

## Prevention Partnership Evaluation Projects

Florida Department of  
Children and Families,  
Substance Abuse Program

Executive Office of the  
Governor,  
Office of Drug Control

Substance Abuse and  
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## "Very Early Drinkers" in Florida are at a Very High Risk

Dr. Lee Crandall reported to the State Epidemiology Workgroup in November that his analysis of survey data from our state shows that Florida kids who begin using alcohol very early (before age 13) are much more likely to report a variety of risk behaviors and delinquent acts than their peers. The 25 percent of Florida high school students who reported in the 2004 *Florida Youth Substance Abuse Survey* that they first drank "more than a few sips" of alcohol before the age of 13 were twice as likely as other high school students to report having been arrested at least once (18% versus 9%). They were also more likely to report having been suspended from school at least once (39% versus 26%), trying marijuana (49% versus 30%), and having used an illicit drug other than marijuana (32% versus 16%).

Similar results were found in Dr Crandall's analysis of data from the 2003 *Youth Behavioral Risk Survey*, which reports on additional types of risk behaviors for Florida high school students. Twenty-nine percent of high school students reported that they first began drinking before age 13. This group of very early drinkers was roughly twice as likely as other high school students to report receiving mostly D or F grades, recent episodes of drinking and driving, getting in fights, ever having sex, ever being forced to have sex, and ever making a suicide plan. They were also twice as likely to report smoking tobacco before age 13, being a current drinker, and being a current binge drinker.

Very early drinkers in this survey were seven times as likely to report trying marijuana before age 13, five times as likely to report current inhalant use and three times as likely to report current ecstasy use as other high school students! Delinquent behaviors including petty theft, grand theft, threatening someone with a weapon, auto theft and being a gang member also ranged from three to five times as likely among these very early drinkers.

Evidence of immediate problems associated with very early drinking among Florida youth adds urgency to findings from biomedical researchers who have shown that early drinking portends lifelong dependence, abuse and addiction to alcohol, and that risks increase with each year before age 22 that drinking begins. Dr. Crandall notes that "It would be naive to believe that alcohol is the cause of all of the problems with which it is correlated. However, very early drinking may be an important contributing factor in this constellation of problem behaviors, and at the very least could serve as a marker to identify those middle school students who would be particularly appropriate beneficiaries of more intensive *indicated* prevention programming."

## What is a PPD?

The Prevention Program Description is designed to collect initial information necessary to ensure that substance abuse prevention contracts reflect best practices and level of effort, inform the department's provider support system, and set the stage for determining effectiveness in achieving prevention outcomes.

In addition, it satisfies the requirements of Rule 65E-14.021(8)(d)1.d. to provide a program description for Substance Abuse and Mental Health contracts.

### Why is it important to collect this information?

**To meet Substance Abuse Prevention and Treatment Block Grant Requirements (SAPT BG)** - The department's primary funding source, the SAPT BG requires yearly reporting on the number and kind of prevention programs, the number of model programs, the number of people served, the quality of program implementation, the cost of conducting those programs, and the qualifications of staff. Information collected through the PPD provides base information to assure that information collected through the contracts will provide accurate reporting.

**To respond to Center for Substance Abuse Prevention (CSAP) interests in implementing evidence-based programs and practices** - CSAP, the administrating office for the SAPT BG, is committed to sponsoring, accumulating, and integrating knowledge regarding scientifically defensible and effective prevention practices. Information collected through the PPD pre-populates the Performance-Based Prevention System to show Florida's commitment to best practices and quality improvement.

**To assure that contracted activities are likely to achieve the desired outcomes** - Provides both the provider and the department with quantitative and qualitative information that can be compared to the anticipated outcomes.

**To efficiently inform provider support services** - Most persons and organizations are interested in knowing what their efforts produced. Nearly all funders require that programs utilize evaluation as an essential part of their operations. The PPD provides the information to determine and coordinate support for developing and validating locally developed programs and validating modifications to model programs.

In addition, evaluation (1) assesses the effectiveness of an ongoing program in achieving its objects, (2) relies on the standards of project design to distinguish a program's effects from those of other forces, and (3) aims at program improvement through a modification of current operations.

### What is the information collected via the PPD?

There are three parts to the PPD:

Part I describes basic information about the provider's prevention contract and the number of programs that will be included in the contract.

Part II guides the selection and description of prevention programs.

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**Part III** guides the selection and description of prevention services i.e., those free-standing prevention activities that are not part of a program.

**Who needs to prepare a PPD?**

A PPD is prepared by the provider and utilized as a tool during negotiation for contracts and contract amendments that incorporate prevention programs and services. If prevention programs or services are not offered by the provider, then the Program Description published by the SAMH Contract Unit will be utilized instead.

**What happens to the PPD after I complete it?**

Once agreed upon and finalized between the provider and the department, it is incorporated by reference into the contract.

In addition, it is utilized by our contracted state-wide field evaluators to determine the nature and scope of the technical assistance that they will be expected to render to the providers who have approved innovation programs or those programs that are currently undergoing validation.

**When is my next PPD due?**

At a minimum, the PPD is reviewed in the spring of each year as the Performance-Based Prevention System is updated for the next state fiscal year and in preparation for contract review and possible re-negotiation. This holds true even for a multi-year contract since services may change for the upcoming contract year.

In addition, during the course of a contract year, it will need to be updated should major changes occur. These would include but not be limited to: a change of programs or services; change of target population; a change to the anticipated number to be served.

## UM Website has Data on Current Florida Drug Trends

Florida's State Epidemiology Workgroup (SEW) was formed in 2005 as a product of a Strategic Prevention Framework State Incentive Grant (SPF-SIG) awarded to the state of Florida by the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration. The UM-Comprehensive Drug Research Center (CDRC) staffs Florida's SEW under a contract from the state's Department of Children and Families. One of the first jobs of the SEW staff was to compile data on alcohol, tobacco and other drug consumption and on the social and medical consequences of the use of both legal and illicit substances in Florida. The staff made every effort to find data that reflected issues at the county level and not just statewide averages. Contents of the website include the initial SEW report, substance-specific maps of Florida showing how each county ranks (by quartile) on a variety of indicators ranging from measures of consumption to consequences, and separate data sheets for each of Florida's sixty-seven counties. Data for the website were drawn from a wide variety of sources including government surveys, vital statistics, motor vehicle accident data, educational data census data, etc. We hope these data will be useful to providers and to community anti-drug coalitions. These data can be found on the SEW portion of the CDRC website at the following web address: <http://www.cdrc.med.miami.edu/x58.xml>.

**Contact your Field Evaluators!**

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