



Kansas State Strategic Plan

Strategic Prevention Framework State Incentive Grant

Submitted to:

*Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention*

Submitted by:

The Kansas Department of Social and Rehabilitation Services



KANSAS

DEPARTMENT OF SOCIAL
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Assessment

This section details substance abuse consumption and related consequences in the State of Kansas, describes the criteria, process and rationale for determining state Strategic Prevention Framework State Incentive Grant (SPF-SIG) priorities, and provides an assessment of existing prevention infrastructure and capacity at the state and community level.

Assessing Substance Abuse, Use, and Related Consequences in Kansas

Substance abuse is the leading underlying cause of death and disease among Kansans. The mental, physical and social ramifications associated with substance abuse touch a variety of systems throughout the public and private sector. In order to comprehensively address the complex burden of substance abuse in Kansas, partners from multiple disciplines participated in the assessment of substance abuse consumption patterns and related consequences.

Beginning in the Spring of 2006, the Kansas Department of Social and Rehabilitation Services (SRS) spearheaded an effort to gather information, input, and cooperation from substance abuse prevention partners throughout the State of Kansas. Originally charged with the creation of a data driven document containing substance abuse related consumption patterns and consequences, the cooperation initially consisted of gatekeepers to substance abuse data systems. This group, identified as the State Epidemiological Outcomes Workgroup (SEOW) included representatives from the following statewide partners:

- Kansas Department of Social and Rehabilitation Services
- Kansas Department of Health and Environment (KDHE)
- Kansas Governor's Office
- Kansas Department on Aging (KDOA)
- Kansas Juvenile Justice Authority (JJA)
- Kansas African American Affairs Commission
- Kansas Bureau of Investigation (KBI)
- Kansas Department of Corrections (KDOC)
- Kansas Department of Revenue (KDOR) - Alcoholic Beverage Control (ABC)
- Kansas Department of Transportation (KDOT)
- Kansas State Department of Education (KSDE)
- Drug Enforcement Agency (DEA)
- Regional Prevention Center of Northwest Kansas

- University of Kansas
- Greenbush Data and Information Systems Group
- DATACORP

This steering committee, serving as the SEOW but officially chartered as the Kansas Substance Abuse Profile Team (KSAPT), included a subgroup of individuals who were tasked with data compilation, analysis and reporting. This subgroup is known as the Epi Design Team and consists of paid staff and contractors.

Burden of Substance Abuse

The burden associated with substance abuse in Kansas is immense despite the highly preventable nature of the issue (see Table 1.1: Select Causes of Death in Kansas, 2002-2004). Thousands of individuals lose their lives to substance abuse each year. Health care costs for treating substance abuse related complications have reached a staggering amount. According to the Centers for Disease Control and Prevention, cigarette use alone accounts for more than \$700 million in direct health care costs per year in Kansas. Illicit drugs continue to be the driving force behind many criminal activities. With many correctional facilities already at capacity, substance abuse related crimes are draining public resources. Tax revenues currently collected on alcohol, tobacco, and other drugs are currently substantially lower than estimated health care costs. Most of these outcomes are preventable when effectively addressed with evidence-based programs, policies, and practices that align with data-driven community needs.

Table 1.1: Select Causes of Death in Kansas, 2002-2004

Cause of Death	Number of Deaths	Age-Adjusted Rate per 100,000	Underlying Factor(s)	Attributable Fraction
Cardiovascular Disease	24,257	262.2	Alcohol, Tobacco	44.9% (Range 25 - 75%)
Lung Cancer	4,521	53.6	Tobacco	85.8% (Range 80 - 90%)
Suicide	1,058	12.8	Alcohol, Illicit Drugs	29.2% (Range 17 - 37%)
Chronic Liver Disease	583	7.0	Alcohol	45.3% (Range 40 - 54%)

Indicator Selection Process

The Epi Design Team compiled potential measurements of the impact of substance abuse (referred to as “indicators”) in Kansas, and divided these consumption and consequence patterns into four categories: alcohol, tobacco, illicit drugs, and overall substance abuse.

Alcohol: An indicator was placed into this category if the main driving force behind the indicator was directly attributed to alcohol use alone.

Tobacco: An indicator was placed into this category if the main driving force behind the indicator was directly attributed to tobacco use alone.

- Illicit Drugs:** An indicator was placed into this category if the main driving force behind the indicator was directly attributed to illicit drug use alone.
- Overall Substance Abuse:** An indicator was placed into this category if multiple substances were the driving forces behind the indicator.

The Epi Design team identified selection criteria as well as known data sources to populate each substance abuse indicator. These criteria were presented to the KSAPT and approved prior to discussions of inclusion in the final documents. All potential indicators were discussed by the Epi Design Team in order to apply the selection criteria. Once the Epi Design Team applied the selection criteria, recommendations for the indicators to be included in the assessment were forwarded to the group at large and a final inclusive list was compiled. The criteria for inclusion of indicators in the Kansas Epidemiological Profile include:

- **Directly linked to alcohol, tobacco, or other drugs:** An indicator must relate to one or more of the categories to have been considered for inclusion.
- **Population based indicator:** An indicator based on the entire population or with the ability to be generalized to the entire population was given priority over an indicator that did not reflect the population. If no indicator was identified as population based, a secondary indicator was examined with reservations, that is, consideration of the fact that the indicator may not be able to be generalized to the broader population.
- **Index indicator:** Due to the complex nature of an index which is dependent on multiple independent variables, no index indicators were included in the statewide profile.
- **Statewide and sub-state analysis available:** An indicator that provided statewide analysis was required for inclusion. Priority was given to indicators that provided information on a sub-state level (including, but not limited to: stratification by geography, age, gender stratification, race, ethnicity, and socioeconomic status).
- **Temporal information available:** An indicator that provided multiple years of data for analysis was given priority over a one time or periodic indicator.
- **Comparable across substances:** Indicators that exist in multiple categories of alcohol, tobacco, or other drugs were given priority over indicators that exist in only one of the categories.
- **Appropriate at statewide level:** An indicator directly related to the consequences and consumption patterns of alcohol, tobacco, and other drugs was required for inclusion in the statewide profile. Indicators that encompass the risk and protective factors (also known as causal factors) were included in the list of potential indicators to be considered at the community level.

A number of reliable and valid data sets, as well as resources from the state and national level, were identified as key sources of indicators utilized in the development of the Kansas Epidemiological Profile and was subsequently employed in the state-level needs assessment and prioritization process for the Kansas SPF-SIG. The five primary sources for these indicators are described below.

1. **State Epidemiological Data System (SEDS).** The SEDS system provides consequence and consumption indicators and data systems to populate the indicators based upon nationally available data sources.
2. **Reviews of epidemiological profiles from other states and SPF-SIG cohorts.** Example formats and indicators reviewed included the substance abuse profiles from Texas, New Mexico, Wyoming, and Illinois.
3. **Governor's BEST Team on Substance Abuse.** Work from a previous collaborative effort in Kansas intended to streamline substance abuse prevention and treatment across agencies and partners was carried forward for the SPF assessment process.
4. **Primary Literature and Expert Opinion.** In order to ensure the highest quality profile possible through a collaborative effort, emphasis was placed upon the expert opinion of individual partners. Additionally, knowledge of current trends in substance abuse prevention based upon state of the art science found in primary literature was given a high priority in identifying indicators.
5. **Available substance abuse data points from surveys.** In an effort to utilize pre-existing data, a heavy emphasis was placed upon the data currently and routinely collected throughout Kansas.

During the identification process by the Epi Design Team, it was discovered that multiple data sources existed for certain indicators. In order to maintain a uniform decision making process, a hierarchy was created to identify the data source that would be used to populate each indicator.

Data Source Hierarchy of Inclusion

In the event that two data sources were identified to populate an indicator, the following selection criteria was applied to determine the best fit, in descending order of priority:

1. Data sources for which absolute values at the state or community level were available with demographic information. Examples include vital statistics and crime reports.
2. Data sources for which scientifically valid survey information is available at the state or community level with demographic information. Examples include the Youth Tobacco Survey, Youth Risk Behavior Survey, and the Behavioral Risk Factor Surveillance System Survey
3. Data sources for which convenience samples are available at the state or community level with demographic information. Examples include hospital discharge data and the Kansas Communities That Care (KCTC) Student Survey.

4. Data sources for which synthetic estimates are available at the state or community level with demographic information. An example includes the National Survey on Drug Use and Health at the community level.

Epidemiological Criteria

The KSAPT identified multiple epidemiological aspects of the selected indicators that would be essential to make a data informed decision. The three major aspects identified were: magnitude, 5-year time trend, and national comparison. In order to be considered for inclusion in the process, a measurement of magnitude was required for each indicator. These three major epidemiological aspects, magnitude, time trend, and national comparison, as well as relevant subcategories, were defined as specified below and are described in greater detail in Appendix A.

Magnitude: Magnitude describes the number of individuals directly impacted by a particular indicator. For substance abuse related consequences, magnitude is described by two subcategories, absolute number and rate per 100,000. For substance abuse related consumption, magnitude is described by absolute number and percentage.

Absolute Number: A subcategory of magnitude, absolute number describes the average annual number of individuals impacted. In the case of mortality, this is measured as average number of deaths per year. In the case of crime related indicators, this is measured as number of reported cases per year.

Rate: A subcategory of magnitude, rate describes the number of individuals impacted in the population per 100,000 individuals in the community. In the case of mortality, rate is defined as age-adjusted rate per 100,000. In the case of crime related indicators, rate is defined as a crude rate per 100,000.

Percentage: A subcategory of magnitude utilized for consumption patterns only, percentage describes the proportion of individuals impacted and cannot be greater than the total number of individuals in the community. This is a special case of rate viewed as the number of individuals impacted per 100 individuals in the community where no individual can be impacted more than once (i.e. the total percentage cannot be higher than 100%).

Five-Year Time Trend: A five-year time trend describes how the indicator has fluctuated in Kansas over the past five years. The five-year time trend is represented by the slope of the line of best fit. This time trend can be categorized as increasing, remaining level, or decreasing

National Comparison: A comparison between national statistics and those for Kansas were represented by a relative ratio. The relative ratio is calculated by the following formula: $\text{Kansas Rate} / \text{National Rate}$. The relative ratio was described using three categories: higher, equal, and lower.

A complete listing of the data sources and data definitions for each of the indicators to which these epidemiological criteria were applied is provided in Appendix B. The KSAPT also recommended the inclusion of data for various categories of demographic factors. In order to acquire an accurate picture of potential disparities among subgroups of the population the indicators were presented, where possible, by the following demographic factors: age-groups, gender, race, ethnicity, education, and income groups.

Highlights from the Kansas Substance Abuse Epidemiological Indicators Profile

Alcohol Related Consequences and Consumption

Alcohol was identified as the most regularly consumed substance with the potential for dependence or abuse by both adults and youth. In Kansas, 13.1% of adults aged 18 years and older report binge drinking in the past 30 days, and nearly 4% of adults aged 18 years and older are classified as heavy drinkers. Additionally, while consumption of alcohol by individuals under the age of 21 is illegal in the state, 54.7% of high school seniors report drinking alcohol in the past 30 days. Perhaps of even greater concern is the fact that nearly 1 in 10 youth in 6th grade report drinking alcohol in the past 30 days. Further, nearly 1 in 4 youth who have tried alcohol did so before the age of 13 years.

In total, 8.2% of Kansans aged 12 years or older meet the criteria for alcohol dependence or abuse. Among individuals in the 18-25 year age group, this value is more than double the overall population with 20.7% of individuals aged 18-25 years meeting the criteria for alcohol dependence or abuse.

In terms of alcohol related consequences, the rate of arrests for Driving Under the Influence (DUI) in Kansas is comparable to national estimates with a value of 495.8 per 100,000 population in Kansas in 2005. This rate is more than four times higher among males than females in Kansas. Further, the age-adjusted death rate for chronic liver disease has increased during the past five years, and the age specific death rate among individuals 65 years and older is much higher than all other age groups.

The prevalence and trends associated with binge drinking and regular consumption of alcohol in Kansas are addressed separately, as the epidemiologic data and findings of the SEOW suggest that these areas of concern share many commonalities but are also unique in many respects with regard to their respective consumption patterns. A summary of the Kansas 30-day youth alcohol consumption and binge drinking data across grades is provided in Table 1.2.

Table 1.2 Past 30-Day Youth Alcohol Consumption and Binge Drinking by Grade Level

Indicator	Grade 6	Grade 8	Grade 10	Grade 12
30-Day Use	9.2%	24.8%	42.5%	54.7%
Binge Drinking	2.7%	10.0%	23.7%	35.1%

30-Day Youth Consumption of Alcohol

Among 6th, 8th, 10th, and 12th graders in Kansas, 31% report drinking at once during the past 30 days. Grade level is a strong predictor of underage drinking; as grade level increases, so does the

prevalence of use. Youth in the sixth grade have a reported 30-day prevalence of alcohol consumption of 9.2%. This steadily increases with youth in the twelfth grade reporting a 30-day prevalence of alcohol consumption of 54.7%, or slightly more than half.

The overall prevalence of alcohol consumption among youth is not significantly different between genders. Males have an overall prevalence of 31.3%, while females have an overall prevalence of 30.9%. However, some racial differences exist. Among African American students, a lower proportion (24.6%) of students report alcohol consumption in the past 30 days as compared to the white population (32.0%). Ethnicity also plays a minor role in prevalence. In Kansas, 34.1% of Hispanic students report alcohol consumption in the past 30 days as compared to 30.8% of Non-Hispanic students.

Two Week Youth Binge Drinking

Binge drinking is defined as having five or more drinks in a row on one occasion in the past two weeks. According to the Kansas Communities That Care (KCTC) Student Survey, 16.5% of Kansas students surveyed report binge drinking in the past two weeks. Grade level is a demonstrably strong predictor of binge drinking. Sixth graders reported a small prevalence of binge drinking in the past two weeks (2.7%), although prevalence significantly increases in each subsequent grade level, with twelfth graders reporting a binge drinking prevalence of 35.1%.

A slightly higher proportion of males report binge drinking, 18.2%, than female students, 14.9%. As was seen with 30-day consumption, racial differences exist. African American students were at a lower proportion with 11.8% of students reporting binge drinking in the past two weeks as compared to the white population, which has a prevalence of 16.8%. Some ethnic differences exist as well. In Kansas, 19.7% of Hispanic students report binge drinking in the past two weeks as compared to 16.2% of Non-Hispanic students.

Tobacco Related Consequences and Consumption

Tobacco use is the number one preventable underlying cause of death in Kansas. According to the Centers for Disease Control and Prevention nearly 4,000 adult Kansans lose their lives to cigarette use each year. In 2005, 17.8% of adults aged 18 years and older report being current smokers. This percentage has decreased steadily during the past five years. The prevalence of cigarette use is much higher among younger age groups and individuals of lower socioeconomic status. In addition, smokeless tobacco is used by 1 in 10 adult males in Kansas resulting in additional tobacco related consequences each year. Currently, 12.4% of women report smoking during their pregnancy; this value is higher than national estimates of 10.3%.

The purchase or consumption of tobacco products by youth under the age of 18 years is illegal in Kansas. However, over 21% of high school youth report smoking in the past 30 days and 6% of middle school youth report smoking in the past 30 days. School-based suspensions and expulsions related to tobacco have numbered nearly 650 annually. Furthermore, more than 1 in 10 high school youth report using smokeless or spit tobacco in the past 30 days, with males reporting a prevalence that is five times that of female students.

Illicit Drug Consequences and Consumption

In Kansas, only a small portion of all deaths are attributed to illicit drug use. Kansas has a lower than national crude rate of arrests for possession/consumption/sale of illicit drugs.

Methamphetamine lab and equipment seizures have decreased since 2001. Overall, 2.7% of Kansans met clinical criteria for illicit drug abuse or dependence, which is about the same as national estimates.

Marijuana was the highest reported illicit drug used among Kansans aged 12 and older (4.6%). Individuals in the 18-25 year age group had the highest percentage of reported marijuana use. The second highest reported illicit drug use by Kansans aged 12 and older was non-medical use of psychotherapeutic drugs, particularly pain relievers (1.3%). Only a relatively small portion of the population aged 12 and older reported using other illicit drugs (cocaine, hallucinogens, and inhalants).

Additionally, marijuana was also the illicit drug most often used by Kansas youth (grades 9-12). Almost one-third of students (32.5%) reported using marijuana at least once in their lifetime, yet the rate of current (30-day) use has steadily decreased over the past five years. The second most reported illicit drug used by youth was inhalants (3.6% 30-day use, 11.8% lifetime use).

Overall Substance Abuse Consequences and Consumption

Suicide, homicide, depression and other mental disorders, domestic violence, property crime, and prostitution are examples of the many consequences related to substance abuse. These consequences are not necessarily caused by substance abuse, but are often associated with substance abuse. The age-adjusted death rate from suicide has increased slightly in Kansas and is the highest it has been in five years - up from 11.1 per 100,000 population in 2001 to 13.4 per 100,000 population in 2005. The highest percentage of suicide deaths are found among the 25-64 year age group. Kansas has a higher age-adjusted death rate from suicide than the national estimate.

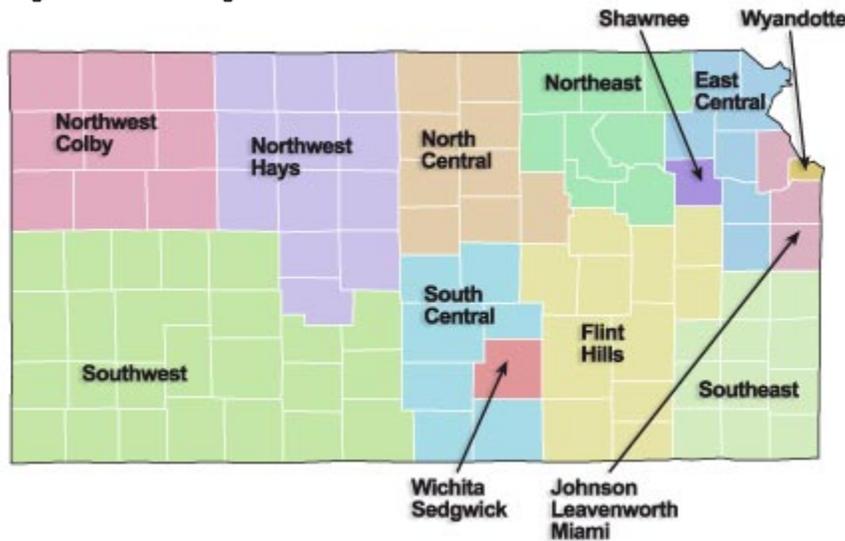
Violence is also a common by-product of substance use. In Kansas, the number of reported deaths from homicide has decreased slightly during the past five years to an age-adjusted rate of 4.4 per 100,000 population, which is lower than the national age-adjusted rate of 6.1 per 100,000 in 2005.

Assessing Substance Abuse Related Systems

The Kansas prevention network, supported by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, has a 20 year history of providing technical assistance, resources, and other substance abuse-related prevention supports to communities. Key components of the state prevention system include a data infrastructure, 13 Regional Prevention Centers (RPC's), a state Regional Alcohol and Drug Awareness Resource (RADAR) network associate, and an online mechanism for tracking community-level systems change. The state data infrastructure is a significant asset in terms of the SPF assessment process, in that it is an online data management system with 12 years of state and county-level Kansas Communities That Care Student Survey

data, as well as risk and protective factor profiles, trend data, and validated social indicator data. An additional strength of the Kansas prevention system, particularly with regard to capacity building, is the network of Regional Prevention Centers (RPC's) which serve the 105 counties across the state with expert training and technical assistance utilizing research-based prevention

Figure 1: Kansas Regional Prevention Centers

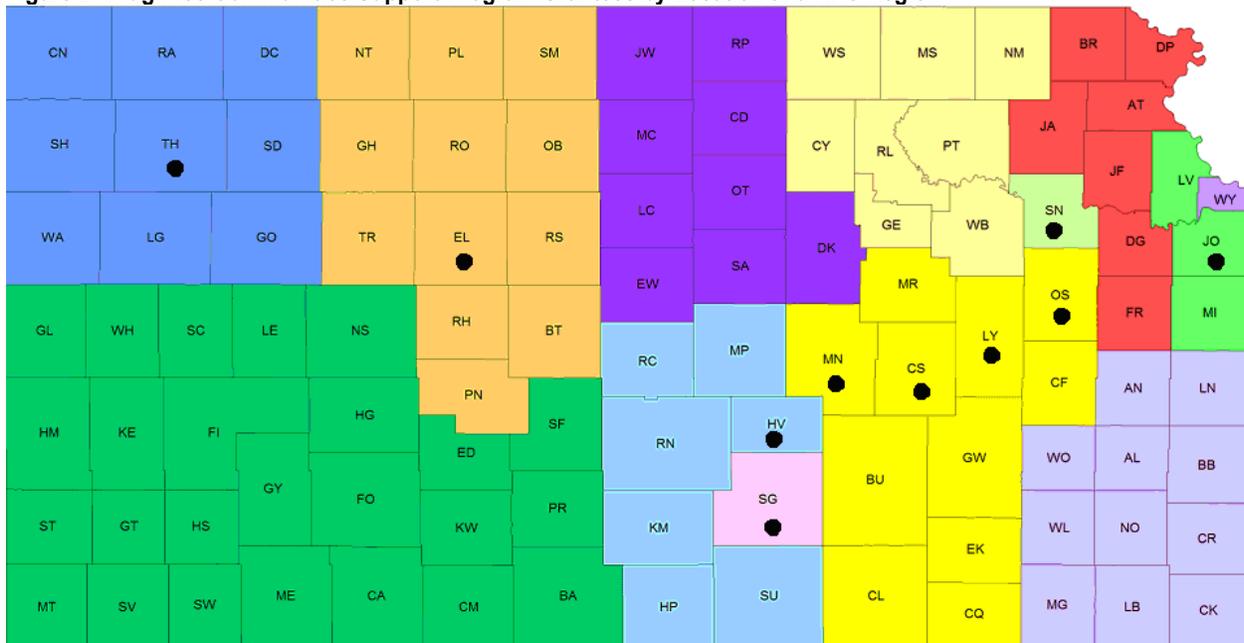


frameworks such as the Communities That Care (CTC) operating system. The CTC framework has been supported by the RPC's since 1993. A map of the Regional Prevention Centers is provided in Figure 1.

Additionally, Kansas currently has ten Drug Free Communities Support (DFCS) Program grantees. Three of these DFCS grantees are located in

urban areas, four are located in semi-rural areas, and three are located in predominantly rural communities. A map detailing the location of the Kansas DFCS grantees is provided in Figure 2.

Figure 2: Drug Free Communities Support Program Grantees by Location and RPC Region



The infrastructure supported by the SAPT Block Grant represents only a portion of the total array of prevention supports and resources available in Kansas. A more comprehensive

assessment of state level resources and statewide networks will be part of the ongoing role of the SPF Advisory Council. Representatives of the institutions who manage and allocate funds are committed to the strategic alignment of prevention resources and services.

A key resource for this process is the State's Prevention Coordinating Council (PCC). The PCC was convened in October 2006 and is comprised of designated staff representatives from the Health and Human Services (HHS) Sub-Cabinet. In addition to advising the planning and implementation of SPF resources, the PCC reviews recommendations from the SPF Advisory Council regarding systemic changes in policies, programs, and practices that will substantially reduce the burden of substance abuse and related disorders on Kansans. The PCC is also tasked with engaging in strategic conversations at the state agency level about how prevention could operate cross-agency as a long-term approach to leveraging resources, engaging in comprehensive planning, and addressing sustainment of effective strategies and processes.

The PCC and SPF Advisory Council will examine linkages and strengths that can be enhanced, expanded, or more accessible to assist local policy and decision makers in reducing underage drinking.

With regard to alcohol, tobacco, and other drug use, Kansas has had an opportunity to engage in comprehensive, targeted, state-level efforts to address both tobacco (i.e., Synar compliance) and methamphetamine. The successes garnered from these state-level prevention efforts speak to the outcomes that can be achieved through multi-agency collaboration, strategic planning, leveraging of resources, and the utilization of evidence-based prevention strategies, and suggest that similar approaches to be brought to bear through the SPF-SIG focused to address underage drinking promise similar results in terms of both outcomes attained and systems.

For example, Kansas has continued to maintain compliance with federal Synar Amendment requirements regarding the sale of tobacco to minors, through a comprehensive set of strategies emphasizing cross-agency planning, collaboration, and use of best practices. Annually, retail outlets across the state are checked to determine the state's compliance rate. Of those inspected in 2007, 80.1% did not sell tobacco products to minors. This represents a substantial improvement from the 62% compliance rate reported in 2004. The state fell below the required target of 80% compliance in 2004, and engaged both state and local partners to institute a comprehensive set of strategies to improve retailer compliance with youth tobacco access laws. In addition to enhanced enforcement, communities were mobilized through a mini-grant project entitled "It's Everybody's Business" to reach retailers through education and incentives, and a statewide incentive-based program was launched to both educate and reward positive actions by clerks who do the right thing by not selling tobacco to Kansas youth. These targeted state and local strategies have improved retailer compliance with youth tobacco access laws, and highlight the effectiveness of coordinated prevention efforts.

In addition to statewide efforts to mobilize and address youth tobacco access, Kansas has also engaged in comprehensive, state and local efforts to reduce methamphetamine production, distribution, consumption, and related impacts on drug-endangered children and communities. The Kansas Methamphetamine Prevention Project (KMPP), which has been nationally recognized, has assisted 75 counties in Kansas and 41 states with the implementation of meth

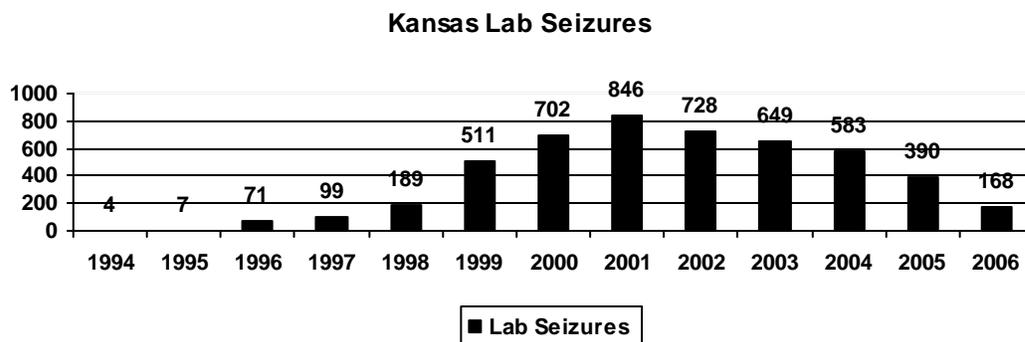
prevention initiatives since its inception in October of 2002. Communities which have implemented meth prevention efforts have demonstrated dramatic success including reductions in both lifetime and 30-day usage of meth by youth, increased arrests, decreased theft of precursor products (e.g., anhydrous ammonia and pseudoephedrine), increased community safety, improved collaboration among community organizations, increased media coverage and increased public awareness.

Since its inception, KMPP has provided training for 20,728 people and fulfilled over 1,100 technical assistance requests. KMPP has distributed resource materials to over 48,270 people. These resources include safety cards for child protective service personnel, educational videos, community methamphetamine prevention kits, and public educational materials. Since 2003, KMPP has also provided over \$175,000 in funding for community-level methamphetamine prevention efforts directly to 75 Kansas communities.

KMPP has also been instrumental in the development of other important statewide initiatives including the Kansas Alliance for Drug Endangered Children (KADEC). KADEC provides training, technical assistance, resources, and leadership to communities implementing programs designed to assist children living in drug environments. Currently, 24 Kansas counties have official Drug Endangered Children protocols and 18 Kansas counties are in the process of development of protocols due to the training and assistance provided by KADEC. KADEC has provided significant assistance with a Topeka-based effort focused on reducing the number of substance-exposed newborns.

Statewide efforts to impact methamphetamine production and have also been successfully addressed through both legislation and enforcement strategies, designed to complement community mobilization and education. On April 15, 2005, Kansas Governor Kathleen Sebelius signed legislation placing significant restrictions on over-the-counter products containing pseudoephedrine, the main ingredient in methamphetamine manufacture (Sheriff Matt Samuels Chemical Control Act). Since that time, the number of labs in Kansas has been significantly reduced, as demonstrated in Figure 3 (Kansas Bureau of Investigation, 2007).

Figure 3: Kansas Clandestine Methamphetamine Lab Seizures, 1994-2006



Further, in May 2007, Governor Kathleen Sebelius signed a law aimed at significantly reducing the amount of paraphernalia that was being sold in communities across Kansas. KMPP advocated heavily for this legislation. The new law strengthens and clarifies the existing statute,

making it illegal for stores to offer for sale items that are “primarily intended or designed for use to consume or ingest illegal drugs”. Originally HB 2359, the drug paraphernalia section was combined in a comprehensive piece of legislation, called HB 2062.

Criteria and Rationale for Determining the SPF-SIG Priorities

The KSAPT completed work on the Kansas Substance Abuse Epidemiological Indicators Profile in March of 2007. This statewide profile of the burden of substance abuse consequences and consumption patterns provided a framework for identifying substance abuse priorities in Kansas. Highlights from the profile were presented to the Kansas SPF Advisory Council, preliminarily in January and in greater detail in April, as part of the SPF-SIG assessment process. The Kansas SPF Advisory Council comprises a diverse group of decision makers across state and local agencies and organizations, community representatives, and prevention partners. The Kansas SPF Advisory Council is charged with making the final recommendations concerning Kansas substance abuse prevention priorities and providing oversight for the SPF-SIG.

Additionally, the state epidemiological profile was presented to the Prevention Coordinating Council (PCC) for review and feedback. In response to this feedback, it was determined that multiple techniques should be applied to provide guidance towards setting substance abuse priorities in Kansas. The approaches recommended for use as part of the prioritization process included data-informed decision making, integration with professional knowledge, and group consensus.

Application of Epidemiologic Criteria

In order to accurately portray all indicators, each measure were placed on a similar scale for reference. In particular, all consumption indicators were graphically represented with the same y-axis values in order to give visual texture to the indicators. As one of the requirements for inclusion in the process, the measure of magnitude was considered the minimal requirement for presentation. All magnitude rates were calculated on the same scale, per 100,000 population, in order to ensure the best comparability. In the case of mortality, all rates were converted to age-adjusted rates based upon the 1990 U.S Census population. In most other cases, all rates are crude rates per 100,000 population.

All indicators from the detailed epidemiological profile were placed in a side-by-side comparison file to allow quick comparisons between all criteria. Multiple tables were provided and were sorted by magnitude, 5-year trend, and national comparison. Tables included the following information (where available): indicator name, data definition, magnitude (absolute number and rate per 100,000), 5-year trend, national comparison, and data source. The Consequence Data Summary Tables developed and utilized for this comparative process are located in Appendix C (Tables C1-C3) of this document, and are sorted by magnitude, trend, and national comparison, respectively.

Application of Additional Criteria

In addition to the epidemiologic criteria, a series of other criteria were created for reviewers to consider. These nine criteria were:

1. Readiness – Willingness
2. Readiness – Capacity
3. Political Will
4. Feasibility – Resources
5. Feasibility – Time
6. Feasibility – Changeability
7. Severity
8. Lack of Current Resources Addressing Topic
9. Extent of Disparate Populations

Definitions for each of these additional criteria can be found in Appendix D. Individual members of the SPF Advisory Council were asked to call upon professional and personal experience when considering all additional criteria.

Prioritization Process

The Prevention Coordinating Council determined that a scoring process would provide the initial framework for further discussions concerning the identification of Kansas’s SPF-SIG priorities by the SPF Advisory Council. To this end, a worksheet was created to capture member feedback concerning the epidemiologic criteria and additional criteria, and is located in Appendix E. In order to support data-informed decision making, the epidemiologic criteria was weighted to reflect 66% of the total score for a given indicator whereas the additional criteria accounted for the remaining 34%. In addition, to stress the importance of overall magnitude, within the epidemiologic criteria magnitude constituted 50% of the epidemiological criteria score, or 33% of the overall score for the indicator. This process ensured a data-informed decision while allowing for qualifying elements to refine the decision making process.

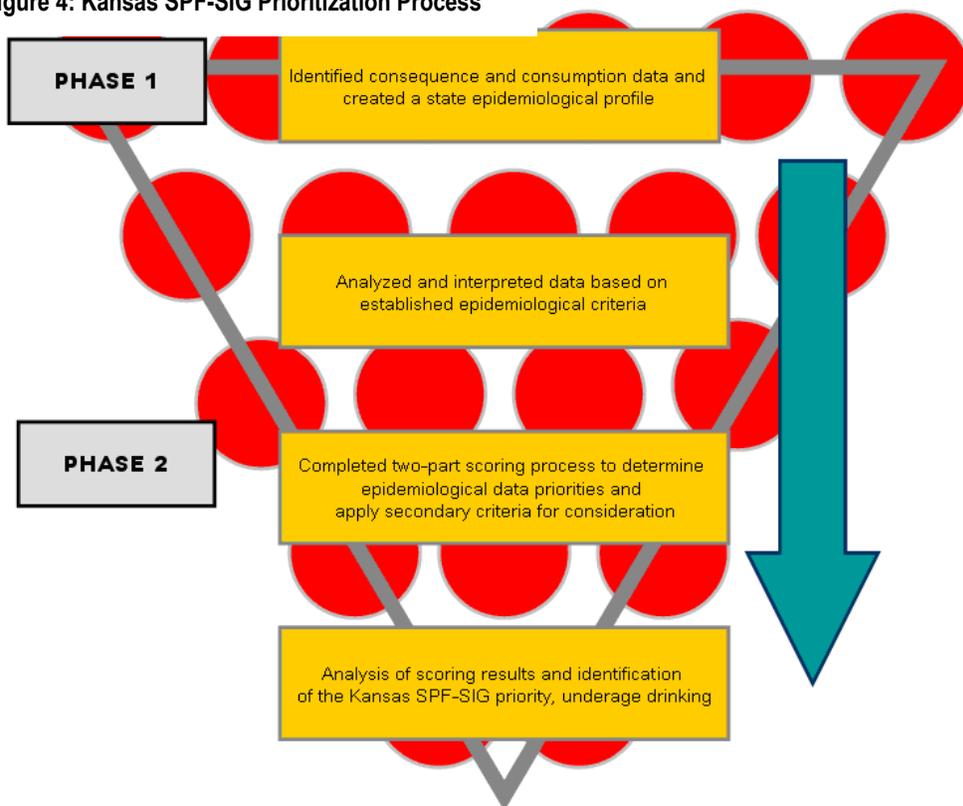
In keeping with the direction of the SPF, consequences were the primary focus during prioritization, and consumption patterns were not included in the scoring process. The exception to this involved limited youth consumption patterns as the act of underage alcohol use was viewed as an illegal behavior, and thus a consequence. Indicators were measured on a 7-point scale (7 = Very High Priority, 1 = Low Priority), and the top five indicators derived from the prioritization process are listed in order in Table 1.3 provided below, and the complete list of ranked indicators is provided in Appendix F.

Table 1.3 Top Five Indicators as Scored by the SPF Advisory Council

Rank	Indicator	Average Score
1	Two week Youth Binge Drinking	5.06
2	30-Day Youth Alcohol Consumption	5.05
3	30- Day Youth Marijuana Consumption	4.66
4	30-Day Youth Cigarette Consumption	4.60
5	Driving Under the Influence of Alcohol	4.58

After posting the rank ordered consequence indicators, the SPF Advisory Council engaged in an in-depth conversation concerning the synergistic impact of these indicators, particularly among youth. The conversation included consideration of the ability to impact statewide indicators while addressing these topics at the local level. Figure 4 summarizes the prioritization process utilized to identify priority issues to address through the Kansas SPF-SIG.

Figure 4: Kansas SPF-SIG Prioritization Process



Description of the SPF-SIG Priorities

Through a data-informed prioritization process and a facilitated discussion among SPF Advisory Council members, group consensus was achieved to determine that underage drinking would be addressed in Kansas through the SPF-SIG. Progress toward reducing underage drinking would be measured by two youth indicators: binge drinking and 30-day alcohol consumption. The SPF Advisory Council made this recommendation based on the funding available for this project, the associated timeline, the rank ordered results of the prioritization process, and the prevalence of drinking among youth in grades 6, 8, 10, and 12. As such, underage drinking will be the sole priority for the Kansas SPF-SIG, in order to maximize the impact of the funding in terms of systems change, reductions in underage drinking, and sustainment of outcomes at both the state and community level.



Capacity Building

This section addresses areas in need of strengthening, state and community level capacity building activities, and the role of the State Epidemiological Outcomes Workgroup in support of the Kansas Strategic Prevention Framework State Incentive Grant.

Areas Needing Strengthening

The award of the Strategic Prevention Framework State Incentive Grant to the State of Kansas presents a unique opportunity to simultaneously address capacity building needs at the state and community level. It also provides an opportunity to comprehensively and intentionally address the identified SPF-SIG priority with a comprehensive array of evidence-based strategies to evince and sustain both systems change and prevention outcomes. Through the SPF-SIG, Kansas specifically intends to 1) build capacity and infrastructure at the state and local level to sustain effective substance abuse prevention strategies, and 2) develop a sustainable statewide multidisciplinary structure to enhance prevention programs, policies, and practices.

Capacity building, as with all steps of the SPF, must be considered and treated as an intentional and iterative process of continuous improvement. In order to achieve a system capable of dynamic and responsive growth and development, state level capacity in terms of data infrastructure, technology-based supports, and prevention system development (including integrated prevention planning, programming, and oversight) must be addressed.

In terms of data infrastructure enhancement, the State has 12 years of KCTC Student Survey data accessible online which provides communities with county-level data concerning substance abuse prevalence, profiles of local risk and protective factors, validated social indicators, and the ability to view and create customized reports and trend charts. However, the process of developing a state epidemiological profile of substance abuse consumption and related consequences demonstrated that integration of data sources that exist across state agencies and other entities is essential for enhanced data-informed decision making. Maintaining and sustaining the interagency collaboration necessary for more effective data sharing and utilization, as well as the development of technological supports to provide immediate access to data and related resources, is essential for advancing both state and local level assessment processes. This also provides an on-going mechanism for the effective use of data for prevention planning, implementation (i.e., monitoring to ensure high-fidelity programming), and evaluation.

Effective learning, like effective prevention work, is collaborative and social in nature, and is enriched by tools and resources that reach the most people in the most effective way. Effective learning is facilitated by a balance of face-to-face interaction in a traditional learning context and the utilization of technology-based learning tools and methodologies. Technology-based resources offer the advantage of allowing for both immediate access to data and resource information, as well as providing a vehicle for distance learning, networking, and communicating among communities. As a mechanism for learning and communication among prevention practitioners, technology offers faster access to information sources, heightened interaction and direct feedback, and illustrative, real-time and real-life connection between information and local application.

Technology-based instructional approaches also offer the benefits of self-paced learning, access to multiple learning modalities, savings in the form of reduced travel time and expense, and capacity building in the form of both increased information literacy and technology literacy. Therefore, there is both a need and an opportunity to augment technology-based resources to support state and community-level prevention efforts. This will improve access to comprehensive data and assessment resources, build capacity through information and resource dissemination, and allow for the establishment of virtual communities of prevention practitioners at both the state level and across community sectors. In addition, technology-based resources can support SPF processes through the availability of online tools for logic model and strategic plan development, guidance for high fidelity implementation of evidence-based programs, policies, and practices, and outcomes-based evaluation integrated with online data and user-posted logic models.

A further area identified as a focal point for enhancement and strengthening through the SPF-SIG process is state prevention system development. For example, integrated prevention planning, programming and oversight across state agencies and major human services organizations prior to the establishment of the SPF Advisory Council and Prevention Coordinating Council tended to be project driven and time limited with fewer opportunities for sustained and meaningful collaboration such as that offered through the SPF. There is clear evidence that prevention activities that are deployed outside of traditional administrative and funding “silos” are often more comprehensive and collaborative in nature. Delivering a unified message with many voices, offers a greater return on investment and allows room for innovation through both top-down and bottom-up sustainment strategies. It is collaboration and systems change of this nature that Kansas seeks to achieve and sustain through the SPF.

State and Community Level Activities

Kansas is a geographically large area with a diversity and richness of culture, encompassing urban, semi-urban, and rural areas with unique economic, cultural, and historical characteristics. The expanse and diversity of the state tasks prevention planners with supporting communities with wide ranging levels of local capacity and readiness in order to comprehensively and effectively address prevention issues. In response to these needs, a variety of state and community level activities have been identified to address the areas in which Kansas needs to strengthen its capacity in order to effectively implement the SPF-SIG.

1. Capacity Building at the State Level

Key strategies for capacity building at the state level are based on the previously identified areas in need of strengthening, and reflect a commitment to augmenting the existing data infrastructure, developing technology-based online prevention supports and resources, and enhancing and extending the state prevention system. Areas for capacity building within the state prevention system include state-level planning and oversight, strategic capacity development, and prevention workforce development. Such state-level capacity building activities will ultimately assist communities in planning, implementing, and sustaining evidence-based, culturally proficient prevention strategies that address priority issues. Capacity building assistance provided by the State of Kansas as part of the SPF-SIG falls into one of four categories:

1. Knowledge transfer (i.e., diffusion of innovations to improve effectiveness and achieve praxis between research and practice);
2. Technical assistance (i.e., provision of collaborative consultation and technical guidance and instruction concerning the five steps of the SPF);
3. Training and targeted education (i.e., delivery of curricula and coordination of training activities and follow-up events to increase knowledge, skills, and competencies required for the implementation of evidence-based prevention strategies);
4. Information dissemination (i.e., distribution of prevention information through electronic and print materials, presentation, multi-media websites, electronic, and mass media).

At the state level, capacity building activities will include:

- Development of a state-level strategic plan for on-going capacity development among key stakeholders and organizing structures such as the Prevention Coordinating Council, the SPF Advisory Council, and the regional network of prevention centers;
- Pre-training SPF competency assessment for Regional Prevention Center (RPC) staff;
- Provision of in-depth trainings/learning events for RPC staff on the SPF and collaborative consultation;
- Establishment of a SPF technical assistance delivery system comprised of experienced and trained prevention providers serving as a SPF technical assistance consultant team;
- Development and deployment of a comprehensive, multi-media SPF website;
- Establishment of chartered workgroups addressing SPF products for target communities and prevention system development;
- Provision of a SPF Orientation and Pre-Bid Conference for communities;
- Expansion of knowledge and skills related to effective evaluation design and methods at the state, systems, community, and program level; and
- Development and delivery of content and facilitation for SPF learning events sequenced to support SPF milestones and deliverables for target communities.

Additionally, capacity building at the state level has occurred for the project team and will be continued through national SPF-SIG grantee meetings and technical assistance from the Southwest Center for the Application of Prevention Technologies (SWCAPT) and the Pacific Institute for Research and Evaluation (PIRE).

Development of a community-level systems assessment survey is in progress, and will entail a survey of key informants across 12 community sectors (i.e. those sectors required for the Drug Free Communities Support Program, which includes health care/medical, schools, law enforcement, business, state/local/tribal government, youth, parents, media, youth-serving organizations, faith community, civic/volunteer groups, and other organizations) regarding perceived needs, level of community awareness of underage drinking and associated substance abuse problems and consequences, and interest, ability and willingness to support local substance abuse efforts. Survey content and methodology is based upon Kentucky’s SPF community readiness assessment literature review and assessment instrument, and has been adapted and used with permission.

This community-level systems assessment will serve multiple purposes to support all steps of the SPF process. The preliminary community mobilization, capacity, and readiness data derived from the pre-bid assessment will be used to 1) identify training and technical assistance needs at the community level; 2) determine each community’s ability to address underage drinking through the SPF process; 3) provide data to be used by the state evaluation team to assess the impact of the SPF at the community level, and 4) inform future state level prevention initiatives. The community-level systems assessment will be integrated into the state prevention infrastructure such that this process can also guide and support prevention efforts through the SAPT Block Grant and assessments can be conducted on an ongoing basis.

State level SPF preparation and capacity building for the prevention workforce will be accomplished in conjunction with the SWCAPT and Omega Point International (OPI). Table 2.1 outlines the learning event topics, content, sequence, and time frame for state-level capacity building.

Table 2.1 SPF Learning Events

Topic	Provider	Date
Change Management	Omega Point International	July 2007
Collaborative Consultation	Omega Point International	August 2007
SPF Steps 1 & 2	SWCAPT	September 2007
SPF Step 3 & 5	SWCAPT	November 2007
Systems Thinking and Knowledge Transfer	Omega Point International	February 2008
SPF Step 4	SWCAPT	July 2008

The SWCAPT will provide a series of three trainings of trainers (TOTs) on assessment and capacity building, planning, implementation, and evaluation, sequenced to prepare RPC staff to provide technical assistance, resources, and other related supports to SPF subrecipients. The SPF TOTs will include information on the five SPF steps, including assessment and logic model development, strategic plan development, and guidance for process and outcomes-based evaluation.

Also included within the training sequence will be three learning events facilitated by OPI, to provide further instruction and skill building in the area of collaborative consultation, systems thinking, and knowledge transfer. In an effort to integrate the knowledge and skills from both the OPI and SWCAPT SPF learning events, project staff will coordinate with the staff and consultants from both OPI and the SWCAPT. This coordination will develop learning content that links SPF competencies to collaborative consultation skills, system thinking, and knowledge

transfer strategies, in order to cultivate a prevention network that is uniquely equipped to support build community capacity development that extends well beyond the traditional “expert” or “pair of hands” consultant role. In combination, these learning events will prepare and equip the state’s prevention workforce to deliver the necessary training and technical assistance at the community level to implement the SPF process.

The establishment of a SPF technical assistance delivery system utilizing experienced consultants is a key strategy for assuring adequate capacity at the regional and local level. Subject matter experts will be recruited to establish a skilled, experienced, and collaborative team to ensure expertise in prevention, the five steps of the SPF, facilitation, and instructional design. The SPF consultant team will be asked to complete an application process, which will consist of: 1) submission of a letter of interest detailing professional experience and background, 2) completion of a SPF competencies assessment demonstrating knowledge and skill proficiency, 3) a description of the applicant’s experience with each of the five steps of the SPF process as it relates to prior prevention work at the community level, and 4) a list of qualifications and credentials. Applications will be reviewed by a multi-disciplinary team. The state SPF technical assistance delivery system will deliver support to sub-recipients by the award of community-level SPF funding, which is slated for January of 2008.

Individuals serving as part of the state SPF technical assistance delivery system will be included in the learning events and trainings of trainers provided by both the SWCAPT and OPI. They will be required to participate in bi-monthly conference calls for peer-to-peer consultation and staffing of SPF communities. The SPF technical assistance consultants, anchored in the state’s existing prevention network, will also assist in the development of training materials and technical assistance resources for use by all RPC staff. Along with the RPC prevention consultants, the SPF technical assistance providers will serve as a resource for training and mentoring other RPC staff as part of individual professional development and collective workforce development processes. The SPF technical assistance delivery system will be a significant state and community capacity building resource, one that will enhance Kansas’s capacity for the provision of timely, targeted, comprehensive, collaborative technical assistance for all communities.

Thus, capacity development and engagement of experienced prevention providers and subject matter experts provides both a mechanism for meeting subrecipients’ community-level needs for training and technical assistance, and simultaneously enhances the Kansas prevention infrastructure by aligning processes with the SPF. The Kansas prevention infrastructure has a 20 year history of providing training and technical assistance to communities using evidence-based prevention processes, programming, and principles, including the Communities That Care operating system, and applying risk and protective factor data to support local prevention planning and decision making efforts. As such, state level capacity building strategies are designed to ensure that prevention providers are optimally equipped to provide community-level SPF technical assistance and other supports. In turn, the role of the Regional Prevention Centers in community level capacity building is detailed in the following section.

2. Capacity Building at the Community Level

At the community level, strategies to increase capacity in order to effectively implement the SPF-SIG include 1) a two-phase SPF grants process, 2) multiple learning opportunities for SPF subrecipients focusing on SPF milestones, key products, and deliverables, 3) comprehensive community readiness and capacity assessments, and 4) targeted mobilization of key community sectors.

A two-phase SPF grant process will be utilized to direct sufficient resources for comprehensive assessment of causal factors/intervening variables underlying underage drinking, capacity development, and creation of a logic model and strategic plan (requiring state-level review and approval) prior to the implementation of prevention strategies at the local level. Phase one of SPF awards will include a nine month process extending from January 1, 2008 to September 30, 2008 and will focus subrecipients on the assessment, capacity building, planning, and evaluation steps of the SPF process. Support will be provided for capacity development and a comprehensive community readiness assessment (utilizing the Tri-Ethnic Community Readiness model) that complements the findings generated from the preliminary community systems assessment completed during the SPF pre-bid process. Resource assessment and targeted mobilization of key stakeholder groups representing each of the key community sectors will be included in the nine-month planning grant period.

Subrecipients will be required to maintain coalition membership with representation from each of the 12 community sectors designated by SAMHSA's Drug Free Communities Support program (listed on page 17 of this document). As part of subrecipients' grant requirements, each of these sector representatives will be responsible for participating in a one-year Community of Practice (CoP) comprised of their professional colleagues from other SPF-funded communities. The CoPs will be tasked with developing recommendations and evidence-based strategies to infuse effective prevention practices, policies, and/or programs that address underage drinking to maximize impact in their respective fields at both the state and community level. In this way, community capacity building can be maximized and statewide systems change may be accomplished, while coalition representatives are also mobilized to comprehensively address underage drinking and support or extend strategies identified in local logic models and prevention action plans.

Phase two of the SPF will extend from October 1, 2008 through the duration of the Kansas SPF-SIG award, and will focus on community-level implementation of the prevention programs, policies, and practices outlined in the local logic models and strategic plans developed during the planning phase. Focus will remain on capacity development and improvement of prevention processes via monitoring, feedback, targeted technical assistance, and ongoing learning opportunities for education and networking across subrecipients.

3. SPF Learning Opportunities: Building Capacity for Sustainment and Systems Change

The intent of the SPF learning opportunities previously referenced is to engage SPF subrecipients throughout the state in a learning partnership around the Strategic Prevention

Framework. These learning opportunities will serve as a vehicle for education, guided application, and some independent application to accomplish the following milestones:

- 1) Conduct an in-depth local assessment of causal factors/intervening variables underlying underage drinking;
- 2) Construct a logic model describing the relationship between underage drinking, causal factors/intervening variables, and prevention strategies;
- 3) Develop a comprehensive strategic plan that mobilizes key stakeholders, applies evidence-based prevention programs, policies, and practices in a consistent and culturally proficient manner;
- 4) Engage in networking and information sharing with other SPF subrecipients.

Following the award of phase one planning grants, the first in a series of centralized learning events will be held for all subrecipients. Grantees will be formally introduced to the Strategic Prevention Framework State Incentive Grant, expectations and requirements associated with the phase one awards, and key milestones and benchmarks necessary for project completion. Subrecipients will also receive an overview of the state-level SPF process, fiscal requirements, and reporting processes.

Additionally, available online resources for technical assistance, and tools and resources addressing each step of the SPF process will be reviewed. During this period, subrecipients will be provided with an introduction to the process for establishing Communities of Practice to mobilize sectors to address underage drinking. All SPF learning opportunities will be provided at a central location, and will take place in a time frame that corresponds to grant deliverables and requirements for assessment, capacity building, and planning during the nine month period for phase one awards. Table 2.2 outlines the sequence and schedule proposed of the learning opportunities for SPF sub-recipients.

Table 2.2 SPF Learning Opportunities

Topic	Date
Orientation to the SPF, Assessment, and Capacity Building	February 2008
Planning and Evaluation	April 2008
Implementation	September 2008

In total, it is anticipated that three learning opportunities will be conducted during the nine-month period comprising phase one of the SPF process. Each community that is awarded a nine-month planning grant will be responsible for conducting a comprehensive community assessment, and constructing a logic model that is reviewed and approved by state-level SPF project staff, evaluators, and SPF technical assistance providers. Sub-recipients will also be responsible for producing a strategic plan tailored to the community that specifies evidence-based prevention programs, policies, and practices to address underage drinking. Once reviewed and approved, these documents will constitute the application for phase two of SPF funding, which will support implementation of the proposed prevention strategies.

Role of the State Epidemiological Outcomes Workgroup (SEOW)

The Kansas State Epidemiological Outcomes Workgroup, also known as the Kansas Substance Abuse Profile Team (KSAPT), was established in March 2006 and has made significant contributions to the identification and procurement of available and relevant data sets concerning substance abuse consumption and consequences, as well as the analysis of data used by the SPF Advisory Council as part of the identification of the statewide SPF priority. Section one of this document describes the process enacted for data collection and analysis, and delineates the findings and work products developed to support prioritization as part of the state SPF processes. This data and associated resources will be maintained on a state SPF website, for use by SPF subrecipients as well as community members and prevention practitioners in non-SPF communities.

The contribution of the KSAPT to SPF data collection, analysis, and prioritization represents the preliminary role and contributions of this group; the ongoing role of the SEOW/KSAPT will include the facilitation of ongoing collection and organization of data to inform SPF planning and decision-making, enhancement of data resources to support community-level SPF milestones and deliverables for subrecipients, and enhancement of data collection and information sharing processes among state agencies and entities to allow for improved dissemination of surveillance information on substance abuse and its correlates.

Data aggregation and communication at the local, regional, and state levels will be enriched by the multi-disciplinary team of data managers. The KSAPT will continue to be tasked with identifying and assessing indicators that have the greatest salience for the measurement and understanding of state-level substance abuse consumption and related consequences. The KSAPT will also contribute the effective application of this information to operationalizing the five steps of the SPF process. Table 2.3 below summarizes the roles and responsibilities of the SEOW/KSAPT across the lifespan of the Kansas SPF-SIG.

Table 2.3 Timeline for SEOW/KSAPT Responsibilities*

	Date	SEOW Responsibility
YEAR 1	March 2006	Establishment of a State Epidemiological Outcomes Workgroup to support data-driven decision-making related to the prevention of substance use problems.
	October 2006	Ongoing collaboration with the SPF Advisory Council and other key state-level advisory groups.
	March 2006 – February 2007	Collection and analysis of state-level data on substance-related problems and patterns of consumption.
	March 2007	Development of resources to support the identification of prevention needs based on substance-related data to define state SPF priorities and considerations for resource allocation.
YEARS 2-5	July 2007	Coordinated development of a system for ongoing monitoring of state substance-related data to track progress on addressing prevention priorities.
	January 2008	Assistance in identifying, collecting, and analyzing community-level data related to the state SPF priority (i.e. underage drinking).
	Ongoing	Strengthening of state capacity for data collection and information sharing across agencies and organizations.
	Ongoing	Build state agency capacity to understand and use epidemiological processes for the development of data-savvy information managers

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	Date	SEOW Responsibility
		to facilitate inter- and intra-agency data access.
	Ongoing	Explore inter-relationships among indicators and study questions related to substance abuse consumption and consequences, as well as identification of cross-cutting issues.
	Ongoing	Ongoing collection of data and trend analysis of substance-related problems and patterns of consumption.
	Ongoing	Provide support for data analysis and contribute to State/Community learning.

*Based upon the *Strategic Prevention Framework Information Brief* developed and published by the Research and Policy Analysis Group of Carnevale Associates, LLC.

Following the identification of communities to receive SPF-SIG funding through a competitive bid process, the KSAPT will work in conjunction with the SPF Advisory Council and SPF Project Staff to coordinate the provision of data and related resources for SPF-SIG subrecipients. Additionally, the SEOW/KSAPT will support capacity building efforts by identifying and recommending appropriate data sets and analyses that correspond to appropriate phases and steps of the SPF. In addition, KSAPT members will recommend methods for sharing data across disciplines, and investigate under-utilized sources of data. The KSAPT will support community-level capacity building by ensuring that subrecipients have data available to support assessment of local causal factors and intervening variables relevant to the state SPF priority - underage drinking - as well as guidance for data collection and analysis of community-level data.



Planning

This section provides a description of the proposed approach to developing and deploying SPF-SIG grant resources and the programmatic mechanisms to address SPF-SIG priorities. It also provides an overview of the proposed community-level activities, resource allocation method, and the implications of this approach.

Planning Model

The Kansas SPF Advisory Council utilized the data produced by the KSAPT as guidance to consider the extent of alcohol, tobacco, and other drug (ATOD) use and related consequences. This data ultimately led to the identification of underage drinking as the state's SPF priority. The foundation for this decision-making process was a compilation and assessment of Kansas's data concerning ATOD consumption and consequences, and the identification of underage drinking, specifically binge drinking and past 30-day alcohol use among youth, as the priority area of focus for SPF-SIG resources.

Data from all sources were examined, with heavy reliance on quantitative data available from reputable and reliable sources (e.g., validated archival data sets, NSDUH, YRBS, and the Kansas Communities That Care Student Survey), which were organized and summarized by the Epi Design Team and subsequently presented to the SPF Advisory Council for consideration.

The SPF Advisory Council met twice in April 2007 to engage in a comprehensive review of state-level data concerning ATOD consumption and related consequences in the service of identifying state priorities for the SPF-SIG. This prioritization process was accomplished through systematic, guided discussion and decision-making, which was facilitated by the use of worksheets (referred to as prioritization tables) distributed to all members of the committee. For those SPF Advisory Council members unable to attend the prioritization meetings, opportunities to provide feedback and vote on state priorities in absentia were made available. A more complete discussion of the prioritization process, data used, and scoring is provided in section one of this document. The process may be summarized as including two phases. First, a review and facilitated discussion concerning the proposed indicators, trends, magnitude, and state and national comparison data was held to identify key issues and implications associated with particular substances and specific consequences. Second, an assessment and discussion of intangible variables including attributable fractions, severity of consequences, estimated existing resources, political will, and consideration of state and local readiness.

With regard to determining attributable fractions, the primary concern was to document the link and strength of association between the prevalence of a given substance to consequences of its

use. This was most readily documented with tobacco (e.g., rates of cancer and heart disease) and underage drinking (e.g., school violations, DUI’s, motor vehicle collisions, arrests). The SPF Advisory Council completed an individual prioritization process of the selected indicators, and convened to complete a large group scoring and facilitated discussion at which consensus was accomplished with regard to targeting underage drinking. Once the SPF-SIG priority was identified by the SPF Advisory Council, an effort was made at the state level to narrow the focus by mapping geographic “hot spots,” and by so doing, identify a manageable number of communities across the state where SPF-SIG resources could be directed to greatest effect.

This process involved organizing youth binge drinking and past 30-day alcohol use data at the county level based on magnitude and population, and mapping “hot spots,” that is, those counties where binge drinking and past 30-day alcohol use was either most elevated, trending upward, or made the largest contribution to the state rate. Contribution to the state rate was calculated based upon the population of individuals aged 0-18 in each county (provided in Appendix G). As an additional resource, two tables were created in which counties were rank ordered by need and contribution for youth binge drinking and past 30-day alcohol use. These tables are provided in Appendix H (binge drinking) and Appendix I (past 30-day alcohol use), respectively. These tables provided the data for the creation of a series of maps, which offered a visual depiction of the counties with the highest prevalence of past 30-day youth alcohol use and binge drinking. A sampling of the maps detailing those counties with either highest need based on youth binge drinking or past 30-day alcohol use, highest contribution, or an upward trend for these indicators are provided in Appendices J1-J6 of this document.

As can be seen in Appendix J1, highest need areas with regard to past 30-day youth alcohol use – consisting of seven counties with both highest prevalence and an upward trend – are rural in nature, widely dispersed across the state, and with a limited population of youth aged 0-18. For example, one of the largest of the “high need” counties, Pratt County, is located in south central Kansas and has a population of 2,932 youth under the age of 18. Rawlins County, the smallest of the “high need” counties, is located in northwest Kansas and has a population of 777 youth under the age of 18. This map suggests that solely targeting areas of high need will yield change in relatively small numbers of youth, with results being widely dispersed across the state.

In contrast, Appendix J2 details those areas that are highest contributors to state prevalence of past 30-day youth alcohol use. Five counties emerged as highest contributors – Wyandotte, Johnson, Douglas, Shawnee, and Sedgwick – and constitute the five largest population centers in Kansas. However, prevalence in these counties is generally 10% lower than prevalence in the areas of highest need. A comparison of the counties identified as highest contributors to the prevalence of those counties identified as highest need is provided in Table 3.1, and illustrates the difference in need between the population centers and more rural areas.

Table 3.1 Comparative Past 30-Day Youth Alcohol Use by County

Top High Contributor Counties	Prevalence	Top High Need Counties	Prevalence
Douglas	32.53%	Russell	45.96%
Shawnee	31.41%	Kingman	41.34%
Wyandotte	29.52%	Rawlins	38.83%
Sedgwick	27.52%	Pratt	34.98%
Johnson	27.16%		

It should be noted that a similar pattern emerges when binge drinking is mapped and analyzed with respect to need and contribution. A sampling of these maps is provided in Appendices J4-J6. Based upon analysis of these maps and the associated data tables (for both past 30-day use and binge drinking), it was determined that if resource allocation for the Kansas SPF-SIG was awarded based solely upon either need or contribution, either the large, more urban population centers would be given preference (in the case of high contribution), or rural, isolated areas would be given preference (in the case of high need). As such, it was determined that an open application process that allowed for weighted scoring to give a competitive advantage to counties that are among the highest need and contributor areas would be the optimal approach for resource allocation, as it would allow both rural communities and urban areas an opportunity to compete for SPF-SIG funding.

Allocation Approach

As described above, despite efforts to identify areas of need in geographic “hot spots” for targeting SPF-SIG resources, it became clear that compelling data was not available to drive this decision. Therefore, a competitive, open bid process allowing for allocation based upon a hybrid funding model is warranted. Kansas proposes to allocate resources to communities based on evidence of combined “high need” and “high contribution” as reflected in consequence and consumption data. Consideration of community capacity to implement the SPF process and address underage drinking at the community-level with evidence-based prevention programs, policies, and practices also will be rated as part of the selection process, but will be used to identify those communities with the minimal capacity (or better) to implement SPF processes and accomplish population-level change within the targeted community. This process of narrowing and targeting the focus of SPF-SIG dollars and activities to communities of high need and/or high contribution and a baseline level of capacity suggests an allocation approach that should maximize the impact of this initiative on underage drinking at the community level.

In order to allow for weighted scoring for those communities demonstrating high need and high contribution, counties were ranked based on a combined score derived from their relative position in terms of prevalence and contribution. The results of this relative ranking are provided in Appendix K, and were calculated as follows:

$$\text{Formula} = \frac{\text{Number of Counties} - \text{Prevalence}}{\text{With Data}} * 3 + \frac{\text{Number of Counties} - \text{Contribution}}{\text{With Data}} * \text{Rank}$$

Based on this formula, the higher the ranking indicates higher overall contribution and need. The multiplier of three allows for a ratio of 3:1 in terms of the value placed on need and contribution, so that need is weighted three times more heavily than contribution, but still allows contribution to remain a factor in the rankings. For example Trego County, with a score of only 4, has very low need and is a very low contributor. In contrast, Kingman County, which has very high need and is a moderate contributor, has an overall score of 347.

This approach, to be utilized as part of the application process, will enable those counties in the top quartile to receive the maximum number of points in the assessment section of the Request

for Proposals (RFP). However, given that the RFP will be an open application process, the quartile ranking of any given county does not exclude either rural or urban areas, but rather gives a slight competitive advantage to those counties in the top quartile, although those counties in lower quartiles are not placed in the position of having no chance of being funded. With regard to balance between rural and urban counties, the quartile approach allows for the identification of those counties with highest need, but does not exclude the more urban areas from competing, particularly Douglas County, Wyandotte County, and Shawnee County, which have comparatively lower need but higher population. In terms of scoring, the two underage drinking indicators, i.e. past 30-day youth alcohol use and binge drinking, will be given separate scores, and those counties that are in the top quartile for both indicators will receive the maximum number of points possible.

Community capacity will be measured via an online key informant survey. Applicants will be expected to recruit three representatives from each of the 12 community sectors to complete the survey. Scoring for the survey will be divided into quartiles, with responses indicating high capacity represented in the top quartile. Applicants will receive a community capacity score based on two considerations: 1) response rate on the survey based on required number of sectors and respondents, and 2) total score on capacity indicators. The community capacity survey is not designed to target communities per se, but rather to identify those communities with a minimal amount of capacity and mobilization capability in place to support the SPF-SIG. The capacity score will be used in the selection and scoring process, but will not exclude communities in and of itself, although communities with low need and contribution (as evidenced by quartile ranking) as well as low capacity will mathematically be at a disadvantage, and less likely to be awarded SPF-SIG funding. However, the converse is also possible; high need counties in the top quartile with low capacity scores and low scores on other required components of the RFP could receive a lower score than a county in a lower quartile. This is viewed as a positive, in that those counties with both need and capacity will maximize their scores in the selection process.

As an additional consideration in the scoring and selection process, the possibility of multi-county collaborative applications is allowed for and will be supported by technical assistance provided to applicants by the SPF-SIG project’s lead epidemiologist. Those counties wishing to submit a multi-county collaborative application are instructed in the RFP to contact the SPF-SIG epidemiologist, who will calculate their hybrid scoring ranking based upon the data from the combined counties.

Kansas currently has ten coalitions receiving Drug Free Communities Support (DFCS) Program funding through SAMHSA/CSAP. These grantees are dispersed across the state, and the RFP will include a worksheet that will allow for the identification of DFCS grantees, so that those capacity and mobilization efforts can be maximized in these communities in the event that they are awarded SPF-SIG funding. It is interesting to note that among the ten DFCS grantees, two are ranked in Quartile 2, five are ranked in Quartile 3, and three are ranked in Quartile 4. A summary of the state planning model and allocation approach is summarized in Table 3.2 provided below.

Table 3.2 Planning Model and Allocation Approach

State Planning Model	Hybrid highest need and highest contributor approach, with baseline/sufficient community capacity required.
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Funding Process	Competitive application process with grants awarded to communities based on high need and high contribution to underage drinking, capacity, and strength of proposal.
Grantees	Phase one SPF Planning Grants will be awarded to 6-10 communities to address assessment, capacity building, and planning. During the nine-month planning grant funding period, communities must develop and submit a comprehensive strategic plan and logic model that is reviewed and approved. Each community completing phase one with an approved strategic plan and logic model will be awarded SPF Implementation Grants to support implementation and evaluation of proposed evidence-based strategies.
Resource Allocation Indicators	High need and high contribution are defined based on county rankings for two indicators: past 30-day alcohol use and binge drinking, as measured by the Kansas Communities That Care Student Survey.

Monitoring and feedback, in addition to training and technical assistance, will serve as mechanisms for supporting SPF communities. Subrecipients will participate in quarterly site visits by state SPF staff to facilitate feedback and clarify recommendations for technical assistance and training through the Kansas SPF technical assistance delivery system. These visits also will provide an opportunity for monitoring, trouble-shooting, and support for SPF processes. In turn, information concerning the progress of subrecipients will be shared with the SPF Advisory Council, and, as appropriate, with prevention practitioners and communities.

In addition to the 6-10 SPF grants awarded at the county-level, these subrecipients will be required to allocate a percentage of their grants to be directed toward a statewide media/messaging campaign addressing underage drinking prevention. It is anticipated that approximately 20% of community-level SPF funds will be directed toward this effort, which is essential to ensure that SPF sub-recipients are not addressing underage drinking in isolation, but that efforts are supported at the local level with statewide prevention messaging that saturates major media markets and augments community efforts.

Implications of the Planning Model/Allocation Approach

As described throughout section one, Kansas embarked upon a rigorous epidemiological study to identify counties where there is evidence of high need and/or high contribution as reflected in consequence and consumption data relevant to underage drinking. However, the data reflected a need to balance support for both rural and urban communities, which would have been exclusionary had the state embraced an allocation approach strictly based on either high need or high contribution. Rather, the planning model and allocation approach selected will make the SPF-SIG funding available on a more inclusive basis, yet still provide for weighting those communities demonstrating either highest need or greatest contribution to state prevalence of underage drinking.

As part of the proposed RFP process, applicants have the latitude to define community for themselves. In terms of data analysis, county-level was selected as the lowest level of analysis because it is the smallest geographical unit for which reliable, valid, and sufficient data can be provided by the state. This is of benefit to the state SPF-SIG process as the Kansas Communities That Care Student Survey data is also aggregated and reported at the county level, and is a familiar unit of analysis for community members and prevention practitioners alike. Further, many of the state’s community-based coalitions generally operate at a county level.

This methodology provides the greatest leverage point to produce a measurable effect and to reflect systems changes in the programs, policies, and practices implemented through the SPF-SIG. With the selection of highest need or highest contributors that also have demonstrated a baseline capacity to engage in the SPF process, a substantial opportunity exists to impact both state and local systems related to underage drinking. The ability to demonstrate a reduction in use and consequences among SPF subrecipients that are distinguished by their high rates and/or high contribution will constitute a compelling case for the value of prevention processes and the efficacy of evidence-based strategies.

Kansas has a long history of supporting communities with utilizing an experienced and well-trained prevention workforce and employing an approach based upon science-based prevention models and frameworks. Kansas holds a commitment to an approach that allows for innovation, responsiveness, adaptability, and the ability to transform processes based on new developments within the field. The SPF-SIG will allow for enhancement of this statewide network and will extend the resources and supports available to communities. Section two of this document describes in greater detail the processes that will be put into place through the SPF-SIG to enhance the future of the statewide prevention network to support multi-disciplinary, cross system involvement, data collection, and delivery of training and technical assistance. Further, the evaluation of the SPF-SIG and analysis of community-level efforts will be applied to the collective wisdom in terms of prevention practice, and will serve as a means of expanding the knowledge base of effective prevention processes and practices.

Community-Based Activities

SPF-SIG processes in Kansas have been guided by an epidemiological approach to the identification of state substance abuse priorities, and the development of resources to operate in tandem with SPF funding to achieve and sustain reductions in underage drinking and related consequences at the community level. Upon review and approval of the state strategic plan by the Center for Substance Abuse Prevention (CSAP), Kansas will deploy a grant award process for communities in conjunction with SPF Workgroups and the SPF technical assistance delivery system.

Upon receiving an award for phase one SPF Planning Grants, communities will complete a comprehensive needs assessment of causal factors/intervening variables relevant to underage drinking, develop a community-level logic model and strategic plan, evaluation plan, and a projected budget for use of SPF-SIG funds during the phase two SPF Implementation award period. Non-duplication of activities will be a mandatory guideline for all SPF-SIG expenditures. Funding for each community will be directed toward evidence-based strategies designed to effectively reduce underage drinking and impact the negative consequences related to underage alcohol consumption.



Implementation

This section focuses on the approach Kansas will take in implementing state level capacity and infrastructure activities, as well as the approach for supporting the implementation of community level evidence-based strategies to address the SPF-SIG priority. In addition, it provides a description of mechanisms the state will put in place to support the work of the communities, the role of coalitions, and Kansas’s strategy for assuring that new dollars do not supplant existing initiatives.

SPF implementation efforts in Kansas can be viewed as a two part process. The first step focuses on state level implementation and includes processes designed to strengthen and build capacity within State systems and statewide prevention networks to support the goals of the Strategic Prevention Framework. The second phase, community level implementation supports, establishes mechanisms in which funded communities receive continuous and consistent support from the Kansas prevention network.

State-Level Activities

In order to support local action in a consistent and comprehensive manner, building capacity and increasing knowledge across State systems and among the workforce becomes a key leverage point. Therefore a series of learning events have been identified as offerings to build capacity throughout the prevention network in the state. The Kansas prevention network includes thirteen Regional Prevention Centers, the Data and Information Systems Group at Greenbush who provide data collection and reporting supports, Kansas Family Partnership who assists in coordination of statewide initiatives, and the University of Kansas Workgroup on Health Promotion and Community Development who provides documentation and monitoring systems for use by the prevention network. Given that the Kansas Department of Social and Rehabilitation Services (SRS) is charged with administration of the SPF-SIG and the SAPT Block Grant, leveraging existing resources is the most expeditious approach to maintaining the ambitious timeline for allocating funds to begin work at the community level. Initial efforts do, in fact, focus on SRS prevention resources; however, ongoing dialogue and planning with the SPF Advisory Council will identify avenues to extend SPF capacity beyond the scope of SRS services.

Two broad goals exist for the series of learning events. The first includes working in partnership to co-create an environment that is supportive of growth and grounded in change management. The second goal of the learning events is to provide knowledge and skill development around the five steps of the SPF process and consultant roles. Kansas established partnerships with the

Southwest Center for the Application of Prevention Technology (SWCAPT) and Omega Point International (OPI) to design both content and process components for each learning event.

In addition to extensive learning opportunities for the entire workforce, a group of skilled consultants will be teamed to lead the provision of seamless technical assistance to each SPF-funded community. The SPF Consultant Team will provide training and technical assistance to local initiatives both directly and through partnerships with local Regional Prevention Center staff.

Another key implementation strategy to support the initiation of the SPF in Kansas includes the development of workgroups related to each of the five SPF steps. The workgroups will be chartered and include representation from existing infrastructure partners and internal SRS staff members. Each workgroup will be tasked to not only develop and implement specific content and deliverables, but they will also ensure that processes are consistent with the strategies being created and implemented across the prevention network. In addition they will be asked to closely examine the resources that exist and identify additional needs. Each work group will focus on infusing cultural competency and sustainability into work plans and products to be applied throughout the statewide prevention network. Table 4.1 below lists the planned workgroups and their primary responsibilities.

Table 4.1 SPF Workgroups and Responsibilities

Workgroup	Scope of Work
SPF Competencies	<ul style="list-style-type: none"> • Identify SPF competencies for workforce and communities of place and practice • Articulate processes for professional development and certification • Establish recommendations for potential feedback loops • Develop and conduct pre/post assessments of the workforce skills and knowledge
Planning, Implementation, and Project Management	<ul style="list-style-type: none"> • Adopt a common community planning framework/template • Create a logic model to support the planning framework • Determine project management strategies and identify tools to aid in managing and monitoring progress
Evidence-Based Programs, Practices, & Policies	<ul style="list-style-type: none"> • Define evidence-based programs, practices, and policies • Provide guidance and parameters regarding programs, practices, and policies • Identify infrastructure supports needed to ensure implementation of evidence-based programs, practices, and policies
Monitoring and Evaluation	<ul style="list-style-type: none"> • Develop processes for monitoring • Develop mechanisms and protocols for documentation and data collection • Develop resources and tools for documentation and data collection
Technology Supports	<ul style="list-style-type: none"> • Create recommendations regarding website content, features, automated functions • Identify other technology supports needed

Community-Level Implementation Supports

Supports for local-level implementation will begin during the application process. A pre-application requirement will be the completion of a web-based key leader survey and community capacity worksheet. This will allow the State to gauge each community’s readiness to address

underage drinking and their capacity to engage in an intensive strategic planning process. The initial pre-application process will also allow the State to ensure that SPF funds do not fund duplicative sub-state anti-drug coalition initiatives, such as those already functioning and funded by such sources as the Drug Free Communities Support Program.

Once subrecipient awards from the State are in place, community readiness will be explored further as part of the assessment process. Community readiness will be assessed using the Tri-Ethnic Center model to allow communities to delve deeper into their readiness, level of knowledge, and current resources available to support the SPF process. This deeper assessment will allow the State to gain a more precise assessment of community-level consulting and technical assistance needs and help plan content and processes to enhance relevancy of targeted community learning events.

The proposed two-phased implementation process will ensure that adequate capacity exists at all levels: the State, the workforce, and at the community. On-going assessment and enhancement of these processes across all levels will continue as the SPF process is infused into prevention efforts throughout Kansas.



Evaluation

This section provides a brief, preliminary narrative of state-level surveillance, monitoring, and evaluation activities. It describes what the state is expecting to track, how tracking will be managed and accomplished, and what Kansas is expecting to change through the SPF-SIG process.

Evaluation of the Kansas Strategic Prevention Framework State Incentive Grant will entail assessment of the process, outcomes, and long term impacts of SPF implementation at the state and community levels. A state Evaluation Design Team (EDT) comprised of social and public health scientists will design the state evaluation plan and formulate an evaluation capacity and sustainability plan to increase state and community level capacity for effective evaluation. The National Outcome Measures (NOMs) data collection will help guide the evaluation design at all appropriate and required levels.

As part of the SPF assessment process using data gathered by the SEOW/KSAPT and reported in the Kansas Substance Use Epidemiological Indicator Profile, the multi-agency state Advisory Council and Prevention Coordinating Council identified underage drinking as the State priority to be addressed through the SPF-SIG. Underage drinking will be measured by self-reported 30-day alcohol use and binge drinking. The EDT, in collaboration with the SEOW/KSAPT will plan, coordinate, and manage evaluation processes. Evaluation components will include the following:

- Collection of required outcome data
- Outcome evaluation
- Review of policy, program, and practice effectiveness, and
- Development of recommendations for quality improvement.

The EDT will collaboratively and proactively plan around a comprehensive set of intervening variables and causal factors that contribute to underage drinking and related consequences. With assistance from state evaluators, SPF technical assistance consultants, and online resources, communities will be responsible for obtaining support and managing local-level evaluation and reporting. The state will use a variety of qualitative and quantitative data from multiple sources (e.g. survey, social indicators, and intervening variables including risk and protective factors) to address key evaluation questions. Use of quasi-experimental methods (e.g. time series and non-equivalent groups) is anticipated.

SRS will utilize its existing prevention workforce as the foundation of its consulting and technical assistance delivery system to support implementation of each of the SPF steps. Many of these mechanisms will be supported online through a communal website offering assessment

and evaluation resources and tools to assist communities. The website will also serve as a source for communities to track, monitor, and report process and outcome measures online.

Process evaluation

Process or implementation evaluation progress reports will serve to document the SPF-SIG progression and completion of milestones, through each of its five steps at the state and local levels. As communities work through the five SPF steps, sub-recipients will document through quarterly reports their SPF activities and progress toward key milestones. Reports will be monitored for timeliness and fidelity. Constructive feedback and recommendations for improvement will be ensured. Key questions identified for process evaluation at each step of the SPF are listed in Appendix L.

Some of the issues the process evaluation will address include:

- How well was SAMHSA's SPF implemented?
- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What impact did the deviations have on the intervention and outcome?
- Who provided what services to whom, in what context, and at what cost?

Outcome Evaluation

State level outcomes will be monitored for increases in capacity building and strengthening of the substance abuse prevention infrastructure with a focus on increased cultural competency and sustainability of prevention efforts beyond SPF funding. In addition, with availability of online resources, training and evaluation tools, the state anticipates an increase in the use of, and comfort with, technology which will be monitored throughout the SFP process.

Changes in substance use behavior, attitudes, and related consequences are expected at the community level, specifically a reduction in underage drinking as measured by 30-day use and binge drinking. Along with qualitative and other quantitative data, the Kansas Communities That Care (KCTC) Student Survey will provide community level outcome data for tracking and evaluation. Well-established in the state, most communities have regularly participated in the survey and act to support the administration process. Current baseline and trend data for community underage drinking are available through the KCTC. An online portal provides community level assessment results to monitor progress and inform rapid response to improve implementation processes. Required community level NOMs data will be collected through the KCTC Student Survey and will be submitted to SAMHSA/CSAP through the Data Coordination and Consolidation Center (DCCC). A proposed NOMs reporting plan will be documented, reviewed by the SWCAPT, and provided to the State's CSAP project officer for review and approval to ensure that all requirements are fulfilled. Community awards will be contingent upon compliance with NOMs data collection procedures to ensure high quality data collection, reporting, and accountability. In addition to developing instruments and data collection

mechanisms that align to federal and state needs, contracted state level evaluators will assist local evaluators to ensure required information is accurately and reliably collected and reported.

Pre-, post-, and 60-day exit program surveys will be administered to program participants to determine changes in substance use behavior, attitudes, and related consequences as the result of program implementation. Required program level NOMs will be collected through program surveys and will be submitted to SAMHSA/CSAP through the DCCC.

Key issues to be addressed in the outcome evaluation will include the following:

- Has implementation of SPF brought about new or modified programs, policies, or practices directed at reducing risk of substance abuse?
- What was the effect of infrastructure development on service capacity and other system outcomes?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes?
- Have community efforts resulted in widespread adoption of evidence-based approaches?
- How durable were the effects?
- What were the effects of environmental strategies?
- Was there increased participation in the Kansas Communities That Care Student Survey?

The evaluation plan and methodology will enable ongoing monitoring and assessment of SPF-SIG processes, activities, and outcomes. Additionally, the evaluation framework will document efforts to increase state capacity for evaluation through the provision of training and technical assistance regarding evaluation of performance measures to local communities and prevention providers. Thus, at the state and local levels, the proposed project will integrate the State's rich pool of needs assessment data with a framework that simultaneously builds and sustains evaluation capacity to assess effectiveness. The framework supports coordination across multiple data sets and sources; ensures service delivery with fidelity and cultural competence; identifies areas for enhancement or improvement; and promotes sustainability of effective programs, policies, and practices. This framework for evaluation will also guide the process of adjusting implementation plans at the state and local level based upon timely feedback that results from monitoring and evaluation activities.



Cross-Cutting Components and Challenges

This section provides a description of Kansas’s approach to addressing cultural competence, sustainability, and underage drinking within the context of the SPF-SIG, describes challenges encountered, as well as introducing projected timelines and milestones associated with project completion.

Cultural Competence

Multiple strategies will be used to ensure that funded activities are culturally competent, culturally proficient, and culturally inclusive. These issues will be addressed through both the community readiness and capacity assessments, and will also be a focus of the phase one SPF Planning Grants community strategic plan development and grant provisions. The following considerations will be used in assessing organizational cultural competence, which includes assessing (based on similar SPF cultural competence considerations developed in Kentucky):

Organizational Considerations

1. Extent to which the coalition and/or its leading members and staff have a documented history of positive programmatic involvement with the population to be served.
2. Extent to which staff participated in training that focused on the values, traditions, culture of the target population.
3. Extent to which staff familiar with, or are themselves members of, the population on which the intervention will be focused.
4. If the focus of the intervention will include people who do not speak English fluently, extent to which bilingual staff are available or the coalition and/or staff have realistic suggestions for addressing issues related to language.

Strategic Planning Considerations

1. Extent to which the plan assesses the needs and intervening variables associated with the population to be served.
2. Extent to which the plan take the needs and intervening variables of the population to be influenced into consideration in determining the prevention strategies.
3. Extent to which the plan includes a strategy for involving individuals who are knowledgeable about the values, traditions, and culture of the target population(s). This

could include the recruitment or retention of culturally competent staff, advisory council members, and/or board members.

4. Extent to which the plan addresses the issue of making audio-visual and print materials appropriate and specific for the population/community to be served in terms of gender, age, culture, and linguistics.

Grant Assurances

1. Extent to which the prevention strategies implemented as part of this subrecipients funding takes into consideration the culture of the population to be served.
2. Extent to which written and audiovisual materials produced as part of this project are linguistically and culturally appropriate to the population to be influenced.
3. Extent to which individuals who directly identify with the history, traditions and culture of the target population have meaningful opportunities to guide the work of the project, either as staff, board members or advisors/consultants.

Additionally, as stated above, the resources of the SEOW/KSAPT will be made available to the target communities to assist them in identifying subgroups within their community that are at particular risk for substance abuse and its consequences. Review of processes to ensure that SPF-SIG implementation proceeds in a culturally competent and inclusive manner will be completed annually by members of the SPF Advisory Council.

Underage Drinking

With underage drinking identified as the priority for the Strategic Prevention Framework State Incentive Grant awards in Kansas, the State has determined that infrastructure and systems supported by the SAPT Block Grant will be aligned with this priority to leverage statewide resources. The intention is to impact underage drinking not only within targeted communities awarded SPF-SIG funds, but also within community sectors (communities of practice). A statewide media/marketing plan is proposed to promote a clear, consistent message regarding the reduction of underage drinking across the entire state, and SPF-SIG subrecipients will be required to allocate a portion of their awards to support media efforts. SPF project staff will formalize a partnership with the Kansas Department of Transportation (KDOT) to coordinate media messaging strategies already supported in the state through federal resources to address underage drinking. KDOT is the designated state agency to receive and administer Enforcing the Underage Drinking Laws (EUDL) program grant funds to enhance efforts to prohibit the sale of alcoholic beverages to minors, as well as prevent the purchase and consumption of alcoholic beverages by minors.

Sustainability

Leveraging and aligning resources is one of the strategies identified by the state to sustain the impact of reducing underage drinking in Kansas. The Kansas Department of Social and Rehabilitation Services (SRS), as the administrative agency for the SPF-SIG, is organizing its existing prevention efforts around the five steps of the SPF. Internal efforts by SRS include the SAPT Block Grant, SPF-SIG, and an agency-wide initiative to infuse prevention into all agency

programs, policies, practices, and planning. Technology supports, capacity enhancement, and learning partnerships have aligned processes to the five steps of the SPF. This infusion into internal agency operations will be combined with external partnerships with other state agencies who share responsibility for allocation of prevention resources. The Prevention Coordinating Council was formed prior to the formal SPF-SIG award to engage state agency partners in the strategic alignment and direction of resources for prevention in the State. This council reports to the Health and Human Services Cabinet Team whose members report directly to Governor Kathleen Sebelius. Thus, structures are in place to coordinate efforts and resources of state systems, inform key leaders in state government, and sustain a focus on prevention processes and outcomes.

As stated in the proposed SPF-SIG goals outlined by the State, Kansas will focus significant resources to build the capacity of the prevention workforce fielded to support community-based processes. With a coordinated and intentional effort to empower state, community, and regional workforce partners, Kansas has articulated a direction and established structures that connect key stakeholders across the state. State advisory councils with reporting structures that inform top government leaders coupled with community-based teams comprised of representatives of multiple sectors are a traditional approach to align systems to effect change. With the additional component of supporting learning through communities of practice within key sectors, Kansas holds the expectation that strategies will emerge to guide systems development and infusion of effective prevention programs, policies, and practices into each key sector that can be carried beyond the targeted geographic areas funded specifically by SPF-SIG funds. In this way, communities of practice will be a key component of SPF sustainment at both the state and community level.

Challenges in Data-Informed Decision Making

Kansas has a rich history of prevention data collection as a pioneer and contributor in the design, implementation, and validation of the Communities That Care survey. Since 1995, SRS has supported the statewide administration of the Kansas Communities That Care Student Survey and maintained an extensive database with online reporting of social indicator data to guide community planning and decision-making. The State has benefited from a partnership between SRS and the Kansas Department of Health and Environment (KDHE) to support a full time epidemiologist for alcohol, tobacco, and other drugs. The State epidemiologist works closely with existing data contractors, SPF project staff, and advisory councils to inform decision making. The investment of time and resources provided through the cross agency SEOW/KSAPT strengthens the State's capacity to analyze and determine priorities based on data.

Several technical issues posed identifiable challenges to ensuring that available data was reliable and valid. Data collection methods were thoroughly examined to ensure that data within the indicator profile met established criteria for quality and thus eliminated some data sources used previously. Student survey data needed to guide decisions posed particular challenges in terms of participation within geographic areas. Participation rates below 60% hindered the State's capacity to select target areas that would have the greatest impact on reduction of underage drinking. The gap in reliable data was relatively small; however, the inconsistency and/or lack

of survey data in two of the state's four urban areas presented significant concerns that stifled data-informed decisions. Without compelling evidence from the statewide analysis, the state's confidence in selecting target communities was diminished.

A more significant and ongoing challenge to manage exists in the terminology used by various agencies and partners. Establishing shared meaning and a common language has been identified as a challenge not only for data managers, but also for project staff and advisory council members. Other challenges are stimulated by the timeframe required by the SPF-SIG. As the State engages new partners, time is needed to build capacity. Often, the timeframe in which partners need to learn and make decisions is compressed by the demands of the grant's administration. Actions of the Epi Design Team and SPF project staff have mitigated the impact of the fast pace required; however, capacity building efforts will require an ongoing commitment to ensure that partners engaged in the SPF process at all levels progress in their individual and collective competency relative to all five steps of the SPF.

Implementation Challenges

A major grant initiative such as the SPF-SIG requires significant temporal resources to ensure an organized and clearly articulated direction. The timeframe required to move fiscal resources through federal and state systems to communities is substantial and forces a need to coordinate within existing operating procedures. Positioning of multiple leverage points across state, community, and regional partnerships to effectively support the SPF also increases the magnitude and complexity of implementation. Kansas has adopted a co-creative approach to its partnerships with state, community, and regional prevention consultants to ensure coordination and fluid alignment of resources. With multiple stakeholder layers, project staff are reliant on strong, healthy partnerships to help manage in the changing landscape.

While a strong foundation of infrastructure exists in Kansas to support effective prevention in communities, this also poses a challenge in terms of infusing new ideas. As innovative approaches emerge, change management strategies will be applied with and by the individuals and systems who serve as change agents within the existing system. Understanding that the change process can generate concern within systems, Kansas SPF project staff are transparently leading and managing the pending changes as a unique opportunity to be seized. Prevention resources and structures are converging in Kansas in ways that produce favorable conditions to advance prevention programs, policies, practices, and planning across multiple disciplines. Enhancing systems and networks to stimulate substantial growth to a scale in which effective prevention will be infused into communities of place or practice also poses an exciting challenge to the Kansas prevention network.

Kansas spans more than 82,000 square miles with varied geography and cultures. With target sites yet to be identified through the competitive grant process, the distance anticipated between state, communities, and prevention consultants will require substantial travel time and expense. Virtual resources have been sought to connect grantees and partners between face-to-face meetings. SRS will utilize *iCohere*, a web-based tool for information sharing, networking, and online collaboration, as a method of supporting virtual communities of practice. However, in terms of implementation challenges, new web-based systems and ways of operating may pose

difficulties for the digital immigrants who did not grow up with today’s technology. Technology tools and resources will support the statewide implementation of consistent messaging regarding reducing underage drinking.

Timelines and Milestones

A work plan detailing timelines and schedules for the implementation and completion of proposed Strategic Prevention Framework State Incentive Grant activities is detailed in Table 6.1 below:

Table 6. 1. Timeline and Milestones for SP-SIG Implementation

Milestones		Responsibility	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	July-08	Aug-08	Sep-08
Step 1: Assessment														
S	Continuation of the epi process and ongoing involvement of SEOW/KSAPT	SEOW/SPFAC/SPF Staff	x			x			x			x		→
S	Provide online access to community level data and assessment resources	SPF Staff	x	x	x	x	x	x	x	x	x	x	x	→
S	Build capacity for analysis of community level epi data	SPF T/TA Team				x	x	x	x	x	x	x	x	x
C	Analysis of community level data, including causal factors/intervening variables	Target Communities				x	x	x	x	x				
Step 2: Capacity														
S	Continuation of and capacity building for the SPF Advisory Council and other key groups	SPF Staff	x	x	x	x	x	x	x	x	x	x	x	→
S	Provide facilitation for the workgroups organized during Year 1	Project Coordinator	x	x	x	x	x	x	x	x	x	x	x	→
S	Develop and implement TA response to community readiness needs identified in Year 1	TA Coordinator/TA Team				x	x	x	x	x	x	x	x	→
S	Develop and implement TA response of community organizational, fiscal, and cultural competence needs identified in Year 1	TA Coordinator/TA Team				x	x	x	x	x	x			→
S	Provide training and technical assistance for community implementation of SPF process	SPF TA Team				x	x	x	x	x	x	x	x	→
S	Establish and provide technical support for Virtual Communities of Prevention Practice	SPF Staff/Consultants	x	x	x	x	x	x	x	x	x	x	x	→
S	Continue state level SPF process to support sustainment	SPFAC/PCC	x	x	x	x	x	x	x	x	x	x	x	→
C	Implementation of SPF process in target communities	Target Communities				x	x	x	x	x	x	x	x	→
Step 3: Planning														
S	Identify ongoing planning needs to support statewide implementation of SPF	SPFAC/PCC	x	x	x	x	x	x	x	x	x	x	x	→
S	Provide training and TA regarding selection of policies, programs, and practices	SPF TA Team												→
S	Provide training and TA regarding identification and measurement of performance outcomes	SPF TA Team												→
S	Review and approve sub-recipient logic models and strategic plans prior to implementation	SPFAC/PCC												→
C	Support the development of data-driven community level logic models and strategic plans	Target Communities				x	x	x	x	x	x	x	x	→
C	Support the development of community level implementation plans	Target Communities											x	→
C	Support the development of community level evaluation plans	Target Communities				x	x	x	x	x	x	x	x	→
Step 4: Implementation														
S	Coordinate implementation of state plan and workgroup contributions	SPF Staff/SPFAC/PCC	x	x	x	x	x	x	x	x	x	x	x	x
S	Provide consultation and online access resources to support effective implementation of policies, programs, and practices	TA Coordinator/TA Team	x	x	x	x	x	x	x	x	x	x	x	→

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Milestones		Responsibility	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	July-08	Aug-08	Sep-08
S	Monitor, adjust and insure communication with state and community stakeholders	SPF Staff/SPF Facilitator	x	x	x	x	x	x	x	x	x	x	x	→
S	Support community level implementation of strategic plans	TA Coordinator/TA Team												→
S	Provide ongoing coordination and collaboration with the evaluation design team	Evaluation Design Team	x	x										→
S	Coordinate implementation of community level evaluation plan	Lead Evaluator				x	x	x	x	x	x	x	x	→
S	Collection of process evaluation data and provide feedback re: implementation fidelity	Lead Evaluator												→
S	Continue to collect state level process evaluation measures	Lead Evaluator	x	x	x	x	x	x	x	x	x	x	x	→
S	Collection of program, community, and state level NOMs data	Lead Evaluator	x	x	x	x	x	x	x	x	x	x	x	→
C	Community level implementation of strategic plans and evidence-based strategies	Target Communities												→
Step 5: Evaluation														
S	Provide ongoing consultation, TA, and reports to subrecipients and state advisory groups	SPF Staff					x	x	x	x	x	x	x	→
S	Analysis of community level evaluation data to review effectiveness of evidence-based strategies	Lead Evaluator												→
S	Develop and communicate recommendations for quality improvement	Evaluation Design Team	x	x	x	x	x	x	x	x	x	x	x	→
C	Ongoing community level data collection and reporting for monitoring and evaluation	Target Communities					x	x	x	x	x	x	x	→

Key: S = State, C = Community

Kansas will engage in a parallel state/community SPF implementation process, accomplished over two phases during FFY 2008 that includes the assessment of community level data and the development of community level logic models and strategic plans which will delineate the activities and strategies undertaken at the local level.

Key products are anticipated to include:

- Comprehensive community plans aligned with the state strategic plan which will incorporate state and local level SPF processes;
- Community-level logic models for addressing prioritized substance abuse consumption and consequences;
- Preliminary action plans; and
- Local evaluation plans that includes performance measures.

Capacity building efforts slated for FFY 2008 at the community level will be accomplished through mobilization and education of formal and informal key community leaders and stakeholders who will be actively engaged in local SPF processes. A SPF Consultant Team will be responsible for supporting communities in the completion of SPF steps throughout the phase one SPF Planning Grants, between January 1, 2007 and September 30, 2007. This will include assessment, capacity building, planning, and evaluation (i.e. development of an evaluation plan and collection of process indicators). Projected activities during FFY 2008 include support for the development of comprehensive community logic models, strategic plans, implementation plans, and evaluation plans, with state review and approval required prior to actual implementation of the proposed evidence-based strategies. Those communities successfully developing logic models, strategic plans, and implementation plans that receive state approval

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may commence implementation and associated evaluation of proposed strategies during the phase two SPF Implementation Grants, slated for award October 1, 2008.

APPENDIX A:

Definitions of Epidemiological Criteria

Magnitude: Magnitude describes the number of individuals directly impacted by a particular indicator. Magnitude is described by two subcategories, Absolute Number and Rate per 100,000.

Absolute Number: A subcategory of Magnitude, Absolute Number describes the average annual number of individuals impacted. In the case of mortality, this is measured in the average number of deaths per year. In the case of crime related indicators, this is measured in the number of reported cases per year.

Rate: A subcategory of Magnitude, Rate describes the number of individuals impacted per 100,000 individuals in the community. In the case of mortality, rate is defined as age-adjusted rate per 100,000. In the case of crime related indicators, rate is defined as a crude rate per 100,000.

Five - Year Time Trend: A five - year time trend describes how the indicator has fluctuated in Kansas over the past five years. This trend can be divided into three categories: Increasing, Remaining Level, and Decreasing

Increasing: A five - year time trend is described as increasing if the trend line through all five years has a slope that is greater than or equal to 1% of the intercept. This information can be interpreted as an annual increase of 1% or more.

Remaining Level: A five - year time trend is described as remaining level if the trend line through all five years has a slope that is between 1% of the intercept and -1% of the intercept. This information can be interpreted as an annual increase of less than 1% or decrease of less than 1%.

Decreasing: A five - year time trend is described as decreasing if the trend line through all five years has a slope that is greater than or equal to -1% of the intercept. This information can be interpreted as an annual decrease of 1% or more.

National Comparison: A National Comparison between the national statistics and those for Kansas are represented by a relative ratio. The relative ratio is calculated by the following formula: $\text{Kansas Rate} / \text{National Rate}$. The relative ratio is divided into three categories: Higher, Equal, and Lower.

Higher: A Relative Ratio is described as higher if the value is greater than or equal to 1.10. This information can be interpreted as Kansas having a rate that is 10% or more higher than the national estimate.

Equal: A Relative Ratio is described as equal if the value is between 1.10 and .90. This information can be interpreted as Kansas having a rate that is less than 10% higher or greater than 10% lower than the national estimate.

Lower: A Relative Ratio is described as lower if the value is less than or equal to .90. This information can be interpreted as Kansas having a rate that is greater than 10% lower than the national estimate.

APPENDIX B:

Data Sources and Definitions

Indicator	Definition	Source
30-Day Youth Marijuana Consumption	Percentage of students in grades 6, 8, 10, and 12 reporting any use of marijuana within the past 30 days by gender, grade level, race, and ethnicity	Kansas Department of Social and Rehabilitation Services – Communities That Care
30-Day Youth Alcohol Consumption	Percentage of students in grades 6, 8, 10, and 12 reporting any use of alcohol within the past 30 days by gender, grade level, race and ethnicity	Kansas Department of Social and Rehabilitation Services – Communities That Care
30-Day Youth Cigarette Consumption	Percentage of students in grades 6, 8, 10, and 12 reporting any use of cigarettes within the past 30 days by gender, grade level, race and ethnicity	Kansas Department of Social and Rehabilitation Services – Communities That Care
30-Day Youth Smokeless Tobacco Consumption	Percentage of students in grades 6, 8, 10, and 12 reporting any use of smokeless tobacco within the past 30 days by gender, grade level, race and ethnicity	Kansas Department of Social and Rehabilitation Services – Communities That Care
4th time or more Driving Under the Influence (DUI) Arrest	Number of individuals under community supervision as a result of 4 th time Driving Under the Influence (DUI) arrest by gender and age	Kansas Sentencing Commission
Acute Alcohol Poisoning	Number of deaths from acute alcohol poisoning per 100,000 population by age, gender, race and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Adult Offender Population for Substance Abuse	Number of individuals aged 18 and older currently incarcerated for drug and alcohol offences during specified fiscal year end (June 30)	Kansas Department of Corrections
Adult Probation Population for Substance Abuse	Unduplicated number of individuals aged 18 and older with state and local probation for drug and alcohol related offences	Kansas Sentencing Commission
Alcohol Related Vehicle Deaths	Number of fatal motor vehicle crashes that are alcohol related by age and gender	Kansas Department of Transportation – Kansas Accident Record System
Arrests related to Possession/ Consumption/ Sale of Illicit Drugs	Number of arrests related to possession/ consumption/ sale of illicit drugs by age and gender	Kansas Bureau of Investigation
Cardiovascular Disease	Number of deaths from cardiovascular disease per 100,000 population by age, gender, race and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Child-Abuse and Neglect	Number of substantiated child abuse and neglect victims among individuals under the age of 18	Kansas Department of Social and Rehabilitation Services
Chronic Liver Disease	Number of deaths from chronic liver disease per 100,000 population by age, gender, race and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Community Supervision as a Result of Probation for Possession of Drugs	Number of individuals under community supervision as a result of probation for	Kansas Sentencing Commission

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Indicator	Definition	Source
Co-Occurring	possession of drugs by age and gender Number of individuals admitted to state alcohol and/or drug treatment with a previously diagnosed psychiatric problem	Kansas Department of Social and Rehabilitation Services
COPD and Emphysema	Number of deaths from chronic obstructive pulmonary disease (COPD) and emphysema per 100,000 population by age, gender, race and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Domestic Abuse Where Alcohol is Suspected	Number of incidences of domestic abuse reported where drugs are suspected by age and gender of suspect	Kansas Bureau of Investigation
Domestic Abuse Where Drugs are Suspected	Number of incidences of domestic abuse reported where drugs are suspected by age and gender of suspect	Kansas Bureau of Investigation
Driving Under the Influence of Alcohol	Number of arrests for Driving Under the Influence (DUI) by gender and age	Kansas Bureau of Investigation
Homicide	Number of deaths from homicide per 100,000 population by age, gender, race, and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Illicit Drugs	Number of deaths from illicit drugs per 100,000 population by age, gender, race, and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Lung Cancer	Number of deaths from lung cancer per 100,000 population by age, gender, race and ethnicity	Kansas Department of Health and Environment – Vital Statistics
Minor In Possession of Alcohol	Number of citations written for Minor in Possession (MIP) of alcohol by gender and age	Kansas Bureau of Investigation
Out-of-Home Placements	Duplicated average daily number of children ages zero to 17 in state-supervised, family-based foster care, regardless of parental rights termination or length of care	Kansas Department of Social and Rehabilitation Services
Property Crimes	Number of Property Crimes reported to police	Kansas Bureau of Investigation
Prostitution	Number of arrests for Prostitution by age and gender	Kansas Bureau of Investigation
Robberies	Number of robberies reported to police by age and gender of victim	Kansas Bureau of Investigation
School Suspensions and Expulsions Related to Alcohol	Number of school suspensions and expulsions related to alcohol by grade level	Kansas State Department of Education
School Suspensions and Expulsions Related to Illicit Drugs	Number of school suspensions and expulsions related to illicit drugs by grade level	Kansas State Department of Education
School Suspensions and Expulsions Related to Tobacco	Number of school suspensions related to tobacco by grade level	Kansas State Department of Education
Sexual Assaults	Number of sexual assaults reported to police by age and gender of victim	Kansas Bureau of Investigation
Simple and Aggravated Assaults	Number of Simple and aggravated assaults reported to police by age and gender of victim	Kansas Bureau of Investigation
Suicide	Number of deaths from suicide per 100,000 population by age, gender,	Kansas Department of Health and Environment – Vital Statistics

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Indicator	Definition	Source
Temporary Aid to Families	race, and ethnicity Average number of persons (all ages) participating in Temporary Aid for Needy Families program per month	Kansas Department of Social and Rehabilitation Services
Two Week Youth Binge Drinking	Percentage of students in grades 6, 8, 10, and 12 reporting having 5 or more drinks in a row on at least one occasion within the past two weeks by gender, grade level, race and ethnicity	Kansas Department of Social and Rehabilitation Services – Communities That Care
Youth Offender Population for Substance Abuse	Unduplicated number of individuals aged 10-23 in JJA custody for substance abuse related offences	Kansas Juvenile Justice Authority

APPENDIX C1:

Consequence Indicators Sorted by Magnitude

Substance Abuse Consequences in Kansas, Sorted by Magnitude					
Consequence	Magnitude		Substance Abuse Attributable Fraction	5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 – year Rate)			
30-Day Youth Alcohol Consumption	47,705 Youth in Grades 6, 8, 10, and 12	31,860.0 per 100,000	100%	-0.66 (Decreasing)	N / A
Two week Youth Binge Drinking	25,500 Youth in Grades 6, 8, 10, and 12	17,030.0 per 100,000	100%	-0.51 (Decreasing)	N / A
30-Day Youth Cigarette Consumption	19,914 Youth in Grades 6, 8, 10, and 12	13,300.0 per 100,000	100%	-0.91 (Decreasing)	N / A
30- Day Youth Marijuana Consumption	14,075 Youth in Grades 6, 8, 10, and 12	9,400.0 per 100,000	100%	-0.46 (Decreasing)	N / A
30-Day Youth Smokeless Tobacco Consumption	9,628 Youth in Grades 6, 8, 10, and 12	6,430.0 per 100,000	100%	-0.13 (Decreasing)	N / A
Property Crimes	117,439 incidences per year	4368.3 per 100,000	22% (Range 7 – 30%)	N / A	N / A
Temporary Aid to Families	42,118 individuals per month	1539.9 per 100,000	No Association Found in Literature	126.3 (Increasing)	N / A
Simple and Aggravated Assaults	37,861 incidences	1408.3 per 100,000	27.9% (Range 12.9 - 35.6%)	N / A	N / A
Child-Abuse and Neglect	7,060 individuals per year	990.2 per 100,000	15% (Range 14 - 16%) for Primary Reason 50% (Range 33 – 76%) for affected in some way	-67.3 (Decreasing)	N / A
Out-of-Home Placements	4,819 youth per year	675.8 per 100,000	15% (Range 14 - 16 %) for Primary Reason 76% (Range 67 – 85%) for affected in some way	N / A	N / A
Driving Under the Influence of Alcohol	13,330 citations per year among adults aged 18 and older	495.8 per 100,000	100%	N / A	495.8 / 458.1 = 1.08 (Equal)
Arrests related to Possession/ Consumption/ Sale of Illicit Drugs	12,854 arrests per year	478.1 per 100,000	100%	N / A	478.1 / 623.7 = .77 (Lower)
Adult Offender	9,143 individuals per	431.5 per	100%	6.13 (Increasing)	N / A

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Substance Abuse Consequences in Kansas, Sorted by Magnitude					
Consequence	Magnitude		Substance Abuse Attributable Fraction	5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 – year Rate)			
Population for Substance Abuse	year	100,000			
Cardiovascular Disease	8,086 deaths per year	262.2 per 100,000	44.9% (Range 25 – 73.5%)	-10.61 (Decreasing)	262.2 / 285.8 = 0.92 (Equal)
Domestic Abuse Where Alcohol is Suspected	4,972 incidences per year	184.9 per 100,000	100%	N / A	N / A
Minor In Possession of Alcohol	4,553 citations per year among youth under 21	169.4 per 100,000	100%	N / A	N / A
Co-occurring	3,652 individuals per year	145.7 per 100,000	100%	10.60 (Increasing)	N / A
Adult Probation Population for Substance Abuse	2,794 individuals per year	141.4 per 100,000	100%	2.56 (Increasing)	N / A
Youth Offender Population for Substance Abuse	750 individuals per year	131.7 per 100,000	100%	N / A	N / A
School Suspensions and Expulsions Related to Tobacco	649 youth per year in grades K - 12	130.4 per 100,000	100%	N / A	N / A
Sexual Assaults	2,933 incidences	109.1 per 100,000	21.4% (Range 10.2 – 28.6%)	N / A	N / A
Lung Cancer	1,507 deaths per year	53.6 per 100,000	85.8% (Range 80 - 90%)	0.01 (Level)	53.6 / 54.1 = 0.99 (Equal)
Robberies	1,389 incidences	51.7 per 100,000	24.6% (Range 8.6 – 35%)	N / A	N / A
COPD and Emphysema	1,340 deaths per year	45.7 per 100,000	82.2% (Range 73 - 90%)	-0.78 (Decreasing)	45.7 / 41.9 = 1.09 (Equal)
Domestic Abuse Where Drugs are Suspected	1,051 incidences per year	39.1 per 100,000	100%	N / A	N / A
Community Supervision as a Result of Probation for Possession of Drugs	940 Adults per year	35.0 per 100,000	100%	N / A	N / A
School Suspensions and Expulsions Related to Illicit Drugs	169 youth per year in grades K-12	34.0 per 100,000	100%	N / A	N / A
4 th time or more Driving Under the Influence (DUI) Arrest	674 convictions per year	25.1 per 100,000	100%	N / A	N / A
Suicide	353 deaths per year	12.8 per 100,000	29.2% (Range 17 – 37%)	0.35 (Increasing)	12.8 / 10.8 = 1.19 (Higher)
Prostitution	341 arrests per year	12.7 per 100,000	12.8% NOTE: This estimate is based on only one primary literature article	N / A	12.7 / 28.8 = 0.44 (Lower)

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Substance Abuse Consequences in Kansas, Sorted by Magnitude					
Consequence	Magnitude		Substance Abuse Attributable Fraction	5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 – year Rate)			
School Suspensions and Expulsions Related to Alcohol	46 youth per year in grades K-12	9.2 per 100,000	100%	N / A	N / A
Chronic Liver Disease	195 deaths per year	7.0 per 100,000	45.3% (Range 40 – 54%) NOTE: Hepatitis B and C <u>not</u> included in these estimates	0.10 (Increasing)	7.0 / 9.3 = 0.75 (Lower)
Alcohol Related Vehicle Deaths	121 deaths per year	4.4 per 100,000	100%	-0.20 (Decreasing, 4 Year Trend only)	N / A
Homicide	121 deaths per year	4.4 per 100,000	52% (Range 40 – 58.9%)	-0.28 (Decreasing)	4.4 / 6.1 = 0.72 (Lower)
Illicit Drugs	14 deaths per year	.5 per 100,000	100%	N / A	.5 / 1.1 = 0.45 (Lower)
Acute Alcohol Poisoning	10 deaths per year	.4 per 100,000	100%	N / A	.4 / .2 = 2.00 (Higher)

APPENDIX C2:

Consequence Indicators Sorted by Trend

Substance Abuse Consequences in Kansas, Sorted by 5 Year Trend				
Consequence	Magnitude		5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 –year Rate)		
Temporary Aid to Families	42,118 individuals per month	1539.9 per 100,000	126.3 (Increasing)	N / A
Co-occurring	3,652 individuals per year	145.7 per 100,000	10.60 (Increasing)	N / A
Adult Offender Population for Substance Abuse	9,143 individuals per year	431.5 per 100,000	6.13 (Increasing)	N / A
Adult Probation Population for Substance Abuse	2,794 individuals per year	141.4 per 100,000	2.56 (Increasing)	N / A
Suicide	353 deaths per year	12.8 per 100,000	0.35 (Increasing)	12.8 / 10.8 = 1.19 (Higher)
Chronic Liver Disease	195 deaths per year	7.0 per 100,000	0.10 (Increasing)	7.0 / 9.3 = 0.75 (Lower)
Lung Cancer	1,507 deaths per year	53.6 per 100,000	0.01 (Level)	53.6 / 54.1 = 0.99 (Equal)
30-Day Youth Smokeless Tobacco Consumption	9,628 Youth in Grades 6, 8, 10, and 12	6,430.0 per 100,000	-0.13 (Decreasing)	N / A
Alcohol Related Vehicle Deaths	121 deaths per year	4.4 per 100,000	-0.20 (Decreasing, 4 Year Trend only)	N / A
Homicide	121 deaths per year	4.4 per 100,000	-0.28 (Decreasing)	4.4 / 6.1 = 0.72 (Lower)
30- Day Youth Marijuana Consumption	14,075 Youth in Grades 6, 8, 10, and 12	9,400.0 per 100,000	-0.46 (Decreasing)	N / A
Two Week Youth Binge Drinking	25,500 Youth in Grades 6, 8, 10, and 12	17,030.0 per 100,000	-0.51 (Decreasing)	N / A
30-Day Youth Alcohol Consumption	47,705 Youth in Grades 6, 8, 10, and 12	31,860.0 per 100,000	-0.66 (Decreasing)	N / A
COPD and Emphysema	1,340 deaths per year	45.7 per 100,000	-0.78 (Decreasing)	45.7 / 41.9 = 1.09 (Equal)
30-Day Youth Cigarette Consumption	19,914 Youth in Grades 6, 8, 10, and 12	13,300.0 per 100,000	-0.91 (Decreasing)	N / A
Cardiovascular Disease	8,086 deaths per year	262.2 per 100,000	-10.61 (Decreasing)	262.2 / 285.8 = 0.92 (Equal)
Child-Abuse and Neglect	7,060 individuals per year	990.2 per 100,000	-67.3 (Decreasing)	N / A
Property Crimes	117,439 incidences per year	4368.3 per 100,000	N / A	N / A
Driving Under the Influence of Alcohol	13,330 citations per year among adults aged 18 and older	495.8 per 100,000	N / A	495.8 / 458.1 = 1.08 (Equal)
Arrests related to Possession/ Consumption/ Sale of Illicit Drugs	12,854 arrests per year	478.1 per 100,000	N / A	478.1 / 623.7 = .77 (Lower)
Domestic Abuse Where Alcohol is Suspected	4,972 incidences per year	184.9 per 100,000	N / A	N / A

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Substance Abuse Consequences in Kansas, Sorted by 5 Year Trend				
Consequence	Magnitude		5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 –year Rate)		
Minor In Possession of Alcohol	4,553 citations per year among youth under 21	169.4 per 100,000	N / A	N / A
School Suspensions and Expulsions Related to Tobacco	649 youth per year in grades K - 12	130.4 per 100,000	N / A	N / A
Domestic Abuse Where Drugs are Suspected	1,051 incidences per year	39.1 per 100,000	N / A	N / A
Community Supervision as a Result of Probation for Possession of Drugs	940 Adults per year	35.0 per 100,000	N / A	N / A
School Suspensions and Expulsions Related to Illicit Drugs	169 youth per year in grades K-12	34.0 per 100,000	N / A	N / A
4 th time or more Driving Under the Influence (DUI) Arrest	674 convictions per year	25.1 per 100,000	N / A	N / A
Prostitution	341 arrests per year	12.7 per 100,000	N / A	12.7 / 28.8 = 0.44 (Lower)
School Suspensions and Expulsions Related to Alcohol	46 youth per year in grades K-12	9.2 per 100,000	N / A	N / A
Illicit Drugs	14 deaths per year	.5 per 100,000	N / A	.5 / 1.1 = 0.45 (Lower)
Acute Alcohol Poisoning	10 deaths per year	.4 per 100,000	N / A	.4 / .2 = 2.00 (Higher)
Out-of-Home Placements	4,819 youth per year	675.8 per 100,000	N / A	N / A
Simple and Aggravated Assaults	37,861 incidences	1408.3 per 100,000	N / A	N / A
Sexual Assaults	2,933 incidences	109.1 per 100,000	N / A	N / A
Robberies	1,389 incidences	51.7 per 100,000	N / A	N / A
Youth Offender Population for Substance Abuse	750 individuals per year	131.7 per 100,000	N / A	N / A

APPENDIX C3:

Consequence Indicators Sorted by National Comparison

Substance Abuse Consequences in Kansas, Sorted by National Comparison				
Consequence	Magnitude		5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 –year Rate)		
Acute Alcohol Poisoning	10 deaths per year	.4 per 100,000	N / A	2.00 (Higher)
Suicide	353 deaths per year	12.8 per 100,000	0.35 (Increasing)	1.19 (Higher)
COPD and Emphysema	1,340 deaths per year	45.7 per 100,000	-0.78 (Decreasing)	1.09 (Equal)
Driving Under the Influence of Alcohol	13,330 citations per year among adults aged 18 and older	495.8 per 100,000	N / A	1.08 (Equal)
Lung Cancer	1,507 deaths per year	53.6 per 100,000	0.01 (Level)	0.99 (Equal)
Cardiovascular Disease	8,086 deaths per year	262.2 per 100,000	-10.61 (Decreasing)	0.92 (Equal)
Arrests related to Possession/ Consumption/ Sale of Illicit Drugs	12,854 arrests per year	478.1 per 100,000	N / A	.77 (Lower)
Chronic Liver Disease	195 deaths per year	7.0 per 100,000	0.10 (Increasing)	0.75 (Lower)
Homicide	121 deaths per year	4.4 per 100,000	-0.28 (Decreasing)	0.72 (Lower)
Illicit Drugs	14 deaths per year	.5 per 100,000	N / A	0.45 (Lower)
Prostitution	341 arrests per year	12.7 per 100,000	N / A	0.44 (Lower)
Alcohol Related Vehicle Deaths	121 deaths per year	4.4 per 100,000	-0.20 (Decreasing, 4 Year Trend only)	N / A
Property Crimes	117,439 incidences per year	4368.3 per 100,000	N / A	N / A
Domestic Abuse Where Alcohol is Suspected	4,972 incidences per year	184.9 per 100,000	N / A	N / A
Minor In Possession of Alcohol	4,553 citations per year among youth under 21	169.4 per 100,000	N / A	N / A
School Suspensions and Expulsions Related to Tobacco	649 youth per year in grades K - 12	130.4 per 100,000	N / A	N / A
Domestic Abuse Where Drugs are Suspected	1,051 incidences per year	39.1 per 100,000	N / A	N / A
Community Supervision as a Result of Probation for Possession of Drugs	940 Adults per year	35.0 per 100,000	N / A	N / A
School Suspensions and Expulsions Related to Illicit Drugs	169 youth per year in grades K-12	34.0 per 100,000	N / A	N / A
4 th time or more Driving Under the Influence (DUI) Arrest	674 convictions per year	25.1 per 100,000	N / A	N / A
School Suspensions and Expulsions Related to Alcohol	46 youth per year in grades K-12	9.2 per 100,000	N / A	N / A
Child-Abuse and Neglect	7,060 individuals per year	990.2 per 100,000	-67.3 (Decreasing)	N / A

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Substance Abuse Consequences in Kansas, Sorted by National Comparison				
Consequence	Magnitude		5 – Year Time Trend Slope (Increasing, Decreasing, Level)	National Comparison Relative Ratio 2003 (Higher, Lower, Equal)
	Absolute Number (3 Year Average)	Rate per 100,000 (3 –year Rate)		
Out-of-Home Placements	4,819 youth per year	675.8 per 100,000	N / A	N / A
Temporary Aid to Families	42,118 individuals per month	1539.9 per 100,000	126.3 (Increasing)	N / A
30- Day Youth Marijuana Consumption	14,075 Youth in Grades 6, 8, 10, and 12	9,400.0 per 100,000	-0.46 (Decreasing)	N / A
30-Day Youth Alcohol Consumption	47,705 Youth in Grades 6, 8, 10, and 12	31,860.0 per 100,000	-0.66 (Decreasing)	N / A
30-Day Youth Cigarette Consumption	19,914 Youth in Grades 6, 8, 10, and 12	13,300.0 per 100,000	-0.91 (Decreasing)	N / A
30-Day Youth Smokeless Tobacco Consumption	9,628 Youth in Grades 6, 8, 10, and 12	6,430.0 per 100,000	-0.13 (Decreasing)	N / A
Two week Youth Binge Drinking	25,500 Youth in Grades 6, 8, 10, and 12	17,030.0 per 100,000	-0.51 (Decreasing)	N / A
Simple and Aggravated Assaults	37,861 incidences	1408.3 per 100,000	N / A	N / A
Sexual Assaults	2,933 incidences	109.1 per 100,000	N / A	N / A
Robberies	1,389 incidences	51.7 per 100,000	N / A	N / A
Co-occurring	3,652 individuals per year	145.7 per 100,000	10.60 (Increasing)	N / A
Adult Offender Population for Substance Abuse	9,143 individuals per year	431.5 per 100,000	6.13 (Increasing)	N / A
Youth Offender Population for Substance Abuse	750 individuals per year	131.7 per 100,000	N / A	N / A
Adult Probation Population for Substance Abuse	2,794 individuals per year	141.4 per 100,000	2.56 (Increasing)	N / A

APPENDIX D:

Definitions of Additional Prioritization Criteria

State/Community Readiness: Willingness

For the purpose of this scoring process, State/Community Readiness: Willingness will be defined as the extent to which the State of Kansas general population and partner organizations considered the indicator to be major public concern. This category should represent the perceived impact the indicator has upon a community and their willingness to address the topic area. Possible questions to frame a rating would include: Is there a large amount of public concern with this topic? Do most people in the state view this topic as something that needs to be addressed? Are there outside influences that may prevent a community from being willing to address the topic?

State/Community Readiness: Capacity

For the purpose of this scoring process, State/Community Readiness: Capacity will be defined as the extent to which the State of Kansas is capable of addressing this topic now that funding has been made available. This category should represent the ability of the State of Kansas and communities to immediately begin work with minimal recruitment time. Possible questions to frame a rating would include: How many grassroots coalitions exist to address this topic? Do Statewide and local strategic plans exist for this particular topic? Do partners currently collaborate on other projects allowing a seamless transition into this focus area?

Political Will

For the purpose of this scoring process, Political Will shall be defined as the extent to which Statewide and Local policy makers consider the indicator to be major concern and are willing to address it through policy development. This category should represent the perceived impact the indicator has upon a community and the willingness of policy makers to support targeting this topic. Possible questions to frame a rating would include: Would statewide or local policy makers support funding in this topic area? Would statewide or local policy makers encourage cooperation between partner organizations to address this topic? Would statewide or local policy makers be willing to create or strengthen policies that would impact this topic?

Feasibility: Resources

For the purpose of this scoring process, Feasibility: Resources will be defined as the extent to which the proposed level of funding will make a population based impact on the consequences related to the indicator. This category should represent the ability to address the topic area in a meaningful way given the resources available for the project. Possible questions to frame a rating would include: Given the resources available, is it possible to “move the needle” on this indicator? Would a larger investment be required to produce an impact? What is the cost of prevention per individual?

Feasibility: Time

For the purpose of this scoring process, Feasibility: Time will be defined as given the timeline of 5 years the extent to which the indicator or intermediate variables leading to the indicator will

change in the timeframe. This category should represent the ability to address the topic area in a meaningful way given the timeline available for the project. Possible questions to frame a rating would include: Given the timeline available, is it possible to “move the needle” on this indicator? Would a longer timeline be required to see substantial changes in the indicator or intermediate predictors? Is it possible to correlate changes in the population with program activities given the timeline?

Changeability/Preventability/Malleability

For the purpose of this scoring process, Changeability/Preventability/Malleability will be defined as the extent to which the indicator will shift as a direct result of substance abuse prevention efforts. This category should represent the population attributable risk associated with a condition as a result of substance abuse. Possible questions to frame a rating would include: What portion of the indicator is a direct result of substance abuse? How many non-substance abuse factors influence the outcome of this topic? If substance abuse were completely eliminated, how would this impact the topic?

Severity

For the purpose of this scoring process, Severity will be defined as the extent to which the indicator represents the ultimate negative outcome. This category should represent how damaging an indicator is upon the individual as well as upon the environment/community in which the individual interacts. Possible questions to frame a rating would include: Is this the worst possible outcome that could happen as a result of substance abuse? Is this outcome an intermediate event that will lead to more serious outcomes in the future? What is the magnitude of the impact upon the individual and the environment/community in which the individual interacts?

Current Resources Addressing Topic

For the purpose of this scoring process, Current Resources Addressing Topic will be defined as the extent to which other monetary and human resources are currently being allocated towards the topic in question. A high score in this category should represent limited or no resources addressing the topic whereas a low score in this category should represent a significant current investment in the topic. Possible questions to frame a rating would include: How many government and private programs currently address this topic? Is there a gap between current resources and the need for resources in this particular topic? In relation to the impact of this topic, are there significant resources currently allocated?

Extent of Disparate Populations

For the purpose of this scoring process, Extent of Disparate Populations will be defined as the degree to which the target population or subpopulations are more adversely impacted by this indicator than the general population. Examples include, but are not limited to: race/ethnic groups, pregnant women, youth, low socioeconomic status, access to health care, rural/urban, elderly population. Possible questions to frame a rating would include: Are there subpopulations that require special programming or focus due to circumstance impacting the effect of the indicator? Is the population of interest more sensitive to this indicator than the general population? Does the population of interest account for the majority of the impact of the indicator?

APPENDIX E:

Prioritization Worksheet

ORGANIZATION/MEMBER: _____

CONSEQUENCE: _____

Subjective rating of Intangibles and Epidemiological Criteria using a four-tier scale.

Intangible Criteria – Worth 34% of overall score					
Please rate the importance of the items below:	Very High 7 pts	High 5 pts	Medium 3 pts	Low 1 pt	Unavailable/ Unknown
Readiness: Willingness					
Readiness: Capacity					
Political Will					
Feasibility: Resources					
Feasibility: Time					
Feasibility: Changeability					
Severity					
Lack of Current Resources Addressing Topic					
Extent of Disparate Populations					

Epidemiological Criteria – Worth 66% of overall score					
Please rate the importance of the items below:	Very High 7 pts	High 5 pts	Medium 3 pts	Low 1 pt	Unavailable/ Unknown
Magnitude (Worth 50% of Epidemiological Criteria Score)					
Five-Year Trend (Worth 25% of Epidemiological Criteria Score)					
National Comparison (Worth 25% of Epidemiological Criteria Score)					

APPENDIX F:

Prioritization Summary – Ranked Indicators

Rank	Indicator	Average Score
1	Two Week Youth Binge Drinking	5.0648
2	30-Day Youth Alcohol Consumption	5.0463
3	30- Day Youth Marijuana Consumption	4.6636
4	30-Day Youth Cigarette Consumption	4.6019
5	Driving Under the Influence of Alcohol	4.5772
6	Property Crimes	4.1717
7	Arrests related to Possession/ Consumption/ Sale of Illicit Drugs	4.1451
8	30-Day Youth Smokeless Tobacco Consumption	4.0808
9	Child-Abuse and Neglect	3.9969
10	Minor In Possession of Alcohol	3.8920
11	Suicide	3.8488
12	Temporary Aid to Families	3.7340
13	Simple and Aggravated Assaults	3.7191
14	Adult Offender Population for Substance Abuse	3.6667
15	Domestic Abuse Where Alcohol is Suspected	3.6512
16	Out-of-Home Placements	3.5864
17	Sexual Assaults	3.5589
18	School Suspensions and Expulsions Related to Tobacco	3.4815
19	Cardiovascular Disease	3.4537
20	4th time or more Driving Under the Influence (DUI) Arrest	3.3889
21	Lung Cancer	3.3426
22	Co-Occurring	3.3131
23	Youth Offender Population for Substance Abuse	3.2994
24	Domestic Abuse Where Drugs are Suspected	3.1204
25	Alcohol Related Vehicle Deaths	3.0278
26	School Suspensions and Expulsions Related to Illicit Drugs	3.0278
27	Adult Probation Population for Substance Abuse	2.9506
28	Acute Alcohol Poisoning	2.9475
29	School Suspensions and Expulsions Related to Alcohol	2.8272
30	COPD and Emphysema	2.6936
31	Community Supervision as a Result of Probation for Possession of Drugs	2.6821
32	Homicide	2.6759
33	Robberies	2.4414
34	Illicit Drugs	2.4136
35	Chronic Liver Disease	2.4512
36	Prostitution	1.9327

APPENDIX G:

Population of Individuals Aged 0 - 20 per Kansas County

County	Population Ages 0-20	Ranking
STATEWIDE	840,905	-
SEDGWICK	145,979	1 st
JOHNSON	136,410	2 nd
WYANDOTTE	52,137	3 rd
SHAWNEE	49,719	4 th
DOUGLAS	32,708	5 th
RILEY	21,705	6 th
LEAVENWORTH	20,909	7 th
BUTLER	19,559	8 th
RENO	18,810	9 th
SALINE	16,408	10 th
FINNEY	16,016	11 th
LYON	11,989	12 th
FORD	11,727	13 th
CRAWFORD	11,659	14 th
COWLEY	11,390	15 th
MONTGOMERY	10,795	16 th
HARVEY	10,061	17 th
GEARY	9,764	18 th
MCPHERSON	9,072	19 th
MIAMI	8,990	20 th
BARTON	8,729	21 st
ELLIS	8,538	22 nd
SEWARD	8,477	23 rd
SUMNER	8,392	24 th
FRANKLIN	7,850	25 th
CHEROKEE	6,897	26 th
LABETTE	6,892	27 th
POTTAWATOMIE	6,024	28 th
JEFFERSON	5,727	29 th
DICKINSON	5,568	30 th
ATCHISON	5,485	31 st
NEOSHO	5,183	32 nd
OSAGE	5,067	33 rd
BOURBON	4,762	34 th
ALLEN	4,447	35 th
JACKSON	4,006	36 th
MARION	3,859	37 th
RICE	3,426	38 th
NEMAHA	3,373	39 th
BROWN	3,226	40 th
MARSHALL	3,094	41 st
WILSON	2,994	42 nd
CLOUD	2,970	43 rd
PRATT	2,932	44 th
GRANT	2,922	45 th

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County	Population Ages 0-20	Ranking
THOMAS	2,821	46 th
DONIPHAN	2,723	47 th
LINN	2,704	48 th
COFFEY	2,658	49 th
KINGMAN	2,629	50 th
CLAY	2,487	51 st
ANDERSON	2,412	52 nd
SHERMAN	2,146	53 rd
GRAY	2,078	54 th
MITCHELL	2,073	55 th
GREENWOOD	2,072	56 th
WABAUNSEE	2,065	57 th
PAWNEE	2,000	58 th
STEVENS	1,938	59 th
RUSSELL	1,872	60 th
HARPER	1,817	61 st
OTTAWA	1,778	62 nd
KEARNY	1,735	63 rd
MORRIS	1,722	64 th
WASHINGTON	1,713	65 th
PHILLIPS	1,637	66 th
ELLSWORTH	1,621	67 th
ROOKS	1,602	68 th
HASKELL	1,595	69 th
SCOTT	1,557	70 th
MEADE	1,513	71 st
BARBER	1,499	72 nd
NORTON	1,479	73 rd
REPUBLIC	1,441	74 th
STAFFORD	1,390	75 th
OSBORNE	1,184	76 th
CHAUTAUQUA	1,181	77 th
MORTON	1,167	78 th
SMITH	1,095	79 th
EDWARDS	980	80 th
WOODSON	969	81 st
LINCOLN	936	82 nd
KIOWA	930	83 rd
JEWELL	921	84 th
DECATUR	903	85 th
GOVE	897	86 th
LOGAN	886	87 th
NESS	883	88 th
TREGO	881	89 th
RUSH	877	90 th
HAMILTON	848	91 st
CHEYENNE	832	92 nd
SHERIDAN	830	93 rd
CHASE	829	94 th
ELK	822	95 th
STANTON	821	96 th
WICHITA	797	97 th

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County	Population Ages 0-20	Ranking
RAWLINS	777	98 th
GRAHAM	741	99 th
CLARK	703	100 th
HODGEMAN	659	101 st
LANE	597	102 nd
WALLACE	576	103 rd
COMANCHE	480	104 th
GREELEY	479	105 th

Source: 2000 U.S Census

APPENDIX H:

High Need and Contribution by County – Youth Binge Drinking

Binge Drinking							
County	Magnitude - Prevalence (2005 or 2006)	Rank	Population of Youth in Grades 6,8,10,12	County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
ANDERSON	N / A	N / A	450	ANDERSON	450	N / A	N / A
CLARK	N / A	N / A	158	CLARK	158	N / A	N / A
KIOWA	N / A	N / A	201	KIOWA	201	N / A	N / A
LANE	N / A	N / A	112	LANE	112	N / A	N / A
WALLACE	N / A	N / A	107	WALLACE	107	N / A	N / A
WASHINGTON	N / A	N / A	344	WASHINGTON	344	N / A	N / A
NESS	30.19%	1	168	JOHNSON	27707	17.63%	1
RUSSELL	27.68%	2	324	SEDGWICK	24822	15.45%	2
GRAHAM	27.38%	3	116	SHAWNEE	9320	6.80%	3
BARBER	27.03%	4	264	WYANDOTTE	7993	5.25%	4
COMANCHE	26.47%	5	78	DOUGLAS	4193	3.48%	5
STEVENS	25.77%	6	322	BUTLER	4408	3.00%	6
DECATUR	25.00%	7	146	LEAVENWORTH	3555	2.07%	7
KINGMAN	23.71%	8	414	RENO	2955	1.94%	8
WOODSON	23.28%	9	130	SALINE	2698	1.91%	9
HARPER	22.17%	10	304	FINNEY	2187	1.81%	10
PRATT	22.04%	11	463	FORD	1902	1.72%	11
LINN	21.93%	12	621	RILEY	2131	1.48%	12
NEMAHA	21.14%	13	625	COWLEY	1911	1.37%	13
BOURBON	21.13%	14	758	CRAWFORD	1865	1.25%	14
DICKINSON	21.02%	15	1212	SUMNER	1376	1.24%	15
FORD	20.48%	16	1902	SEWARD	1440	1.22%	16
CLAY	20.47%	17	539	HARVEY	1882	1.17%	17
SUMNER	20.46%	18	1376	LYON	1790	1.15%	18
SHERIDAN	20.39%	19	107	LABETTE	1283	1.15%	19
LINCOLN	20.37%	20	177	DICKINSON	1212	1.12%	20
LABETTE	20.34%	21	1283	MIAMI	1587	1.04%	21
WABAUNSEE	20.00%	22	320	BARTON	1442	1.02%	22
ALLEN	19.43%	23	701	JEFFERSON	1295	0.96%	23
SEWARD	19.16%	24	1440	MONTGOMERY	1696	0.90%	24
BROWN	18.99%	25	469	FRANKLIN	1466	0.89%	25
GRANT	18.92%	26	446	ELLIS	1246	0.89%	26
DOUGLAS	18.82%	27	4193	MCPHERSON	1532	0.72%	27
FINNEY	18.79%	28	2187	OSAGE	971	0.72%	28
KEARNY	18.67%	29	315	BOURBON	758	0.71%	29
MITCHELL	18.53%	30	354	CHEROKEE	1163	0.68%	30
ROOKS	18.49%	31	299	NEOSHO	1133	0.67%	31

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Binge Drinking							
County	Magnitude - Prevalence (2005 or 2006)	Rank	Population of Youth in Grades 6,8,10,12	County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
CHAUTAUQUA	18.06%	32	182	GEARY	1705	0.65%	32
OSBORNE	17.61%	33	248	ALLEN	701	0.60%	33
SCOTT	17.50%	34	263	LINN	621	0.60%	34
RAWLINS	17.31%	35	117	NEMAHA	625	0.58%	35
HASKELL	17.20%	36	253	ATCHISON	757	0.56%	36
GOVE	16.91%	37	196	POTTAWATOMIE	963	0.54%	37
OSAGE	16.90%	38	971	CLAY	539	0.49%	38
JEFFERSON	16.83%	39	1295	JACKSON	753	0.48%	39
ATCHISON	16.70%	40	757	PRATT	463	0.45%	40
WICHITA	16.67%	41	140	KINGMAN	414	0.43%	41
SHAWNEE	16.53%	42	9320	WILSON	594	0.42%	42
COWLEY	16.22%	43	1911	RUSSELL	324	0.40%	43
ELLIS	16.17%	44	1246	BROWN	469	0.39%	44
WILSON	16.14%	45	594	MARION	786	0.39%	45
STANTON	16.10%	46	138	GRANT	446	0.37%	46
BARTON	16.09%	47	1442	STEVENS	322	0.37%	47
SALINE	16.07%	48	2698	BARBER	264	0.31%	48
MORRIS	16.03%	49	303	HARPER	304	0.30%	49
STAFFORD	15.91%	50	303	COFFEY	512	0.29%	50
ELK	15.89%	51	168	MITCHELL	354	0.29%	51
JEWELL	15.89%	52	164	WABAUNSEE	320	0.28%	52
DONIPHAN	15.77%	53	388	THOMAS	421	0.27%	53
GREENWOOD	15.73%	54	309	DONIPHAN	388	0.27%	54
RILEY	15.70%	55	2131	KEARNY	315	0.26%	55
SHERMAN	15.70%	56	273	CLOUD	500	0.26%	56
BUTLER	15.43%	57	4408	ROOKS	299	0.24%	57
ELLSWORTH	15.34%	58	302	RICE	358	0.23%	58
CHASE	15.32%	59	130	MARSHALL	607	0.23%	59
LOGAN	15.29%	60	155	PAWNEE	361	0.23%	60
CRAWFORD	15.17%	61	1865	NESS	168	0.22%	61
RENO	14.90%	62	2955	GREENWOOD	309	0.21%	62
WYANDOTTE	14.88%	63	7993	MORRIS	303	0.21%	63
MIAMI	14.86%	64	1587	STAFFORD	303	0.21%	64
RICE	14.86%	65	358	ELLSWORTH	302	0.20%	65
THOMAS	14.71%	66	421	SCOTT	263	0.20%	66
EDWARDS	14.66%	67	111	OSBORNE	248	0.19%	67
LYON	14.60%	68	1790	HASKELL	253	0.19%	68
JACKSON	14.59%	69	753	SHERMAN	273	0.19%	69
JOHNSON	14.41%	70	27707	PHILLIPS	343	0.17%	70
PAWNEE	14.37%	71	361	DECATUR	146	0.16%	71
SEDGWICK	14.10%	72	24822	LINCOLN	177	0.16%	72
HARVEY	14.04%	73	1882	REPUBLIC	265	0.16%	73

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Binge Drinking							
County	Magnitude - Prevalence (2005 or 2006)	Rank	Population of Youth in Grades 6,8,10,12	County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
HAMILTON	14.00%	74	132	GOVE	196	0.15%	74
CHEYENNE	13.91%	75	183	CHAUTAUQUA	182	0.15%	75
FRANKLIN	13.81%	76	1466	MORTON	261	0.14%	76
NEOSHO	13.44%	77	1133	GRAHAM	116	0.14%	77
REPUBLIC	13.43%	78	265	WOODSON	130	0.13%	78
RUSH	13.29%	79	80	OTTAWA	366	0.13%	79
LEAVENWORTH	13.22%	80	3555	NORTON	265	0.12%	80
CHEROKEE	13.20%	81	1163	ELK	168	0.12%	81
COFFEY	12.88%	82	512	JEWELL	164	0.12%	82
SMITH	12.80%	83	202	SMITH	202	0.11%	83
GRAY	12.75%	84	113	CHEYENNE	183	0.11%	84
POTTAWATOMIE	12.66%	85	963	MEADE	207	0.11%	85
HODGEMAN	12.64%	86	118	LOGAN	155	0.10%	86
MORTON	12.50%	87	261	WICHITA	140	0.10%	87
MONTGOMERY	12.04%	88	1696	STANTON	138	0.10%	88
MEADE	11.90%	89	207	SHERIDAN	107	0.10%	89
CLOUD	11.66%	90	500	COMANCHE	78	0.09%	90
MARION	11.31%	91	786	RAWLINS	117	0.09%	91
PHILLIPS	11.06%	92	343	CHASE	130	0.09%	92
MCPHERSON	10.71%	93	1532	HAMILTON	132	0.08%	93
NORTON	10.29%	94	265	EDWARDS	111	0.07%	94
GREELEY	9.72%	95	82	HODGEMAN	118	0.07%	95
GEARY	8.63%	96	1705	GRAY	113	0.06%	96
MARSHALL	8.60%	97	607	RUSH	80	0.05%	97
OTTAWA	8.19%	98	366	TREGO	117	0.04%	98
TREGO	7.90%	99	117	GREELEY	82	0.04%	99
STATE TOTALS	15.60%		145187	STATE TOTALS	145187	97.75%	

APPENDIX I:

High Need and Contribution by County - Past 30-Day Youth Alcohol Use

30-Day Consumption							
County	Magnitude - Prevalence (2006 or 2007)	Rank	Population of Youth in Grades 6,8,10,12	County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
ANDERSON	N / A	N / A	450	ANDERSON	450	N / A	N / A
CLARK	N / A	N / A	158	CLARK	158	N / A	N / A
KIOWA	N / A	N / A	201	KIOWA	201	N / A	N / A
LANE	N / A	N / A	112	LANE	112	N / A	N / A
WALLACE	N / A	N / A	107	WALLACE	107	N / A	N / A
WASHINGTON	N / A	N / A	344	WASHINGTON	344	N / A	N / A
RUSSELL	45.96%	1	324	JOHNSON	27707	17.82%	1
DECATUR	45.00%	2	146	SEDGWICK	24822	16.17%	2
NESS	41.90%	3	168	SHAWNEE	9320	6.93%	3
KINGMAN	41.34%	4	414	WYANDOTTE	7993	5.59%	4
STEVENS	40.00%	5	322	DOUGLAS	4193	3.23%	5
NEMAHA	39.75%	6	625	BUTLER	4408	2.98%	6
RAWLINS	38.83%	7	117	LEAVENWORTH	3555	2.31%	7
COMANCHE	38.24%	8	78	RENO	2955	2.06%	8
BARBER	38.12%	9	264	FINNEY	2187	1.76%	9
GRAHAM	38.10%	10	116	SALINE	2698	1.76%	10
LINN	37.94%	11	621	RILEY	2131	1.48%	11
DICKINSON	36.56%	12	1212	FORD	1902	1.48%	12
WABAUNSEE	36.53%	13	320	COWLEY	1911	1.35%	13
WOODSON	36.52%	14	130	HARVEY	1882	1.19%	14
BOURBON	36.39%	15	758	CRAWFORD	1865	1.19%	15
SUMNER	36.14%	16	1376	SUMNER	1376	1.18%	16
HARPER	36.14%	17	304	SEWARD	1440	1.14%	17
LINCOLN	36.11%	18	177	MIAMI	1587	1.08%	18
SHERIDAN	35.92%	19	107	LYON	1790	1.08%	19
CLAY	35.58%	20	539	DICKINSON	1212	1.05%	20
ROOKS	35.27%	21	299	MONTGOMERY	1696	1.04%	21
CHAUTAUQUA	35.26%	22	182	LABETTE	1283	1.02%	22
PRATT	34.98%	23	463	JEFFERSON	1295	0.95%	23
HODGEMAN	34.88%	24	118	BARTON	1442	0.91%	24
GREENWOOD	34.29%	25	309	MCPHERSON	1532	0.88%	25
FINNEY	34.08%	26	2187	FRANKLIN	1466	0.88%	26
MORRIS	33.97%	27	303	ELLIS	1246	0.82%	27
SEWARD	33.56%	28	1440	GEARY	1705	0.79%	28
LABETTE	33.55%	29	1283	NEOSHO	1133	0.72%	29
MITCHELL	33.04%	30	354	OSAGE	971	0.72%	30

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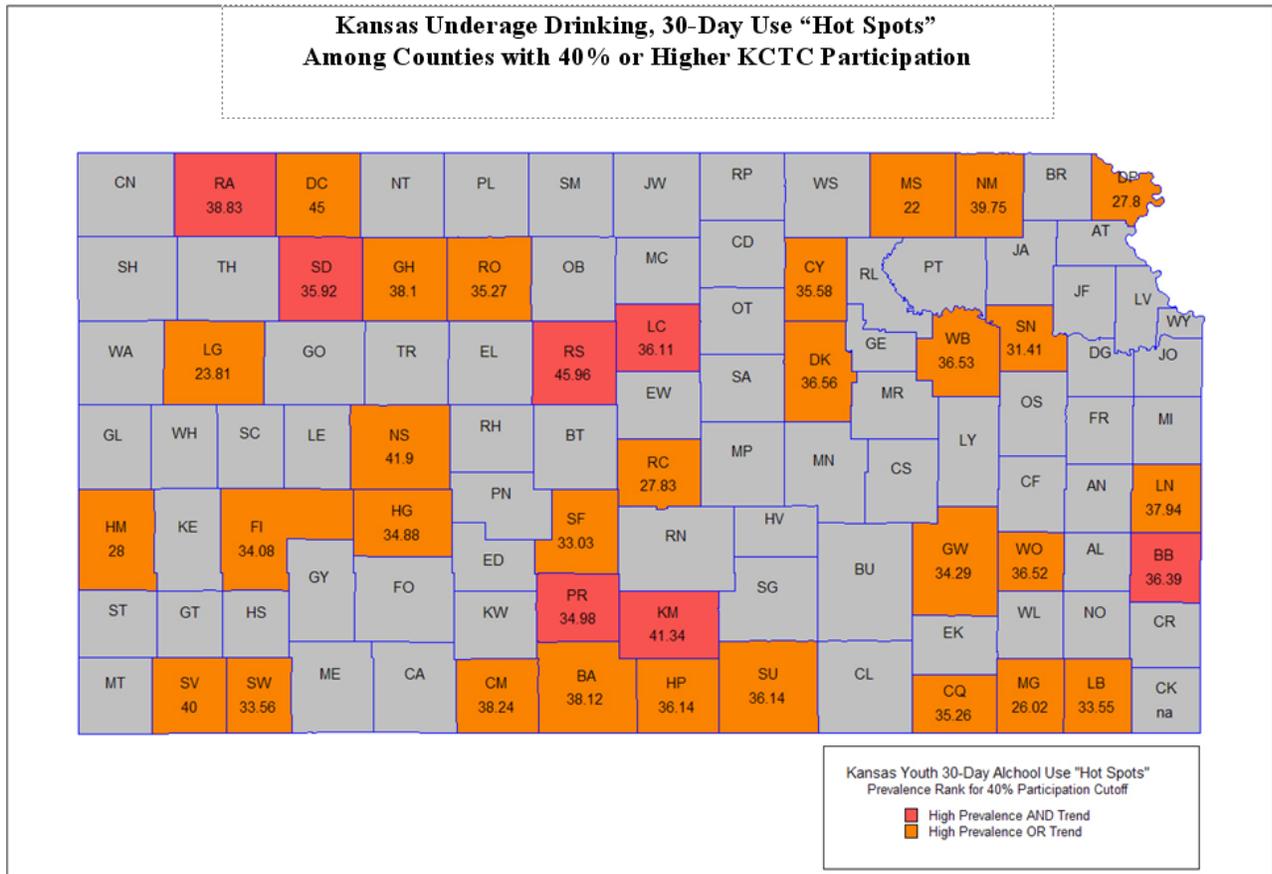
30-Day Consumption							
County	Magnitude - Prevalence (2006 or 2007)	Rank	Population of Youth in Grades 6,8,10,12	County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
STAFFORD	33.03%	31	303	CHEROKEE	1163	0.70%	31
FORD	32.93%	32	1902	BOURBON	758	0.65%	32
JEWELL	32.71%	33	164	POTTAWATOMIE	963	0.65%	33
DOUGLAS	32.53%	34	4193	NEMAHA	625	0.59%	34
KEARNY	32.23%	35	315	ATCHISON	757	0.56%	35
GRAY	32.21%	36	113	LINN	621	0.56%	36
REPUBLIC	32.09%	37	265	ALLEN	701	0.49%	37
GRANT	31.98%	38	446	JACKSON	753	0.46%	38
MEADE	31.50%	39	207	CLAY	539	0.45%	39
SHAWNEE	31.41%	40	9320	WILSON	594	0.41%	40
ATCHISON	31.19%	41	757	KINGMAN	414	0.41%	41
OSAGE	31.12%	42	971	MARION	786	0.40%	42
JEFFERSON	31.11%	43	1295	PRATT	463	0.38%	43
SCOTT	31.10%	44	263	RUSSELL	324	0.35%	44
OSBORNE	30.99%	45	248	GRANT	446	0.34%	45
ELK	30.84%	46	168	COFFEY	512	0.33%	46
SMITH	30.50%	47	202	BROWN	469	0.33%	47
COWLEY	29.83%	48	1911	MARSHALL	607	0.32%	48
ALLEN	29.76%	49	701	STEVENS	322	0.30%	49
WYANDOTTE	29.52%	50	7993	MITCHELL	354	0.28%	50
BROWN	29.46%	51	469	CLOUD	500	0.28%	51
RENO	29.40%	52	2955	WABAUNSEE	320	0.28%	52
RILEY	29.40%	53	2131	HARPER	304	0.26%	53
WILSON	28.84%	54	594	THOMAS	421	0.26%	54
MIAMI	28.73%	55	1587	DONIPHAN	388	0.26%	55
EDWARDS	28.70%	56	111	GREENWOOD	309	0.25%	56
POTTAWATOMIE	28.63%	57	963	ROOKS	299	0.25%	57
BUTLER	28.56%	58	4408	MORRIS	303	0.24%	58
ELLSWORTH	28.22%	59	302	KEARNY	315	0.24%	59
GOVE	28.15%	60	196	BARBER	264	0.24%	60
HAMILTON	28.00%	61	132	STAFFORD	303	0.24%	61
RICE	27.83%	62	358	RICE	358	0.24%	62
DONIPHAN	27.80%	63	388	PAWNEE	361	0.22%	63
ELLIS	27.68%	64	1246	PHILLIPS	343	0.22%	64
SALINE	27.57%	65	2698	ELLSWORTH	302	0.20%	65
SEDGWICK	27.52%	66	24822	REPUBLIC	265	0.20%	66
LEAVENWORTH	27.51%	67	3555	SCOTT	263	0.19%	67
MORTON	27.43%	68	261	OTTAWA	366	0.18%	68
COFFEY	27.27%	69	512	OSBORNE	248	0.18%	69
RUSH	27.27%	70	80	MORTON	261	0.17%	70
JOHNSON	27.16%	71	27707	NESS	168	0.17%	71
PHILLIPS	26.92%	72	343	SHERMAN	273	0.16%	72
CRAWFORD	26.84%	73	1865	HASKELL	253	0.16%	73

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30-Day Consumption								
County	Magnitude - Prevalence (2006 or 2007)	Rank	Population of Youth in Grades 6,8,10,12		County	Population of Youth in Grades 6,8,10,12	Contribution to Statewide Prevalence	Rank
NEOSHO	26.70%	74	1133		DECATUR	146	0.16%	74
HARVEY	26.64%	75	1882		MEADE	207	0.15%	75
BARTON	26.63%	76	1442		NORTON	265	0.15%	76
HASKELL	26.20%	77	253		CHAUTAUQUA	182	0.15%	77
MONTGOMERY	26.02%	78	1696		LINCOLN	177	0.15%	78
PAWNEE	25.90%	79	361		SMITH	202	0.15%	79
THOMAS	25.88%	80	421		GOVE	196	0.13%	80
JACKSON	25.82%	81	753		JEWELL	164	0.13%	81
SHERMAN	25.45%	82	273		ELK	168	0.12%	82
LYON	25.40%	83	1790		WOODSON	130	0.11%	83
FRANKLIN	25.40%	84	1466		RAWLINS	117	0.11%	84
CHEROKEE	25.29%	85	1163		GRAHAM	116	0.10%	85
CHASE	24.55%	86	130		CHEYENNE	183	0.10%	86
NORTON	24.51%	87	265		HODGEMAN	118	0.10%	87
MCPHERSON	24.40%	88	1532		SHERIDAN	107	0.09%	88
CHEYENNE	23.84%	89	183		HAMILTON	132	0.09%	89
LOGAN	23.81%	90	155		LOGAN	155	0.09%	90
GREELEY	23.61%	91	82		GRAY	113	0.09%	91
STANTON	23.48%	92	138		WICHITA	140	0.08%	92
CLOUD	23.38%	93	500		STANTON	138	0.08%	93
WICHITA	23.33%	94	140		CHASE	130	0.08%	94
MARSHALL	22.00%	95	607		EDWARDS	111	0.08%	95
OTTAWA	21.35%	96	366		COMANCHE	78	0.07%	96
MARION	21.33%	97	786		RUSH	80	0.05%	97
GEARY	19.64%	98	1705		GREELEY	82	0.05%	98
TREGO	15.80%	99	117		TREGO	117	0.04%	99
STATE TOTALS	29.10%		145187		STATE TOTALS	145187	98.27%	

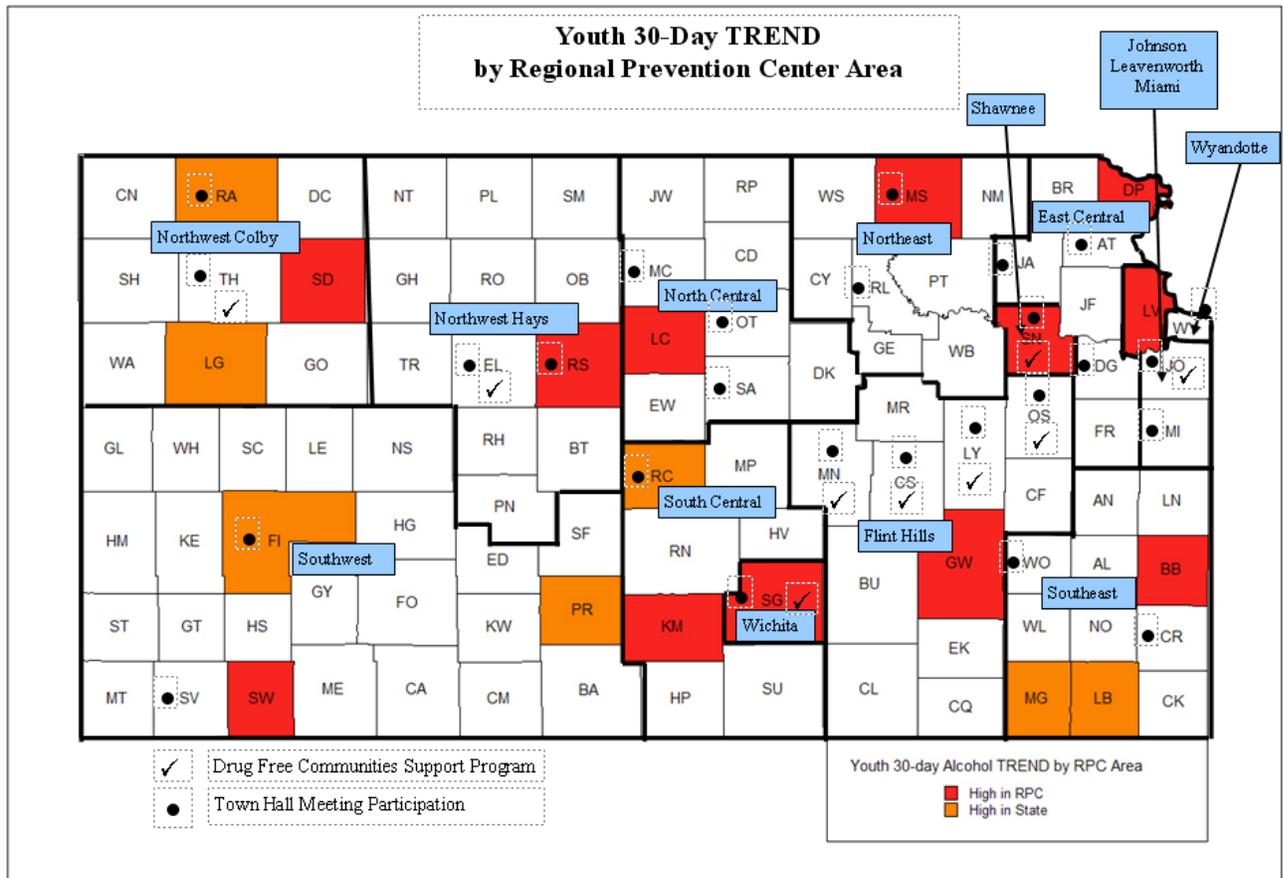
APPENDIX J1:

Past 30-Day Youth Alcohol Use



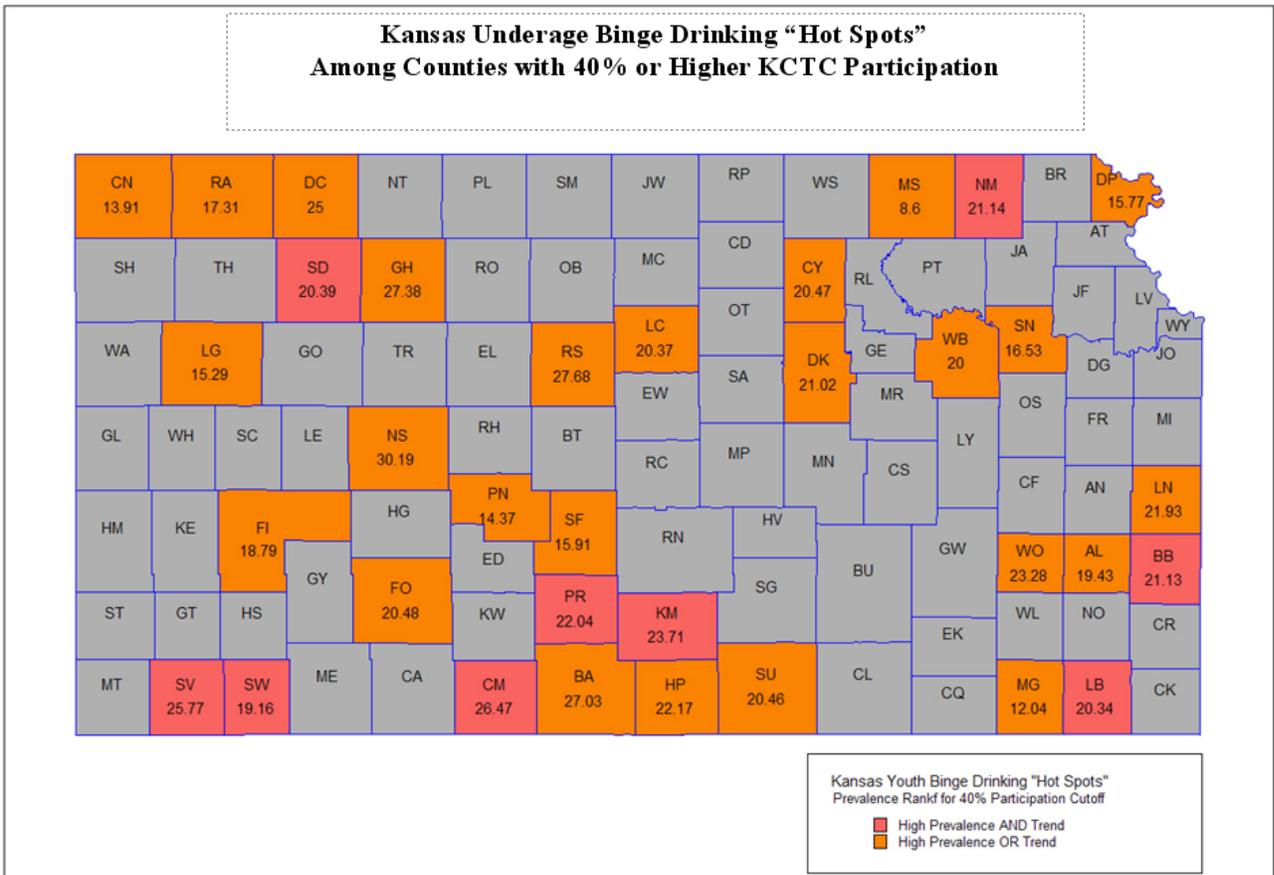
APPENDIX J3:

Past 30-Day Youth Alcohol Use by Trend



APPENDIX J4:

Youth Binge Drinking



APPENDIX K:

County Ranking Based on Hybrid Formula: Past 30-Day Youth Alcohol Use and Binge Drinking*

Past 30-Day Use			Binge Drinking		
County	Hybrid Ranking Value	Hybrid Quartile	County	Hybrid Ranking Value	Hybrid Quartile
RUSSELL	353	1	RUSSELL	351	1
NEMAHA	348	1	FORD	341	1
KINGMAN	347	1	BARBER	340	1
DICKINSON	344	1	NESS	336	1
STEVENS	336	1	DICKINSON	335	1
SUMNER	336	1	KINGMAN	335	1
LINN	331	1	STEVENS	335	1
BOURBON	323	1	SUMNER	331	1
DECATUR	320	1	LINN	330	1
NESS	320	1	BOURBON	329	1
BARBER	313	1	PRATT	327	1
FINNEY	313	1	NEMAHA	326	1
WABAUNSEE	309	1	HARPER	321	1
CLAY	301	1	LABETTE	318	1
SEWARD	299	1	DOUGLAS	314	1
HARPER	296	1	GRAHAM	314	1
RAWLINS	295	1	SEWARD	312	1
DOUGLAS	293	1	CLAY	311	1
FORD	292	1	DECATUR	308	1
LABETTE	291	1	FINNEY	306	1
PRATT	288	1	ALLEN	298	1
GRAHAM	285	1	COMANCHE	295	1
COMANCHE	280	1	WOODSON	295	1
ROOKS	280	1	WABAUNSEE	282	1
SHAWNEE	277	2	BROWN	281	2
WOODSON	275	2	GRANT	276	2
GREENWOOD	269	2	SHAWNEE	271	2
LINCOLN	268	2	LINCOLN	268	2
MORRIS	261	2	JEFFERSON	260	2
MITCHELL	260	2	MITCHELL	259	2
CHAUTAUQUA	257	2	COWLEY	258	2
SHERIDAN	255	2	KEARNY	258	2
JEFFERSON	248	2	OSAGE	258	2
STAFFORD	246	2	SHERIDAN	254	2
WYANDOTTE	246	2	ROOKS	250	2

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Past 30-Day Use			Binge Drinking		
County	Hybrid Ranking Value	Hybrid Quartile	County	Hybrid Ranking Value	Hybrid Quartile
OSAGE	244	2	SALINE	247	2
COWLEY	243	2	ATCHISON	244	2
ATCHISON	242	2	ELLIS	242	2
GRANT	241	2	BARTON	237	2
HODGEMAN	241	2	OSBORNE	234	2
KEARNY	236	2	SCOTT	232	2
RENO	236	2	CHAUTAUQUA	229	2
RILEY	230	2	HASKELL	224	2
REPUBLIC	223	2	BUTLER	223	2
BUTLER	220	2	RILEY	223	2
JEWELL	220	2	WILSON	223	2
MIAMI	217	2	GOVE	215	2
ALLEN	216	2	WYANDOTTE	207	2
MEADE	208	2	RENO	206	2
GRAY	201	3	RAWLINS	204	3
SCOTT	201	3	CRAWFORD	203	3
BROWN	200	3	MORRIS	190	3
SEDGWICK	200	3	WICHITA	190	3
WILSON	198	3	JOHNSON	189	3
OSBORNE	196	3	DONIPHAN	187	3
POTTAWATOMIE	196	3	MIAMI	187	3
SALINE	195	3	STAFFORD	186	3
LEAVENWORTH	192	3	SEDGWICK	182	3
JOHNSON	186	3	LYON	178	3
ELLIS	181	3	GREENWOOD	176	3
ELK	180	3	STANTON	174	3
SMITH	180	3	ELK	166	3
CRAWFORD	166	3	HARVEY	164	3
HARVEY	161	3	SHERMAN	163	3
ELLSWORTH	158	3	JEWELL	162	3
DONIPHAN	156	3	ELLSWORTH	161	3
RICE	152	3	JACKSON	154	3
NEOSHO	149	3	LEAVENWORTH	153	3
BARTON	148	3	THOMAS	149	3
COFFEY	147	3	FRANKLIN	147	3
MONTGOMERY	145	3	RICE	147	3
GOVE	140	3	NEOSHO	138	3
EDWARDS	137	3	LOGAN	134	3
LYON	132	3	CHASE	131	3
HAMILTON	128	4	CHEROKEE	127	4
MORTON	126	4	PAWNEE	127	4
FRANKLIN	122	4	MONTGOMERY	112	4

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Past 30-Day Use			Binge Drinking		
County	Hybrid Ranking Value	Hybrid Quartile	County	Hybrid Ranking Value	Hybrid Quartile
PHILLIPS	120	4	POTTAWATOMIE	108	4
JACKSON	119	4	EDWARDS	105	4
CHEROKEE	114	4	COFFEY	104	4
MCPHERSON	111	4	MCPHERSON	94	4
THOMAS	106	4	REPUBLIC	93	4
PAWNEE	100	4	CHEYENNE	91	4
HASKELL	96	4	HAMILTON	85	4
RUSH	93	4	MARION	82	4
SHERMAN	82	4	GEARY	80	4
GEARY	78	4	CLOUD	74	4
CLOUD	70	4	SMITH	68	4
MARION	67	4	RUSH	66	4
MARSHALL	67	4	MORTON	63	4
NORTON	63	4	PHILLIPS	54	4
CHASE	48	4	GRAY	52	4
CHEYENNE	47	4	MARSHALL	50	4
OTTAWA	44	4	MEADE	48	4
LOGAN	40	4	HODGEMAN	47	4
STANTON	31	4	NORTON	38	4
GREELEY	29	4	OTTAWA	27	4
WICHITA	26	4	GREELEY	16	4
TREGO	4	4	TREGO	5	4
ANDERSON	No Data**	No Data**	ANDERSON	No Data**	No Data**
CLARK	No Data**	No Data**	CLARK	No Data**	No Data**
KIOWA	No Data**	No Data**	KIOWA	No Data**	No Data**
LANE	No Data**	No Data**	LANE	No Data**	No Data**
WALLACE	No Data**	No Data**	WALLACE	No Data**	No Data**
WASHINGTON	No Data**	No Data**	WASHINGTON	No Data**	No Data**
STATE TOTALS			STATE TOTALS		

* Past 30-Day Youth Alcohol Use and Youth Binge Drinking data derived from 2006/2007 Kansas Communities That Care Student Survey data.

** "No Data" denotes those cells for which county level student survey data was not available at the required minimum 40% participation rate.

APPENDIX L:

Process Evaluation Key Milestones for Each Step of the SPF

Evaluation of Step 1: Assessment

- What is the link between the epidemiology process and the evaluation data to be collected and reported?
- What data were analyzed and collected and how were the data analyzed?
- What trends do the data suggest and how are these trends considered in planning?
- Are data collected and reviewed on an ongoing basis, and how is the State Epidemiology Outcomes Workgroup (SEOW) convened for this purpose?

Evaluation of Step 2: Capacity Building

- What are the identified resources and resource needs in the state?
- What data were collected and how were the data analyzed to determine this?
- What efforts are undertaken to mobilize and build capacity (training, staff, coordination, etc.)?

Evaluation of Step 3: Strategic Planning

- How well does the planning process reflect the identified needs and resources?
- What is the role of the State Advisory Council in the planning process?
- How are issues discussed/decisions made?
- Are the right parties involved and do they “ante up” as appropriate?
- How is the implementation plan expressed and going to be managed?

Evaluation of Step 4: Implementation

- Does the implementation match the plan?
- What is implemented (what programs, strategies, activities) and by whom?
- What can we say about implementation fidelity?
- How is the implementation to be tracked?
- What changes are made along the way?

Evaluation of Step 4: Evaluation

- Consultation and collaboration with evaluation team
- Collection of required outcome data
- Outcome evaluation
- Review of policy, program, and practice effectiveness
- Development of recommendations for quality improvement