Guidance for Developing the Community Strategic Prevention Plan

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Introduction

Regional Prevention Coordinators (RPC) are required to develop and submit Community Strategic Prevention Plans and receive written approval of the Plans by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) prior to service implementation. The RPCs will submit two Strategic Plans - the regional prevention plan and the Strategic Prevention Framework State Incentive Grant (SPF SIG) community plan.

This guidance document is designed to assist RPCs in developing their Strategic Prevention Plans and provides guidance on the types of data and information needed by the ODMHSAS for approval of the Plan and to set the stage for implementation of the SPF. The Community Strategic Prevention Plan is organized around the five steps of the SPF and includes the following five elements:

1. SPF Narrative: Written account that provides descriptive responses to the required prompts.
2. Epidemiological Profile: Summary of data findings.
3. Logic Model: Planning tool that defines the consequences, consumption, intermediate variables, and evidence-based strategies.
4. Community Coalition Memorandum of Understanding: Written agreement to partner with the RPC to implement the Community Strategic Prevention Plan.
5. Timeline: Planned project tasks, designation of those involved, and completion dates.

Your Strategic Plans should clearly describe community-level prevention priorities, the processes used to define these priorities, and the proposed approaches for addressing them. The ODMHSAS expects that RPCs clearly show how data-driven decision making yielded such priorities and proposed strategies are positioned to address these identified priorities.

The ODMHSAS acknowledges that the Strategic Plans are living documents. Accordingly, we expect to receive updates of your Plan as your grant moves through later stages of the SPF and the Plan is refined to incorporate implementation, evaluation, and monitoring activities as well as continuing capacity building.

The RPCs are not allowed to move to Phase Two of the contract until the ODMHSAS approves the Strategic Plans. Once approval is received, the RPCs will be required to enter plan information into the OKPROS and commence implementation.

To assist in an expedient review of your Plans, the ODMHSAS requests the following:

1. Organize your Plans using the Sections outlined below.
2. Organize your narrative responses in the SPF Narrative Plan using the provided headers (noted in the instructions in bold).
3. Provide thorough, clear responses to the questions. The ODMHSAS expects responses that provide justification and explanation for processes, decisions, and plans. For example, simply stating that the RPC has/will develop a plan in a certain area is not sufficient.
4. Request a piecemeal or a pre-review from your Field Representative for guidance and feedback for improvement.

The ODMHSAS will utilize several staff and stakeholder groups to review Strategic Plans. The ODMHSAS will make every effort to conduct the review in a timely manner. RPCs should expect to receive requests for clarifying/additional information when necessary. Plans will be reviewed on the following general criteria:

- Submission of required elements
- Responsiveness to all prompts/sections
- Descriptiveness/accuracy of justifications and approaches
- Adherence to the SPF process
- Appropriateness of logic model and selected strategies

Required Submission Format/Headers:

Cover Page	Agency Name, Community Name
Section 1:	SPF Narrative Plan
Section 2:	Epidemiological Profile
Section 3:	Community Coalition Memorandum of Understanding
Section 4:	Program Logic Models
Section 5:	Timeline

Note: The term "Region" in the following instructions refers to the Plan you must complete for the Region. The term "SPF Community" refers to the Plan you must complete for the selected SPF SIG site.

Section 1: SPF Narrative Plan Instructions (Maximum 15 pages)

Assessment:

1) Using an array of appropriate data and information, describe the substance abuse related problems in your Region/SPF Community. Include a description of substance abuse consumption patterns and consequences. Cite all sources.

2) Describe the processes and methods utilized to identify and collect these indicators. Include a description of the Regional Epidemiological Outcomes Workgroup (REOW) development, REOW members, and REOW proceedings.

3) Describe identified data gaps in the Region/SPF Community and your plan to address gaps.

4) State the selected priority issue(s) for the Region/SPF Community (i.e. underage drinking). State the selected priority consequence(s) for each issue (i.e. alcohol-related crashes). Describe and discuss the criteria, rationale and process used to select the Region/SPF Community priority(ies). Note: It is not sufficient to cite "ODMHSAS recommendation" as the reason for selection. If the ODMHSAS recommended priority(ies) were not selected, provide justification for selection. Cite all sources.

5) Clearly define the community site/population of focus for the priority(ies). Provide a detailed description of how the community site was selected. If a single community site is proposed for more than one priority, provide data-driven rationale for that determination.

6) Using appropriate data and information, describe the processes, methods, and instruments utilized to assess community capacity and readiness to implement the SPF. Cite all sources.

7) Describe community capacity and readiness assessment findings. Include a description of gaps and strengths in the community-level prevention infrastructure. Include a description of the Region's/SPF Community's capacity to collect, report, and analyze data.

Capacity Building:

1) State the partner coalition for the project. Provide a description of the coalition. Define the role of the coalition with the project in each SPF step. Provide a written agreement (Community Coalition Memorandum of Understanding) as Section 3.

2) Describe the RPC's plan to build capacity among the priority community(ies) and partner coalition(s). Address the gaps identified in the capacity assessment process. Capacity activities should align with (1) the capacity to utilize the SPF and (2) the selected priority(ies). Include a plan to fulfill the assessment and training requirements in the contract.

3) Provide a plan for the RPC to build its own capacity to deliver high-quality training and technical assistance (capacity building) services to the community/coalition(s).

4) Describe the expected role of the REOW in the project and how the RPC plans to sustain/strengthen this Workgroup. Describe how the RPC will continue to collect and analyze data in order to identify emerging priority areas and monitor substance abuse consequences and consumption patterns over time.

Planning:

1) Provide a program logic model for every priority as Section 4.

2) Using an array of data, describe the methods and processes used to identify intermediate variables for each priority. Cite all sources. Describe the prioritization process utilized by the coalition(s).

3) Describe the process utilized by the coalition(s) to select the proposed strategies. Justify how the proposed strategies impact the intermediate variables. Cite sources. Note: RPCs must prioritize/select environmental prevention strategies.

4) Describe how the selected strategies will produce sustained outcomes.

5) Describe how the selected strategies are culturally competent and inclusive.

6) Provide a timeline for the Region/SPF SIG Community as Section 5.

Implementation:

1) Describe the evidence-based strategies to be implemented. Please include the conceptual fit with the community's prevention priorities, practical fit with the community's readiness and capacity, and cultural fit within the community. For each strategy please provide information relating to the evidence of the strategies' effectiveness (one of the following):

   a) Name of national registry of evidence based practices which includes the proposed strategy. (Level 1 effectiveness)
   b) Copy of peer-reviewed journal article that illustrates positive effects based on the evaluation of the targeted causal or contributing factor. Please include a complete citation: Author; article title; journal title; volume; issue; page numbers; and year of publication. (Level 2 effectiveness)
   c) Documentation that illustrates the strategy has been effectively implemented in the past, multiple times, with results that show a consistent pattern of positive effects. (Level 3 effectiveness)

   Describe how (who, when, how, population of focus) the strategies will be operationalized over the course of the project.

2) Describe the role of the RPC and the role of the coalition(s) in the implementation.

3) Describe the RPC's plan to ensure the selected strategies are implemented according to the research-based standards of effectiveness.

Evaluation:

1) Describe the RPC's plan to fulfill local-level and national cross-site evaluation requirements. Discuss, based on your program logic model, what you expect to change. Discuss what you are expected to track and how you plan to do the tracking.

Cross-Cutting Components:

1) Describe your plan to include cultural competence in the SPF steps of your project.

2) Describe how you plan to address sustainability of your SPF efforts.

Section 2: Epidemiological Profile

Include the following components in the regional epidemiological profile. Incorporate supplemental data in the appropriate sections outlined below (additional illicit drug data should be added to the illicit drug section). Adapt/adjust table examples provided to describe the region's data/information.

1) Regional Epidemiological Outcomes Workgroup (REOW)
   - Development/Formation
   - Mission & Goals (if established)
   - Membership/Partnerships (name, agency/organization, role – refer to example Table 1)
   - Proceedings

2) Regional Overview & Demographics
   - Describe regional overview and demographics then describe individual county demographics (refer to example Table 2)
   - Population (race, ethnicity, age, gender)
   - Education (high school drop-out, graduated high school, college degree)
   - Income distribution (median household income, poverty)
   - Other (teen pregnancy rate, crime rate, etc)

3) Substance Abuse Consumption & Consequences Table
   - Table 3 Provided

4) Alcohol Consumption & Consequences

   Consumption
   - Current Use
   - Binge
   - Heavy/Chronic Use
   - Women of Childbearing Age
   - Riding w/Drinking Driver
   - Drinking and Driving

   Consequences
   - Violent Crimes
   - Juvenile Arrests
   - Adult Arrests
   - Alcohol Crash Mortality
   - Chronic Liver Disease Deaths
   - Suicide
   - Alcohol-related Birth Rate
   - Alcohol Treatment Admissions

5) Non-Medical Prescription Consumption & Consequences

   Consumption
   - Lifetime Use
   - Current Use

   Consequences

- Property Crime
- Opioid Analgesic Deaths
- Prescription Drug Treatment Admissions

6) Illicit Drug Consumption & Consequences

Consumption

- Lifetime Use (Marijuana, Methamphetamine, Inhalants)
- Current Use (Marijuana, Methamphetamine, Inhalants)

Consequences

- Property Crime
- Drug Poisoning Deaths
- Marijuana Treatment Admissions
- Methamphetamine Treatment Admissions

7) Priority Selection
   - List selected priorities (refer to example Table 4)
   - Explain priority selection process
   - Describe/discuss criteria, rationale, and process used to select priority.

8) Population of Focus/Community Site
   - Describe how population/community site was selected
   - Provide data rationale for decision

9) Intermediate Variables
   - Show relationship between selected priority and intermediate variables (refer to Table 5 example)
   - Provide rational for decision

10) Data Gaps & Limitations
   - Describe gaps & limitations
   - Describe plan to address gaps

11) Summary of Findings
   - Summarize overall epidemiological findings
   - Emphasize consumption and consequence related to priority selection
   - Discuss population of focus

12) Data Sources/Citations
   - Provided (make necessary additions/deletions to provided List 1)

13) Glossary
   - Provided (make necessary additions/deletions to provided List 2)

14) Other

Section 3:
Community Coalition Memorandum of Understanding

RPCs shall develop and submit to the ODMHSAS a Memorandum of Understanding (MOU) between the Regional Prevention Center (RPC) and the identified partner coalitions. RPCs shall develop a minimum of two MOUs with two community coalitions for the Block Grant, two MOUs with youth leadership coalitions for the Block Grant, and one MOU with a community coalition for the SPF SIG.

Purpose of Project

The MOUs shall reflect the understanding of both the RPC and Coalition regarding the vision, mission, and goals of the state's strategic prevention plan to create prevention-capable communities in order to:

- Prevent the onset and reduce the progression of substance abuse;
- Reduce the problems/consequences related to substance abuse; and
- Increase prevention capacity and prevention infrastructure at the community level.

The MOU should be reflective of the RPC and Coalitions' unique local partnerships. Please refer back to your contract requirements for what needs to be included minimally in your MOU.

Each MOU must affirm agreement between the two parties and include:

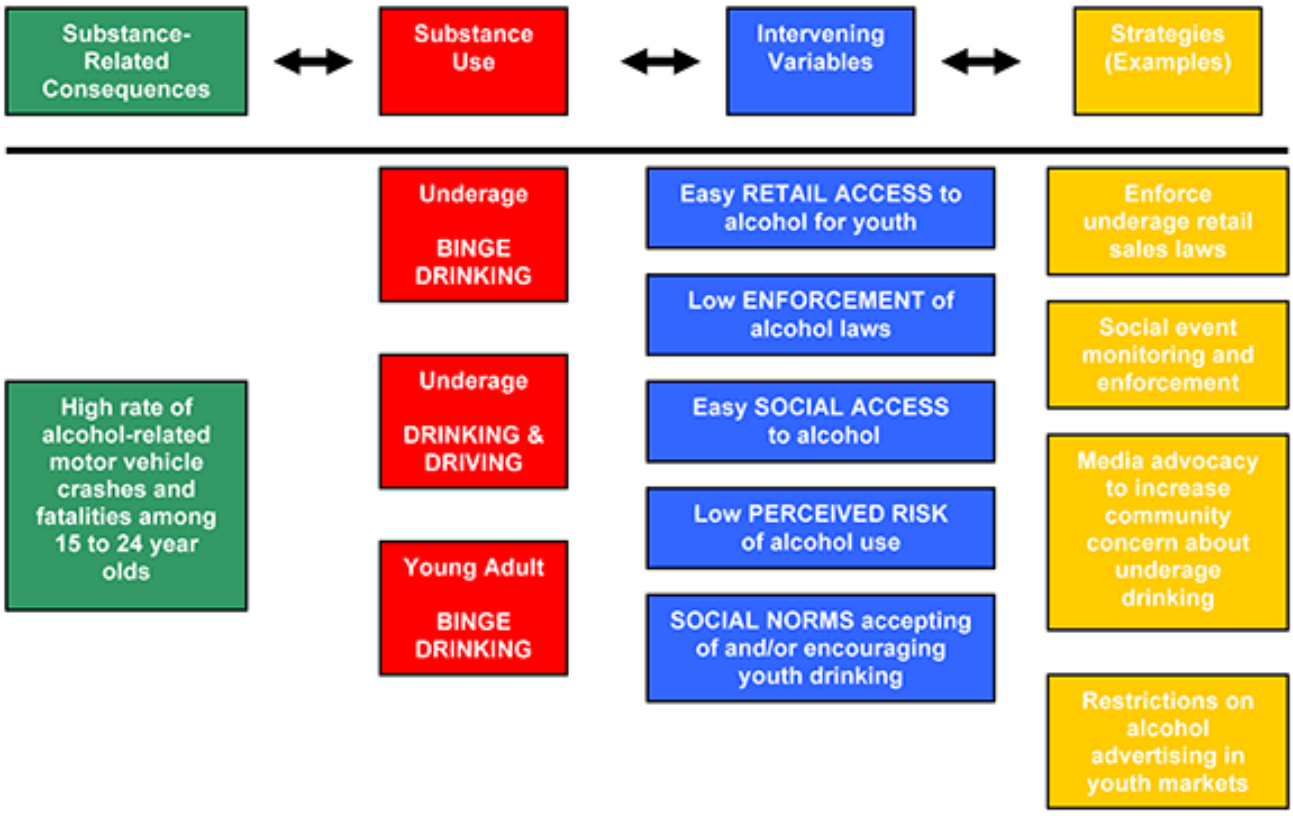
- Name of agency
- Name of coalition
- Signatures of authorized representatives for each party
- Priorities
- Effective time period of agreement

Both parties shall provide point of contact information. The MOU is effective upon the date of the final signature of the authorized representatives of the RPC and Coalition.

Section 4: Program Logic Model

RPCs shall develop a program logic model for each priority issue utilizing the format provided below. Each program logic model must include the priority consequence/problem, consumption, intermediate variables, and associated evidence-based strategies.

Sample:



Section 5: Timeline

RPCs shall provide a timeline utilizing the following prescribed format. The timeline is based on a 14-month period from May 2012 until June 2013. The SPF SIG Strategic Plan shall include one timeline graph for the identified SPF SIG priority. The Regional Strategic Plan shall include a minimum of three timeline graphs – one for the Region's Prevention Coordination Services (see C.3.1.4.1 & C.3.1.4.2 of contract) and one for each of the Region's minimum two selected priorities.

SPF SIG Timeline Format:

SPF SIG PRIORITY:															
COMMUNITY:															
STRATEGY 1:															
KEY TASKS	**INVOLVED**	**COMPLETION MONTH(S)**													
		M	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**
STRATEGY 2:															
STRATEGY 3:															

Region – Priority Timeline Format:

REGION - PRIORITY 1:															
COMMUNITY:															
STRATEGY 1:															
KEY TASKS	**INVOLVED**	**COMPLETION MONTH(S)**													
		M	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**
STRATEGY 2:															
STRATEGY 3:															

Region – Prevention Coordination Services Timeline Format:

REGION – PREVENTION COORDINATION SERVICES															
STRATEGY 1: Earned Media Outputs															
KEY TASKS	**INVOLVED**	**COMPLETION MONTH(S)**													
		M	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**
STRATEGY 2: Information Dissemination															
STRATEGY 3: Reward Reminder Visits															
STRATEGY 4: Alcohol Compliance Checks															
STRATEGY 5: Responsible Beverage Sales and Service Training															
STRATEGY 6: Risk Assessments															
STRATEGY 7: 2Much2Lose															
STRATEGY 8: Youth Leadership Development															
STRATEGY 9: Training and Technical Assistance															
STRATEGY 10: Oklahoma Prevention Needs Assessment Survey															

Appendix 1: Regional Epidemiological Outcomes Workgroup Template

Members Name	Representing Agency/Organization	Role

Appendix 2: Demographics Template

Category	County	County	County	Region
Population 2010				
Population 2005				
Population of female in 2010				
White Persons in 2010				
Black Persons in 2010				
AI/AN persons 2010				
Asian Persons 2010				
Persons reporting 2 or more races 2010				
Persons of Hispanic or Latino origin 2010				
High School Graduates age 25+ in 2010				
Bachelor's degree or higher age 25+ 2010				
Persons below poverty level 2010				

Appendix 3: Substance Consumption & Consequence Table

Construct	Alcohol	Prescription Drugs	Illicit Drugs
Consequence	Violent Crime Adult Arrests Alcohol Crash Mortality Chronic Liver Disease Suicide Treatment	Treatment	Property Crime Treatment Deaths: Opioid Analgesic Drug Poisoning
Consumption	30-Day (Youth & Adult) Binge (Youth & Adult) Chronic/Heavy (Adult) Lifetime (Youth) Women Childbearing Age: Chronic/Heavy Binge Rode with Drinking Driver Drove after Drinking	Non-medical 30-Day	Current (30-Day): Marijuana Methamphetamine Inhalant Lifetime: Marijuana Methamphetamine Inhalant

Appendix 4: Selected Priority Template

Grant	Priority Selected	Geographical Area/County	Population of Focus
SPF			
Block			
Block			

Appendix 5: Intermediate Variables Template

Number	Priority	Intermediate Variables
Example	**Underage Drinking**	**Retail Availability** **Social Norms** **Promotion**
1		
2		
3		
4		
5		

Appendix 6: Glossary

Abuse · A respondent was defined with abuse of a substance if he or she met one or more of the four criteria for abuse included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association [APA], 1994) and did not meet the definition for dependence for that substance. Additional criteria for alcohol and marijuana abuse are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on six or more days in that period. These questions have been included in the survey since 2000.

Alcohol Use · Measures of use of alcohol in the respondent's lifetime, the past year, and the past month

Binge Use of Alcohol · Binge use of alcohol was defined as drinking five or more drinks on the same occasion on at least one day in the past 30 days.

Blood Alcohol Concentration (BAC) is the concentration of alcohol in blood and is used to define intoxication and provides a rough measure of impairment.

Cirrhosis · Result of chronic liver disease that causes scarring of the liver and liver dysfunction This often has many complications, including accumulation of fluid in the abdomen, bleeding disorders, increased pressure in the blood vessels, and confusion or a change in the level of consciousness.

Current Use · Any reported use of a specific drug in the past 30 days.

Dependence · A respondent was defined with dependence on illicit drugs or alcohol if he or she met three out of seven dependence criteria (for substances that included questions to measure a withdrawal criterion) or three out of six criteria (for substances that did not include withdrawal questions) for that substance, based on criteria included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994). Additional criteria for alcohol and marijuana dependence since 2000 are that if respondents reported a specific number of days that they used these drugs in the past 12 months, they must have used these drugs on six or more days in that period.

Driving Under the Influence · Respondents were asked whether in the past 12 months they had driven a vehicle while under the influence of alcohol and illegal drugs used together, alcohol only, or illegal drugs only.

Drugs Other Than Marijuana These drugs include cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or prescription-type psychotherapeutics used nonmedically, which include stimulants, sedatives, tranquilizers, and pain relievers. This measure includes marijuana users who used any of the above drugs in addition to using marijuana, as well as users of those drugs who have not used marijuana.

Fetal Alcohol Syndrome (FAS) The manifestation of specific growth, mental, and physical birth defects associated with the mother's high levels of alcohol use during pregnancy.

Hallucinogen Use · Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month.

Heavy Use of Alcohol · Heavy use of alcohol was defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on five or more days in the past 30 days. Heavy alcohol users also were defined as binge users of alcohol.

Heroin Use · Measures of use of heroin in the respondent's lifetime, the past year, and the past month

Incidence · Substance use incidence refers to the use of a substance for the first time (new use). Incidence estimates are based on questions about age at first use of substances, year and month of first use for recent initiates, the respondent's date of birth, and the interview date.

Infant Mortality Rate · Number of deaths for one year of age and under per 1,000 population

Inhalant Use · Measures of use of inhalants in the respondent's lifetime, the past year, and the past month

Lifetime Use · Lifetime use indicates use of a specific drug at least once in the respondent's lifetime. This measure includes respondents who also reported last using the drug in the past 30 days or past 12 months.

Marijuana Use · Measures of use of marijuana in the respondent's lifetime, the past year, and the past month

Methamphetamine Use · Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn®, or Methedrine® in the respondent's lifetime, the past year, and the past month.

Need for Alcohol Use Treatment Respondents were classified as needing treatment for an alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on alcohol; (2) abuse of alcohol; or (3) received treatment for an alcohol use problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Need for Illicit Drug or Alcohol Use Treatment · Respondents were classified as needing treatment for an illicit drug or alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol use problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

Need for Illicit Drug Use Treatment · Respondents were classified as needing treatment for an illicit drug use problem if they met at least one of three criteria during the past year: (1) dependence on illicit drugs; (2) abuse of illicit drugs; or (3) received treatment for an illicit drug use problem at a specialty facility (i.e., drug/alcohol rehabilitation facilities [inpatient /outpatient], hospitals [inpatient], mental health centers).

Non-medical Use of Prescription Drugs · Using drugs that were not prescribed to you by a doctor, or using drugs in a manner not intended by the prescribing clinician (e.g., to get high). Nonmedical use does not include taking prescription medications as directed by a health practitioner or the use of over-the-counter medications.

Other Drugs · Illicit drugs include marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), heroin, or prescription-type psychotherapeutics used nonmedically, which include stimulants, sedatives, tranquilizers, and pain relievers. Illicit drug use refers to use of any of these drugs.

Past Month Use · This measure indicates use of a specific drug in the 30 days prior to the interview. Respondents who indicated past month use of a specific drug also were classified as lifetime and past year users.

Past Year Use · This measure indicates use of a specific drug in the 12 months prior to the interview. This definition includes those respondents who used the drug in the 30 days prior to the interview. Respondents who indicated past year use of a specific drug also were classified as lifetime users.

Prevalence · Prevalence is a general term used to describe the estimates for lifetime, past year, and past month substance use, dependence or abuse, or other behaviors of interest within a given period (e.g., the past 12 months).

Prior Year Marijuana Use · A respondent was defined as engaging in prior year marijuana use if he or she used marijuana or hashish 12 to 23 months prior to the interview date.

Psychoactive Drugs · Psychotherapeutic drugs are generally prescription medications that also can be used illicitly to "get high" or for other effects. These include pain relievers, sedatives, stimulants, tranquilizers.

Psychotherapeutic Drugs · Psychotherapeutic drugs are prescription-type medications with legitimate medical uses as pain relievers, tranquilizers, stimulants, and sedatives.

Treatment for a Substance Use Problem · Respondents were asked if they had received treatment for illicit drug use, alcohol use, or both illicit drug and alcohol use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where they stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, a mental health facility as an outpatient, an emergency room, a private doctor's office, prison or jail, a self-help group or some other place.

Appendix 7: Data Sources/Citations

Behavioral Risk Factor Surveillance Survey (BRFSS) · Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. Oklahoma has participated in BRFSS since 1995. This report focused on 2010 BRFSS data to give a current picture of substance use/abuse in Oklahoma. http://www.cdc.gov/brfss/about.htm

Bureau of Justice · The Bureau of Justice Statistics was first established on December 27, 1979 under the Justice Systems Improvement Act of 1979. The Bureau of Justice Statistics (BJS) is a component of the Office of Justice Programs in the U.S. Department of Justice.

National Survey on Drug Use and Health (NSDUH) · The National Survey on Drug Use and Health (NSDUH) provides annual data on drug use in the United States. The NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service and a part of the Department of Health and Human Services (DHHS). The survey provides yearly national and state level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use.

Oklahoma Bureau of Narcotics and Dangerous Drugs (OBN) · The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control is a law enforcement agency with a goal of minimizing the abuse of controlled substances through law enforcement measures directed primarily at drug trafficking, illicit drug manufacturing, and major suppliers of illicit drugs.

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) · The ODMHSAS was established in 1953 and continues to evolve to meet the needs of all Oklahomans. Collaborating with leaders from multiple state agencies, advocacy organizations, consumers and family members, providers, community leaders and elected officials, the way has been paved for meaningful mental health and substance abuse services transformation in Oklahoma. The ODMHSAS is responsible for providing services to Oklahomans who are affected by mental illness and substance abuse.

Oklahoma Prevention Needs Assessment Survey (OPNA) · The Oklahoma Prevention Needs Assessment is a paper/pencil survey administered in opposite years of the YRBS in schools to 6th, 8th, 10th and 12th grade students. The survey is designed to assess students' involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors.

Oklahoma State Bureau of Investigation (OSBI) · The Oklahoma State Bureau of Investigation Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort administered by the Federal Bureau of Investigation. The UCR Program was conceived, developed and implemented to serve law enforcement as a tool for operational and administrative purposes.

Oklahoma State Department of Health (OSDH) · The OSDH is a department of the government of Oklahoma responsible for protecting the health of all Oklahomans and providing other essential human services and through its system of local health services delivery, is responsible for protecting and improving the public's health status through strategies that focus on prevention.

Oklahoma Tax Commission · Since 1931, the Oklahoma Tax Commission has held the respon-

sibility of the collection and administration of taxes, licenses and fees that impact every Oklahoman. Under the direction of the state legislature, the Tax Commission manages not only the collection of taxes and fees, but also the distribution and apportionment of revenues to various state funds. The collected revenues fuel such state projects as education, transportation, recreation, social welfare and a myriad of other services.

Oklahoma Violent Death Reporting System (OKVDRS) · Data for OKVDRS are collected from death certificates, medical examiner reports, police reports, supplemental homicide reports and crime labs. Standardized methodology and coding are used to collect the data and enter into a database that is housed at the Oklahoma State Department of Health (OSDH). The OSDH partners with the Oklahoma State Bureau of Investigation and the Oklahoma Medical Examiner's Office to collect the data.

Substance Abuse and Mental Health Services Administration (SAMHSA) · The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

The Uniform Crime Report (UCR) The UCR was conceived, developed, and implemented by law enforcement for the express purpose of serving as a tool for operational and administrative purposes. Under the auspices of the International Association of Chiefs of Police, the UCR Program was developed in 1930. Prior to that date, no comprehensive system of crime information on a national scale existed. The Oklahoma State Bureau of Investigation assumed the statewide administration of the UCR Program on September 1, 1973.

United States Census Bureau The Census Bureau serves as the leading source of quality data about the nation's people and economy. The bureau of the Commerce Department, responsible for taking the census, provides demographic information and analyses about the population of the United States.

Youth Risk Factor Behavioral Survey (YRBS) · The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. YRBSS includes a national school-based survey conducted by CDC and state and local school-based surveys conducted by state and local education and health agencies. Oklahoma has participated in the YRBS since 2003.