



Brad Henry
Office of the Governor
State of Oklahoma

November 3, 2008

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044, 1 Choke Cherry Road
Rockville, Maryland 20850

RE: SP-09-001

Dear Ms. Saunders:

The state of Oklahoma respectfully submits this application for funding for the *Strategic Prevention Framework State Incentive Grant*, CFDA No. 93.2243 RFA SP-09-001.

Led by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma, in partnership with community-level organizations and SAMHSA, will develop a comprehensive approach designed to:

- Prevent the onset and reduce the progression of substance abuse including childhood and underage drinking;
- Reduce substance abuse-related problems; and
- Build prevention capacity and infrastructure at the State and community levels.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) is authorized by state statute, and designated by me to conceptualize and develop this proposal. In addition, ODMHSAS is the single state authority for substance abuse treatment. If you have any further questions, please call Terri White, Commissioner, Oklahoma Department of Mental Health and Substance Abuse Services at (405) 522-3877 or Jessica Hawkins, Director of Prevention Services at (405) 522-5952.

Sincerely,

A handwritten signature in black ink that reads "Brad Henry".

Brad Henry
Governor

Enclosure

Abstract

The State of Oklahoma proposes to utilize this grant funding opportunity to expand delivery of the Strategic Prevention Framework (SPF) in multiple communities across the State. The Oklahoma SPF project will further the State's interagency efforts, develop and deploy needed prevention systems, address identified service gaps and policy needs, and build infrastructure at the State and community levels that, together, lead to more efficient and effective resource utilization and impacts to substance abuse problems and related issues. The State and selected communities will work in partnership to promote integration of the five-step SPF across Oklahoma.

Through the SPF project Oklahoma will continue to develop, implement and sustain the State Plan for the Prevention of Substance Abuse (Oklahoma Office of the Governor, 2006). The SPF State Incentive Grant effort will emphasize the continued development of community partnerships and coalitions begun during State Incentive Cooperative Agreement funding, emphasize data-driven planning, continue development of the needs assessment and program outcome data systems necessary to drive community planning efforts, promote the selection of evidence-based prevention practices at the community level, and continue the Statewide Epidemiological Outcomes Workgroup (SEOW) to provide oversight to the monitoring and evaluation of the state's prevention effort. The SEOW will conduct periodic statewide and community assessments to estimate the prevalence of substance use, abuse and dependence; determine the nature and magnitude of problems associated with substance abuse; and design all relevant data systems and State, county and community profiles.

The SPF project will provide the training and technical assistance necessary to allow communities to identify the causal factors driving substance abuse, and provide ongoing consultation in the development, implementation, and evaluation of the communities' strategic planning efforts. The project goals are: prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems in communities; and build prevention capacity and infrastructure at the State and community levels. These goals will be operationalized by supporting elements of the SPF and through continuous attention to sustainability and cultural responsiveness.

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SECTION A: Statement of Need

A.1. Description of Population: According to the 2000 United States Census, Oklahoma ranks 18th in area among the 50 states and covers approximately 70,000 square miles. Oklahoma is divided into 77 counties with a total state population of 3.45 million (a 9.7% increase from the 1990 Census). Fourteen of the 77 counties have a population of less than 10 people per square mile, and 42 counties have a population of 10 to 49 people per square mile. The average population density for the state is 49.3 people per square mile. Approximately 61% of the state's population resides in five Metropolitan Statistical Areas (MSAs): Oklahoma City (1,083,346), Tulsa (803,235), Norman (803,235), Lawton (114,996), and Enid (57,813). The per capita income in Oklahoma is \$23,517 with a median household income of \$30,002. Approximately 16% of all Oklahoma households are below the poverty level, compared to 13.8% nationally. In some Oklahoma counties, the poverty rate is in excess of 30%. The 2000 Census report estimated 76.2% of Oklahomans are White, 7.9% are American Indian, 7.6% are Black, 1.4% are Asian/Pacific Islander, and 6.9% reported being two or more races. The number of persons reporting Hispanic/Latino origin represents 5.2% of the 2000 Census population estimate. The 2000 Census indicated the tribal population in Oklahoma was approximately 390,000. There are 37 federally recognized tribes in Oklahoma, each with its own unique form of government, culture, and values.

A.2. Documentation of Need: The need to implement the Strategic Prevention Framework (SPF) in Oklahoma is well demonstrated by data collected by the State Epidemiological Outcomes Workgroup (SEOW) related to the prevalence of substance abuse and related underlying causes among Oklahoma youth and adults. The table below contains key findings.

Table 1: Oklahoma Data on Substance Use, Consequences, and Causal Factors

Alcohol	<ul style="list-style-type: none"> • Alcohol use among youth in Oklahoma has increased by 2.5% since 2005. (2) • 45% of Oklahoma youth age 18-20 reported drinking alcohol in the past 30 days, an increase from 30% in 1999. (1) • 54% of 12th graders surveyed had used alcohol in the past 30 days. (2) • 18% of 9th graders surveyed had consumed five or more drinks in a row in the past 30 days. (2) • Almost 16% of youth age 12 to 17 and 53% of young adults ages 18 to 25 were estimated to have consumed alcohol in the past 30 days. (3) • 37% of young adults aged 18 to 25 and 20% of adults aged 26 and over were estimated to have consumed five or more alcoholic drinks in one sitting in the past 30 days. (3)
Tobacco	<ul style="list-style-type: none"> • Cigarette use in the past month among Oklahomans age 12 and over was estimated at 31%, which is 6% above the U.S. average of 25%. (3) • 23% of Oklahoma students surveyed had smoked in the past 30 days, compared to 20% nationwide in 2007. (2)
Other Drugs	<ul style="list-style-type: none"> • Oklahoma is first in the nation for nonmedical use of pain relievers for those age 12 and over in the past year. (3) • 5.5% of Oklahoma students surveyed had used methamphetamine in their lifetime, compared to 4.4% nationwide. (2) • 31% of Oklahomans age 12 and older report lifetime use of illicit drugs other than marijuana. (2)
Consequences	<ul style="list-style-type: none"> • 13% of Oklahoma students surveyed reported that they had driven after drinking alcohol in the past 30 days, which is 3% above the national average. (2) • 27% of students surveyed indicated that they had ridden with a driver who had been drinking alcohol at least once in the past 30 days. (2) • Possession of marijuana constituted 53% of all drug related arrests in 2007, and alcohol related arrests accounted for 29% of all arrests in 2007. (1) • Drug related arrests among juveniles have increased by 10% from 2006 to 2007, while alcohol related arrests among juveniles have increased by 3%. (1) • The number of alcohol related car crashes in which DUI-alcohol was the cause increased by 13.5% from 2005 to 2006. (4) • 16% percent of all alcohol related arrests were of persons under the age of 21. (6) • The total number of drivers involved in crashes who had been drinking alcohol was 4,466. Of these

	<p>drivers, 13% were under the age of 21. (4)</p> <ul style="list-style-type: none"> • Of all people who died by suicide in 2005 and were tested for alcohol, 31% tested positive. Of those age 15 to 24 who died by suicide in 2005, 40% tested positive for alcohol and 53% of persons age 45 to 54 who died by suicide tested positive for alcohol. (5)
Causal Factors (7)	<ul style="list-style-type: none"> • Laws/norms favor drug use: 6th grade:48.1%; 8th grade:46.7%; 10th grade:44.1%; 12th grade:49.6% • Perceived availability of drugs: 6th grade:50.9%; 8th grade:43.6%; 10th grade:47.1%; 12th grade:47.1% • Early initiation of drug use: 6th grade:35.1%; 8th grade:42.9%; 10th grade:41.0%; 12th grade:43.9%
<p>Data Sources Legend: Behavioral Risk Factor Surveillance Survey 2007 (1); Youth Risk Behavior Survey 2007 (2); SAMHSA National Survey on Drug Use and Health 2004 - 2005 (3); Oklahoma Highway Safety Office 2006 (4); National Violent Death Reporting System 2005 (5); Uniform Crime Report 2007 (6); Oklahoma Prevention Needs Assessment Survey 2008 (7)</p>	

A.3. Need for Enhanced Infrastructure and Assets/Resources:

In 2005, Oklahoma developed a comprehensive state plan for substance abuse prevention as part of the first State Incentive Cooperative Agreement (SICA) from the Center for Substance Abuse Prevention (CSAP). The plan identifies several areas for infrastructure improvement to increase the capacity to implement, sustain, and improve effective substance abuse prevention services in the state. The needs identified in the plan relate to the SPF and include: (1) Assessment: Lack of support for the capacity in the state to gather and/or assess information on substance abuse and its contributing factors and impacts in their communities. (2) Capacity: Lack of a common training and technical assistance program; Lack of training and technical assistance related to culturally-appropriate prevention programs. (3) Strategic Plan: Need to link and coordinate the Substance Abuse Prevention Strategic Plan with state and local initiatives addressing the prevention of other problematic social and behavioral conditions; Need to strategically plan prevention initiatives at the community level that are comprehensive in scope, community-specific, and data-driven. (4) Evidence-Based Strategies: Need for prevention programs to utilize evidence-based strategies that are comprehensive in scope and address multiple domains. (5) Monitor, Evaluate, Sustain: Simplified processes for the collection and reporting of outcome data; Centralized and uniform data collection system for outcome measurement; Uniform reporting mechanisms; and On-going technical assistance that promotes the collection of valid outcome data.

In addition to infrastructure needs identified in the State strategic plan, periodic prevention stakeholder forums, including a recent (2007) prevention provider network survey and contract site reviews, have yielded the following infrastructure needs: (1) Workforce development (recruitment and retention) for prevention network providers; (2) Community-level capacity to implement environmental prevention strategies; and (3) Community-driven prevention planning and implementation. The development of the state plan was an initial first step in identifying opportunities for infrastructure development within Oklahoma’s prevention system. Since that time, some progress has been made through interagency process improvements and strategic partnership development (i.e. contractual requirement to use evidence-based strategies; collection of state and local needs assessment data; improved partnerships with tribes). However, the SPF will provide the means and approach necessary to operationalize relevant portions of the state plan and to reassess the state prevention system’s full infrastructure needs.

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will build upon the assets and resources developed during the SICA project and thereafter to improve the state’s capacity to implement and sustain effective prevention services. First, there are viable statewide collaborations related to substance abuse prevention including the SEOW, a Governor’s Task Force on the Prevention of Underage Drinking, a Tribal Advisory Workgroup, the Oklahoma Prevention Policy Alliance, and the Oklahoma Methamphetamine Prevention

Collaborative. These boards/councils provide formalized venues for statewide systems planning for prevention. Second, ODMHSAS has developed strategic partnerships with key state-level stakeholders, including other state agencies, elected officials, universities, substance abuse field provider networks, and cultural representative organizations. Finally, ODMHSAS' prevention system consists of diverse community-level providers (tribal governments, universities, public schools, community non-profits) engaged in a wide scope of prevention services. Oklahoma realizes that the SPF SIG project will demand new types of infrastructure building off the previous SICA project successes and that infrastructure development around the SPF outcomes based model will be required.

A.4. Service Gaps/Barriers and Stakeholders/Resources: Potential barriers related to the need for infrastructure development within the state include a lack of training and technical assistance in the application of needs assessment data for community planning. In 2004, ODMHSAS began administering the Oklahoma Prevention Needs Assessment (OPNA) survey. However, most communities lack the knowledge and skills to utilize the data effectively in prevention planning and evaluation. Other barriers include the lack of focus on accountability through the use of outcome data and a lack of uniform measures or benchmarks to track progress. A significant challenge to implementing the SPF may also include competing agendas and priorities of partner state agencies and private, non-profit community social service agencies. This, along with their varied perspectives and theoretical approaches and processes may pose a challenge, thereby further justifying the need for infrastructure development and collaboration. In addition, service gaps exist for prevention services among the state's minority populations due to a lack of culturally responsive prevention planning and implementation.

Oklahoma will draw on various stakeholders and resources to help implement the needed infrastructure development, including Oklahoma State Department of Health, Department of Education, Department of Human Services, and Oklahoma Commission on Children and Youth. These stakeholders, and others, offer a myriad of resources to address many of the aforementioned barriers through their participation on the SPF Advisory Council, SEOW, and other Workgroups. The project will also benefit from the extensive state-level infrastructure development many of these partners have been a part of with the SAMHSA funded Transformation State Incentive Grant (TSIG) and Systems of Care project. ODMHSAS will also leverage the knowledge and resources of Cherokee Nation, a SPF SIG tribal award recipient, and the current Center for the Application of Prevention Technologies (CAPT) located in Oklahoma (and their successor) as SPF technical content experts. ODMHSAS will benefit from recent SPF implementation experience at the state and community level from the SAMHSA Methamphetamine Prevention grant, which is based entirely on the SPF model. ODMHSAS will also build upon the collaborative partnerships with the University of Oklahoma's American Indian Institute, Oklahoma City Area Intertribal Health Board, Latino Community Development Agency (current contracted prevention providers and partners), and the Tribal Relations Advisory Workgroup of Oklahoma's TSIG to serve as resources to develop meaningful partnerships for prevention. These entities, among others, will serve as advisors to develop a more culturally responsive prevention system at the state and community levels.

SECTION B: Proposed Approach

B.1. Purpose of the Proposed Project: The purpose of the Oklahoma SPF project is to build and sustain an effective prevention service system through the institutionalization of the guiding principles and steps of the SPF in partnership at the state and community levels. The Oklahoma

project will mobilize new and existing stakeholders around the application of the SPF to create a prevention system that is informed by data, driven by collaboration, culturally responsive, and produces sustainable outcomes.

Goals and Objectives: The following table represents the goals and objectives of the Oklahoma SPF project developed from the initial assessment of existing SEOW key data findings. The Advisory Council and SEOW will define data-informed measures for each objective within the first four months of the project. During the state needs assessment process, the Advisory Council and SEOW will determine if additional objectives (priority problems) are required.

Table 2: Goals and Objectives

Goals	Objectives
1) Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking.	1.1 Increase the average age of first use of alcohol, tobacco, and other drugs as reported by Oklahoma youth.
	1.2 Decrease the number of Oklahoma youth who report they have used alcohol, tobacco, and other drugs in the past 30 days.
	1.3 Decrease the number of Oklahoma youth who report underage drinking.
	1.4 Decrease the number of Oklahomans age 12 and older who report non-medicinal use of prescription drugs.
2) Reduce substance abuse-related problems.	2.1 Reduce the priority problems and consequences associated with substance abuse, and specifically underage drinking.
	2.2 Improve the contributing factors related to substance abuse, and specifically underage drinking.
3) Build prevention capacity and infrastructure at the State and community levels.	2.3 Increase state-level capacity for prevention by institutionalizing a common comprehensive SPF approach and developing state systems of collaboration (Council, Workgroups, etc) for sustained strategic planning.
	2.4 Increase community-level capacity for prevention with community-level prevention projects implementing the comprehensive SPF approach through intensive skill/knowledge development and partnership development.

Implementation of the SPF will lead to achievement of these objectives at the state and community level by (1) Assessment - SEOW completing ongoing state and community-level needs assessments and adding/refining objectives based on most current data findings to ensure priority areas, target population(s), and outcome measures are well-defined; SEOW identifying data gaps through the assessment process; Building resources, readiness assessment and gap analysis into the needs assessment process to support participating state agencies; Addressing data gaps with particular attention to those related to diverse populations. (2) Capacity - Developing a SPF Advisory Council, SEOW, and Workgroups with representative members appointed and mechanism designed for constant integration of cultural responsiveness and a focus on building interagency and state-community partnerships; Building prevention knowledge/skills among state and community partners for effective prevention; SEOW working with identified communities to interpret/apply data findings; Building a comprehensive training and technical assistance system for community level prevention providers to apply data to select, implement, and evaluate evidence-based practices. (3) Planning - SPF Advisory Council updating the State Plan for Substance Abuse Prevention based on SEOW assessment data and Council recommendations on evidence-based programs, policies, and practices that meet priority needs; SEOW working with partners to identify methods to address data gaps; Developing policies/procedures with state-level partners to promote prevention strategies that impact benchmarks. (4) Implementation - Evidence-Based Practices Workgroup will be established and make recommendations to the SPF Advisory Council for programs, policies, and practices to produce sustainable outcomes that are appropriate for the target population(s) and will work closely with advisors (including program developers) to make necessary culturally appropriate modifications/recommendations. (5) Evaluation - SEOW will monitor data on evidence-based programs, policies, and practices that can support the state’s efforts to meet the identified targets;

Evaluation at the state and community levels will be built into the strategic planning and ongoing monitoring processes.

B.2. Description of the Proposed Project

Principles of the Strategic Prevention Framework: Oklahoma will adhere to the six guiding principles of the SPF. Oklahoma's substance abuse prevention system is built on the public health approach to identifying the causal factors and addressing the problems and consequences associated with substance use and abuse. Oklahoma is dedicated to achieving a data-driven strategic approach adopted across service systems at all levels. This will be done through use of state and community-level prevention data to conduct an assessment of needs and select, implement, and evaluate evidence-based prevention strategies able to affect the problems and consequences. Oklahoma acknowledges that prevention includes: (1) An ordered set of steps along a continuum for individuals, families, and communities; (2) Public health models grounded with common components of effective prevention; (3) Common risk/protective factors for substance abuse and mental health problems; (4) Resilience that is built by developing assets in individuals, families, and communities through evidence-based health promotion and prevention strategies; (5) Systems of prevention that work better than service silos; and (6) Baseline data, common assessment tools, and outcomes shared across service systems promotes accountability and effectiveness.

State-Level Implementation of the SPF Five-Step Model: Oklahoma will build upon the existing SEOW to identify priority issues for the State. Select members from the oversight committee that was formed in the first SIG project will become the SPF Advisory Council to oversee the Oklahoma SPF SIG project. New members will join the SPF Advisory Council to broaden the group's perspective, including veterans affairs, child welfare, cultural and faith-based representatives, and tribal nation(s). The SPF Advisory Council will develop a Comprehensive Strategic Plan for Oklahoma, building upon the current State Substance Abuse Prevention Plan. Upon approval of the State Comprehensive Strategic Plan by CSAP, SPF SIG community funding will be provided for local prevention partners to work on state priorities, as they are manifest in their communities. The selected communities will be involved in applying SPF processes and will serve as mentor communities for later implementation of effective prevention practices in other communities across the state. The SEOW and SPF Advisory Council will continue their work to develop and sustain a data-driven prevention system throughout the five-year SPF SIG project and beyond. The SEOW will continue the process of data collection, coordination and dissemination, conduct annual reviews of state priorities for the Advisory Council and the Governor's Office, and support community-level work. The Advisory Council will continue to provide the bridge between data and policy, assist with the state SPF's annual update, and design and refine State processes to implement the SPF in communities. The Advisory Council will oversee the work of the communities, collaborate on the review of state priorities and the strategic plan annually, report major findings, and recommend policies. These groups will continue to function post-grant to guide the state prevention system.

SPF Strategies and Roles at the Community Level-Overview: Community funding will be distributed through an application process to 10 Area Prevention Resource Centers (APRC) in the amount of \$150,000 per year per community. The SEOW is currently in the process of developing a data profile for each of the 17 regional APRCs that exist in Oklahoma. Utilizing these assessment reports in addition to community-level data from the 2008 Oklahoma Prevention Needs Assessment Survey and others, the SEOW will make funding recommendations to the SPF Advisory Council for the 10 APRC regions with the highest need.

By choosing the areas of the state with the greatest need, Oklahoma will increase the potential to demonstrate measureable outcomes. The SEOW will develop a scoring protocol for various substance abuse indicators to make their recommendations. Community subrecipients will be required to address childhood and underage drinking prevention while also allowed to add additional priority problems (if needed) based on the community-level assessment process. During the capacity building phase, community subrecipients will also be required to obtain local agreements between key community partners to participate in the SPF process, which will include a requirement for tribal citizen representation and local returning veterans groups on the local coalition. The selected communities will work closely with the SEOW Coordinator to participate in a needs assessment process, and those subrecipients that have already completed some level of assessment will participate in a review and enhancement process. The assessment process will include resource, readiness, gap analysis, strategic planning, and coordinated service delivery components. Two Prevention Program Field Representatives and a Technical Assistance Advisor will coordinate and/or provide extensive training and ongoing technical assistance to the community subrecipients throughout the project period. Project staff will participate in intensive training on a multitude of SPF-related strategies during year one of the project to become technical content experts in the areas of the public health approach to population level outcomes, utilizing data, community readiness, sustainability, cultural competency, and evidence-based practices (particularly environmental prevention strategies). Ongoing evaluation of the community subrecipients will facilitate the refinement of the processes developed in preparation for implementation to other community coalitions in the State prevention system. In years four and five of the project, the 10 community subrecipients will begin mentoring a minimum of nine additional community sites and will also be encouraged to serve as resources in statewide community trainings. The statewide trainings will commence in year three of the project, with a focus on the SPF assessment and capacity building processes. In year four, statewide trainings will focus on the SPF strategic planning process, and year five will focus on coordinated service delivery, evaluation and sustaining outcomes.

SPF Strategies Related to Childhood and Underage Drinking: To build capacity and mobilize current underage drinking prevention efforts, Governor Brad Henry created the Governor's Task Force on Prevention of Underage Drinking in December 2005, and appointed the ODMHSAS Prevention Services Director as the Chair. Task Force members include representatives from law enforcement, prevention, local municipalities, education, public health, youth, and a tribe-serving organization. This Task Force will assist the SEOW in the examination of relevant data to identify areas of elevated need in the state and recommend program and policy options. At the state level, this Task Force coordinates with existing statewide underage drinking prevention efforts including the Enforcing Underage Drinking Laws program (2Much2Lose). The Task Force will partner with the SPF Advisory Council to coordinate and streamline prevention services statewide. ODMHSAS also initiated an extensive underage drinking prevention initiative in 2007 among the APRC prevention provider network. By contract, APRCs are required to implement environmental prevention strategies aimed at preventing underage drinking and reducing the problems associated with underage drinking. SPF resources will provide much needed technical assistance in planning for population-level outcomes as related to underage drinking.

SPF Strategies Related to Returning Veterans and Their Families: In 2008, Oklahoma was selected to send a state team to participate in SAMHSA's Policy Academy on returning veterans and their families. This team has continued to convene and has developed an action plan to

address the unique and urgent needs of the men and women returning from service in Iraq and Afghanistan. The SPF project will collaborate with this team, managed by ODMHSAS, to ensure successful implementation. This will include partnering with the SEOW on assessing substance abuse priority problems among this population, identifying a veteran’s representative for the SPF Advisory Council to increase state-level capacity, and requiring community subrecipients to involve local veteran’s groups/representatives in their community coalitions.

Table 3: SPF Implementation Strategies and Roles

SPF Step 1 - Profile needs, resources, and readiness to address the problems and gaps	
<p>At the State Level:</p> <ul style="list-style-type: none"> • The SEOW will build on current data collection to assess substance abuse in the state and causal factors/intervening variables and consequences of substance abuse. Ongoing data collection will include information about Oklahoma’s diverse population, and special assessment reports will be developed for sub-populations or cultural groups as necessary. • The SEOW will evaluate currently available data and develop new data sources and/or protocols where indicators have not been established. • The SEOW will monitor outcome measures identified in the first Oklahoma State SIG. • The SEOW will develop data interpretation guidelines and dissemination strategies. • The SEOW will incorporate GPRA and National Outcome Measure Domains into existing data collection. • The SEOW will perform statewide resource and readiness assessment by surveying public agencies and through key informant interviews. • The SEOW will report key findings to the SPF Advisory Council and other stakeholders. • The SPF Advisory Council will oversee and provide coordination for the SPF SIG project. The Council will work closely with the SEOW to implement recommendations. • The SPF Advisory Council will assess state resources and readiness to address identified priorities and populations of need. • The SPF Advisory Council will identify state-level gaps in services and capacity, taking into account infrastructure needs defined from previously collected sources (State Strategic Plan for Substance Abuse Prevention). Statewide prevention stakeholders will be consulted as part of this process to identify infrastructure needs. • The SPF Advisory Council will establish protocols to systemically incorporate resource and readiness assessment. 	<p>At the Community Level:</p> <ul style="list-style-type: none"> • The SEOW will utilize community level data to prioritize the ten APRC regions with the highest need according to analyzed substance abuse indicator data related to the state priorities. • Ten APRCs will implement the SPF process in project years one through five, and conduct an annual community assessment. In years four and five, the community subrecipients will mentor additional communities, beginning with the assessment process. • Project staff, the SEOW, and technical content experts will provide intensive training and technical assistance the subrecipient communities to develop annual local SPF assessments that address community needs, resources and readiness. • The SEOW will examine ways to ensure data are easily available and understandable to communities utilizing GIS mapping techniques and web-based query systems to download custom, community-level reports.
<p>Childhood and Underage Drinking Prevention: Regional APRCs throughout the state funded through the ODMHSAS SAPT Block grant program are required to participate in the community needs assessment process to ensure the inclusion of underage drinking data and programming. The SEOW will consider the extent and impact of underage drinking across the state, and state priorities will guide community selection of evidence-based strategies as they apply for SPF SIG funding. Community subrecipients will be required to address underage drinking in their strategic plans.</p>	
SPF Step 2 - Mobilize and/or Build Capacity to Address Needs	
<p>At the State Level:</p> <ul style="list-style-type: none"> • Build on partnerships formed in the first SIG in support of state level collaborative assessment and planning and at the community level, enhanced linkages and processes. • Project staff will work closely with the ODMHSAS Tribal Advisory Workgroup and the Tribal Liaison (as well as other culturally representative partners i.e. Latino Community Development Agency, American Indian Institute, Urban League, Langston University) for technical assistance to further existing state-level partnerships. • Develop project field staff as technical content experts in SPF related topics in year one to 	<p>At the Community Level:</p> <ul style="list-style-type: none"> • Project staff will work closely with community subrecipients to develop local coalitions that are representative of the community and that are not staff driven, but community driven. Community subrecipients will work with state-level tribal gatekeepers to build local-level relationships with tribes in their communities and to identify tribal citizens for the local coalition (a requirement of funding). • Facilitate a SPF “learning community” process between communities through community subrecipient mentoring in years four and five. Community subrecipients will mentor additional communities in year four and year five of the project. Community subrecipients will be encouraged to serve as resources in the statewide trainings as well. • Project staff will provide training and TA to help communities

<p>fulfill training and technical assistance needs of community subrecipients; identify external technical assistance partners to provide intensive support to community subrecipients.</p> <ul style="list-style-type: none"> Facilitate a SPF mentoring process between communities through statewide training beginning in year three. 	<p>understand and interpret data; conduct quality resource and readiness assessment; identify gaps in service delivery; build coalitions and local networks with existing and new partners; develop collaborative strategic plans; leverage resources; implement, monitor and evaluate evidence-based strategies (with a focus on sustainable environmental strategies); implement or coordinate activities focused on the reduction of underage drinking in participating communities.</p>
<p>Childhood and Underage Drinking Prevention: The Governor’s Task Force on Prevention of Underage Drinking is comprised of representation from youth, law enforcement, prevention, local municipalities, education, public health, and tribes. The Task Force, a resource to the SPF SIG project, will offer mentoring relationships between SPF SIG communities and partner State agencies. Project staff will provide community subrecipients with technical content experts on underage drinking prevention strategies, particularly sustainable environmental strategies.</p>	
<p>SPF Step 3 - Develop a Comprehensive Strategic Plan</p>	
<p>At the State Level, the SPF Advisory Council, in conjunction with SEOW will:</p> <ul style="list-style-type: none"> Create the State Comprehensive Strategic Plan that builds upon the current Substance Abuse Prevention Plan to: <ol style="list-style-type: none"> Incorporate the state SPF assessment process, including data issues identified by the SEOW, and state priorities; Include specific action strategies that targets critical needs identified in the prioritization process and designate how service gaps will be addressed; Identify the key state stakeholders and the prevention system structure; Convey a commitment to data-driven and evidence-based prevention system; Identify resource strategies for sustainability; Address plans for infrastructure development and sustainability of outcomes, training and technical assistance, capacity, and mobilization; Set goals and objectives related to the statewide implementation of evidence-based policies, programs and practices; Designate outcomes and timelines for achievement of identified goals; Build processes for annual plan adjustments based on evaluation and ongoing updates; and Address systemic issues, such as how to establish data-driven prevention processes in tribal and other ethnic and cultural communities. Address the barriers to collaborative local planning by developing common planning requirements with similar funding cycles, timelines and reporting expectations that are streamlined to reduce redundancy. Address the various needs of the diverse population of Oklahoma and include strategies and objectives to build on collaborative partnerships with cultural leaders/representative organizations. 	<p>At the Community Level:</p> <ul style="list-style-type: none"> Subrecipient communities will design collaborative and comprehensive strategic plans based on local SPF process. Project staff will provide ongoing training events and ongoing technical assistance on collaborative strategic planning. Project staff will assist in the facilitation of the process with subrecipient communities. Participate in cross-site process evaluations to inform the state’s refinement of process expectations based on local realities to determine level of support local partners needed. Prepare community collaborative strategic planning protocols for incorporation into statewide planning processes.
<p>Childhood and Underage Drinking Prevention: Reducing underage drinking problems will be highlighted in the SPF SIG State Comprehensive Strategic Plan and be a required component of the community subrecipients’ plans. The SEOW’s assessment of data related to underage drinking will guide prioritization of objectives for the State Plan.</p>	
<p>SPF Step 4 - Implement Evidence-Based Prevention Programs and Infrastructure Development Activities</p>	
<p>At the State Level:</p> <ul style="list-style-type: none"> The SPF Advisory Council will establish an Evidence-Based Practices Workgroup to review the State Comprehensive Plan to ensure prevention policies, programs, and practices have shown to be effective for the priority problems and target populations. The Workgroup will also make recommendations for modifications to/replacement of strategies for cultural appropriateness. The SPF Advisory Council will promote culturally competent evidence-based policies, programs and practices at all levels of the state prevention system and within other state agencies conducting prevention services. The Council will develop protocols and definitions of evidence-based practices for the prevention system to include CSAP approved resources such as the National Registry of Effective Programs and Practices (NREPP). Project staff will coordinate statewide trainings first to subrecipient communities, then to the statewide system of 	<p>At the Community Level:</p> <ul style="list-style-type: none"> ODMHSAS will fund ten APRC community subrecipients to implement evidence-based prevention programs locally. Project staff and technical content experts will provide intensive training and technical assistance the subrecipient communities on evidence-based strategies, particularly sustainable environmental strategies. The Evidence-Based Practices Workgroup will work with community subrecipients to review and select evidence-based programs, practices, and policies from approved models that reflect the assessed prevention needs and ability to achieve proposed community outcomes. Community subrecipients will implement the selected prevention services with fidelity (including adaptation approval) in order to address the consumption and consequence priorities identified in local level strategic plans. Community subrecipients will document cultural

<p>local prevention planners and service providers on evidence-based practices, particularly environmental strategies.</p>	<p>responsiveness and competence throughout the SPF SIG process and especially the delivery of prevention services.</p>
<p>Childhood and Underage Drinking Prevention: The project will require that community subrecipients address underage drinking prevention and select evidence-based strategies to prevent underage drinking and the problems associated with underage drinking. Since the Oklahoma prevention provider network already requires underage drinking prevention implementation, community subrecipients will be required to examine the comprehensiveness of their approach and select strategies that complement existing efforts in the community, especially sustainable environmental prevention strategies. The SPF Advisory Council will ensure state-level collaboration between agencies involved in aspects of underage drinking prevention (namely law enforcement efforts) translate down to the community level so that communities can more easily develop working partnerships with those entities at the local level.</p>	
<p>SPF Step 5 - Monitor process, evaluate effectiveness, sustain effective programs and activities, and improve or replace those that fail</p>	
<p>At the State Level:</p> <ul style="list-style-type: none"> • The state level evaluation will focus on the effectiveness of the interagency collaboration and training/technical assistance provided in the implementation of SPF steps one through four. • The state level evaluation will document reviews and interviews of key state stakeholders and process and outcome data submitted by community subrecipients. • Evaluators will conduct an annual survey of local SPF SIG subrecipients to include a review of the utility of data provided by SEOW, clarity of statewide strategic plan process and its congruence with local needs and resources, effectiveness of training and technical assistance provided by state contractors, and effectiveness of assistance provided to mentor other communities. • Evaluators will provide federally required performance data on a regular basis. 	<p>At the Community Level:</p> <ul style="list-style-type: none"> • Community subrecipients will participate in the cross-site evaluation of the SPF project. • Evaluators will conduct interviews of key informants at each community site to learn more about the process of collaboration and program implementation. • Community subrecipients will participate in a structured annual site visit to each funded community that will include focus groups and interviews of local team members • Community subrecipients will participate in case studies to provide the narrative detail of the experience of implementing SPF at the local level. • SPF SIG project evaluators will work closely with community subrecipients to ensure comprehensive, reliable, and valid local data are collected on the effectiveness of collaborative planning; quality of service delivery; integrity of needed adaptations to evidence-based programs along cultural lines; and outcomes from local prevention policies, practices, and programs. • SPF SIG evaluators will analyze data collected by subrecipients and provide reports to state and community level prevention staff in order to inform modifications to interventions as needed to promote successful outcomes. Data will be used to modify and improve interventions.
<p>Childhood and Underage Drinking Prevention: The SEOW will collect State and community level data on the use of alcohol by underage persons and problems associated with alcohol use. This data will be made available to the SPF Advisory Council, the SPF SIG evaluation team, and the participating communities. The SPF SIG evaluation team will document implementation of strategies at the community level directly focused on underage drinking. Together the SEOW and the SPF SIG evaluation team will determine the impact of community based strategies and report these findings to the participating communities and the SPF Advisory Council. Based on this analysis, prevention activities and programs that are identified as impacting this problem will be promoted to all Oklahoma communities. Activities that do not demonstrate a positive impact will not be considered for future funding through SPF SIG and the SPF Advisory Council partners unless extenuating circumstances exist that require continued funding.</p>	

Leverage Resources: The Oklahoma SPF SIG project will bring together the resources of several state agencies on the SPF Advisory Council. Through this state-level planning team, it is expected that partners will collaborate on joint efforts to improve the state’s infrastructure for prevention. The state’s former experience with a prevention State Incentive Grant yielded many joint projects including implementation of a statewide student survey on risk and protective factors, state councils/task forces on prevention, prevention conferences and trainings, and new funding sources through collaborative grant efforts. In preparation for this proposal, many agencies and programs have also offered their resources and partnerships, including staff time, expertise, and training.

B.3. State Epidemiological Workgroup: The Oklahoma SEOW is modeled after the National Institute on Drug Abuse (NIDA) community epidemiological work group. The current SEOW is an extension of the original State Epidemiology Workgroup formed during the state’s first SIG.

Members of the SEOW are invited to participate based upon their knowledge and capacity to provide and/or work with substance-related data. Diversity on the SEOW reflects this effort with a mix of data analysts, epidemiologists, prevention experts, community providers, university representatives, and State agency representatives. The mission of the SEOW is to improve prevention assessment, planning, implementation, and monitoring efforts through the application of systematic, analytical thinking about the causes and consequences of substance abuse. The goals of the SEOW are to (1) Develop workgroup sub-committees for each substance of concern; (2) Promote systematic and analytical thinking to produce data and accurately assess the causes and consequences of the use of alcohol, tobacco, and other drugs; and (3) Develop data-driven decision methods to effectively and efficiently utilize prevention resources throughout the state.

To build on the existing SEOW for the SPF SIG project, the group will report their data and findings to the SPF Advisory Council and communities involved in the SPF SIG effort. The SEOW will also monitor baseline prevention data and outcomes to determine effectiveness and will be responsible for identifying problem areas, populations, and service needs at the community level. It will be the task of the SEOW to establish what success would look like in Oklahoma based on data as well as to ensure accountability, effectiveness, and sustainability of outcome measures through SPF SIG funding. The SEOW will improve communication and facilitate information exchange to maintain coordinated efforts across the state. The SEOW will monitor the diversity of the populations served to ensure coverage to underserved minority and geographic populations. Key members of the SEOW, led by the SEOW Coordinator funded through the SPF SIG, will work directly with subrecipient communities to provide training and technical assistance on applying data findings to their individual assessment, planning and monitoring processes. The SPF SIG evaluation team will also be represented on the SEOW, and the group will regularly assess membership to ensure all appropriate representatives participate. An additional priority partner includes Veterans Affairs officials in Oklahoma.

B.4. SPF Advisory Council: Under the previous SIG, Oklahoma created the Cooperative Agreement Advisory Council (CAAC) on substance abuse prevention. Relevant member agencies of the CAAC group will be brought back together under the SPF initiative and formalized as an advisory council through the Governor's Office. The Governor will formally establish the SPF Advisory Council and make appointments to the Council based, in part, on ODMHSAS recommendations of former CAAC members as well as new representatives detailed in the table below. The Governor will also appoint the SPF Advisory Council Chair upon notification of award. The SPF Advisory Council will oversee all phases of the SPF SIG process. Meetings will occur on a monthly basis for a minimum of the first two years of the project. The SPF Advisory Council will develop strategic workgroups to perform specific, needed functions to achieve effective oversight of the project. At minimum, this will include the SEOW and the Evidence-Based Practices Workgroup.

Table: 4 Proposed SPF Advisory Council Members

Member Agency/Organization	Role
Office of Governor Brad Henry	Liaison to the Governor's Office
Department of Mental Health and Substance Abuse Services	Designated single state agency for substance abuse and mental health, provides substance abuse prevention services. Provide administrative oversight of the Council and ensure appropriate staff/project representation (including SEOW).
Department of Public Safety/Highway Safety Office	Designated state agency for underage drinking prevention through administration of the Enforcing Underage Drinking Laws program
State Department of Health	Designated state agency for public health and tobacco prevention
Department of Human Services	Designated state agency for social services
Bureau of Narcotics and Dangerous Drugs	State law enforcement agency directed primarily at drug trafficking, illicit drug manufacturing, and major suppliers of illicit drugs

Alcohol Beverage Law Enforcement Commission	Designated state agency for alcohol retail licensing and enforcement
Department of Education	Designated state agency for regulation of state and federal public education laws, including Safe and Drug Free Schools and Communities
Oklahoma Commission on Children and Youth	Provides joint planning and coordination among public and private agencies on children's services
Oklahoma Institute for Child Advocacy	Leading Oklahoma policy advocate for children's issues
SPF SIG Evaluation Team	Provide evaluation data for SEOW review. Coordinate data collection efforts.
Additional recommendations to the Governor's Office will include representatives from the following sectors:	
Veterans affairs	Represent service needs for returning veterans and their families
Community-level prevention	Represent community-level prevention providers
Tribal nations/serving organization	Represent service needs and culturally appropriate strategies for Oklahoma Indians
Cultural competency advisors	Provide advisement on relevant culturally responsive service needs
Local law enforcement	Represent community-level law enforcement agents
Higher education	Represent services needs for higher education
Juvenile justice/Adult corrections	Represent service needs for criminally involved youth and adults
State legislative representatives	Provide guidance on state-level policy issues
Faith leader	Represent faith-based initiatives

B.5. Addressing the Language, Beliefs, Norms of Oklahoma: According to the U.S. Census, nearly 238,000 Oklahomans, 5 years of age and older speak languages other than English. Among those who speak a language other than English in the home, the top language spoken is Spanish (59%), and it is interesting to note that three of the top 10 languages are American Indian languages (Cherokee, Muskogee, and Choctaw). If combined, these American Indian languages would be the third most frequently spoken language in Oklahoma, next to English and Spanish. Another factor to consider is that Oklahoma is a relatively poor state. The per capita income in Oklahoma is \$23,517 with a median household income of \$30,002. In some Oklahoma counties, the poverty rate is in excess of 30%. Oklahoma is also a rural state with the average population density for the state is 49.3 people per square mile. The low population density, high poverty rates, and multi-linguistic characteristic of Oklahoma reflects geographical and cultural barriers that can affect the implementation of services. Our efforts will need to be tribe and community-specific, and tailored to all racial/ethnic groups individually. Project staff, the SPF Advisory Council (and Workgroups), and the SEOW will utilize an extensive network of cultural advisors and gatekeepers at the state and community levels to ensure our approach will have optimal effectiveness. Project materials, products, and strategies, including evidence-based practices, will be produced and reviewed with the target population's cultural, languages, and values at mind.

B.6. Evidence-Based Policies, Programs and Practices in Subrecipient Communities: ODMHSAS currently requires that communities use evidence-based prevention strategies and programs through its Community Prevention Action Plan process (SAPT Block Grant funds). This approach follows the SPF model, emphasizes strategic, data-driven planning, and requires each applicant to describe the evidence-based policies, practice strategies and programs that the agency plans to implement. For the SPF SIG, funded communities will continue this process and will also be required to select strategies from a qualified list (e.g., NREPP, Western CAPT's Best Practices web site, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Education), cite evidence from scientific journals, or provide other evidence that supports the selection not already approved. The Evidence-Based Practices Workgroup will play an integral role in assisting subrecipient communities in selecting evidence-based policies, programs and practices. The Workgroup, along with project field staff, will work closely with communities to identify an eligible program that meets the needs of the target population. In situations where the a program is not suitable for the target population, the Evidence-Based Workgroup will work

closely with the community, cultural advisors, program developers, and other SPF SIG cohort grantees to make culturally appropriate modifications that maintain the program’s fidelity and/or recommend more appropriate strategies.

B.7. Other Collaborating Organizations: Oklahoma is fortunate to have many community-based efforts that are positioned to have a role in the SPF SIG project. Below is a table summarizing community partners.

Table 5: Community Partners

Community Partner	Roles and Responsibilities
Area Prevention Resource Centers (APRCs), a network of 17 providers that provide evidence-based substance abuse prevention services to all 77 counties in Oklahoma.	-Community building efforts -Select training and technical assistance in subrecipient communities.
Turning Point Community Partnerships	- Build broad community support and participation in public health priority setting and action.
Oklahoma Commission on Children and Youth Community Partnership Boards	-Provide leadership and advocacy for family-centered, community-based, culturally sensitive approaches for children, youth and families
Oklahoma Prevention Policy Alliance, comprised of prevention providers from across the state	- Support legislative and policy change on a statewide level
Oklahoma Drug and Alcohol Professional Certification Association, professional membership (substance abuse treatment/prevention professionals)	-Provide training and technical assistance on the certified prevention specialist process.

In addition to the SPF SIG proposal submitted by ODMHSAS, a consortium of tribal governments and organizations serving Oklahoma tribal citizens intends to submit a proposal. ODMHSAS has worked closely and will continue to work closely with this consortium to build state and community-level infrastructure to ensure effective prevention services are provided for all Oklahomans. This tribal consortium and ODMHSAS will work together to provide complimentary training and technical assistance to our existing networks in years one and two of the project. By year two or three, the two projects will coalesce to serve common communities in a holistic way. We will partner and avoid duplication in shared communities by (1) serving on each other’s SPF Advisory Councils, and planning for a sustained, joint Council in year five; (2) providing a liaison for each other’s community and tribal coalitions if the same or proximate communities are involved in the project; (3) ensure selected prevention strategies are complimentary and well-coordinated, especially if common priority problems are selected; and (4) ensure evaluation teams work together to document and measure the collaborative effort.

B.8. Culturally Appropriate: Oklahoma’s prevention system actively attempts to serve all populations equitably and in culturally relevant and responsive ways. The SEOW will consider if current prevention efforts are reaching the right populations, or if institutional assumptions are overlooking vulnerable communities. Once these issues are clarified, the SPF Advisory Council will incorporate strategies to address those needs into the State Strategic Plan. Oklahoma plans to implement culturally appropriate policies, programs and practices through partnerships between State agencies, local community members and agencies (including Urban League, Latino/Hispanic, Asian, Gay/Lesbian/Bisexual/Transgender, rural, & low-income serving agencies), the SPF Advisory Council, SEOW, and Native American Tribes in Oklahoma. Membership in all SPF SIG groups will include representatives from underserved minority groups including tribes, traditional African American and Asian communities, underserved rural areas of the State, and youth and senior citizen groups. Concerted efforts will be made to develop partnerships for the SPF SIG project where they currently do not exist. All communities funded through this project will be required to demonstrate cultural responsiveness among local partners. Community subrecipients will be required to have representation from tribal citizens in their service area on their community coalition and to ensure representation from other minority

groups as part of the capacity building phase. Community applicants will be required to include local demographics detailing race and ethnicity in their establishment of need, and address cultural considerations in their proposals. Annual site reviews and ongoing technical assistance in cultural competence will ensure community subrecipients comply with these requirements.

B.9. Overcoming Barriers: Despite the fact that the partners involved in this project share a deep commitment to healthy individuals, families and communities, the reality is that institutional, fiscal and political barriers make collaboration and coordination challenging to achieve. Different funding cycles, varied program foci, and disparate reporting systems, stifle partnerships with the best of intentions for collaborative systems. These realities may interfere with the creation of connections at the state level and locally. Oklahoma knows that it can accomplish more when agencies and programs work together. Our experience from the first SIG demonstrated that the more agencies and programs worked together based on a common vision and mission, the more progress we made toward establishing a collaborative prevention system. Key to improving state connections will be continuation of effective communication channels between and among the state partners, and finding a common language that allows for the establishment of common ground. The SPF SIG will provide the resources, impetus and time the state needs to make those connections and build on what has been achieved so far.

B.10. Improving Substance Abuse Prevention Services: Over the past several years, the Oklahoma prevention services system has made many important steps in implementing elements of the SPF. With the addition of the OPNA and a workplan development system that requires community assessment, the APRCs are understanding the importance of using data to drive the planning process. APRCs are also now required to select evidence-based practices and build capacity among communities to engage in prevention. However, due to limited resources and state-level infrastructure challenges (namely lack of intensive technical assistance and a lack of focus on accountability through the use of outcome data) the substance abuse prevention system has not advanced much beyond a state of exposure and a piecemeal application of the comprehensive SPF approach. The project will provide the resources necessary to immerse the state and local communities in the SPF process. Expected improvements include increased data infrastructure related to consumption, consequence and causal factors of substance use, ability to identify measureable outcomes to demonstrate prevention effectiveness (building sustainability and new resources), increased application of population-level focused interventions, an easy to use assessment data dissemination system, a statewide training infrastructure to promote the SPF model, and improved interagency and state-community partnerships to optimize prevention planning and outcomes. State-level planning and partnerships will support community-level providers in implementing the framework to achieve sustainable outcomes around the priority substance abuse-related problems that affect Oklahomans most.

B.11. Sustainability and Program Continuity: The SPF SIG project is designed to be a long-term strategy to institutionalize a collaborative, data-driven performance management State plan. The project will build data-driven infrastructures and processes that will continue when funding is gone by continuing the SPF Advisory Council as an ongoing state prevention team. The extensive statewide training on the SPF and meaningful local evaluation will build community capacity that will benefit the state prevention system for many years to come. Collaborative planning processes developed by state agencies for community contractors, including all aspects of assessment, will be enhanced and tested with the SPF SIG community subrecipients, then evaluated with feed back to inform process refinements. Community subrecipients will also be required to develop sustainability plans within their strategic plans. The project will require

community subrecipients to mentor additional community coalitions/entities in the SPF process in years four and five. The purpose of this is to help internalize the process among funded community subrecipients through teaching the process, building collaboration between communities where they may not have previously existed, and leveraging community-level resources to expand application of the framework. At project end, Oklahoma will have tested SPF processes that have been incorporated into local prevention contract expectations for multiple state agencies. Depending on the state budget realities at that time, the SPF Advisory Council may also be in a position to seek additional support via the Governor’s budget process. Sustainability will be a priority in state and community level planning throughout the duration of the project.

ODMHSAS is committed to maintaining program continuity to ensure stability the life of the project through the development of a Department-wide staffing plan that involves executive leadership. The Oklahoma SPF SIG project will also involve a variety of stakeholders as leaders in key aspects of the project (i.e. Advisory Council, Workgroups) as part of an overall management team to ensure efforts are sustained. Project staff will remain in constant, proactive communication with Project Officers and federally contracted technical assistance and evaluation providers to ensure project timelines and objectives are met even if changes occur in the operational environment.

SECTION C: Staff, Management, and Relevant Experience

C.1. Project Timeline: A timeline for the project period is provided below with milestones represented by an asterisk.

Table 6: Project Management Timeline

Key Activities/Milestones*	Responsible	Months from Award
Project Start-Up		
Designate Project Director*	Principal Investigators	Pre-award
Hire all other project staff*	Project Director	3 months
Formation of Oklahoma SPF Advisory Council		
Designate Council Chair	Governor’s Office/Project Director	1 month
Appoint Council members	Governor’s Office/Project Director	1 month
Convene Council*	Project Director	2 months
Convene SEOW	Project Director until SEOW Coordinator hired	Pre-award
Establish Evidence-Based Practices Workgroup*	SPF Advisory Council	2 months
Convene Evidence-Based Practices Workgroup	Project Director/Prevention Program Manager	2 months
Establish and convene other workgroups	Prevention Program Manager	2 months
SPF – State Level		
Step 1) Profile Needs, Resources, Readiness		
• Assess existing state and local data sources	Evaluator/SEOW	2 months
• Identify state priorities*	SEOW/SPF Advisory Council	4 months
• Develop community datasets	SEOW	6 months
• Develop community selection protocol/criteria	SEOW/SPF Advisory Council	6 months
• Complete state needs assessment report*	SEOW/SPF Advisory Council	4 months
• Develop baseline measures to assess state implementation of SPF	Evaluator/SEOW	6 months
Step 2) Mobilize and/or Build Capacity to Address Needs		
• Examine SPF Advisory Council membership	SPF Advisory Council	Ongoing
• Train & engage key stakeholders*	Project Staff	2 months thru Year 5
Step 3) Develop a Comprehensive Strategic Plan Including Sustainability		
• Review SEOW assessment data	SPF Advisory Council	4 months
• Develop a vision, goals, objectives, outcomes	SPF Advisory Council	4 months
• Develop monitoring and evaluation plan	Evaluator/SPF Advisory Council	4 months

• Develop funding mechanism for communities	SPF Advisory Council/Project Director	6 months
• Submit plan to CSAP for approval*	Project Director	4 months
• Fund communities*	Project Staff	9 months
Step 4) Implement Programs & Infrastructure Development		
• Review community strategic plans and selected evidence-based strategies; make recommendations	Evidence-Based Practices Workgroup	16 months
• Develop community technical assistance plan	Project Staff	9 months, revisions thru Year 5
• Provide on-site, intensive technical assistance	Project Staff	9 months thru Year 5
• Implement infrastructure development	SPF Advisory Council/Project Staff	6 months thru Year 5
Step 5) State-Level Evaluation		
• Revise evaluation plan based on community sites' strategic plans	Evaluator/SPF Advisory Council/Project Staff	16 months
• Monitor and evaluate project activities	Evaluator	Ongoing
• Submit state level outcomes*	Evaluator/Project Director	24 months, 36 months, 48 months, 60 months
SPF – Community Level		
Step 1) Profile Needs, Resources, Readiness		
• Analyze local data	SEOW	10 months
• Complete community assessment	Community Subrecipients/SEOW Coordinator/Project Staff	12 months
Step 2) Mobilize and/or Build Capacity to Address Needs		
• Assess needed coalition membership	Community Subrecipients/Project Staff	9 months thru Year 5
• Convene stakeholders	Community Subrecipients	9 months thru Year 5
• Train stakeholders	Project Staff/Technical Content Experts	9 months thru Year 5
Step 3) Develop a comprehensive Strategic Plan		
• Complete facilitated strategic planning sessions to develop a sustainable plan*	Community Subrecipients/Project Staff	14 months
• Present plans to SPF Advisory Council	Community Subrecipients/Project Staff	16 months
Step 4) Implement Programs and Infrastructure Development		
• Present selections of evidence-based practices to Evidence-Based Practices Workgroup	Community Subrecipients/Project Staff	15 months
• Participate in technical assistance/training	Community Subrecipients	14 months thru year 5
• Begin implementation	Community Subrecipients/Project Staff	18 months
Step 5) Community-Level Evaluation		
• Provide local evaluation technical assistance	Evaluator/Project Staff	9 months thru Year 5
• Develop local evaluation plans*	Evaluator/Community Subrecipients/Project Staff	14 months
• Submit community-level outcomes*	Evaluator/Project Director	24 months, 36 months, 48 months, 60 months

C.2. Applicant Capability and Experience: ODMHSAS is the Single State Authority responsible for publicly-funded substance abuse and mental health treatment and prevention services. The Prevention Services Division of ODMHSAS has demonstrated success in managing the first SICA and current experience in managing a youth suicide prevention grant (SAMHSA), a methamphetamine prevention grant (SAMHSA), a children and families affected by substance abuse prevention grant (Administration on Children and Families), and the SEOW contract (SAMHSA). The ODMHSAS mission is to promote healthy communities and provide the highest quality care to enhance the well-being of all Oklahomans. To achieve this mission, ODMHSAS strives to provide and fund evidence-based prevention and treatment services while working with other state agencies to provide substance abuse and mental health services in all settings. Oklahoma is well-prepared to implement the SPF SIG project plan. ODMHSAS has established strong partnerships with key stakeholders across the state to successfully implement this project, including The Office of the Governor, Oklahoma State Department of Health,

Oklahoma Department of Human Services, Oklahoma Department of Public Safety, Oklahoma State Department of Education, Office of Juvenile Affairs, University of Oklahoma, Oklahoma Commission on Children and Youth, and ABLE Commission. Additionally, ODMHSAS has made tremendous strides in cultivating meaningful partnerships with tribal governments and organizations serving tribal citizens, including relationships with American Indian Institute, Red Rock West (Cheyenne-Arapaho tribal services), Kiowa Tribe, Choctaw Nation, Oklahoma City Area Inter-tribal Health Board, Cherokee Nation, and Osage Nation just to name a few. ODMHSAS has also initiated strong working relationships with agencies serving older Oklahomans and the Latino/Hispanic and African-American populations. ODMHSAS will continue to develop relationships with key stakeholders to provide Oklahoma with a comprehensive and collaborative process for effectively implementing the project plan. In addition to considerable experience, partners bring a commitment and desire to collaborate on prevention and move the prevention system forward.

Culturally Appropriate/Competent Services: ODMHSAS views cultural competence as a set of compatible behaviors, attitudes, and policies that come together in a system, agency, or among professionals which enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al, 1989; Isaac & Benjamin, 1991). This competence is the integration and renewal of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes (Davis, 1997). ODMHSAS is dedicated to providing services to all people in Oklahoma and is therefore cognizant and responsive to the needs among the diverse population. To address the diverse cultural needs of the population, ODMHSAS has implemented several standards of practice, including a dedicated Cultural Competency Officer, David Asetyoer, who provides guidance to divisions within ODMHSAS in development of culturally responsive services; a Tribal Liaison funded through the TSIG initiative, Cortney Yarholer, who provides guidance to divisions in tribal relations and who will participate as an advisor and gatekeeper in this role on the Oklahoma SPF SIG project; a Coordinator on Aging, Mich Magness, who is a Gerontologist and specializes in addressing unique needs and appropriate service provisions for older adults; and system-wide contractual requirements for service providers to provide culturally competent services with contract monitoring site reviews to ensure compliance. ODMHSAS ensures that materials are available in languages other than English and that services are provided in an culturally competent manner with respect to language, literacy, disability, race, ethnicity, sexual orientation, gender, culture, and age/developmental level. Within ODMHSAS Prevention Services Division, two staff persons have become certified cultural competency trainers for the agency, receiving intensive training to teach courses and advise on the issue.

C.3. Staff: The table and narrative below includes the staff positions for the project, the role of each, their level of effort, and their qualifications.

Table 7: Project Staff

Staff	Role	Level of Effort
Terri White	Co Principal Investigator	2% (in-kind)
Steven Buck	Co Principal Investigator	5% (in-kind)
TBD	Governor's Office Liaison to SPF SIG	2% (in-kind)
Jessica Hawkins	Project Director	25% (in-kind)
TBD	Prevention Program Manager	100%
TBD	SEOW Coordinator	100%
TBD	Prevention Program Field Representative	100%
TBD	Prevention Program Field Representative	100%
Stephanie U'Ren	Technical Assistance Advisor	5% (in-kind)

Cortney Yarholer	Tribal Liaison/Advisor	5% (in-kind)
TBD	Decision Support Specialist	10% (in-kind)
Steve Harrison, Ph.D.	Project Evaluator	Contractor

Principal Investigators: Terri White, MSW, ODMHSAS Commissioner and Steven Buck, ODMHSAS Deputy Commissioner of Communications and Prevention will serve as Co-Principal Investigators for the Oklahoma SPF SIG project. Commissioner White and Deputy Commissioner Buck will have overall oversight for the administrative and programmatic aspects of the project. Deputy Commissioner Buck will supervise the Project Director.

Governor's Office Liaison to SPF Project: TBD, Office of Governor Brad Henry, will serve as the SPF SIG project liaison to Governor's Office and will serve on the SPF SIG Advisory Council.

Project Director: The Oklahoma State Strategic Prevention Framework (SPF SIG) Project Director will oversee the administration of the project. Jessica Hawkins, ODMHSAS Prevention Services Director, will serve as the Project Director and will commit 25% of her time to this project (in-kind). As the Project Director, Ms. Hawkins will provide oversight for the entire project; supervise the Prevention Program Manager; direct project design and implementation strategies; review and approve evaluation design, and ensure coordination and collaboration with state agency partners; ensure communication with state agency stakeholders; and communicate with the CSAP. Ms. Hawkins has a Bachelor's degree in Sociology and has served as Cooperative Agreement Manager for several federal prevention projects. She has extensive experience in the field of prevention over the past 10 years and has a solid understanding of the cultural (i.e., racial, values, socioeconomic, gender, age, sexual orientation, ethnicity, disability, and demographics) context of substance abuse prevention in diverse populations. As Prevention Services Director, Ms. Hawkins is responsible for the CSAP block grant, Governor's discretionary funds for Safe and Drug Free Schools and Communities, and the Center for Mental Health Services (CMHS) funded Garrett Lee Smith Memorial Act Youth Suicide Prevention Project, the CSAP funded Methamphetamine Prevention grant, and the Administration for Children and Families funded prevention project for children affected by substance abuse. In addition, Ms. Hawkins is the acting Chair of the Governor's Task Force on Underage Drinking Prevention.

Prevention Program Manager: The Prevention Program Manager (to be hired) will serve as the lead staff person for the project. This staff person will manage the day-to-day operations of the project and will commit 100% of their time to the project. Twenty-five percent of the Program Manager's time will be spent providing direct services to community sub-recipients, and the remaining 75% of their time will be spent administering the project. This includes contract monitoring, grant reporting, oversight of evaluation activities and community sub-recipient activities. The Program Manager will serve as the lead staff for the SPF Advisory Council and Workgroups, coordinating meeting agendas, facilitating meetings as necessary, supervision for the Prevention Program Field Representatives and the SEOW Coordinator, and developing reports requested by the Advisory Council and Workgroups. The successful candidate for the Prevention Program Manager position will have the following qualifications: a Master's degree in the public health field and a minimum of five years experience managing prevention projects (or Bachelor's degree and equivalent experience).

State Epidemiological and Outcomes Workgroup Coordinator: The SEOW Coordinator (to be hired, currently filled through SEOW funding) will be full-time and dedicate 25% of time to community sub-recipients, helping them understand and use data for planning; 75% of time will be on administrative tasks at the state level. This position will coordinate and facilitate SEOW

meetings, and develop reports requested by the SEOW Chair. The successful candidate will have the following qualifications: a Master's degree in public health with a minimum of 15 hours of epidemiology or statistics course work and a minimum of one year work experience in applying statistical methods and disseminating information in a public health setting.

Technical Assistance Advisor: Stephanie U'Ren, ODMHSAS Community Prevention Partnership Manager, will allocate 5% (in kind) of her time to the SPF SIG project as a Technical Assistance Advisor. In her current role at ODMHSAS, Ms. U'Ren directs the efforts of Oklahoma's network of prevention providers, and has worked in the field of substance abuse prevention for seven years. Ms. U'Ren will work with the Project Director and Prevention Program Field Representative to coordinate technical assistance needs among community subrecipients. She will make recommendations on technical content experts, training topics, and help coordinate a community subrecipient technical assistance plan.

Tribal Liaison/Advisor: Cortney Yarholar, ODMHSAS Tribal Liaison, will allocate 5% (in kind) of his time to the SPF SIG project as a special advisor on Oklahoma tribal nations. Mr. Yarholar will provide ongoing guidance and recommendations to project staff, subrecipient communities, and the SPF Advisory Council related to service needs, cultural considerations, and relations with tribal nations and Oklahoma Indians.

Decision Support Specialist: The Decision Support Specialist (to be hired) will be housed within the Decision Support Services Division of ODMHSAS. They will allocate 10% of their time (in-kind) to the project to assist in the data coordination process, sit on the SEOW, and serve as a data resource and advisor to the Evaluator and other project staff.

Independent Project Evaluator: The State of Oklahoma plans to contract with Bach Harrison, L.L.C. to conduct the evaluation of the Oklahoma SPF SIG project. Bach Harrison is currently in the fourth year of the Louisiana SPF SIG evaluation and the second year of the Utah SPF SIG evaluation. Experience gained from these and other large, statewide evaluation projects has provide Bach Harrison staff members with the skills necessary to conduct a quality evaluation of the Oklahoma SPF SIG project. Steve Harrison, Ph.D. the Project Evaluator will conduct an evaluation of the process, outcomes, and activities of the project. The Project Evaluator will ensure all evaluation measures and instruments are appropriate to the target population or community served.

C.4. Staff Experience: To address the diverse cultural needs the population, ODMHSAS has implemented several standards of practice with regard to staff competency in this area, including initial and ongoing required cultural competency training and inclusion of questions regarding cultural competency during the interview process. In addition, within ODMHSAS Prevention Services Division, two staff persons have become certified cultural competency trainers for the agency, receiving intensive training to teach courses and advise on the issue. ODMHSAS will ensure that the SPF SIG staff are trained in cultural competency practices and will be monitored for adherence to the standards expected by ODMHSAS. Oklahoma's SPF SIG project includes extensive collaboration with several cultural competency advisors and will utilize these resources as constant advisors throughout the project. The Project Director is a native Oklahoman and has extensive experience providing prevention services in Oklahoma communities, including rural communities, through implementation of the youth suicide and methamphetamine prevention projects. When priority communities are selected, project staff will utilize community gatekeepers to provide additional guidance on cultural norms and expectations within those communities to optimize relationships and project success.

C.5. Resources: Work space, meeting space, office equipment and furnishing, phone, internet access, postage, office supplies, and printing services will be available at the ODMHSAS Central Administrative offices for project staff, the Advisory Council and Workgroup members.

C.6. Adequate Location: All services will be provided in locations that are compliant with the Americans with Disabilities Act (ADA). The ODMHSAS Central Administrative offices are located in Oklahoma City, Oklahoma and are adequate, accessible, and compliant with the ADA. Specific service delivery sites cannot be identified until the subrecipient application process is complete. ODMHSAS will require through the application process that applicants requesting use of SPF funds demonstrate compliance with ADA guidelines and locations are adequate, accessible and amenable to the target population. Contract monitoring site reviews will ensure subrecipients are compliant.

SECTION D: Evaluation and Data

The evaluation of the Oklahoma SPF SIG Project will be conducted by Bach Harrison, L.L.C. under the direction of R. Steven Harrison, Ph.D. and coordinated with the National SPF SIG cross-site evaluation. Bach Harrison is currently in the fourth year of evaluating the Louisiana SPF SIG project and the second year of evaluating the Utah SPF SIG project, and therefore has developed a wealth of knowledge regarding the SPF model and experience in evaluating the many aspects of SPF SIG Projects. Other evaluation experience of large, statewide prevention projects has included the Utah SIG Enhancement, the Utah and Montana State Incentive Grants, and the Montana Children's Mental Health System of Care Grant. In Oklahoma, Bach Harrison conducted the 2004, 2006, and 2008 Oklahoma Prevention Needs Assessment Survey, a census survey of students in grades 6, 8, 10, and 12 throughout Oklahoma. The staff of Bach Harrison has considerable experience providing technical assistance and evaluation services to local, state, and federal government agencies; and to community-based and private organizations. Bach Harrison believes that in order for the evaluation to be successful, it must have the cooperation of all of the SPF SIG participants from the state level to those actually delivering the prevention services. Bach Harrison staff members will play an important role in the SPF SIG project by ensuring that State staff and community providers are involved in the design of the evaluation and by providing on-going technical assistance and training on evaluation issues.

D.1. Ability to collect and report on required performance measures: ODMHSAS and Bach Harrison have reviewed the instrument for collecting and reporting the NOMs at the state, community, and program levels and have determined that Oklahoma has the capacity to collect and report on the NOMs using the following methods:

- Surveys including the OPNA (described previously), Youth Risk Behavior Survey, and Youth Tobacco Survey for the majority of the abstinence measures. Bach Harrison has worked with ODMHSAS to add questions to the OPNA to gather NOMs data not collected through the YRBS that can be collected by surveying youth.
- OK Department of Education for school attendance, enrollment and ATOD related suspensions and expulsions measures.
- OSBI Uniform Crime Report for DUI and drug-related arrests.
- OK Office of Highway Safety for alcohol related car crashes and injury data.
- ODMHSAS SAPT Block Grant and SPF SIG pilot communities' action plans for the number of persons served, by age, race, gender and ethnicity. Ongoing client data can be obtained through the ODMHSAS Integrated Client Information System (ICIS).

- Creation of data collection tools for the remaining prevention NOMS that need to be collected at the program level. Bach Harrison will work with each sub-recipient to develop an evaluation plan for their SPF funded intervention that will ensure data for applicable NOMS is collected at the program level.

Memoranda of Understanding (MOUs) between ODMHSAS and partner agencies represented on the SEOW have solidified the ability to collect, compile and report the NOMs. To obtain NOMS data for adults and workplace alcohol and other drug use estimates, ODMHSAS is participating in a statewide Social Indicator Survey conducted by the Oklahoma State University, Bureau for Social Research. Since ODMHSAS is the SSA for substance abuse treatment and prevention and for mental health treatment, obtaining data for substance abuse treatment as well as persons with co-occurring substance related and mental health disorders can be extracted from the ICIS. Bach Harrison staff members serve on various national committees and are able to stay current on changing prevention issues. For example, Bach Harrison staff currently participates on the national committee charged with reviewing the existing NOMs and making recommendations for changes.

D.2. Data Collection, Management, Analysis, Interpretation, and Reporting Plans

Data Collection: In general, the existing data collection system in Oklahoma described above has the ability to capture the required performance measures at the state, community, and program levels. Bach Harrison will work closely with the SEOW in order to obtain data relevant to SPF priorities at both state and community levels. We will also work closely with the SEOW to identify data gaps that the SEOW may be able to address. For data collection at the intervention level, Bach Harrison staff plan to work with each sub-recipient to develop an individualized evaluation plan for all SPF funded interventions. By working with each sub-recipient to develop a unique evaluation plan, Bach Harrison staff will ensure that data relevant to national, state and local level stakeholders are collected. Bach Harrison possesses several data collection tools that may be utilized for the collection of intervention level data. Bach Harrison developed the internet-based ApplyNet system where program staff or participants can enter questionnaire and survey data. Through the ApplyNet system, evaluation instruments are accessed through an identification and password system unique to the provider. This resource is useful in collecting data from both large and small target populations who have access to computers and the World Wide Web. Additionally, Bach Harrison has extensive paper and pencil surveying resources. Bach Harrison has the capacity to develop surveys of any length on electronically scannable forms using Bubble Shop and Teleform software packages.

The SEOW has developed the contacts and procedures to gather archival data on an ongoing basis. A list of indicators currently collected by the SEOW is contained in Appendix 2. That effort will continue through the SPF SIG project and beyond. Bach Harrison plans to work closely with the SEOW in identifying available data collected by the SEOW that is relevant for both state and local level evaluation purposes. Additionally, Bach Harrison staff will be able to inform the SEOW regarding the collection of additional variables that are relevant to SPF SIG program goals and objectives that currently are not available.

Surveying Participants and Gathering Archival Data: Program effectiveness will be assessed through pre- and post-tests and other assessments discussed previously and tailored to the SPF SIG prevention programming. The required NOMs data will be collected from program participants along with other information necessary to determine program success including relevant consumption and consequence indicators, and data relevant to causal factors/intervening variables targeted by the interventions chosen. For interventions with large numbers of

participants, scan sheets will be used to gather data, while ApplyNet and Database Builder can be used for participants with computer access, and interviews will be used for qualitative data. In all cases, the results from participants will be used to determine progress toward program goals and objectives. Oklahoma plans to conduct the OPNA survey every two years and completed the 2008 survey in June. By surveying students in grades 6 to 12, at the school building level, communities will have data available for prevention planning for that population. Additionally, these data may be useful for monitoring and evaluating the impact of SPF funded interventions at the community level (when interventions target outcomes measured by the OPNA). Using OPNA scales also allows comparisons at the program, community, and state levels.

Data Analysis, Interpretation, and Reporting: Since the full array of prevention services will involve many programs, strategies and activities, a wide range of analyses will be necessary to adequately analyze the data from this project. Data collection and statistical analysis methods will be tailored to the type of data collected and the types of analyses required to investigate the various aspects of the project. Care will be taken to use appropriate statistical analyses, and parametric as well as non-parametric statistical procedures will be used:

- Group comparisons will be made using ANOVA and MANOVA statistics.
- Bi-variate comparisons between the pre-test and post-test results will be conducted using t-tests, chi-square, and other appropriate statistical procedures.
- Social and demographic characteristics of participants will be described using univariate measures of central tendency such as means, modes, and medians.
- Outcome data will be analyzed separately for different co-variables such as age, ethnicity, gender, quantity and frequency of ATOD used, and income.
- SPSS - Statistical Package for the Social Sciences (SPSS) is the software used.
- Survey confidence intervals and some survey analyses will be conducted with WesVar software from Westat.

Geographical Information Systems (GIS) computer software will be used to present the data in an easy to understand thematic formats. The evaluation team's personal computers are networked and password protected and the local network system requires password and user identification. The data will be stored on IBM compatible personal computers with daily backup and copies stored off site. Qualitative data will be managed using appropriate ethnographic techniques, principally through the identification and summary of key points made during meetings and/or interviews. Staff members are experienced in using qualitative software such as AtlasTi for large qualitative data sets. Qualitative and quantitative data will be used to complement one another to create a complete description of the programs and issues being examined. The data analysis findings will be presented to SPF SIG project staff, SPF Advisory Council, the SEOW, communities, local prevention programs, and CSAP. As noted, the data will be presented in a way that makes them usable to the project directors and planners for evaluating prevention program success and as a guide when modifying existing prevention services.

Ability to Collect and Report Pertinent Data from Subrecipient Communities: As was discussed previously, Bach Harrison has developed several tools such as internet based systems, pre- and post-tests, scan forms, surveys, and interview techniques to collect data at the community level. Improvements to the ICIS data information system as well as work of the SEOW will add to the state's capacity to collect community level process and outcome data. Bach Harrison staff have extensive experience providing evaluation reports to state and local prevention staff as part of the evaluation of both past and current evaluation projects such as the Utah and Montana State Incentive Grants, and the Louisiana and Utah SPF SIGs. Bach Harrison

staff understands that data collection in and of itself does not benefit prevention staff, but rather, clear, understandable and timely evaluation reporting provides benefit to prevention staff and is essential for program monitoring and improvement. Through their experience in evaluating many large prevention initiatives, Bach Harrison also appreciates that reports that are easy to understand, useful, timely, and accurate serve to motivate providers to submit required data.

Data Collection Instruments/Interview Protocols: Once the State Plan is completed and program implementation begins, it is anticipated that the Evaluation Team will develop additional program evaluation instruments specific to the interventions planned at the subrecipient level. However, the following instruments (contained in Appendix 2) and methodologies provide the foundation for the types of instruments and protocols that will be used to evaluate components of the SPF SIG Project.

Oklahoma Prevention Needs Assessment Survey (OPNA):

- Measures rates of ATOD use, rates of antisocial behavior, and levels of risk and protection (basic survey was developed by CSAP sponsored Six-State Consortium Needs Assessment study, refined through NIDA sponsored Diffusion study, and further modified by Bach Harrison to meet the needs of Oklahoma).
- High reliability of the scales (.60 to .85)
- Validity of scales documented through correlations with substance use and antisocial behavior (validity measures are incorporated into the survey to ensure answers provided by students are honest and consistent).
- Reliability and validity measures are similar for different gender, age, and cultural groups
- Administered to approximately 100,000 students in grades 6, 8, 10, and 12 every-other year on the even years throughout Oklahoma.

Oklahoma Management Information: ODMHSAS has made modifications to the ICIS to collect data from prevention programs. Further modifications to the system are planned so that process and outcome data from subrecipients can be collected to meet the data requirements of the SPF SIG. The information collected by ICIS and the Bach Harrison Applynet system will allow the evaluation team to: (1) Document the prevention services being implemented, the population receiving services, the fidelity of prevention efforts, as well as the outcomes; (2) Identify gaps in prevention services and to monitor program activities; and (3) Electronically collect process and outcome data from all prevention programs.

Community Resource Documentation (CRD): As part of the assessment step of the SPF, communities will collect data regarding the prevention programs, policies, practices, and strategies in order to document the resources existing in the community. These data will be used to determine number and type of community based prevention services in an identified geographic area and where gaps and redundancy of programming exists.

The Oklahoma State Epidemiological Outcomes Workgroup (SEOW) Dataset: The Oklahoma SEOW was formed in August 2006. Since then, the SEOW has gathered an array of consumption and consequence data that was published in the 2007 Oklahoma Epidemiology Profile. The evaluation team will participate on the SEOW and assist with updating the consumption and consequence data and identifying data gaps. One of the goals of the SEOW is to provide profiles at the regional and county levels and identify causal factors so that communities can better plan their prevention efforts. Data will be updated annually and used in the selection of SPF SIG priorities as well as by regional and community staff to conduct their needs assessments.

Program Specific Evaluation Instruments: There will be a need for the development of intervention specific instruments that will measure the targeted outcomes of SPF funded prevention programs. By working with each subrecipient to develop an evaluation plan and intervention level logic model, evaluation and local prevention staff will be able to identify the consumption, consequence and causal factor outcomes relevant to their planned strategies. In cases where available indicators (through the SEOW dataset) do not provide data critical to evaluating the impact of interventions, evaluation staff will develop instruments to measure these outcomes.

Direct Observation of Meetings/Activities: Evaluation staff will be fully integrated members of SPF SIG planning groups and committees and attend meetings of the SPF Advisory Council, SEOW, and other groups affiliated with the project to facilitate a timely exchange of information between the evaluation and program staff. Additionally, participation in all state level SPF decision making bodies will ensure that evaluation staff are aware of changes in the planned implementation of the Project, and able to adjust the evaluation to accommodate such changes.

Records and Report Review and Analysis: Much can be learned about the development and progress of an organization from the information documented in its records. As a result, the project evaluators will review all of the SPF SIG written reports including the State Strategic Plan, other work plans, position papers, and committee meeting minutes. Evaluators will determine key informants for further study based on frequency and number of meetings attended.

Training and Technical Assistance Documentation: Considerable technical assistance has been planned for the communities and other agencies in Oklahoma. The evaluation team will document the assistance provided as well as the usefulness and satisfaction by participants. This information will be important in informing the process evaluation about what elements of implementation were essential to or became roadblocks to the success of the project.

Tracking Integration of the SPF Model into the State Prevention System: As participating members of the SPF Advisory Committee, the evaluation staff will have direct knowledge of changes that occur as funding and implementation of prevention services are modified to integrate the SPF. The model of prevention endorsed for the SPG SIG is outlined through the five steps of the SPF. The evaluation will document how State partners and local prevention providers accept the model and the prevention services that result from its application.

State Level Systems Change: As a result of the Oklahoma SIG project, there is more cooperation and coordination among state agencies. The SPF SIG plans to continue that effort. State level changes that reflect coordinating, leveraging, and redirecting substance abuse prevention resources will be documented.

Prevention Program Implementation and Fidelity Data: In order to understand the outcomes of SPF funded interventions, it is essential to have information about how the interventions were implemented. As part of the evaluation planning Bach Harrison staff will engage in with subrecipients, a process evaluation plan will be developed to document how interventions are implemented. These process data will be vital to both program and evaluation staff for interpreting the outcomes observed. For example, if the outcome data reveals that an intervention did not produce the expected results, process data will be helpful in understanding why this was the case. Perhaps the intervention was not implemented fully or participants did not attend the intervention regularly. Similarly, to achieve successful results from the evidence-based prevention programs, they must be conducted with fidelity to the original model. The evaluation team will collect data about the extent and nature of the deviations from the original program model and track modifications for different cultural, age, and gender groups.

Accessing target populations: Gaining access to target populations for the purpose of gathering needed data is often a challenge. Through the many evaluation projects that Bach Harrison staff members have conducted, successful methods of working with agencies that serve different age groups, minority cultural groups, and geographic groups have been established. Key to obtaining survey or questionnaire data from a specific target group is to be respectful of participant's time by collecting only needed information, have data collection a requirement of the funding, and providing creative incentives to compensate participants for their time.

D.3. Reliability and Validity of Evaluation Methods and Instruments in Terms of Gender, Age, and Culture: The evaluation methods used by Bach Harrison will be tested to ensure that they are appropriate for the target population. For example, in the development of the OPNA survey, the scale reliability (Chronbach's Alpha between .6 and .85) and validity measures (Scale correlations with substance use and antisocial behavior of .2 to .6) were found to be similar for different grade levels (6 through 12), gender, geographic location, and ethnic groups. Other evaluation measures will be thoroughly reviewed to ensure that they are reliable and valid before they are used with SPF SIG participants. Through evaluation projects with different gender, age, cultural and ethnic groups, Bach Harrison has developed an appreciation for the differences that exist between those groups and the mainstream culture. Bach Harrison often translates information into other languages and hire individuals who can speak the language of participants when working with non-English speaking populations.

D.4. Tracking SPF-SIG Data Over Time and Utilizing Data in Planning and Development: The SPF- SIG project is based upon a data-driven approach to prevention, and trend data are very important in determining the success of community prevention programs as well as the overall Project. During all data collection efforts, care will be taken to ensure that the data collected at one time are comparable to data collected later. For example, the OPNA survey items and scales will allow comparison of ATOD use rates, rates of antisocial behavior, and levels of risk and protection from one administration to the next. Procedures will be implemented to ensure that a participant's pre- and post-tests can be linked to measure changes over time. All data elements and analyses will be available to the SPF Advisory Council, SEOW, APRCs, communities, and program planners to make certain that data are used for ongoing project planning.

D.5. Ensuring Adequate Evaluation and Data Collection Capacity - Community Level: As was discussed previously, Bach Harrison has developed tools such as internet-based systems, pre- and posttests scan forms, surveys, and interview techniques to collect data at the community level. The planned upgrades to the ICIS data system by ODMHSAS as well as work of the SEOW will add to the state's capacity to collect community level process and outcome data. By working directly with program providers, Bach Harrison will provide the training and technical assistance necessary to ensure that the state and communities have the capacity to collect community level evaluation data. A key to motivating providers to submit the required data is to provide reports that are useful to providers, timely, easy to understand, and accurate.

D.6. Using Data to Manage the Project and Assure Continuous Quality Improvement: Bach Harrison will work closely with the ODMHSAS, SEOW, communities, and other agencies to ensure that data collection is conducted as efficiently, timely, and accurately as possible. Once the data are collected, the analysis, interpretation, and reporting will be conducted quickly so that those managing the project can use the results to monitor progress and assure continuous quality improvement. Evaluation staff at Bach Harrison are committed to working with both state and local prevention staff to ensure that report formats will be developed that will

allow program managers to easily understand the data when faced with decisions that require making changes to their programs.

D.7. Plan for Conducting the Performance Evaluation as Specified in Section I-2.6

Goals of the Evaluation Team

- Provide timely information to assist managers to make necessary program changes.
- Collect relevant data and conduct analyses that will allow an accurate description of the activities conducted by the SPF SIG project.
- Provide clear reports of the outcomes of prevention policies, practices, and programs.
- Present evaluation information so SPF SIG progress and outcomes are clear.
- Collect and analyze quantitative and qualitative data through process and outcome evaluations.
- Use questionnaires and surveys (developed by Bach Harrison and others) and rely on the logic model approach to provide a systematic structure for organizing, collecting, and reporting community level prevention outcomes.

Outcome Evaluation: The outcome data will focus on the changes that result from the various project components through collection and analysis of quantitative data to produce numerical results that can be compared with the data collected at different points in time and from other projects and qualitative data through interviews, focus groups, and reviews of program material for a much deeper and more meaningful understanding of the project. Some of the outcome questions that the evaluation will answer include: (1) What was the effect of the program on the required NOMs? (2) What were the effects of infrastructure development on service capacity and other system outcomes? (3) What was the effect of the intervention on participants? (4) Were there specific program/contextual factors that were associated with outcomes? (5) Were there individual factors that were associated with different outcomes? (6) Were the effects durable?

Process Evaluation: By collecting process information, the evaluation team will have information about the implementation of the SPF SIG as well as each prevention provider's activities. Process data will assist in assessing program fidelity, interpreting the outcome data, and understanding the intervention and how it was conducted to determine if a specific activity or prevention program was responsible for the observed outcome. Evaluation staff will use both quantitative and qualitative data collection and analysis to document activities and implementation of prevention services (programs, policies, and practices) for the following:

- (1) What happened during the implementation of the project on both the State and local community levels?
- (2) Were there barriers that inhibited implementation, and how barriers were resolved?
- (3) How closely did implementation match the Plan?
- (4) What types of deviations occurred and what led to the deviations?
- (5) What impact did the deviations from the Plan have on the intervention and the evaluation?
- (6) Who provided what services to whom, in what context, and at what cost?

SECTION E: Literature Citations

Bach Harrison, L.L.C., Southwest Prevention Center, University of Oklahoma, & ODMHSAS. (2008). Oklahoma Prevention Needs Assessment Student Survey: State Report 2008.

Bonnie, R.J. & O'Connell, M.E. (2004). *Reducing Underage Drinking: A Collective Responsibility*. The National Academies Press. Washington, D.C.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: Georgetown University Child Development Center.

Davis, K. (1997). *Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies*. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

Healthy Youth, Youth Risk Behavior Survey, National Center for Chronic Disease Prevention and Health Promotion, 2007. Retrieved October 15, 2008. <http://apps.nccd.cdc.gov/yrbss/>

Isaac MR, Benjamin MR *Toward a culturally competent system of care: programs that utilize culturally competent principles*. Washington, DC: CASSP Technical Assistance Center, 1991.

Oklahoma Highway Safety Office, 2006. Retrieved October 15, 2008. <http://ok.gov/ohso/>

Oklahoma State Department of Health (OSDH). (2006). Oklahoma Violent Death Reporting System, Oklahoma State Department of Health, 2006.

State of Oklahoma Uniform Crime Report, Annual Report, Oklahoma State Bureau of Investigation, 2007. Retrieved October 15, 2008. <http://www.ok.gov/osbi/documents/2007%20UCR%20Report.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. (2005-2006). National Survey on Drug Use and Health (NSDUH), Appendix B: Tables of Model-Based Estimates (50 States and the District of Columbia), by Measure. Retrieved October 15, 2008. <http://www.oas.samhsa.gov/2k6state/AppB.htm>

U.S. Census Bureau (2000), *Census 2000*.

Web Enabled Analysis Tool, Behavioral Risk Factor Surveillance System, National Center for Chronic Disease-Prevention and Health Promotion, 2007. Retrieved October 15, 2008. http://apps.nccd.cdc.gov/s_broker/htmsql.exe/weat/index.hspl

Appendix 2: Data Collection Instruments/Interview Protocols

- Oklahoma Prevention Needs Assessment Survey
- Oklahoma State Epidemiological Outcomes Workgroup Indicators

Oklahoma State Epidemiological Outcomes Workgroup Indicators

ALCOHOL CONSUMPTION

- Percent reporting heavy alcohol consumption²
- 30-day alcohol use^{2 4 13}
- Percent reporting drinking 5 or more drinks on at least one occasion in the past 30 days^{2 13}
- Lifetime alcohol use¹³
- Age of first use of alcohol^{4 13}
- Per capita consumption (all beverages), based on population >14 years¹²

ALCOHOL CONSEQUENCES

- Percent of students who during the past 30 days rode in a car or other vehicle driven by someone who had been drinking alcohol¹³
- Percent of students who during the past 30 days drove a car or other vehicles when they had been drinking alcohol¹³
- Percent of adults (18 & older) reporting driving after having “perhaps too much to drink” in past 30 days²
- Chronic liver disease/cirrhosis⁹
- Suicides^{8 9}
- Homicides⁹
- DUI convictions³
- Percent of fatal motor vehicle crashes that are alcohol related³
- Alcohol-related vehicle death rate³
- Percent of violent deaths that are alcohol-related⁹

TOBACCO CONSUMPTION

- 30-day tobacco use^{2 4 10 13}
- Percent of businesses that sold tobacco to youth
- 30-Day smokeless tobacco use^{10 13}
- Age of first use of tobacco^{10 13}
- Percent who smoke during pregnancy¹¹
- Percent tobacco users by status²
- Percent of students who used tobacco on school property¹³
- Percent exposed to secondhand smoke¹⁰
- Percent of students with asthma¹⁰

TOBACCO CONSEQUENCES

- Number of deaths from lung cancer per 1000 population¹²
- Number of deaths from COPD per 1000 population¹²
- Number of deaths from CVD per 1000 population¹²
- Percent of low birthweight births¹¹

ILLICIT DRUG CONSUMPTION

- Percent of students in grades 9-12 reporting any use of marijuana in the past 30 days¹³
- Percent of students in grades 9-12 reporting any use of cocaine in the past 30 days¹³
- Percent of students in grades 9-12 reporting any use of inhalants in the past 30 days¹³

- Percent of persons aged 12 and older reporting any use of marijuana in the past 30 days⁴
- Percent of persons aged 12 and over reporting use of any illicit drug other than marijuana, or an abusable product that can be obtained legally, in the past 30 days⁴
- Percent of students in grades 9-12 report any use of classes of illicit drugs in their lifetime¹³
- Percent of students in grades 9-12 reporting first use of marijuana before age 13¹³

ILLICIT DRUG CONSEQUENCES

- Number of deaths from illicit drug use per 1000 population⁵
- Percent of persons aged 12 and over meeting DSM-IV criteria for drug abuse or dependence⁴
- Treatment admission data⁷
- Arrestee data¹
- Number of drug overdoses⁹
- Drugs purchased and seized⁶

¹ Arrestee Drug Abuse Monitoring Program (ADAM)

² Behavioral Risk Factor Surveillance Survey (BRFSS)

³ Fatality Analysis Reporting System (FARS)

⁴ National Survey on Drug Use and Health (NSDUH)

⁵ National Vital Statistics System (NVSS)

⁶ Oklahoma Bureau of Narcotics and Dangerous Drugs (OBN)

⁷ Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS)

⁸ Oklahoma State Department of Health (OSDH)

⁹ Oklahoma Violent Death Reporting System (OVDRS)

¹⁰ Oklahoma Youth Tobacco Survey (OYTS)

¹¹ Pregnancy Risk Assessment Monitoring System (PRAMS)

¹² State Epidemiological Data System (SEDS)

¹³ Youth Risk Behavior Survey (YRBS)

Appendix 3: Sample Consent Forms

- Sample Active Consent Form
- Sample Passive Consent Form
- Sample Instructions for Teachers for Student Assent Statement

Dear Parent: **{Sample Active Consent Form}**

The Oklahoma Department of Mental Health and Substance Abuse Services is conducting the second Oklahoma Prevention Needs Assessment (PNA) Student Survey. Your child's class is set to take this survey during one class this spring. The PNA questionnaire is described below.

The **Oklahoma Prevention Needs Assessment Survey** measures alcohol, tobacco, and drug use; the factors that place students at risk for problem behaviors; and the factors that protect students from problem behaviors. Information gained from the survey will allow your school district and the State of Oklahoma to continue to provide comprehensive prevention programs for our schools and children.

In our school, we are asking students' parents to give their permission before the student can participate in the survey. You need to be aware that:

- (1) Your child's participation is completely voluntary and confidential.
- (2) If your child does not participate he or she will not be penalized or lose any school benefits to which he or she is otherwise entitled.
- (3) Your child may discontinue the survey or skip any or all questions on the survey without penalty or loss of any school benefits to which he or she is otherwise entitled.

The surveys are being administered by your school district during one class period and will take about 45 minutes to complete. **All responses will be completely anonymous and confidential.** Results will be reported for groups of students; because the survey is anonymous, responses cannot be linked to any individual student.

If you have any questions or would like to review copies of the surveys, please contact your child's school. A copy of each survey is available for your review in the school office. For additional information about the survey, call Oklahoma PNA Survey Contacts Jessica Hawkins, Oklahoma Department of Mental Health and Substance Abuse Services Prevention Services Director (Phone number 405-522-3619), or Mary Johnstun, Survey Project Coordinator at Bach Harrison, L.L.C. (Phone number: 801-842-2682). If you have any concerns or questions about your student's rights as a participant in this survey, you may contact Deneka Cain, Oklahoma Department of Mental Health and Substance Abuse Services Institutional Review Board Chairperson, at 405-522-3871.

For the survey results to be accurate, it is important that all students are given an opportunity to participate in the survey, whether or not they have ever used tobacco, alcohol, or other drugs or engaged in problem behavior. Please check whether or not you want your child to participate in the survey, sign this form, and have your child return it to his or her teacher as soon as possible. Thank you very much for your help on this important project.

PLEASE RETURN THIS FORM TO SCHOOL ONCE YOU HAVE SIGNED IT.

Student's First Name: _____ Middle Name: _____ Last Name: _____

Please check the box(s) and sign below:

- I GIVE PERMISSION for my child to complete the Oklahoma Prevention Needs Assessment (PNA) Survey.
- I DO NOT GIVE PERMISSION for my child to complete the Oklahoma Prevention Needs Assessment (PNA) Survey

Parent / Guardian Signature _____ Date: _____

{Sample Passive Consent Parent Letter}

(Date)

Dear Parent:

During the period of _____ (*insert the day's date your school will administer the survey*), the students in grades 6, 8, 10, and 12 in our school district are taking part in an important survey on substance abuse, school dropout, delinquency and violence conducted by the Oklahoma Department of Mental Health and Substance Abuse Services. The survey is called the Oklahoma Prevention Needs Assessment Survey.

The purpose of the survey is to gather information needed to plan prevention and intervention programs in our community and schools. These programs will combat problems of alcohol, tobacco, and other drug use, school dropout, delinquency and violence in our schools and communities. Information will also help judge the effectiveness of current prevention and intervention efforts. I have a copy of the survey instrument at the school office if you wish to stop by and review it.

The survey is entirely anonymous and confidential. Students will not put their names or any other identifying information on the survey booklet. All results from the survey will be presented only in group summary form, like many opinion polls.

The survey asks questions about behaviors students or students' friends may or may not have done. It is important to remember the survey is anonymous, so no student's response will ever be able to be connected with that student. For the survey, students will be asked to respond to questions such as "*How wrong do you think it is for someone your age to pick a fight with someone at school?*" "*Which of the following activities for people your age are available in your community?*" "*On how many occasions (if any) have you used marijuana in the past 30 days?*" "*If you skipped school, would you be caught by your parents?*"

Your child's participation in the survey is completely voluntary. Each child will be given the option of leaving blank any question that he or she prefers not to answer. You may decline to have your child participate if you wish. Please remember this survey offers your child the opportunity to share his or her confidential opinions on very important issues being faced by our youth today. If you do decline, your son or daughter will be allowed to read or participate in some other alternative activity while his or her classmates are taking the survey.

The survey is being conducted by Bach-Harrison, L.L.C. under a contract with the State of Oklahoma. The Project Coordinators for this survey is Jessica Hawkins (405-522-3619) and Mary Johnstun (801-842-2682). Please feel free to contact Jessica or Mary if you have any questions regarding the survey.

Please let me know only if you do not wish your son or daughter to participate in the study. You may do this by sending me a short letter requesting your child not participate. Feel free to call me or (*insert name of additional contact person at school*) if you have any other questions about this important study.

Sincerely,

(*Insert name of principal*)
Principal

{Sample Active Student Assent Script}
INSTRUCTIONS FOR TEACHERS for Active Student Assent

[NOTE: IF THIS IS A SIXTH GRADE CLASS, PLEASE READ THE QUESTIONS TO THE STUDENTS AS THEY FOLLOW ALONG AND MARK THEIR ANSWERS ON THE SURVEY BOOKLET]

[READ TO THE CLASS:]

Today, we will be completing the Oklahoma Prevention Needs Assessment Student Survey. The purpose of this survey is to learn how students in our school feel about their community, family, peers, and school. The survey also asks what students think about different health behaviors and drug use.

The survey is **anonymous and entirely confidential**. No one in the school or community will see your completed survey. You should read each question in the survey booklet and fill in the circle for your answer. The survey booklet does not have your name or any other identifying information on it, so no one will know how you answer any of the questions.

At the end of class, I will pass around an envelope and ask you to place your completed survey booklet inside. The last person in class will seal this envelope before returning it to me. The survey is voluntary. If you do not wish to participate in the survey, please raise your hand now.

[IF STUDENT(S) REFUSE(S) TO PARTICIPATE, INSTRUCT HIM OR HER ON AN ALTERNATE ACTIVITY]

[PASS OUT THE SURVEY BOOKLETS AND THEN READ THE INSTRUCTIONS AT THE BEGINNING OF THE QUESTIONNAIRE AND HAVE THE STUDENTS FOLLOW ALONG. THEN, READ THE FOLLOWING TO THE CLASS:]

Your answers will be read automatically by a machine. Please use a dark lead pencil - like a Number 2 pencil to mark your answers on the questionnaire. Fill in each circle completely and cleanly erase any answer you wish to change. Do not make any other marks or comments on the questionnaire. Remember - **Do not put your name on the questionnaire.**

Please answer every question as honestly as you can so that the information that comes from the survey is correct and useful.

When you are finished, please remain at your desk and read or work quietly until the end of class. If, at any time during the survey, you have a question, raise your hand. For those of you who are still working at the end of class, I will let you know when it's time to stop. If you don't finish the entire questionnaire, that's okay.

[BEFORE STUDENTS BEGIN, WRITE THE SCHOOL DISTRICT NUMBER AND SCHOOL NUMBER ON THE BOARD AND INSTRUCT THE STUDENTS TO MARK THEM IN THE DESIGNATED AREAS ON THE FIRST PAGE OF THE SURVEY. THE DISTRICT AND SCHOOL NUMBERS ARE LISTED ON THE BACK OF THESE INSTRUCTIONS. PLEASE STAND AT THE FRONT OF THE CLASSROOM WHILE STUDENTS ARE TAKING THE SURVEY TO ENSURE CONFIDENTIALITY.]

You may begin.

[AT THE END OF CLASS, PUT ANY UNUSED QUESTIONNAIRES INTO THE ENVELOPE AND FILL IN THE INFORMATION ON THE ENVELOPE AND SAY:]

The class period is over now. If you have not finished the survey, please stop where you are and close the survey booklet. I'm passing around an envelope now. Please put your completed survey inside the envelope and pass it to the next person. Will the last person please seal the envelope and return it to me.

On behalf of the school and the State of Oklahoma, I would like to thank you for your participation in this important study.

- **Appendix 4: Letter to the SSA**

—NOT APPLICABLE—

ODMHSAS is statutorily mandated to regulate all substance abuse treatment programs and related services in the state. Additionally, the Department regulates those residential care facilities and community mental health center treatment programs with which the Department contracts.