul style="list-style-type: none"> ○ Male and female high school students are equally likely to have had a drink in the past year, but male students are slightly more likely to binge drink—28% to 24% (DSS) ○ 65% of adult males and 50% of females drank in the past month; 25% of males binge drank and 10% of adult females; 7% of males are heavy drinkers compared to 4% of females (BRFSS) ○ Alcohol induced deaths were two and a half times more likely to be men (DPH)
Race/Ethnicity Differences	<ul style="list-style-type: none"> ○ White high school students are significantly more likely to drink alcohol and to binge drink than either black or Latino students (DSS) ○ 7% of the White population report heavy drinking compared to 5% of the Latino population and 2% of the Black population; White adults are also most likely to report binge drinking –19% of Whites compared to 13% of Blacks (BRFSS)
Age Group Differences	<ul style="list-style-type: none"> ○ Young adults, aged 18-24 are most likely to report heavy drinking ○ Young adults are most likely to report binge drinking, but it is also reported by one in four 25-34 year olds, one in five 35-44 year olds and 45-54 year olds, one in 55-64 year olds, and .3 in ten at age 65 (BRFSS) ○ Heavy drinking is most prevalent among 18-24 year olds (14%), then drops to approximately 5% and is relatively stable there until it drops slightly at age 65 and above (BRFSS) ○ Alcohol induced deaths were primarily in ages 35 and up; drug induced deaths were primarily ages 25-54(DPH)
Other Differences	<ul style="list-style-type: none"> ○ Adult alcohol consumption increases significantly with income (BRFSS) ○ Most adult binge drinkers report they do so in their own homes (45%) or someone else’s home (24%); the remainder drank in a public or commercial place (BRFSS)

Marijuana

Prevalence	<ul style="list-style-type: none"> ○ 26% of high school students used marijuana in the past month ○ 17% of University students used marijuana in the past month (CRBS)
Prevalence Comparison	<ul style="list-style-type: none"> ○ 26% of high school students used marijuana in the past month, compared to 20% nationally—of the 39 states participating in the YRBS, Delaware ranked first in the percentage reporting past 30 day use and 10th in the percentage reporting use before the age of 13
Costs & Consequences	<ul style="list-style-type: none"> ○ 11th grade students who smoke marijuana are nearly three times as likely to be failing academically, twice as likely to skip classes and three times as likely to have been suspended (DSS) ○ 16% of 11th grade students have sold or given someone marijuana in the past year (DSS) ○ 12% of 11th grade students have driven under the influence of marijuana in the past year, and one in three rode in a car with a driver who had been using marijuana (DSS) ○ Adult admissions to treatment increased from 191 in 1994 to 1,613 in 2008

Prescription Drugs

Prevalence	<ul style="list-style-type: none"> *21% of 11th graders have misused at least one prescription drug in the past year (DSS) *21% of high school students misused a prescription painkiller in their lifetime (YRBS); 10% of 11th graders have done so in the past year (DSS) *14% of University students have misused at least one prescription drug in the past year (CRBS)
Costs & Consequences	<ul style="list-style-type: none"> *high school users are nearly twice as likely to feel sad or hopeless, nearly three times as likely to purposely cut or hurt themselves, three times as likely to consider suicide, and more than twice as likely to attempt suicide (YRBS) *There has been a steady and significant increase in admissions to treatment for “other opiates and synthetics,” going from 11 in 1994 to 927 in 2008 (DSAMH)

Heroin and other Opiates

Prevalence	<ul style="list-style-type: none"> *1% of 11th grade students report using heroin, but it is likely that most persons who are regular users are not in school
Costs & Consequences	<ul style="list-style-type: none"> *As of 2008, heroin accounts for the largest number of adult admissions to treatment (2,120), and heroin and other opiates combined represent a significantly larger percentage of adult treatment admissions than any other drug or alcohol (DSAMH) *With “other opiates,” this is the cause of the greatest number of drug induced deaths 2001-2005

- BRFSS: Behavior Risk Factor Surveillance Survey, administered in Delaware by the Department of Public Health
- CRBS: College Risk Behavior Survey, the annual survey of a sample of University of Delaware students
- DPH: Department of Public Health within the Delaware Department of Health and Human Services, which collects mortality data
- DSAMH: Division of Substance abuse and Mental Health within the Delaware Department of Health and Human Services, which provides treatment data
- DSS: Delaware School Survey, the annual survey of Delaware 5th, 8th and 11th graders
- SEDS: State Epidemiological Data System, provided by the U.S. Substance Abuse and Mental Health Services Administration
- YRBS: Youth Risk Behavior Survey, the biennial survey of Delaware high school students



Appendix 4

DDATA Process and Scoring for Selection of Prevention Priorities, Dec. 2009 and Feb. 2010

Consumption/ Consequence Construct Indicators	Magnitude (Percentage)	Trend	National Comparison	Seriousness &Severity	Economic/ Social Cost	Data Avail.	Feasibility	Total Score
Alcohol:								114
Past 30 day alcohol use	3	2	2	3	3	3	3	19
Binge drinking	3	2	1	3	3	3	3	18
Treatment: alcohol	3	2	1	3	3	3	3	18
Deaths: alcohol	3	1	3	3	3	3	3	19
Alcohol related crime	3	2	3	3	3	3	3	20
DSM estimates: youth alcohol	3	2	3	3	3	3	3	20
Marijuana:								47
Past 30 day marijuana use	3	2	3	1	2	3	1	15
Treatment: marijuana	3	3	2	2	2	3	1	16
DSM estimates: youth marijuana	3	1	3	3	2	3	1	16
Prescription Abuse:								53
Prescription Drug abuse Past 30 day	2	3	3	2	3	2	2	17
Treatment: Rx	2	3	2	2	3	3	2	17
Deaths: other opiates	3	2	3	3	3	3	2	19
Heroin:								49
Heroin Use	1	2	3	2	3	2	2	15
Treatment: heroin	3	3	3	3	3	3	1	19
Drug related crime	2	2	1	2	3	3	2	15

Seriousness/Severity refers to loss of life or loss of quality of life; Economic/Social Cost refers to overall costs to the state; Feasibility refers to extent of public concern and readiness, gap between resources and need, evidence that problem can be changed, political will.

3=High, 2=Moderate, 1=Low; Seriousness/Severity refers to loss of life or loss of quality of life; Economic/Social Cost refers to overall costs to the state; Feasibility refers to extent of public concern and readiness, gap between resources and need, evidence that problem can be changed, political will.

**Appendix 5:
Community Member Needs Assessment Survey**



Community Member Needs Assessment Survey

We need your help to identify the drug and alcohol related problems in Delaware's neighborhoods so that we can do a better job of preventing them. The problem you see may be a drug (or alcohol), it may be something that happens to people because they use drugs or alcohol, or it may be something the drug/alcohol users do that interferes with the lives of other people.

First, please provide us with the name or zip code of the community that you are most familiar with. It can be a neighborhood, area, town, even county - whichever is most meaningful to you.

Name of Community/City: _____ **Zip Code:** _____

The biggest drug or alcohol problem in this community is: (Please tell us in your own words)

Which one do you think is the biggest drug/alcohol problem in this community?

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin | <input type="checkbox"/> Prescription Drug Abuse |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Cocaine / Crack | <input type="checkbox"/> Other Drugs |

Which of the following do you think are the biggest drug/alcohol problems this drug causes in your community? (Pick up to 3)

- | | | |
|---|---|---|
| <input type="checkbox"/> People going to prison | <input type="checkbox"/> Violent Crime | <input type="checkbox"/> Increased medical insurance costs |
| <input type="checkbox"/> People dropping out of school | <input type="checkbox"/> Families fighting | <input type="checkbox"/> Impact on state economy |
| <input type="checkbox"/> Physical Health/medical problems | <input type="checkbox"/> Drug/alcohol deaths | <input type="checkbox"/> Non-parents raising kids |
| <input type="checkbox"/> Mental Health problems | <input type="checkbox"/> Unsafe Neighborhoods | <input type="checkbox"/> Costs to employers |
| <input type="checkbox"/> Poverty crime/vandalism | <input type="checkbox"/> Poor School Performance | <input type="checkbox"/> Birth Defects |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Unsafe roads due to
people driving under the
influence | <input type="checkbox"/> Deaths caused by someone
using drugs or alcohol |

What are the resources in this community that help prevent drug/alcohol use?

- | | | |
|---|--|---|
| <input type="checkbox"/> Police | <input type="checkbox"/> Schools | <input type="checkbox"/> YMCA/YWCA and Boys & Girls Clubs |
| <input type="checkbox"/> Church (es) | <input type="checkbox"/> Social Services | <input type="checkbox"/> Police Athletic League (PAL) |
| <input type="checkbox"/> Community Coalitions | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Community Center |

What other resources are in this community?

I am a: Male Female

And I consider myself a: Youth Young Adult Adult Senior

Thank you for your Participation!

Encuesta de la Comunidad de Delaware

Requerimos su ayuda para identificar los problemas relacionados con las drogas y el alcohol en los barrios de Delaware para poder hacer un mejor trabajo en la prevención de estos problemas. El problema que usted observa puede ser una droga o el alcohol, puede ser lo que sucede cuando las personas consumen o usan drogas y alcohol o podría ser algo que los usuarios de drogas y alcohol hacen que interfiere con la vida de otras personas.

En primer lugar, por favor indíquenos el nombre o el código postal de la comunidad con la cual esta mas familiarizado. Puede ser un barrio, área, pueblo, incluso un condado, lo que sea más significativo para usted.

Nombre de la comunidad o ciudad _____ **Código postal** _____

El mayor problema de drogas o alcohol en esta comunidad es: dígalos en sus palabras

¿Cuál de estos cree usted es el mayor problema de droga/alcohol en su comunidad?

- Alcohol Heroína Abuso de medicamentos recetados
- Marihuana Cocaína/ Crack Otras drogas

¿Cuáles de las siguientes cree Ud. son los mayores problemas de drogas/alcohol esta droga causa en la comunidad?
Escoja 3

- Las personas van a prisión Crímenes violentas Aumento de costo de seguro médico
- Las personas que abandonan familias peleando/cayendo Impacto en la economía del estado
- La escuela a pedazos
- Muertes Problemas de salud física/médicos Personas ajenas criando niños
- Problemas de salud mental Barrios peligrosos Costos para los empleados
- Delitos contra la propiedad/vandalismo Bajo rendimiento escolar Muertes causadas por uso
- Pobreza Defectos de nacimiento De drogas o alcohol
- Inseguridad en las carreteras debidas Defectos de nacimiento a las personas que conducen bajo la influencia

¿Qué recursos hay en esta comunidad que ayudan a prevenir el uso de drogas y alcohol?

- La Policía Las escuelas/colegios YMCA/YWCA Club de niños y niñas
- Iglesias Servicios sociales PAL (Liga Atlética de la policía
- Condiciones Comunales Vecinos cuidando el uno al otro Centros de comunidad

¿Qué otros recursos hay en esta comunidad?

Soy Hombre Mujer

Me considero Joven Adolescente Adulto Tercera edad

Gracias por su participación

**Appendix 6:
Organization-Based Resource Assessment Survey**



Community Resource Survey – Prevention Organizations

Name of Your Organization: _____

Person completing this survey: _____

1. Does your organization provide programming, funding and/or activities with the goal of preventing drug and alcohol abuse?

- a. Yes
- b. No

2. What domain do you target? (MARK ALL THAT APPLY.)

- a. Schools
- b. Individuals
- c. The Community
- d. Faith-based
- e. Youth
- f. Young adults (18-25 year olds)
- g. Seniors
- h. Other _____

3. Do you target: (MARK ALL THAT APPLY.)

- a. Everyone
- b. High risk individuals
- c. Those who are already using drugs and/or alcohol
- d. Victims

4. What types of behaviors do you focus on preventing? (MARK ALL THAT APPLY.)

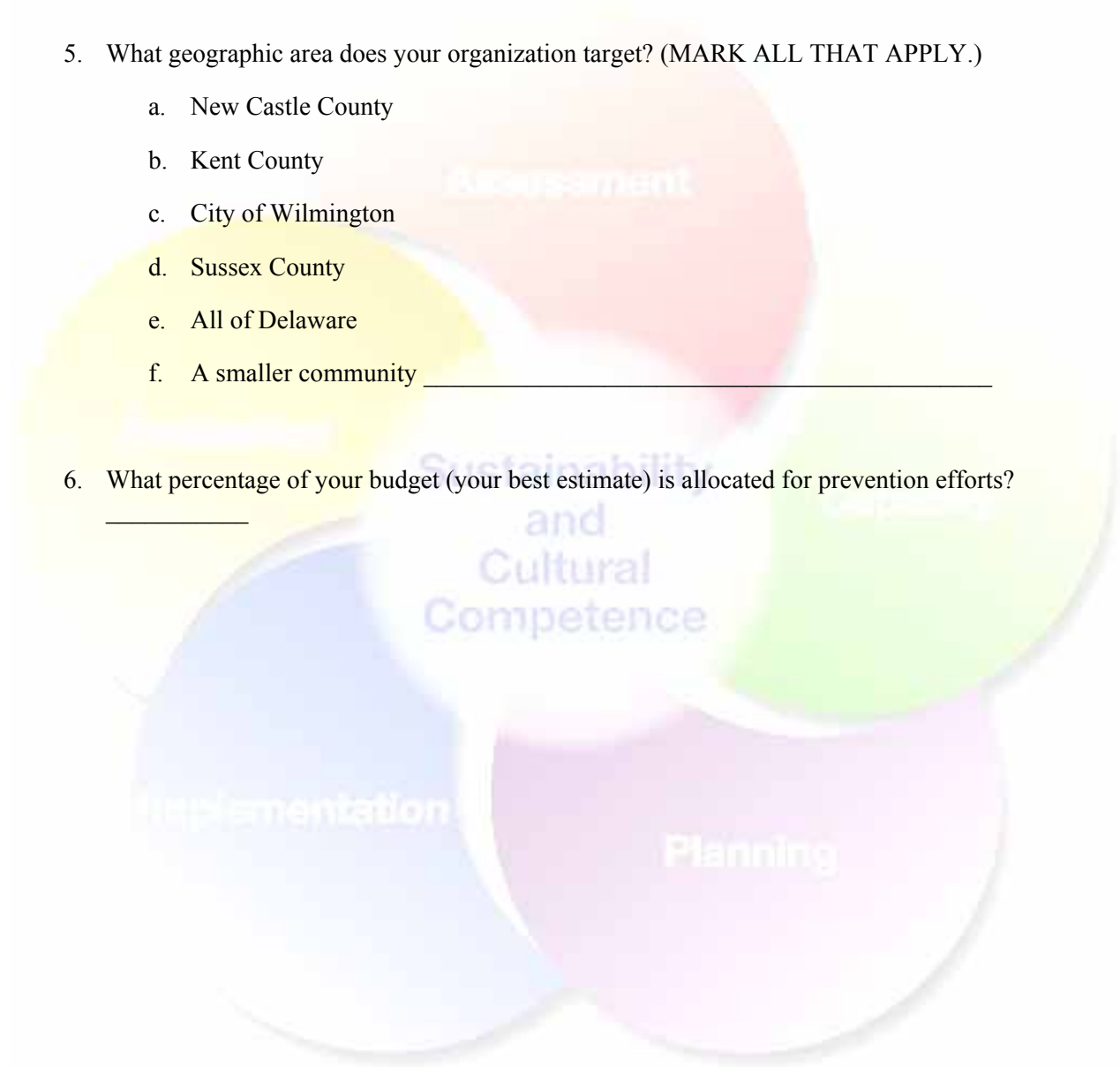
- a. Alcohol use
- b. Drugs (if you focus on one drug, please specify _____)
- c. Risky sexual behaviors

- d. Violence
- e. Gang violence
- f. Domestic violence
- g. Other _____

5. What geographic area does your organization target? (MARK ALL THAT APPLY.)

- a. New Castle County
- b. Kent County
- c. City of Wilmington
- d. Sussex County
- e. All of Delaware
- f. A smaller community _____

6. What percentage of your budget (your best estimate) is allocated for prevention efforts?



7. Do you get funding for prevention efforts from: (MARK ALL THAT APPLY.)

- a. Federal grants
- b. State budget or state agencies
- c. Private funding (profit or non-profit)
- d. Municipal (city) funding
- e. County funding
- f. Other _____

8. Do you work closely with: (MARK ALL THAT APPLY.)

- a. Federal agencies
- b. State agencies
- c. Private agencies (profit or non-profit)
- d. Municipal (city) agencies
- e. County agencies
- f. Community Service Organizations
- g. Community groups
- h. Other _____

9. What types of activities/programs do you provide?

10. Is your agency using any of the environmental strategies listed below:

(MARK ALL THAT APPLY.)

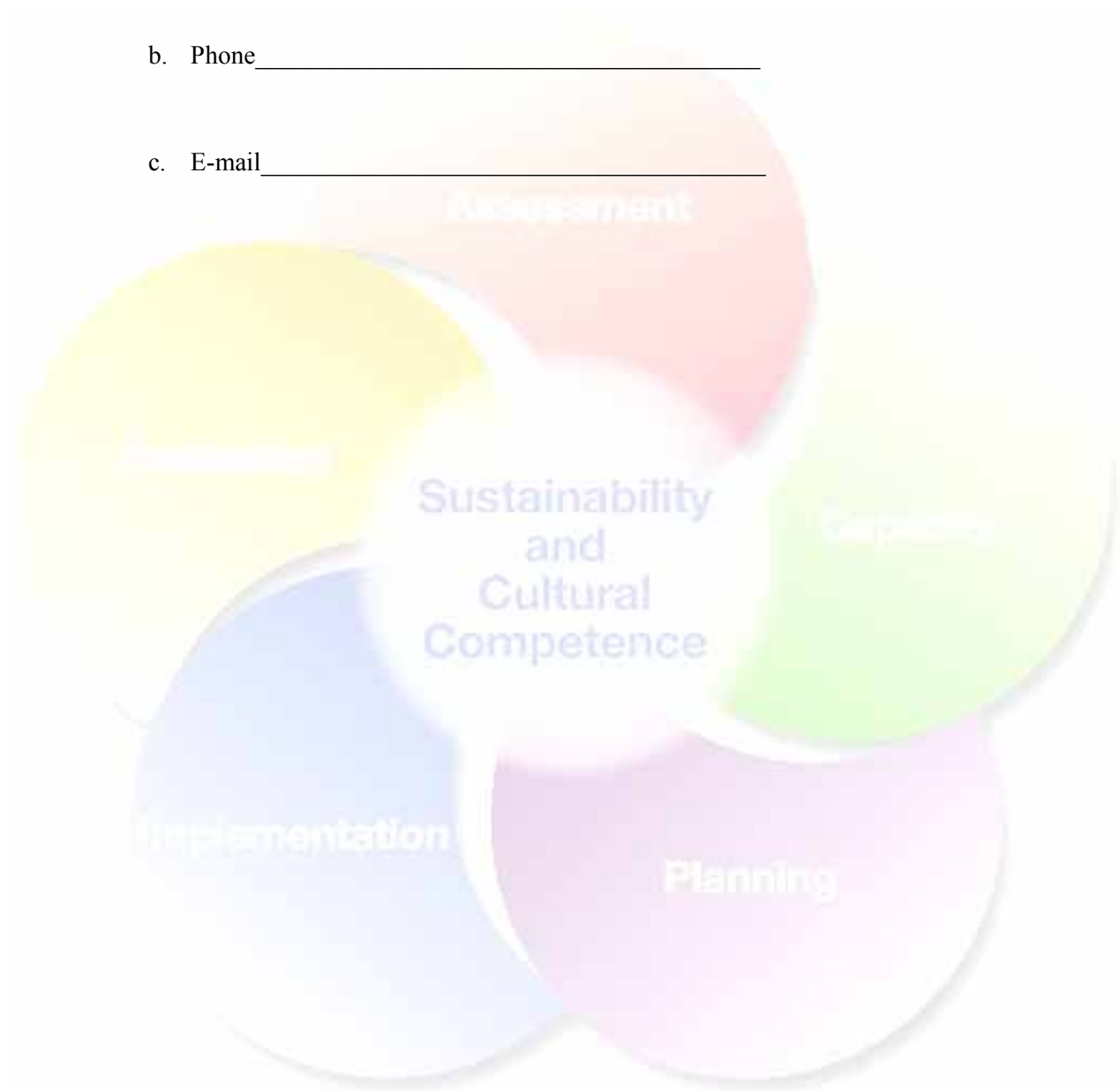
- a. Social marketing or media campaigns
- b. Advocacy
- c. Enforcement of alcohol and drug laws and regulations
- d. Community mobilization
- e. Alternative supervised activities
- f. Other _____

11. Please list a contact person, phone and email if you would like to be involved in efforts to coordinate prevention programs and activities in Delaware.

a. Name _____

b. Phone _____

c. E-mail _____



Encuesta de recursos de comunidad – Organizaciones de prevención

Nombre de su organización: _____

Su nombre: _____

1. ¿Provee su organización programas, fondos económicos y/ o actividades con el propósito de prevenir el abuso de drogas o alcohol?
 - a. Sí
 - b. No

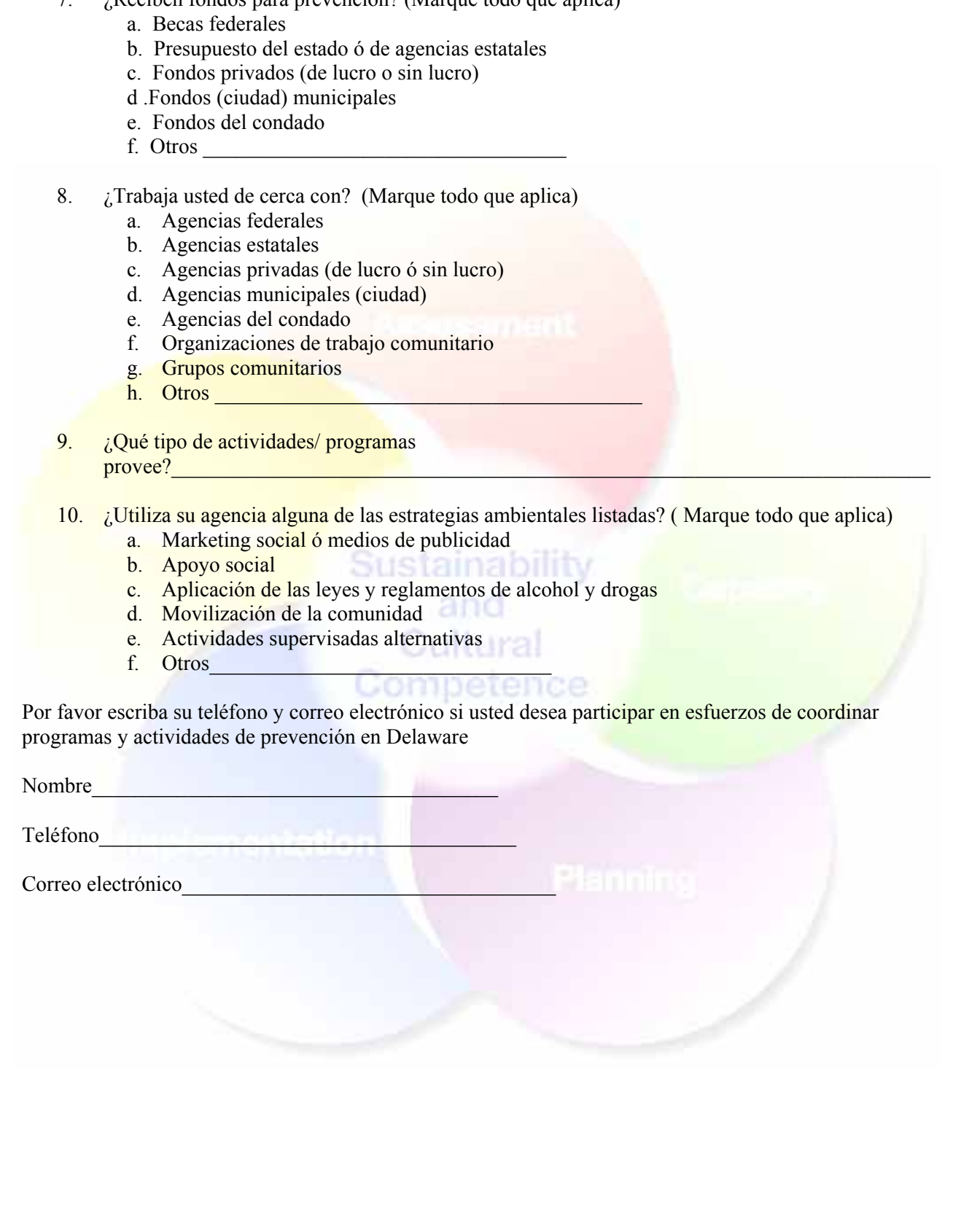
2. ¿En que dominio se concentran?
 - a. Escuelas
 - b. Individuos
 - c. La comunidad
 - d. Iglesias
 - e. La juventud
 - f. Jóvenes adultos (18-25 años de edad)
 - g. Individuos de tercera edad
 - h. Otros

3. ¿En quiénes se concentran?
 - a. Todos
 - b. ¿Individuos de alto riesgo?
 - c. ¿Individuos que ya usan drogas y/o alcohol?
 - d. Víctimas

4. ¿Qué tipos de conducta se concentran en prevenir?
 - a. Uso de alcohol
 - b. Drogas (si se concentran en una droga, especifique por favor _____)
 - c. Conductas sexuales arriesgadas
 - d. Violencia
 - e. Violencia de pandillas
 - f. Violencia domestica
 - g. Otros

5. ¿En qué áreas geográficas se concentra su organización? (Marque todo lo que aplica.)
 - a. New Castle County
 - b. Kent County
 - c. City of Wilmington
 - d. Sussex County
 - e. Todo Delaware
 - f. Una comunidad más pequeña _____

6. ¿Cuál porcentaje de su presupuesto (estime) señala para esfuerzos de prevención? _____

- 
7. ¿Reciben fondos para prevención? (Marque todo que aplica)
- a. Becas federales
 - b. Presupuesto del estado ó de agencias estatales
 - c. Fondos privados (de lucro o sin lucro)
 - d. Fondos (ciudad) municipales
 - e. Fondos del condado
 - f. Otros _____
8. ¿Trabaja usted de cerca con? (Marque todo que aplica)
- a. Agencias federales
 - b. Agencias estatales
 - c. Agencias privadas (de lucro ó sin lucro)
 - d. Agencias municipales (ciudad)
 - e. Agencias del condado
 - f. Organizaciones de trabajo comunitario
 - g. Grupos comunitarios
 - h. Otros _____
9. ¿Qué tipo de actividades/ programas provee? _____
10. ¿Utiliza su agencia alguna de las estrategias ambientales listadas? (Marque todo que aplica)
- a. Marketing social ó medios de publicidad
 - b. Apoyo social
 - c. Aplicación de las leyes y reglamentos de alcohol y drogas
 - d. Movilización de la comunidad
 - e. Actividades supervisadas alternativas
 - f. Otros _____

Por favor escriba su teléfono y correo electrónico si usted desea participar en esfuerzos de coordinar programas y actividades de prevención en Delaware

Nombre _____

Teléfono _____

Correo electrónico _____

APPENDIX 7:
Training Assessment Survey and Results



Delaware SPF-SIG Training Assessment Survey

(Training Survey was administered electronically through Survey Monkey at:
<http://www.surveymonkey.com/s/SPFSIGTraining>)

The following training assessment is designed to assist the SPF-SIG Project Management in developing and providing relevant training throughout the process.

1. **Zip Code:** _____
2. **Name of Organization (optional):** _____
3. **Select the five training areas that you would be most interested in attending:**
 - a. Prevention 101
 - b. Navigating the Strategic Prevention Framework (SPF) Process
 - c. Building Strategic Relationships
 - d. Strategic Planning
 - e. Assessment
 - f. Evaluation
 - g. Evidence-Based Program, Policies, and Practices
 - h. Fiscal Management
 - i. Technology
 - j. Organizational Development
 - k. Community Engagement Strategies
 - l. Quality Assurance
 - m. Health Promotion
 - n. Logic Model
 - o. Resource Development
4. **Please list any Additional Training Topics of interest:** _____
5. **What is the best day(s) to offer the training?**
 - a. Monday – Friday
 - b. Saturday
6. **What is the best time to offer training, check preference**
 - a. Daytime
 - b. Evening
7. **List the best place(s) to hold trainings:**
 - a. Wilmington
 - b. Dover
 - c. Middletown
 - d. Milford
 - e. Georgetown
 - f. Other (Please specify): _____

The Training Assessment Survey was distributed electronically using www.SurveyMonkey.com. As of October 21, 2010 one hundred and twenty-six (126) individuals completed the survey.

Below please find a summary of the results of the Training Assessment Survey:

1. Zip Code:

Zip Codes	Response Count	City *	Substate Planning Region
19702	8	Newark	New Castle County
19707	1	Hockessin	New Castle County
19709	4	Middletown	New Castle County
19711	4	Newark	New Castle County
19713	1	Newark	New Castle County
19716	5	Newark	New Castle County
19720	5	New Castle	New Castle County
19801	24	Wilmington	City of Wilmington
19802	8	Wilmington	City of Wilmington
19803	2	Wilmington	City of Wilmington
19804	1	Wilmington	City of Wilmington
19805	17	Wilmington	City of Wilmington
19806	3	Wilmington	City of Wilmington
19808	1	Wilmington	City of Wilmington
19809	1	Wilmington	City of Wilmington
19889	1	Wilmington (P.O. Box)	City of Wilmington
19901	10	Dover	Kent County
19903	1	Dover	Kent County
19904	5	Dover	Kent County
19934	2	Camden	Kent County
19936	1	Cheswold	Kent County
19941	2	Ellendale	Sussex County
19943	2	Felton	Kent County
19947	14	Georgetown	Sussex County
19960	1	Lincoln	Sussex County
19962	1	Magnolia	Kent County
19977	1	Ocean View	Sussex County

* Cities as recognized by the United States Postal Service (USPS)

Response Count Total by County

New Castle County: 28

City of Wilmington: 58

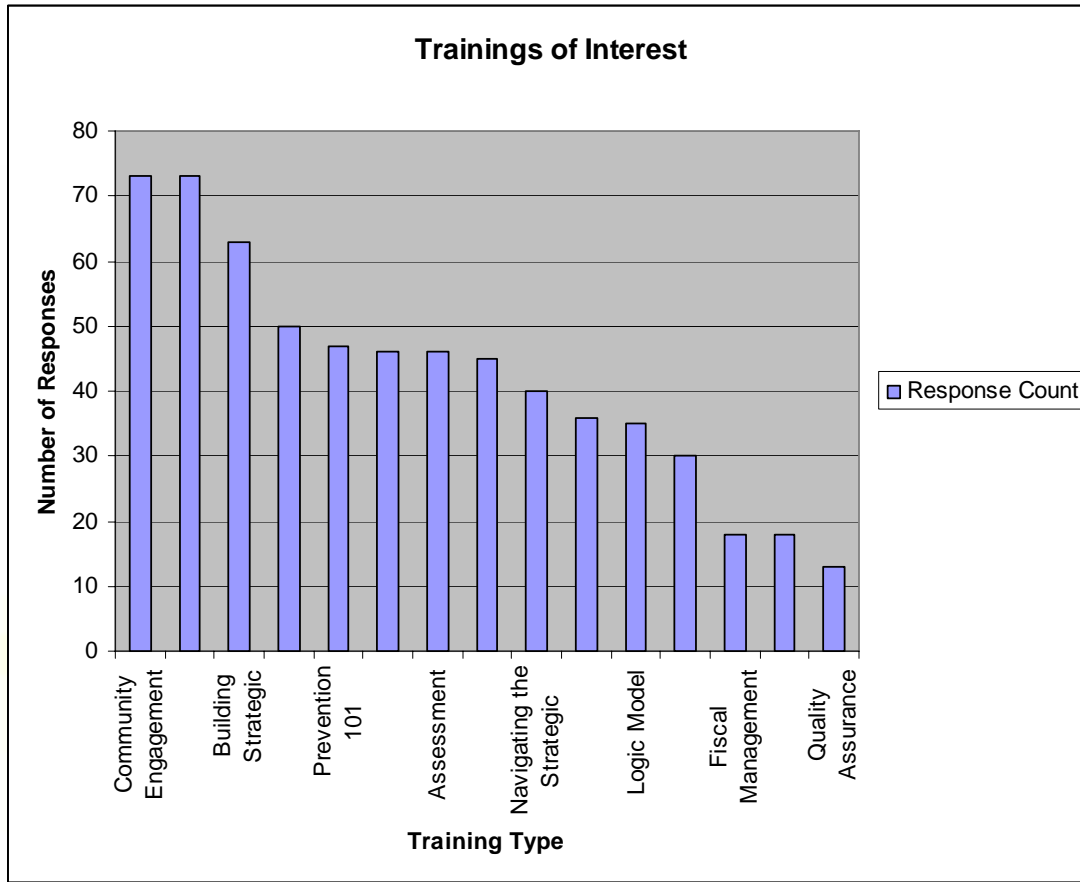
Kent County: 22

Sussex County: 18

2. Name of Organization (optional)

This question was not required to complete the survey. Organization names are available upon request.

3. Select the five training areas that you would be most interested in attending:



Answer Options	Response Count
Community Engagement Strategies	73
Evidence-Based Program, Policies, and Practices	73
Building Strategic Relationships	63
Evaluation	50
Prevention 101	47
Resource Development	46
Assessment	46
Strategic Planning	45
Navigating the Strategic Prevention Framework (SPF) Process	40
Organizational Development	36
Logic Model	35
Health Promotion	30
Fiscal Management	18
Technology	18
Quality Assurance	13

4. Please list any Additional Training Topics of interest:

Additional Training Topic Title	Response Count
Ethics	3
Grant Writing	3
Community Engagement	2
Board Development	1
Marketing & Advertising Prevention	1
Community Leadership in Collaboration	1
Clinical Documentation	1
Professional Boundaries between Counselor and Client	1
Training the Trainer	1
Prevention Workforce Development	1
Sustainability	1
Addressing Risk and Protective Factors	1
Webinar-bases Trainings	1

5. What is the best day(s) to offer the training?

Answer Options	Response Percent	Response Count
Monday - Friday	90.6%	116
Saturday	9.3%	12

*Some individuals responded to both options for a total response count higher than the total surveys completed.

6. What is the best time to offer training, check preference

Answer Options	Response Percent	Response Count
Daytime	96%	120
Evening	4%	5

*Some individuals responded to both options for a total response count higher than the total surveys completed.

7. List the best place(s) to hold trainings:

Answer Options	Response Count	* Other:
Wilmington	62	◆ Will Travel Anywhere
Dover	50	◆ Lewes
Middletown	20	◆ Family Technical Center at NHH
Milford	8	◆ Newark (3)
Georgetown	10	◆ Odessa
Other (please specify) *	11	◆ Multiple Locations (3)
		◆ Smyrna

Response Count Total by County

New Castle County: 24

City of Wilmington: 63

Kent County: 60

Sussex County: 10

Other: 4 (Multiple Locations, Will Travel Anywhere)

APPENDIX 8: ATOD Frequently Used Acronyms

ATOD	Alcohol, Tobacco, and other Drug
ATODA	Alcohol, Tobacco, and other Drug Abuse
CDC	Center for Disease Control
CDAS	Center for Drug and Alcohol Studies
CMHS	Center for Mental Health Services
CSAP	Center for Substance Abuse Prevention
CAPT	Centers for Applied Prevention Technology
CMH	Child Mental Health
CRBS	College Risk behavior Study
CTC	Communities that Care
CADCA	Community Anti-Drug Coalitions of America
CLI	Community Level Instruments
CATS	Cultural Acceptability of Treatment Survey
CCW	Cultural Competency Workgroup
DACCC	Data Analysis Coordination and Consolidation Center
DCCC	Data Consolidation and Coordination Center
DITIC	Data Information Technology Infrastructure Contract
DAC	Delaware Advisory Council
DDATA	Delaware Drug and Alcohol Tracking Alliance
DPBHS	Division of Prevention and Behavioral Health Services
DPNA	Delaware Prevention Network Alliance
DOE	Department of Education
DHSS	Department of Health and Social Services
DOJ	Department of Justice
DSCYF	Department of Services of Children, Youth, and their Families
DPH	Division of Public Health
DSAMH	Division of Substance Abuse and Mental Health
DC3	Dover Caring Community Coalition
DFC	Drug Free Communities
ET	Evaluation Team
EBP	Evidence Based Practices
EBW	Evidence Based Practices Workshop
EBPPP	Evidence Based Programs, Policies, and Practices
FSCAA	First State Community Action Agency
GLI	Grantee Level Instruments
MRT	Management and Reporting Tool
MTF	Monitoring the Future
NE RET	Northeast Regional Expert Team

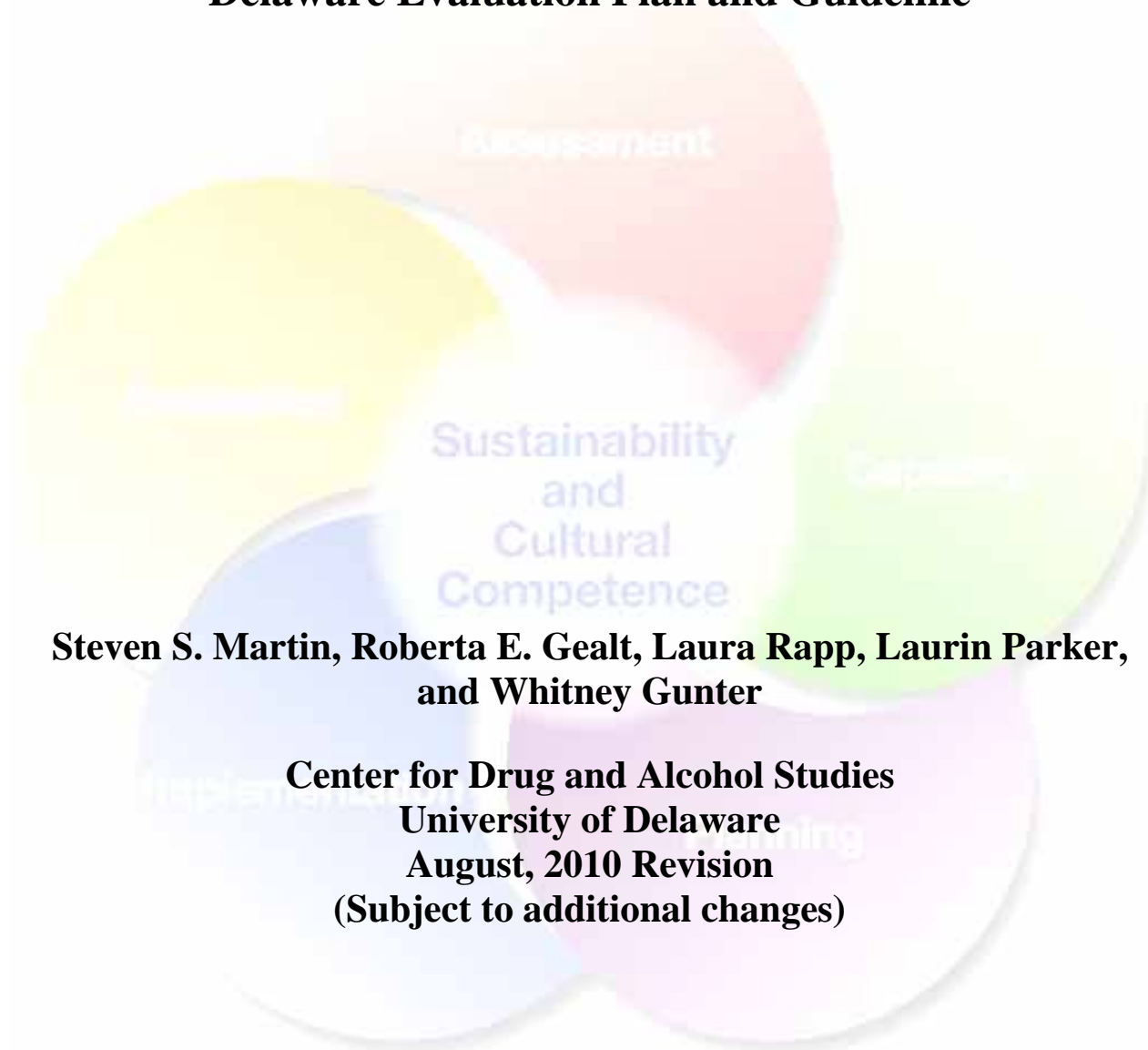
NIDA	National Institute on Drug Abuse
NOM	National Outcome Measure
NSDUH	National Survey on Drug Use and Health
NTN	National Treatment Network
NHPS	Nemours Health Prevention Services
NCCCP	New Castle County Community Partnership
OAS	Office of Applied Studies
OJJDP	Office of Juvenile Justice and Delinquency Prevention
ONDCP	Office of National Drug Control Policy
OP/OPEI	Office of Prevention and Early Intervention
PIRE	Pacific Institute for Research and Evaluation
PLI	Participant Level Instruments
PAUS	Perspectives, Activities, and Use Surveys
RAMP UP-DE	Reducing Alcohol, Marijuana, and Prescription Use through Prevention in Delaware
RFA	Request for Application
SDFS	Safe and Drug Free Schools
SAPTBG	State Agency for the Substance Abuse Prevention and Treatment Block Grant
SEDS	State Epidemiological Data System
SEOW	State Epidemiological Outcomes Workgroup
SEW	State Epidemiological Workgroup
SPF-SIG	Strategic Planning Framework-State Incentive Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
T/TA	Training and Technical Assistance
TEDS	Treatment Episode Data Set
USA	University/Schools Alliance
WCC	Wilmington Cluster Coalition
YRS	Youth Rehabilitation Services
YRBS	Youth Risk Behavior Survey
YTS	Youth Tobacco Survey

**APPENDIX 9:
SPF-SIG Evaluation Plan**



Delaware SPF-SIG

Delaware Evaluation Plan and Guideline



**Steven S. Martin, Roberta E. Gealt, Laura Rapp, Laurin Parker,
and Whitney Gunter**

**Center for Drug and Alcohol Studies
University of Delaware
August, 2010 Revision
(Subject to additional changes)**

Overview

Delaware's CSAP-funded SPF-SIG State Strategic Plan and the proposed community strategic plans pose a number of challenges and opportunities for developing, implementing, and completing a rigorous evaluation. The Statewide Evaluation Plan must address all necessary data elements that can establish effective program implementation and program outcomes related to the State's main priority of reducing alcohol abuse and its consequences through the lifespan. For this priority, it is necessary to provide an effective process evaluation of the evidence-based interventions and environmental strategies supported by the SPF-SIG. Even more critical is the establishment of the key indicators of change for outcome analysis, involving monitoring of a variety of consumption and consequence indicators. The planned process and outcome means and measures are detailed below.

At the same time, Priority 2 of the Delaware SPF-SIG calls for increasing community capacity surrounding a community-identified local substance abuse priority. The evaluation plan needs to delineate how the evaluators will work with communities involving both the alcohol priority and/or the secondary priority of increasing community capacity. In the case of communities, the challenges of using data will be much greater than in the statewide evaluation. In many cases what would be considered key outcome indicators are often not currently available. Many indicators are not being collected, and the collection may not be specific to the community. Moreover, the need for process evaluation and early and timely feedback can be crucial to a community that is implementing a new program and needs constructive feedback on implementation and fidelity of program delivery. Working with communities will involve a less pre-ordained and more iterative process.

The Evaluation Team has extensive and relevant experience for accomplishing both the state and community level evaluation needs of the Delaware SPF-SIG. The statewide evaluation team from the University of Delaware's Center for Drug and Alcohol Studies has over 20 years experience in leading the evaluation of other Delaware drug prevention and youth and family-related behavioral health promotion programs. CDAS has had success in assisting Maryland and Delaware communities to build local evaluation capacity in two Community Partnership and two Community Coalition grants from 1989 to 1998. CDAS developed a programmatic data collection and evaluation plan for the 18 evidence based programs supported by the original State Incentive Grant, including the collection of core data elements derived from the SAMSHA/CSAP GRPA and NOMS measures, including 30 day alcohol, tobacco and illicit drug use among SIG youth participants aged 12-17. CDAS has aided the University of Delaware in evaluating a Robert Wood Johnson Foundation Environmental approach to reducing binge drinking at the University of Delaware and in evaluation a treatment initiative for students with more serious alcohol problems. From 2006 to 2009, CDAS managed the Delaware State Epidemiological Outcome Workgroup (SEOW), locally named the Delaware Drug and Alcohol Tracking Alliance (DDATA), which has produced an ongoing organization of Delaware data administrators and a comprehensive series of state and sub-state profiles, presentations, reports and most accessible a continuing series of almost 40 DDATAgrams, modeled on Cesarfaxes but each on a data driven issue relevant to Delaware. Besides work on the SEOW and now the

Delaware SPF-SIG, CDAS is conducting the evaluation of the Garrett Lee Smith Youth Suicide Prevention effort in Delaware, called Project LIFE.

Evaluation Planning

The SPF evaluation plan will be implemented with a two-fold emphasis. First is to expand and enhance statewide capacity to gather and use population based indicator data that will determine program impact at the community, sub-state, and ultimately statewide levels. The Evaluation Team at CDAS has met regularly with the numerous planning groups and has attended two CSAP SPF-SIG Grantee workshops in efforts to develop and plan a rigorous science based outcome for the DE SPF-SIG initiative. Planning for the statewide evaluation has already included input from:

- Delaware Department of Health and Social Services Staff and Administration, including both DSAMH and DPH
- Delaware Department of Services for Children, Youth and Families Division of Prevention and Health Behavior Services
- Delaware State Epidemiological Workgroup, the Delaware Drug and Alcohol Tracking Alliance (DDATA)
- CSAP Project Officer, SAMHSA Division of Systems Development, and SAMHSA Office of Applied Studies
- Center for Substance Abuse Prevention SPF TA on Evaluation (NE-CAPT)
- National Cross Site Evaluation Contractor – Westat and PIRE
- Previous SEOW TA (SYNECTICS and PIRE)

In the near future other TA from CSAP is being solicited.

Evaluation Goals and Objectives

The overall goal of the Delaware SPF-SIG Evaluation effort is to: ***Develop and implement a community and statewide level evaluation system for the SPF initiative that can 1) assist in the implementation of policies and programs and 2) measure changes in alcohol related consumption and consequences that can be attributed to DE SPF-SIG efforts.*** A second but equally important goal is to: ***Increase community capacity to address substance abuse problems particular to those communities.***

The specific objectives of the Delaware Statewide evaluation are:

1. Include “core” data elements to assess program level and community level changes specific to alcohol consumption and consequences including underage and binge drinking, alcohol related fatalities, alcohol related crashes, and alcohol related crime;
2. Develop competence and capacity at the community and state level in population based, public health oriented outcome evaluation of the SPF-SIG;
3. Collect standardized core data elements on alcohol consumption and prioritized related problems at the sub-state level in a consistent, logical and annual basis;
4. Develop an aggregated statewide outcome database addressing the DE SPF-SIG priorities;
5. Use population based data elements on consumption, consequences and intervening variables to determine SPF-SIG effectiveness for the State of Delaware;
6. Ensuring Cultural Competency in all aspects of evaluation planning and implementation through staff training and involvement of community actors in setting evaluation efforts and interpreting the results.

Implementing the Outcome Evaluation

Implementation of the SPF evaluation will require multiple levels of coordination of data collection, analysis and reporting. Building on the earlier SIG evaluation efforts and the recent DDATA/SEOW products in Delaware, the Evaluation Team will continue to work at multiple levels of evaluators, researchers and community informants in order to gain input into all aspects of the evaluation. The cultural diversity within even a small state suggests there will be a range of SPF-SIG funded communities, which will require sensitivity into the implementation of language and culturally relevant data. The Evaluation Team sees the role of local evaluators as key in developing successful data collection plans that are feasible and that address SPF-SIG program goals and objectives. At the same time, DDATA input and capturing of population based “indicators” related to underage and binge drinking will need to be aggregated to determine the long term impact and outcomes statewide of the DE SPF-SIG. The implementation of the evaluation will occur at the state, sub-state and community levels:

- 1) **State Level Indicators** – DDATA has developed an extensive statewide Profile on consumption, causes and consequences of underage, college age and adult binge drinking. This report highlights data from a variety of national and state level surveys, health records and public safety sources. The DDATA report will serve as the basis for evaluation and monitoring of population level indicators related to alcohol consumption. For the evaluation of statewide SPF-SIG impact, 10-15 indicators will be tracked at the state, sub-state level (and where possible community level) and aggregated into a statewide Indicator database for further trend analysis. The Evaluation Team will work closely with DDATA to collect, manage and analyze these data. Baseline indicator data elements will be collected primarily from information in the DDATA State and Sub-state Profile Reports (DDATA 2009, 2010). Subsequent indicator data will generally be collected annually, although some data may not be available immediately for any particular program year. In such cases, the Evaluation Team will populate these data

points as soon as public data are released. A listing of planned indicator data to be used in the evaluation is included in Data Matrix Table in Attachment A.

- 2) **State, Sub-state, and Community Level Change in Intervening Variables** – The DDATA group has been working to identify an appropriate and measurable-over-time set of intervening variables related to the State’s alcohol reduction priority. The intervening variables will constitute a major focus of the evaluation efforts to determine changes in those conditions and factors that underlay problem/binge drinking, alcohol-related crime, and alcohol related vehicular fatalities at each of state, sub-state, and community levels. It is hypothesized that improvements in identified intervening variables in the short term will result in decreased alcohol related problems (crashes/fatalities and binge drinking) in the long term. Some suggested intervening variables are included in the table below:

Suggested Intervening Variables
■ Easy Retail Access
■ Low Enforcement
■ Social Access
■ Perceived Risk
■ Social Norms
■ Alcohol Promotion
■ Pricing

3) **Capacity Building of Local Coalitions within the SPF-SIG 5-Step Framework.** Within the SPF-SIG Initiative, capacity building at the local community level is seen as key to successful prevention programming and implementation. Specifically, capacity building can be defined as increased knowledge, skills, and practices that relate to each of the 5 SPF-SIG Steps. Capacity building activities are typically provided by trainers, prevention specialists, and other experts in the field of ATODA prevention. The Delaware Evaluation Team will adapt the capacity building tools that have been already developed by CSAPs national evaluators and technical advisors to help measure changes in community capacity created by SPF-SIG activities.

Evaluation Collaborators

It is anticipated that data collection will occur in conjunction with DDATA, the State Epidemiology workgroup, particularly for the assessment of consumption and related alcohol morbidity, mortality, and criminal justice data. Data will necessarily be captured and reported for sub-state planning regions and, where possible, for local community level outcomes. DDATA will play a critical role in the collection and reporting of population data relevant to the outcome evaluation. The Evaluation Team will convene an interested subset of the DDATA members to work specifically on SPF-SIG priorities and to provide input on critical evaluation data

collection issues, to manage collection of sub-state and community level data, and for addressing challenges in collecting and reporting population level data.

Local community sub-recipient evaluators will also play a critical role in the collection and reporting of other source outcome data, including locally derived consumption patterns data that are not currently available to DDATA or the Evaluation Team, for example, alcohol related police reports for specific communities. Local evaluators will be instrumental in devising the means to and then collecting data on dosage and program strategies being implemented in funded communities, as well as assisting in the collection of capacity building tool data (that will be adapted from CSAP instruments).

Although the RFP process and content has not yet been finalized, selection of the local community evaluators is anticipated to be a part of the RFP Process. Members of the Evaluation Team will work with the community coalitions funded for initial planning to identify local and ideally indigenous community collaborators who will help organize what and how local process and outcome data will be collected. This individual and information will be used in the community's subsequent application for an implementation award to conduct programming in the community.

Data Collection Approach

The Evaluation Team has developed a Core Indicators Data Matrix (See In-Progress Draft in Appendix A) for SPF-SIG Outcomes. This matrix will serve as the primary system for capturing, collecting, monitoring and analyzing outcome data. The Matrix will capture data at for the follow population based data levels:

- SAMHSA Cross Site NOMS Outcomes (collected in conjunction with Block Grant reports)
- State Level Epidemiology Population Based Data Indicators on Alcohol Related Fatality
- Community Level Data on Underage and Binge Alcohol Consumption
- Community Level Data on Prioritized Primary and Secondary “Intervening” Causal Factors Derived from Local Community Assessment Qualitative Reports
- Data Collected from the new Environmental Strategies Instrument (to be developed)

The Matrix will specify not only core data element type but will specify data source. By specifying data source, local evaluators will assist the Evaluation Team in the gathering of data on an annual data collection basis to determine trends in community and population trend improvements related to binge and underage alcohol consumption. All data indicators will have high reliability and validity for data analysis purposes. In the course of identifying new state data sources and working with the local evaluators working on the funded planning grants, there will be some modifications to the measures used and more specific indicators that will be tracked over time.

Delaware Environmental Strategies Instrument (to be developed with CAPT assistance)

Consistent with the Delaware Strategic Prevention Framework Plan that addresses alcohol (and other drug) availability, policy, and social norms, the Evaluation Team in summer 2010 will craft an Environmental Strategies Instrument to help bridge the data gap between environmental strategies and individual attitudes and behaviors. The Evaluation Team will work with the national TA consultants to identify and modify an instrument to assess the impact of alcohol availability, social norms, and policy environmental strategies. Based on other states' experience, it is anticipated to use a self-report survey tool to collect data on persons in areas targeted by environmental strategies and, more importantly, assess changes in the intervening variables that have been suggested for tracking.

The environmental strategies tool will be reviewed by CSAP, by DDATA, and by Dr. Leslie Cooksy, President of the American Evaluation Association, to ensure that the tool is appropriate for use as a measure of the identified intervening variables (e.g., *Retail Access, Low Enforcement, Social Access, Perceived Risk, Social Norms, Alcohol Promotion, and Pricing*). The methodology for collecting environmental strategies data may include:

- Standardized use of the environmental strategies tool across all SPF-SIG funded communities
- Aggregating statewide findings from several (several or all) funded communities
- Multi Ethnic Community Respondents as Interviewees
- Adolescent and young adults age groups

Data Analysis and Reporting

The Evaluation Team understands the challenge in measuring and analyzing data from multiple data sources and varying data types (archival consumption rates, focus group information, environmental strategies survey data, Delaware school survey data, etc.). As a result, with the assistance of DDATA and the DDATA workgroup assisting SPF-SIG, feasible data collection time frames will be established for each indicator variable and the primary unit of evaluation analysis will be **change scores** on selected variable collected at repeated time intervals over the life course of the SPF-SIG project.

Change scores have the advantage of being interval type data, and scores can be calculated for any other type of macro level indicator data that is collected at repeated time intervals. A standardized change score will also allow the Evaluation Team to incorporate data elements from each community sub recipients as well as the sub-state and state level indicators into the overall statewide data base. Such data will also be appropriate for use in more etiological models attempting to explain change over time in a multivariate context of covariates. Both General Linear Models (GLM) or Repeated Measures ANOVA can and will be used to determine significant change across time interval (e.g., reduction in sub-state level binge drinking rates) or more specified regression analysis to determine how and which changes in specific intervening variables (e.g., change in school based enforcement or social norms campaigns) may impact changes (improvements) in alcohol related consumption patterns or, for adults, associated morbidity or mortality indicator data. The emphasis on change scores as the unit of analysis for any consumption, consequence or intervening variable will allow for comparisons between SPF-

SIG and non-SPF-SIG communities, as well as providing a data analytic strategy for community applicants. Still, any data analytic procedure used in the evaluation must both maintain the need for statistical standards for significance while at the same time remaining cognizant of the need to be able to explain real differences to the community (and to policymakers as well). Consequently, the evaluation results will be presented in understandable metrics and comparisons, and will provide appropriate caveats to avoid over interpreting non significant differences or to generalize beyond the data available at the local community level.

Process Evaluation of Funded Community Coalitions

The Evaluation Team will also work with local evaluators to conduct an evaluation of funded community coalitions. Key to generating successful outcomes related to the State's priorities will be assessing the capacity and strengths of funded coalitions, whether they are working on the State's alcohol priority or on another substance abuse priority germane to their community. Community coalitions and programs will be asked to and assisted in:

- Understanding of the CSAP Strategic Prevention Framework
- The ability to succeed in completing each of the 5 SPF steps
- Development of a comprehensive needs assessment and local measures of change
- Use of local and state data in the planning of local prevention strategies and planning
- Cultural Competency of SPF planning and implementation in their community (here the Evaluation Team wants and expects to learn from the community)

The Evaluation team will work with CSAP Trainers and TA and with the local evaluators to develop a user-friendly interview tool for assessing coalition development and success. Data will be collected annually with selected community coalition members and other key community stakeholders.

In addition to the assessment of capacity building, the evaluation will also collect information on the process of implementing the environmental prevention strategies. Exposure (dosage) information will be collected as part of the new Environmental Information System, and local evaluators will track specific activities and strategies within each of the identified SPF-SIG intervening variables (related to the alcohol priority or the individual community priority as appropriate).

Evaluation Challenges and Planned Responses

As specified by a number of SPF-SIG evaluators and the national cross-site evaluation team (WESTAT and PIRE) at the SPF-SIG National Meetings, there are a number of challenges to evaluating the SPF-SIG initiative. These are challenges that affect the internal and external validity of the Community and State level SPF-SIG evaluation efforts and have confounded the efforts of the Cross-Site evaluators to draw national conclusions from the SPF-SIG efforts of Cohorts 1 and 2. Threats to the validity of the entire SPF-SIG evaluation can be summarized as follows:

- Lack of reliable, generalizable core measures on alcohol consumption and consequences at the community and sub-state level;
- Shift of evaluation paradigm from measuring pre-post changes in curriculum based programs to measuring public health ATOD indicator and related health data;
- Inability of evaluators to collect reliable data (or any data) at the community or sub-state level;
- Measurement of intervention fidelity as related to environmental strategies;
- Time lag between SPF-SIG interventions and population based indicator data availability; and
- Lack of available tools and measures to capture impact of environmental strategies

The Evaluation Team at CDAS will work to address each of these issues through regular communication with the CAPT and the Cross Site evaluation team, CSAP evaluation plans, Delaware local evaluators, and the Delaware DDATA epidemiology work group.

Each funded community will have a local evaluator who will be involved in resolving issues related to core measures on alcohol consumption and consequences at the local and county level. Through intense but collaborative training, local evaluators will learn how to go from measuring pre-post changes in curriculum based programs to measuring public health ATOD indicator and related health data. Every method available will be employed to reconcile gaps uniform data at the community or county level. This will include possible over sampling of some state data measure collection and the collection of new survey data, where resources permit, to fill the gaps. Measurement of intervention fidelity as related to environmental strategies will be assessed by the local evaluators using a tool designed by the statewide Evaluation Team.

Potential time lag problems between SPF-SIG interventions and population based indicator data availability will be monitored by the Evaluation Team. Data elements related to key indicators will be gathered as soon as they are released for public dissemination, and the Evaluation Team will work with DDATA members and the Office of Applied Studies to access data prior to public release. For example DDATA will be helpful in working directly with various state departments (e.g. Public Safety, Highway Safety, and Public Health) to access data (e.g., DUI) more quickly for the purpose of the SPF-SIG evaluation. Finally, the lack of available tools and measures to capture impact of environmental strategies will be addressed by use of appropriate tools including the Environmental Strategies Instrument to be developed by the Evaluation Team, as described above.

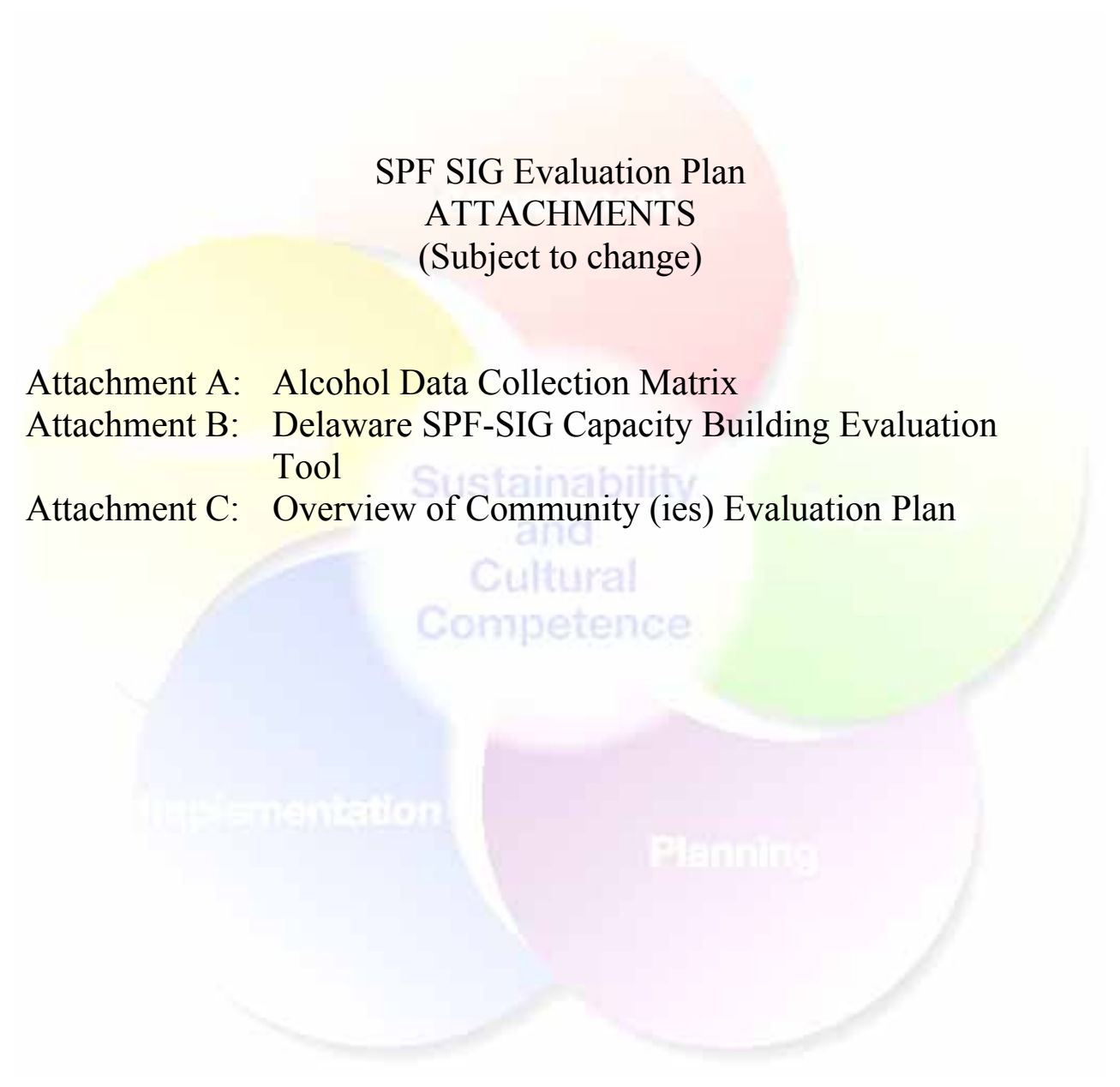
Evaluation Reporting

All evaluation data findings will be prepared to meet DSAMH and CSAP requirements. Monthly reports will be prepared for DSAMH using a format under development by DSAMH. These reports will include both DDATA activities and SPF-SIG evaluation activities. Specific products (e.g., DDATAgrams, presentations, state and sub-state profiles, instruments, and reports) will be provided in the month produced. These monthly reports and products will be shared with the CSAP Project Officer as well. Monthly reports will also include a financial

narrative to supplement the (rather cursory) information provided on University of Delaware invoices. Quarterly reports on evaluation activities will be provided to CSAP and DSAMH as well through the MRT reporting system. Other standardized reports of evaluation activities will be conducted through the CLI and GLI online reporting systems as well. Finally, an annual year-end report will be prepared with an emphasis on aggregated statewide and comparison group findings. Presentations on aggregated statewide findings will also be provided as specified by DSAMH.

The annual Evaluation Findings Report will include aggregated statewide findings on process and outcomes, as well as information related to the implementation of the evaluation and specific challenges, successes and lessons learned. Annual Evaluation Findings Reports will be made available to DSAMH and CSAP and posted on the DDATA and SPF-SIG websites. They will serve as the foundation for community presentations and published reports.





**SPF SIG Evaluation Plan
ATTACHMENTS
(Subject to change)**

Attachment A: Alcohol Data Collection Matrix

**Attachment B: Delaware SPF-SIG Capacity Building Evaluation
Tool**

Attachment C: Overview of Community (ies) Evaluation Plan

ATTACHMENT A
Delaware SPF Program Statewide Evaluation
Summary Measurement Matrix for Alcohol Indicators

Primary Levels of the Statewide Evaluation to include:

- Population Based Indicator Data
- Intervening Variables
- Coalition Process Variables

Data Elements	Data Sources	Frequency of Data Collection	Data Type/Method
Demographics	<i>US Census Bureau</i> <i>Delaware Population Consortium</i>		
Alcohol related vehicular fatalities	<i>NHTSA</i> <i>DPH Vital Statistics</i> <i>Office of Highway Safety</i>	Baseline and Annually	Archival/Secondary
DWI/DUI rates	<i>Office of Highway Safety</i> <i>Delaware State Police</i>	Baseline and Annually	Archival/Secondary
Underage binge drinking	<i>SAMHSA Office of Applied Studies NSDUH</i> <i>Delaware School Surveys</i> <i>Delaware YRBS</i>	Baseline and Annually	Archival/Secondary CDAS Surveys
College age binge drinking	<i>SAMHSA Office of Applied Studies NSDUH</i> <i>Delaware College Survey</i>	Baseline and Annually	Archival/Secondary CDAS Surveys
Hospital discharges for youth alcohol poisoning	<i>CDC- National Center for Health Statistics</i> <i>Christiana Care Health Systems Aggregate data (negotiating for access)</i>	Baseline and Annually	Archival/Secondary New data from DE sources
30 day drinking rates (Adult and Youth) (NOMS)	<i>SAMHSA Office of Applied Studies NSDUH</i> <i>Delaware School Surveys (youth only)</i> <i>Delaware College Survey</i>	Baseline and Annually	Archival/Secondary CDAS Surveys
Perceptions of harmfulness of use (NOMS)	<i>Delaware School Surveys</i> <i>SAMHSA Office of Applied Studies NSDUH</i>	Baseline and Annually	Archival/Secondary CDAS Surveys
Youth delinquency/school suspensions/Adult ATODA related Arrests	<i>DOE Delinquency and School Suspension Records</i> <i>Delaware School Surveys</i> <i>Delaware Criminal Justice Reporting System (DELJIS)</i> <i>Delaware Statistical Analysis Center Crime Report</i> <i>Department of Justice Uniform Crime Report (UCR)</i>	Baseline and Annually	Archival/Secondary CDAS Surveys

Family/social bonding indicator (NOMS)	<i>Delaware School Surveys</i> <i>SAMHSA Office of Applied Studies NSDUH</i>	Baseline and Annually	Archival/Secondary CDAS Surveys
INTERVENING VARIABLES			
<ul style="list-style-type: none"> • Easy Retail Access • Low Enforcement • Social Access • Perceived Risk • Social Norms • Alcohol Promotion • Pricing • Consumption Patterns 	<i>Delaware Environmental Strategies Instrument</i> <i>Delaware School Surveys</i> <i>Delaware Alcohol Beverage Control Commission Data</i> <i>Delaware Department of Revenue Alcohol Tax data</i>	Baseline and Annually	Marketing Surveys Archival/Secondary Convenience Samples
SPF-SIG COALITION PROCESS			
Coalition Capacity	<i>Instrument to be Adapted from CSAP/WESTAT TAG Coalition Capacity Building Tool on SPF 5 Step Model</i>	Semi-Annually	Survey with Coalition Staff/Key Stakeholders of Funded Community Coalitions
Coalition Planning and Implementation Process NOMS (Number of Evidence-Based Programs Implemented)	<i>Coalition Key Stakeholder Interviews</i> <i>Review of Coalition Science Based Programming Selection and Implementation by Evidence-Based Workgroup (DSHS)</i>	Annually	Qualitative Interviews with Funded Community Coalition members
Coalition Cultural Competence and Sustainability	<i>Cultural Competency and Sustainability Instruments needed</i>	Annually	Survey Data to be collected with Funded Community Coalitions

ATTACHMENT B

Delaware SPF-SIG Capacity Building Evaluation Tool

(In progress)

Delaware is working with Jane Ungemack to adapt and modify the Community Readiness, Capacity Evaluation and Change in Capacity Instruments that the State of Connecticut used in their SPF-SIG. The results of these assessments were instrumental in Connecticut being in the select group that have been funded for a “Partnerships for Success: State and Community Prevention Performance Grant”



Attachment C

Community Evaluation Plan

Element 1: Evaluation Plan Table and Narrative

The evaluation plan for each community selected by the DAC/DSAMH should include a table detailing the questions, outputs/outcomes, indicators, data, timeframe, and person responsible for all levels of evaluation. The first level is process evaluation of the SPF SIG phases, which will be measured by the Fidelity Assessment Rubrics developed by a cross-site collaboration of SPF-SIG Cohorts I and II. This documentation of activities relating to each step of the Framework will be helpful in determining factors related to the building of sustainable infrastructure. The second level is process evaluation of the program implemented at the community level and will be measured by the SPF-SIG Project Level Outcome Evaluation document and a Monthly Benchmark Report specific to the plan of each community. This documentation of activities will relate to the intervention such as number of individuals served and fidelity of implementation. The third level is outcome evaluation of the program implemented at the local level. This is an examination of changes in attitudes, perceptions, norms, skills, and behaviors as a result of the program, and will include measures of relevant NOMS. In addition, the Evaluation Team will work with the identified Community Data Collector (person identified as being responsible for collection and transmission of evaluation data within each identified community).

Key questions, identified above will be answered by each level of evaluation. These questions relate to specific outputs (activities) and outcomes (changes) and will be used to set measurable objectives (clear and specific numerical indicators of whether objectives were met) with associated data sources, timeframes, and responsible individuals. A narrative should accompany the table to provide a descriptive overview of the evaluation plan.

Element 2: Data Collection

The data collection section should identify how each piece of data will be collected, at what frequency, and by whom. Data collection from Sub-state Planning Regions (SPRs) will be coordinated through Community Evaluators assigned to SPAs. Data collection will be coordinated on a monthly basis, with Community Evaluators working closely with persons identified by each community as being responsible for evaluation activities and information, the Community Data Collectors. In addition, the Evaluation Team will meet with Community Evaluators bi-weekly and with Community Evaluators and Community Data Collectors twice annually to review the data collection process and identify and amend problematic processes and instruments.

Element 3: Data Management and Analysis

Data management and analysis will address the operational steps in data collection which are data entry, how data is stored, analyzed and by whom. Depending upon the specific results and community needs, the Evaluation Team will generate a variety of analysis such as prevalence, frequency, or comparisons. Thorough consultation with the Management Team, the Evaluation Team will determine appropriate statistical analyses.

Element 4: Interpretation and Reporting

Concise and systematic interpretation and reporting of program evaluation results will ensure accountability and guide future program development. Interpretation of statistical results will provide the framework to construct an evidence-based report. This report should be shared with stakeholders, the DAC and with Communities.

Sample Evaluation Plan Table ~ State Level (in Blue) and Community Level (in Red)

SPF SIG Process Evaluation				
Key Questions	Outputs of Interest	Output/Indicators	Data Collection Methods/Timeframe	Person(s) Responsible
Has there been sustainable infrastructure created through use of the SPF model?	needs assessment capacity building strategic planning implementation cultural competence sustainability needs assessment capacity building strategic planning implementation cultural competence sustainability	Updated epi profile –state Training documents, schedules MOU’s Strategic Plan Cultural Competence Guidance Document/Diversity Updated Community epi profile Training documents and schedules, MOU’s Strategic Plan Monitoring of cultural competence Diversity of partners	Benchmarks Report/ Monthly Fidelity Assessment Rubrics/Annually CLI Benchmarks Report/ Monthly Fidelity Assessment Rubrics/Annually CLI	Evaluation Team State Management Team DAC Cultural Competency Workgroup Evaluation Team Community Evaluators Community Data Collectors
Program Activities Evaluation				
Key Questions	Outputs of Interest	Indicators	Data Collection Methods/Timeframe	Person(s) Responsible
Are Evidence-based policies, practices, programs (PPP) being implemented with fidelity?	Were the most relevant and appropriate PPPs selected? Were PPPs adapted to best fit the target populations?	90% compliance with program fidelity	Program Level Outcome Evaluation PLI	Community Evaluators Community Data Collectors
Program Outcome Evaluation				
Key Questions	Outcomes of Interest	Indicators	Data Collection Methods/Timeframe	Person(s) Responsible
Have there been reductions in substance abuse?	Alcohol use and related consequences Community identified outcomes	Past 30 day alcohol use Binge drinking Alcohol-related traffic crashes, injuries and fatalities Community identified indicators	NOMs pre-post Office of Highway Safety annual data collection Community level NOMS, PLI	Evaluation Team Evaluation Team, Community Evaluators, Community Data Collectors

**APPENDIX 10:
Summary Measurement Matrix for Alcohol Indicators**



Delaware SPF Program Statewide Evaluation Summary Measurement Matrix for Alcohol Indicators

Primary Levels of the Statewide Evaluation to include:

- Population Based Key Outcome Measures
- Intervening Variables
- Coalition Process Variables

Data Elements	Data Sources	Level of Data	Baseline and Frequency of Data Collection	Data Type/Method	Current Level (Proposed % Reduction)
Demographics	<i>US Census Bureau</i> <i>Delaware Population Consortium</i>	State County SPA Community			
KEY OUTCOME MEASURES					
Past 30 day alcohol use (NOMS)—youth	<i>Delaware School Survey 8th grade</i> <i>Delaware School Survey 11th grade</i> <i>Delaware Youth Risk Behavior Survey-high school</i> <i>SAMHSA Office of Applied Studies NSDUH</i>	State County SPA School Zip Code	Baseline 2009 and Annually	CDAS Surveys	22% (20%) 39% (10%) 44% (10%) 81% (10%)
Past 30 day alcohol use—young adult 18-25	<i>SAMHSA Office of Applied Studies NSDUH</i>	State	Baseline 2007/2008	Archival/Secondary	67% (10%)
Past 30 day alcohol use—adult 26+	<i>SAMHSA Office of Applied Studies NSDUH BRFSS</i>	State	Baseline 2007/2008	Archival/Secondary	58% (10%)

Underage binge drinking	<i>Delaware School Surveys 8th grade Delaware School Surveys 11th grade Delaware YRBS- high school</i>	State County SPA School (w/permission) Zip Code	Baseline 2009 and Annually	Archival/Secondary CDAS Surveys	10% (30%) 24% (25%) 25% (25%)
College age binge drinking	<i>SAMHSA Office of Applied Studies NSDUH Delaware College Risk Behavior Survey</i>	State University	Baseline 2010 and Annually	Archival/Secondary CDAS Surveys	NSDUH 47% (10%) CRBS 66% (10%)
Adult binge drinking	<i>SAMHSA Office of Applied Studies NSDUH BRFSS</i>	State County	Baseline 2008 and Annually	Archival/Secondary	NSDUH 23% (10%) BRFSS 45% (10%)
Alcohol abuse or dependence-high school	<i>Delaware School Survey</i>	State County SPA	Baseline 2008 and Annually	Archival/Secondary New data from DE sources	23% (25%)
Alcohol abuse or dependence-18-25 year olds	<i>SAMHSA Office of Applied Studies NSDUH</i>	State County	Baseline 2007/2008 and Annually	Archival/Secondary	21% (15%)
Alcohol abuse or dependence-age 26+	<i>SAMHSA Office of Applied Studies NSDUH</i>	State County	Baseline 2007/2008 and Annually	Archival/Secondary	6% (10%)
Alcohol-related crime—underage possession	<i>Office of Highway Safety</i>	State County	Baseline 2009 and Annually	Archival/Secondary	1691 (10%)
Alcohol-related crime—Aggregated assault	<i>Office of Management of the Budget, Statistical Analysis Center</i>	State County Jurisdiction	Baseline 2008 and Annually	Archival/Secondary	3976 (10%)
DWI/DUI rates	<i>Office of Highway Safety Delaware State Police</i>	State County	Baseline 2008 and Annually	Archival/Secondary	1691 (10%)
Alcohol related vehicular fatalities	<i>NHTSA DPH Vital Statistics Office of Highway Safety</i>	State County	Baseline 2009 and Annually	Archival/Secondary	52 (10%)
Alcohol-related vehicular injuries	<i>NHTSA Office of Highway Safety</i>	State County	Baseline 2008 and Annually	Archival/Secondary	782 (10%)

Alcohol-related school suspensions and expulsions	<i>DOE School Profiles Delaware School Surveys</i>	State School	Baseline 2008/09 and Annually	Archival/Secondary CDAS Surveys	101 (25%)
INTERVENING VARIABLES					
Family/social bonding indicator (NOMS)	<i>Delaware School Surveys SAMHSA Office of Applied Studies NSDUH</i>		Baseline and Annually	Archival/Secondary CDAS Surveys	
Domestic Violence— witnessing and experiencing	<i>Delaware School Surveys</i>	State County SPA Zip Code School	Baseline 2009 and Annually	CDAS Surveys	
Mental Health— Depression symptoms	<i>Delaware Youth Risk Behavior Survey</i>	State County SPA	Baseline 2009 and Annually	CDAS Surveys	
Perceptions of harmfulness of use (NOMS)	<i>Delaware School Surveys SAMHSA Office of Applied Studies NSDUH</i>		Baseline and Annually	Archival/Secondary CDAS Surveys	
<ul style="list-style-type: none"> • Retail Accessibility • Enforcement • Social Accessibility • Perceived Risk • Social Norms • Alcohol Promotion • Pricing • Consumption Patterns 	<i>Delaware Environmental Strategies Instrument Delaware School Surveys Delaware Alcohol Beverage Control Commission Data Delaware Alcohol and Tobacco Enforcement Delaware Department of Revenue Alcohol Tax data</i>	State County SPA	Baseline and Annually	Marketing Surveys Archival/Secondary Convenience Samples	
SPF-SIG COALITION PROCESS					

Coalition Capacity	<i>Instrument to be Adapted from CSAP/WESTAT TAG Coalition Capacity Building Tool on SPF 5 Step Model</i>		Semi-Annually	Survey with Coalition Staff/Key Stakeholders of Funded Community Coalitions	
Coalition Planning and Implementation Process NOMS (Number of Evidence-Based Programs Implemented)	<i>Coalition Key Stakeholder Interviews</i> <i>Review of Coalition Science Based Programming Selection and Implementation by Evidence-Based Workgroup DSHS)</i>		Annually	Qualitative Interviews with Funded Community Coalition members	
Coalition Cultural Competence and Sustainability	<i>Cultural Competency and Sustainability Instruments needed</i>		Annually	Survey Data to be collected with Funded Community Coalitions	