

Appendices

Strategic Prevention Framework (SPF): A Guide for
Michigan Communities

September 2010

Appendices Contents

- Appendix A: Major SPF Activities Checklist
- Appendix B: BSAAS Contact Information
- Appendix C: Assessment Committee Responsibilities
- Appendix D: Review of Past Needs Assessments
- Appendix E: Data Sources for Community Needs Assessments
- Appendix F: Indicator Data for Substance Use Among M.S. & H.S
- Appendix G: Indicator Data for Substance Use Among Adults
- Appendix H: Indicator Data: Substance Use Consequences Among Youth
- Appendix I: Indicator Data: Substance Use Consequences Among Adults
- Appendix J: Assessment Report
- Appendix K: Prioritization of Problem Statements
- Appendix L: Data Collection Plan
- Appendix M: Brainstorming Contributing Factors
- Appendix N: Data Collection Methods at a Glance
- Appendix O: Resources for Human Subject Research
- Appendix P: Capturing Individual Focus Group Information
- Appendix Q: Analyzing Focus Group Information
- Appendix R: Environmental Scan and Summary Form
- Appendix S: Creating a Survey
- Appendix T: Evaluation Logic Models
 - Outcome Evaluation Logic Model Template (PIRE)
 - Capacity Evaluation Logic Model Template (PIRE)
- Appendix U: References and Resources
- Appendix V: Strategic Plan Outline
- Appendix W: Implementation and Evaluation Tools from The Community Toolbox
 - Identification of Major Implementation Components & Anticipated Outputs
 - Action Steps to Implement Major Components
 - Implementation Preparation Checklist
 - Monitoring Action Plans
 - Monitoring Component Outputs
 - Monitoring the Target Population
 - Monitoring the Collaboration Partners

- Appendix X: Fidelity Assessment Tools
 - Curriculum-based Fidelity Assessment (PIRE)
 - Environmental Strategy Fidelity Assessment (PIRE)
 - Monitoring Fidelity (The Community Toolbox)
- Appendix Y: Evaluation Design Action Plan
- Appendix Z: Process Data Analysis Templates
- Appendix AA: Analyzing Participant Observations
- Appendix BB: Plan Improvement Template
- Appendix CC: Sample Evaluation Report

Appendix A: Major SPF Activities Checklist

Community Name: _____

Person Completing Form: _____

Completion Date: _____

Step 1: Assessment

- Establish Community Epidemiological Workgroup (CEW) to oversee and conduct needs assessment
- Gather and review existing information relevant to substance abuse issues, including consequence and consumption data (State epi profile, CA/County Profile Supplement, other local data)
- Prioritize issues (based on data) and choose 1-2 priority problems
- Create a plan to collect deeper information about who, where, when, and why.
- Identify the broad categories of intervening variables that are related to your community's priority issue, and then identify the specific contributing factors that contribute most to the priority.
- Select contributing factors that have a strong relationship to the priority issue, are prevalent in your community, and for which there is community will to change.
- Engage in a capacity assessment with community team/staff re: ability to influence IVs and CFs
- Prioritize intervening variables and causal factors (based on data, resources and amenability to change)
- Complete Needs Assessment Summary

Step 2: Capacity

- Engage in an assessment with community team/staff re: local/organizational capacity to effectively engage in each of the SPF steps
- Engage in an assessment of the community's readiness to address the prioritized problem and intervening variables

Step 3: Strategic Plan

- Identify a CSPPC Planning Team (should include members from the CEW)
- Create a preliminary logic model that connects the primary outcome (your priority issue), the target populations and geographic areas, intervening variables, and contributing factors

- Identify and review evidence-based interventions (EBIs) that address selected IVs
- Assess organizational and community capacity to implement identified programs and strategies
- Assess cultural fit of EBIs
- Choose priority IVs and CFs and EBIs and update logic model
- Complete Community Strategic Plan
 - Include a plan to address priority problems and identified capacity issues
 - Include a plan and timeline for implementation of overall plan and chosen EBIs
 - Complete a funding plan for the next several years.

Step 4: Implementation

- Reassess cultural fit of chosen EBIs and modify if needed
- Monitor implementation of overall plan and individual EBIs
- Periodically review assessment of implementation with planning group
- Make adjustments to overall implementation plan and implementation of specific EBIs as needed

Step 5: Evaluation

- Establish an Evaluation Workgroup. Consider using members from your CEW.
- Determine evaluation outcome and process questions to be answered.
- Determine measures for each of the IVs and specific CFs. If possible, use measures from Step 1.
- Develop an overall evaluation plan for both process and outcomes
- Develop a timeline and work plan for evaluation activities
- Create databases to track key process measures and outcome measures
- Analyze data
- Review results with planning group and create reports for various stakeholders

Appendix B: Michigan BSAAS Contact Information

MDCH Bureau of Substance Abuse and Addiction Services (BSAAS)

SPF SIG Director	Larry P. Scott	scottlp@michigan.gov
SPF SIG Coordinator	Carolyn Foxall	foxallc@michigan.gov
SEW Staff Liaison	Brenda Stoneburner	stoneburnerb@michigan.gov

Appendix C: CEW Roles/Responsibilities

Community: _____

Committee Member	Affiliation	Role/Responsibility

Appendix D: Review of Past Needs Assessments

Community Name: _____
 Person Completing Form: _____
 Completion Date: _____

Once you have collected the past assessments that have been conducted in your community, fill out the grid below.

Who conducted it and when?	What geographic area did it cover?	What age group(s) did it cover?	What type of information is in the assessment?	What were the key findings relevant to substance abuse prevention?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

List any regions in your community in which an assessment that included substance abuse has not been conducted and why (if known):

Appendix E: Data Sources for Community Needs Assessments

Note: The table below presents data sources and links for several indicators related to the State Prevention Framework/State Incentive Grant (SPF/SIG) priority problem, *Alcohol-Related Traffic Crash Deaths*. These indicators were identified by the State Epidemiological Workgroup (SEW) as relevant for providing information that will aid in assessing the burden of alcohol-related traffic crashes and its related problems, i.e. injuries, deaths, arrests, adjudication, underage drinking, and other consumption problems, on communities. These data sources were included in this table primarily due to state level availability and the ability to access sub-state level data. Coordinating Agencies should utilize these sources as a guide as well as any additional regional and local data to identify communities of impact within their regions. The SEW will continue to forward data sources to CAs for needs assessment purposes as they become available. CAs may also share unique data sources and ideas with other CAs and ODCP throughout the SPF/SIG project.

Indicator	Data Type	Level of Analysis	Latest Year	Population	Simplicity of data system	Data Source
Alcohol-Related Traffic Crash Deaths and Injuries	# of deaths	County, Township	2008	All ages by county only	Simple	Michigan Traffic Crash Facts http://www.michigantrafficcrashfacts.org/ http://www.michigan.gov/msp/0,1607,7-123-1645_3501---,00.html
Alcohol -Related Traffic Deaths	# of deaths, percent of deaths	National, State, County	2008	Total population	Medium	Fatality Analysis Reporting System (FARS) http://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx
Alcohol Use; Current Use, Binge Drinking, Perceived Risk of Use	% use	Region	1999 – 2007 (collapse rate)	12 – 17, 18 – 25, 26 or older (1999-2001) All age groups (2002-2007)	Simple	National Survey on Drug Use and Health (NSDUH) http://oas.samhsa.gov/statesList.cfm click on MI and year of interest http://oas.samhsa.gov/metro.htm http://oas.samhsa.gov/substate2k6/substate.pdf
Alcohol Use; Binge Drinking, Heavy Drinking	% use	Region, Health Department	2005	Total adult population, 18 - 64	Simple	Behavioral Risk Factor Survey (BRFS) www.michigan.gov/mdch (choose published reports and surveys in left panel)
Youth Alcohol and Substance Use; Binge Drinking, Heavy Drinking, risk of harm, attitudes about substance use, etc.	% use, % type of access, % attitudes, etc.	County, School district (MiPHY); State (YRBS)	2010 2009	Middle school and high school students	Simple	Michigan Healthy Youth Profile (MiPHY) http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html Click on reports Youth Risk Behavior Survey (YBRS) (link is after reports on page above)

Appendix E (cont'd): Data Sources for Community Needs Assessments

Indicator	Data Type	Level of Analysis	Latest Year	Population	Simplicity of data system	Data Source
Alcohol, Tobacco and Drug Use	% use	Region	2001	High School Students	Simple	Michigan Substance Abuse Risk and Protective Factor Survey (SARPFs); Office of Drug Control Policy (ODCP) http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_29888-46477--,00.html
			2010			Michigan Healthy Youth Profile http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html
Liquor License	# of liquor licensees and violations	County	2006	Total Population	Medium	Liquor Control Commission (LLC) www.michigan.gov/cis Violations: http://www.michigan.gov/cis/0,1607,7-154-10570_15039---,00.html http://www.michigan.gov/cis/0,1607,7-154-10570_12905---,00.html
Alcohol and Drug Involved Arrest and Convictions	# of arrests and convictions	County	2005	Under 21 and over 21	<i>Simple</i>	<i>Michigan State Police; Michigan Drunk Driving Audit</i> http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4626-27728--,00.html
DUI and other crimes arrest data	# of arrests	County and Township/City Police Departments	2004	All age groups	<i>Simple</i>	<i>Michigan State Police; Uniform Crime Reports</i> http://www.michigan.gov/documents/Cg-arr04_140090_7.pdf

Appendix E (cont'd): Data Sources for Community Needs Assessments

Indicator	Data Type	Level of Analysis	Latest Year	Population	Simplicity of data system	Data Source
Lung Cancer Cases and Deaths	# of Cases and Deaths	County, Local Health Department	2004	Total Population	<i>Simple</i>	<i>Lung Cancer Incidence and Mortality Trends, MDCH Vital Statistics</i> http://www.mdch.state.mi.us/pha/osr/chi/cancer/frame.asp?Topic=5&Mode=1
Other ATOD Social Indicators	Rates	County	2002	Varying age groups	<i>Simple</i>	<i>Assessing Substance Abuse Prevention Needs in Michigan Counties – A study Using Social Indicators – ODCP</i> http://www.michigan.gov/mdch/0,1607,7-132-2941_4871-59279--,00.html
Other ATOD consequences by ICD-10 codes	# of deaths, rates	County	1999-2002	All age groups	Medium	CDC Wonder http://wonder.cdc.gov/mortICD10J.html
Other Alcohol Related deaths	# of deaths	County	Varying	All age group	Complex	Alcohol-related Disease Impact System (ARDI) http://apps.nccd.cdc.gov/ardi/HomePage.aspx
Alcohol and Drug Related Poison Cases	# of Case	County	2005	Total Population	Medium	Poison Control Centers http://www.mitoxic.org/pcc/petsplants/ http://www.mitoxic.org/pcc/MPCSSStats.pdf
Drug-Related Emergency Department Visits and Deaths		Metropolitan Areas only		Total Population	Simple	Drug Abuse Warning Network (DAWN) http://dawninfo.samhsa.gov/
Population Statistics		County	2005	All age group	Medium	US Census Bureau http://quickfacts.census.gov/qfd/states/26000.html

Appendix F: Indicator Data for Substance Use Among Middle and High School Students

Indicator	Overall Rate of use, Year ____	Group with highest rates, Year ____	Compared to state?	Other notes
Lifetime use: alcohol			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use: marijuana			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime misuse: prescription drugs			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use: alcohol			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use: marijuana			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day misuse: prescription drugs			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 2-week participation in binge drinking by grade			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 2-week participation in binge drinking by gender			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Age first tried alcohol			N/A	Changes over time?
Age first tried marijuana			N/A	Changes over time?

Appendix F (cont'd): Indicator Data for Substance Use Among Middle and High School Students

Substances of greatest concern in our community:

Subpopulations/age groups of particular concern in our community:

Substances consumed in our community at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

Appendix G: Indicator Data for Substance Use Among Adults

Indicator	County/Community: Rate of use	State: Rate of Use	Compared to state?	Other notes
Lifetime use among adults: alcohol			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use among adults: marijuana			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Lifetime use among adults: prescription drugs			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use among adults: alcohol			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day use among adults: marijuana			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 12-month participation in binge drinking			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 30-day participation in binge drinking			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Previous 12-month binge drinking by gender (not available for all counties)			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Individuals crossing the threshold for prescription drugs	Female: Male:	Female: Male:	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	
Median age of individuals crossing the threshold			<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	

Appendix G (cont'd): Indicator Data for Substance Use Among Adults

Substances of greatest concern in our community:

Substances consumed in our community at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

Consequences of concern in my community among particular subpopulations/age groups:

Appendix H: Indicator Data for Substance Use Consequences Among Youth

Indicator	Rate of consequence in most recent year: <u>County/Community</u>	Compared to state?	Trends over time?	Other notes
Juvenile arrests for alcohol violations		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Juvenile arrests for drug violations		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Suspensions/removals due to alcohol or drugs	N/A	<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	N/A	

Consequences of concern in my community:

Consequences in which my community exceeds the state:

Consequences where we need more information (such as who, what, where, why and when):

Appendix I: Indicator Data for Substance Use Consequences Among Adults

Indicator	Rate of consequence in most recent year: <u>County/Community</u>	Compared to state?	Trends over time?	Other notes
Rates of reported crimes per 1,000 people, by type		N/A	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Arrests for alcohol violations, age 18 and older		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Adult OUI arrests, age 18 and older		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Arrests for drug violations, age 18 and older		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total fatal crashes over 5 years that were alcohol-related		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	Compared to other counties?
Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Deaths by underlying cause		N/A	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Overdose deaths		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Treatment admissions (all ages)		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	

Appendix I (cont'd): Indicator Data for Substance Use Consequences Among Adults

Indicator	Rate of consequence in most recent year: <u>County/Community</u>	Compared to state?	Trends over time?	Other notes
Percent of total treatment admissions (18 and older) involving alcohol		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total treatment admissions (18 and older) involving marijuana		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties)		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	

Consequences of concern in my community:

Consequences of concern in my community among particular subpopulations/age groups:

Consequences in which my community exceeds the state:

Consequences where we need more information (such as who, what, where, why and when):

Appendix J: Assessment Report

County Name:

Person Completing Form:

Completion Date:

Section 1: What you learned initially

From your initial review of existing data and prior assessments,

1. What consumption patterns are of particular concern in your county? Why? Among which population(s)? Please make sure you list the data and sources of your information.

2. What consequences are of concern? Why? Please make sure you list the data and sources of your information.

3. What knowledge gaps exist?

Note: Before completing Section 2, you must have completed your additional information collection efforts (i.e., Sections 3 and 4 in the Needs Assessment Step).

Section 2: Putting it all together

Coalitions funded by BSAAS are expected to include in their assessment and strategic plan the priorities identified in Michigan's State Strategic Plan.

The table that follows can be modified to identify community factors that contribute to *State identified priority problems* or other local problems. The areas in which you will be looking for linkages between contributing factors and consumption and consequences are as follows:

- **Enforcement** includes the enforcement of the rules, laws and policies surrounding substance use and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate the rules, laws and policies.
- **Retail access/availability** refers to the accessibility of alcohol, tobacco and drugs from retail sources (i.e., where money is exchanged).¹ Examples are: the ability of underage youth to obtain alcohol from stores as well as the ease of purchasing alcohol for adults; and, the sale of drug paraphernalia, such as rolling papers.
- **Social access/availability** refers the access one has to substances through social networks. In this case money is rarely exchanged. For example, parents who throw house parties provide social access to alcohol for youth.
- **Price** refers to economic availability such as special deals and discounts for alcohol in particular, such as "2 for 1" specials or discounted happy hour prices.
- **Promotion** attempts to increase the attractiveness of drinking, smoking or using illicit drugs.² It can include advertising that promotes excessive, illegal and/or unsafe use as well as sponsorship of events that promote excessive, illegal and/or unsafe use.
- **Perceived risk** - if individuals do not feel substance use poses a great risk, they tend to underestimate the potential consequences. For example, if individuals believe that they won't get in a crash while driving under the influence, they may be more likely to engage in that behavior.
- **Social norms** are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.³
 - *Family norms* include parental attitudes towards substances (e.g. kids will be kids), parental monitoring and involvement, parental/sibling use of substances.
 - *Community/peer norms* include attitudes of peers and adults in the community towards substance use (e.g. belief that most people drink/use drugs or that social events must include substances), peer/community use of substances, and the perceived social benefits of substance use (the "coolness" factor).

¹ A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

² A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

³ A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

Contributing Factors for:

In your community, is there a connection between the following intervening variables and your priority problem?	If yes, what is the connection (contributing factors) and how do you know this? What are the supporting data?
Enforcement	
Retail access	
Social access	
Promotion	
Perceived risk of harm of use	
Community norms	
Family norms	

Section 3: Capacity Assessment

1. Which areas of capacity (strengths) will assist you in the development of your strategic plan?

2. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years and why?

Appendix K: Prioritization of Problem Statements

Prioritization of Problem Statements: Scoring Form

Group: _____ Problem Statement # _____

A. <u>Capacity/Resources:</u>	1	2	3	4	5
No Capacity					Adequate Capacity
B. <u>Readiness/Political Will:</u>	1	2	3	4	5
No Readiness/ Political Will Evident					Readiness & Political Evident
C. <u>Preventability/Changeability:</u>	1	2	3	4	5
Not Changeable/ Preventable					Highly Changeable/ Preventable

Capacity/Resources: This is in reference to the 1.) Availability of human, institutional, and financial resources and 2.) The commitment of these resources to address relevant issues in a manner determined to be effective.

Readiness/Political Will: In reference to the 1.) Current level of awareness, concern, and public/political/organizational interest that support the issue and 2.) The public/political level of acceptability and support associated with addressing the issue

Preventability/Changeability: In reference to the 1.) Opportunities to affect present or future burden 2.) Feasibility to prevent or control specific outcome 3.) Scientific evidence about effectively changing this issue and 4.) The application of this knowledge to current context

Group Total Scoring/Report Out Form for Prioritizing Problems

Group: _____

Problem Statement # _____

Two-Word Summary of Primary Issue: _____

A. Group Average Score by Criteria

Preventability/Changeability: _____

Readiness/Political Will: _____

Capacity/Resources: _____

OVERALL AVERAGE SCORE FOR PROBLEM STATEMENT: _____

The verbal report out is to be as follows:

“For problem statement # (x), which deals with *(fill in a one sentence statement on what the overall problem statement is about)*, the overall average for the group score on capacity/resources was (x); the overall average group score on readiness/political will was (x), and the overall average group score for preventability/changeability was (x). This led to a total overall average prioritized score for this problem statement of (x).”

Appendix L: Information Collection Plan⁴

Community Name: _____
 Person Completing Form: _____
 Completion Date: _____

Research Questions	Information Source	Collection Procedure	Timeline	Persons Responsible
What do else do we need to know? (this should be driven largely by gaps that exist in knowledge related to intervening variables and their contributing factors)	From whom or from what will you get the information?	What methodology will be used to collect the information? (e.g., focus groups, interviews)	When will the information be collected?	Who will gather the information?

⁴ Harris, Meena. "Phase III: Designing a Data Collection Plan" "Safe and Drug-Free School Handbook for Program Evaluation: A Guide to Understanding the Process" 60-61, 2 August 2006

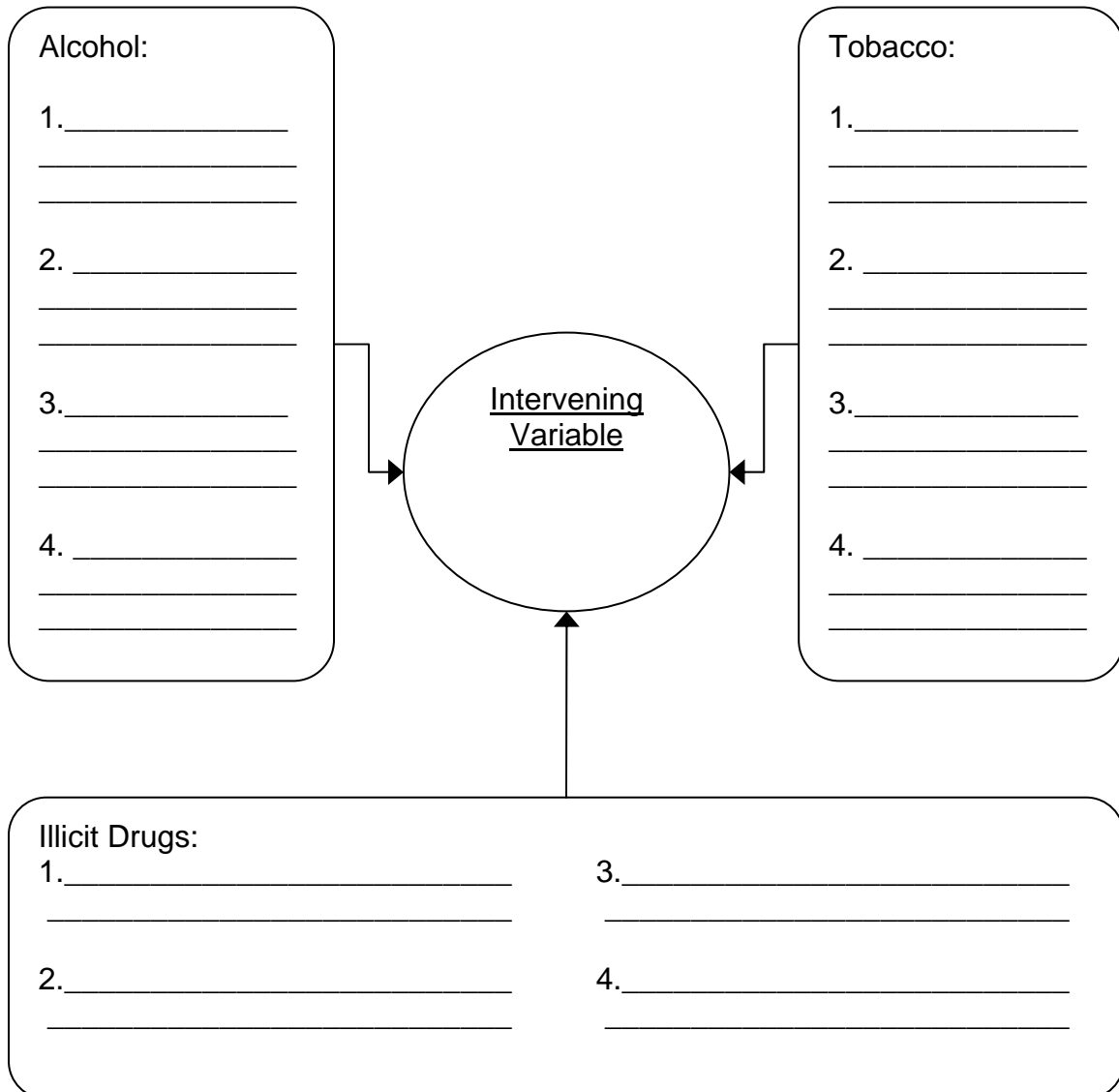
Appendix M: Brainstorming Contributing Factors

Community Name: _____

Person Completing Form: _____

Completion Date: _____

List POSSIBLE factors that contribute to each intervening variable:



Appendix N: Data Collection Methods at a Glance

Method	Pros	Cons	Costs	Time to Complete	Response Rate	Expertise Needed
Interviews – face to face and open ended	Gather in-depth, detailed info.; info. can be used to generate survey questions	Takes much time and expertise to conduct and analyze; potential interview bias possible	Inexpensive if done in house; can be expensive to hire interviewers and/or transcribers	About 45 min. per interview; analysis can be lengthy depending on method	People usually agree if it fits into their schedule	Requires good interview/conversation skills; formal analysis methods are difficult to learn
Open-ended questions on a written survey	Can add more in-depth, detailed info. to a structured survey	People often do not answer them; may be difficult to interpret meaning of written statements	Inexpensive	Only adds a few more minutes to a written survey; quick analysis time	Moderate to low	Easy to content analyze
Focus groups	Can quickly get info. about needs, community attitudes and norms; info. can be used to generate survey questions	Can be difficult to run (need a good facilitator) and analyze; may be hard to gather 6 to 8 people together	Inexpensive if done in house; can be expensive to hire facilitator	Groups themselves last about 1.5 hours	People usually agree if it fits into their schedule	Requires good interview/conversation skills; technical aspects can be learned easily
Self-administered surveys (paper, web-based)	Anonymous; inexpensive; easy to analyze; standardized, so easy to compare with other data	Results are easily biased; misses info.; drop out is a problem for analysis	Moderate	Moderate, but depends on system (mail, distribute at school)	Moderate, but depends on system (mail has the lowest)	Little expertise needed to give out surveys; some expertise needed to analyze and interpret the data

Method	Pros	Cons	Costs	Time to Complete	Response Rate	Expertise Needed
Face-to-face structured surveys	Same as paper and pencil, but you can clarify responses	Same as paper and pencil but requires more time and staff time	More than telephone and self-administered surveys	Moderate to high	More than self-administered survey (same as telephone survey)	Need some expertise to implement a survey and to analyze and interpret the data
Archival trend data	Quick; inexpensive; a lot of data available	Comparisons can be difficult; may not show change over time	Inexpensive	Quick	Usually very good but depend on the study that collected them	No expertise needed to gather archival data, some expertise needed to analyze and interpret the data
Record review	Objective; quick; does not require program staff or participants; preexisting	Can be difficult to interpret, often is incomplete	Inexpensive	Time consuming	Not an issue	Little expertise needed; coding scheme may need to be developed

Appendix O: Resources for Human Subject Research

An Institutional Review Board (IRB) helps to ensure that research involving human subjects will not create undue harm or burden on the people involved. It also ensures that confidential information is protected and secure, and that participants are properly informed of their rights, the purpose of the research and that they can refuse to participate at any time.

Determining whether something is research that involves human subjects can be surprisingly complicated and depends on a variety of factors. There are a number of questions to think about as you determine whether you will need IRB approval:

1. Do you intend to collect information and then present it to a public audience or at a conference?
2. Do you intend to publish findings or disseminate information based upon your work?
3. Will you be conducting interviews, surveys or focus groups?
4. Will you need access to sensitive data or records?
5. Is there any way to link the data you plan to collect with identifying information?
6. Are you seeking grant funding?

If the answer to any of these questions is "yes" your work **may** require IRB review. The following website includes decision charts that can also help you decide if you need to contact an IRB for more guidance:

<http://www.hhs.gov/ohrp/humansubjects/guidance/decisioncharts.htm#c1>

The Bureau of Substance Abuse and Addiction Services can help decide if you need to have an IRB review your evaluation protocols (surveys, focus group questions and procedures, etc.). The IRB may also issue Exemption reviews, meaning they will confirm that your work does not meet the requirements that would necessitate a full review. For more information, visit the Michigan Department of Community Health's IRB website: http://www.michigan.gov/mdch/0,1607,7-132-2945_32550---,00.html.

Appendix P: Capturing Focus Group Information

Community Name: _____

Person Completing Form: _____

Completion Date: _____

Use this summary sheet to summarize your impressions after each focus group.

Facilitator: _____

Date: _____

Focus Group: _____

Number of Participants: _____

What were the main themes, issues, and reactions you witnessed during this session?

What key points resonated with other information you have collected?

What, if any, key points contradict other information you have collected?

Appendix Q: Analyzing Focus Group Information

Community Name: _____

Person Completing Form: _____

Completion Date: _____

*Use this summary sheet to help capture the general themes that emerged from **all** your focus groups, as well as differences that you noticed.*

How many focus groups did you conduct?

How many participants attended in total?

List the categories of people that attended the focus groups:

What were the common themes?

...regarding drinking?

...regarding marijuana use?

...regarding misuse of prescription drugs?

...regarding other substances/topics?

What did you learn about your intervening variables and contributing factors?

Were there any significant differences in among the various focus groups? If yes, please describe.

Appendix R: Environmental Scan and Summary Form

PIRE 03/19/08, modified 5/2010

OVERVIEW AND GUIDANCE: COMMUNITY SCAN

This Community Scan tool may be used for assessment and planning purposes in order to help identify and address features and factors in the community that contribute to alcohol use and alcohol-related problems.

The scan may be conducted by coalition members and staff or by volunteers, including youth or others whom coalition members have relationships with or access to. For an example of involving youth in conducting a community scan see: *Albert Einstein AMA-MSS Chapter Proposal to Address the Issue of Underage Drinking*, http://www.ama-assn.org/ama1/pub/upload/mm/15/underage_drinking.doc The document contains a section entitled, *The Community Profile Project: A Community Action Guide for Documenting Local Alcohol Environmental Risk Factors*.

For many of the questions in this Community Scan Tool, coalition members will know the answers and be able to document that information directly. Some questions, however, may require coalition members to contact someone who can provide the relevant information. In addition, answering certain questions in this tool will require taking a tour of your community to identify and record, for example, the location of alcohol outlets and alcohol advertisements.

Different approaches have been used to conduct such tours, or scans, of communities, and the approach you choose may include walking, biking, or driving, depending on what works well for you and your community. Similarly, there are different approaches for selecting the areas of your community on which you will focus the scan (e.g., maps may assist in identifying and assigning areas for certain members or teams of members to scan), especially if it is not feasible to tour, and document information for, the entire community. If only a portion of the community will be scanned, it may be desirable to visit a variety of areas (e.g., scan three types of areas: a residential area, a commercial area, and around a school(s)).

Additional resources regarding alcohol use, community scans, and related instruments are noted here. You may decide to use one of these other tools instead of or in addition to this Community Scan. Because information collected through community scans may suggest targets for intervention and assist in identifying appropriate strategies, the resource list provided below also includes information on alcohol-related policies and other prevention strategies.

ADDITIONAL RESOURCES

- ❖ **Community Anti-Drug Coalitions of America (CADCA):** <http://cadca.org>
This site contains information on environmental strategies for addressing alcohol use, including policies and media strategies.
- ❖ **FACE:** <http://www.faceproject.org>
This site contains information and numerous resources on a variety of alcohol issues, including environmental strategies for addressing alcohol use. Under the site's Resources link, several Community Action Kits are available, including a general community scan tool and a community scan tool for college campuses.

❖ **The Marin Institute:** <http://www.marininstitute.org>

This site provides information on efforts to combat the promotion of alcohol.

❖ **Underage Drinking Enforcement Training Center:** <http://www.udetc.org>

This site provides information on environmental strategies and enforcement strategies for underage drinking. Under its Community Based Programs link, the site contains several Survey and Community Assessment Tools.

❖ **University of Minnesota Alcohol Epidemiology Program:**

<http://www.epi.umn.edu/alcohol>

This site contains information on environmental strategies for alcohol use, including model policies.

Community Scan Form (PIRE)

In filling out this Community Scan tool, for the questions that require a Yes/No response, please circle the appropriate answer. For the open-ended questions, please provide detailed information.

ACCESS: The first several questions address how alcohol is sold in your community. If your community does not have one of the retail sources mentioned, write "N/A," not applicable, for Question 1 and skip the remainder of the column. Similarly, if your community has a retail source but alcohol is not sold there, answer Question 1 and skip the remainder of the column.

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores	Festivals/ Events
1. Is alcohol sold in these outlets in your community?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
2. How many of these alcohol outlets are there in your community?						
3. Are there restrictions on the days and/or hours they can sell alcohol/be open?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3a. Describe these restrictions.						
4. In general, what days and hours are these outlets open?						
5. Are there restrictions on where they can be (e.g., proximity to schools)?	Yes No	---	Yes No	---	---	
5a. Describe these restrictions.						
6. Are there restrictions on how many outlets can be in your community?	Yes No	---	Yes No	---	---	

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores	Festivals/ Events
6a. Describe these restrictions.	---		---		---	
7. Do they sell alco-pops?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
8. Do they sell single unit sales (e.g., single cans of beer)?	---	---	Yes No	Yes No	Yes No	---
9. Do they have happy hours with discounted drinks?	Yes No	Yes No	---	---	---	Yes No
10. Do they have "all you can drink" specials?	Yes No	Yes No	---	---	---	Yes No
11. Do they have "two for one" drink specials?	Yes No	Yes No	---	---	---	Yes No
12. Do they promote large serving sizes and/or pitchers?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
13. Do they have "Must Be 21 to Purchase Alcohol," "No Sales to Minors," and/or "We ID" signs?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

14. If alcohol is sold at concert venues, festivals, sporting events, or other community events, what kind of alcohol is sold at these places?

15. Where are alcohol outlets and bars located (e.g., near schools, parks) in your community?

16. Is alcohol use permitted in public places (e.g., parks, concerts, sporting events, parking lots) in your community?

17. Are people permitted to bring their own alcohol to community events?

18. Are discarded alcohol cans and bottles found in public places (e.g., parks, trails, parking lots) in your community?

19. Are beer kegs registered and tracked in your community?

PROMOTION SCAN (PIRE): The next several questions address alcohol advertising in your community. Various approaches may be used to complete the following table. For example, providing information regarding alcohol promotion on the radio, on TV, websites for local groups and in the newspaper may involve members or teams of members dividing responsibilities for collecting information on these sources (e.g., listening to a variety of radio stations, collecting newspaper clips).

	In your community, is alcohol promoted: Circle Yes or No and Comment on any noteworthy features (If one of the sources does not exist in your community, write "NA")	Are specific groups targeted (e.g., underage youth and young adults)?
20. on the radio	Yes No	Yes Which group(s)? No
21. on TV commercials	Yes No	Yes Which group(s)? No
22. in the newspaper	Yes No	Yes Which group(s)? No
23. inside stores and restaurants and on the outside of bars, stores, and restaurants	Yes No	Yes Which group(s)? No
24. at sporting events	Yes No	Yes Which group(s)? No
25. at other community events	Yes No	Yes Which group(s)? No
26. on billboards	Yes No	Yes Which group(s)? No
27. OTHER (Describe)		Yes Which group(s)? No

28. Where are billboards that advertise alcohol located in your community (e.g., near schools, parks)?

29. If not already described in the table above, where are other print advertisements of alcohol located in your community (e.g., kiosks, on public transportation)?

30. Please note additional observations or comments about your community environment that you feel are relevant to alcohol use and consequences in your community.

Community Scan Summary: UAD

Community Grantee:

Date scan was completed:

PIRE 03/19/08, modified 5/2010

1. What are the three most significant things you learned (or confirmed) from this activity?	
2. Did you learn anything that was a surprise to you?	
3. What useful information did you obtain about causal factors for underage drinking?	
a	Easy access to alcohol
b	Promotion and pricing
c	Other causal factors not listed above
4. What useful information did you obtain about causal factors for high risk alcohol use by persons under age 26 (if this priority was addressed)?	
a	Easy access to alcohol
b	Promotion and pricing
c	Other causal factors not listed above

5. Were any insights gained on promising strategies or ideas on how best to address important causal factors?

--

6. Do you have any other summary observations or comments on what was learned and/or the usefulness of the community scan to your planning and capacity building efforts?

--

7. What follow-up activities related to this effort (if any) were identified?

--

Appendix S: Creating a Survey

Although there are volumes written about how to design and administer surveys, The American Statistical Association has several brochures about survey research on its web site, <http://www.amstat.org/sections/srms/whatsurvey.html>, including the following:

- How to plan a survey.
- How to collect survey data.
- Designing a questionnaire (another name for a survey).
- Telephone surveys.
- Mail surveys.
- Pre-testing surveys (administering the survey to a few people to work out the bugs).

It is best to use existing instruments (see other resources in appendix), if available and cost effective, as they have already been tested for reliability and validity. However, you may choose to develop your own survey. The following are guidelines to consider:

- Be brief
 - Use simple and grammatically correct language
 - Watch out for words with double meanings or words that are easily confused
 - Avoid complex sentences
 - Avoid negative questions (do you not like...)
 - Minimize yes/no questions
 - When asking people to rate their agreement with a statement or rate their opinion, use at least a five point rating system, i.e., a scale of 1 to 5 and define what the numbers mean. This commonly referred to as a Likert scale.
 - Define what *each* level of the scale means (e.g., 1= poor, 2= fair, 3= good, 4= very good, 5= excellent)
 - Repeat the scale if you continue beyond original page
 - Be sensitive to minority or subculture groups and with personal items
 - Keep questions and corresponding answers on the same page
 - Group similar response formats and themes together
 - Consider what demographic information you need and how it will be useful. If you don't need it, don't ask for it.
 - Consider spacing and layout (e.g., easy to read, pleasant in appearance, indent answers separately from questions). If using a web survey, consider breaking it up into several pages.
 - Consider use of graphics, words of encouragement, thank you at the end
 - Do not use abbreviations or acronyms unless you define them (e.g., Qty, RBS).
 - Whenever possible, include an "other" category with a blank space for respondents to provide more information (e.g., Other, please specify:_____)
 - Use judgment about using complex formats (e.g., if you answer no, go to question #...)
- Pilot the instrument to get feedback and make adjustments before full implementation.

Appendix T: Evaluation Logic Model Templates

Outcome Evaluation Logic Model

Goal:					
Sub-goal:					
Intervening variables (IV)	Contributing factors (in the form of a problem statement)	Data indicators; data used to determine this was an issue	Strategies (specific overall strategy that will be implemented to address the contributing factor)	Data to track impact of strategy on contributing factors; how will you know if strategy succeeded?	Data to track impact of strategies on consequences/ consumption

Capacity Evaluation Logic Model Template

What needs to be strengthened?	How will it be strengthened?	How will you document your capacity building activities?	How will you know whether capacity needs have been strengthened?

Appendix U: References & Resources

"A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

"Building Drug Free Communities: A Planning Guide". Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001.

Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations" New Grantee Workshop

Chinman, Matthew, Pamela Imm, and Abraham Wandersman. Getting to Outcomes 2004. Santa Monica, CA: RAND Corporation, 2004.

"Community Tool Box", University of Kansas. 29 Aug 2006 <<http://ctb.ku.edu/>>

"Active or Escrowed Liquor Licensees", Michigan Liquor Control Commission (MLCC) <<http://www2.dleg.state.mi.us/llic/>>.

"Data Collection Methods: Getting Down to Basics." June 12, 2006. Center for Application of Prevention Technology.

Feathers, Paula and Michelle Fry. "Capacity Training: New Mexico Strategic Prevention Framework State Incentive Grant." Southwest Center for Applied Prevention Technologies, January 25, 2006.

Feathers, Paula. "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant", Southwest Center for Applied Prevention Technologies, February 22, 2006.

Harris, Meena. "Safe and Drug-Free School Handbook for Program Evaluation." Florida Institute of Education, University of North Florida. <<http://www.unf.edu/dept/fie/sdfs/evaluation.html#handbook>>.

How Do We Know We Are Making A Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook, Boston, MA: Join Together, 2005. <<http://www.indicatorshandbook.org/>>

Karraker, David, and Hornby, Helaine. "A Planning Journey: Roadmap for Conducting Community Assessments." (1994).

Lowther, Mike and Johanna D. Birckmayer, "Outcomes-Based Prevention". Multi-State Technical Assistance Workshop, Washington, DC. March 16, 2006.

Needs Assessment & Strategic Planning – Community How to Guide on Underage Drinking Prevention, National Highway Traffic Safety Administration, March 2001.

Outcomes-Based Prevention: Using Data to Drive Prevention Planning, Implementation, Monitoring and Improvement. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop, Washington, DC: March 16-17, 2006.

"Reducing Underage Drinking: A Collective Responsibility", Ed. Richard J. Bonnie and Mary Ellen O'Connell, Washington, DC: National Academies Press, 2004.

"San Juan County Partnership: SPF Strategic Plan." Learning Community Materials¹⁴ April 2006. Southwest Center for the Application of Prevention Technologies. ¹ Aug 2006
<http://webcache.googleusercontent.com/search?q=cache:14qBI3_SoCoJ:captus.samhsa.gov/southwest/documents/SJCP_SPF_STRATEGIC_PLAN_April_2006.doc+San+Juan+County+Partnership:+SPF+Strategic+Plan&cd=1&hl=en&ct=clnk&gl=us>.

State of Maine Department of Health and Human Services. Office of Substance Abuse. Guide to Assessing Needs and Resources and Selecting Science-Based Programs. Portland, ME: Hornby Zeller Associates, Inc., 2003.
<<http://www.maine.gov/dhhs/osa/prevention/community/spfsig/index.htm>>

State of Michigan Department of Health and Human Services. Office of Substance Abuse. Draft Maine Substance Abuse Prevention Strategic Prevention Framework Plan 2006-2010. Augusta, ME: 2006.

State of Maine Department of Health and Human Services. Office of Substance Abuse. Request for PropODCPI: Strategic Planning and Environmental Programs Approach for Substance Abuse Prevention. Augusta, ME: 2006.

US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Prevention Works! A Practitioner's Guide to Achieving Outcomes. Rockville, MD: CADCA, 2001.

US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop.

Welcome to the New Mexico Strategic Prevention Framework State Incentive Grant: Assessment Training. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

Additional Implementation Guidelines for Environmental Strategies

Environmental Strategies: Selection Guide, Reference List, and Examples of Implementation Guidelines. Prepared by: Kristianna Pettibone, Shelly Kowalczyk, MSPH, and Linnea Laestadius, The MayaTech Corporation.

https://www.spfsig.net/public_general/ShowDocuments.asp?category=23&Category_type=PublicGeneral (click on Environmental Strategies and then Environmental Strategies Binder for a review of the research on various environmental strategies).

Excel spreadsheet prepared by a APF SIG cross-site team detailing recommended components for 22 environmental strategies

https://www.spfsig.net/public_general/ShowDocuments.asp?category=23&Category_type=PublicGeneral (click on Implementation Fidelity, then User's Guide and then file: ESIF_ guideline tables_rating fields

Imm, Pamela; Chinman, Matthew; Wandersman, Abraham; Rosenbloom, David; Guckenbug, Sarah; Leis, Roberta. (2007). *Preventing Underage Drinking: Using Getting to Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results*. RAND Corporation at

http://www.rand.org/pubs/technical_reports/2007/RAND_TR403.pdf. Includes implementation tools and starting on page 115, reviews strategies for addressing underage drinking.

Additional Implementation Tools

Alliance for Non-Profit Management Resource Center: resources for cultural competency
<http://www.allianceonline.org/knowledgebase/index.php>

Community Anti-Drug Coalitions of America. (2008). *Implementation Primer: Putting your plan into action* at <http://www.cadca.org/resources/detail/implementation-primer>

The Community Toolbox provided by the University of Kansas at <http://ctb.ku.edu/en/>

Fieldstone Alliance has a resource page for non-profit leadership and management. There are several articles on the recruitment and retention of volunteers.
<http://www.allianceonline.org/knowledgebase/index.php>

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), <http://www.nrepp.samhsa.gov/index.asp> includes research findings for strategies and programs highlighting the specific changes that occurred and populations included in the studies.

Additional Evaluation Resources

American Evaluation Association resources: <http://www.eval.org/resources.asp>

Community Anti-Drug Coalitions of America. (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation* at <http://www.cadca.org/resources/detail/evaluation-primer>.

Free Resources for Program Evaluation and Social Research Methods website:
<http://gsociology.icaap.org/methods/>

Chinman, Matthew; Imm, Pamela; Wandersman, Abraham (2004) *Getting to Outcomes 2004: Promoting Accountability through Methods and Tools for Planning, Implementation, and Evaluation*. http://www.rand.org/pubs/technical_reports/TR101/ Click on [report](#) for document (see chapters 6-9 for evaluation) and [Appendices](#) for surveys, tools, etc. there are also fillable forms.

Imm, Pamela; Chinman, Matthew; Wandersman, Abraham; Rosenbloom, David; Guckenburg, Sarah; Leis, Roberta. (2007). *Preventing Underage Drinking: Using Getting to Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results*. RAND Corporation at http://www.rand.org/pubs/technical_reports/2007/RAND_TR403.pdf.

McNamara, Carter. (1997-2007). Pitfalls to Avoid, Adapted from the *Field Guide to Nonprofit Program Design, Marketing and Evaluation*. Retrieved May 28, 2007 at www.managementhelp.org/evaluatn/fnl_eval.htm

McNamara, Carter. (Fall, 2003). A Basic Guide to Program Evaluation, *The Grantsmanship Center Magazine*.

Patton, Michael Quinn. (2008). *Utilization focused evaluation, 4th edition*. Sage Publications.

Poister, Theodore, H. (2003). *Measuring performance in public and nonprofit organizations*. Jossey-Bass.

United Way. (1996). *Measuring Program Outcomes: A practical approach*.
<http://www.liveunited.org/outcomes/resources/>

Urban Institute. (2003). *Key Steps in Outcome Management*.
<http://www.urban.org/publications/310776.html>

W. K. Kellogg Foundation. (January, 1998). *Evaluation Handbook and Logic Model Development Guide*. <http://www.wkkf.org/knowledge-center/Resources-Page.aspx>

Appendix V: Suggested Strategic Plan Outline

- Introduction
- Identification of the priority problem(s) to be addressed;
- A description of the purpose of the proposed SPF Community Strategic Plan;
- Relationship of this project to other CA and community prevention activities;
- A description of the community to be impacted including demographics, geography etc.;
- An overview of the evidence supporting the choice of priority issues.
- A description of how the needs assessment was used to select evidence based programming policies and practices to be implemented and how they were selected;
- Evidence that the chosen strategy may impact the identified intervening variables.
- A description of how the Community Strategic Plan will address population-based and community level change;
- A description of capacity and resources needed for the plan including a detailed budget;
- A description of training needs;
- A description of barriers to implementing the Community Strategic Plan and how these barriers will be addressed;
- A description of the collaborative relationship among community partners and stakeholders and how to these community partners contributed to the Community Strategic Plan effort, (e.g., joint planning, sharing of resources, joint training, joint funding, memoranda of understanding);
- A plan for the application of cultural competency in the development and implementation of the plan; and
- A description of desired community-level Community Strategic Plan outcomes including timelines and milestones.
- A description of specific programs and strategies including timelines and milestones for each.

(Complete one of these tables for each problem statement)

Problem Statement:

Goal:

Objective (from intervening variables)	Strategies (to address contributing factors)	Benchmarks (How will you know you have achieved your objectives? When do you expect to achieve them? (If possible, use data collected in Assessment step.)
Objective 1: Capacity Building Actions:	1. 2. 3.	
Objective 2: Capacity Building Actions:	1. 2. 3.	
Objective 3: Capacity Building Actions:	1. 2. 3.	

Capacity Building Priorities (Describe any additional capacity building priorities beyond those associated with specific objectives in the tables above)

Action Plan (insert and describe your workplan for year one)

Sustainability (Describe your plan for continuing the collaborative strategic planning process beyond the current project period. Describe your funding plan to develop and attain the resources needed to implement the priority strategies identified)

Appendices

Assessment Report (or reference where it can be found)

Planning Model

MOUs

Appendix W: Implementation Monitoring Tools & from The Community Toolbox

IDENTIFICATION OF MAJOR IMPLEMENTATION COMPONENTS & ANTICIPATED OUTPUTS

This tool should be completed prior to beginning strategy implementation. Identify the key components of the strategy. Identify the outputs that will show that the components were implemented as intended (outputs are the direct, countable, products of activities and usually are measured in terms of number of services delivered or number of people served). NOTE: You should work with your local evaluator to complete and/or modify this tool.

Date:

Name of person completing form:

Describe Component	Anticipated Output(s) (e.g., How many....)
Component:	

Note: For additional components, copy this checklist, and make sure each component is numbered appropriately.

STEPS TO IMPLEMENT MAJOR COMPONENTS

The Community Tool Box

This tool should be completed prior to beginning strategy implementation. The implementation of each component needs to be carefully planned. Identify all of the activities that need to be completed in order to make each component successful. Create a timeline for completing each activity, along with who's responsible, the resources needed, and the location if applicable. NOTE: You should work with your local evaluator or Coordinating Agency (CA) to complete and/or modify this monitoring tool.

Date:

Name of person completing form:

Component:				
Key Activities	Scheduled Date of Completion	Who is Responsible?	Resources Needed / Materials to be Provided	Location

Note: For additional components and/or activities, copy this page, and make sure each component is numbered appropriately.

MONITORING ACTION PLANS, continued...

Key Activities	Date Scheduled to Complete Activity	Actual Date of Completion (If different from planned date, please explain; if activity not completed, note that, and explain)	Did Originally Assigned Person Complete the Activity? If not, please explain	Were Resources / Materials Identified as Needed Actually Acquired? If not, please explain; if other materials were acquired, please explain	If Applicable, was the Planned-for Location Utilized? If not, please explain
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Note: For additional components and/or activities, copy this page, and make sure each component is numbered appropriately.

<p>Progress, Problems & Lessons Learned Regarding Action Plans (i.e., barriers to completing key activities on time, with original implementer, with needed resources, in planned location)</p>

MONITORING COMPONENT OUTPUTS

This recording form is flexible. The level of information recorded here will vary depending on the strategy and component. In some cases, it may be useful to record data on a day-by-day basis. In other cases, it may be more efficient to present data by summing up information over weeks or months. NOTE: Work with your local evaluator to complete and/or modify this tool, and to determine frequency of data collection.

You are asked to rate the implementation of activities designed to achieve specific outputs as “high,” “medium,” or “low.” If, for whatever reason, major changes take place in the actual implementation of a component (e.g., certain barriers or practical considerations make it necessary to change the design), a rating of “low” would be appropriate. If the implementation of the activity were very close to or exactly like it was planned, the rating would be “high.” If the activities intended to achieve a specific output were not implemented at all, you should indicate that by marking “No” and provide an explanation as to why implementation didn’t take place.

Date:

Name of person completing form:

Component:					
Output	Date or Period Represented	Implemented as Planned (High, Medium, Low, No; if No, explain why not)	Anticipated Outputs	Actual Outputs	% Output (actual / anticipated times 100)
		High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> No <input type="checkbox"/> Why:			

Output	Date or Period Represented	Implemented as Planned (High, Medium, Low, No)	Anticipated Outputs	Actual Outputs	% Output (actual / anticipated times 100)
		High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> No <input type="checkbox"/> Why:			
		High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> No <input type="checkbox"/> Why:			
		High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/> No <input type="checkbox"/> Why:			

Note: For additional components, copy this page, and make sure each component is numbered appropriately.

Component: Progress, Problems & Lessons Learned Regarding Outputs

MONITORING COLLABORATION PARTNERS

Identify the extent to which the strategy has achieved expected collaboration by identifying anticipated partners and their roles; documenting differences between the actual and anticipated partners (including individuals, agencies or organizations that became partners after the strategy was initiated or after the plan was submitted). NOTE: Work with your local evaluator to complete and/or modify this tool and to determine frequency of data collection.

Date:

Name of person completing form:

Anticipated Partner	Actual Partner	Anticipated Role	Actual Role

Progress, Problems & Lessons Learned Regarding Collaboration Partners (e.g., when an anticipated partner does not collaborate with the strategy)

--

Appendix X: Fidelity Assessment Tools

SPF Curriculum-Based Program Fidelity Assessment

Today's Date _____	Date Implementation Began: _____	6 month reporting period: _____
Name, Title & Agency _____	Name of Program _____	

Original Design: based on research or program developer's instructions (this is <u>not</u> the provider/coalition's design)	Planned Deviations from Original design and Reasons for the Deviations	Updates to Provider/Coalition Curriculum Plans and Reasons for the Deviations
Program Intensity Issues		
How many sessions are in the original program?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
How long are the sessions meant to be in the original program design?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the original program design specify an amount of time the various techniques (e.g., lecture, discussion, demonstration, practice) should be used?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the intended frequency of the sessions in the original program design (i.e., how often the sessions are meant to occur?)	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>

What topics are meant to be covered in the original program design?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Content Issues		
Will sessions be delivered in the same order as in the original program design?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the original program design specify materials or handouts that should be used?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there other ways in which the program's <u>core</u> content (i.e., key activities or components) will differ from the original design?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Setting or Location Issues		
Do program documents suggest that the program may work better in certain settings or locations (e.g., a school than others?)	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Recipient Issues		
Do program documents suggest that the program may work better for particular participant characteristics (e.g., age, ethnicity, level of risk, language, maturity) than others?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the original program design specify a number of participants that is appropriate for the program (e.g., a maximum number of students per class room?)	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Deliverer Issues		
Does the original program design specify who should deliver the program (e.g., type of instructors, provider, staff, and/or volunteers)?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>

Do program documents suggest that there are certain deliverer characteristics (in terms of age, gender, ethnicity, experience, role, etc.) that may help the program work better?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the original program design suggest that the deliverer(s) receive training prior to implementation?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the original program design specify a deliverer/recipient ratio?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Issues	Comments Prior to Implementation	Comments Regarding Implementation Experiences
Please comment on any issues related to cultural competence that have not been addressed earlier (e.g., Do program documents provide any guidelines or recommendations regarding cultural competence?).		
Does your plan for the implementation differ from the original design in any way you have not already mentioned?		
Were there other aspects of the program as implemented that differed from the CA planned design?		
Please note any anticipated barriers to implementation of the program that you have not described earlier.		
Please comment on other issues concerning program implementation that have not been addressed earlier.		
	Assessments Prior to Implementation	Assessments of Implementation Experiences
The setting or location and material resources are appropriate for effective program delivery	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
The parties responsible for implementing this program are fully trained to implement the program with fidelity	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree

All necessary community partners are fully committed to supporting this program	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
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SPF Environmental Strategies Fidelity Assessment

Today's Date: _____	6 Month Reporting period: _____	Date Implementation Began: _____
Name, Title & Agency: _____	Name of Strategy _____	

Original Design: based on research or developer's instructions (this is <u>not</u> the provider/coalition's design)	Planned Deviations from Original design and Reasons for the Deviations	Updates to Provider/Coalition's Plans and Reasons for the Deviations
Strategy Content Issues		
List the key components that research suggests are needed to implement the strategy	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Strategy Intensity Issues		
How long does research suggest the strategy should be maintained (e.g., expected duration of a mass media campaign)?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Strategy Setting or Location Issues		
Is the strategy designed for a particular setting location (and/or do strategy documents suggest that the strategy may work better in certain settings or locations than others)?	Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>	Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/>
Target Population Issues		

<p>Is the strategy designed for particular populations (and/or do strategy documents suggest that the strategy may work better for certain populations than others)?</p> <p>(If the strategy is designed to influence more than one target/entity, list the primary target (e.g., people who are underage).</p>	<p>Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Issues Relating to the Parties Implementing the Strategy		
<p>Are there any special skills or credentials recommended by the person(s) implementing the strategy (e.g., a community organizer, police officer)?</p>	<p>Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there special training the person(s) implementing the strategy should receive?</p>	<p>Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Who are the key parties that need to be involved in implementing the strategy?</p>	<p>Planned Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Deviations: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Other Issues	Comments Prior to Implementation	Comments Regarding Implementation Experiences
<p>Please comment on any issues related to cultural competence that have not been addressed earlier (e.g., Do strategy documents provide any guidelines or recommendations regarding cultural competence?).</p>		
<p>Does your plan for the implementation differ from the original design in any way you have not already mentioned?</p>		
<p>Were there other aspects of the strategy as implemented that differed from the planned design?</p>		
<p>Please note any anticipated barriers to implementation of the strategy that you have not described earlier.</p>		
<p>Please comment on other issues concerning implementation of the strategy that have not been addressed earlier.</p>		

	Assessments Prior to Implementation	Assessments of Implementation Experiences
The setting or location and material resources are appropriate for effective implementation of the strategy.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
The parties responsible for implementing this strategy are fully trained to implement the upcoming components of the strategy with fidelity.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
All key partners that need to be involved are fully committed to supporting this strategy.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree

Monitoring Fidelity

The Community Toolbox

Date: _____ Name of person completing form: _____

Strategy Component:			
Activities in Action Plan	Activities not Implemented in the Order Listed, or in the Planned Order	Activities Tried That did not Work	New Activity Created to Take the Place of one That did not Work

Note: Work with your local evaluator to complete and/or modify this tool and determine frequency of data collection. For additional components and/or activities, copy this checklist, and make sure each component is numbered appropriately.

Progress, Problems & Lessons Learned Regarding Fidelity

Appendix Y: Evaluation Design Action Plan

Coalition Name:

Date:

Goal:

Evaluation Component	Planned Activities	Timeline	Person(s) Responsible
Create an Evaluation Workgroup			
Determine Evaluation Question(s)			
Develop and Review an Evaluation Logic Model			
Decide Outcome Data Collection Design and Methods			
Identify Evaluation Measures			
Write Evaluation Plan			

Appendix Z: Process Data Analysis Templates

Process Evaluation Data Analysis Template What was the output for each strategy?

Strategy	Key Activity	Anticipated Output (activities, etc.)	Actual Output	% Anticipated Output Complete*

**Divide the actual output by the anticipated output and multiply by 100 to calculate the percentage of anticipated output completed.*

- Did you accomplish more or less than you had planned?
- If you accomplished less than you planned, what obstacles prevented you from accomplishing 100% of your goal?
- If you accomplished more than you planned, what helped you to achieve more than 100%?

Process Evaluation Data Analysis Template - continued
Who completed each activity?

Strategy	Anticipated Partner	Actual Partner	Anticipated Role	Actual Role

- Did your anticipated partners follow through in their anticipated roles?
- If partners changed, what led to these changes? How did the changes affect the overall implementation plan?
- If roles changed, what led to these changes? How did the changes affect the overall implementation plan?

Data Analysis Template - continued
Process Evaluation: When did each activity take place?

Strategy	Key Activity	Anticipated Start Date	Actual Start Date	Anticipated End Date	Actual End Date	Anticipated Duration ¹	Actual Duration ²

¹Count the number of days, weeks, months, or years between the anticipated start date and anticipated end date.

²Count the number of days, weeks, months, or years between the actual start date and the actual end date.

- Did the actual start date differ from the anticipated start date? If the start date changed, why did you choose to change the start date for the activity?

- Did the actual end date differ from the anticipated end date? If the end date changed, why did you choose to change the end date for the activity?

- Did the actual duration differ from the anticipated duration? If the duration changed, why did you choose to change the duration of the activity?

Appendix BB: Plan Improvement Template

Long-term Goal: *(Ex. Decrease 30 day use by minors)*

Short-term Goal: *(Ex. Decrease retail alcohol sales to minors)*

Current Strategy	Proposed Change	Date Change Proposed	Rationale for Change	Who is Responsible for Implementing Change?	When Will Change be Implemented?
<i>RBS training</i>	<i>Invite fewer staff from more retailers to attend training</i>	<i>6/15/2010</i>	<i>To increase the number of retailers exposed to training without increasing need for resources</i>	<i>coalition coordinator</i>	<i>Upon next round of trainings to be scheduled, beginning in September 2010</i>

Appendix CC: Sample Evaluation Report

Sample Outline of Evaluation Report

Title Page

Table of Contents

Executive Summary

Purpose of the Report

Background About Coalition
Coalition Description/History
Staffing

Program/Initiative Description (what is being evaluated)
Problem Statement
Overall Goal(s) of Initiative/Program
Activities of the Initiative/Program

Overall Evaluation Goals
Evaluation Questions
Outcomes and Performance Measures

Methodology

Data sources
How data were collected
How data were analyzed
Limitations of the evaluation (e.g., cautions about findings/conclusions)

Findings/Interpretations (organize by theme not data source)

Population Demographics
Process (assessment of activities/implementation)
Outcomes (measures of achieving goals)

Conclusions & Recommendations

Appendices

Logic model
Evaluation plan
Instruments used to collect data/information (e.g., survey, focus group questions)
Data (e.g., tables, charts, graphs)