Strategic Prevention Framework State Incentive Grant

Advisory Council Meeting Minutes

August 13, 2010

(Corrected)

The SPF SIG Advisory Council met via teleconference on the 13th of August, 2010. In attendance were the following people: Steven King, Cristy Willer, Kathy Allely, Krysti Bland, Sarah Dewane, Cindy Cashen, Donn Bennice, June Sobocinski, Delisa Culpepper, Kate Burkhart, Sandy Samaniego, Mike Lesmann, Diane Casto and Devon Urquhart. Representing the EPI workgroup and the UAA Evaluation team were Jodi Barnett, Jesse Metzger and Deborah Hull-Jilly.

This interim meeting was held to review the SPF SIG Priority areas in more depth and begin the discussion about how to allocate resources at the community level, to best address the areas of highest need and highest contribution. We will continue to use strong data driven indicators to help track the state's changeability along the SPF process.

Prior to discussions about the data, Donn Bennice asked about the importance of looking at community capacity and readiness as a critical piece of information needed when making funding decisions. Without a certain level of community capacity and readiness to do the work we will be asking each funded community to do; the ability to document change in a community will be limited. Diane agreed with Donn that this is a critical issue and will be a significant piece of both the Request for Proposals solicitation and in the review of submitted proposals.

The final determination of the meeting was to use a stratified hybrid model of funding allocation.

❖ Planning Models

Within the Funding Allocations Guidance Document there are four models, recommended by SAMHSA, in which states can choose to allocate funds:

1. **Equity Planning Model**: this model allocates funds equally to the state. This model is most appropriate when there is a substance use pattern distributed evenly across the state or when the state has enough resources to fund each entity enough to create changeability.
2. **Highest Contributor Planning Model**: This model uses the state's priority problem cases through using the highest number of cases to the state overall. Smaller communities are unlikely to be funded under this plan, even ones with high rates of the priority areas, as they do not have a high number of cases.

3. **Highest Rate Planning Model**: This model is often referred to as the "highest need". For example, the YRBS states that alcohol consumption has higher numbers in traditional high schools (contributor), however it is being used at higher rates in alternative schools (rate).
4. **Hybrid Model**: This model concentrates is funding in areas defined by both numbers and rates to maximize opportunity to achieve a decline in consequence occurrences as well as targeted rate reductions.
5. **Stratified Planning Model**: States in which the substance prevention infrastructure is comprised of regional entities that have historically played a significant role in planning and administration and where a high emphasis is placed on preserving that structure. If a state commits to making some type of allocation within each region before it considers the more substantive issues related to data guided allocation planning, then this approach can be described as a regionally stratified planning model.

Following a review of age and gender data related to our consumption priorities and the associated consequence priorities and a thorough discussion, the consensus of the Advisory Council was that we want the SPF SIG funds targeted at areas with the highest need or highest contribution to the priority areas identified. It was clear that the Advisory Council believes funding allocations should be related to areas of highest need/contribution; but at the same time with the ability to stratify the funding allocations in some instances to have some urban vs. rural allocation or high rate vs. high number allocation. To do this we need to further evaluate regional rates/numbers and populations.

❖ Data Review

Deborah Hull-Jilly, Sarah Dewane, Jesse Metzger and Jodi Barnett provide the Advisory Council with additional data that began breaking down data by age and gender related to alcohol consumption. Youth alcohol consumption is trending down, while adults appear to be more stable in their consumption trends. Below is a brief review of the document "Patterns and Trends in Epidemiological Data".

Youth Alcohol Use: Through the YRBS we learn that Alaska high school students are below the national average in high risk behaviors. Although the alternative high schools only make up 1 percent of high school students in Alaska they are twice as likely to engage in high risk behaviors. In 2008, 1,400 students were enrolled in alternative high schools. Of these 1,400 students 1,000 of them participated in the YRBS. This demonstrates an accurate reflection of high risk behaviors for the population.

Adult Binge and Heavy Drinking: These numbers are slightly higher than the nation's statistics, but still comparable.

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Interpersonal Violence and Alcohol Consumption: Our evaluators are going to cross tab YRBS violence and alcohol consumption questions to gauge the relevance/prevalence of interpersonal violence and alcohol use among youth. These rates are significantly higher than national averages.

Alcohol Consumption and Child Abuse: We currently have no way of linking the consumption and consequence indicators together. The Federal OCS 2009 documents have substantiated rates of child abuse, but no data showing a relationship between the abuse and alcohol or drug use.

Sexual Assault and Alcohol Consumption: We currently have limited ability to link this consumption and consequence indicator together. The evaluators noted that Anchorage rates number 3 and Fairbanks rates number 1 in the country in the top 5 ranked U.S. cities for rate of rape per 100,000 in 2007.

Suicide: High school students rank the same as national averages for suicidal ideation and attempts. However, alternative schools rank much higher. Females have a higher ideation and attempts rate, while men have a higher completion rate. The evaluators will cross tab the suicide data in the YRBS with alcohol consumption to identify the correlation. Deborah Hull-Jilly suggested that this consequence be referred to as "Self Harm" rather than "Suicide" since the YRBS only asks questions related to thinking about or attempting suicide, not suicide completion.

Data shows that for adults who commit suicide, alcohol is involved in 39-41% of the cases, as reported by the Violent Death Reporting System and BVS.

Alcohol Related Mortality: Alcohol related mortality for youth is very limited—15 people over a 5 year period for youth ages 0-24.

In 2007 rates of alcohol related mortality for Alaska Native adults is much higher at 69.5 per 100,000 people versus 13.4 per 100,000 for white adults.

Alcohol Related Fatalities: According to the Alaska Fatality Analysis Reporting System (FARS) data, 44% of Alaska motor vehicle fatalities were alcohol related in 2008. For clarification related to motor vehicle crashes and collision involving alcohol, please use the definitions below. Please note that these three terms are not interchangeable:

- "Alcohol-Related" – this includes alcohol consumption by drivers, pedestrians, passengers, bicyclists, etc. It means basically that alcohol was consumed by someone in the crash, not necessarily a driver, and not necessarily at the level of .08 BAC.
- "Impaired Driving" – this includes only drivers (at a BAC level defined by the agency from whom the data was provided)
- "Drinking and Driving" – This includes only drivers who had any amount of alcohol in their system.

❖ Other Considerations

- Other considerations when looking at the data is to remember that while there may be a region, community, or area which demonstrates high need, we need to evaluate the community's readiness for change. Because grantees only have about three years to provide interventions to their community, there will be a short amount of time to demonstrate changeability. This will require that the community be able to demonstrate readiness. The RFP will request information regarding community readiness and capacity to carry out the requirements of the SPF SIG process.
- The SPG SIG RFP will be competitive, but we can identify and focus our solicitation on those areas of high need/contribution. This is where the issue of stratification and the use of a hybrid model will come into consideration. Once the regional data has been prepared and reviewed, this will become part of the decision-making process to determine priority areas for funding.

❖ Future Advisory Council/Workgroup Meetings

The Advisory Council will meet via teleconference on August 27, 2010 from 9:30-11:30 AM to finalize how the SPF SIG funds will be allocated. The call-in information is as follows:

- Call in phone number: 1-800-315-6338
- Call in code: 8407

Before we meet Devon Urquhart will be forwarding you regional data for each of our priority areas. Please take time before the meeting to review this data.

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